

AANP-FNP Exam Lab Questions - Vce AANP-FNP Torrent

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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>> AANP-FNP Exam Lab Questions <<

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q96-Q101):

NEW QUESTION # 96

A 16 year old cheerleader comes in with a chronic case of laryngitis. The condition is worsening even though she has been resting her voice and there is no sign of infection. What step do you take?

- A. Prescribe antibiotics.
- **B. Refer to a specialist.**
- C. CB
- D. X-ray.

Answer: B

Explanation:

In the scenario of a 16-year-old cheerleader presenting with chronic laryngitis without signs of infection and no improvement despite voice rest, the appropriate step is to refer her to a specialist. Laryngitis, which is an inflammation of the larynx, typically resolves on its own, particularly if it is caused by a temporary factor such as a viral infection or overuse of the voice. However, chronic laryngitis that persists for an extended period and does not respond to usual care measures warrants further investigation.

Chronic laryngitis can be caused by various factors beyond a simple infection, including vocal cord strain or misuse, allergies, acid reflux, smoking, or more serious conditions such as growths on the vocal cords (such as nodules or polyps). The absence of infection and the worsening condition despite voice rest suggests that there might be an underlying issue that needs specialized evaluation.

Referring the patient to a specialist, such as an otolaryngologist (ENT specialist), is crucial. An ENT specialist can perform a detailed examination of the larynx, possibly using tools like laryngoscopy, which allows for a closer look at the vocal cords and larynx. This can help in diagnosing the exact cause of the laryngitis and ruling out more serious conditions.

The decision against prescribing antibiotics is justified because there is no evidence of bacterial infection, and the use of antibiotics without bacterial infection can contribute to antibiotic resistance and cause unnecessary side effects. Similarly, ordering an X-ray or a complete blood count (CBC) might not be immediately relevant if there is no indication of infection or systemic illness, which seems to be the case here.

In summary, the best course of action in this situation is to refer the patient to a specialist who can conduct a thorough assessment and provide a targeted treatment plan. This approach helps in ensuring accurate diagnosis and appropriate management, thereby preventing potential complications from incorrect or delayed treatment.

NEW QUESTION # 97

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. none of the above
- B. support therapy only
- **C. Acyclovir**
- D. steroid ophthalmic drops

Answer: C

Explanation:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed

by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss. Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

NEW QUESTION # 98

The procedure used to diagnose atherosclerotic lesions or thrombi in the coronary vessels is which of the following?

- A. nuclear stress test
- B. coronary angiography
- C. MRI
- D. stress test

Answer: B

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 # 99

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

Answer: B

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 # 100

You are providing care to a patient whose medication order indicates that his oral medication should be given p.c. How would you administer this patient's medication?

- A. First thing in the morning, on an empty stomach.
- B. Before meals.
- C. With a full glass of water.
- **D. After meals.**

Answer: D

Explanation:

When you encounter a medication order for a patient that specifies the medication should be given "p.c.," it indicates that the medicine should be administered after meals. The abbreviation "p.c." stands for "post cibum," which is Latin for "after meals." This is a common directive in medical prescriptions that is intended to optimize the absorption of the medication or minimize potential adverse effects that could occur if taken on an empty stomach.

It is important to note that the specific timing mentioned in the order (e.g., immediately after eating, or an hour post-meal) should be followed closely to ensure the effectiveness of the medication. Some medications might require absorption without interference from food, while others might need the presence of food to prevent stomach upset or enhance absorption.

As a healthcare provider, when administering medication that is ordered to be taken "p.c.," ensure that the patient has indeed consumed a meal before giving the medication. This helps in achieving the desired therapeutic effect and minimizing any side effects. If the patient is unable to eat or has dietary restrictions, you may need to consult with the prescribing physician for further instructions or possible adjustments to the medication regimen.

Additionally, when educating the patient and their caregivers about the medication, emphasize the importance of following the "p.c." instruction. Explain the reasons why the medication should be taken after meals and discuss any potential consequences of deviating from this protocol. This education not only helps in managing the patient's condition effectively but also empowers the patient and caregivers by making them active participants in the care process.

Lastly, always verify the patient's understanding of when and how to take their medication, and encourage them to ask questions if anything is unclear. This ensures that the patient feels supported and is more likely to adhere to their treatment plan, leading to better health outcomes.

NEW QUESTION # 101

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