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Family Nurse Practitioner Exam AANP

1st line tx depression in elderly - ANS-Celexa

1st line tx for anxiety - ANS-Benzos, ativan or buspar

1st line tx insomnia elderly - ANS-Ambien

2-3 INR - ANS-Management of AFIB

3 types of hand rashes - ANS-FHand mouth, sypillis, RMSD

4 month growth chart - ANS-

a regurgitant murmur heard throughout systole, due to blood flow between two chambers normally of very different pressures in systole; the most common causes are mitral regurgitation, tricuspid regurgitation, and ventricular septal defects. - ANS-pansystolic murmur

AAA - ANS-diagnosed with US

Absent P wave - ANS-AFIB

absent seizure - ANS-

Acanthosis nigricans - ANS-is usually the result of obesity. This is known as obesity-associated acanthosis nigricans. It occurs because obesity can cause insulin resistance (when the body is unable to properly use the hormone insulin), which may lead to high levels of insulin in the blood, affecting the skin cells.

Acne Rosacea - ANS-"adult acne." most often in adults (30-50 years of age). Unlike acne vulgaris, rosacea is devoid of blackheads and characteristically does not resolve after puberty. Rosacea strikes both sexes and potentially all ages. It tends to be more frequent in women but more severe in men. It is very uncommon in children, and it is less frequent in people with dark skin. Tx with Flagyl

Actinic keratosis - ANS-flat scaly rash, precursor to SCC

Acute dacryocystitis - ANS-with orbital cellulitis necessitates hospitalization with intravenous (IV) antibiotics. ... Patients with chronic dacryocystitis caused by a partial or intermittent nasolacrimal duct obstruction may benefit from topical steroid drop treatment

Acute External Otitis - ANS-chief pathogen Pseudo monas Augina

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

(Q24-Q29):

NEW QUESTION # 24

Which of the following physiological changes would NOT be seen during pregnancy?

- A. Plasma volume will increase 50% by the end of the third trimester.
- **B. Cardiac output decreases by 1/3 by the last two trimesters.**
- C. Hemoglobin and hematocrit are decreased.
- D. The thyroid becomes diffusely enlarged by up to 15%.

Answer: B

Explanation:

During pregnancy, numerous physiological changes occur to support the developing fetus and prepare the mother's body for labor. Understanding these changes is important not only for medical professionals but also for expectant mothers to recognize what is normal during pregnancy. Here, we will discuss why the statement that "Cardiac output decreases by 1/3 by the last two trimesters" is incorrect, and what actually happens to cardiac output during pregnancy.

Firstly, cardiac output, which is the amount of blood pumped by the heart per minute, actually increases during pregnancy, not decreases. This increase is necessary to accommodate the enhanced metabolic needs of the mother and the growing fetus. Typically, cardiac output increases by about 30-50% by the end of the third trimester compared to pre-pregnancy levels. This increase is facilitated by an increase in both the heart rate (tachycardia) and stroke volume (the amount of blood ejected with each heartbeat). The initial statement that cardiac output decreases by 1/3 during the last two trimesters is therefore incorrect. The rise in cardiac output begins as early as the first trimester and peaks during the mid-second to third trimesters. This physiological adaptation helps to transport sufficient oxygen and nutrients to the fetus via the placenta and also supports the mother's increased metabolic demands. Other changes that accompany the increase in cardiac output include a decrease in systemic vascular resistance and an increase in blood volume. Plasma volume may increase by as much as 50%, which dilutes red blood cells leading to physiological anemia, often referred to as dilutional anemia of pregnancy. The heart may also enlarge slightly during pregnancy due to increased workload. Additionally, the statement mentions other physiological changes like the diffuse enlargement of the thyroid gland. Indeed, the thyroid gland can become slightly enlarged during pregnancy due to increased demands for thyroid hormones, which are crucial for fetal development, particularly brain development.

In summary, the correct physiological change during pregnancy regarding cardiac output is an increase, not a decrease. This increase is a crucial adaptation that helps meet the heightened metabolic demands of both the mother and fetus. Misunderstanding such fundamental changes can lead to confusion about what is normal in pregnancy and potentially misguide clinical assessments and interventions.

NEW QUESTION # 25

You calculate your patient's BMI to be 27. Into which category would this patient fall?

- A. underweight
- **B. overweight**
- C. obese
- D. normal weight

Answer: B

Explanation:

The Body Mass Index (BMI) is a simple calculation used to assess whether a person has a healthy body weight for a person of their height. It is calculated by dividing an individual's weight in kilograms by the square of their height in meters. The resulting value helps categorize individuals into various weight status categories.

According to the World Health Organization (WHO) and other health authorities, the BMI categories are defined as follows: - Underweight: BMI less than 18.5 - Normal weight: BMI 18.5 to 24.9 - Overweight: BMI 25.0 to 29.9 - Obese: BMI 30.0 and above In this particular case, the patient's BMI has been calculated at 27. Based on the categorization guidelines, a BMI of 27 falls within the 'overweight' category. This category is designated for individuals who have a BMI between 25.0 and 29.9. It indicates that the patient weighs more than what is considered healthy for their height, but not to the extent that it is classified as obesity. Being in the overweight category can be associated with an increased risk of developing various health issues, including but not limited to cardiovascular diseases, type 2 diabetes, and certain types of cancer. It is often recommended for individuals in this category to seek guidance on lifestyle changes involving diet and physical activity to help move towards a healthier BMI range. In summary, the patient with a BMI of 27 is correctly classified as overweight. This classification serves as a tool to prompt further evaluation and discussion regarding the patient's health status and potential risk factors, encouraging proactive management to improve their overall health.

NEW QUESTION # 26

You are evaluating an adult female who has had a seizure. Her husband tells you that his wife seemed confused and her arms and legs began twitching uncontrollably. He also reports that before the twitching began her sense of smell was affected and she thought she was hearing her deceased father talking to her. With these symptoms, your most likely diagnosis will be which of the following?

- A. grand mal seizure
- B. complex partial seizure
- C. myoclonic seizure
- D. simple focal seizure

Answer: B

Explanation:

The symptoms described by the husband of the patient, including confusion, twitching of arms and legs, altered sense of smell, and auditory hallucinations (hearing her deceased father talking to her), suggest a diagnosis of a complex partial seizure. Complex partial seizures, also referred to as focal seizures with impaired awareness, involve a change or loss of consciousness or awareness and can manifest with various sensory, motor, or autonomic symptoms. These seizures often appear as if the person is daydreaming or "zoned out." Complex partial seizures originate in one hemisphere of the brain and do not typically involve the whole brain, which differentiates them from generalized seizures like grand mal seizures. The manifestations can vary widely depending on the specific brain region affected. For example, the temporal lobe is commonly involved in complex partial seizures, which can lead to auditory or olfactory hallucinations, emotional changes, or gastro-intestinal sensations.

In contrast, other seizure types such as grand mal seizures (now commonly referred to as tonic-clonic seizures) involve both hemispheres of the brain and are characterized by a loss of consciousness and violent muscle contractions. Simple focal seizures involve one area of the brain and do not result in loss of consciousness. Myoclonic seizures are brief, shock-like jerks of a muscle or a group of muscles.

Given the reported symptoms of sensory hallucinations, twitching (which could represent focal motor seizures), and altered mental status, the most fitting diagnosis would be a complex partial seizure. It is important to further evaluate and monitor the patient, ideally under the care of a neurologist, for a comprehensive assessment including an EEG (electroencephalogram) which can help in confirming the diagnosis and planning the management strategy.

NEW QUESTION # 27

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

Answer: B

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 # 28

The authoritative statements that are used to judge the quality of practice, education, and service of the nurse practitioner would be considered which of the following?

- A. Standards of Practice
- B. Standards of Scope
- C. Standards of Care
- D. Standards of Intervention

Answer: A

Explanation:

The correct answer to the question regarding the authoritative statements used to judge the quality of practice, education, and service of the nurse practitioner is "Standards of Practice." Standards of Practice are essential guidelines designed to ensure that nurse practitioners across various specialties maintain a consistent level of quality in their clinical and professional conduct. These standards are formulated by professional bodies such as the American Nurses Association (ANA), which is a national organization aimed at advancing the nursing profession through promoting high standards of nursing practice.

The ANA defines Standards of Practice as statements that outline the responsibilities for which nurse practitioners are accountable. These standards encompass the entire scope of practice, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The Standards of Practice ensure that nurse practitioners provide safe, competent, and ethical care. In contrast to other terms like Standards of Care or Standards of Intervention, which also play significant roles in healthcare, Standards of Practice provide a more comprehensive framework. Standards of Care generally refer to the quality and criteria of care expected in specific clinical situations, and Standards of Intervention focus on the methods and procedures used in treating patients. However, Standards of Practice are broader, including not only patient care but also aspects related to professional role performance, such as adherence to ethical guidelines, continuous education, and contribution to evidence-based practice.

Thus, when considering the authoritative statements that govern the overall professional performance, educational advancement, and service delivery of nurse practitioners, Standards of Practice issued by the ANA are the most encompassing and applicable guidelines. They serve as a fundamental resource in ensuring that nurse practitioners meet the required professional standards in their practice across various healthcare settings.

NEW QUESTION # 29

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