

AANP-FNP Latest Test Bootcamp & AANP-FNP Exam Questions

AANP FNP CERTIFICATION PRACTICE TEST EXAM(QUESTIONS AND ANSWERS) 2023/2024

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 - CORRECT ANSWER-III first time audible, IV first time thrill

Fundal height 12 weeks - CORRECT ANSWER-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? - CORRECT ANSWER-Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - CORRECT ANSWER-Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - CORRECT ANSWER-Mini mental exam

4 month old with strabismus, mom is worried..... - CORRECT ANSWER-tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - CORRECT ANSWER-Growth chart

6 month old closed anterior fontanel. - CORRECT ANSWER-XRAY

Abnormal cells on PAP, what do you do next? - CORRECT ANSWER-Refer for Colposcopy

CAGE ACRONYM - CORRECT ANSWER-Cut down
Annoyed by criticism
Guilty about drinking

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AANP-FNP Exam Questions - Complete AANP-FNP Exam Dumps

Preparing for the AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) test can be challenging, especially when you are busy with other responsibilities. Candidates who don't use AANP-FNP dumps fail in the AANP-FNP examination and waste their resources. Using updated and valid AANP-FNP Questions; can help you develop skills essential to achieve success in the AANP-

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q77-Q82):

NEW QUESTION # 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. gabapentin
- B. clonazepam
- C. carbamazepine
- D. acetazolamide

Answer: A

Explanation:

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.

NEW QUESTION # 78

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

Answer: B

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 # 79

Your 19-year-old male patient has extreme mood swings and has been diagnosed with bipolar II disorder. He has been taking medication prescribed by his mental health specialist and is participating in psychotherapy. He comes to you for evaluation, telling you that he feels much better and wants to end his treatment. You would tell him which of the following?

- A. that he must be weaned off the treatment slowly
- **B. that he has a lifelong condition that must be addressed with lifelong treatment**
- C. that you will do some bloodwork to check his condition and then see what must be done
- D. that he can stop his medication slowly but must go to therapy for a while longer

Answer: B

Explanation:

The most appropriate response to your 19-year-old patient who wants to end his treatment for bipolar II disorder would be to explain that bipolar disorder is a lifelong condition that requires ongoing management. This includes the potential need for lifelong treatment. It is crucial to communicate that feeling better is a positive sign but does not signify that the disorder has been cured. Bipolar disorder is characterized by alternating periods of highs (hypomania) and lows (depression), and treatment is typically aimed at managing symptoms and preventing the recurrence of mood episodes. Medications and psychotherapy play a critical role in this ongoing process. It is important to clarify that while medications help stabilize mood, psychotherapy provides tools and strategies to cope with life challenges and mood changes.

Additionally, you can explain the risks associated with abruptly stopping medication. For many patients, discontinuing medication without proper guidance can lead to a relapse or worsening of symptoms. A gradual tapering off, under the supervision of a healthcare provider, might be considered if it aligns with a long-term treatment strategy developed by the patient's mental health specialist.

It would also be beneficial to conduct some follow-up assessments, such as blood work or psychological evaluation, to gain a better understanding of his current health status and to ensure that the treatment plan remains effective and safe.

Lastly, emphasizing the importance of continued engagement in psychotherapy even if medications are adjusted is essential. Ongoing therapy can provide support, education, and coping strategies that are vital for long-term management of bipolar disorder.

Encouraging participation in support groups or psychoeducational sessions can also be helpful for both the patient and his family to better understand the nature of the disorder and how to support his journey toward stability.

Overall, it's crucial to support your patient in recognizing the chronic nature of bipolar disorder and the importance of a sustained, comprehensive treatment approach to maintain his health and quality of life.

NEW QUESTION # 80

An 80-year-old patient presents with a history of infection. He is obese and his chief complaint is fatigue and thirst. What test should be run?

- A. Serum cholesterol.
- B. Serum albumin.
- **C. Blood glucose.**
- D. Hemoglobin.

Answer: C

Explanation:

The correct test to run for an 80-year-old patient who presents with fatigue, thirst, obesity, and a history of infection is a blood glucose test. This recommendation is based on several factors that align with the common symptoms and risk factors associated with diabetes mellitus, particularly type 2 diabetes.

First, the age of the patient is a significant factor. Glucose intolerance increases with age, making older patients more susceptible to diabetes. As individuals age, their insulin sensitivity typically decreases, and pancreatic function may deteriorate, both of which can contribute to elevated blood glucose levels.

Second, the patient's obesity further compounds the risk. Obesity is a well-known risk factor for the development of type 2

diabetes. Excess body fat, especially in the abdominal area, is linked to decreased insulin sensitivity, meaning that the body needs more insulin to help glucose enter cells. This state of insulin resistance is a precursor to diabetes.

Third, the symptoms of fatigue and thirst are classic signs of diabetes. Fatigue in diabetes can result from the body's inability to properly use glucose for energy due to insulin resistance or lack of insulin production. Thirst is a result of high blood sugar levels, which cause dehydration by pulling excess water into the urine as the body attempts to remove the surplus glucose.

Lastly, the history of infection could also be relevant. In people with undiagnosed or poorly controlled diabetes, high blood sugar levels can impair the immune system, making infections more frequent or severe.

Therefore, measuring the blood glucose levels will provide critical information about whether the patient's symptoms might be related to diabetes. Monitoring and managing blood glucose is essential for diagnosing diabetes and preventing its complications. Other tests like serum cholesterol, serum albumin, and hemoglobin might be useful for a complete metabolic profile and assessment, but given the specific presentation and risk factors described, the blood glucose test is the most immediately relevant and informative in this scenario.

NEW QUESTION # 81

Mr. Sanchez's family brings him in to see you because he seems to have frequent confused episodes and possible dementia. You would use which of the following questionnaires to determine if Mr. Sanchez could indeed have a form of dementia?

- A. Generalized Anxiety Disorder 7-Item Scale
- B. Beck Depression Inventory
- C. Folstein Mini-Mental State Exam
- D. Clock-Drawing Test

Answer: C

Explanation:

*In the scenario where Mr. Sanchez is experiencing frequent episodes of confusion and potential dementia, the most appropriate tool to assess his cognitive state is the Folstein Mini-Mental State Exam (MMSE). This assessment is specifically designed to evaluate various aspects of cognitive function which are often affected in cases of dementia, including Alzheimer's disease, vascular dementia, and other conditions that impact cognitive abilities. *

*The MMSE is a brief 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment. It assesses several cognitive domains: orientation to time and place, immediate recall, short-term memory (through registration and recall of three words), calculation, language, and the ability to understand and follow complex commands. *

*Scoring for the MMSE is straightforward: the maximum possible score is 30 points, with higher scores indicating better cognitive function. Generally, a score of 24 or higher (out of 30) suggests normal cognition. Scores between 19 and 23 may indicate mild cognitive impairment, while scores of 18 or below may indicate moderate to severe impairment. However, it's important to note that these cutoffs can vary based on age and education level, and the test should be interpreted within the context of the individual's baseline capabilities. *

*In contrast to the MMSE, other tools like the Generalized Anxiety Disorder 7-Item Scale (GAD-7) and the Beck Depression Inventory are primarily used for assessing anxiety and depression, respectively. These conditions can also affect cognitive function but are different from the cognitive decline typically seen in dementia. The Clock Drawing Test is another quick screening tool that can be indicative of cognitive impairment but is less comprehensive than the MMSE. *

*Therefore, for a comprehensive assessment of Mr. Sanchez's cognitive status, particularly to evaluate for possible dementia, the Mini-Mental State Exam is the most suitable choice among the options. It allows healthcare providers to objectively measure cognitive impairment and helps in guiding further diagnostic and management strategies.

NEW QUESTION # 82

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