

Cert AANP-FNP Guide & AANP-FNP Valid Dumps Questions

AANP FNP Certification Exam Study Guide (2022/2023) (Verified Answers)

Cranial nerves responsible for extraocular movements? ✓✓a, 2, 3, 6?

b, 3, 4, 6?

Patient with hx of hypertension and stroke, now having memory loss and confusion - indicates what? ✓✓a, Alzheimer's

b, Vascular Dementia?

CAGE acronym ✓✓?

Treatment for chronic alcoholism? ✓✓?

Frail elderly mammogram breast tissue? ✓✓?

Patient has Barrett's esophagus, insurance no longer covers gastroenterologist who was treating condition, patient at the FNP office, wanting a prescription for medication... What should the FNP do? ✓✓a, Refer to oncologist?

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q41-Q46):

NEW QUESTION # 41

Your 32-year-old male patient tells you that he has been experiencing headaches that wake him up at night. He tells you that they are very painful and that the pain originates from behind his eye. He says that they usually last about an hour. These symptoms are most consistent with which of the following types of headache?

- A. migraine with aura
- B. tension headache
- C. migraine without aura
- D. cluster headache

Answer: D

Explanation:

The symptoms described by the 32-year-old male patient are most consistent with a cluster headache. Cluster headaches are characterized by sudden, severe pain that typically occurs around or behind one eye. The pain of a cluster headache is often described as sharp or burning and can be extremely intense. These headaches are known for their pattern of occurring in clusters, meaning they can happen several times a day for weeks or even months before remitting.

Cluster headaches commonly awaken individuals from sleep, which aligns with the patient's experience of headaches waking him up at night. The duration of these headaches, typically lasting from 15 minutes to 3 hours, also supports the diagnosis of a cluster headache, given the patient's headaches last about an hour.

Additionally, cluster headaches are more prevalent in males, particularly in their late 20s to early 40s, which fits the demographic of the patient in question. Accompanying symptoms often include one or more of the following: lacrimation (tearing of the eye), rhinorrhea (runny nose), ptosis (drooping of the eyelid), conjunctival injection (redness of the eye), and facial sweating. These symptoms usually occur on the same side as the headache pain.

In contrast, other types of headaches like migraines or tension headaches present differently. Migraines often include symptoms such as nausea, vomiting, and sensitivity to light and sound, and may or may not be preceded by an aura. Tension headaches are usually characterized by a dull, constant pain that feels like a tight band around the head, not the sharp, piercing pain localized to the eye as seen in cluster headaches.

Given the specific symptoms reported by the patient-severe pain behind the eye, the timing of the headaches, and their duration-a diagnosis of cluster headache is most consistent with the clinical presentation. This condition would be best managed with specific treatments that can help prevent the headaches or minimize their severity and frequency, alongside acute treatments to relieve pain when a headache does occur. It is advisable for the patient to consult with a healthcare provider to confirm the diagnosis and discuss appropriate management strategies.

NEW QUESTION # 42

What is the lifetime risk to the average American man of having latent prostate cancer?

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

Answer: C

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 # 43

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

Answer: A

NEW QUESTION # 44

Which of the following statements about calcium channel blockers (CCBs) is incorrect?

- A. Bradycardia is a contraindication to the use of CCBs.
- B. CCBs depress heart muscle and the AV node.
- C. Enalapril is the most commonly used CCB.
- D. Amlodipine is a CCB drug.

Answer: C

Explanation:

The question provided asks to identify an incorrect statement about calcium channel blockers (CCBs). The statement that "Enalapril is the most commonly used CCB" is incorrect because Enalapril is not a calcium channel blocker; it is an ACE (Angiotensin-Converting Enzyme) inhibitor. ACE inhibitors are a class of medication used primarily for the treatment of hypertension and congestive heart failure. They work by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor, thereby lowering blood pressure.

Calcium channel blockers, on the other hand, function by blocking voltage-gated calcium channels in the heart and blood vessels. By inhibiting these channels, CCBs reduce the influx of calcium ions during the cardiac action potential. This leads to a decrease in cardiac contractility and conductivity, particularly in the atrioventricular (AV) node, and causes vasodilation of the peripheral arterioles. The overall effect is a reduction in heart rate and a lowering of peripheral vascular resistance (PVR), which helps in reducing blood pressure. Examples of commonly used CCBs include amlodipine, verapamil, and diltiazem.

Given the mechanisms and the specific targets of these drugs within the cardiovascular system, it is clear that enalapril, being an ACE inhibitor, does not share the same mechanism of action as CCBs. Therefore, stating that enalapril is a CCB is factually incorrect. This highlights the importance of correctly understanding and categorizing cardiovascular medications due to their differing impacts on the heart and circulatory system.

NEW QUESTION # 45

If you are doing a well-baby check on a 24-month-old child, which of the following observations would concern you?

- A. cannot seat herself in a chair
- B. uses pronouns
- C. speaks in two-word sentence
- D. jumps with both feet

Answer: A

Explanation:

When assessing the development of a 24-month-old child during a well-baby check, healthcare providers use various developmental milestones as benchmarks to evaluate the child's growth and development. These milestones cover various domains, including motor

skills, language and communication, cognitive abilities, and social skills.

Among the observations listed: 1. ****Speaks in two-word sentences**** - This is a typical developmental milestone for a 24-month-old. By this age, children are expected to start combining words to form simple sentences. This ability reflects appropriate development in language and communication skills. 2. ****Cannot seat herself in a chair**** - This observation is concerning. By the age of 24 months, children are generally expected to have developed sufficient gross motor skills and coordination to seat themselves in a chair without assistance. The ability to do so typically develops between 15 and 20 months. If a child cannot perform this task by 24 months, it may indicate a delay in motor development or other developmental issues. 3. ****Jumps with both feet**** - This is another milestone that aligns well with what is expected at this age. Being able to jump with both feet shows that the child has good motor coordination and strength. 4. ****Uses pronouns**** - The use of pronouns (like "me," "you," "it") by a 24-month-old child is a positive sign of language development. It indicates that the child is beginning to understand and use language to express relationships between themselves and others or objects.

Based on these observations, the one that would be of concern during a well-baby check for a 24-month-old child is the inability to seat herself in a chair. This could potentially signal a delay in gross motor skills, which might require further evaluation or intervention. Such interventions might include physical therapy to enhance motor skills or a more detailed assessment to understand the underlying causes of the delayed motor development. Early identification of such issues is crucial to provide timely support and interventions, which can significantly improve outcomes for the child.

NEW QUESTION # 46

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