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

### NEW QUESTION # 77

Edward is a 50-year-old male patient who has peripheral vascular disease. You are prescribing a neuropathic analgesic for him. Which of the following drugs would you prescribe?

- A. Amitriptyline
- B. Clindamycin
- C. Pentoxifylline
- D. Persantine

**Answer: A**

Explanation:

In addressing the question of which neuropathic analgesic to prescribe for Edward, a 50-year-old male patient with peripheral

vascular disease, it is important to consider the nature and mechanism of the medications available. Peripheral vascular disease primarily affects blood vessels outside of the heart and brain and can often lead to complications such as pain and numbness, typically in the legs. The treatment goal in such cases often includes managing symptoms and improving quality of life.

Among the options listed, Amitriptyline appears repeatedly and is the appropriate choice for treating neuropathic pain in Edward's case. Amitriptyline is a tricyclic antidepressant that is widely used not only for its primary function as an antidepressant but also for its efficacy in treating neuropathic pain. This type of pain is common in patients with peripheral vascular disease due to nerve damage caused by reduced blood flow.

The reason Amitriptyline is effective in such cases lies in its mechanism of action. It increases the levels of neurotransmitters in the nervous system, such as serotonin and norepinephrine, which help modulate pain perception. Amitriptyline also blocks the reuptake of these neurotransmitters, making them more available in the brain, which can help alleviate pain.

The other options listed such as Pentoxifylline, Persantine, and Clindamycin do not primarily address neuropathic pain. Pentoxifylline is often used to improve blood flow in patients with circulation problems, not specifically for pain relief. Persantine is another medication that helps prevent blood clots but does not have analgesic properties. Clindamycin is an antibiotic with no role in pain management.

Therefore, among the given choices, Amitriptyline would be the most suitable prescription for Edward to help manage his neuropathic pain associated with peripheral vascular disease. It is crucial, however, to monitor the patient for any potential side effects such as sedation, dry mouth, or urinary retention, which are commonly observed with tricyclic antidepressants. Adjustments to dosage or alternative therapies may be considered based on the patient's response and any adverse effects experienced.

### NEW QUESTION # 78

Of the following, which vaginal condition would be considered the only one that would have an alkaline pH on the exam?

- A. Bacterial vaginosis
- B. Viral vaginosis
- C. Chlamydia vaginitis
- D. Trichomoniasis

**Answer: A**

Explanation:

Among the listed vaginal conditions, bacterial vaginosis is the condition associated with an alkaline pH during examination. Normally, the vaginal environment maintains a slightly acidic pH, typically around 4.0. This acidity is primarily due to the presence of lactic acid produced by lactobacilli, the predominant healthy bacteria in the vagina. The acidic environment helps to prevent the growth of pathogenic bacteria and maintains vaginal health.

However, in the case of bacterial vaginosis, there is a disruption in the normal bacterial flora of the vagina. This disruption leads to a decrease in lactobacilli and an overgrowth of other types of bacteria such as Gardnerella vaginalis and other anaerobes. This shift in the bacterial composition reduces the lactic acid production, thereby increasing the pH to more alkaline levels, often noted as above 4.5.

It is important to distinguish bacterial vaginosis from other conditions such as trichomoniasis, viral vaginosis, and chlamydia vaginitis. Trichomoniasis, caused by the protozoan Trichomonas vaginalis, can also lead to an elevated vaginal pH but is typically associated with other distinct symptoms like frothy yellow-green discharge and is sexually transmitted. Viral infections in the vagina, such as those caused by herpes simplex virus, do not typically alter the pH significantly. Chlamydia vaginitis, caused by the bacterium Chlamydia trachomatis, primarily results in an inflammatory response and typically does not affect the vaginal pH to become alkaline. Therefore, when considering a vaginal condition characterized by an alkaline pH observed during an examination, bacterial vaginosis is the most likely diagnosis among the options provided. It's crucial for healthcare providers to recognize this condition not only by pH but also by other symptoms and diagnostic tests to ensure appropriate treatment and management. Bacterial vaginosis is not considered a sexually transmitted disease (STD), but rather a dysbiosis (imbalance) of the normal vaginal flora. This distinction categorizes it as vaginosis rather than vaginitis, which typically implies an inflammatory condition of the vagina.

### NEW QUESTION # 79

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

**Answer: D**

**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 # 80**

Which of the following skin lesions is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants?

- A. milia
- B. faun tail nevus
- C. Mongolian spots
- D. erythema toxicum

**Answer: C**

**Explanation:**

The correct answer to the question regarding which skin lesion is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants is "Mongolian spots." Mongolian spots are a type of congenital dermal melanocytosis, where melanocytes, the cells responsible for skin pigment, are located deeper than usual in the skin. These spots are named after the Mongol people of East and Central Asia, where the condition was first described, but the term is considered outdated and potentially offensive in modern contexts.

The appearance of Mongolian spots is typically characterized by blue to black-colored patches or stains on the skin. These spots are usually flat and can vary in size and shape. Although they can appear anywhere on the body, they are most commonly found on the lumbosacral area, which includes the lower back and buttocks. This prevalent location is one reason why they are frequently observed during newborn examinations.

Mongolian spots are more commonly seen in infants of certain ethnicities, including those of Black, Asian, Hispanic, and Native American descent, affecting up to 80 to 90% of these populations. The high incidence rate in these groups contrasts with their occurrence in Caucasian infants, where they are much less common.

It's important to note that Mongolian spots are generally harmless and usually fade or disappear completely by school age, typically around the age of five to seven years. They do not require any treatment as they are not associated with any disease or health condition. However, their presence should be documented in medical records to avoid confusion with bruising or other skin conditions, which might otherwise lead to unnecessary investigations.

In summary, Mongolian spots are benign skin markings that are particularly prevalent among infants of Black, Asian, Hispanic, and Native American heritage. Their recognition is crucial for proper pediatric care and for avoiding misinterpretations of their significance.

**NEW QUESTION # 81**

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. George's rule
- B. Azabo'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 # 82**

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