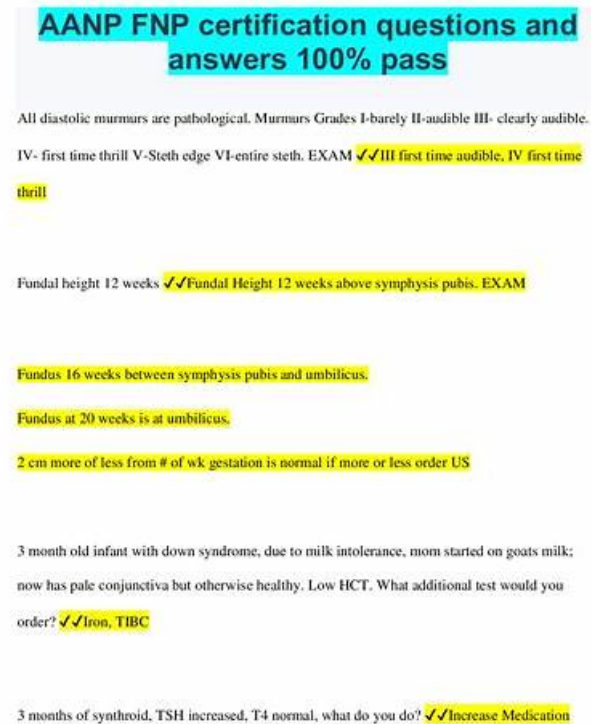


# 素敵なAANP-FNP過去問題 &合格スムーズAANP-FNP試験 |有効的なAANP-FNP合格率書籍



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>> AANP-FNP過去問題 <<

## AANP-FNP試験 & AANP-FNP合格率書籍

同じ目的を達成するためにいろいろな方法があって、多くの人がいい仕事とすばらしい生活を人生の目的にしています。JPNTestが提供した研修ツールはNursingのAANP-FNPの認定試験に向けて学習資料やシミュレーション訓練宿題で、重要なのは試験に近い練習問題と解答を提供いたします。JPNTestを選べれば短時間にITの知識を身につけることができ、高い点数をとられます。

## Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試験問題 (Q86-Q91):

### 質問 # 86

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. White's rule
- C. Azabo's rule
- D. George's rule

正解: A

解説:

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.

### 質問 # 87

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. absent cremasteric reflex
- B. low-riding testis
- C. testis swelling
- D. nausea/vomiting

正解: B

解説:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows:

**\*\*Testis Swelling:\*\*** Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

**\*\*High-Riding Testis:\*\*** Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

**\*\*Nausea/Vomiting:\*\*** These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

**\*\*Absent Cremasteric Reflex:\*\*** The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a **\*\*Low-Riding Testis\*\*** is not part of the TWIST scoring system. This condition typically does not correlate with the

clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

#### 質問 # 88

As an FNP you would recognize that your patient with herpangina should be treated for as long as he or she is symptomatic. How long would you expect the course of this disease would be?

- A. within one month
- **B. 3 - 5 days**
- C. 10 days
- D. 2 - 3 weeks

正解: B

解説:

Herpangina is typically a self-limiting disease, characterized primarily by small, painful ulcers and sores (lesions) in the mouth. These symptoms are often accompanied by fever, a sore throat, and sometimes a runny nose or cough, collectively known as coryza. As an acute viral illness, herpangina is most commonly caused by Coxsackievirus A, a type of enterovirus. The virus spreads primarily through contact with respiratory droplets or the fecal-oral route, making it more prevalent among young children, who are less likely to maintain good hygiene.

The typical duration for herpangina is relatively short. Symptoms generally appear suddenly and can be quite severe, but they resolve quickly, usually within 3 to 5 days. This rapid resolution of symptoms is due to the body's immune response effectively combating the virus. During this period, supportive care is essential to help manage symptoms and ensure hydration, especially since painful mouth sores can make eating and drinking uncomfortable.

Treatment for herpangina focuses primarily on symptom relief. This can include the use of over-the-counter pain relievers such as acetaminophen or ibuprofen to reduce fever and alleviate pain. Additionally, mouthwashes or sprays that numb pain can help relieve the discomfort caused by mouth ulcers. It is important for caregivers to monitor fluid intake to prevent dehydration. Since herpangina is caused by a virus, antibiotics are not effective and are not prescribed.

The expected course of herpangina being 3 to 5 days is typical for uncomplicated cases. However, it is crucial for healthcare providers, including FNPs (Family Nurse Practitioners), to educate patients and caregivers about the signs of potential complications, such as dehydration or more severe infections, which could extend the duration of the illness or require more intensive medical care. Regular follow-up during the period of illness can help ensure that the patient is recovering as expected and maintaining adequate hydration and nutrition.

#### 質問 # 89

Leukocytosis is a high white blood cell count which indicates an increase in disease-fighting cells in the blood. Which of the following should be done for diagnostic tests and interpretation?

- A. oil emersion light microscopy
- **B. cell count and differential**
- C. percutaneous needle aspiration
- D. Tzanck smear

正解: B

解説:

Leukocytosis is characterized by an abnormal increase in the number of white blood cells (WBCs) in the blood, primarily as a response to infection, inflammation, or other stimuli that engage the body's immune response. To diagnose and interpret the causes and nature of leukocytosis, several diagnostic tests can be performed:

**\*\*Cell Count and Differential:\*\*** This is a fundamental test in the evaluation of leukocytosis. A complete blood count (CBC) provides the total number of white blood cells. The differential count, which is part of the CBC, breaks down the total count into the percentages of different types of white blood cells (neutrophils, lymphocytes, monocytes, eosinophils, and basophils). Each of these cell types plays a different role in the immune response and their relative proportions can indicate specific types of infections or conditions. For example, an increase in neutrophils often suggests a bacterial infection, whereas elevated lymphocytes may indicate a viral infection.

**\*\*Percutaneous Needle Aspiration:\*\*** Although not a standard test for the direct assessment of leukocytosis, percutaneous needle aspiration can be used to collect samples from specific areas of inflammation or infection. Analyzing these samples can help identify the underlying cause of localized leukocytosis.

**\*\*Tzanck Smear:\*\*** This test is specifically useful for diagnosing infections caused by herpes viruses. It involves scraping cells from a lesion and examining them under a microscope. While it doesn't directly evaluate leukocytosis, it can help determine if a herpetic infection is the cause of an increased white blood cell count.

**\*\*Oil Immersion Light Microscopy:\*\*** This technique involves using a microscope with an oil immersion lens to achieve a higher resolution image of blood cells. It is particularly useful for identifying fine morphological details of cells that might indicate specific types of blood disorders or infections contributing to leukocytosis. The normal ratio of one band cell (an immature neutrophil) for every ten neutrophils in circulation is a useful benchmark in the differential diagnosis. A higher ratio of band cells (a condition known as "left shift") can indicate an active infection or inflammation, prompting further investigation. In summary, the combination of a complete blood count with a differential, along with targeted diagnostic tests like percutaneous needle aspiration or a Tzanck smear, depending on the clinical context, is crucial for accurately diagnosing the cause of leukocytosis and guiding appropriate treatment strategies.

#### 質問 # 90

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Trandolapril
- B. Lisinopril
- C. Enalapril
- D. Torsemide

正解: D

解説:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension (high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease, or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

#### 質問 # 91

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**AANP-FNP試験:** <https://www.jpntest.com/shiken/AANP-FNP-mondaishu>

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