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AANP FNP STUDY GUIDE EXAM (QUESTIONS AND ANSWERS) A+ GRADED 2023/2024

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 succadeum - 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

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q58-Q63):

NEW QUESTION # 58

Your patient has presented in the second stage of Syphilis. Which of the following is the recommended treatment option?

- A. Benzathine penicillin G 2.4 million U IM x 4 weekly doses.
- B. Benzathine penicillin G 2.4 million U IM x 3 weekly doses.
- **C. Benzathine penicillin G 2.4 million U IM as a one-time dose.**
- D. Benzathine penicillin G 2.4 million U IM x 2 weekly doses.

Answer: C

Explanation:

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. The management of syphilis depends on the stage of the disease. In the second stage of syphilis, characteristic symptoms include skin rashes and mucous membrane lesions. Treatment at this stage is crucial to prevent progression to more severe stages that can have serious systemic effects.

The recommended treatment for the second stage of syphilis is Benzathine penicillin G, administered as a single intramuscular (IM) injection of 2.4 million units. Penicillin G is highly effective against the *Treponema pallidum* bacterium, and a single dose can be sufficient to eradicate the infection from the body in the secondary stage. This treatment option is preferred due to its effectiveness, ease of administration, and the ability to ensure complete adherence with a single visit.

However, not all patients can receive penicillin due to allergies. For patients allergic to penicillin, alternative treatment options include Doxycycline and Tetracycline. Doxycycline is administered orally at a dose of 100 mg twice daily for two weeks, and Tetracycline is administered as 500 mg four times daily for two weeks. These antibiotics are also effective against *Treponema pallidum* but require a longer course of treatment and depend on patient adherence to the medication schedule.

It is important to monitor patients for allergic reactions and adherence to the prescribed treatment regimen, regardless of the medication used. Additionally, sexual partners should be notified, tested, and treated if necessary to prevent reinfection and further spread of the disease. Regular follow-up is essential to ensure that the infection has been completely eradicated and to manage any potential complications.

NEW QUESTION # 59

Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

- **A. The ethical behavior of nurses has been defined for professional nursing in an American Practice Act policy statement.**
- B. Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity are the foundations of ethical behavior.
- C. Ethical behavior incorporates respect for the individual and his or her autonomy.
- D. Duty to help others, beneficence, is a foundational component of ethical behavior.

Answer: A

Explanation:

The question asks which of the provided statements is not part of the ethical decision-making process for a nurse practitioner. To answer this, it is crucial to understand the sources and guidelines that define the ethical behavior expected of nurses.

Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity indeed form the core of ethical behavior in nursing. These values guide nurse practitioners in their daily interactions and decision-making with patients, ensuring that each patient is treated with respect and compassion. Therefore, this statement is related to the ethical decision-making process.

The statement about the duty to help others, or beneficence, also directly ties into ethical decision-making. Beneficence involves acting in the best interest of the patient, which is a fundamental ethical principle in healthcare. This includes actions that aim to prevent and remove harm and to improve the situation of others. Thus, this statement is undoubtedly a part of the ethical decision-making process in nursing.

Ethical behavior incorporating respect for the individual and his or her autonomy is another crucial component. Autonomy respects the patient's right to make informed decisions about their own health care. This respect is manifested by providing all necessary information to the patient and ensuring they understand it, thereby enabling them to make informed decisions. This principle is a cornerstone of ethical practice in nursing and is integral to the ethical decision-making process.

However, the statement claiming that the ethical behavior of nurses has been defined by the American Practice Act is incorrect. Ethical guidelines for nurses are primarily outlined by the American Nurses Association (ANA), not the American Practice Act. The ANA provides the Code of Ethics for Nurses, which details the ethical obligations and duties of everyone in the nursing profession, rather than being defined by legislative acts like the American Practice Act. The correct ethical standards and guidelines are crucial for informing the ethical decision-making process, but this statement incorrectly identifies the source of these standards.

Therefore, the statement that is NOT part of the ethical decision-making process for the nurse practitioner is the one that misattributes the source of ethical guidelines to the American Practice Act, rather than correctly attributing them to the American Nurses Association. This misattribution can lead to misunderstandings about the origin and authority of ethical guidelines in nursing practice.

NEW QUESTION # 60

There are signs of jaundice in the newborn that you are examining. What will you use to determine the approximate level of jaundice in this newborn?

- A. Azabo's rule
- B. George's rule
- C. White's rule
- D. Kramer's rule

Answer: D

Explanation:

To determine the approximate level of jaundice in a newborn, Kramer's rule is commonly used. This method provides an estimation of bilirubin levels based on the extent of yellow discoloration observed in different parts of the infant's body.

Kramer's rule involves visually inspecting the newborn's skin and correlating the level of jaundice based on the anatomic progression of skin yellowing. The examination should be conducted in natural light, which provides the most accurate assessment of skin color. To perform the evaluation, a healthcare provider presses on the skin to blanch it and then observes the color as the skin returns to its normal state. This blanching technique helps differentiate the yellow color of the skin caused by jaundice from the underlying skin pigmentation.

The progression of jaundice according to Kramer's rule is typically graded as follows: - Grade 1: Yellowing of the skin appears only on the face, particularly the forehead and nose. - Grade 2: The yellow color extends down to the chest and abdomen. - Grade 3: Jaundice is visible on the arms and thighs. - Grade 4: The lower extremities (legs and feet) also show yellow discoloration.

Each grade corresponds to higher levels of bilirubin in the bloodstream, with the extent of body involvement suggesting more severe jaundice. For example, if jaundice is observed only on the face (Grade 1), it suggests a lower level of bilirubin compared to jaundice that has progressed to the legs and feet (Grade 4).

It is important to note that while Kramer's rule provides a quick and non-invasive way to estimate the severity of jaundice, it is not definitive. For accurate measurement of bilirubin levels, laboratory tests such as a serum bilirubin test are necessary. Moreover, in cases where the clinical assessment and the severity of jaundice are uncertain, or if the newborn shows signs of illness, further diagnostic evaluation and intervention may be required.

NEW QUESTION # 61

If movement is going toward the body it would be considered _____?

- A. Adduction
- B. Proximal
- C. Abduction
- D. Distal

Answer: A

Explanation:

The question refers to a specific type of movement relative to the midline of the body. In anatomical terms, movements that bring a limb or other part closer to the sagittal plane (the plane that divides the body into left and right halves) are classified as adduction. Therefore, if the movement is going toward the body, it is considered **adduction**.

Adduction is often confused with **abduction**, which is essentially the opposite. Abduction is the movement that takes a limb or other part away from the midline of the body. For example, raising your arms sideways away from your body is an abduction movement.

To further clarify, these terms are also relative to other anatomical directional terms such as **distal** and **proximal**.

Distal refers to a body part that is further away from the center of the body (or from the point of attachment of a limb to the

body), whereas **proximal** refers to a body part that is closer to the center of the body (or to the point of attachment). Therefore, in the context of your original question, if movement is going toward the body, it is definitively termed as **adduction**. This terminology helps in understanding movement patterns, especially in fields like anatomy, physical therapy, and sports science.

NEW QUESTION # 62

Your patient has a superficial skin lesion that is elevated. It is less than 1 cm in diameter and it is filled with serous fluid. Which of the following skin lesions is this?

- A. pustule
- **B. vesicle**
- C. macule
- D. papule

Answer: B

Explanation:

The correct answer to the question regarding a skin lesion that is less than 1 cm in diameter, elevated, and filled with serous fluid is "vesicle." A vesicle is a type of skin lesion that is characterized by these specific criteria. It is important to distinguish vesicles from other types of skin lesions based on their physical characteristics and contents.

Vesicles are small, fluid-filled sacs that appear on the surface of the skin. They are typically less than 1 cm in diameter and contain clear fluid, usually serous fluid, which is a watery fluid similar to plasma but without its protein content. This type of lesion is superficial, meaning it involves only the upper layers of the skin. One common example of a vesicular lesion is a herpetic lesion, such as those seen in herpes simplex virus infections.

In contrast, other similar skin lesions differ in size, content, or texture. For instance, a pustule is also a small, elevated lesion but differs from a vesicle in that it contains purulent fluid, which is typically a sign of infection and includes white blood cells. Pustules are often associated with acne and other bacterial skin infections.

Another lesion type is the papule, which is a solid, palpable lesion that can be up to 0.5 cm in diameter. Papules are usually elevated but do not contain fluid, making them distinctly different from vesicles. Examples of conditions with papular lesions include dermatitis and viral exanthems.

Lastly, a macule is a flat lesion that is not palpable and is usually smaller than 1 cm in diameter. Macules are characterized by changes in skin color, with no elevation or fluid content. Freckles and flat moles are typical examples of macular lesions.

In conclusion, distinguishing between these types of skin lesions-vesicles, pustules, papules, and macules-is crucial for accurate diagnosis and appropriate treatment in dermatological practice. The description of the lesion in the question clearly matches that of a vesicle, making it the correct answer.

NEW QUESTION # 63

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