

Online PMHNP Version | New PMHNP Exam Answers

PMHNP Study/practice questions and answers new year 2024 with complete solution

Which of the following statements does not reflect current understanding of neurotransmitter pathways implicated in anxiety disorders?
A. Increase levels of CRF in amygdala, hippocampus and LC increase symptoms of anxiety.
B. Decreasing GABA in the Mesolimbic cortex diminishes symptoms of anxiety.
C. Increasing serotonergic activity in the amygdala diminishes symptoms of anxiety.
D. Decreasing NE in the LC diminishes symptoms of anxiety. Ans- A, C & D are all correct so the answer is B

As a PMHNP, you know anti-psychotic meds have side effects. Which side effects of antipsychotic meds has an insidious delayed-onset of 1-2 after starting the medication?
Ans- A. Dry Mouth
B. Tardive Dyskinesia
C. Wt gain
D. Sedation
We know that Dry mouth, drowsiness, dizziness, restlessness, wt gain, constipation & N/V are all SE but, Tardive Dyskinesia does not start for 1-2 years.
My answer - B. *Tardive Dyskinesia (TD*)
** long standing blockage of DA2 in nigrostriatal pathway leads to TD

Which Serotonin receptor antagonism makes an antipsychotic "atypical"?
A. 5HT1A
B. 5HT3A
C. 5HT4A
D. 5HT2A Ans- Atypical antipsychotic drugs such as clozapine, olanzapine, quetiapine, risperidone, sertindole, and ziprasidone are potent 5-HT2a receptor antagonists and relatively weaker dopamine D2 antagonists.
Commonly Prescribed Typical and Atypical Antipsychotic Medications
Typical antipsychotics include:
Haldol (haloperidol); Loxitane (loxapine);
Mellaril (thioridazine); Geodon (ziprasidone)
Moban (molindone); Seroquel (quetiapine)
Navane (thiothixene); Zyprexa (olanzapine)
Prolixin (fluphenazine); Sereniti (mesoridazine)
Stelazine (trifluoperazine); Trilafon (perphenazine)
Thorazine (chlorpromazine)

Atypical antipsychotics include:

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Studying for attending American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified exam pays attention to the method. The good method often can bring the result with half the effort, therefore we in the examination time, and also should know some test-taking skill. The PMHNP quiz guide on the basis of summarizing the past years, found that many of the questions, the answers have certain rules can be found, either subjective or objective questions, we can find in the corresponding module of similar things in common. To this end, the American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified exam dumps have summarized some types of questions in the qualification examination, so that users will not be confused when they take part in the exam, to have no emphatic answers. It can be said that the template of these questions can be completely applied. The user only needs to write out the routine and step points of the PMHNP test material, so that we can get good results in the exams.

>> **Online PMHNP Version** <<

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College Admission American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified Sample Questions (Q577-Q582):

NEW QUESTION # 577

You are working in an ER setting as a psychiatric-mental health nurse practitioner. You are asked to consult on a 45-year-old male patient in a psychiatric crisis. The ER physician believes the patient is in a psychotic state due to methamphetamine abuse, as his urine drug screen was positive for methamphetamines. You speak with the patient's mother and learn that the patient has suffered from chronic schizophrenia since the age of 18 and had previously been stabilized on Abilify for his psychosis and another medication for his depression. The mother further endorses that her son refuses to take the Abilify because he does not "feel" schizophrenic any longer. He has, however, continued to take his antidepressant medication for depression. You suspect that the patient is in a psychotic crisis due to the discontinuation of Abilify and not due to methamphetamine intoxication. Which of the following findings are supportive of your diagnosis?

- A. His mother indicates that her son takes Prozac (fluoxetine) for depression
- B. His mother indicates that her son takes Motrin for pain
- C. His mother indicates that her son takes Zoloff (sertraline) for depression
- D. His mother indicates that her son eats muffins with poppy seeds daily for breakfast and throughout the day as a snack

Answer: A

Explanation:

Prozac (fluoxetine) is an SSRI antidepressant and can produce a false positive for methamphetamine.

Zoloff (sertraline) can produce a false positive for benzodiazepines. Motrin can produce a false positive for cocaine. Poppy seeds can produce a false positive for heroin or morphine.

NEW QUESTION # 578

A PMHNP is conducting a mental health assessment on a patient living in a low-income neighborhood who is experiencing symptoms of depression and anxiety. Which of the following possible contributors to the patient's current mental health status should the PMHNP consider?

- A. The patient's symptoms are likely caused by poor coping skills
- B. The patient's symptoms are likely caused by a genetic predisposition
- C. The patient's symptoms are likely influenced by the social determinants of mental health
- D. The patient's symptoms are likely caused by a lack of access to mental health services

Answer: C

Explanation:

Social determinants of health-including poverty, education, housing, and access to healthcare-can significantly impact a person's mental health. People living in low-income neighborhoods are at a higher risk of developing mental health issues due to poor access to healthy food, safe housing, and quality healthcare. The PMHNP should recognize that the patient's symptoms may be influenced by these social determinants and should take a holistic approach in their assessment and treatment, considering the patient's social and economic context and symptoms.

NEW QUESTION # 579

Which of the following, if identified as indications for the use of seclusion and restraint by a nurse, requires correction by the PMHNP?

- A. To punish patients for acting out
- B. To prevent clear, imminent harm to others
- C. At the patient's voluntary and reasonable request

- D. To decrease sensory overstimulation

Answer: A

Explanation:

Indications for seclusion and restraint are to:

- * Prevent clear, imminent harm to the patient or others
- * Prevent significant disruption to the treatment program or physical surroundings
- * Assist in treatment as part of ongoing behavior therapy
- * Decrease sensory overstimulation
- * Answer a patient's voluntary reasonable request

Contraindications for seclusion and restraint are as follows:

- * Extremely unstable medical or psychiatric condition
- * Delirious or demented patients unable to tolerate decreased stimulation
- * Overtly suicidal patients
- * Patients with severe drug reactions or overdoses who require close monitoring of their drug dosages
- * For punishment or convenience of staff

NEW QUESTION # 580

An adult male patient with schizophrenia presents with a pathological speech pattern exemplified by slowness of thinking which results in a delay in responses or difficulty finishing thoughts. The psychiatric mental health nurse practitioner knows that this speech pattern is known as:

- A. tangentiality
- B. thought insertion
- C. cognitive retardation
- D. loose association

Answer: C

Explanation:

The correct term to describe the speech pattern of a patient with schizophrenia who exhibits slowness of thinking, resulting in delayed responses or difficulty in finishing thoughts, is "cognitive retardation." This term is crucial for understanding certain cognitive symptoms associated with schizophrenia and differentiating them from other related disorders.

Cognitive retardation, also known as "bradyphrenia," refers to the slowing down of thought processes. In the context of schizophrenia, this can manifest as delayed verbal responses, prolonged time to complete tasks, or difficulty in forming coherent thoughts quickly. It is a symptom that can significantly impact communication and the ability to function in social or occupational settings.

It is important to differentiate cognitive retardation from other speech and thought disorders: - **Loose associations** refer to a disorder where a person's ideas are disjointed or poorly related, which is seen in the flow of conversation that may leap from one topic to another unrelated or only superficially related topic. - **Tangentiality** involves going off on a tangent and not returning to the initial point, or answering questions in a way that is obliquely related or completely unrelated. - **Thought insertion** is a delusional belief where the individual thinks that thoughts that are not their own have been placed into their mind by an external source.

In the case of cognitive retardation, the focus is on the speed and efficacy of cognitive processes rather than the logical structure of thoughts or the influence of external or delusional sources. When assessing a patient with schizophrenia, observing for cognitive retardation helps in tailoring interventions that address these specific cognitive delays. Interventions may include cognitive remediation therapies, structured environments, or pharmacological approaches aimed at enhancing cognitive function.

Understanding and identifying cognitive retardation in schizophrenia is critical for providing appropriate care and improving overall outcomes for patients. It helps healthcare professionals set realistic expectations, improve communication strategies, and implement supportive measures that accommodate the patient's slower processing speed.

NEW QUESTION # 581

The legislation that has two major components: one that provides protection for workers in group health insurance plans and another that protects the privacy of health records is which of the following?

- A. OSHA
- B. OBRA
- C. COBRA

- **D. HIPAA**

Answer: D

Explanation:

The legislation in question that includes two major components—one that provides protection for workers in group health insurance plans and another that protects the privacy of health records—is the Health Insurance Portability and Accountability Act, commonly known as HIPAA.

HIPAA was enacted by the United States Congress and signed into law by President Bill Clinton in 1996. It came into effect in 2001. The act has several key components and provisions that address a wide range of health care and insurance-related issues. The two major components relevant to this question are Title I and Title II of HIPAA.

Title I of HIPAA deals with the protection for workers and their families when they change or lose their jobs. This part of the legislation ensures that individuals have the right to transfer and continue health insurance coverage for themselves and their families when they either change or lose their jobs. It also restricts new health plans from excluding coverage for preexisting conditions, and limits such exclusions—a significant step forward in protecting workers' health insurance coverage regardless of their health status or job changes.

Title II of HIPAA, known as the Administrative Simplification provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. Moreover, it addresses the security and privacy of health data. The standards are meant to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in the US health care system. The Privacy Rule, a part of Title II, protects the privacy of individually identifiable health information, sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization, and provides for the rights of patients to understand and control how their health information is used.

In summary, HIPAA plays a critical role in both protecting the health insurance coverage of workers and their families during times of employment transition, and in ensuring the confidentiality and security of their health information. Its comprehensive approach addresses both the portability of health insurance and the accountability in handling health information, making it a pivotal piece of legislation in the landscape of healthcare law and administration.

NEW QUESTION # 582

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