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AANP FNP CERTIFICATION PRACTICE TEST EXAM(QUESTIONS AND ANSWERS) 2023/2024

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible. IV- first time thrill V-Steth edge VI-entire steth. EXAM - CORRECT ANSWER-III first time audible, IV first time thrill

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 of 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

Abnormal cells on PAP, what do you do next? - CORRECT ANSWER-Refer for Colposcopy

CAGE ACRONYM - CORRECT ANSWER-Cut down
Annoyed by criticism
Guilty about drinking

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q101-Q106):

NEW QUESTION # 101

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

Answer: B

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 # 102

You are assessing an elderly patient and upon examination, you note severe dehydration. You know that rapid fluid resuscitation must be done to prevent which of the following?

- **A. hypovolemia**
- B. adrenal dysfunction
- C. thyroid dysfunction
- D. hypertension

Answer: A

Explanation:

The question addresses the management of severe dehydration in an elderly patient and the rationale for rapid fluid resuscitation to prevent specific complications. The correct answer to this question, based on the provided options, is hypovolemia. Here is an expanded explanation for each of the provided options:

Hypovolemia: Hypovolemia refers to a decrease in the volume of blood plasma in the body and is a direct consequence of severe dehydration. When the body loses more fluid than it takes in, blood volume decreases, leading to reduced perfusion of tissues and organs. This can cause multiple organ dysfunction and severe health complications if not corrected promptly. Rapid fluid resuscitation using intravenous fluids is vital in such cases because it allows for immediate restoration of blood volume, ensuring that vital organs continue to receive adequate blood supply essential for their functioning.

Adrenal Dysfunction: While severe dehydration can impact various bodily functions, adrenal dysfunction (specifically related to acute adrenal crisis) is typically not directly caused by dehydration. Adrenal crises are more commonly triggered by a lack of cortisol, a hormone produced by the adrenal glands. However, severe dehydration can exacerbate an underlying adrenal

insufficiency by contributing to hypovolemia and subsequent hypotension, which can then complicate an existing adrenal crisis. Nonetheless, the primary concern in rapid rehydration is not specifically directed at preventing adrenal dysfunction but rather at correcting the hypovolemia.

Thyroid Dysfunction: Thyroid dysfunction, which involves abnormal production of thyroid hormones, is not directly caused by dehydration. Disorders such as hypothyroidism or hyperthyroidism have etiologies rooted in autoimmune diseases, dietary deficiencies, or other endocrine imbalances, rather than hydration status. While severe illness can impact overall thyroid function (sick euthyroid syndrome), the immediate treatment of severe dehydration with IV fluids primarily targets the restoration of normal circulatory volume rather than addressing thyroid hormone levels.

Hypertension: Hypertension (high blood pressure) is generally not a direct consequence of dehydration. In fact, dehydration more commonly leads to lowered blood pressure due to reduced blood volume (hypovolemia). Therefore, while fluid resuscitation might indirectly affect blood pressure by normalizing blood volume, the primary aim of treating severe dehydration with rapid IV fluids is to prevent the drop in blood pressure and associated complications from hypovolemia, rather than to prevent or treat hypertension. In summary, rapid fluid resuscitation in the context of severe dehydration is predominantly aimed at preventing hypovolemia and its potentially life-threatening complications.

NEW QUESTION # 103

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 # 104

When would Aldactone be contraindicated?

- A. When the patient has renal insufficiency (serum creatinine greater than 2.0 mg/dL)
- **B. All of the above**
- C. When the patient has hyperkalemia (serum potassium of greater than 5.5 mEq/L).
- D. If the patient has type 2 diabetes mellitus with microalbuminuria.

Answer: B

Explanation:

When considering the prescription of Aldactone (spironolactone), it is essential to evaluate the patient thoroughly due to several potential contraindications. Aldactone acts as a potassium-sparing diuretic and aldosterone antagonist, impacting fluid balance and electrolyte levels in the body. Thus, its use can be risky under certain conditions.

One major contraindication for Aldactone is hyperkalemia, which is when the patient has an elevated serum potassium level greater

than 5.5 mEq/L. Since Aldactone conserves potassium, prescribing it to someone who already has high potassium levels could further increase these levels, potentially leading to serious cardiac problems such as arrhythmias.

Another critical contraindication is renal insufficiency, particularly when the serum creatinine level is greater than 2.0 mg/dL. Patients with compromised kidney function may not be able to adequately clear potassium from their bodies. Given that Aldactone is a potassium-sparing agent, its use in these patients could exacerbate existing hyperkalemia or induce it anew, leading to additional renal and cardiovascular complications.

The presence of type 2 diabetes mellitus with microalbuminuria also poses a risk when considering Aldactone therapy.

Microalbuminuria can be an early sign of diabetic kidney disease, and the use of Aldactone in such conditions needs careful consideration. The potential for worsening kidney function and the risk of increasing potassium levels might outweigh the benefits of using this medication in such patients.

Thus, these conditions—hyperkalemia, renal insufficiency, and type 2 diabetes with microalbuminuria—are significant contraindications for the use of Aldactone. It is imperative that a healthcare provider, such as a nurse practitioner, evaluates these patient factors thoroughly before prescribing this medication. Doing so helps prevent potential adverse effects that could result from inappropriately prescribing a potassium-sparing diuretic in these high-risk scenarios.

NEW QUESTION # 105

Which of the following characteristics is not typical of melanoma?

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

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 # 106

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