

First-hand Nursing Free AANP-FNP Exam - Test Certification AANP Family Nurse Practitioner (AANP-FNP) Cost

AANP FNP certification Exam with 100% Correct answers 2024/2025 VERIFIED

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

Causes of tachycardia - Correct Answer-Fever
Anemia
Hypotension

Cranial nerves responsible for extraocular eye movements - Correct Answer-CN 3,4,6

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions

(Q75-Q80):

NEW QUESTION # 75

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

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

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

There are signs of jaundice in the newborn that you are examining. What will you use to determine the approximate level of jaundice in this newborn?

- **A. Kramer's rule**
- B. George's rule
- C. White's rule
- D. Azabo's rule

Answer: A

Explanation:

To determine the approximate level of jaundice in a newborn, Kramer's rule is commonly used. This method provides an estimation of bilirubin levels based on the extent of yellow discoloration observed in different parts of the infant's body.

Kramer's rule involves visually inspecting the newborn's skin and correlating the level of jaundice based on the anatomic progression of skin yellowing. The examination should be conducted in natural light, which provides the most accurate assessment of skin color.

To perform the evaluation, a healthcare provider presses on the skin to blanch it and then observes the color as the skin returns to its normal state. This blanching technique helps differentiate the yellow color of the skin caused by jaundice from the underlying skin pigmentation.

The progression of jaundice according to Kramer's rule is typically graded as follows: - Grade 1: Yellowing of the skin appears only on the face, particularly the forehead and nose. - Grade 2: The yellow color extends down to the chest and abdomen. - Grade 3: Jaundice is visible on the arms and thighs. - Grade 4: The lower extremities (legs and feet) also show yellow discoloration.

Each grade corresponds to higher levels of bilirubin in the bloodstream, with the extent of body involvement suggesting more severe jaundice. For example, if jaundice is observed only on the face (Grade 1), it suggests a lower level of bilirubin compared to jaundice that has progressed to the legs and feet (Grade 4).

It is important to note that while Kramer's rule provides a quick and non-invasive way to estimate the severity of jaundice, it is not

definitive. For accurate measurement of bilirubin levels, laboratory tests such as a serum bilirubin test are necessary. Moreover, in cases where the clinical assessment and the severity of jaundice are uncertain, or if the newborn shows signs of illness, further diagnostic evaluation and intervention may be required.

NEW QUESTION # 77

In counseling a young mother about sleeping habits for toddlers, which of the following statements is true?

- A. A toddler no longer needs rituals before bedtime.
- **B. Toddlers need security objects like a stuffed animal to sleep.**
- C. One to 3-year-old children usually sleep 8 hours at night and no longer take naps.
- D. A toddler is too young to have nightmares.

Answer: B

Explanation:

The correct statement about sleeping habits for toddlers is that a child of one to three years old usually sleeps between 10 to 12 hours a night and may take one to two naps during the day. Additionally, toddlers benefit from having consistent bedtime rituals and might require security objects to help them sleep.

Toddlers, in the age range of one to three years, typically require more sleep than adults. The recommendation for this age group is roughly 10 to 12 hours of nighttime sleep. This duration is crucial for their development, both mentally and physically. During sleep, children's brains process the learning and experiences of the day, which is essential for memory formation and cognitive development.

Naps are also an important aspect of a toddler's sleeping routine. Most toddlers will need one to two naps during the day. These naps help them recharge and maintain proper mood and alertness levels, preventing over-tiredness which can often lead to fussiness or hyperactivity. As the child grows older, the length and frequency of naps may decrease.

Bedtime rituals and consistency play a significant role in helping toddlers establish good sleep habits. Rituals such as reading a book, taking a bath, or listening to calm music before bed can significantly aid in the transition from wakefulness to sleep. These activities help signal to the child that bedtime is approaching, creating a smoother and less stressful end to the day.

Security objects, like a favorite stuffed animal or a blanket, can also be beneficial. They provide comfort and a sense of safety, which can make it easier for the child to fall asleep. This is particularly important because toddlers often start to experience separation anxiety or may have fears about being alone.

Contrary to one of the statements presented, toddlers can indeed have nightmares. Nightmares are common and can start to occur as a child's imagination develops. Comforting the child and having a security object can help them feel safer and more secure if they wake up scared.

Lastly, it is not accurate to say that toddlers no longer need rituals before bedtime. Maintaining a consistent bedtime routine is essential for toddlers as it helps establish a predictable sleeping pattern, which is important for overall health and well-being.

Therefore, when counseling a young mother about her toddler's sleeping habits, it is important to emphasize the need for adequate nighttime sleep, regular naps, consistent bedtime rituals, and the potential benefits of security objects. These elements together foster a conducive sleep environment, crucial for the toddler's growth and development.

NEW QUESTION # 78

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- **A. Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.**
- B. Ask the patient if he is adhering to the recommended diet.
- C. Make sure that the patient is taking the medication properly.
- D. Immediately notify his health care provider that the medication has not been effective.

Answer: A

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may

take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals. Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

NEW QUESTION # 79

A 68 year old male patient is dehydrated with nausea and vomiting. The abdominal pain radiates to the back. He has a normal diet and family support. What is the best differential diagnosis?

- A. Diverticulitis.
- B. Large bowel obstruction.
- C. Pancreatitis.
- D. Peptic ulcer disease.

Answer: C

Explanation:

Peptic ulcer disease is one potential diagnosis for a patient with abdominal pain, nausea, and vomiting. However, the typical presentation often includes localized pain in the upper abdomen without radiation to the back. The symptoms can be worsened by meals, and alleviated by antacids, which does not fully align with the patient's symptoms as described.

Pancreatitis is another possible diagnosis, particularly fitting in this case due to the age of the patient and the nature of the symptoms. Pancreatitis often presents with severe pain that radiates to the back, coupled with nausea and vomiting. The fact that the patient's diet is normal and not a contributing factor, along with the reported dehydration, supports the likelihood of pancreatitis. Pancreatitis can be caused by gallstones, alcohol use, and other medical conditions, but it can also occur idiopathically, particularly in older adults.

Diverticulitis typically presents with pain in the lower left quadrant of the abdomen, occasionally accompanied by nausea and a change in bowel habits, but less commonly with vomiting and back pain. The patient's symptoms do not strongly suggest diverticulitis, particularly in the absence of changes in bowel habits or localized left-sided pain.

Large bowel obstruction could present with abdominal pain, nausea, and vomiting, but would more likely also involve changes in bowel movements, such as inability to pass gas or stools, and abdominal distension. The description of pain radiating to the back is less characteristic for large bowel obstruction.

Given the age of the patient, the symptomatology of severe pain radiating to the back, and the associated nausea and vomiting without specific dietary triggers, pancreatitis emerges as the most likely diagnosis. It is important to consider this condition seriously due to the potential complications and the need for prompt treatment to manage symptoms and prevent further damage to the pancreas. Further diagnostic tests such as serum amylase and lipase, and imaging studies like abdominal ultrasound or CT scan, would be warranted to confirm the diagnosis and assess the severity of the condition.

NEW QUESTION # 80

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