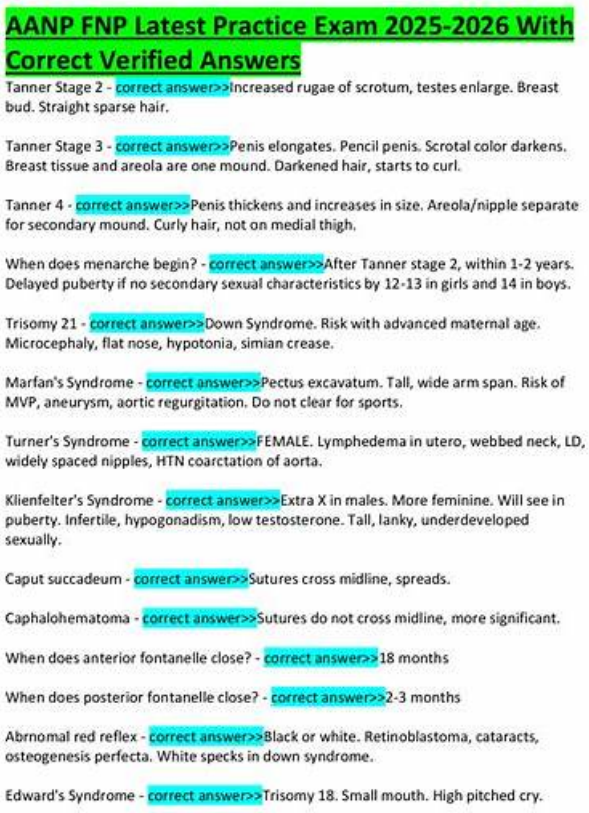
Quiz 2026 Nursing AANP-FNP Updated Free Braindumps



AANP FNP Latest Practice Exam 2025-2026 With Correct Verified Answers

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.

Klienfelter'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.

Caphalohematoma - 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

Abrnomal red reflex - correct answer>>Black or white. Retinoblastoma, cataracts, osteogenesis perfecta. White specks in down syndrome.

Edward's Syndrome - correct answer>>Trisomy 18. Small mouth. High pitched cry.

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q56-Q61):

NEW QUESTION # 56
When seeing a teenage patient, what is important to double check in the medical history?

- A. Immunizations.
- B. Height.
- C. Growth.
- D. Weight.

Answer: A

Explanation:
When seeing a teenage patient, it is critically important to double-check their immunization records as part of their medical history. Immunizations are a key aspect of preventive healthcare, particularly during the teenage years when booster shots are often required. One of the primary reasons to focus on immunizations during adolescence is that booster shots for many childhood vaccines are recommended approximately every 10 years. Common vaccines such as tetanus, diphtheria, and pertussis (Tdap) need updating to maintain immunity against these potentially dangerous diseases. Adolescence is also a crucial time for receiving the meningococcal vaccine, which protects against meningitis, and the human papillomavirus (HPV) vaccine, which helps prevent certain types of cancers.
Teen years are a period of significant physical, emotional, and social changes. Due to their increasing independence and social activities, teenagers are at a higher risk of exposure to infectious diseases. Ensuring that they are up-to-date with their vaccinations not only protects them but also helps in preventing the spread of diseases to others in schools, sports teams, and social gatherings. Medical professionals should carefully review a teenager's immunization record during medical consultations. This is crucial not only to catch up on any missed vaccinations but also to plan future vaccinations according to the recommended immunization schedule. The medical records should accurately reflect the patient's current immunization status and any upcoming vaccines that are due. Furthermore, verifying immunization records is not only a matter of individual health but also a public health imperative. It helps in maintaining herd immunity, thereby protecting those who are unable to receive certain vaccines due to medical conditions. This collective protection can significantly reduce the outbreaks of vaccine-preventable diseases.
In summary, checking the immunization status of teenage patients is an essential part of their health check-up. It ensures they are protected against specific diseases as their exposure increases and supports public health efforts in controlling preventable illnesses.

NEW QUESTION # 57
What is the lifetime risk to the average American man of having latent prostate cancer?

- A. 67%
- B. 3%
- C. 10%
- D. 40%

Answer: D

Explanation:
The correct answer is 40%. This means that 40% of American men are estimated to develop latent prostate cancer during their lifetimes. Latent prostate cancer refers to cancer that is present in the prostate gland but has not yet caused any symptoms or signs detectable by current medical exams and technologies. It is often found incidentally during autopsies or other medical procedures that are not specifically aimed at detecting prostate cancer.
Latent prostate cancer, although it exists in the body, might never progress to a more severe or clinically significant stage. Therefore, although 40% of men might have this form of cancer, only a fraction of them will experience health problems or require treatment. Specifically, the lifetime risk of developing clinically significant prostate cancer, which requires intervention due to symptoms or potential for health deterioration, is about 10%. This reflects the disparity between having the disease and the disease causing issues that necessitate medical attention.
Furthermore, the risk of dying from prostate cancer is approximately 3%. This statistic highlights the effectiveness of current diagnostic and treatment strategies which can manage the disease in a way that minimizes mortality. It is also indicative of the nature

of many prostate cancers, which can be slow-growing and less aggressive compared to other types of cancer.
These statistics emphasize the importance of regular medical check-ups and screenings, such as prostate-specific antigen (PSA) tests, which can help in early detection and management of prostate cancer. Early detection significantly increases the chances of successful treatment and management of prostate cancer, potentially reducing the progression from latent to more aggressive forms of the disease.

NEW QUESTION # 58
Of the following, which is NOT a Topical Antifungal that can be used to help treat skin rashes?

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

Answer: A

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 HCI 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 HCI 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 HCI 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 # 59
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. If the patient has type 2 diabetes mellitus with microalbuminuria.
- D. When the patient has hyperkalemia (serum potassium of greater than 5.5 mEq/L).

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 # 60
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. Phalen's maneuver
- B. Tinel's sign
- C. McMurray's test
- D. carpal compression maneuver

Answer: B

Explanation:
When assessing a 35-year-old female patient who is an administrative assistant and complains of wrist pain, it is prudent to test for carpal tunnel syndrome given her extensive use of computers at work. Carpal tunnel syndrome (CTS) is a condition caused by the compression of the median nerve as it travels through the carpal tunnel in the wrist. Symptoms often include pain, numbness, and tingling in the thumb, index, and middle fingers.
One of the clinical tests used to diagnose CTS is Tinel's sign. This test involves gently tapping (percussing) over the volar (palm side) surface of the wrist, directly over the course of the median nerve. If the tapping elicits tingling or a "pins and needles" sensation in the distribution of the median nerve through the fingers, the test is considered positive.
Tinel's sign is a useful clinical tool because it is simple to perform and does not require any specialized equipment. The sensitivity and specificity of Tinel's sign can vary, but generally, it is reported to have around a 50% accuracy rate. This means that the test is not definitive on its own but is helpful when used in conjunction with other diagnostic tools and clinical assessments.
It is important to differentiate Tinel's sign from other tests used for similar purposes. For example, Phalen's maneuver is another test for CTS that involves flexing the patient's wrists maximally and holding this position to see if it elicits symptoms. The carpal compression test involves applying direct pressure over the carpal tunnel and observing for symptoms. McMurray's test, on the other hand, is used to assess for meniscal tears in the knee, which is unrelated to wrist pathology.
Therefore, when you perform a tap at the volar surface of the wrist on a patient with suspected CTS, you are conducting Tinel's sign. Positive findings in Tinel's test, especially when corroborated with other tests and patient history, can support the diagnosis of carpal tunnel syndrome. This is vital for guiding further management and treatment strategies to alleviate the patient's symptoms and prevent further nerve damage.

NEW QUESTION # 61
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