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>> AANP-FNP최고품질 인증시험자료 <<

## 시험대비 AANP-FNP최고품질 인증시험자료 최신버전 덤프샘플 문제

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GO GO !

## 최신 Nursing AANP AANP-FNP 무료 샘플문제 (Q77-Q82):

### 질문 # 77

Which of the following types of hearing loss results from deterioration of the cochlea?

- A. conductive hearing loss
- **B. sensorineural hearing loss**
- C. auditory neuropathy spectrum disorder
- D. all of the above

정답: B

#### 설명:

The correct answer to the question about which type of hearing loss results from the deterioration of the cochlea is sensorineural hearing loss. This type of hearing loss primarily affects the inner ear or the neural pathways to the brain. The cochlea, which is a spiral-shaped organ in the inner ear, plays a critical role in the process of hearing by converting sound waves into electrical signals that the brain can interpret.

Sensorineural hearing loss occurs when there is damage to the hair cells in the cochlea or to the auditory nerve that carries these signals to the brain. The hair cells in the cochlea can be damaged due to various factors, including aging, exposure to loud noise, certain medications that are toxic to auditory cells (ototoxicity), and genetic predispositions. This damage is typically irreversible and results in permanent hearing loss.

The hair cells act as sensory receptors and are located within the organ of Corti, which is situated on the basilar membrane inside the cochlea. These cells are vital for detecting sound vibrations and converting them into neural signals. When these hair cells are damaged or lost, the ability to detect sound is significantly reduced, leading to sensorineural hearing impairment.

Unlike conductive hearing loss, which is caused by obstructions or malfunctions in the outer or middle ear that prevent sounds from being carried to the inner ear, sensorineural hearing loss is rooted in the inner ear or the neural connections to the brain. Conductive hearing issues can often be medically or surgically treated, whereas sensorineural losses usually require management through hearing aids or cochlear implants.

In summary, sensorineural hearing loss is directly linked to the deterioration of the cochlea, particularly the damage to the hair cells or the neural pathways associated with the organ of Corti. It is a common type of hearing loss that can result from a variety of causes including noise trauma, aging, and exposure to ototoxic substances.

### 질문 # 78

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

정답: C

#### 설명:

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.

#### 질문 # 79

You have an older patient who has been diagnosed with chronic kidney disease (CKD). At what stage of the disease would you consider renal replacement therapy?

- A. stage 2
- B. stage 1
- C. stage 3
- D. stage 4

정답: D

설명:

Chronic Kidney Disease (CKD) is categorized into five stages based on the glomerular filtration rate (GFR), a measure of kidney function. These stages help in determining the severity of kidney damage and guide treatment decisions. Stage 4 CKD is characterized by a severe decrease in GFR (15-29 ml/min/1.73 m<sup>2</sup>). At this stage, the kidneys have lost nearly all their ability to do their job effectively, which is crucial for filtering waste and excess fluid from the blood.

Renal replacement therapy (RRT), which includes dialysis or kidney transplantation, becomes a critical consideration in stage 4 CKD. Dialysis performs the function of the kidneys by filtering waste products and excess sodium and fluid from the blood when the kidneys can no longer do so efficiently. This intervention is vital to prevent the accumulation of toxins and fluid in the body, which can be life-threatening.

The decision to initiate renal replacement therapy is usually made based on several factors, including the patient's symptoms, level of kidney function, overall health, and quality of life. Common symptoms that may prompt the initiation of dialysis in stage 4 include severe fatigue, difficulty breathing, excessive fluid retention, and elevated potassium levels, which can be dangerous.

Consulting with a nephrologist, a specialist in kidney care, is essential when considering renal replacement therapy. The nephrologist will evaluate the progression of kidney disease, discuss the different modalities of dialysis (such as hemodialysis or peritoneal dialysis), or assess the suitability for a kidney transplant. This consultation also provides an opportunity to address any concerns the patient might have regarding the impact of RRT on their daily life and long-term health.

It is important to note that not all patients in stage 4 CKD will require immediate renal replacement therapy. Some patients may progress to end-stage renal disease (stage 5) more slowly and might not need dialysis for months or even years. Regular monitoring and early nephrological consultation are therefore crucial to optimize the timing of dialysis initiation and to prepare both the patient and their family for the changes that lie ahead.

#### 질문 # 80

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. testis swelling
- B. nausea/vomiting
- C. low-riding testis
- D. absent cremasteric reflex

정답: C

설명:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows: **\*\*Testis Swelling:\*\*** Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

**\*\*High-Riding Testis:\*\*** Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

**\*\*Nausea/Vomiting:\*\*** These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

**\*\*Absent Cremasteric Reflex:\*\*** The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a **\*\*Low-Riding Testis\*\*** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

### 질문 # 81

You have a patient with chronic asthma

a. At each follow-up visit with your patient you would determine which of the following?

- A. diet
- **B. PEFR**
- C. sleep patterns
- D. WBC count

**정답: B**

**설명:**

For a patient with chronic asthma, regular follow-up visits are crucial for monitoring the patient's condition and managing the asthma effectively. Among the assessments that could be conducted during these visits, measuring the Peak Expiratory Flow Rate (PEFR) is notably significant. Here's why PEFR is the correct answer and why other options like diet, WBC count, or sleep patterns, though important in general health, are less critical in routine asthma follow-up assessments.

**\*\*PEFR (Peak Expiratory Flow Rate):\*\*** PEFR is a measure of how quickly a person can expel air from their lungs after a maximal inhalation, using a device called a peak flow meter. This measurement is particularly important in the management of asthma as it provides a quantitative assessment of the patient's lung function. Regular monitoring of PEFR can help in detecting early signs of worsening asthma control, even before symptoms become more severe. Changes in PEFR readings can indicate the need for adjustments in medication or other interventions. Consequently, assessing PEFR is a standard procedure in follow-up visits for asthma patients.

**\*\*Diet:\*\*** While diet is an essential aspect of overall health and can impact conditions like asthma (certain food allergies or sensitivities may trigger asthma symptoms), it is not routinely assessed in every follow-up visit unless specific dietary-related asthma triggers have been previously identified. The primary focus of asthma management is monitoring airway function and managing environmental and physical triggers.

**\*\*WBC Count:\*\*** A white blood cell (WBC) count is a measure of the immune cells in the blood and can indicate the presence of infection or inflammation. While systemic inflammation can be associated with asthma, routine WBC counts are not standard in asthma follow-up unless there is a specific clinical indication, such as suspicion of an infection which might exacerbate the asthma symptoms.

**\*\*Sleep Patterns:\*\*** Poor sleep quality can affect asthma control, as symptoms like coughing and difficulty breathing can worsen at night. However, like diet, sleep patterns are generally discussed in the context of assessing control and triggers rather than as a routine quantitative measure like PEFR. Sleep issues may be explored during patient discussions, especially if the patient reports symptoms like nocturnal asthma, but they are not typically a primary focus of follow-up visits unless there is a specific concern. In summary, during follow-up visits for a patient with chronic asthma, determining the PEFR is essential for directly assessing and managing the patient's respiratory function. While factors like diet, WBC count, and sleep patterns can influence asthma, they do not provide direct information about airway function and are not standard metrics for routine asthma management. Therefore, PEFR remains the most relevant and practical measure to assess at each follow-up visit.

### 질문 # 82

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id=1g29dyS\_MquVsHoEG0EIMw26IRO7Ugkul