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AANP Family Nurse Practitioner FNP Board Exam 2024 Review Questions and Answers 100% Pass

A 24-year old, otherwise healthy college student presents with c/o cough x 6 weeks. She has tried several OTC cough meds with no improvement. What is the most important information to consider when building your differential diagnoses?

- A) Her age
- B) Family hx
- C) Ineffectiveness of OTC cough medicines
- D) Length of time she has been coughing - **Answer>> D)**
Length of time she has been coughing

Why? This information helps you build your ddx
Acute cough < 3 weeks: bronchitis, sinusitis, PND, exacerbation of COPD/asthma, pneumonia, pulmonary embolism

Chronic cough (>8 weeks) GERD and Asthma are most common causes, also consider infection (e.g. pertussis, atypical pneumonia), ACE inhibitors, chronic bronchitis, bronchiectasis, lung ca)

According to the CDC, what drug class is considered first-line treatment for pertussis?

- A) Sulfonamide
- B) Tetracycline
- C) Macrolide
- D) Beta-lactam - **Answer>> C) Macrolide antibiotic (e.g. Azithromycin, clarithromycin)**

Sulfonamides are second-line

Match the antibiotics with the correct drug class:

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q48-Q53):

NEW QUESTION # 48

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

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

Answer: C

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 # 49

You have a patient whose symptoms indicate esophageal cancer. You understand that which of the following is most likely to be used to confirm this diagnosis?

- A. PET scan
- B. tracheostomy and biopsy
- C. endoscopy and biopsy
- D. CT scan

Answer: C

Explanation:

When a patient presents with symptoms that suggest esophageal cancer, establishing an accurate diagnosis is crucial for appropriate management and treatment planning. Among the diagnostic options available, endoscopy combined with biopsy is the most reliable method to confirm the presence of esophageal cancer.

Endoscopy is a procedure that involves inserting a flexible tube equipped with a light and camera (endoscope) into the esophagus. This allows the physician to visually inspect the inner surfaces of the esophagus for any abnormalities such as ulcers, abnormal growths, or areas of irritation. During this procedure, if any suspicious areas are identified, a biopsy can be performed. A biopsy involves taking small samples of tissue from the esophagus, which are then sent to a pathology lab for microscopic examination. The pathologist assesses the tissue samples to determine the presence of cancer cells, thus confirming the diagnosis of esophageal cancer. While endoscopy with biopsy is essential for diagnosis, other imaging tests like CT (Computed Tomography) scans and PET (Positron Emission Tomography) scans are also valuable but serve a different purpose. These imaging modalities are primarily used after a diagnosis has been confirmed via biopsy. They help in staging the cancer by showing how far the cancer has spread within and beyond the esophagus. This includes assessing whether the cancer has invaded nearby tissues, lymph nodes, or other organs, which is critical for determining the most appropriate treatment strategy.

Therefore, although CT and PET scans are important in the overall management of esophageal cancer, they do not replace the need for an endoscopy and biopsy in initially confirming the diagnosis. The combination of endoscopy and biopsy remains the gold standard for diagnosing esophageal cancer because it provides direct visual and histological evidence of the disease.

NEW QUESTION # 50

The nurse practitioner will often have to treat systemic anaphylaxis. What is the most common clinical manifestation of this?

- A. persistent vertigo
- B. nausea and vomiting
- C. urticaria
- D. headache

Answer: C

Explanation:

The most common clinical manifestation of systemic anaphylaxis is urticaria. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen. It is a systemic immune response that is typically mediated by Immunoglobulin E (IgE), which is a type of antibody that the immune system produces in response to what it mistakenly considers a harmful substance.

Urticaria, also known as hives, is characterized by the appearance of red, itchy, and raised welts on the skin. These welts can vary in size and shape and can appear anywhere on the body. The development of urticaria during anaphylaxis is due to the release of histamine and other inflammatory mediators from mast cells and basophils. Histamine increases the permeability of the blood vessels, leading to fluid leakage from the capillaries into the tissues, which presents as swelling and welts on the skin.

In addition to urticaria, other common symptoms of anaphylaxis include angioedema (swelling similar to hives but occurring deeper in the skin), widespread vasodilation (which can lead to a rapid drop in blood pressure and fainting), and bronchoconstriction (narrowing of the airways in the lungs, leading to wheezing and difficulty breathing). These symptoms together constitute a serious medical emergency that typically requires immediate treatment.

The treatment for anaphylaxis generally involves the administration of epinephrine (adrenaline), which can rapidly reverse the symptoms by decreasing vasodilation, increasing cardiac output, and relieving bronchoconstriction. It is crucial for healthcare providers, including nurse practitioners, to quickly recognize the signs of anaphylaxis and administer appropriate treatment to prevent severe complications or death.

Given the acute and severe nature of anaphylaxis, awareness of its most common manifestations, such as urticaria, and readiness to provide rapid treatment are essential components of effective healthcare management for this condition.

NEW QUESTION # 51

Your 32-year-old male patient tells you that he has been experiencing headaches that wake him up at night. He tells you that they are very painful and that the pain originates from behind his eye. He says that they usually last about an hour. These symptoms are most consistent with which of the following types of headache?

- A. tension headache
- B. migraine with aura
- C. cluster headache
- D. migraine without aura

Answer: C

Explanation:

The symptoms described by the 32-year-old male patient are most consistent with a cluster headache. Cluster headaches are characterized by sudden, severe pain that typically occurs around or behind one eye. The pain of a cluster headache is often described as sharp or burning and can be extremely intense. These headaches are known for their pattern of occurring in clusters, meaning they can happen several times a day for weeks or even months before remitting.

Cluster headaches commonly awaken individuals from sleep, which aligns with the patient's experience of headaches waking him up at night. The duration of these headaches, typically lasting from 15 minutes to 3 hours, also supports the diagnosis of a cluster headache, given the patient's headaches last about an hour.

Additionally, cluster headaches are more prevalent in males, particularly in their late 20s to early 40s, which fits the demographic of the patient in question. Accompanying symptoms often include one or more of the following: lacrimation (tearing of the eye), rhinorrhea (runny nose), ptosis (drooping of the eyelid), conjunctival injection (redness of the eye), and facial sweating. These symptoms usually occur on the same side as the headache pain.

In contrast, other types of headaches like migraines or tension headaches present differently. Migraines often include symptoms such as nausea, vomiting, and sensitivity to light and sound, and may or may not be preceded by an aura. Tension headaches are usually characterized by a dull, constant pain that feels like a tight band around the head, not the sharp, piercing pain localized to the eye as seen in cluster headaches.

Given the specific symptoms reported by the patient-severe pain behind the eye, the timing of the headaches, and their duration-a

diagnosis of cluster headache is most consistent with the clinical presentation. This condition would be best managed with specific treatments that can help prevent the headaches or minimize their severity and frequency, alongside acute treatments to relieve pain when a headache does occur. It is advisable for the patient to consult with a healthcare provider to confirm the diagnosis and discuss appropriate management strategies.

NEW QUESTION # 52

Which of the following characteristics is not typical of melanoma?

- A. mixed colors
- B. pink-to-red targetlike lesions
- C. irregular borders
- D. uneven texture

Answer: B

Explanation:

The characteristic "pink-to-red targetlike lesions" is not typical of melanoma. Melanoma, a serious form of skin cancer, generally presents with specific features known as the ABCDEs: Asymmetry, Border irregularity, Color variation, Diameter over 6mm, and Evolving nature of the mole.

Typically, melanomas are characterized by dark-colored moles that may appear black, brown, or even multicolored. These moles often have an uneven texture and irregular borders, which may blur into the surrounding skin or appear ragged. The color of a melanoma can include different shades of brown or black, and sometimes red, white, or blue tones can be seen within the lesion. In contrast, pink-to-red targetlike lesions, which are more indicative of conditions like erythema multiforme or Lyme disease, do not align with the typical presentation of melanoma. These lesions generally show a distinct pattern that resembles a target, with multiple rings of varying colors typically centering on a darker spot. Such characteristics differ significantly from the irregular, mixed-color presentation of melanoma.

Understanding these distinctions is crucial for early detection and proper treatment of melanoma, differentiating it from other skin conditions that might have less severe implications. Therefore, recognizing that pink-to-red targetlike lesions are not typical of melanoma can help in avoiding misdiagnosis and ensuring appropriate medical attention for potentially malignant changes in the skin.

NEW QUESTION # 53

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