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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

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q12-Q17):

NEW QUESTION # 12

Your 25-year-old male patient suffers from post-traumatic stress disorder (PTSD) as a result of combat duty. Your plan of treatment for this patient will include treating arousal symptoms and the associated depression. Which of the following agents are you most likely to prescribe for this purpose?

- A. benzodiazepines
- B. anticonvulsants
- C. second-generation antipsychotics
- **D. SSRIs**

Answer: D

Explanation:

The most appropriate choice for treating both the arousal symptoms and the associated depression in a 25-year-old male patient with post-traumatic stress disorder (PTSD) from combat duty is the use of Selective Serotonin Reuptake Inhibitors (SSRIs). SSRIs are commonly prescribed for PTSD due to their efficacy in managing both the core symptoms of the disorder and the frequently accompanying depression.

SSRIs work by increasing the levels of serotonin in the brain, a neurotransmitter that is often linked with mood regulation. By stabilizing serotonin levels, SSRIs can help alleviate mood disorders, reduce anxiety, and improve overall emotional regulation. This makes them particularly effective in addressing the intrusive thoughts, hyperarousal, and persistent sadness or numbness associated with PTSD.

Anticonvulsants, such as carbamazepine, are another category of medication sometimes used in PTSD treatment. They are primarily used to manage specific symptoms such as irritability, aggression, and impulsiveness. These drugs stabilize mood by dampening neuronal firing, which can be beneficial for patients who exhibit these more volatile symptoms.

Second-generation antipsychotics may also be considered in the treatment of PTSD, particularly when patients present with severe mood dysregulation or other psychotic features. These medications can be helpful in stabilizing mood and reducing the severity of emotional outbursts.

However, benzodiazepines are generally not recommended for patients with PTSD, especially when there is a comorbid condition such as substance use disorder. Benzodiazepines have a high potential for dependency and may worsen the course of long-term PTSD symptoms. They are typically avoided because they can contribute to substance abuse issues, which are common among individuals with PTSD, potentially leading to a cycle of dependence and exacerbation of psychiatric symptoms.

In summary, while various medications can be used to target specific symptoms of PTSD, SSRIs are the most likely choice for a comprehensive approach to treat both arousal symptoms and associated depression in PTSD patients. The decision on which medication to use should be tailored to the individual's specific symptoms and medical history, taking into account any potential comorbid conditions.

NEW QUESTION # 13

A 70-year-old male patient has a cough, shortness of breath, fatigue, and pleuritic chest pain. Your initial impression is pneumonia, and your auscultation of the chest seems to confirm this diagnosis. On auscultation, a patient with pneumonia will have all but which of the following lung sounds?

- A. dullness to percussion
- B. crackles
- **C. clear lung sounds except for scattered rhonchi**
- D. abnormal breath sounds

Answer: C

Explanation:

When diagnosing conditions like pneumonia, healthcare professionals rely heavily on the physical examination, particularly auscultation, where they listen to the sounds made by the lungs. In pneumonia, typical findings on auscultation can include a variety of

abnormal lung sounds. Let's explore the lung sounds mentioned in the question and understand why one of them is less likely to be associated with pneumonia.

****Crackles****: These are short, discontinuous sounds heard during inspiration. Crackles, which are often described as sounding like hair being rubbed between fingers, occur when air opens small airways and alveoli that have been stuck together by fluid or infection, common in pneumonia.

****Clear lung sounds except for scattered rhonchi****: Rhonchi are low-pitched sounds that resemble snoring and occur when airways are obstructed by mucus. While rhonchi can be heard in conditions where the airways are blocked, such as chronic bronchitis or acute bacterial bronchitis, their presence alone-especially with other areas of clear lung sounds-is not typically indicative of pneumonia. Pneumonia usually presents more widespread lung involvement, leading to multiple types of abnormal sounds rather than isolated rhonchi.

****Abnormal breath sounds****: This term is a general one that can encompass a range of non-normal sounds, including wheezing, crackles, and rhonchi. In the context of pneumonia, abnormal breath sounds are expected due to the inflammation and infection within the lung parenchyma, disrupting normal airflow and lung function.

****Dullness to percussion****: When performing a physical examination, dullness noted on percussion (tapping on the chest) over the lungs can indicate the presence of something dense like fluid or solid tissue within the lung, common in pneumonia. Normally, a hollow sound is heard because of the air-filled spaces within healthy lungs.

Hence, among the options provided, "clear lung sounds except for scattered rhonchi" is the sound least likely to be associated with pneumonia. This finding is more characteristic of acute bronchitis, where the primary issue is the narrowing or blockage of the larger airways, rather than the alveolar filling typical of pneumonia. In pneumonia, one would expect to find more diffuse or widespread abnormalities in lung sounds across the affected areas, not isolated rhonchi with clear sounds elsewhere.

NEW QUESTION # 14

What test would you order if you suspect a patient has meningitis?

- A. BRCA2.
- B. CA-125.
- C. CSF.
- **D. CEA.**

Answer: D

Explanation:

When suspecting meningitis, the primary diagnostic test ordered is the Cerebrospinal Fluid (CSF) test, commonly known as a lumbar puncture. This procedure involves inserting a needle into the lower part of the spinal canal to collect a sample of cerebrospinal fluid. This fluid surrounds the brain and spinal cord and changes in its composition can indicate the presence of meningitis.

The CSF test is crucial because it allows for the analysis of the fluid to check for increased white blood cell count, elevated protein levels, and decreased glucose levels, which are indicative of meningitis. Additionally, the CSF can be cultured to identify the specific organism causing the infection, whether it's viral, bacterial, or fungal. This is essential for determining the appropriate treatment course.

In some cases, before performing a lumbar puncture, imaging tests such as a CT scan or MRI might be recommended. These are used to rule out other conditions that might cause similar symptoms, such as brain abscesses or tumors, and to ensure safety before performing the lumbar puncture, especially in cases where there might be increased intracranial pressure.

It is important to note that other tests like BRCA2, CA-125, and CEA are not relevant for diagnosing meningitis. BRCA2 is related to genetic susceptibility to certain cancers, CA-125 is a marker used primarily in ovarian cancer, and CEA is an indicator most commonly associated with colorectal cancer. These do not aid in diagnosing or managing meningitis.

NEW QUESTION # 15

A mother brings a 21-month-old Asian-American female child into the office. The chief complaint is abdominal pain with flatulence and diarrhea after eating. Up until 3 months ago, she was being breast-fed twice a day. The nurse practitioner suspects:

- **A. lactose intolerance**
- B. Hirschsprung's disease
- C. irritable bowel syndrome
- D. food allergy

Answer: A

Explanation:

Lactose intolerance is a common digestive problem where the body is unable to digest lactose, a type of sugar mainly found in milk

and dairy products. In the case of the 21-month-old Asian-American child presented, the symptoms of abdominal pain, flatulence, and diarrhea after eating are highly suggestive of this condition. It is important to note that lactose intolerance can develop after a person significantly decreases their consumption of dairy, such as after weaning off breast milk, which aligns with the child's history. Statistically, lactose intolerance has a higher prevalence among people of Asian descent. This is due to a higher likelihood of lactase deficiency, the enzyme needed to properly digest lactose, in this population. The primary symptoms that were reported - bloating, flatulence, abdominal cramps, and diarrhea - occur as undigested lactose passes through the intestines and is fermented by bacteria, producing gas and drawing extra water into the bowel.

In contrast, other conditions such as food allergies, irritable bowel syndrome (IBS), and Hirschsprung's disease present differently. Food allergies in young children are indeed common but typically manifest with symptoms like angioedema, flushing, hives, and throat itching. None of these have been reported in this child. Additionally, while IBS does affect bowel habits, it usually presents later in life and features a mix of constipation and diarrhea. Hirschsprung's disease, a congenital condition more prevalent in males, involves missing nerve cells in parts of the colon leading to severe constipation, which is not consistent with the symptoms described. Given the child's background, recent dietary history, and symptomatology, lactose intolerance is the most likely diagnosis. To confirm this, a lactose tolerance test or a hydrogen breath test may be conducted. Management typically involves dietary modifications to limit or eliminate lactose-containing foods, which often leads to symptom resolution. In some cases, lactase enzyme supplements may be recommended to aid in the digestion of lactose when consuming dairy products.

NEW QUESTION # 16

You are conducting a health assessment with a patient. She tells you that she does not understand what will happen during the tests she will undergo the next day. Which of the following is an appropriate nursing diagnosis for this patient?

- A. Knowledge deficit.
- B. Patient does not understand care plan.
- C. Patient needs further education.
- D. Low health literacy.

Answer: A

Explanation:

The appropriate nursing diagnosis for a patient who expresses confusion or lack of understanding about upcoming tests or procedures is "Knowledge Deficit." This diagnosis is used when a patient demonstrates a lack of cognitive information or comprehension related to a specific topic, which in this case is the medical tests they are scheduled to undergo.

In the context of nursing care, a knowledge deficit can adversely affect a patient's ability to consent to or prepare for procedures and may hinder compliance with medical advice. Recognizing this deficit is crucial as it prompts the necessary intervention - patient education. Education here aims to fill the gaps in the patient's understanding, ensuring they are fully informed about the nature, purpose, benefits, and potential risks associated with the tests.

Educating the patient serves multiple purposes: it helps in alleviating anxiety, increases the likelihood of compliance, and empowers the patient by giving them control over their health decisions. This educational intervention can be tailored to the patient's specific needs, considering factors like their educational background, preferred communication styles, and cultural perspectives.

It is essential for healthcare providers, including nurses, to approach this education with patience and clarity, using layman's terms and avoiding medical jargon that could further confuse the patient. Utilizing visual aids, simplified handouts, and interactive dialogues can enhance understanding and retention of the information provided.

Ultimately, addressing a knowledge deficit through targeted education not only improves patient outcomes but also enhances the overall quality of healthcare by fostering a collaborative and informed patient-provider relationship.

NEW QUESTION # 17

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