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AANP- FNP 2023-2024 Sample Questions and Answers 100% Correct

initial evaluation of symptoms of acute prostatitis - ANSWER-Urinalysis and urine culture

to assess pts ability to think abstractly a nurse pract could ask the patient - ANSWER-the meaning of a common proverb

trigeminal neuralgia manifests - ANSWER-electric shock facial pain

socioeconomic status - ANSWER-not important during employment physical with 21 yo with bruising on breasts

current social relationships,
history of present or past traumas
mental health status - ANSWER-all important on the pe of 21 yo, for employment with bruising on breasts

CD4 count and viral load - ANSWER-most widely accepted indicators of HIV infection

prednisone - ANSWER-management of polymyalgia rheumatica

polymyalgia rheumatica - ANSWER-Risk factors include female gender and age >50
Pain stiffness of the shoulder/pelvic girdle typically seen in >50 year olds with the "hallmark" difficulty combing/brushing hair responding well to low dose steroids

serum ferritin level - ANSWER-distinguish iron deficiency anemia from other anemias

tx with clear liquids and oral antibiotics - ANSWER-pt with diverticulosis, temp 100, localized LLQ discomfort, palpable mass, leukocytosis, and CAN TOLERATE FLUIDS

tests for polycystic ovarian syndrome - ANSWER-testosterone, follicle stimulating hormone, luteinizing hormone, prolactin, thyroid stimulating hormone

primary amenorrhea presentation - ANSWER-17 yo Tanner Stage III- never had menses, normal weight and height

secondary amenorrhea - ANSWER-started but now stopped. Causes are: pregnancy, weight loss, obesity, manipulation. Treatment is hormone replacement, ovulation stimulation (CLOMID) periodic progesteronal

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>> AANP-FNP Sample Questions <<

100% Pass Nursing AANP-FNP - Marvelous AANP Family Nurse Practitioner (AANP-FNP) Sample Questions

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q23-Q28):

NEW QUESTION # 23

When would Aldactone be contraindicated?

- **A. All of the above**
- B. When the patient has renal insufficiency (serum creatinine greater than 2.0 mg/dL).
- C. If the patient has type 2 diabetes mellitus with microalbuminuria.
- D. When the patient has hyperkalemia (serum potassium of greater than 5.5 mEq/L).

Answer: A

Explanation:

When considering the prescription of Aldactone (spironolactone), it is essential to evaluate the patient thoroughly due to several potential contraindications. Aldactone acts as a potassium-sparing diuretic and aldosterone antagonist, impacting fluid balance and electrolyte levels in the body. Thus, its use can be risky under certain conditions.

One major contraindication for Aldactone is hyperkalemia, which is when the patient has an elevated serum potassium level greater than 5.5 mEq/L. Since Aldactone conserves potassium, prescribing it to someone who already has high potassium levels could further increase these levels, potentially leading to serious cardiac problems such as arrhythmias.

Another critical contraindication is renal insufficiency, particularly when the serum creatinine level is greater than 2.0 mg/dL. Patients with compromised kidney function may not be able to adequately clear potassium from their bodies. Given that Aldactone is a potassium-sparing agent, its use in these patients could exacerbate existing hyperkalemia or induce it anew, leading to additional renal and cardiovascular complications.

The presence of type 2 diabetes mellitus with microalbuminuria also poses a risk when considering Aldactone therapy.

Microalbuminuria can be an early sign of diabetic kidney disease, and the use of Aldactone in such conditions needs careful consideration. The potential for worsening kidney function and the risk of increasing potassium levels might outweigh the benefits of using this medication in such patients.

Thus, these conditions-hyperkalemia, renal insufficiency, and type 2 diabetes with microalbuminuria-are significant contraindications for the use of Aldactone. It is imperative that a healthcare provider, such as a nurse practitioner, evaluates these patient factors thoroughly before prescribing this medication. Doing so helps prevent potential adverse effects that could result from inappropriately prescribing a potassium-sparing diuretic in these high-risk scenarios.

NEW QUESTION # 24

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- **A. Acyclovir**
- B. support therapy only
- C. steroid ophthalmic drops
- D. none of the above

Answer: A

Explanation:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more

severe, which can complicate the healing process and lead to further complications, including potential vision loss. Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

NEW QUESTION # 25

Your 19-year-old male patient has extreme mood swings and has been diagnosed with bipolar II disorder. He has been taking medication prescribed by his mental health specialist and is participating in psychotherapy. He comes to you for evaluation, telling you that he feels much better and wants to end his treatment. You would tell him which of the following?

- A. that he has a lifelong condition that must be addressed with lifelong treatment
- B. that he can stop his medication slowly but must go to therapy for a while longer
- C. that he must be weaned off the treatment slowly
- D. that you will do some bloodwork to check his condition and then see what must be done

Answer: A

Explanation:

The most appropriate response to your 19-year-old patient who wants to end his treatment for bipolar II disorder would be to explain that bipolar disorder is a lifelong condition that requires ongoing management. This includes the potential need for lifelong treatment. It is crucial to communicate that feeling better is a positive sign but does not signify that the disorder has been cured. Bipolar disorder is characterized by alternating periods of highs (hypomania) and lows (depression), and treatment is typically aimed at managing symptoms and preventing the recurrence of mood episodes. Medications and psychotherapy play a critical role in this ongoing process. It is important to clarify that while medications help stabilize mood, psychotherapy provides tools and strategies to cope with life challenges and mood changes.

Additionally, you can explain the risks associated with abruptly stopping medication. For many patients, discontinuing medication without proper guidance can lead to a relapse or worsening of symptoms. A gradual tapering off, under the supervision of a healthcare provider, might be considered if it aligns with a long-term treatment strategy developed by the patient's mental health specialist.

It would also be beneficial to conduct some follow-up assessments, such as blood work or psychological evaluation, to gain a better understanding of his current health status and to ensure that the treatment plan remains effective and safe.

Lastly, emphasizing the importance of continued engagement in psychotherapy even if medications are adjusted is essential. Ongoing therapy can provide support, education, and coping strategies that are vital for long-term management of bipolar disorder.

Encouraging participation in support groups or psychoeducational sessions can also be helpful for both the patient and his family to better understand the nature of the disorder and how to support his journey toward stability.

Overall, it's crucial to support your patient in recognizing the chronic nature of bipolar disorder and the importance of a sustained, comprehensive treatment approach to maintain his health and quality of life.

NEW QUESTION # 26

In counseling a young mother about sleeping habits for toddlers, which of the following statements is true?

- A. Toddlers need security objects like a stuffed animal to sleep.
- B. A toddler is too young to have nightmares.
- C. One to 3-year-old children usually sleep 8 hours at night and no longer take naps.
- D. A toddler no longer needs rituals before bedtime.

Answer: A

Explanation:

The correct statement about sleeping habits for toddlers is that a child of one to three years old usually sleeps between 10 to 12 hours a night and may take one to two naps during the day. Additionally, toddlers benefit from having consistent bedtime rituals and might require security objects to help them sleep.

Toddlers, in the age range of one to three years, typically require more sleep than adults. The recommendation for this age group is roughly 10 to 12 hours of nighttime sleep. This duration is crucial for their development, both mentally and physically. During sleep, children's brains process the learning and experiences of the day, which is essential for memory formation and cognitive development.

Naps are also an important aspect of a toddler's sleeping routine. Most toddlers will need one to two naps during the day. These naps help them recharge and maintain proper mood and alertness levels, preventing over-tiredness which can often lead to fussiness.

or hyperactivity. As the child grows older, the length and frequency of naps may decrease.

Bedtime rituals and consistency play a significant role in helping toddlers establish good sleep habits. Rituals such as reading a book, taking a bath, or listening to calm music before bed can significantly aid in the transition from wakefulness to sleep. These activities help signal to the child that bedtime is approaching, creating a smoother and less stressful end to the day.

Security objects, like a favorite stuffed animal or a blanket, can also be beneficial. They provide comfort and a sense of safety, which can make it easier for the child to fall asleep. This is particularly important because toddlers often start to experience separation anxiety or may have fears about being alone.

Contrary to one of the statements presented, toddlers can indeed have nightmares. Nightmares are common and can start to occur as a child's imagination develops. Comforting the child and having a security object can help them feel safer and more secure if they wake up scared.

Lastly, it is not accurate to say that toddlers no longer need rituals before bedtime. Maintaining a consistent bedtime routine is essential for toddlers as it helps establish a predictable sleeping pattern, which is important for overall health and well-being.

Therefore, when counseling a young mother about her toddler's sleeping habits, it is important to emphasize the need for adequate nighttime sleep, regular naps, consistent bedtime rituals, and the potential benefits of security objects. These elements together foster a conducive sleep environment, crucial for the toddler's growth and development.

NEW QUESTION # 27

You are educating a group of student nurses about depression. Which of the following statements would you NOT make in this talk?

- A. Depression is more common in young women
- B. When adults live in long-term care facilities they are more likely to suffer from depression.
- C. A significant relationship has been found between race and mood disorders.
- D. Once a person has experienced a depressive episode, the incidence of depression increases.

Answer: C

Explanation:

When educating a group of student nurses about depression, it's crucial to convey accurate and evidence-based information. Here's an expanded explanation of why certain statements should or should not be made during this educational session:

"When adults live in long-term care facilities, they are more likely to suffer from depression." This statement is generally accurate and should be included in the talk. Research shows that older adults living in long-term care facilities have a higher prevalence of depression compared to those living in the community. Factors such as isolation, loss of independence, and chronic health conditions can contribute to this increased risk.

"A significant relationship has been found between race and mood disorders." This statement should NOT be made because it is misleading and not supported by consistent scientific evidence. While disparities in the prevalence and treatment of mood disorders among different racial and ethnic groups do exist, they are often due to a complex interplay of socioeconomic factors, access to health care, and social determinants of health rather than race itself. It's crucial to clarify that the relationship between race and depression is influenced more by these external factors than by race inherently.

"Once a person has experienced a depressive episode, the incidence of depression increases." This statement is accurate and should be included. It is well-documented in psychiatric literature that having one depressive episode significantly increases the risk of experiencing subsequent episodes. This is important information for student nurses as it underscores the need for effective management of initial depressive episodes and ongoing support for those at risk.

"Depression is more common in young women." This statement is generally accurate and relevant. Epidemiological studies have shown that depression is more prevalent among women, particularly during their reproductive years. Factors such as hormonal changes, psychosocial stressors, and societal expectations can contribute to this increased risk. This information is important for student nurses to understand as it impacts how they might approach care and treatment in different populations.

In summary, when educating student nurses about depression, it is essential to emphasize evidence-based information and avoid perpetuating misconceptions or unsupported claims, especially regarding sensitive topics like race and mental health. This approach ensures that future healthcare providers are well-equipped with the knowledge necessary to treat all patients with understanding, competence, and respect.

NEW QUESTION # 28

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