

Nursing AANP-FNP Simulated Test & Valid AANP-FNP Exam Answers

AANP FNP TEST questions with answers 2023

ADA screening for DM in Children

- ✓ -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

- ✓ - 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:

- ✓ 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

- ✓ left side

Initial evaluation of symptoms of acute prostatitis

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

1. bile acid sequestrant.

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q26-Q31):

NEW QUESTION # 26

Which of the following statements about calcium channel blockers (CCBs) is incorrect?

- A. Bradycardia is a contraindication to the use of CCBs.
- B. Amlodipine is a CCB drug.
- C. CCBs depress heart muscle and the AV node.
- **D. Enalapril is the most commonly used CCB.**

Answer: D

Explanation:

The question provided asks to identify an incorrect statement about calcium channel blockers (CCBs). The statement that "Enalapril is the most commonly used CCB" is incorrect because Enalapril is not a calcium channel blocker; it is an ACE (Angiotensin-Converting Enzyme) inhibitor. ACE inhibitors are a class of medication used primarily for the treatment of hypertension and congestive heart failure. They work by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor, thereby lowering blood pressure.

Calcium channel blockers, on the other hand, function by blocking voltage-gated calcium channels in the heart and blood vessels. By inhibiting these channels, CCBs reduce the influx of calcium ions during the cardiac action potential. This leads to a decrease in cardiac contractility and conductivity, particularly in the atrioventricular (AV) node, and causes vasodilation of the peripheral arterioles. The overall effect is a reduction in heart rate and a lowering of peripheral vascular resistance (PVR), which helps in reducing blood pressure. Examples of commonly used CCBs include amlodipine, verapamil, and diltiazem.

Given the mechanisms and the specific targets of these drugs within the cardiovascular system, it is clear that enalapril, being an ACE inhibitor, does not share the same mechanism of action as CCBs. Therefore, stating that enalapril is a CCB is factually incorrect. This highlights the importance of correctly understanding and categorizing cardiovascular medications due to their differing impacts on the heart and circulatory system.

NEW QUESTION # 27

Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

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

Answer: C

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 # 28

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Enalapril
- B. Lisinopril
- C. Torsemide
- D. Trandolapril

Answer: C

Explanation:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension (high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease, or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

NEW QUESTION # 29

Edward is a 50-year-old male patient who has peripheral vascular disease. You are prescribing a neuropathic analgesic for him. Which of the following drugs would you prescribe?

- A. Amitriptyline
- B. Clindamycin
- C. Pentoxifylline
- D. Persantine

Answer: A

Explanation:

In addressing the question of which neuropathic analgesic to prescribe for Edward, a 50-year-old male patient with peripheral vascular disease, it is important to consider the nature and mechanism of the medications available. Peripheral vascular disease primarily affects blood vessels outside of the heart and brain and can often lead to complications such as pain and numbness, typically in the legs. The treatment goal in such cases often includes managing symptoms and improving quality of life.

Among the options listed, Amitriptyline appears repeatedly and is the appropriate choice for treating neuropathic pain in Edward's case. Amitriptyline is a tricyclic antidepressant that is widely used not only for its primary function as an antidepressant but also for its efficacy in treating neuropathic pain. This type of pain is common in patients with peripheral vascular disease due to nerve damage caused by reduced blood flow.

The reason Amitriptyline is effective in such cases lies in its mechanism of action. It increases the levels of neurotransmitters in the

nervous system, such as serotonin and norepinephrine, which help modulate pain perception. Amitriptyline also blocks the reuptake of these neurotransmitters, making them more available in the brain, which can help alleviate pain.

The other options listed such as Pentoxifylline, Persantine, and Clindamycin do not primarily address neuropathic pain. Pentoxifylline is often used to improve blood flow in patients with circulation problems, not specifically for pain relief. Persantine is another medication that helps prevent blood clots but does not have analgesic properties. Clindamycin is an antibiotic with no role in pain management.

Therefore, among the given choices, Amitriptyline would be the most suitable prescription for Edward to help manage his neuropathic pain associated with peripheral vascular disease. It is crucial, however, to monitor the patient for any potential side effects such as sedation, dry mouth, or urinary retention, which are commonly observed with tricyclic antidepressants. Adjustments to dosage or alternative therapies may be considered based on the patient's response and any adverse effects experienced.

NEW QUESTION # 30

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

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 # 31

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