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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q67-Q72):

NEW QUESTION # 67

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. White's rule
- **C. Kramer's rule**
- D. Azabo's rule

Answer: C

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 # 68

As part of the diagnosis of your 70-year-old patient's diagnosis, you explain that he has skin thickening that looks very similar to callus formation.. Which term do you use to define this thickening of the skin?

- A. Excoriation.
- B. Scale.
- C. Fissure.
- **D. Lichenification.**

Answer: D

Explanation:

The correct term to describe the skin thickening that resembles callus formation in your 70-year-old patient is "lichenification." This term specifically refers to the thickening of the skin that occurs due to repeated irritation and scratching, leading to a leathery texture which is quite similar to calluses that typically develop on hands and feet due to friction and pressure.

To differentiate from other skin conditions, here are brief explanations of the terms listed: - ****Excoriation:**** This refers to skin marks or wounds caused by scratching or scraping. These are typically superficial and involve the removal of part of the skin surface, often resulting from intense itching or psychological conditions such as obsessive-compulsive disorder. - ****Fissure:**** This term describes a thin, linear crack in the skin that can extend into the dermis. Fissures are often seen in areas of dry or inflamed skin, such as on the heels, and can be painful. - ****Scale:**** Scales are flakes or patches of dead skin that appear on the surface of the skin, often seen in conditions with excessive skin cell turnover such as psoriasis. Scales can be dry and flaky or thick and oily, depending on the underlying condition.

Understanding these terms not only aids in accurate diagnosis but also enhances communication with patients and other healthcare providers, ensuring that the patient receives appropriate and targeted treatment for their specific skin condition.

NEW QUESTION # 69

You have a 35-year-old female patient who is complaining of wrist pain. She is an administrative assistant who does a great deal of computer work in her job. You will test her for carpal tunnel syndrome. When you tap at the volar surface of the wrist you are performing which of the following tests?

- **A. Tinel's sign**
- B. carpal compression maneuver
- C. Phalen's maneuver
- D. McMurray's test

Answer: A

NEW QUESTION # 70

According to the CDC an obese person would have a Body Mass Index (BMI) of:

- A. greater than or equal to 40
- **B. greater than or equal to 30**
- C. greater than or equal to 18.5
- D. greater than or equal to 25

Answer: B

Explanation:

Body Mass Index (BMI) is a widely used measure to classify different weight categories in adults. It is calculated by dividing a person's weight in kilograms by the square of their height in meters. The Centers for Disease Control and Prevention (CDC) uses BMI to define various weight statuses, which include underweight, normal or healthy weight, overweight, and obesity.

According to the CDC, an obese person is one who has a Body Mass Index (BMI) of 30 or higher. This categorization helps in identifying individuals who may be at higher risk for common health conditions associated with obesity, such as heart disease, stroke, type 2 diabetes, and certain types of cancer.

The BMI ranges are defined as follows: - A BMI less than 18.5 is considered underweight. - A BMI from 18.5 to 24.9 is considered a healthy or normal weight. - A BMI from 25 to 29.9 is considered overweight. - A BMI of 30 or higher is categorized as obesity.

For example, someone with a BMI of 30 or more is placed in the obesity category, which indicates that their body weight is greater than what is generally considered healthy for their height. This classification is critical as it alerts healthcare providers and individuals to potential health risks and serves as a prompt for further assessment, intervention, and management.

It is important to note, however, that while BMI is a useful tool for population-level assessments and general guidance, it may not perfectly correspond to the same degree of fatness or health risk in different individuals. Factors such as muscle mass, ethnic background, and age can influence the relationship between BMI and body fat. Therefore, individuals should consult healthcare providers for assessments tailored to their personal health profile.

NEW QUESTION # 71

Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. atrial fibrillation
- B. mitral valve prolapse
- C. none of the above
- **D. paroxysmal atrial tachycardia**

Answer: D

Explanation:

To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.

Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.

In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do

not fit the ECG findings or the patient's presentation in this scenario.

Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

NEW QUESTION # 72

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