

# AANP-FNP Test Guide - AANP Family Nurse Practitioner (AANP-FNP) Study Question & AANP-FNP Exam Questions



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## Consist of 150 Questions with Answers

1. A 40-year-old woman with type 2 diabetes presents to the clinic with concerns of spiking blood sugar between lunch and dinner. She states she is on a rapid-acting insulin sliding scale and long-acting insulin. Which change should be implemented to help prevent or curb this glycemic spike?

- A.  
Add a dose of mealtime insulin aspart (Novolog) at lunch
- B.  
Add insulin detemir (Levemir) at night
- C.  
Increase her insulin glargine (Lantus)
- D.  
Prescribe a dose of neutral protamine Hagedorn insulin with dinner

**Answer:** Add a dose of mealtime insulin aspart (Novolog) at lunch

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### Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q75-Q80):

#### NEW QUESTION # 75

A 13-year-old male patient has a bothersome wart on his index finger. You prescribed podoflox to be used for 4 - 6 weeks. The wart is not responding and, in fact, is interfering with hand and finger function. Which of the following would you recommend for this patient?

- A. salicylic acid plaster
- B. watch and wait
- C. steroid cream
- D. surgical excision

**Answer: D**

Explanation:

When treating warts, particularly in a young patient like the 13-year-old described, the initial approach often involves less invasive treatments. Podoflox is a common topical medication used for this purpose; however, it appears to be ineffective in this case as the wart has not responded after 4-6 weeks of treatment. Additionally, the wart is noted to be interfering with the function of the hand and finger, which escalates the need for more definitive treatment.

Among the options listed: - **Watch and wait** is generally not advisable here since the wart is already causing functional impairment. - **Steroid cream** is typically used to reduce inflammation and is not a standard treatment for warts. - **Salicylic acid plaster** is another common treatment for warts, but might not be strong enough given that the wart is unresponsive to previous treatment and is affecting hand function.

**Surgical excision** stands out as the most appropriate recommendation in this scenario. While surgical intervention is usually considered a last resort, it becomes necessary if the wart causes significant functional or cosmetic issues that do not resolve with standard therapies. The procedure involves cutting out the wart completely, which can provide a quicker resolution compared to other methods that might require prolonged treatment periods. This option would likely provide the most immediate relief from the symptoms being experienced by the patient and help restore the function of his finger.

In conclusion, given the described clinical situation where the wart is significantly affecting the patient's hand function and has not responded to initial less invasive treatments, surgical excision is recommended. This approach should be undertaken by a skilled practitioner to minimize any potential complications and ensure complete removal of the wart.

#### NEW QUESTION # 76

Your assessment of a patient reveals a speech disturbance in which the patient is unable to comprehend spoken words and phrases. This is known as which of the following?

- A. nonfluent aphasia
- B. fluent aphasia
- C. global aphasia
- D. Broca's aphasia

**Answer: B**

Explanation:

The correct answer to the assessment of a patient who reveals a speech disturbance characterized by an inability to comprehend spoken words and phrases is fluent aphasia, specifically linked to an issue in Wernicke's area of the brain. This condition is also known as Wernicke's aphasia.

Wernicke's aphasia arises from damage to the posterior section of the superior temporal gyrus in the brain, which is crucial for language comprehension. Patients with this type of aphasia typically produce speech that is fluent-grammatically correct with normal rate and intonation-but it often lacks meaning or is filled with nonsensical words and phrases. This is because while their ability to produce speech remains intact, their language comprehension abilities are impaired.

Additionally, individuals with Wernicke's aphasia may demonstrate difficulty in repeating phrases or naming objects, which is a

reflection of their inability to process language correctly. Despite producing fluent speech, they often do not understand spoken language directed at them and are unaware of their own errors in speech.

It is important to differentiate this from other types of aphasia such as Broca's aphasia, where patients typically have broken speech but retain better comprehension, or global aphasia where both production and understanding of language are severely affected. In clinical assessments, recognizing these differences aids in pinpointing the specific areas of brain damage and tailoring appropriate therapy and interventions for the patient.

#### NEW QUESTION # 77

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

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

**Answer: D**

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 # 78

If a patient has experienced a musculoskeletal trauma, the nurse practitioner should use the mnemonic RICE. Which of the following would the "C" in RICE stand for?

- A. Cellulitis
- B. Compression
- C. Control
- D. Circulate

**Answer: B**

Explanation:

The mnemonic RICE is a widely recommended first aid treatment for musculoskeletal injuries, such as sprains, strains, or bruises. It is a simple, easy-to-remember acronym that outlines the steps to manage acute injuries effectively. Each letter in the acronym RICE stands for a specific action that should be taken to minimize swelling, ease pain, and speed up the healing process. Here is an expanded explanation of each component:

**\*\*R - Rest:\*\*** The first step in treating an acute injury involves resting the injured area. This means avoiding any activities that cause pain, stress, or discomfort to the affected area. Rest helps to prevent further damage and allows the healing process to begin without interruption.

**\*\*I - Ice:\*\*** Applying ice to the injured area is a critical step. Ice helps to reduce swelling, inflammation, and pain. It is most effective when applied as soon as possible after the injury occurs. Typically, ice should be applied for about 15-20 minutes every hour, as

long as the swelling continues. Care should be taken to wrap the ice in a cloth or use a cold pack to avoid direct contact with the skin, which can cause frostbite.

**\*\*C - Compression:\*\*** Compression involves wrapping the injured area with an elastic medical bandage. This helps reduce swelling by limiting fluid accumulation and edema at the site of the injury. It is important to ensure that the bandage is wrapped snugly but not too tightly, as excessive compression can impede circulation and worsen the injury.

**\*\*E - Elevation:\*\*** Elevating the injured area above the level of the heart helps reduce swelling by facilitating venous return and decreasing fluid accumulation. Elevation is most effective when combined with the other elements of the RICE protocol. For example, if the injured area is an ankle, the patient can lie down and prop the leg up on pillows.

In the context of the question provided, the correct answer is "Compression." The "C" in RICE stands for Compression, which is a crucial step in managing musculoskeletal traumas. Compression helps to control swelling and stabilize the injured area, both of which are vital for effective healing. By understanding and applying the RICE protocol, nurse practitioners and other healthcare providers can offer immediate and effective first aid that can significantly impact the recovery process of their patients.

### NEW QUESTION # 79

Louise is a 75-year-old patient who has been having regular Pap smears throughout her adult life. All of her Pap smears have been normal. She asks you whether she needs to keep having this test every year. Which of the following replies would be appropriate?

- A. If you are still sexually active a Pap smear is necessary every year.
- B. After age 70 having a Pap smear every 2 - 3 years is the norm.
- C. All women must have a Pap smear annually.
- **D. Since you have never had abnormal results a Pap smear is no longer necessary.**

**Answer: D**

Explanation:

The appropriate response to Louise's question about whether she needs to continue having annual Pap smears would be based on the guidelines provided by the American College of Obstetricians and Gynecologists (ACOG). According to ACOG, a woman may stop having Pap smears after age 65 if she has had three consecutive normal results and no abnormal results in the past 10 years, provided there are no other risk factors present that might necessitate continued screening. This guideline takes into account a history of normal Pap smear results and the decreased likelihood of developing new HPV infections (which are largely responsible for changes that can lead to cervical cancer) as a woman ages.

In Louise's case, since she is 75 years old and has had consistently normal Pap smear results throughout her adult life, and assuming no other high-risk conditions are present, it would be reasonable to consider discontinuing further Pap smears. This advice aligns with ACOG's recommendation and reflects a standard approach to managing the health care of older women who are at low risk for cervical cancer. It is important to individualize care based on the patient's overall health, history, and risk factors. Additionally, this approach can help in avoiding unnecessary procedures and potential complications that might arise from them in older adults. The other potential responses that suggest continuing annual Pap smears regardless of past results, or changing the frequency to every 2-3 years after age 70, do not align as closely with the current expert recommendations. These responses may lead to unnecessary testing, which can cause undue stress, discomfort, and potential harm without providing significant benefits. Moreover, the suggestion that a Pap smear is necessary every year if a woman is still sexually active does not align with ACOG guidelines, which do not base the cessation of Pap smears on sexual activity but rather on age and previous Pap smear results combined with risk factors.

Thus, the most accurate and relevant response for Louise would be to inform her that, based on her age and history of normal Pap smear results, and in the absence of other complicating factors, she may no longer need to continue with routine Pap smears. It is always important to discuss such decisions in the context of a comprehensive health evaluation and consider any other individual factors that might influence screening recommendations.

### NEW QUESTION # 80

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