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AANP FNP certification questions and answers 100% pass

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible.

IV- first time thrill V-Steth edge VI-entire steth. EXAM ✓✓III first time audible, IV first time thrill

Fundal height 12 weeks ✓✓Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.

Fundus at 20 weeks is at umbilicus.

2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? ✓✓Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? ✓✓Increase Medication

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q101-Q106):

NEW QUESTION # 101

What test would you order if you suspect a patient has meningitis?

- A. CSF.
- B. CEA.
- C. CA-125.
- D. BRCA2.

Answer: B

Explanation:

When suspecting meningitis, the primary diagnostic test ordered is the Cerebrospinal Fluid (CSF) test, commonly known as a lumbar puncture. This procedure involves inserting a needle into the lower part of the spinal canal to collect a sample of cerebrospinal fluid. This fluid surrounds the brain and spinal cord and changes in its composition can indicate the presence of meningitis. The CSF test is crucial because it allows for the analysis of the fluid to check for increased white blood cell count, elevated protein levels, and decreased glucose levels, which are indicative of meningitis. Additionally, the CSF can be cultured to identify the specific organism causing the infection, whether it's viral, bacterial, or fungal. This is essential for determining the appropriate treatment course.

In some cases, before performing a lumbar puncture, imaging tests such as a CT scan or MRI might be recommended. These are used to rule out other conditions that might cause similar symptoms, such as brain abscesses or tumors, and to ensure safety before performing the lumbar puncture, especially in cases where there might be increased intracranial pressure.

It is important to note that other tests like BRCA2, CA-125, and CEA are not relevant for diagnosing meningitis. BRCA2 is related to genetic susceptibility to certain cancers, CA-125 is a marker used primarily in ovarian cancer, and CEA is an indicator most commonly associated with colorectal cancer. These do not aid in diagnosing or managing meningitis.

NEW QUESTION # 102

In terms of the scope of practice for an NP, which of the following statements is incorrect?

- A. General scope of practice is specified in many published professional documents.
- B. The scope of practice defines a specific legal scope determined by state statutes, boards of nursing, educational preparation and common practice within a community.
- C. Scope of practice is always defined by state statutes enacted by the state legislature.
- D. Prescriptive authority is recognized as within the scope of practice for nurse practitioners in all 50 states.

Answer: C

Explanation:

To answer the question about which statement is incorrect regarding the scope of practice for nurse practitioners (NPs), it's important to first understand what "scope of practice" generally entails and how it is determined.

The scope of practice for NPs includes all the activities and services that NPs are educated and authorized to perform, based on their professional licensure. This scope is influenced by several factors including state laws, educational background, the needs of the community, and the policies of healthcare providers.

The incorrect statement among those provided is: "Scope of practice is always defined by state statutes enacted by the state legislature." This statement is incorrect because the determination of scope of practice is not solely the jurisdiction of state statutes. While it is true that in some states, the scope of practice for NPs is directly defined by state statutes, in others, the state legislature delegates the authority to define and regulate the scope of practice to the state's board of nursing or other regulatory bodies.

Therefore, the scope of practice can vary significantly from state to state based not only on laws passed by the state legislature but also on regulations established by the state's board of nursing. These boards may have the authority to interpret and implement the statutes, and they may issue additional guidelines that affect practice.

Additionally, other factors also influence the scope of practice, such as national certification, the policies of healthcare institutions where NPs are employed, and the specific needs and conditions of the community served. Professional organizations also publish documents that provide guidelines and consensus statements about the general scope of practice and standards of care, which further guide practice but do not have the force of law.

In summary, while state statutes are indeed a critical component in defining the scope of practice for NPs, they are not the sole determinants. The scope of practice is also shaped by regulatory boards, professional standards, and local healthcare needs, making the statement that it is always defined by state statutes incorrect.

NEW QUESTION # 103

The procedure used to diagnose atherosclerotic lesions or thrombi in the coronary vessels is which of the following?

- A. MRI
- B. **coronary angiography**
- C. nuclear stress test
- D. stress test

Answer: B

Explanation:

The correct answer to the question regarding the procedure used to diagnose atherosclerotic lesions or thrombi in the coronary vessels is "coronary angiography." This medical test is pivotal in the field of cardiology, particularly for assessing and diagnosing heart-related conditions.

Coronary angiography involves the use of X-ray imaging to see your heart's blood vessels. During the procedure, a type of dye that's visible by an X-ray machine is injected into the blood vessels of your heart. The X-ray machine rapidly takes a series of images (angiograms), offering a detailed look at the inside of your blood vessels. If there are any blockages, irregularities, or changes in the blood vessels, they will be visible on the angiogram.

This procedure is particularly effective for identifying atherosclerosis, a condition where the blood vessels become narrowed due to the build-up of fatty plaques. This can lead to reduced blood flow, which can cause chest pain (angina), heart attacks, or other serious cardiac conditions. Coronary angiography is also instrumental in identifying blood clots (thrombi) that can obstruct the coronary arteries and disrupt the normal flow of blood to the heart.

Beyond diagnosing blockages and blood clots, coronary angiography is utilized to evaluate other heart conditions. It can be used to assess heart valve function, detect congenital heart defects, and evaluate the performance of the heart's chambers and walls. The detailed visualization aids doctors in planning appropriate treatments, which may include stenting, medications, or surgery.

While other tests like stress tests, MRI, and nuclear stress tests can suggest problems in the heart's function and blood flow, coronary angiography provides a direct and detailed view of the physical state of the coronary arteries. This is why it remains the definitive test for diagnosing structural heart diseases, particularly those involving the coronary vessels.

NEW QUESTION # 104

Which of the following diagnoses of a red eye is most likely to be associated with constricted pupils?

- A. glaucoma
- B. infectious conjunctivitis
- C. **iritis**
- D. allergic conjunctivitis

Answer: C

Explanation:

When considering the diagnosis of a red eye associated with constricted pupils, iritis, also known as anterior uveitis, is the most likely condition among the options provided. Iritis is an inflammation of the iris, the colored part of the eye, and it often presents with both redness and photophobia, which is a sensitivity to light. As a protective response to light sensitivity and part of the inflammatory process, the pupil often constricts (becomes smaller) in iritis.

The other conditions listed, such as allergic conjunctivitis, infectious conjunctivitis, and glaucoma, have different effects on the pupil. Allergic and infectious conjunctivitis primarily affect the conjunctiva, which is the outermost layer of the eye and the inner surface of the eyelids. These conditions are characterized by redness, itching, and discharge, but typically do not affect the size of the pupil, which usually remains normal.

On the other hand, glaucoma, particularly acute angle-closure glaucoma, can also present with a red eye but is typically associated with a dilated pupil, not a constricted one. In acute angle-closure glaucoma, the increase in intraocular pressure can lead to a mid-dilated and non-reactive pupil. This is a distinguishing feature from iritis, where the pupil is constricted and might show a more reactive response to light despite the discomfort it causes.

Thus, among the given choices, iritis is distinctly associated with constricted pupils due to its inflammatory nature and the body's response to minimize exposure to light, which can exacerbate the pain and discomfort associated with the condition. This symptom helps differentiate it from other types of red eye conditions where the pupil size remains normal or becomes larger.

NEW QUESTION # 105

Today you have had several adult patients who had abdominal pain. You have scheduled a consult for one of these patients. Which of the following is a reason for you to schedule this consultation?

- A. bradycardia
- B. decreased white blood cell count
- C. fever
- D. anxiety

Answer: C

Explanation:

Abdominal pain is a common symptom that can be caused by a variety of conditions, ranging from benign to life-threatening. When a healthcare professional encounters a patient with abdominal pain, certain accompanying symptoms can signal the need for more urgent or specialized care. One such symptom is fever.

A fever indicates an elevated body temperature and is commonly associated with an inflammatory or infectious process within the body. In the context of abdominal pain, a fever can suggest serious underlying conditions such as appendicitis, diverticulitis, cholecystitis, or an intra-abdominal abscess, among others. These conditions often require rapid assessment and intervention, which might include surgery or advanced diagnostic testing.

Therefore, when a patient presents with both abdominal pain and fever, it may warrant a consultation with a specialist, such as a surgeon or a gastroenterologist. This decision is typically guided by a combination of clinical judgment and established medical guidelines which prioritize patient safety and the effective management of potentially severe conditions.

The inclusion of fever as a critical indicator for surgical consultation is based on its ability to point towards more severe pathology that might not be safely managed with conservative treatment alone. Alongside fever, other important indicators include an increased white blood cell count (suggesting an inflammatory response), tachycardia (rapid heart rate, which can indicate the body's response to stress or infection), peritoneal signs (rigidity or tenderness of the abdominal wall indicative of irritation of the peritoneum), and advanced age (as older patients often have a higher risk of complications and may present atypically).

In summary, the presence of fever in a patient with abdominal pain is a significant concern that can justify further investigation through a specialist consultation. This approach helps ensure that conditions requiring prompt treatment are addressed swiftly to optimize patient outcomes.

NEW QUESTION # 106

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