

AANP-FNP Reliable Test Cram - Valid Test AANP-FNP Format

AANP FNP CERTIFICATION TEST EXAM 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 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

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
Eye opener drink

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q70-Q75):

NEW QUESTION # 70

In terms of elder abuse, which of the following statements is least accurate?

- A. Approximately 1% of older adults are neglected or abused in the United States.
- B. 90% of abusers of older adults are reported to be family members.
- C. Only infants are more likely to sustain serious injury from physical abuse than the elderly.
- D. Only one in fourteen elder abuse cases is reported.

Answer: A

Explanation:

The statement that "approximately 1% of older adults are neglected or abused in the United States" is significantly inaccurate.

Research and statistics show that the prevalence of elder abuse is much higher. Estimates indicate that around 10% of older adults experience some form of neglect or abuse, including physical, emotional, sexual abuse, or financial exploitation. This discrepancy highlights the need for greater awareness and more accurate data collection regarding elder abuse.

Elder abuse remains a critical public health and societal issue, and it often goes underreported. Studies suggest that only about one in fourteen cases of elder abuse are reported to authorities, which means the actual numbers might be even higher than the estimates. The reasons for underreporting are complex and include factors such as the victim's fear of retaliation, dependency on the abuser, and lack of awareness about available help.

In terms of the demographics of abusers, it is reported that family members are the perpetrators in approximately 90% of elder abuse cases. This can make it even more challenging for victims to report the abuse, as it involves people within their immediate family circle. The dynamics of family relationships, combined with dependency and emotional bonds, complicate the recognition and reporting of abuse.

Health care providers play a crucial role in identifying and reporting suspected cases of elder abuse. They are often in a position to notice signs of abuse that others might miss and are legally required to report these suspicions to appropriate state protective agencies. This reporting can lead to interventions that protect the elderly from further harm.

Overall, the statement underestimating the prevalence of elder abuse at 1% does not reflect the reality and gravity of the issue. It is important for statistics to accurately represent the scope of elder abuse to ensure that adequate resources, policies, and protective measures are in place to address and prevent such abuse.

NEW QUESTION # 71

An 80-year-old patient presents with a history of infection. He is obese and his chief complaint is fatigue and thirst. What test should be run?

- A. Serum cholesterol.
- B. Hemoglobin.
- C. Blood glucose.
- D. Serum albumin.

Answer: C

Explanation:

The correct test to run for an 80-year-old patient who presents with fatigue, thirst, obesity, and a history of infection is a blood glucose test. This recommendation is based on several factors that align with the common symptoms and risk factors associated with diabetes mellitus, particularly type 2 diabetes.

First, the age of the patient is a significant factor. Glucose intolerance increases with age, making older patients more susceptible to diabetes. As individuals age, their insulin sensitivity typically decreases, and pancreatic function may deteriorate, both of which can contribute to elevated blood glucose levels.

Second, the patient's obesity further compounds the risk. Obesity is a well-known risk factor for the development of type 2

diabetes. Excess body fat, especially in the abdominal area, is linked to decreased insulin sensitivity, meaning that the body needs more insulin to help glucose enter cells. This state of insulin resistance is a precursor to diabetes.

Third, the symptoms of fatigue and thirst are classic signs of diabetes. Fatigue in diabetes can result from the body's inability to properly use glucose for energy due to insulin resistance or lack of insulin production. Thirst is a result of high blood sugar levels, which cause dehydration by pulling excess water into the urine as the body attempts to remove the surplus glucose.

Lastly, the history of infection could also be relevant. In people with undiagnosed or poorly controlled diabetes, high blood sugar levels can impair the immune system, making infections more frequent or severe.

Therefore, measuring the blood glucose levels will provide critical information about whether the patient's symptoms might be related to diabetes. Monitoring and managing blood glucose is essential for diagnosing diabetes and preventing its complications. Other tests like serum cholesterol, serum albumin, and hemoglobin might be useful for a complete metabolic profile and assessment, but given the specific presentation and risk factors described, the blood glucose test is the most immediately relevant and informative in this scenario.

NEW QUESTION # 72

Which of the following would indicate that you should refer your patient with psoriasis to a dermatologist?

- A. mild scalp involvement
- B. generalized pustular psoriasis
- C. moderate flexural psoriasis
- D. involvement of 10% of trunk

Answer: B

Explanation:

When determining whether to refer a patient with psoriasis to a dermatologist, it is essential to assess the severity and type of psoriasis. Among the types, generalized pustular psoriasis stands out as particularly severe and warrants immediate specialist consultation.

Generalized pustular psoriasis is a rare and severe form of psoriasis characterized by widespread pustules on top of inflamed and reddened skin. This condition can be life-threatening and requires prompt and specialized care to manage not only the skin symptoms but also potential systemic complications. The acute nature of the disease, potential for rapid progression, and the systemic inflammation often associated with it are the primary reasons why referral to a dermatologist is crucial.

In comparison, **mild scalp psoriasis** typically involves less severe symptoms and can often be managed with topical treatments and primary care follow-up. This form does not usually necessitate a specialist referral unless it is refractory to standard treatments or is causing significant distress or impairment to the patient.

Similarly, while conditions like **moderate flexural psoriasis** or involvement of less extensive areas (e.g., less than 20% of the trunk) might be uncomfortable and require careful management, they do not usually require the immediate attention of a dermatologist unless they fail to respond to initial treatments or significantly impact quality of life.

Other conditions that typically merit referral to a dermatologist include **extensive psoriasis vulgaris**, which covers a large area of the body and can severely affect a person's physical and mental well-being; **incapacitated elderly clients**, who may have other comorbidities complicating the psoriasis management; or **subacute psoriasis**, which represents a significant and often uncomfortable manifestation of the disease.

The decision to refer to a dermatologist should also consider the patient's overall health, the psychological impact of the disease, the risk of complications, and the potential need for advanced therapies that are beyond the scope of primary care. Effective collaboration between primary care providers and dermatologists is crucial in ensuring comprehensive care and optimal outcomes for patients with severe or complicated psoriasis.

NEW QUESTION # 73

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

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

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 # 74

Christopher is a 3-year-old patient with scabies. You prescribe permethrin 5% (Elimite) for him. You tell Christopher's parents all of the following in regards to using this medication EXCEPT:

- A. Apply cream to the entire body while the skin is wet from shower or bath.
- B. One ounce of the cream is sufficient for one application.
- C. Leave the cream on 8 to 12 hours and then remove by showering.
- D. Precede the treatment with a warm bath.

Answer: A

Explanation:

When providing instructions for the use of permethrin 5% (Elimite) cream for the treatment of scabies in a 3-year-old child, it's crucial to follow the correct application protocol to ensure the effectiveness of the treatment and minimize discomfort or adverse effects. Here's an expanded explanation of how to use the medication properly:

Permethrin cream is a topical medication used to treat scabies, which is caused by a mite infestation in the skin. The first step in the application of this medication involves preparing the child's skin. It is recommended to give the child a warm bath before applying the cream. This helps to soften the skin and may enhance the absorption of the medication. However, contrary to what might seem intuitive, it is important not to apply the cream while the child's skin is still wet.

After the bath, the child should be thoroughly dried. The skin should also be allowed to cool down to normal temperature. Applying the cream to wet or warm skin can lead to increased absorption of the cream, which might increase the risk of side effects. Once the child's skin is dry and has returned to a normal temperature, you can proceed with the application of the cream.

Permethrin cream should be applied to the entire body from the neck down. Special attention should be given to areas that might be easily overlooked, such as the navel, between the toes and fingers, and under the arms. In infants and young children, it is also important to cover the scalp, temples, and forehead. Care should be taken to apply the cream in all creases and crevices of the body where mites might be hiding.

The amount of cream needed can vary depending on the size of the child, but typically, one ounce is sufficient for one application on a young child. The cream should be left on the skin for 8 to 12 hours, usually applied at bedtime and washed off in the morning. This duration allows the medication to work effectively against the mites.

After the treatment period, the cream should be washed off by bathing or showering. It is important to wash all linens, towels, and clothing that have been in contact with the infested skin to prevent re-infestation.

Following these detailed steps assures that the treatment is both safe and effective, minimizing the potential for skin irritation or other side effects, and maximizing the likelihood of eliminating the scabies mites completely. Always consult a healthcare provider for any questions or if re-treatment is necessary, as misuse or incorrect application can lead to treatment failure or re-infestation.

NEW QUESTION # 75

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