

# AANP-FNP Latest Exam Discount - Reliable AANP-FNP Test Questions

## AANP FNP CERTIFICATION ACTUAL EXAM 2023 AANP FNP TEST BANK QUESTIONS AND CORRECT ANSWERS RATED A+

If your patient is in the catarrhal stage of pertussis, upon examination you would find which of the following? - ANSWERS-You would find mild upper respiratory symptoms with cough. And mild conjunctival injection. It is really indistinguishable from the common cold.

What would NOT be considered a typical finding in a geriatric patient? - ANSWERS- Low frequency hearing loss. A typical finding in a geriatric patient would be a high frequency hearing loss. The speaking voice is high frequency. Degenerative changes of the ossicles, fewer auditory neurons and atrophy of the hair cells results in sensorineural hearing loss.

Typical findings in a geriatric patient? - ANSWERS-Thinner epidermis, dermis and subcutaneous layers of skin, bright purple-colored patches on the forearms and hands, opaque white ring at the periphery of the cornea

Risk factors for age-related macular degeneration - ANSWERS-Tobacco use, aging, sun exposure and family history

Underweight BMI - ANSWERS-<18.5

Normal BMI - ANSWERS-18.5-24.9

Overweight BMI - ANSWERS-25-29.9

Obese BMI - ANSWERS-30-39.9

Grossly obese BMI - ANSWERS->40

Pregnancy Category A Drugs - ANSWERS-Vitamins and levothyroxine

Pregnancy Category B Drugs - ANSWERS-Acetaminophen, ibuprofen, penicillins, cephalosporins, and azithromycin and erythromycin antibiotics.

A geriatric patient who has a 40 pack-year smoking history complains of painful cramping in the leg muscles that occurs after walking for 20 minutes. After taking a complete history and performing a physical exam, an NP decides that the most likely diagnosis is? - ANSWERS-Intermittent claudication

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## Reliable Nursing AANP-FNP Test Questions, AANP-FNP Testking Exam Questions

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### Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q37-Q42):

#### NEW QUESTION # 37

Your 34-year-old female patient has been vomiting blood and her stools appear black and tarry. She complains of abdominal cramping. Which of the following is most likely to cause these signs and symptoms?

- A. diverticulosis
- B. hepatitis
- C. hemorrhoids
- D. gastrointestinal bleeding

**Answer: D**

Explanation:

Hemorrhoids are a common condition where veins in the rectal area become swollen and inflamed. Typically, hemorrhoids cause symptoms such as itching, discomfort, and bleeding during bowel movements. The bleeding seen with hemorrhoids is usually bright red and noticed on the toilet paper or in the toilet bowl. Hemorrhoids are less likely to cause severe bleeding or black, tarry stools, which are indicative of bleeding higher up in the gastrointestinal tract.

Gastrointestinal bleeding refers to any bleeding that occurs within the gastrointestinal tract, which extends from the mouth to the anus. This type of bleeding can manifest in various ways depending on the location and severity of the bleed. Vomiting blood (hematemesis) and having black, tarry stools (melena) are symptoms often associated with significant GI bleeding, possibly from the stomach or upper intestines. Such bleeding can be caused by a variety of conditions including peptic ulcers, gastritis, or esophageal varices, and warrants immediate medical attention.

Diverticulosis involves the formation of small pouches (diverticula) in the wall of the colon. While these pouches themselves may not cause discomfort, if they become inflamed or bleed, it can result in diverticulitis or diverticular bleeding. However, bleeding from diverticulosis is generally painless and would not typically be accompanied by abdominal cramping, although it can cause red blood or dark stools if the bleeding is substantial.

Hepatitis, an inflammation of the liver, usually does not directly cause GI bleeding. Symptoms of hepatitis include jaundice (yellowing of the skin and eyes), fatigue, and abdominal pain, but not typically vomiting of blood or black, tarry stools unless there is an associated severe liver disease such as cirrhosis leading to complications like esophageal varices, which can bleed.

Given the symptoms described - vomiting blood and black, tarry stools accompanied by abdominal cramping - the most likely cause among the options provided is gastrointestinal bleeding. This condition is serious and can be life-threatening, requiring urgent medical evaluation to identify the source of the bleed and initiate appropriate treatment.

#### NEW QUESTION # 38

You are assisting in the emergency room with a patient who is having a posterior nosebleed. You might recommend each of the following measures to control the posterior epistaxis except for which one?

- A. direct cauterization
- B. embolization
- C. firm pressure on the area
- D. posterior nasal packing

**Answer: C**

Explanation:

In the management of a patient experiencing a posterior nosebleed, various medical interventions can be recommended to control the bleeding. However, the effectiveness of these interventions depends on whether the nosebleed is anterior or posterior.

Understanding the difference between these two types of epistaxis is crucial in choosing the appropriate treatment method.

Posterior nosebleeds, which account for approximately 5-10% of all nosebleeds, originate from the back portions of the nose where

the blood vessels are larger and thus potentially more difficult to manage. These types of bleeds are often more severe and may require advanced medical interventions.

The common treatments for posterior epistaxis include: 1. **\*\*Direct Cauterization\*\***: This process involves using heat or a chemical agent to burn the bleeding vessel, sealing it to stop the bleeding. This method is effective for accessible bleeding sites and can be performed under local anesthesia. 2. **\*\*Posterior Nasal Packing\*\***: This involves placing a special gauze or an inflatable balloon in the nasal cavity to apply pressure directly to the source of the bleeding. This is often used when cauterization is not possible or effective. 3. **\*\*Embolization\*\***: This is a more invasive procedure where materials are used to block the bleeding vessel through an endovascular approach. It is typically reserved for severe cases or when other interventions have failed. 4. **\*\*Surgery\*\***: In some severe cases, surgical intervention might be necessary to directly ligate (tie off) the bleeding vessels.

On the other hand, firm pressure on the area, generally applied by pinching the soft part of the nose, is a technique usually recommended for anterior nosebleeds. Anterior nosebleeds originate from the front part of the nasal septum and are typically less severe. Applying pressure helps to compress the bleeding vessels, which can control the bleeding effectively in many cases of anterior epistaxis.

Therefore, in the context of treating a posterior nosebleed, recommending firm pressure on the nasal area is generally ineffective. This method does not adequately address the deeper, more posteriorly located sources of bleeding. Instead, the treatments listed under options such as direct cauterization, posterior nasal packing, embolization, or surgery are more appropriate and effective for managing a posterior nosebleed. Hence, the correct answer to the question of which measure might not be recommended for controlling posterior epistaxis is "firm pressure on the area."

### NEW QUESTION # 39

As part of your education and follow-up of a patient who has acute otitis media you instruct her that to open the Eustachian tubes for draining the middle ear she should close her mouth, pinch her nose, and press out as if blowing up a balloon. This is known as which of the following?

- A. Lowry technique
- B. Frenzel maneuver
- C. Edmonds technique
- **D. Valsalva maneuver**

**Answer: D**

Explanation:

The correct answer is the Valsalva maneuver. This technique is a widely used method to help equalize pressure in the ears, particularly effective in treating conditions such as acute otitis media, where fluid accumulation in the middle ear can cause pain and hearing impairment. The Valsalva maneuver aids in opening the Eustachian tubes, which connect the middle ear to the nasopharynx, allowing the accumulated fluid to drain and equalize pressure on both sides of the eardrum.

To perform the Valsalva maneuver, a person should close their mouth, pinch their nose shut, and then attempt to exhale forcefully without letting any air escape through the nose or mouth. This action increases the pressure in the nasopharynx and pushes the soft tissue of the Eustachian tubes open. The maneuver is named after Antonio Maria Valsalva, an 18th-century Italian anatomist who described the technique primarily to clear pus from the middle ears of patients suffering from ear infections.

Although the Valsalva maneuver is often recommended for situations involving changes in atmospheric pressure, such as during takeoff and landing in an airplane, it is also beneficial in medical settings to alleviate the discomfort associated with middle ear infections. By facilitating the drainage of the middle ear, the maneuver can reduce pain and improve auditory function. However, it is important to perform this technique cautiously, as excessively forceful attempts can lead to complications such as barotrauma or damage to the eardrum.

In summary, the Valsalva maneuver is a practical and effective method to open the Eustachian tubes and relieve pressure in the middle ear. It is particularly useful in treating symptoms of acute otitis media, helping patients manage discomfort and facilitate recovery. As with any self-administered treatment, it should be performed correctly and with an appropriate level of force to avoid potential risks.

### NEW QUESTION # 40

Janet is reviewing a patient's test results and determines he has hypothyroidism, which means the thyroid does what?

- A. Produces too much thyroid hormone.
- B. Shrinks in size.
- **C. Does not produce enough thyroid hormone.**
- D. Swells up in size.

**Answer: C**

Explanation:

Hypothyroidism is a condition where the thyroid gland, which is located in the neck and plays a crucial role in regulating metabolism, fails to produce sufficient amounts of thyroid hormone. This hormone is vital for various bodily functions, including managing metabolism, heart rate, and body temperature. When the thyroid does not produce enough of this hormone, it leads to the condition known as hypothyroidism.

The symptoms of hypothyroidism can vary widely depending on the severity of the hormone deficiency. Common symptoms include fatigue, unexplained weight gain, constipation, dry skin, hair loss, sensitivity to cold, and a slower heart rate. These symptoms occur because thyroid hormones are critical to energy production and consumption in the body, influencing how the body processes energy.

Hypothyroidism can be caused by several factors. One common cause is Hashimoto's thyroiditis, an autoimmune disorder where the body's immune system attacks the thyroid gland, impairing its ability to produce hormones. Other causes may include certain medications, radiation therapy to the neck, surgical removal of part or all of the thyroid gland, and iodine deficiency.

Diagnosis of hypothyroidism typically involves a review of symptoms, a physical examination, and blood tests to measure levels of thyroid-stimulating hormone (TSH) and thyroxine. Elevated TSH levels and low thyroxine levels in the blood are indicative of hypothyroidism. Treatment usually involves hormone replacement therapy, specifically with a synthetic thyroid hormone called levothyroxine, which helps to restore hormone levels and reverse the symptoms of the disorder.

It is important for individuals diagnosed with hypothyroidism to receive regular monitoring and follow-up care to ensure that the prescribed treatment is effectively managing the condition. Adjustments in the dosage of hormone replacement may be necessary over time based on periodic blood tests and symptom assessment. Proper management of hypothyroidism is crucial to maintaining a good quality of life and preventing potential complications such as heart problems and severe depression.

#### NEW QUESTION # 41

Sandra is a 40-year-old sexually active female patient who complains of right upper quadrant abdominal pain. You find that there is tenderness upon palpation of the area. This is indicative of which of the following conditions/diseases?

- A. Jarisch-Herxheimer reaction
- **B. Fitz-Hugh-Curtis syndrome**
- C. Reiter's syndrome
- D. syphilis

**Answer: B**

Explanation:

Fitz-Hugh-Curtis syndrome is a rare complication of pelvic inflammatory disease (PID), primarily associated with Chlamydia trachomatis and Neisseria gonorrhoeae infections. This syndrome is characterized by inflammation of the liver capsule and the formation of adhesions between the liver and the surrounding peritoneal structures. The condition is named after the physicians Thomas Fitz-Hugh, Jr. and Arthur Hale Curtis, who first described it in the 1930s.

The typical clinical presentation of Fitz-Hugh-Curtis syndrome includes sudden onset of right upper quadrant abdominal pain, which is often sharp and may be referred to the shoulder or right chest. This pain can be exacerbated by movement or breathing and is due to the irritation of the diaphragm by the inflamed liver capsule. Additionally, patients might experience symptoms typical of PID, such as lower abdominal pain, fever, vaginal discharge, and dyspareunia (pain during sexual intercourse).

The diagnosis of Fitz-Hugh-Curtis syndrome is primarily clinical but can be supported by imaging studies such as ultrasound, CT scan, or MRI, which may show thickening of the liver capsule or adhesions. Laparoscopy is considered the definitive diagnostic tool as it allows direct visualization of the "violin string" adhesions between the liver and the anterior abdominal wall or other structures.

Treatment of Fitz-Hugh-Curtis syndrome involves managing the underlying chlamydial or gonococcal infection with appropriate antibiotics, typically a 14-day course. It is crucial to treat both the patient and their sexual partners to prevent reinfection and further complications. In some cases, where adhesions cause severe ongoing pain or other complications, surgical intervention might be necessary to remove the adhesions.

As a sexually transmitted disease complication, prevention of Fitz-Hugh-Curtis syndrome is primarily through safe sexual practices, including the use of condoms and regular STI screening. This approach can help prevent the occurrence of PID and its complications, including Fitz-Hugh-Curtis syndrome.

#### NEW QUESTION # 42

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