

AANP-FNP Valid Exam Review - Technical AANP-FNP Training

Agradestuvia

AANP FNP TEST REVIEW EXAM (QUESTIONS AND ANSWERS) 2023-2024

ADA screening for DM in Children - CORRECT ANSWER--symptomatic children (polyuria, polydipsia, polyphagia, blurred vision) regardless of risk factors
-asymptomatic children after puberty or 10 years of age or older if overweight or obese (>85th percentile). Plus 1 of the following:
*T2DM in 1st or 2nd degree relative
*high risk racial/ethnic group
*signs of insulin resistance (HTN, dyslipidemia, acanthosis nigricans, PCOS, SGA)
*maternal hx of DM or GDM during the child's gestation

Statistics - CORRECT ANSWER-- leading causes of death: Heart disease, cancer, lung disease
- leading cause of cancer death: lung
- leading cause of death in adolescents: accidents
- most common cancer: skin.
- in males: prostate. in females: breast

suicide: males more successful, women more attempts. highest rate is older white males.

Osgood-Schlatter: - CORRECT ANSWER-knee pain in young adults, overuse. Repetitive stress pain, tenderness, swelling at the tendon's insertion site. The tibial tuberosity. Rule out avulsion fracture if there is an acute onset and order a lateral xray. RICE. Usually stops when the growth stops.

If patient has right sided weakness, etc. the CVA occurred where - CORRECT ANSWER-left side

initial evaluation of symptoms of acute prostatitis - CORRECT ANSWER-Urinalysis and urine culture

A 65-year-old woman presents for a follow-up examination after a new patient visit. She has not seen a healthcare provider for several years. She is a smoker and her hypertension is now adequately controlled with medication. Her mother died at age 40 from a heart attack. The fasting lipid profile shows cholesterol = 240 mg/dL, HDL = 30,

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Nursing AANP-FNP Exam Syllabus Topics:

Section	Objectives
Planning	- Treatment planning and management - Pharmacologic and non-pharmacologic interventions
Diagnosis	- Clinical problem identification - Formulation of differential diagnoses
Evaluation	- Follow-up and care modification - Patient outcome evaluation

Assessment	- Diagnostic test interpretation - Health history and physical examination - Risk assessment and screening
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Technical AANP-FNP Training, Test AANP-FNP Objectives Pdf

As the quick development of the world economy and intense competition in the international, the world labor market presents many new trends: company's demand for the excellent people is growing. As is known to us, the AANP-FNP certification is one mainly mark of the excellent. If you don't have enough ability, it is very possible for you to be washed out. On the contrary, the combination of experience and the AANP-FNP Certification could help you resume stand out in a competitive job market.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q39-Q44):

NEW QUESTION # 39

If a patient has experienced a musculoskeletal trauma, the nurse practitioner should use the mnemonic RICE. Which of the following would the "C" in RICE stand for?

- A. Circulate
- **B. Compression**
- C. Cellulitis
- D. Control

Answer: B

Explanation:

The mnemonic RICE is a widely recommended first aid treatment for musculoskeletal injuries, such as sprains, strains, or bruises. It is a simple, easy-to-remember acronym that outlines the steps to manage acute injuries effectively. Each letter in the acronym RICE stands for a specific action that should be taken to minimize swelling, ease pain, and speed up the healing process. Here is an expanded explanation of each component:

****R - Rest:**** The first step in treating an acute injury involves resting the injured area. This means avoiding any activities that cause pain, stress, or discomfort to the affected area. Rest helps to prevent further damage and allows the healing process to begin without interruption.

****I - Ice:**** Applying ice to the injured area is a critical step. Ice helps to reduce swelling, inflammation, and pain. It is most effective when applied as soon as possible after the injury occurs. Typically, ice should be applied for about 15-20 minutes every hour, as long as the swelling continues. Care should be taken to wrap the ice in a cloth or use a cold pack to avoid direct contact with the skin, which can cause frostbite.

****C - Compression:**** Compression involves wrapping the injured area with an elastic medical bandage. This helps reduce swelling by limiting fluid accumulation and edema at the site of the injury. It is important to ensure that the bandage is wrapped snugly but not too tightly, as excessive compression can impede circulation and worsen the injury.

****E - Elevation:**** Elevating the injured area above the level of the heart helps reduce swelling by facilitating venous return and decreasing fluid accumulation. Elevation is most effective when combined with the other elements of the RICE protocol. For example, if the injured area is an ankle, the patient can lie down and prop the leg up on pillows.

In the context of the question provided, the correct answer is "Compression." The "C" in RICE stands for Compression, which is a crucial step in managing musculoskeletal traumas. Compression helps to control swelling and stabilize the injured area, both of which are vital for effective healing. By understanding and applying the RICE protocol, nurse practitioners and other healthcare providers can offer immediate and effective first aid that can significantly impact the recovery process of their patients.

NEW QUESTION # 40

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

Answer: A

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 m²). 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 # 41

What test would you order if you suspect a patient has meningitis?

- A. CSF.
- **B. CEA.**
- C. BRCA2.
- D. CA-125.

Answer: B

Explanation:

When suspecting meningitis, the primary diagnostic test ordered is the Cerebrospinal Fluid (CSF) test, commonly known as a lumbar puncture. This procedure involves inserting a needle into the lower part of the spinal canal to collect a sample of cerebrospinal fluid. This fluid surrounds the brain and spinal cord and changes in its composition can indicate the presence of meningitis.

The CSF test is crucial because it allows for the analysis of the fluid to check for increased white blood cell count, elevated protein levels, and decreased glucose levels, which are indicative of meningitis. Additionally, the CSF can be cultured to identify the specific organism causing the infection, whether it's viral, bacterial, or fungal. This is essential for determining the appropriate treatment course.

In some cases, before performing a lumbar puncture, imaging tests such as a CT scan or MRI might be recommended. These are used to rule out other conditions that might cause similar symptoms, such as brain abscesses or tumors, and to ensure safety before performing the lumbar puncture, especially in cases where there might be increased intracranial pressure.

It is important to note that other tests like BRCA2, CA-125, and CEA are not relevant for diagnosing meningitis. BRCA2 is related to genetic susceptibility to certain cancers, CA-125 is a marker used primarily in ovarian cancer, and CEA is an indicator most commonly associated with colorectal cancer. These do not aid in diagnosing or managing meningitis.

NEW QUESTION # 42

You have a patient with chronic asthma

a. At each follow-up visit with your patient you would determine which of the following?

- A. WBC count
- **B. PEFR**
- C. sleep patterns
- D. diet

Answer: B

Explanation:

For a patient with chronic asthma, regular follow-up visits are crucial for monitoring the patient's condition and managing the asthma effectively. Among the assessments that could be conducted during these visits, measuring the Peak Expiratory Flow Rate (PEFR) is notably significant. Here's why PEFR is the correct answer and why other options like diet, WBC count, or sleep patterns, though important in general health, are less critical in routine asthma follow-up assessments.

****PEFR (Peak Expiratory Flow Rate):**** PEFR is a measure of how quickly a person can expel air from their lungs after a maximal inhalation, using a device called a peak flow meter. This measurement is particularly important in the management of asthma as it provides a quantitative assessment of the patient's lung function. Regular monitoring of PEFR can help in detecting early signs of worsening asthma control, even before symptoms become more severe. Changes in PEFR readings can indicate the need for adjustments in medication or other interventions. Consequently, assessing PEFR is a standard procedure in follow-up visits for asthma patients.

****Diet:**** While diet is an essential aspect of overall health and can impact conditions like asthma (certain food allergies or sensitivities may trigger asthma symptoms), it is not routinely assessed in every follow-up visit unless specific dietary-related asthma triggers have been previously identified. The primary focus of asthma management is monitoring airway function and managing environmental and physical triggers.

****WBC Count:**** A white blood cell (WBC) count is a measure of the immune cells in the blood and can indicate the presence of infection or inflammation. While systemic inflammation can be associated with asthma, routine WBC counts are not standard in asthma follow-up unless there is a specific clinical indication, such as suspicion of an infection which might exacerbate the asthma symptoms.

****Sleep Patterns:**** Poor sleep quality can affect asthma control, as symptoms like coughing and difficulty breathing can worsen at night. However, like diet, sleep patterns are generally discussed in the context of assessing control and triggers rather than as a routine quantitative measure like PEFR. Sleep issues may be explored during patient discussions, especially if the patient reports symptoms like nocturnal asthma, but they are not typically a primary focus of follow-up visits unless there is a specific concern. In summary, during follow-up visits for a patient with chronic asthma, determining the PEFR is essential for directly assessing and managing the patient's respiratory function. While factors like diet, WBC count, and sleep patterns can influence asthma, they do not provide direct information about airway function and are not standard metrics for routine asthma management. Therefore, PEFR remains the most relevant and practical measure to assess at each follow-up visit.

NEW QUESTION # 43

A mother brings a 21-month-old Asian-American female child into the office. The chief complaint is abdominal pain with flatulence and diarrhea after eating. Up until 3 months ago, she was being breast-fed twice a day. The nurse practitioner suspects:

- A. lactose intolerance
- B. irritable bowel syndrome
- C. food allergy
- D. Hirschsprung's disease

Answer: A

Explanation:

Lactose intolerance is a common digestive problem where the body is unable to digest lactose, a type of sugar mainly found in milk and dairy products. In the case of the 21-month-old Asian-American child presented, the symptoms of abdominal pain, flatulence, and diarrhea after eating are highly suggestive of this condition. It is important to note that lactose intolerance can develop after a person significantly decreases their consumption of dairy, such as after weaning off breast milk, which aligns with the child's history. Statistically, lactose intolerance has a higher prevalence among people of Asian descent. This is due to a higher likelihood of lactase deficiency, the enzyme needed to properly digest lactose, in this population. The primary symptoms that were reported - bloating, flatulence, abdominal cramps, and diarrhea - occur as undigested lactose passes through the intestines and is fermented by bacteria, producing gas and drawing extra water into the bowel.

In contrast, other conditions such as food allergies, irritable bowel syndrome (IBS), and Hirschsprung's disease present differently. Food allergies in young children are indeed common but typically manifest with symptoms like angioedema, flushing, hives, and throat itching. None of these have been reported in this child. Additionally, while IBS does affect bowel habits, it usually presents later in life and features a mix of constipation and diarrhea. Hirschsprung's disease, a congenital condition more prevalent in males, involves missing nerve cells in parts of the colon leading to severe constipation, which is not consistent with the symptoms described. Given the child's background, recent dietary history, and symptomatology, lactose intolerance is the most likely diagnosis. To confirm this, a lactose tolerance test or a hydrogen breath test may be conducted. Management typically involves dietary modifications to limit or eliminate lactose-containing foods, which often leads to symptom resolution. In some cases, lactase enzyme supplements may be recommended to aid in the digestion of lactose when consuming dairy products.

NEW QUESTION # 44

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