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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q46-Q51):

NEW QUESTION # 46

You have prescribed a topical medication for one of your patients with a skin disorder. You know that for the medication to have the maximum absorption it should be in which of the following forms?

- A. gel
- B. ointment
- C. tincture
- D. paste

Answer: B

Explanation:

When it comes to prescribing topical medications for skin disorders, the form in which the medication is administered can greatly affect its absorption and effectiveness. A key factor in this is the viscosity of the vehicle (the base that carries the medication) used in the topical formulation.

Viscosity refers to the thickness and stickiness of a liquid. In the context of topical medications, vehicles can range from watery solutions to thick ointments. Generally, the thicker the vehicle, the better it is at facilitating the absorption of the medication into the skin. This is primarily because thicker vehicles tend to evaporate more slowly, maintain contact with the skin for longer periods, and penetrate the skin more effectively.

Ointments are among the most viscous forms of topical medication vehicles. They are usually oil-based and do not contain water, which helps them to remain on the skin's surface for extended periods. This prolonged contact time allows for greater absorption of the medication into the skin, making ointments particularly suitable for delivering higher concentrations of active ingredients.

In contrast, less viscous forms like lotions and gels contain more water and less oil, which causes them to evaporate more quickly and provide less skin penetration. This makes them less effective for conditions that require deeper skin absorption of the medication. Lotions and gels might be preferred for conditions that need lighter coverage and less potency, or when a cooling effect is desired.

Tinctures, another form of topical application, are alcohol-based solutions. The alcohol allows the tincture to penetrate the skin quickly, but it also evaporates rapidly, which can reduce the amount of time the active ingredient is in contact with the skin. This makes tinctures less suitable than ointments for conditions requiring sustained medication delivery.

Therefore, when maximum absorption of a medication into the skin is needed, an ointment is typically the most effective form. This is why, for a patient with a skin disorder requiring robust topical treatment, an ointment would be the recommended choice to ensure that the medication is absorbed deeply and effectively.

NEW QUESTION # 47

You calculate your patient's BMI to be 27. Into which category would this patient fall?

- A. normal weight
- B. overweight
- C. underweight
- D. obese

Answer: B

Explanation:

The Body Mass Index (BMI) is a simple calculation used to assess whether a person has a healthy body weight for a person of their height. It is calculated by dividing an individual's weight in kilograms by the square of their height in meters. The resulting value helps categorize individuals into various weight status categories.

According to the World Health Organization (WHO) and other health authorities, the BMI categories are defined as follows: - Underweight: BMI less than 18.5 - Normal weight: BMI 18.5 to 24.9 - Overweight: BMI 25.0 to 29.9 - Obese: BMI 30.0 and above In this particular case, the patient's BMI has been calculated at 27. Based on the categorization guidelines, a BMI of 27 falls within the 'overweight' category. This category is designated for individuals who have a BMI between 25.0 and 29.9. It indicates that the patient weighs more than what is considered healthy for their height, but not to the extent that it is classified as obesity. Being in the overweight category can be associated with an increased risk of developing various health issues, including but not limited to cardiovascular diseases, type 2 diabetes, and certain types of cancer. It is often recommended for individuals in this category to seek guidance on lifestyle changes involving diet and physical activity to help move towards a healthier BMI range. In summary, the patient with a BMI of 27 is correctly classified as overweight. This classification serves as a tool to prompt further evaluation and discussion regarding the patient's health status and potential risk factors, encouraging proactive management to

improve their overall health.

NEW QUESTION # 48

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

Answer: D

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 # 49

You are providing care to a patient whose medication order indicates that his oral medication should be given p.c. How would you administer this patient's medication?

- A. **After meals.**
- B. With a full glass of water.
- C. Before meals.
- D. First thing in the morning, on an empty stomach.

Answer: A

Explanation:

When you encounter a medication order for a patient that specifies the medication should be given "p.c.," it indicates that the medicine should be administered after meals. The abbreviation "p.c." stands for "post cibum," which is Latin for "after meals." This is a common directive in medical prescriptions that is intended to optimize the absorption of the medication or minimize potential adverse effects that could occur if taken on an empty stomach.

It is important to note that the specific timing mentioned in the order (e.g., immediately after eating, or an hour post-meal) should be followed closely to ensure the effectiveness of the medication. Some medications might require absorption without interference from food, while others might need the presence of food to prevent stomach upset or enhance absorption.

As a healthcare provider, when administering medication that is ordered to be taken "p.c.," ensure that the patient has indeed consumed a meal before giving the medication. This helps in achieving the desired therapeutic effect and minimizing any side effects. If the patient is unable to eat or has dietary restrictions, you may need to consult with the prescribing physician for further instructions or possible adjustments to the medication regimen.

Additionally, when educating the patient and their caregivers about the medication, emphasize the importance of following the "p.c." instruction. Explain the reasons why the medication should be taken after meals and discuss any potential consequences of deviating from this protocol. This education not only helps in managing the patient's condition effectively but also empowers the patient and caregivers by making them active participants in the care process.

Lastly, always verify the patient's understanding of when and how to take their medication, and encourage them to ask questions if

anything is unclear. This ensures that the patient feels supported and is more likely to adhere to their treatment plan, leading to better health outcomes.

NEW QUESTION # 50

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

Answer: C

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 # 51

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