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Family Nurse Practitioner FNP Exam 2024 Review Questions and Answers 100% Pass

A 72 year old woman has been on hydrochlorthiazide 12.5 mg for many years to control her Stage II hypertension. Her BP at this visit is 168/96. She is currently complaining of pain in her right hip and both knees. She has increased her dose of ibuprofen from 400 mg TID to 800 mg TID. She is still in pain and would like something stronger. Best explanation of the effects of ibuprofen on her disease. - [Answer>>](#) It inhibits the effect of renal prostaglandins and blunts the effectiveness of the diuretic

Infections that affect mostly the labia and vagina except? -
[Answer>>](#) Chlamydia trachomatis

The nurse practitioner would test the obturator and iliopsoas muscle to evaluate for?

- a. cholecystitis
- b.
- c. inguinal hernia
- d. gastric ulcer - [Answer>>](#) Acute appendicitis

Tx for mild preeclampsia includes all except: - [Answer>>](#)
Prescription of methyldopa to control BP

All of the following services are covered under Medicare Part A except:

- a. inpatient hospitalization
- b. medicines administered to a patient while hospitalized
- c. surgeons - [Answer>>](#) nursing home care

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q72-Q77):

NEW QUESTION # 72

Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. mitral valve prolapse
- B. paroxysmal atrial tachycardia
- C. none of the above
- D. atrial fibrillation

Answer: B

Explanation:

To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.

Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.

In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do not fit the ECG findings or the patient's presentation in this scenario.

Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

NEW QUESTION # 73

When seeing a teenage patient, what is important to double check in the medical history?

- A. Weight.
- B. Height.
- C. Immunizations.
- D. Growth.

Answer: C

Explanation:

When seeing a teenage patient, it is critically important to double-check their immunization records as part of their medical history. Immunizations are a key aspect of preventive healthcare, particularly during the teenage years when booster shots are often required. One of the primary reasons to focus on immunizations during adolescence is that booster shots for many childhood vaccines are recommended approximately every 10 years. Common vaccines such as tetanus, diphtheria, and pertussis (Tdap) need updating to maintain immunity against these potentially dangerous diseases. Adolescence is also a crucial time for receiving the meningococcal vaccine, which protects against meningitis, and the human papillomavirus (HPV) vaccine, which helps prevent certain types of cancers.

Teen years are a period of significant physical, emotional, and social changes. Due to their increasing independence and social activities, teenagers are at a higher risk of exposure to infectious diseases. Ensuring that they are up-to-date with their vaccinations not only protects them but also helps in preventing the spread of diseases to others in schools, sports teams, and social gatherings. Medical professionals should carefully review a teenager's immunization record during medical consultations. This is crucial not only to catch up on any missed vaccinations but also to plan future vaccinations according to the recommended immunization schedule. The medical records should accurately reflect the patient's current immunization status and any upcoming vaccines that are due.

Furthermore, verifying immunization records is not only a matter of individual health but also a public health imperative. It helps in maintaining herd immunity, thereby protecting those who are unable to receive certain vaccines due to medical conditions. This collective protection can significantly reduce the outbreaks of vaccine-preventable diseases.

In summary, checking the immunization status of teenage patients is an essential part of their health check-up. It ensures they are protected against specific diseases as their exposure increases and supports public health efforts in controlling preventable illnesses.

NEW QUESTION # 74

You are educating a group of student nurses about depression. Which of the following statements would you NOT make in this talk?

- A. Once a person has experienced a depressive episode, the incidence of depression increases.
- B. Depression is more common in young women
- **C. A significant relationship has been found between race and mood disorders.**
- D. When adults live in long-term care facilities they are more likely to suffer from depression.

Answer: C

Explanation:

When educating a group of student nurses about depression, it's crucial to convey accurate and evidence-based information. Here's an expanded explanation of why certain statements should or should not be made during this educational session:

"When adults live in long-term care facilities, they are more likely to suffer from depression." This statement is generally accurate and should be included in the talk. Research shows that older adults living in long-term care facilities have a higher prevalence of depression compared to those living in the community. Factors such as isolation, loss of independence, and chronic health conditions can contribute to this increased risk.

"A significant relationship has been found between race and mood disorders." This statement should NOT be made because it is misleading and not supported by consistent scientific evidence. While disparities in the prevalence and treatment of mood disorders among different racial and ethnic groups do exist, they are often due to a complex interplay of socioeconomic factors, access to health care, and social determinants of health rather than race itself. It's crucial to clarify that the relationship between race and depression is influenced more by these external factors than by race inherently.

"Once a person has experienced a depressive episode, the incidence of depression increases." This statement is accurate and should be included. It is well-documented in psychiatric literature that having one depressive episode significantly increases the risk of experiencing subsequent episodes. This is important information for student nurses as it underscores the need for effective management of initial depressive episodes and ongoing support for those at risk.

"Depression is more common in young women." This statement is generally accurate and relevant. Epidemiological studies have shown that depression is more prevalent among women, particularly during their reproductive years. Factors such as hormonal changes, psychosocial stressors, and societal expectations can contribute to this increased risk. This information is important for student nurses to understand as it impacts how they might approach care and treatment in different populations.

In summary, when educating student nurses about depression, it is essential to emphasize evidence-based information and avoid perpetuating misconceptions or unsupported claims, especially regarding sensitive topics like race and mental health. This approach ensures that future healthcare providers are well-equipped with the knowledge necessary to treat all patients with understanding, competence, and respect.

NEW QUESTION # 75

If you are doing a well-baby check on a 24-month-old child, which of the following observations would concern you?

- **A. cannot seat herself in a chair**
- B. jumps with both feet
- C. speaks in two-word sentence
- D. uses pronouns

Answer: A

Explanation:

When assessing the development of a 24-month-old child during a well-baby check, healthcare providers use various developmental milestones as benchmarks to evaluate the child's growth and development. These milestones cover various domains, including motor skills, language and communication, cognitive abilities, and social skills.

Among the observations listed: 1. **Speaks in two-word sentences** - This is a typical developmental milestone for a 24-month-old. By this age, children are expected to start combining words to form simple sentences. This ability reflects appropriate development in language and communication skills. 2. **Cannot seat herself in a chair** - This observation is concerning. By the age of 24 months, children are generally expected to have developed sufficient gross motor skills and coordination to seat

themselves in a chair without assistance. The ability to do so typically develops between 15 and 20 months. If a child cannot perform this task by 24 months, it may indicate a delay in motor development or other developmental issues. 3. **Jumps with both feet** - This is another milestone that aligns well with what is expected at this age. Being able to jump with both feet shows that the child has good motor coordination and strength. 4. **Uses pronouns** - The use of pronouns (like "me," "you," "it") by a 24-month-old child is a positive sign of language development. It indicates that the child is beginning to understand and use language to express relationships between themselves and others or objects.

Based on these observations, the one that would be of concern during a well-baby check for a 24-month-old child is the inability to seat herself in a chair. This could potentially signal a delay in gross motor skills, which might require further evaluation or intervention. Such interventions might include physical therapy to enhance motor skills or a more detailed assessment to understand the underlying causes of the delayed motor development. Early identification of such issues is crucial to provide timely support and interventions, which can significantly improve outcomes for the child.

NEW QUESTION # 76

Which of the following characteristics is not typical of melanoma?

- A. pink-to-red targetlike lesions
- B. uneven texture
- C. mixed colors
- D. irregular borders

Answer: A

Explanation:

The characteristic "pink-to-red targetlike lesions" is not typical of melanoma. Melanoma, a serious form of skin cancer, generally presents with specific features known as the ABCDEs: Asymmetry, Border irregularity, Color variation, Diameter over 6mm, and Evolving nature of the mole.

Typically, melanomas are characterized by dark-colored moles that may appear black, brown, or even multicolored. These moles often have an uneven texture and irregular borders, which may blur into the surrounding skin or appear ragged. The color of a melanoma can include different shades of brown or black, and sometimes red, white, or blue tones can be seen within the lesion. In contrast, pink-to-red targetlike lesions, which are more indicative of conditions like erythema multiforme or Lyme disease, do not align with the typical presentation of melanoma. These lesions generally show a distinct pattern that resembles a target, with multiple rings of varying colors typically centering on a darker spot. Such characteristics differ significantly from the irregular, mixed-color presentation of melanoma.

Understanding these distinctions is crucial for early detection and proper treatment of melanoma, differentiating it from other skin conditions that might have less severe implications. Therefore, recognizing that pink-to-red targetlike lesions are not typical of melanoma can help in avoiding misdiagnosis and ensuring appropriate medical attention for potentially malignant changes in the skin.

NEW QUESTION # 77

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