

Actual Nursing AANP-FNP Exam Questions with Save Time and Money

AANP FNP Exam Review with All Questions from Actual Past Exam and 100% Correct Answers Updated 2023-2024

Diagnostic criteria for generalized anxiety disorder include all of the following except: A. difficulty concentrating. B. consistent early morning wakening. C. apprehension. D. irritability. ----- Correct Answer ----- B

Associated with Weight gain Anticholinergic activity (blurred vision, dry mouth, memory loss, sweating, anxiety, postural hypotension, dizziness, and tachycardia) Constipation a problem, but infrequent nausea. Little sexual dysfunction ----- Correct Answer ----- **Tricyclics**

Highly sedating, dizziness, favorable gastrointestinal side-effect profile. Priapism risk found in 1 in 6000 men using drug. Patient should be informed to go to emergency department promptly for painful erection lasting >30 min ----- Correct Answer ----- **Trazadone**

T/F: when choosing an antidepressant the drug's half-life influences the therapeutic choice, with products with a shorter T1/2 being desirable in elderly patients and patients with hepatic disease. ----- Correct Answer ----- **True**

Which of the following drugs is likely to be the most dangerous when taken in overdose? A. a 4-week supply of fluoxetine B. a 2-week supply of nortriptyline C. a 3-week supply of venlafaxine D. a 3-day supply of diazepam ----- Correct Answer ----- **B**

Concomitant health problems found in a patient with panic disorder often include: A. irritable bowel syndrome. B. thought disorders. C. hypothyroidism. D. inflammatory bowel disease. ----- Correct Answer ----- **A**

In providing primary care for a patient with posttraumatic stress disorder (PTSD), you consider that all of the following are likely to be reported except: A. agoraphobia. B. feeling of detachment. C. hyperarousal. D. poor recall of the precipitating event. ----- Correct Answer ----- **D**

Among the preferred first-line pharmacological treatment options for patients with PTSD include the use of: A. methylphenidate (Ritalin®). B. oxazepam (Serax®). C. lithium carbonate. D. sertraline. ----- Correct Answer ----- **D**

Which of the following therapeutic agents is commonly used to help with sleep difficulties such as insomnia associated with PTSD? A. duloxetine B. bupropion C. mirtazapine D. zolpidem ----- Correct Answer ----- **C**

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q44-Q49):

NEW QUESTION # 44

High risk factors for hearing loss in infants include all of the following except:

- A. gestational diabetes in mother's pregnancy
- B. seizures
- C. low Apgar scores at birth
- D. hyperbilirubinemia

Answer: A

Explanation:

High-risk factors for hearing loss in infants include a variety of conditions and situations that can occur before, during, or after birth. Factors such as frequent ear infections, rubella, cytomegalovirus (CMV), and toxoplasmosis infections have been directly linked to an increased risk of hearing impairment in infants. These conditions can affect the development of the auditory system or cause damage to parts of the ear responsible for hearing. Hyperbilirubinemia, which leads to a condition known as jaundice in infants, can also affect hearing due to the potential damage it can cause to the brain's auditory pathways if bilirubin levels become excessively high. Low Apgar scores at birth, a measure of a newborn's health immediately after delivery, can indicate difficulties such as asphyxia, infection, or trauma, which are associated with hearing loss. Similarly, seizures in newborns may indicate neurological issues that could affect hearing.

However, gestational diabetes in a mother's pregnancy does not directly correlate with an increased risk of hearing loss in infants. Gestational diabetes primarily affects the mother's glucose levels and, while it can lead to other complications in newborns such as higher birth weights and subsequent delivery issues, it is not a known risk factor for hearing impairment. Therefore, gestational diabetes in a mother's pregnancy is the correct answer to the question about which condition does not increase the risk of hearing loss in infants.

Understanding these risk factors is crucial for early intervention and management to potentially mitigate the impact of hearing loss in infants. Early detection through newborn hearing screening programs is essential for identifying hearing impairment as soon as possible to provide timely treatment and support.

NEW QUESTION # 45

Your 62-year-old female patient was diagnosed with subscapular bursitis. The most likely cause of this is that she works on an assembly line using a repeated back-and-forth motion. You are using several conservative measures to treat this but after 6 weeks, results are minimal. What is your next step for this patient?

- A. intrabursal corticosteroid injection
- B. massage
- C. antimicrobial therapy
- D. appropriate exercise

Answer: A

Explanation:

The recommended next step for a 62-year-old female patient diagnosed with subscapular bursitis, especially after conservative measures such as physiotherapy, rest, and NSAIDs have shown minimal improvement, is an intrabursal corticosteroid injection. Subscapular bursitis involves inflammation of the bursa located beneath the scapula. This condition is commonly seen in individuals who perform repetitive activities, such as working on an assembly line with repeated back-and-forth motions.

Intrabursal corticosteroid injections are commonly used when conservative treatments fail to provide relief. Corticosteroids are potent anti-inflammatory agents that can effectively reduce inflammation and pain within the bursa. The injection is administered directly into the bursa to maximize its effectiveness while minimizing systemic side effects.

It is essential to inform the patient about the potential side effects and complications associated with corticosteroid injections.

Commonly, patients may experience soreness and discomfort at the injection site for a few days. Although less common, there are risks of tissue atrophy and severe inflammatory reactions at the injection site. These side effects are rare but should be discussed so that the patient can make an informed decision.

Following the injection, the patient should be monitored for improvement and any adverse reactions. If symptoms persist or worsen, further diagnostic evaluation may be necessary to reassess the condition and consider alternative treatments or interventions.

Additionally, modifying the patient's work environment and activities to reduce repetitive strain on the affected area can help prevent recurrence of the condition.

NEW QUESTION # 46

Of the following, which vaginal condition would be considered the only one that would have an alkaline pH on the exam?

- A. Chlamydia vaginitis
- B. Viral vaginosis
- **C. Bacterial vaginosis**
- D. Trichomoniasis

Answer: C

Explanation:

Among the listed vaginal conditions, bacterial vaginosis is the condition associated with an alkaline pH during examination. Normally, the vaginal environment maintains a slightly acidic pH, typically around 4.0. This acidity is primarily due to the presence of lactic acid produced by lactobacilli, the predominant healthy bacteria in the vagina. The acidic environment helps to prevent the growth of pathogenic bacteria and maintains vaginal health.

However, in the case of bacterial vaginosis, there is a disruption in the normal bacterial flora of the vagina. This disruption leads to a decrease in lactobacilli and an overgrowth of other types of bacteria such as *Gardnerella vaginalis* and other anaerobes. This shift in the bacterial composition reduces the lactic acid production, thereby increasing the pH to more alkaline levels, often noted as above 4.5.

It is important to distinguish bacterial vaginosis from other conditions such as trichomoniasis, viral vaginosis, and chlamydia vaginitis. Trichomoniasis, caused by the protozoan *Trichomonas vaginalis*, can also lead to an elevated vaginal pH but is typically associated with other distinct symptoms like frothy yellow-green discharge and is sexually transmitted. Viral infections in the vagina, such as those caused by herpes simplex virus, do not typically alter the pH significantly. Chlamydia vaginitis, caused by the bacterium *Chlamydia trachomatis*, primarily results in an inflammatory response and typically does not affect the vaginal pH to become alkaline. Therefore, when considering a vaginal condition characterized by an alkaline pH observed during an examination, bacterial vaginosis is the most likely diagnosis among the options provided. It's crucial for healthcare providers to recognize this condition not only by pH but also by other symptoms and diagnostic tests to ensure appropriate treatment and management. Bacterial vaginosis is not considered a sexually transmitted disease (STD), but rather a dysbiosis (imbalance) of the normal vaginal flora. This distinction categorizes it as vaginosis rather than vaginitis, which typically implies an inflammatory condition of the vagina.

NEW QUESTION # 47

You have a patient whose symptoms indicate esophageal cancer. You understand that which of the following is most likely to be used to confirm this diagnosis?

- A. CT scan
- B. PET scan
- **C. endoscopy and biopsy**
- D. tracheostomy and biopsy

Answer: C

Explanation:

When a patient presents with symptoms that suggest esophageal cancer, establishing an accurate diagnosis is crucial for appropriate management and treatment planning. Among the diagnostic options available, endoscopy combined with biopsy is the most reliable method to confirm the presence of esophageal cancer.

Endoscopy is a procedure that involves inserting a flexible tube equipped with a light and camera (endoscope) into the esophagus. This allows the physician to visually inspect the inner surfaces of the esophagus for any abnormalities such as ulcers, abnormal growths, or areas of irritation. During this procedure, if any suspicious areas are identified, a biopsy can be performed. A biopsy involves taking small samples of tissue from the esophagus, which are then sent to a pathology lab for microscopic examination. The pathologist assesses the tissue samples to determine the presence of cancer cells, thus confirming the diagnosis of esophageal cancer. While endoscopy with biopsy is essential for diagnosis, other imaging tests like CT (Computed Tomography) scans and PET (Positron Emission Tomography) scans are also valuable but serve a different purpose. These imaging modalities are primarily used after a diagnosis has been confirmed via biopsy. They help in staging the cancer by showing how far the cancer has spread within and beyond the esophagus. This includes assessing whether the cancer has invaded nearby tissues, lymph nodes, or other organs, which is critical for determining the most appropriate treatment strategy.

Therefore, although CT and PET scans are important in the overall management of esophageal cancer, they do not replace the need for an endoscopy and biopsy in initially confirming the diagnosis. The combination of endoscopy and biopsy remains the gold standard for diagnosing esophageal cancer because it provides direct visual and histological evidence of the disease.

NEW QUESTION # 48

The FNP is educating a group of women about prevention of osteoporosis. In this class, the FNP would tell the group all but which of the following?

- A. The recommended minimal dose of vitamin D is 3000 IU/d daily.
- B. Primary prevention of osteoporosis includes ensuring the development of maximal adult bone density.
- C. Calcium intake and weight-bearing exercises throughout the teen and adult years is important in achieving maximal adult bone density.
- D. The daily calcium intake goal should be the equivalent of 1000 mg/d for premenopausal women.

Answer: A

Explanation:

The Family Nurse Practitioner (FNP) is tasked with educating a group of women on how to prevent osteoporosis effectively. Among the key strategies for prevention, the FNP would discuss several crucial points during the educational session. Here is a breakdown of the information that would typically be covered, excluding the incorrect statements:

Firstly, the FNP would emphasize the importance of developing maximum adult bone density as a primary prevention method for osteoporosis. This involves ensuring adequate nutrition and physical activity from a young age into adulthood. Adequate intake of calcium and participation in weight-bearing exercises, which help in the formation and maintenance of bone density, are critical components discussed in this context. For premenopausal women, the goal for daily calcium intake should typically be around 1000 mg per day.

Additionally, vitamin D plays a vital role in calcium absorption and bone health. However, the FNP would clarify the recommended daily intake of vitamin D, which is often misunderstood. Contrary to some beliefs, the minimal daily recommended dose of vitamin D for most adults ranges from 600 to 900 IU. While it is safe for adults to consume up to 2000 IU per day, suggesting a daily dose of 3000 IU would be incorrect and misleading. Such high doses can potentially lead to toxicity or other health complications.

In summary, while educating the group of women, the FNP would cover the essential guidelines for the intake of calcium and vitamin D, alongside promoting weight-bearing exercises. The incorrect statement about the necessity of a 3000 IU daily dose of vitamin D would not be included in the educational talk, as it does not align with the established health guidelines. Instead, the FNP would focus on accurate, safe, and practical advice to empower the women to take proactive steps in preventing osteoporosis through lifestyle and nutritional choices.

NEW QUESTION # 49

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