

Real Nursing AANP-FNP Dumps PDF - Achieve Success In Exam

AANP FNP FAMILY NURSE PRACTITIONER REAL EXAM 2024 WITH ACCURATE QUESTIONS WITH VERIFIED ANSWERS GUARANTEED A+ PASS

Blepharitis - commonly occurs when the tiny oil glands of the inner eyelid become inflamed. It often occurs along with other skin conditions or allergies. Symptoms include red, itchy eyelids that may look greasy and crusted. Dry eyes also are a symptom. Treatments include cleaning the eyelids, antibiotic or steroid eye drops and treating underlying conditions. However, blepharitis tends to come back.

Hordelum - Painful styelike lesion

Chalazidium - Non-painful lesion to eyelid

Cotton Wool - Cotton wool spots are an abnormal finding on funduscopic exam of the retina of the eye. They appear as fluffy white patches on the retina. They are caused by damage to nerve fibers and are a result of accumulations of axoplasmic material within the nerve fiber layer. Systemic HTN, DM

Herpes Zoster - Early signs of shingles include a burning sensation or stabbing pain and tingling or itching on the skin. After a few days, a rash or blisters appear usually on one side of the body or face. When the rash is at its peak, symptoms can range from mild itching to extreme and debilitating pain. Tx within 72 hours Acyclovir

Retinoblastoma (Rb) - Absence of light reflex, it is a rare form of cancer that rapidly develops from the immature cells of a retina, the light-detecting tissue of

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q92-Q97):

NEW QUESTION # 92

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

Answer: D

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 # 93

You are providing care to a patient whose medication order indicates that his oral medication should be given p.c. How would you administer this patient's medication?

- A. After meals.
- B. Before meals.
- C. First thing in the morning, on an empty stomach.
- D. With a full glass of water.

Answer: A

Explanation:

When you encounter a medication order for a patient that specifies the medication should be given "p.c.," it indicates that the medicine should be administered after meals. The abbreviation "p.c." stands for "post cibum," which is Latin for "after meals." This is a common directive in medical prescriptions that is intended to optimize the absorption of the medication or minimize potential adverse effects that could occur if taken on an empty stomach.

It is important to note that the specific timing mentioned in the order (e.g., immediately after eating, or an hour post-meal) should be followed closely to ensure the effectiveness of the medication. Some medications might require absorption without interference from food, while others might need the presence of food to prevent stomach upset or enhance absorption.

As a healthcare provider, when administering medication that is ordered to be taken "p.c.," ensure that the patient has indeed

consumed a meal before giving the medication. This helps in achieving the desired therapeutic effect and minimizing any side effects. If the patient is unable to eat or has dietary restrictions, you may need to consult with the prescribing physician for further instructions or possible adjustments to the medication regimen.

Additionally, when educating the patient and their caregivers about the medication, emphasize the importance of following the "p.c." instruction. Explain the reasons why the medication should be taken after meals and discuss any potential consequences of deviating from this protocol. This education not only helps in managing the patient's condition effectively but also empowers the patient and caregivers by making them active participants in the care process.

Lastly, always verify the patient's understanding of when and how to take their medication, and encourage them to ask questions if anything is unclear. This ensures that the patient feels supported and is more likely to adhere to their treatment plan, leading to better health outcomes.

NEW QUESTION # 94

High risk factors for hearing loss in infants include all of the following except:

- A. gestational diabetes in mother's pregnancy
- B. seizures
- C. hyperbilirubinemia
- D. low Apgar scores at birth

Answer: A

Explanation:

High-risk factors for hearing loss in infants include a variety of conditions and situations that can occur before, during, or after birth. Factors such as frequent ear infections, rubella, cytomegalovirus (CMV), and toxoplasmosis infections have been directly linked to an increased risk of hearing impairment in infants. These conditions can affect the development of the auditory system or cause damage to parts of the ear responsible for hearing. Hyperbilirubinemia, which leads to a condition known as jaundice in infants, can also affect hearing due to the potential damage it can cause to the brain's auditory pathways if bilirubin levels become excessively high. Low Apgar scores at birth, a measure of a newborn's health immediately after delivery, can indicate difficulties such as asphyxia, infection, or trauma, which are associated with hearing loss. Similarly, seizures in newborns may indicate neurological issues that could affect hearing.

However, gestational diabetes in a mother's pregnancy does not directly correlate with an increased risk of hearing loss in infants. Gestational diabetes primarily affects the mother's glucose levels and, while it can lead to other complications in newborns such as higher birth weights and subsequent delivery issues, it is not a known risk factor for hearing impairment. Therefore, gestational diabetes in a mother's pregnancy is the correct answer to the question about which condition does not increase the risk of hearing loss in infants.

Understanding these risk factors is crucial for early intervention and management to potentially mitigate the impact of hearing loss in infants. Early detection through newborn hearing screening programs is essential for identifying hearing impairment as soon as possible to provide timely treatment and support.

NEW QUESTION # 95

You calculate you patient's BMI to be 27. Into which category would this patient fall?

- A. underweight
- B. overweight
- C. obese
- D. normal weight

Answer: B

Explanation:

The Body Mass Index (BMI) is a simple calculation used to assess whether a person has a healthy body weight for a person of their height. It is calculated by dividing an individual's weight in kilograms by the square of their height in meters. The resulting value helps categorize individuals into various weight status categories.

According to the World Health Organization (WHO) and other health authorities, the BMI categories are defined as follows: - Underweight: BMI less than 18.5 - Normal weight: BMI 18.5 to 24.9 - Overweight: BMI 25.0 to 29.9 - Obese: BMI 30.0 and above In this particular case, the patient's BMI has been calculated at 27. Based on the categorization guidelines, a BMI of 27 falls within the 'overweight' category. This category is designated for individuals who have a BMI between 25.0 and 29.9. It indicates that the patient weighs more than what is considered healthy for their height, but not to the extent that it is classified as obesity. Being in the overweight category can be associated with an increased risk of developing various health issues, including but not

limited to cardiovascular diseases, type 2 diabetes, and certain types of cancer. It is often recommended for individuals in this category to seek guidance on lifestyle changes involving diet and physical activity to help move towards a healthier BMI range. In summary, the patient with a BMI of 27 is correctly classified as overweight. This classification serves as a tool to prompt further evaluation and discussion regarding the patient's health status and potential risk factors, encouraging proactive management to improve their overall health.

NEW QUESTION # 96

You are evaluating an adult female who has had a seizure. Her husband tells you that his wife seemed confused and her arms and legs began twitching uncontrollably. He also reports that before the twitching began her sense of smell was affected and she thought she was hearing her deceased father talking to her. With these symptoms, your most likely diagnosis will be which of the following?

- A. grand mal seizure
- B. complex partial seizure
- C. simple focal seizure
- D. myoclonic seizure

Answer: B

Explanation:

The symptoms described by the husband of the patient, including confusion, twitching of arms and legs, altered sense of smell, and auditory hallucinations (hearing her deceased father talking to her), suggest a diagnosis of a complex partial seizure. Complex partial seizures, also referred to as focal seizures with impaired awareness, involve a change or loss of consciousness or awareness and can manifest with various sensory, motor, or autonomic symptoms. These seizures often appear as if the person is daydreaming or "zoned out." Complex partial seizures originate in one hemisphere of the brain and do not typically involve the whole brain, which differentiates them from generalized seizures like grand mal seizures. The manifestations can vary widely depending on the specific brain region affected. For example, the temporal lobe is commonly involved in complex partial seizures, which can lead to auditory or olfactory hallucinations, emotional changes, or gastro-intestinal sensations.

In contrast, other seizure types such as grand mal seizures (now commonly referred to as tonic-clonic seizures) involve both hemispheres of the brain and are characterized by a loss of consciousness and violent muscle contractions. Simple focal seizures involve one area of the brain and do not result in loss of consciousness. Myoclonic seizures are brief, shock-like jerks of a muscle or a group of muscles.

Given the reported symptoms of sensory hallucinations, twitching (which could represent focal motor seizures), and altered mental status, the most fitting diagnosis would be a complex partial seizure. It is important to further evaluate and monitor the patient, ideally under the care of a neurologist, for a comprehensive assessment including an EEG (electroencephalogram) which can help in confirming the diagnosis and planning the management strategy.

NEW QUESTION # 97

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