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2023/2024

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible, IV- first time thrill V-Steth edge VI-entire steth. EXAM - Correct Answer III first time audible, IV first time thrill

Fundal height 12 weeks - Correct Answer Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.
Fundus at 20 weeks is at umbilicus.
2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? - Correct Answer Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - Correct Answer Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - Correct Answer Mini mental exam

4 month old with strabismus, mom is worried..... - Correct Answer tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - Correct Answer Growth chart

6 month old closed anterior fontanel. - Correct Answer XRAY

Abnormal cells on PAP, what do you do next? - Correct Answer Refer for Colposcopy

CAGE ACRONYM - Correct Answer Cut down
Annoyed by criticism
Guilty about drinking
Eye opener drink

Causes of tachycardia - Correct Answer Fever
Anemia
Hypotension

Cranial nerves responsible for extraocular eye movements - Correct Answer CN 3,4,6

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knowledge with fewer questions and answers, with those easily understandable AANP-FNP study braindumps, you will find more interests in them and experience an easy learning process.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q82-Q87):

NEW QUESTION # 82

If a patient comes to the clinic complaining of an abrupt onset of unilateral facial paralysis with no other symptoms, which of the following might the nurse practitioner suspect?

- A. **Bell's palsy**
- B. Tic Douloureux
- C. Polymyalgia rheumatica
- D. Temporal arteritis

Answer: A

Explanation:

When a patient presents with the sudden onset of unilateral facial paralysis and no accompanying symptoms, Bell's palsy is a primary condition to consider. Bell's palsy is a neurological disorder that results in temporary weakness or paralysis of the facial muscles. This condition is thought to stem from inflammation or compression of the facial nerve, known as cranial nerve VII. The exact cause of this inflammation is not always clear, but it is often linked to viral infections that can cause swelling of the nerve.

The hallmark of Bell's palsy is the rapid onset of paralysis, typically unfolding over hours to a day, and generally affecting only one side of the face. Patients may notice that they are unable to move their facial muscles on the affected side. This can include the inability to close the eye, raise the eyebrow, smile, or frown on that side. The face might look drooped or asymmetrical. Despite the dramatic presentation, most patients with Bell's palsy experience a significant improvement in symptoms within weeks, and complete recovery is possible within several months.

While Bell's palsy is a likely diagnosis in cases of sudden unilateral facial paralysis, other conditions might also be considered. These include: - **Tic Douloureux (Trigeminal Neuralgia)**: This condition affects the trigeminal nerve, another cranial nerve, but it is characterized by severe, episodic facial pain rather than muscle paralysis. - **Temporal arteritis**: This involves inflammation of the arteries in the temple area of the head. It can cause pain and, in severe cases, vision loss, rather than facial paralysis. -

Polymyalgia rheumatica: This is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips, rather than isolated facial paralysis.

Given these alternatives, Bell's palsy remains the most consistent with the symptoms of abrupt unilateral facial paralysis without other accompanying signs. Diagnosis is typically clinical but can be supported by ruling out other causes through patient history, physical examination, and possibly imaging or other diagnostic tests. Treatment for Bell's palsy may involve corticosteroids to reduce inflammation and swelling around the facial nerve. In some cases, antiviral medications may be used, especially if a viral infection is suspected to be the underlying cause.

NEW QUESTION # 83

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Enalapril
- B. Lisinopril
- C. **Torsemide**
- D. Trandolapril

Answer: C

Explanation:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension (high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease,

or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

NEW QUESTION # 84

Of the following, which vaginal condition would be considered the only one that would have an alkaline pH on the exam?

- A. Chlamydia vaginitis
- B. Trichomoniasis
- C. **Bacterial vaginosis**
- D. Viral vaginosis

Answer: C

Explanation:

Among the listed vaginal conditions, bacterial vaginosis is the condition associated with an alkaline pH during examination. Normally, the vaginal environment maintains a slightly acidic pH, typically around 4.0. This acidity is primarily due to the presence of lactic acid produced by lactobacilli, the predominant healthy bacteria in the vagina. The acidic environment helps to prevent the growth of pathogenic bacteria and maintains vaginal health.

However, in the case of bacterial vaginosis, there is a disruption in the normal bacterial flora of the vagina. This disruption leads to a decrease in lactobacilli and an overgrowth of other types of bacteria such as *Gardnerella vaginalis* and other anaerobes. This shift in the bacterial composition reduces the lactic acid production, thereby increasing the pH to more alkaline levels, often noted as above 4.5.

It is important to distinguish bacterial vaginosis from other conditions such as trichomoniasis, viral vaginosis, and chlamydia vaginitis. Trichomoniasis, caused by the protozoan *Trichomonas vaginalis*, can also lead to an elevated vaginal pH but is typically associated with other distinct symptoms like frothy yellow-green discharge and is sexually transmitted. Viral infections in the vagina, such as those caused by herpes simplex virus, do not typically alter the pH significantly. Chlamydia vaginitis, caused by the bacterium *Chlamydia trachomatis*, primarily results in an inflammatory response and typically does not affect the vaginal pH to become alkaline. Therefore, when considering a vaginal condition characterized by an alkaline pH observed during an examination, bacterial vaginosis is the most likely diagnosis among the options provided. It's crucial for healthcare providers to recognize this condition not only by pH but also by other symptoms and diagnostic tests to ensure appropriate treatment and management. Bacterial vaginosis is not considered a sexually transmitted disease (STD), but rather a dysbiosis (imbalance) of the normal vaginal flora. This distinction categorizes it as vaginosis rather than vaginitis, which typically implies an inflammatory condition of the vagina.

NEW QUESTION # 85

You are deciding what type of medication to prescribe for your patient for treatment of a peptic ulcer. If you prescribe nizatidine what type of drug are you prescribing?

- A. antacid
- B. mucosal healing agent
- C. proton pump inhibitor
- D. **histamine2 antagonist**

Answer: D

Explanation:

If you are considering prescribing nizatidine for the treatment of a peptic ulcer, you are choosing a medication that falls under the category of histamine2 (H2) antagonists. Nizatidine works by blocking histamine receptors on the cells in the stomach lining that produce acid. Specifically, it targets the H2 receptors, leading to decreased production of stomach acid.

H2 antagonists such as nizatidine are particularly useful in reducing gastric acid secretion and increasing the pH of the stomach, which can help in healing or preventing ulcers. By decreasing the amount of acid produced, these medications allow the stomach lining and any existing ulcerations more opportunity to heal.

Other drugs in the H2 antagonist class include cimetidine, famotidine, and ranitidine HCl. These medications share a similar mechanism of action with nizatidine, though they may differ in potency, duration of action, and side effects. Nizatidine is often chosen for its efficacy and favorable side effect profile.

It is important to differentiate H2 antagonists from other types of drugs used to treat peptic ulcers, such as proton pump inhibitors

(PPIs) and antacids. PPIs work by a different mechanism, inhibiting the proton pump in the stomach lining that is responsible for the final step in acid production. Antacids, on the other hand, neutralize existing stomach acid rather than reducing its production. When prescribing nizatidine, it is essential to consider the specific needs of the patient, their medical history, and any potential interactions with other medications they may be taking. As with any medication, monitoring the patient's response and adjusting the treatment as necessary is crucial for effective management of peptic ulcers.

NEW QUESTION # 86

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

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

Answer: B

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 # 87

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