

New AANP-FNP Exam Notes, AANP-FNP Hottest Certification

AANP FNP Certification Exam Study Guide

Cranial nerves responsible for extraocular movements? - ANSWER a. 2, 3, 6?
b. 3, 4, 6?

Patient with hx of hypertension and stroke, now having memory loss and confusion - indicates what? - ANSWER a. Alzheimer's
b. Vascular Dementia?

CAGE acronym - ANSWER ?

Treatment for chronic alcoholism? - ANSWER ?

Frail elderly mammogram breast tissue? - ANSWER ?

Patient has Barrett's esophagus, insurance no longer covers gastroenterologist who was treating condition, patient at the FNP office, wanting a prescription for medication... What should the FNP do? - ANSWER a. Refer to oncologist?
b. Refill prescription?

GERD treatment? - ANSWER a. PPI? Per American College of Gastroenterology, treatment should begin with a PPI.
b. H2? An H2 is inferior to PPI's.

3 months on Symmetrel, TSH increased, T4 normal, what do you do? - ANSWER a. Increase medication?
b. Decrease medication?

Lipid level of 1500, increased risk for? - ANSWER a. pancreatitis?

Frail elder, increased creatinine, indication? - ANSWER ?

Fingernail hematoma treatment? - ANSWER a. drill hole and drain blood?

Abnormal cells on PAP, what do you do next? - ANSWER a. Refer for colposcopy?

Red beefy tongue? - ANSWER a. Pernicious Anemia?
b. Iron Deficiency?
c. Folate Deficiency?

Low Hemoglobin, Low Hematocrit, High MCV - Indicates what? - ANSWER ?

Koplick Spots? - ANSWER a. Measles?

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q60-Q65):

NEW QUESTION # 60

Which of the following sexually transmitted male genitourinary infections is most likely to be treated with patient-applied podofilox 0.5% solution or imiquimod 5% cream?

- A. lymphogranuloma venereum
- B. balanitis
- C. gonococcal urethritis
- D. genital warts

Answer: D

Explanation:

The correct answer to which sexually transmitted male genitourinary infection is most likely to be treated with patient-applied podofilox 0.5% solution or imiquimod 5% cream is genital warts. Genital warts are a common sexually transmitted infection primarily caused by certain strains of the human papillomavirus (HPV), particularly HPV types 6 and 11. These warts are characterized by one or more small bumps or groups of bumps in the genital area. They can vary in size and appearance and may be flat or raised, single or multiple.

Treatment for genital warts focuses on removing visible warts to relieve symptoms and reduce transmission risk, although treatments do not cure HPV itself. Podofilox 0.5% solution and imiquimod 5% cream are among the several patient-applied treatments available. Podofilox works by destroying the tissue of the wart, while imiquimod boosts the immune system's response to fight off the virus at the site of the wart. Both treatments are applied directly to the warts by the patient at home, following a specific schedule recommended by a healthcare provider.

In addition to podofilox and imiquimod, other treatment options for genital warts include cryotherapy (freezing the warts with liquid nitrogen), electrocautery (burning the warts with electric current), surgical removal, and application of trichloroacetic acid or podophyllin resin by a healthcare professional. The choice of treatment depends on the number, size, and location of the warts, as well as patient preference and provider experience.

It is important for sexually active individuals to undergo regular screenings for sexually transmitted infections and discuss any suspicious symptoms with their healthcare provider to determine appropriate testing and treatment. This is crucial not only for the individual's health but also for the prevention of spreading the infection to others.

NEW QUESTION # 61

When examining your patient you find that he has a speech disturbance in which his speech is slow and he finds it hard to express thoughts although his comprehension remains intact. This type of speech disturbance is which of the following?

- A. fluent aphasia
- B. nonfluent aphasia
- C. global aphasia
- D. Wernicke's aphasia

Answer: B

Explanation:

The speech disturbance described in the question is classified as nonfluent aphasia, more specifically associated with impairment in Broca's area of the brain. Nonfluent aphasia, also known as Broca's aphasia, is characterized by slow, laborious speech that is difficult to produce. Individuals with this condition often exhibit a struggle to form complete sentences and express their thoughts verbally. Despite these challenges in speech production, their ability to understand language remains intact, which distinguishes nonfluent aphasia from other types of language disorders.

In nonfluent aphasia, patients typically know what they want to say but face significant difficulties in verbalizing their thoughts. This is reflective of the impairment in Broca's area, located in the frontal lobe of the brain, which is crucial for speech production and processing. The speech produced is often telegraphic, lacking in function words (like "is" or "the") and mainly consisting of content words such as nouns and verbs. This makes the speech appear "nonfluent" or halted.

Moreover, individuals with nonfluent aphasia might also experience impairments in other aspects of language use, such as writing, which is often as laborious as their spoken language. However, their comprehension abilities are typically preserved. They can understand spoken language and are able to engage with others to some extent, acknowledging that they understand even though they cannot respond fluidly.

It's important to differentiate nonfluent aphasia from other types of aphasia such as fluent (Wernicke's) aphasia, where speech remains fluent and grammatically correct but often lacks meaning or relevance; and global aphasia, where both the production and comprehension of language are severely impaired. The specific characteristic of nonfluent aphasia - impaired speech production with intact comprehension - is key to diagnosing and managing this condition appropriately. Understanding the nature of nonfluent aphasia helps in tailoring communication methods with affected individuals and planning appropriate therapeutic interventions that focus on gradually improving speech production and helping patients find alternative ways to communicate effectively.

NEW QUESTION # 62

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

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 # 63

You have a 35-year-old female patient who is complaining of wrist pain. She is an administrative assistant who does a great deal of computer work in her job. You will test her for carpal tunnel syndrome. When you tap at the volar surface of the wrist you are performing which of the following tests?

- A. Phalen's maneuver
- B. carpal compression maneuver
- C. McMurray's test
- D. Tinel's sign

Answer: D

Explanation:

When assessing a 35-year-old female patient who is an administrative assistant and complains of wrist pain, it is prudent to test for carpal tunnel syndrome given her extensive use of computers at work. Carpal tunnel syndrome (CTS) is a condition caused by the

compression of the median nerve as it travels through the carpal tunnel in the wrist. Symptoms often include pain, numbness, and tingling in the thumb, index, and middle fingers.

One of the clinical tests used to diagnose CTS is Tinel's sign. This test involves gently tapping (percussing) over the volar (palm side) surface of the wrist, directly over the course of the median nerve. If the tapping elicits tingling or a "pins and needles" sensation in the distribution of the median nerve through the fingers, the test is considered positive.

Tinel's sign is a useful clinical tool because it is simple to perform and does not require any specialized equipment. The sensitivity and specificity of Tinel's sign can vary, but generally, it is reported to have around a 50% accuracy rate. This means that the test is not definitive on its own but is helpful when used in conjunction with other diagnostic tools and clinical assessments.

It is important to differentiate Tinel's sign from other tests used for similar purposes. For example, Phalen's maneuver is another test for CTS that involves flexing the patient's wrists maximally and holding this position to see if it elicits symptoms. The carpal compression test involves applying direct pressure over the carpal tunnel and observing for symptoms. McMurray's test, on the other hand, is used to assess for meniscal tears in the knee, which is unrelated to wrist pathology.

Therefore, when you perform a tap at the volar surface of the wrist on a patient with suspected CTS, you are conducting Tinel's sign. Positive findings in Tinel's test, especially when corroborated with other tests and patient history, can support the diagnosis of carpal tunnel syndrome. This is vital for guiding further management and treatment strategies to alleviate the patient's symptoms and prevent further nerve damage.

NEW QUESTION # 64

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

- A. persistent vertigo
- B. nausea and vomiting
- C. headache
- **D. urticaria**

Answer: D

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 # 65

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