

# Nursing AANP-FNP最速合格 & AANP-FNP日本語版トレーニング

## AANP FNP Latest Practice Exam 2025-2026 With Correct Verified Answers

Tanner Stage 2 - correct answer>>Increased rugae of scrotum, testes enlarge. Breast bud. Straight sparse hair.

Tanner Stage 3 - correct answer>>Penis elongates. Pencil penis. Scrotal color darkens. Breast tissue and areola are one mound. Darkened hair, starts to curl.

Tanner 4 - correct answer>>Penis thickens and increases in size. Areola/nipple separate for secondary mound. Curly hair, not on medial thigh.

When does menarche begin? - correct answer>>After Tanner stage 2, within 1-2 years. Delayed puberty if no secondary sexual characteristics by 12-13 in girls and 14 in boys.

Trisomy 21 - correct answer>>Down Syndrome. Risk with advanced maternal age. Microcephaly, flat nose, hypotonia, simian crease.

Marfan's Syndrome - correct answer>>Pectus excavatum. Tall, wide arm span. Risk of MVP, aneurysm, aortic regurgitation. Do not clear for sports.

Turner's Syndrome - correct answer>>FEMALE. Lymphedema in utero, webbed neck, LD, widely spaced nipples, HTN coarctation of aorta.

Klinefelter's Syndrome - correct answer>>Extra X in males. More feminine. Will see in puberty. Infertile, hypogonadism, low testosterone. Tall, lanky, underdeveloped sexually.

Caput succedaneum - correct answer>>Sutures cross midline, spreads.

Cephalohematoma - correct answer>>Sutures do not cross midline, more significant.

When does anterior fontanelle close? - correct answer>>18 months

When does posterior fontanelle close? - correct answer>>2-3 months

Abnormal red reflex - correct answer>>Black or white. Retinoblastoma, cataracts, osteogenesis imperfecta. White specks in down syndrome.

Edward's Syndrome - correct answer>>Trisomy 18. Small mouth. High pitched cry.

AANP-FNP認定試験の準備を完了したのですか。試験を目前に控え、自信満々と受験することができますか。もしまだ試験に合格する自信を持っていないなら、ここで最高の試験参考書を推奨します。ただ短時間の勉強で試験に合格できる最新のAANP-FNP問題集が登場しました。この素晴らしい問題集はJpexamによって提供されます。

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>> Nursing AANP-FNP最速合格 <<

## AANP-FNP試験指導資料、AANP-FNP最新練習問題、AANP-FNPオンライン試験模擬

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試験問題 (Q75-Q80):

### 質問 # 75

The differential diagnoses for scarlet fever include all of the following EXCEPT:

- A. Rubeola
- B. intertrigo
- C. Fifth disease
- D. Kawasaki syndrome

正解: B

解説:

Intertrigo is a skin condition characterized by inflammation of body folds, which is more prevalent in individuals who are obese or live in humid climates. This condition typically manifests as skin maceration, fissures, and erythema within the folds. Intertrigo is caused by the friction of skin rubbing against skin, which can be exacerbated by moisture and warmth in these areas, leading to irritation and sometimes secondary infection.

In the context of differentiating various skin and systemic conditions, it is important to note that intertrigo does not share the core characteristics or etiology with scarlet fever. Scarlet fever is a bacterial infection caused by group A Streptococcus, presenting with symptoms such as a red rash, fever, sore throat, and the characteristic "strawberry" tongue. The rash in scarlet fever typically has a fine, sandpaper-like texture and commences on the chest and abdomen before spreading to other parts of the body.

Kawasaki syndrome, on the other hand, is an acute febrile illness primarily affecting children under five years old and is considered in differential diagnoses due to its presentation of fever, rash, and involvement of mucous membranes, which could appear similar to scarlet fever. Kawasaki syndrome is distinguished by its specific criteria, including conjunctival injection, changes in the lips and oral cavity, and swelling or redness in the hands and feet.

Rubeola, or measles, is another condition considered in the differential diagnosis for scarlet fever due to its initial presentation with fever, runny nose, cough, and a characteristic red blotchy rash that starts on the face and spreads. Measles is highly contagious and caused by the measles virus, distinct from the bacterial etiology of scarlet fever.

Fifth disease, caused by Parvovirus B19, also features in the differential diagnosis primarily due to its rash manifestation, which can sometimes mimic that of scarlet fever. The classic presentation of Fifth disease includes a "slapped cheek" appearance followed by a lacy patterned rash on the body.

Given these considerations, intertrigo does not fit into the spectrum of illnesses that resemble scarlet fever either by systemic involvement or by primary etiological agent, making it the correct answer to the query of conditions that do NOT include scarlet fever in their differential diagnosis.

### 質問 # 76

You have a 35-year-old female patient who is complaining of wrist pain. She is an administrative assistant who does a great deal of computer work in her job. You will test her for carpal tunnel syndrome. When you tap at the volar surface of the wrist you are performing which of the following tests?

- A. Tinel's sign
- B. carpal compression maneuver
- C. Phalen's maneuver
- D. McMurray's test

正解: A

### 質問 # 77

Your patient is a 28-year-old female with a history of seizures. She is taking oral contraceptives. Which of the following medications may lead to contraceptive failure for this patient?

- A. clonazepam
- B. gabapentin
- C. acetazolamide
- D. carbamazepine

正解: B

解説:

In the management of a 28-year-old female patient who has a history of seizures and is using oral contraceptives, it is crucial to consider the interaction between her seizure medication and her birth control pills. One of the medications listed, carbamazepine, is known to have a significant interaction that may compromise the effectiveness of oral contraceptives.

Carbamazepine is an anticonvulsant and mood-stabilizing drug used primarily in the treatment of epilepsy and bipolar disorder. It works by decreasing nerve impulses that cause seizures and pain. However, carbamazepine is also a potent inducer of cytochrome P450 enzymes, particularly CYP3A4, in the liver. This enzyme induction increases the metabolism of certain substances, including the hormones in oral contraceptives.

The hormones in birth control pills, mainly estrogen and progesterone, are metabolized by these enzymes. When carbamazepine is taken concurrently with oral contraceptives, it accelerates the metabolism of these hormones, thereby reducing their levels in the body. Lower hormone levels can lead to decreased effectiveness of the contraceptive pill, increasing the risk of unintended pregnancy.

Other medications listed, such as acetazolamide, clonazepam, and gabapentin, do not share this particular enzyme-inducing property with respect to oral contraceptives. Therefore, they are not typically associated with a risk of contraceptive failure when used concurrently with birth control pills.

Thus, in the case of the patient described, if she is taking carbamazepine for her seizures, there is a potential risk for contraceptive failure due to the enhanced metabolism of estrogen. It would be advisable to consider alternative contraceptive methods or adjust the seizure medication under the guidance of a healthcare provider. This approach ensures both effective seizure management and reliable contraception, thereby addressing the patient's overall health needs.

#### 質問 # 78

When treating a female patient with an uncomplicated urinary tract infection but otherwise healthy, the nurse practitioner knows that the preferred therapy is:

- A. nitrofurantoin
- B. cephalexin
- C. amoxicillin
- D. azithromycin

正解: A

解説:

When treating a female patient with an uncomplicated urinary tract infection (UTI) who is otherwise healthy, the preferred antibiotic therapy is nitrofurantoin. This preference is based on its efficacy, mode of action, and the typical causative agents of UTIs.

Nitrofurantoin is specifically effective against the most common pathogens responsible for uncomplicated UTIs, including *Escherichia coli* and *Staphylococcus saprophyticus*. It works by entering the bacterial cells and damaging their DNA, which ultimately stops their growth and leads to the elimination of the infection. This mechanism of action is particularly advantageous because it is less likely to contribute to antibiotic resistance compared to broader-spectrum antibiotics.

Amoxicillin, while used in the treatment of various bacterial infections, is generally not preferred for uncomplicated UTIs in otherwise healthy women due to its broader spectrum of activity and higher potential for resistance. Azithromycin is primarily effective against a different set of bacterial pathogens typically not associated with uncomplicated UTIs. Cephalexin can be used as an alternative in cases where nitrofurantoin is contraindicated or not tolerated by the patient, but it is not the first choice.

The specific choice of nitrofurantoin as the preferred therapy for uncomplicated UTIs in otherwise healthy women is also supported by its pharmacokinetic properties. It achieves high concentrations in the urine, which enhances its effectiveness at the site of infection. Additionally, its limited systemic absorption minimizes side effects and reduces the risk of disturbing the body's natural microbial flora.

In summary, when treating uncomplicated UTIs in otherwise healthy female patients, nitrofurantoin is preferred due to its effective targeting of common urinary pathogens, its mechanism that reduces the risk of resistance, and its favorable pharmacokinetic properties that concentrate the drug in the urinary tract, maximizing efficacy while minimizing systemic effects.

#### 質問 # 79

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. support therapy only
- B. Acyclovir
- C. steroid ophthalmic drops
- D. none of the above

正解: B

解説:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss.

Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

質問 # 80

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