

AANP Family Nurse Practitioner (AANP-FNP) Updated Torrent - AANP-FNP exam pdf & AANP Family Nurse Practitioner (AANP-FNP) Practice questions

Family Nurse Practitioner Exam AANP

1st line tx depression in elderly - ANS-Celexa

1st line tx for anxiety - ANS-Benzos, ativan or buspar

1st line tx insomnia elderly - ANS-Ambien

2-3 INR - ANS-Management of AFIB

3 types of hand rashes - ANS-FHand mouth, syphilis, RMSD

4 month growth chart - ANS-

a regurgitant murmur heard throughout systole, due to blood flow between two chambers normally of very different pressures in systole; the most common causes are mitral regurgitation, tricuspid regurgitation, and ventricular septal defects. - ANS-pansystolic murmur

AAA - ANS-diagnosed with US

Absent P wave - ANS-AFIB

absent seizure - ANS-

Acanthosis nigricans - ANS-is usually the result of obesity. This is known as obesity-associated acanthosis nigricans. It occurs because obesity can cause insulin resistance (when the body is unable to properly use the hormone insulin), which may lead to high levels of insulin in the blood, affecting the skin cells.

Acne Rosacea - ANS-"adult acne" most often in adults (30-50 years of age). Unlike acne vulgaris, rosacea is devoid of blackheads and characteristically does not resolve after puberty. Rosacea strikes both sexes and potentially all ages. It tends to be more frequent in women but more severe in men. It is very uncommon in children, and it is less frequent in people with dark skin. Tx with Flagyl

Actinic keratosis - ANS-flat scaly rash, precursor to SCC

Acute dacryocystitis - ANS-with orbital cellulitis necessitates hospitalization with intravenous (IV) antibiotics. ... Patients with chronic dacryocystitis caused by a partial or intermittent nasolacrimal duct obstruction may benefit from topical steroid drop treatment

Acute External Otitis - ANS-chief pathogen Pseudo monas Augina

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q68-Q73):

NEW QUESTION # 68

Your 34-year-old female patient has been vomiting blood and her stools appear black and tarry. She complains of abdominal cramping. Which of the following is most likely to cause these signs and symptoms?

- A. diverticulosis
- B. hepatitis
- C. hemorrhoids
- D. gastrointestinal bleeding

Answer: D

Explanation:

Hemorrhoids are a common condition where veins in the rectal area become swollen and inflamed. Typically, hemorrhoids cause symptoms such as itching, discomfort, and bleeding during bowel movements. The bleeding seen with hemorrhoids is usually bright red and noticed on the toilet paper or in the toilet bowl. Hemorrhoids are less likely to cause severe bleeding or black, tarry stools, which are indicative of bleeding higher up in the gastrointestinal tract.

Gastrointestinal bleeding refers to any bleeding that occurs within the gastrointestinal tract, which extends from the mouth to the anus. This type of bleeding can manifest in various ways depending on the location and severity of the bleed. Vomiting blood (hematemesis) and having black, tarry stools (melena) are symptoms often associated with significant GI bleeding, possibly from the stomach or upper intestines. Such bleeding can be caused by a variety of conditions including peptic ulcers, gastritis, or esophageal varices, and warrants immediate medical attention.

Diverticulosis involves the formation of small pouches (diverticula) in the wall of the colon. While these pouches themselves may not cause discomfort, if they become inflamed or bleed, it can result in diverticulitis or diverticular bleeding. However, bleeding from diverticulosis is generally painless and would not typically be accompanied by abdominal cramping, although it can cause red blood or dark stools if the bleeding is substantial.

Hepatitis, an inflammation of the liver, usually does not directly cause GI bleeding. Symptoms of hepatitis include jaundice (yellowing of the skin and eyes), fatigue, and abdominal pain, but not typically vomiting of blood or black, tarry stools unless there is an associated severe liver disease such as cirrhosis leading to complications like esophageal varices, which can bleed.

Given the symptoms described - vomiting blood and black, tarry stools accompanied by abdominal cramping - the most likely cause among the options provided is gastrointestinal bleeding. This condition is serious and can be life-threatening, requiring urgent medical evaluation to identify the source of the bleed and initiate appropriate treatment.

NEW QUESTION # 69

In terms of elder abuse, which of the following statements is least accurate?

- A. Approximately 1% of older adults are neglected or abused in the United States.
- B. Only one in fourteen elder abuse cases is reported.
- C. 90% of abusers of older adults are reported to be family members.
- D. Only infants are more likely to sustain serious injury from physical abuse than the elderly.

Answer: A

Explanation:

The statement that "approximately 1% of older adults are neglected or abused in the United States" is significantly inaccurate.

Research and statistics show that the prevalence of elder abuse is much higher. Estimates indicate that around 10% of older adults experience some form of neglect or abuse, including physical, emotional, sexual abuse, or financial exploitation. This discrepancy highlights the need for greater awareness and more accurate data collection regarding elder abuse.

Elder abuse remains a critical public health and societal issue, and it often goes underreported. Studies suggest that only about one in fourteen cases of elder abuse are reported to authorities, which means the actual numbers might be even higher than the estimates. The reasons for underreporting are complex and include factors such as the victim's fear of retaliation, dependency on the abuser, and lack of awareness about available help.

In terms of the demographics of abusers, it is reported that family members are the perpetrators in approximately 90% of elder abuse cases. This can make it even more challenging for victims to report the abuse, as it involves people within their immediate family circle. The dynamics of family relationships, combined with dependency and emotional bonds, complicate the recognition and reporting of abuse.

Health care providers play a crucial role in identifying and reporting suspected cases of elder abuse. They are often in a position to notice signs of abuse that others might miss and are legally required to report these suspicions to appropriate state protective

agencies. This reporting can lead to interventions that protect the elderly from further harm.

Overall, the statement underestimating the prevalence of elder abuse at 1% does not reflect the reality and gravity of the issue. It is important for statistics to accurately represent the scope of elder abuse to ensure that adequate resources, policies, and protective measures are in place to address and prevent such abuse.

NEW QUESTION # 70

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Ask the patient if he is adhering to the recommended diet.
- **B. Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.**
- C. Make sure that the patient is taking the medication properly.
- D. Immediately notify his health care provider that the medication has not been effective.

Answer: B

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals. Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

NEW QUESTION # 71

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

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

Answer: D

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 # 72

A mother brings her 4-year-old son into the clinic for a routine checkup. The mother complains that the child misbehaves and will not listen to her no matter what she does. The FNP suggests a "time out" for the child when he misbehaves. Which statement in regard to a "time out" for children is most accurate?

- A. The "time out" should last for at least 10 minutes.
- B. "Time outs" should not be used until a child is at the age of reason.
- C. The child should sit still in the "time out" for as many minutes as his age in years.
- D. The child should be allowed to do something constructive during the "time out."

Answer: C

Explanation:

The concept of "time out" as a disciplinary method for children is one based on the principle of removing a child from an environment where inappropriate behavior has occurred, thereby giving them time to calm down and reflect on their actions. The effectiveness of this method lies in its simplicity and direct association with behavioral correction. When considering how long a "time out" should last, the general guideline suggests that the duration should correspond to the child's age - one minute per year of age. This recommendation is based on developmental appropriateness, ensuring that the punishment is neither too lenient nor overly harsh for the child's emotional and cognitive abilities.

For a 4-year-old child, as in the scenario provided, a "time out" should therefore last for four minutes. This time frame is sufficient to serve as a reminder of the consequences of misbehavior without causing undue distress or anxiety. During this time, it is crucial that the child is seated quietly without engaging in any activities such as reading or drawing. This lack of stimulation serves as a part of the corrective experience, emphasizing the pause from regular activities and creating a distinct contrast to normal play or interaction times.

The purpose of having the child sit still without distractions is to help them internalize the reason for the "time out" and to recognize the significance of their previous actions that led to this consequence. This method helps in fostering self-regulation and understanding of the impact of one's actions on others. Activities or distractions could undermine the effectiveness of the "time out," reducing its impact as a disciplinary measure.

It is essential, however, for parents or caregivers to explain to the child both the reason for the "time out" and what behavior is expected going forward. This explanation should be done calmly and clearly before and after the "time out" period to reinforce learning and correction. Understanding the reasons for consequences is crucial for the child's developmental learning and emotional growth.

Overall, the use of "time out" focused on the age-appropriate timing and conditions promotes an understanding of boundaries and acceptable behavior in a manner that respects the child's developmental stage. This approach not only helps in managing behavior at the moment but also aids in the broader aspect of character formation and social adaptation as the child grows.

NEW QUESTION # 73

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