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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q97-Q102):

### NEW QUESTION # 97

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. Acyclovir
- B. support therapy only
- C. steroid ophthalmic drops
- D. none of the above

**Answer: A**

Explanation:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss.

Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

### NEW QUESTION # 98

The nurse practitioner will often have to treat systemic anaphylaxis. What is the most common clinical manifestation of this?

- A. persistent vertigo

- B. urticaria
- C. nausea and vomiting
- D. headache

**Answer: B**

Explanation:

The most common clinical manifestation of systemic anaphylaxis is urticaria. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen. It is a systemic immune response that is typically mediated by Immunoglobulin E (IgE), which is a type of antibody that the immune system produces in response to what it mistakenly considers a harmful substance.

Urticaria, also known as hives, is characterized by the appearance of red, itchy, and raised welts on the skin. These welts can vary in size and shape and can appear anywhere on the body. The development of urticaria during anaphylaxis is due to the release of histamine and other inflammatory mediators from mast cells and basophils. Histamine increases the permeability of the blood vessels, leading to fluid leakage from the capillaries into the tissues, which presents as swelling and welts on the skin.

In addition to urticaria, other common symptoms of anaphylaxis include angioedema (swelling similar to hives but occurring deeper in the skin), widespread vasodilation (which can lead to a rapid drop in blood pressure and fainting), and bronchoconstriction (narrowing of the airways in the lungs, leading to wheezing and difficulty breathing). These symptoms together constitute a serious medical emergency that typically requires immediate treatment.

The treatment for anaphylaxis generally involves the administration of epinephrine (adrenaline), which can rapidly reverse the symptoms by decreasing vasodilation, increasing cardiac output, and relieving bronchoconstriction. It is crucial for healthcare providers, including nurse practitioners, to quickly recognize the signs of anaphylaxis and administer appropriate treatment to prevent severe complications or death.

Given the acute and severe nature of anaphylaxis, awareness of its most common manifestations, such as urticaria, and readiness to provide rapid treatment are essential components of effective healthcare management for this condition.

#### NEW QUESTION # 99

Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

- A. The ethical behavior of nurses has been defined for professional nursing in an American Practice Act policy statement.
- B. Ethical behavior incorporates respect for the individual and his or her autonomy.
- C. Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity are the foundations of ethical behavior.
- D. Duty to help others, beneficence, is a foundational component of ethical behavior.

**Answer: A**

Explanation:

The question asks which of the provided statements is not part of the ethical decision-making process for a nurse practitioner. To answer this, it is crucial to understand the sources and guidelines that define the ethical behavior expected of nurses.

Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity indeed form the core of ethical behavior in nursing. These values guide nurse practitioners in their daily interactions and decision-making with patients, ensuring that each patient is treated with respect and compassion. Therefore, this statement is related to the ethical decision-making process.

The statement about the duty to help others, or beneficence, also directly ties into ethical decision-making. Beneficence involves acting in the best interest of the patient, which is a fundamental ethical principle in healthcare. This includes actions that aim to prevent and remove harm and to improve the situation of others. Thus, this statement is undoubtedly a part of the ethical decision-making process in nursing.

Ethical behavior incorporating respect for the individual and his or her autonomy is another crucial component. Autonomy respects the patient's right to make informed decisions about their own health care. This respect is manifested by providing all necessary information to the patient and ensuring they understand it, thereby enabling them to make informed decisions. This principle is a cornerstone of ethical practice in nursing and is integral to the ethical decision-making process.

However, the statement claiming that the ethical behavior of nurses has been defined by the American Practice Act is incorrect. Ethical guidelines for nurses are primarily outlined by the American Nurses Association (ANA), not the American Practice Act. The ANA provides the Code of Ethics for Nurses, which details the ethical obligations and duties of everyone in the nursing profession, rather than being defined by legislative acts like the American Practice Act. The correct ethical standards and guidelines are crucial for informing the ethical decision-making process, but this statement incorrectly identifies the source of these standards.

Therefore, the statement that is NOT part of the ethical decision-making process for the nurse practitioner is the one that misattributes the source of ethical guidelines to the American Practice Act, rather than correctly attributing them to the American Nurses Association. This misattribution can lead to misunderstandings about the origin and authority of ethical guidelines in nursing practice.

### NEW QUESTION # 100

You have an older patient who has been diagnosed with chronic kidney disease (CKD). At what stage of the disease would you consider renal replacement therapy?

- A. stage 3
- B. stage 1
- C. stage 2
- D. stage 4

**Answer: D**

Explanation:

Chronic Kidney Disease (CKD) is categorized into five stages based on the glomerular filtration rate (GFR), a measure of kidney function. These stages help in determining the severity of kidney damage and guide treatment decisions. Stage 4 CKD is characterized by a severe decrease in GFR (15-29 ml/min/1.73 m<sup>2</sup>). At this stage, the kidneys have lost nearly all their ability to do their job effectively, which is crucial for filtering waste and excess fluid from the blood.

Renal replacement therapy (RRT), which includes dialysis or kidney transplantation, becomes a critical consideration in stage 4 CKD. Dialysis performs the function of the kidneys by filtering waste products and excess sodium and fluid from the blood when the kidneys can no longer do so efficiently. This intervention is vital to prevent the accumulation of toxins and fluid in the body, which can be life-threatening.

The decision to initiate renal replacement therapy is usually made based on several factors, including the patient's symptoms, level of kidney function, overall health, and quality of life. Common symptoms that may prompt the initiation of dialysis in stage 4 include severe fatigue, difficulty breathing, excessive fluid retention, and elevated potassium levels, which can be dangerous.

Consulting with a nephrologist, a specialist in kidney care, is essential when considering renal replacement therapy. The nephrologist will evaluate the progression of kidney disease, discuss the different modalities of dialysis (such as hemodialysis or peritoneal dialysis), or assess the suitability for a kidney transplant. This consultation also provides an opportunity to address any concerns the patient might have regarding the impact of RRT on their daily life and long-term health.

It is important to note that not all patients in stage 4 CKD will require immediate renal replacement therapy. Some patients may progress to end-stage renal disease (stage 5) more slowly and might not need dialysis for months or even years. Regular monitoring and early nephrological consultation are therefore crucial to optimize the timing of dialysis initiation and to prepare both the patient and their family for the changes that lie ahead.

### NEW QUESTION # 101

Which of the following characteristics is not typical of melanoma?

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



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