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____ 1. What is the most influential factor that has shaped the nursing profession?

- 1)
Physicians need for handmaidens
- 2)
Societal need for healthcare outside the home
- 3)
Military demand for nurses in the field
- 4)
Germ theory influence on sanitation - ✓✓3

____ 2. Which of the following is an example of an illness prevention activity? Select all that apply.

- 1)
Encouraging the use of a food diary
- 2)
Joining a cancer support group
- 3)
Administering immunization for HPV
- 4)
Teaching a diabetic patient about his diet - ✓✓3
- food diary- health promotion activity

____ 3. Which of the following contributions of Florence Nightingale had an immediate impact on improving patients health?

- 1)

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

(Q23-Q28):

NEW QUESTION # 23

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

Answer: D

Explanation:

When assessing a 35-year-old female patient who is an administrative assistant and complains of wrist pain, it is prudent to test for carpal tunnel syndrome given her extensive use of computers at work. Carpal tunnel syndrome (CTS) is a condition caused by the compression of the median nerve as it travels through the carpal tunnel in the wrist. Symptoms often include pain, numbness, and tingling in the thumb, index, and middle fingers.

One of the clinical tests used to diagnose CTS is Tinel's sign. This test involves gently tapping (percussing) over the volar (palm side) surface of the wrist, directly over the course of the median nerve. If the tapping elicits tingling or a "pins and needles" sensation in the distribution of the median nerve through the fingers, the test is considered positive.

Tinel's sign is a useful clinical tool because it is simple to perform and does not require any specialized equipment. The sensitivity and specificity of Tinel's sign can vary, but generally, it is reported to have around a 50% accuracy rate. This means that the test is not definitive on its own but is helpful when used in conjunction with other diagnostic tools and clinical assessments.

It is important to differentiate Tinel's sign from other tests used for similar purposes. For example, Phalen's maneuver is another test for CTS that involves flexing the patient's wrists maximally and holding this position to see if it elicits symptoms. The carpal compression test involves applying direct pressure over the carpal tunnel and observing for symptoms. McMurray's test, on the other hand, is used to assess for meniscal tears in the knee, which is unrelated to wrist pathology.

Therefore, when you perform a tap at the volar surface of the wrist on a patient with suspected CTS, you are conducting Tinel's sign. Positive findings in Tinel's test, especially when corroborated with other tests and patient history, can support the diagnosis of carpal tunnel syndrome. This is vital for guiding further management and treatment strategies to alleviate the patient's symptoms and prevent further nerve damage.

NEW QUESTION # 24

A 70-year-old male patient has a cough, shortness of breath, fatigue, and pleuritic chest pain. Your initial impression is pneumonia, and your auscultation of the chest seems to confirm this diagnosis. On auscultation, a patient with pneumonia will have all but which of the following lung sounds?

- A. abnormal breath sounds
- B. crackles
- C. dullness to percussion
- **D. clear lung sounds except for scattered rhonchi**

Answer: D

Explanation:

When diagnosing conditions like pneumonia, healthcare professionals rely heavily on the physical examination, particularly auscultation, where they listen to the sounds made by the lungs. In pneumonia, typical findings on auscultation can include a variety of abnormal lung sounds. Let's explore the lung sounds mentioned in the question and understand why one of them is less likely to be associated with pneumonia.

****Crackles****: These are short, discontinuous sounds heard during inspiration. Crackles, which are often described as sounding like hair being rubbed between fingers, occur when air opens small airways and alveoli that have been stuck together by fluid or infection, common in pneumonia.

****Clear lung sounds except for scattered rhonchi****: Rhonchi are low-pitched sounds that resemble snoring and occur when airways are obstructed by mucus. While rhonchi can be heard in conditions where the airways are blocked, such as chronic bronchitis or acute bacterial bronchitis, their presence alone—especially with other areas of clear lung sounds—is not typically indicative of pneumonia. Pneumonia usually presents more widespread lung involvement, leading to multiple types of abnormal sounds rather than isolated rhonchi.

****Abnormal breath sounds****: This term is a general one that can encompass a range of non-normal sounds, including wheezing,

crackles, and rhonchi. In the context of pneumonia, abnormal breath sounds are expected due to the inflammation and infection within the lung parenchyma, disrupting normal airflow and lung function.

****Dullness to percussion****: When performing a physical examination, dullness noted on percussion (tapping on the chest) over the lungs can indicate the presence of something dense like fluid or solid tissue within the lung, common in pneumonia. Normally, a hollow sound is heard because of the air-filled spaces within healthy lungs.

Hence, among the options provided, "clear lung sounds except for scattered rhonchi" is the sound least likely to be associated with pneumonia. This finding is more characteristic of acute bronchitis, where the primary issue is the narrowing or blockage of the larger airways, rather than the alveolar filling typical of pneumonia. In pneumonia, one would expect to find more diffuse or widespread abnormalities in lung sounds across the affected areas, not isolated rhonchi with clear sounds elsewhere.

NEW QUESTION # 25

A patient presents with emotional distress. What is the likely pulse rate?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: A

Explanation:

When a person experiences emotional distress, such as anxiety, fear, or excitement, their sympathetic nervous system is stimulated. This system, part of the body's "fight or flight" response, triggers several physiological reactions, one of which is an increase in heart rate or pulse rate. This response is meant to prepare the body to either confront or flee from perceived threats.

The normal resting pulse rate for an adult ranges from about 60 to 100 beats per minute. Emotional distress can cause the pulse rate to rise towards the higher end of this spectrum or even exceed it, depending on the intensity of the emotion and the individual's physiological response. Therefore, a pulse rate of 100 beats per minute in a patient experiencing emotional distress is likely and indicates a significant increase from their normal resting rate.

This elevated pulse rate is not uncommon in situations of stress or emotional upheaval. It is part of the body's natural response mechanism to prepare for immediate physical action. However, sustained high pulse rates due to ongoing stress or emotional issues might require medical attention, as prolonged periods of elevated heart rate can put additional strain on the heart and overall cardiovascular system.

In a clinical setting, if a patient presents with a pulse rate of 100 and is experiencing emotional distress, healthcare providers would likely consider these factors interconnected. They might also explore other symptoms or underlying causes contributing to the patient's condition, and provide appropriate interventions to help manage both the emotional distress and its physiological effects.

NEW QUESTION # 26

The nurse practitioner will often have to treat systemic anaphylaxis. What is the most common clinical manifestation of this?

- A. urticaria
- B. nausea and vomiting
- C. headache
- D. persistent vertigo

Answer: A

Explanation:

The most common clinical manifestation of systemic anaphylaxis is urticaria. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen. It is a systemic immune response that is typically mediated by Immunoglobulin E (IgE), which is a type of antibody that the immune system produces in response to what it mistakenly considers a harmful substance.

Urticaria, also known as hives, is characterized by the appearance of red, itchy, and raised welts on the skin. These welts can vary in size and shape and can appear anywhere on the body. The development of urticaria during anaphylaxis is due to the release of histamine and other inflammatory mediators from mast cells and basophils. Histamine increases the permeability of the blood vessels, leading to fluid leakage from the capillaries into the tissues, which presents as swelling and welts on the skin.

In addition to urticaria, other common symptoms of anaphylaxis include angioedema (swelling similar to hives but occurring deeper in the skin), widespread vasodilation (which can lead to a rapid drop in blood pressure and fainting), and bronchoconstriction (narrowing of the airways in the lungs, leading to wheezing and difficulty breathing). These symptoms together constitute a serious medical emergency that typically requires immediate treatment.

The treatment for anaphylaxis generally involves the administration of epinephrine (adrenaline), which can rapidly reverse the symptoms by decreasing vasodilation, increasing cardiac output, and relieving bronchoconstriction. It is crucial for healthcare providers, including nurse practitioners, to quickly recognize the signs of anaphylaxis and administer appropriate treatment to prevent severe complications or death.

Given the acute and severe nature of anaphylaxis, awareness of its most common manifestations, such as urticaria, and readiness to provide rapid treatment are essential components of effective healthcare management for this condition.

NEW QUESTION # 27

When conducting a cultural assessment, which of the following is most likely to be a question you would ask?

- A. What foods the patient eats regularly.
- B. What medications the patient takes.
- C. All of the above.
- D. What the major support systems in the patient's family are.

Answer: C

Explanation:

When conducting a cultural assessment, it is essential to ask a variety of questions that cover different aspects of a patient's life to get a comprehensive understanding of their cultural background. Each question aims to uncover specific cultural practices and beliefs that can significantly influence health care outcomes. Below are some typical questions that might be asked during such an assessment, with explanations for why they are important.

"What are the major support systems in the patient's family?" This question helps to understand the patient's family dynamics and social support networks. Knowing who the patient turns to in times of need can provide insights into their stress relief mechanisms and emotional support structures. It also helps in planning patient care, particularly after discharge or during long-term treatment, ensuring that the patient has a reliable support system to aid in recovery and adherence to medical advice.

"What foods does the patient eat regularly?" This question is crucial as it not only gives insight into the patient's dietary habits but also highlights cultural foods or dietary practices that may need to be considered in their care plan. Dietary habits can affect various health aspects, including allergies, metabolic processes, and even the effectiveness of prescribed medications. Understanding a patient's regular diet can aid in creating a nutrition plan that respects their cultural preferences while addressing any health issues.

"What medications does the patient take?" This question is standard in most medical assessments but gains additional layers in a cultural context. Some cultures use traditional remedies that may interact with conventional drugs. Understanding all substances the patient uses—medicinal or otherwise—enables safer prescribing and helps prevent adverse drug interactions. Additionally, some patients might prioritize traditional medicines over modern treatments, and knowing this preference can facilitate more culturally sensitive and effective communication about healthcare options.

Overall, each of these questions serves to build a fuller picture of the patient's cultural context, which is essential for providing culturally competent care. Understanding a patient's cultural background can greatly enhance the effectiveness of treatment by aligning medical advice with cultural practices, thus improving patient adherence and satisfaction with the healthcare process.

NEW QUESTION # 28

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