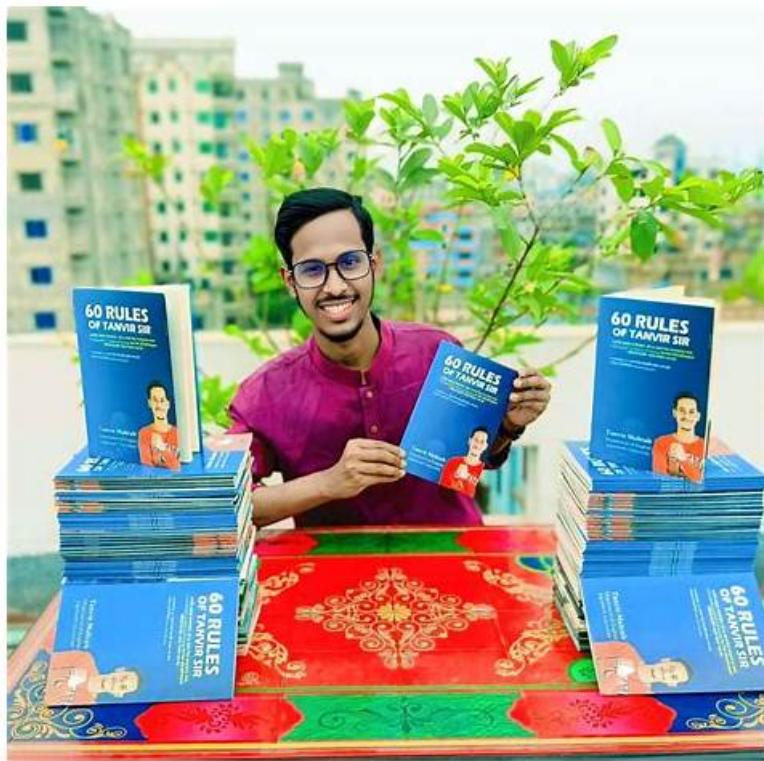


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## **Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q60-Q65):**

### **NEW QUESTION # 60**

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. cell count and differential**
- C. percutaneous needle aspiration
- D. Tzanck smear

**Answer: B**

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 # 61**

When conducting a cultural assessment, which of the following is most likely to be a question you would ask?

- A. What the major support systems in the patient's family are.
- B. What medications the patient takes.
- C. What foods the patient eats regularly.
- **D. All of the above.**

**Answer: D**

Explanation:

When conducting a cultural assessment, it is essential to ask a variety of questions that cover different aspects of a patient's life to get a comprehensive understanding of their cultural background. Each question aims to uncover specific cultural practices and beliefs that can significantly influence health care outcomes. Below are some typical questions that might be asked during such an assessment, with explanations for why they are important.

"What are the major support systems in the patient's family?" This question helps to understand the patient's family dynamics and social support networks. Knowing who the patient turns to in times of need can provide insights into their stress relief mechanisms and emotional support structures. It also helps in planning patient care, particularly after discharge or during long-term treatment, ensuring that the patient has a reliable support system to aid in recovery and adherence to medical advice.

"What foods does the patient eat regularly?" This question is crucial as it not only gives insight into the patient's dietary habits but also highlights cultural foods or dietary practices that may need to be considered in their care plan. Dietary habits can affect various health aspects, including allergies, metabolic processes, and even the effectiveness of prescribed medications. Understanding a patient's regular diet can aid in creating a nutrition plan that respects their cultural preferences while addressing any health issues.

"What medications does the patient take?" This question is standard in most medical assessments but gains additional layers in a cultural context. Some cultures use traditional remedies that may interact with conventional drugs. Understanding all substances the patient uses—medicinal or otherwise—enables safer prescribing and helps prevent adverse drug interactions. Additionally, some patients might prioritize traditional medicines over modern treatments, and knowing this preference can facilitate more culturally sensitive and effective communication about healthcare options.

Overall, each of these questions serves to build a fuller picture of the patient's cultural context, which is essential for providing culturally competent care. Understanding a patient's cultural background can greatly enhance the effectiveness of treatment by aligning medical advice with cultural practices, thus improving patient adherence and satisfaction with the healthcare process.

### NEW QUESTION # 62

A disease characterized by high fever, truncal and perineal area rash, and dry cracked lips with a strawberry tongue is known as:

- A. Kawasaki disease
- B. Scarlet Fever
- C. Varicella
- D. Fifth disease

**Answer: A**

Explanation:

Kawasaki disease, correctly identified in the question, is a multisystem inflammatory condition that predominantly affects children under the age of five. The hallmark features of this disease include a persistent high fever lasting more than five days, a rash in the truncal and perineal areas, and mucosal inflammation, which manifests as dry, cracked lips and a strawberry-colored tongue. These symptoms are critical for the diagnosis of Kawasaki disease, particularly in the absence of other more common childhood illnesses that present with similar symptoms.

Additional clinical signs of Kawasaki disease include erythema of the palms and soles followed by peeling, swollen lymph nodes, typically a single, large, cervical node, and non-purulent conjunctivitis. These symptoms help differentiate Kawasaki disease from other diseases with somewhat similar presentations. The etiology of Kawasaki disease remains unknown, but it is considered an autoimmune disorder triggered by an infectious agent in genetically predisposed individuals.

Scarlet Fever, another disease option mentioned, is caused by *Streptococcus pyogenes*. While it also features fever and a rash, the rash of Scarlet Fever typically starts as small red bumps on the neck and groin before spreading to the body, and is often accompanied by a sore throat and a characteristic "sandpaper" texture of the skin. Strawberry tongue can also occur in Scarlet Fever, but the presence of a sore throat, the nature of the rash, and the absence of conjunctivitis are distinguishing features from Kawasaki disease.

Varicella, commonly known as chickenpox, presents with a vesicular rash that progresses through stages (papule, vesicle, crust) and is generally more widespread and itchy, which is not characteristic of Kawasaki disease. Finally, Fifth disease, caused by *Parvovirus B19*, is notable for causing a "slapped cheek" appearance on the face and a lacy rash on the body, which are not features of Kawasaki disease.

Understanding these distinguishing features is crucial in clinical practice to ensure accurate diagnosis and management. Kawasaki disease, in particular, requires prompt treatment with intravenous immunoglobulin and aspirin to reduce the risk of coronary artery aneurysms, a serious complication of the disease. Thus, differentiating it from other childhood rashes and infections using the specific clinical criteria is imperative for effective treatment and prevention of complications.

### NEW QUESTION # 63

Your patient has a superficial skin lesion that is elevated. It is less than 1 cm in diameter and it is filled with serous fluid. Which of the following skin lesions is this?

- A. papule
- B. macule
- C. vesicle
- D. pustule

**Answer: C**

Explanation:

The correct answer to the question regarding a skin lesion that is less than 1 cm in diameter, elevated, and filled with serous fluid is "vesicle." A vesicle is a type of skin lesion that is characterized by these specific criteria. It is important to distinguish vesicles from other types of skin lesions based on their physical characteristics and contents.

Vesicles are small, fluid-filled sacs that appear on the surface of the skin. They are typically less than 1 cm in diameter and contain clear fluid, usually serous fluid, which is a watery fluid similar to plasma but without its protein content. This type of lesion is superficial, meaning it involves only the upper layers of the skin. One common example of a vesicular lesion is a herpetic lesion, such as those seen in herpes simplex virus infections.

In contrast, other similar skin lesions differ in size, content, or texture. For instance, a pustule is also a small, elevated lesion but differs from a vesicle in that it contains purulent fluid, which is typically a sign of infection and includes white blood cells. Pustules are

often associated with acne and other bacterial skin infections.

Another lesion type is the papule, which is a solid, palpable lesion that can be up to 0.5 cm in diameter. Papules are usually elevated but do not contain fluid, making them distinctly different from vesicles. Examples of conditions with papular lesions include dermatitis and viral exanths.

Lastly, a macule is a flat lesion that is not palpable and is usually smaller than 1 cm in diameter. Macules are characterized by changes in skin color, with no elevation or fluid content. Freckles and flat moles are typical examples of macular lesions.

In conclusion, distinguishing between these types of skin lesions-vesicles, pustules, papules, and macules-is crucial for accurate diagnosis and appropriate treatment in dermatological practice. The description of the lesion in the question clearly matches that of a vesicle, making it the correct answer.

#### NEW QUESTION # 64

Louise is a 75-year-old patient who has been having regular Pap smears throughout her adult life. All of her Pap smears have been normal. She asks you whether she needs to keep having this test every year. Which of the following replies would be appropriate?

- A. All women must have a Pap smear annually.
- B. If you are still sexually active a Pap smear is necessary every year.
- C. After age 70 having a Pap smear every 2 - 3 years is the norm
- D. Since you have never had abnormal results a Pap smear is no longer necessary.

**Answer: D**

Explanation:

The appropriate response to Louise's question about whether she needs to continue having annual Pap smears would be based on the guidelines provided by the American College of Obstetricians and Gynecologists (ACOG). According to ACOG, a woman may stop having Pap smears after age 65 if she has had three consecutive normal results and no abnormal results in the past 10 years, provided there are no other risk factors present that might necessitate continued screening. This guideline takes into account a history of normal Pap smear results and the decreased likelihood of developing new HPV infections (which are largely responsible for changes that can lead to cervical cancer) as a woman ages.

In Louise's case, since she is 75 years old and has had consistently normal Pap smear results throughout her adult life, and assuming no other high-risk conditions are present, it would be reasonable to consider discontinuing further Pap smears. This advice aligns with ACOG's recommendation and reflects a standard approach to managing the health care of older women who are at low risk for cervical cancer. It is important to individualize care based on the patient's overall health, history, and risk factors. Additionally, this approach can help in avoiding unnecessary procedures and potential complications that might arise from them in older adults.

The other potential responses that suggest continuing annual Pap smears regardless of past results, or changing the frequency to every 2-3 years after age 70, do not align as closely with the current expert recommendations. These responses may lead to unnecessary testing, which can cause undue stress, discomfort, and potential harm without providing significant benefits. Moreover, the suggestion that a Pap smear is necessary every year if a woman is still sexually active does not align with ACOG guidelines, which do not base the cessation of Pap smears on sexual activity but rather on age and previous Pap smear results combined with risk factors.

Thus, the most accurate and relevant response for Louise would be to inform her that, based on her age and history of normal Pap smear results, and in the absence of other complicating factors, she may no longer need to continue with routine Pap smears. It is always important to discuss such decisions in the context of a comprehensive health evaluation and consider any other individual factors that might influence screening recommendations.

#### NEW QUESTION # 65

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