

# Nursing AANP-FNP Exam Dumps & AANP-FNP Reliable Source

## AANP FNP Exam Review with All Questions from Actual Past Exam and 100% Correct Answers Updated 2023-2024

Diagnostic criteria for generalized anxiety disorder include all of the following except: A. difficulty concentrating. B. consistent early morning wakening. C. apprehension. D. irritability. ----- Correct Answer ----- B

Associated with Weight gain Anticholinergic activity (blurred vision, dry mouth, memory loss, sweating, anxiety, postural hypotension, dizziness, and tachycardia) Constipation a problem, but infrequent nausea. Little sexual dysfunction ----- Correct Answer ----- Tricyclics

Highly sedating, dizziness, favorable gastrointestinal side-effect profile. Priapism risk found in 1 in 6000 men using drug. Patient should be informed to go to emergency department promptly for painful erection lasting >30 min ----- Correct Answer ----- Trazadone

T/F: when choosing an antidepressant the drug's half-life influences the therapeutic choice, with products with a shorter T1/2 being desirable in elderly patients and patients with hepatic disease. ----- Correct Answer ----- True

Which of the following drugs is likely to be the most dangerous when taken in overdose? A. a 4-week supply of fluoxetine B. a 2-week supply of nortriptyline C. a 3-week supply of venlafaxine D. a 3-day supply of diazepam ----- Correct Answer ----- B

Concomitant health problems found in a patient with panic disorder often include: A. irritable bowel syndrome. B. thought disorders. C. hypothyroidism. D. inflammatory bowel disease. ----- Correct Answer ----- A

In providing primary care for a patient with posttraumatic stress disorder (PTSD), you consider that all of the following are likely to be reported except: A. agoraphobia. B. feeling of detachment. C. hyperarousal. D. poor recall of the precipitating event. ----- Correct Answer ----- D

Among the preferred first-line pharmacological treatment options for patients with PTSD include the use of: A. methylphenidate (Ritalin®). B. oxazepam (Serax®). C. lithium carbonate. D. sertraline. ----- Correct Answer ----- D

Which of the following therapeutic agents is commonly used to help with sleep difficulties such as insomnia associated with PTSD? A. duloxetine B. bupropion C. mirtazapine D. zolpidem ----- Correct Answer ----- C

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q72-Q77):

## NEW QUESTION # 72

You have a patient with chronic asthma

a. At each follow-up visit with your patient you would determine which of the following?

- A. WBC count
- **B. PEFR**
- C. diet
- D. sleep patterns

**Answer: B**

Explanation:

For a patient with chronic asthma, regular follow-up visits are crucial for monitoring the patient's condition and managing the asthma effectively. Among the assessments that could be conducted during these visits, measuring the Peak Expiratory Flow Rate (PEFR) is notably significant. Here's why PEFR is the correct answer and why other options like diet, WBC count, or sleep patterns, though important in general health, are less critical in routine asthma follow-up assessments.

**\*\*PEFR (Peak Expiratory Flow Rate):** PEFR is a measure of how quickly a person can expel air from their lungs after a maximal inhalation, using a device called a peak flow meter. This measurement is particularly important in the management of asthma as it provides a quantitative assessment of the patient's lung function. Regular monitoring of PEFR can help in detecting early signs of worsening asthma control, even before symptoms become more severe. Changes in PEFR readings can indicate the need for adjustments in medication or other interventions. Consequently, assessing PEFR is a standard procedure in follow-up visits for asthma patients.

**\*\*Diet:** While diet is an essential aspect of overall health and can impact conditions like asthma (certain food allergies or sensitivities may trigger asthma symptoms), it is not routinely assessed in every follow-up visit unless specific dietary-related asthma triggers have been previously identified. The primary focus of asthma management is monitoring airway function and managing environmental and physical triggers.

**\*\*WBC Count:** A white blood cell (WBC) count is a measure of the immune cells in the blood and can indicate the presence of infection or inflammation. While systemic inflammation can be associated with asthma, routine WBC counts are not standard in asthma follow-up unless there is a specific clinical indication, such as suspicion of an infection which might exacerbate the asthma symptoms.

**\*\*Sleep Patterns:** Poor sleep quality can affect asthma control, as symptoms like coughing and difficulty breathing can worsen at night. However, like diet, sleep patterns are generally discussed in the context of assessing control and triggers rather than as a routine quantitative measure like PEFR. Sleep issues may be explored during patient discussions, especially if the patient reports symptoms like nocturnal asthma, but they are not typically a primary focus of follow-up visits unless there is a specific concern. In summary, during follow-up visits for a patient with chronic asthma, determining the PEFR is essential for directly assessing and managing the patient's respiratory function. While factors like diet, WBC count, and sleep patterns can influence asthma, they do not provide direct information about airway function and are not standard metrics for routine asthma management. Therefore, PEFR remains the most relevant and practical measure to assess at each follow-up visit.

## NEW QUESTION # 73

Janet is reviewing a patient's test results and determines he has hypothyroidism, which means the thyroid does what?

- A. Swells up in size.
- B. Produces too much thyroid hormone.
- **C. Does not produce enough thyroid hormone.**
- D. Shrinks in size.

**Answer: C**

Explanation:

Hypothyroidism is a condition where the thyroid gland, which is located in the neck and plays a crucial role in regulating metabolism, fails to produce sufficient amounts of thyroid hormone. This hormone is vital for various bodily functions, including managing metabolism, heart rate, and body temperature. When the thyroid does not produce enough of this hormone, it leads to the condition known as hypothyroidism.

The symptoms of hypothyroidism can vary widely depending on the severity of the hormone deficiency. Common symptoms include fatigue, unexplained weight gain, constipation, dry skin, hair loss, sensitivity to cold, and a slower heart rate. These symptoms occur because thyroid hormones are critical to energy production and consumption in the body, influencing how the body processes energy.

Hypothyroidism can be caused by several factors. One common cause is Hashimoto's thyroiditis, an autoimmune disorder where the body's immune system attacks the thyroid gland, impairing its ability to produce hormones. Other causes may include certain

medications, radiation therapy to the neck, surgical removal of part or all of the thyroid gland, and iodine deficiency. Diagnosis of hypothyroidism typically involves a review of symptoms, a physical examination, and blood tests to measure levels of thyroid-stimulating hormone (TSH) and thyroxine. Elevated TSH levels and low thyroxine levels in the blood are indicative of hypothyroidism. Treatment usually involves hormone replacement therapy, specifically with a synthetic thyroid hormone called levothyroxine, which helps to restore hormone levels and reverse the symptoms of the disorder.

It is important for individuals diagnosed with hypothyroidism to receive regular monitoring and follow-up care to ensure that the prescribed treatment is effectively managing the condition. Adjustments in the dosage of hormone replacement may be necessary over time based on periodic blood tests and symptom assessment. Proper management of hypothyroidism is crucial to maintaining a good quality of life and preventing potential complications such as heart problems and severe depression.

#### NEW QUESTION # 74

Of the following, which is NOT a Topical Antifungal that can be used to help treat skin rashes?

- A. Butenafine HCl 1%.
- B. **Griseofulvin.**
- C. Tolnaftate 1%.
- D. Ketoconazole 2%.

**Answer: B**

Explanation:

The question asks which of the listed medications is NOT a topical antifungal used to treat skin rashes. The options provided are Tolnaftate 1%, Griseofulvin, Butenafine HCl 1%, and Ketoconazole 2%. To answer the question, it is important to understand the difference between topical and systemic antifungal medications.

Topical antifungals are applied directly to the skin to treat localized fungal infections. They are typically used for conditions like athlete's foot, jock itch, and ringworm. Tolnaftate 1%, Butenafine HCl 1%, and Ketoconazole 2% all fall into this category.

Tolnaftate is known for its efficacy in treating athlete's foot and other similar conditions. Butenafine HCl is another topical agent effective against various dermatophytes and yeasts. Ketoconazole is a broad-spectrum antifungal that can be used topically for conditions like seborrheic dermatitis and more localized fungal infections.

On the other hand, Griseofulvin is a systemic antifungal. Unlike the topical treatments, systemic antifungals are taken orally and work from within the body to combat fungal infections. Griseofulvin is absorbed from the gut and then distributed via the bloodstream to fungal-infected areas of the skin, hair, and nails. It is typically used to treat more widespread or severe fungal infections that do not respond adequately to topical treatments.

Therefore, the correct answer to the question is Griseofulvin. It is not a topical antifungal but a systemic one, used for different types and severities of fungal infections compared to the topical options listed.

#### NEW QUESTION # 75

Which of the following parts of Medicare pays 80% of durable medical equipment such as wheelchairs and walkers?

- A. Part A
- B. **Part B**
- C. Medicare does not pay for durable medical equipment.
- D. Part D

**Answer: B**

Explanation:

The correct answer to the question of which part of Medicare pays 80% of durable medical equipment, such as wheelchairs and walkers, is Part B.

Medicare Part B is primarily responsible for covering outpatient medical services. This includes not only doctor visits and outpatient hospital services but also extends to cover necessary medical equipment. Durable medical equipment (DME) is classified under these provisions.

Medicare Part B's coverage of DME is designed to assist patients who require medical aids to perform daily activities or to manage their medical conditions. This category of equipment includes items like wheelchairs, walkers, hospital beds, and other medically necessary equipment that can be used in the home. It's important that the equipment must be prescribed by a doctor and deemed medically necessary for it to qualify under Part B.

Under Medicare Part B, once the deductible is met, Medicare typically pays for 80% of the approved amount for the durable medical equipment. The beneficiary is responsible for the remaining 20%. This cost-sharing measure ensures that the equipment is both accessible and affordable for those who need it.

It is crucial for beneficiaries to understand that not all equipment may be covered or may only be partially covered depending on specific Medicare rules. Additionally, the supplier of the equipment must be enrolled in Medicare and must meet strict standards to ensure that they are providing quality equipment and services.

In contrast, Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care, but it does not typically cover durable medical equipment. Part D of Medicare covers prescription drugs and certain supplies that are not covered under Part B, but it does not cover durable medical equipment either.

Therefore, when it comes to durable medical equipment like wheelchairs and walkers, Medicare Part B is the appropriate part under which these items are covered, generally paying 80% of the costs associated with the equipment.

#### **NEW QUESTION # 76**

A patient presents with emotional distress. What is the likely pulse rate?

- A. 0
- B. 1
- C. 2
- D. 3

#### **Answer: D**

Explanation:

When a person experiences emotional distress, such as anxiety, fear, or excitement, their sympathetic nervous system is stimulated. This system, part of the body's "fight or flight" response, triggers several physiological reactions, one of which is an increase in heart rate or pulse rate. This response is meant to prepare the body to either confront or flee from perceived threats.

The normal resting pulse rate for an adult ranges from about 60 to 100 beats per minute. Emotional distress can cause the pulse rate to rise towards the higher end of this spectrum or even exceed it, depending on the intensity of the emotion and the individual's physiological response. Therefore, a pulse rate of 100 beats per minute in a patient experiencing emotional distress is likely and indicates a significant increase from their normal resting rate.

This elevated pulse rate is not uncommon in situations of stress or emotional upheaval. It is part of the body's natural response mechanism to prepare for immediate physical action. However, sustained high pulse rates due to ongoing stress or emotional issues might require medical attention, as prolonged periods of elevated heart rate can put additional strain on the heart and overall cardiovascular system.

In a clinical setting, if a patient presents with a pulse rate of 100 and is experiencing emotional distress, healthcare providers would likely consider these factors interconnected. They might also explore other symptoms or underlying causes contributing to the patient's condition, and provide appropriate interventions to help manage both the emotional distress and its physiological effects.

#### **NEW QUESTION # 77**

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