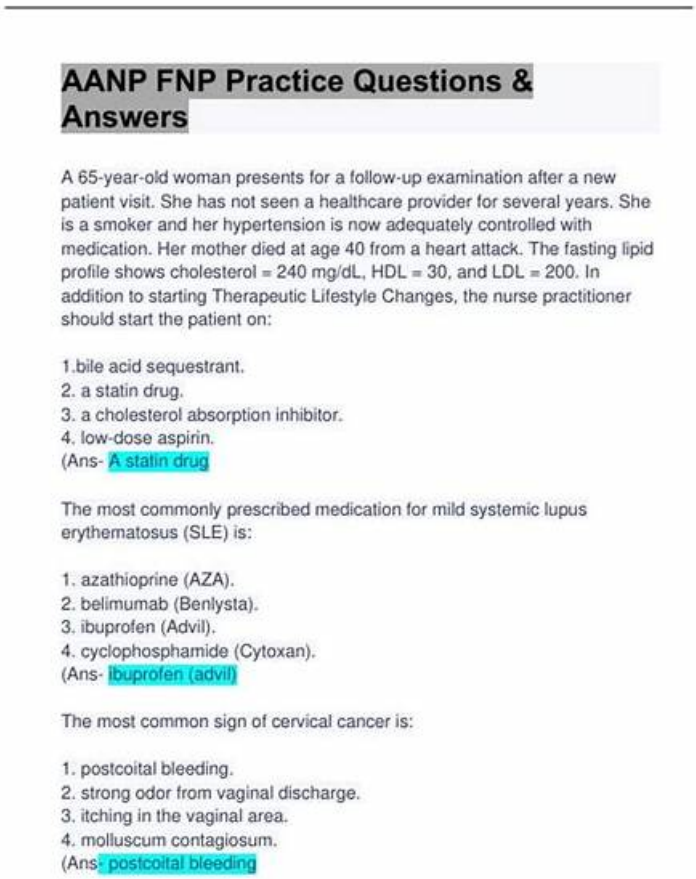
AANP-FNP Training Questions & AANP-FNP Latest Test Question



AANP FNP Practice Questions & Answers

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, and LDL = 200. In addition to starting Therapeutic Lifestyle Changes, the nurse practitioner should start the patient on:

1.bile acid sequestrant.
2. a statin drug.
3. a cholesterol absorption inhibitor.
4. low-dose aspirin.
(Ans- A statin drug

The most commonly prescribed medication for mild systemic lupus erythematosus (SLE) is:

1. azathioprine (AZA).
2. belimumab (Benlysta).
3. ibuprofen (Advil).
4. cyclophosphamide (Cytoxan).
(Ans- ibuprofen (advil)

The most common sign of cervical cancer is:

1. postcoital bleeding.
2. strong odor from vaginal discharge.
3. itching in the vaginal area.
4. molluscum contagiosum.
(Ans- postcoital bleeding

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Without self-assessment, you cannot ace the AANP-FNP test. To ensure that you appear in the final AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) examination without anxiety and mistakes, ITExamSimulator offers desktop Nursing AANP-FNP Practice Test software and web-based AANP-FNP practice exam. These AANP-FNP practice tests are customizable, simulate the original AANP-FNP exam scenario, and track your performance.

Passing the Nursing AANP-FNP certification exam is not a tough thing to do but we make it so. The main reason is that we don't know how to study from the AANP-FNP exam questions we have. We assume that we can study one night and can easily take the AANP Family Nurse Practitioner (AANP-FNP) AANP-FNP Exam the next morning. This was possible only when we were the school. Now, it is not possible.

>> AANP-FNP Training Questions <<

AANP-FNP Latest Test Question - AANP-FNP Reliable Study Notes

All kinds of exams are changing with dynamic society because the requirements are changing all the time. To keep up with the newest regulations of the AANP Family Nurse Practitioner (AANP-FNP) exam, our experts keep their eyes focusing on it. Expert

team not only provides the high quality for the AANP-FNP Quiz guide consulting, also help users solve problems at the same time, leak fill a vacancy, and finally to deepen the user's impression, to solve the problem of AANP Family Nurse Practitioner (AANP-FNP) test material and no longer make the same mistake.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q74-Q79):

NEW QUESTION # 74
If a patient comes to the clinic complaining of an abrupt onset of unilateral facial paralysis with no other symptoms, which of the following might the nurse practitioner suspect?

- A. Bell's palsy
- B. Polymyalgia rheumatica
- C. Tic Douloureux
- D. Temporal arteritis

Answer: A

Explanation:
When a patient presents with the sudden onset of unilateral facial paralysis and no accompanying symptoms, Bell's palsy is a primary condition to consider. Bell's palsy is a neurological disorder that results in temporary weakness or paralysis of the facial muscles. This condition is thought to stem from inflammation or compression of the facial nerve, known as cranial nerve VII. The exact cause of this inflammation is not always clear, but it is often linked to viral infections that can cause swelling of the nerve.
The hallmark of Bell's palsy is the rapid onset of paralysis, typically unfolding over hours to a day, and generally affecting only one side of the face. Patients may notice that they are unable to move their facial muscles on the affected side. This can include the inability to close the eye, raise the eyebrow, smile, or frown on that side. The face might look drooped or asymmetrical. Despite the dramatic presentation, most patients with Bell's palsy experience a significant improvement in symptoms within weeks, and complete recovery is possible within several months.
While Bell's palsy is a likely diagnosis in cases of sudden unilateral facial paralysis, other conditions might also be considered. These include: - **Tic Douloureux (Trigeminal Neuralgia)**: This condition affects the trigeminal nerve, another cranial nerve, but it is characterized by severe, episodic facial pain rather than muscle paralysis. - **Temporal arteritis**: This involves inflammation of the arteries in the temple area of the head. It can cause pain and, in severe cases, vision loss, rather than facial paralysis. - **Polymyalgia rheumatica**: This is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips, rather than isolated facial paralysis.
Given these alternatives, Bell's palsy remains the most consistent with the symptoms of abrupt unilateral facial paralysis without other accompanying signs. Diagnosis is typically clinical but can be supported by ruling out other causes through patient history, physical examination, and possibly imaging or other diagnostic tests. Treatment for Bell's palsy may involve corticosteroids to reduce inflammation and swelling around the facial nerve. In some cases, antiviral medications may be used, especially if a viral infection is suspected to be the underlying cause.

NEW QUESTION # 75
Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. paroxysmal atrial tachycardia
- B. atrial fibrillation
- C. mitral valve prolapse
- D. none of the above

Answer: A

Explanation:
To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.
Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia

with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.
In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do not fit the ECG findings or the patient's presentation in this scenario.
Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

NEW QUESTION # 76
Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

- A. Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity are the foundations of ethical behavior.
- B. The ethical behavior of nurses has been defined for professional nursing in an American Practice Act policy statement.
- C. Duty to help others, beneficence, is a foundational component of ethical behavior.
- D. Ethical behavior incorporates respect for the individual and his or her autonomy.

Answer: B

Explanation:
The question asks which of the provided statements is not part of the ethical decision-making process for a nurse practitioner. To answer this, it is crucial to understand the sources and guidelines that define the ethical behavior expected of nurses.
Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity indeed form the core of ethical behavior in nursing. These values guide nurse practitioners in their daily interactions and decision-making with patients, ensuring that each patient is treated with respect and compassion. Therefore, this statement is related to the ethical decision-making process.
The statement about the duty to help others, or beneficence, also directly ties into ethical decision-making. Beneficence involves acting in the best interest of the patient, which is a fundamental ethical principle in healthcare. This includes actions that aim to prevent and remove harm and to improve the situation of others. Thus, this statement is undoubtedly a part of the ethical decision-making process in nursing.
Ethical behavior incorporating respect for the individual and his or her autonomy is another crucial component. Autonomy respects the patient's right to make informed decisions about their own health care. This respect is manifested by providing all necessary information to the patient and ensuring they understand it, thereby enabling them to make informed decisions. This principle is a cornerstone of ethical practice in nursing and is integral to the ethical decision-making process.
However, the statement claiming that the ethical behavior of nurses has been defined by the American Practice Act is incorrect. Ethical guidelines for nurses are primarily outlined by the American Nurses Association (ANA), not the American Practice Act. The ANA provides the Code of Ethics for Nurses, which details the ethical obligations and duties of everyone in the nursing profession, rather than being defined by legislative acts like the American Practice Act. The correct ethical standards and guidelines are crucial for informing the ethical decision-making process, but this statement incorrectly identifies the source of these standards.
Therefore, the statement that is NOT part of the ethical decision-making process for the nurse practitioner is the one that misattributes the source of ethical guidelines to the American Practice Act, rather than correctly attributing them to the American Nurses Association. This misattribution can lead to misunderstandings about the origin and authority of ethical guidelines in nursing practice.

NEW QUESTION # 77
Leukocytosis is a high white blood cell count which indicates an increase in disease-fighting cells in the blood. Which of the following should be done for diagnostic tests and interpretation?

- A. oil emersion light microscopy
- B. percutaneous needle aspiration
- C. cell count and differential
- D. Tzanck smear

Answer: C

Explanation:
Leukocytosis is characterized by an abnormal increase in the number of white blood cells (WBCs) in the blood, primarily as a response to infection, inflammation, or other stimuli that engage the body's immune response. To diagnose and interpret the causes and nature of leukocytosis, several diagnostic tests can be performed:
Cell Count and Differential: This is a fundamental test in the evaluation of leukocytosis. A complete blood count (CBC) provides the total number of white blood cells. The differential count, which is part of the CBC, breaks down the total count into the percentages of different types of white blood cells (neutrophils, lymphocytes, monocytes, eosinophils, and basophils). Each of these cell types plays a different role in the immune response and their relative proportions can indicate specific types of infections or conditions. For example, an increase in neutrophils often suggests a bacterial infection, whereas elevated lymphocytes may indicate a viral infection.
Percutaneous Needle Aspiration: Although not a standard test for the direct assessment of leukocytosis, percutaneous needle aspiration can be used to collect samples from specific areas of inflammation or infection. Analyzing these samples can help identify the underlying cause of localized leukocytosis.
Tzanck Smear: This test is specifically useful for diagnosing infections caused by herpes viruses. It involves scraping cells from a lesion and examining them under a microscope. While it doesn't directly evaluate leukocytosis, it can help determine if a herpetic infection is the cause of an increased white blood cell count.
Oil Immersion Light Microscopy: This technique involves using a microscope with an oil immersion lens to achieve a higher resolution image of blood cells. It is particularly useful for identifying fine morphological details of cells that might indicate specific types of blood disorders or infections contributing to leukocytosis. The normal ratio of one band cell (an immature neutrophil) for every ten neutrophils in circulation is a useful benchmark in the differential diagnosis. A higher ratio of band cells (a condition known as "left shift") can indicate an active infection or inflammation, prompting further investigation. In summary, the combination of a complete blood count with a differential, along with targeted diagnostic tests like percutaneous needle aspiration or a Tzanck smear, depending on the clinical context, is crucial for accurately diagnosing the cause of leukocytosis and guiding appropriate treatment strategies.

NEW QUESTION # 78
Your 25-year-old male patient suffers from post-traumatic stress disorder (PTSD) as a result of combat duty. Your plan of treatment for this patient will include treating arousal symptoms and the associated depression. Which of the following agents are you most likely to prescribe for this purpose?

- A. benzodiazepines
- B. second-generation antipsychotics
- C. SSRIs
- D. anticonvulsants

Answer: C

Explanation:
The most appropriate choice for treating both the arousal symptoms and the associated depression in a 25-year-old male patient with post-traumatic stress disorder (PTSD) from combat duty is the use of Selective Serotonin Reuptake Inhibitors (SSRIs). SSRIs are commonly prescribed for PTSD due to their efficacy in managing both the core symptoms of the disorder and the frequently accompanying depression.
SSRIs work by increasing the levels of serotonin in the brain, a neurotransmitter that is often linked with mood regulation. By stabilizing serotonin levels, SSRIs can help alleviate mood disorders, reduce anxiety, and improve overall emotional regulation. This makes them particularly effective in addressing the intrusive thoughts, hyperarousal, and persistent sadness or numbness associated with PTSD.
Anticonvulsants, such as carbamazepine, are another category of medication sometimes used in PTSD treatment. They are primarily used to manage specific symptoms such as irritability, aggression, and impulsiveness. These drugs stabilize mood by dampening neuronal firing, which can be beneficial for patients who exhibit these more volatile symptoms.
Second-generation antipsychotics may also be considered in the treatment of PTSD, particularly when patients present with severe mood dysregulation or other psychotic features. These medications can be helpful in stabilizing mood and reducing the severity of emotional outbursts.
However, benzodiazepines are generally not recommended for patients with PTSD, especially when there is a comorbid condition such as substance use disorder. Benzodiazepines have a high potential for dependency and may worsen the course of long-term PTSD symptoms. They are typically avoided because they can contribute to substance abuse issues, which are common among individuals with PTSD, potentially leading to a cycle of dependence and exacerbation of psychiatric symptoms.
In summary, while various medications can be used to target specific symptoms of PTSD, SSRIs are the most likely choice for a comprehensive approach to treat both arousal symptoms and associated depression in PTSD patients. The decision on which medication to use should be tailored to the individual's specific symptoms and medical history, taking into account any potential comorbid conditions.

NEW QUESTION # 79
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