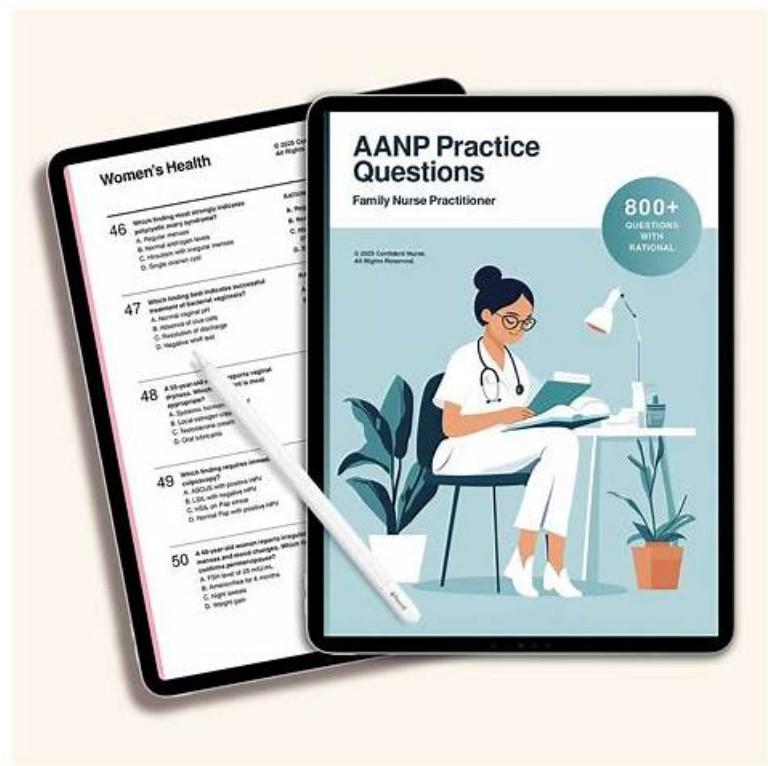


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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q75-Q80):

NEW QUESTION # 75

A disease characterized by high fever, truncal and perineal area rash, and dry cracked lips with a strawberry tongue is known as:

- A. Scarlet Fever
- B. Fifth disease
- C. Varicella
- D. Kawasaki disease

Answer: D

Explanation:

Kawasaki disease, correctly identified in the question, is a multisystem inflammatory condition that predominantly affects children under the age of five. The hallmark features of this disease include a persistent high fever lasting more than five days, a rash in the truncal and perineal areas, and mucosal inflammation, which manifests as dry, cracked lips and a strawberry-colored tongue. These symptoms are critical for the diagnosis of Kawasaki disease, particularly in the absence of other more common childhood illnesses that present with similar symptoms.

Additional clinical signs of Kawasaki disease include erythema of the palms and soles followed by peeling, swollen lymph nodes, typically a single, large, cervical node, and non-purulent conjunctivitis. These symptoms help differentiate Kawasaki disease from other diseases with somewhat similar presentations. The etiology of Kawasaki disease remains unknown, but it is considered an autoimmune disorder triggered by an infectious agent in genetically predisposed individuals.

Scarlet Fever, another disease option mentioned, is caused by *Streptococcus pyogenes*. While it also features fever and a rash, the rash of Scarlet Fever typically starts as small red bumps on the neck and groin before spreading to the body, and is often accompanied by a sore throat and a characteristic "sandpaper" texture of the skin. Strawberry tongue can also occur in Scarlet Fever, but the presence of a sore throat, the nature of the rash, and the absence of conjunctivitis are distinguishing features from Kawasaki disease.

Varicella, commonly known as chickenpox, presents with a vesicular rash that progresses through stages (papule, vesicle, crust) and is generally more widespread and itchy, which is not characteristic of Kawasaki disease. Finally, Fifth disease, caused by *Parvovirus B19*, is notable for causing a "slapped cheek" appearance on the face and a lacy rash on the body, which are not features of Kawasaki disease.

Understanding these distinguishing features is crucial in clinical practice to ensure accurate diagnosis and management. Kawasaki disease, in particular, requires prompt treatment with intravenous immunoglobulin and aspirin to reduce the risk of coronary artery aneurysms, a serious complication of the disease. Thus, differentiating it from other childhood rashes and infections using the specific clinical criteria is imperative for effective treatment and prevention of complications.

NEW QUESTION # 76

If movement is going toward the body it would be considered _____?

- A. Distal
- B. **Adduction**
- C. Abduction
- D. Proximal

Answer: B

Explanation:

The question refers to a specific type of movement relative to the midline of the body. In anatomical terms, movements that bring a limb or other part closer to the sagittal plane (the plane that divides the body into left and right halves) are classified as adduction. Therefore, if the movement is going toward the body, it is considered **adduction**.

Adduction is often confused with **abduction**, which is essentially the opposite. Abduction is the movement that takes a limb or other part away from the midline of the body. For example, raising your arms sideways away from your body is an abduction movement.

To further clarify, these terms are also relative to other anatomical directional terms such as **distal** and **proximal**.

Distal refers to a body part that is further away from the center of the body (or from the point of attachment of a limb to the body), whereas **proximal** refers to a body part that is closer to the center of the body (or to the point of attachment).

Therefore, in the context of your original question, if movement is going toward the body, it is definitively termed as **adduction**. This terminology helps in understanding movement patterns, especially in fields like anatomy, physical therapy, and sports science.

NEW QUESTION # 77

Your 62-year-old female patient was diagnosed with subscapular bursitis. The most likely cause of this is that she works on an

assembly line using a repeated back-and-forth motion. You are using several conservative measures to treat this but after 6 weeks, results are minimal. What is your next step for this patient?

- A. antimicrobial therapy
- B. **intrabursal corticosteroid injection**
- C. appropriate exercise
- D. massage

Answer: B

Explanation:

The recommended next step for a 62-year-old female patient diagnosed with subscapular bursitis, especially after conservative measures such as physiotherapy, rest, and NSAIDs have shown minimal improvement, is an intrabursal corticosteroid injection. Subscapular bursitis involves inflammation of the bursa located beneath the scapula. This condition is commonly seen in individuals who perform repetitive activities, such as working on an assembly line with repeated back-and-forth motions.

Intrabursal corticosteroid injections are commonly used when conservative treatments fail to provide relief. Corticosteroids are potent anti-inflammatory agents that can effectively reduce inflammation and pain within the bursa. The injection is administered directly into the bursa to maximize its effectiveness while minimizing systemic side effects.

It is essential to inform the patient about the potential side effects and complications associated with corticosteroid injections.

Commonly, patients may experience soreness and discomfort at the injection site for a few days. Although less common, there are risks of tissue atrophy and severe inflammatory reactions at the injection site. These side effects are rare but should be discussed so that the patient can make an informed decision.

Following the injection, the patient should be monitored for improvement and any adverse reactions. If symptoms persist or worsen, further diagnostic evaluation may be necessary to reassess the condition and consider alternative treatments or interventions.

Additionally, modifying the patient's work environment and activities to reduce repetitive strain on the affected area can help prevent recurrence of the condition.

NEW QUESTION # 78

In terms of the scope of practice for an NP, which of the following statements is incorrect?

- A. **Scope of practice is always defined by state statutes enacted by the state legislature.**
- B. General scope of practice is specified in many published professional documents.
- C. The scope of practice defines a specific legal scope determined by state statutes, boards of nursing, educational preparation and common practice within a community.
- D. Prescriptive authority is recognized as within the scope of practice for nurse practitioners in all 50 states.

Answer: A

Explanation:

To answer the question about which statement is incorrect regarding the scope of practice for nurse practitioners (NPs), it's important to first understand what "scope of practice" generally entails and how it is determined.

The scope of practice for NPs includes all the activities and services that NPs are educated and authorized to perform, based on their professional licensure. This scope is influenced by several factors including state laws, educational background, the needs of the community, and the policies of healthcare providers.

The incorrect statement among those provided is: "Scope of practice is always defined by state statutes enacted by the state legislature." This statement is incorrect because the determination of scope of practice is not solely the jurisdiction of state statutes. While it is true that in some states, the scope of practice for NPs is directly defined by state statutes, in others, the state legislature delegates the authority to define and regulate the scope of practice to the state's board of nursing or other regulatory bodies.

Therefore, the scope of practice can vary significantly from state to state based not only on laws passed by the state legislature but also on regulations established by the state's board of nursing. These boards may have the authority to interpret and implement the statutes, and they may issue additional guidelines that affect practice.

Additionally, other factors also influence the scope of practice, such as national certification, the policies of healthcare institutions where NPs are employed, and the specific needs and conditions of the community served. Professional organizations also publish documents that provide guidelines and consensus statements about the general scope of practice and standards of care, which further guide practice but do not have the force of law.

In summary, while state statutes are indeed a critical component in defining the scope of practice for NPs, they are not the sole determinants. The scope of practice is also shaped by regulatory boards, professional standards, and local healthcare needs, making the statement that it is always defined by state statutes incorrect.

NEW QUESTION # 79

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. cluster headache**
- D. migraine without aura

Answer: C

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 # 80

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