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Fundal height 12 weeks - CORRECT ANSWER ✓✓ Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.  
Fundus at 20 weeks is at umbilicus.  
2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? - CORRECT ANSWER ✓✓ Iron, TIBC

3 months of synthroid. TSH increased, T4 normal, what do you do? - CORRECT ANSWER ✓✓ Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - CORRECT ANSWER ✓✓ Mini mental exam

4 month old with strabismus, mom is worried..... - CORRECT ANSWER ✓✓ tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - CORRECT ANSWER ✓✓ Growth chart

6 month old closed anterior fontanel. - CORRECT ANSWER ✓✓ XRAY

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### Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q54-Q59):

#### NEW QUESTION # 54

What is the lifetime risk to the average American man of having latent prostate cancer?

- A. 10%
- **B. 40%**
- C. 67%
- D. 3%

#### Answer: B

Explanation:

The correct answer is 40%. This means that 40% of American men are estimated to develop latent prostate cancer during their lifetimes. Latent prostate cancer refers to cancer that is present in the prostate gland but has not yet caused any symptoms or signs detectable by current medical exams and technologies. It is often found incidentally during autopsies or other medical procedures that are not specifically aimed at detecting prostate cancer.

Latent prostate cancer, although it exists in the body, might never progress to a more severe or clinically significant stage. Therefore, although 40% of men might have this form of cancer, only a fraction of them will experience health problems or require treatment. Specifically, the lifetime risk of developing clinically significant prostate cancer, which requires intervention due to symptoms or potential for health deterioration, is about 10%. This reflects the disparity between having the disease and the disease causing issues that necessitate medical attention.

Furthermore, the risk of dying from prostate cancer is approximately 3%. This statistic highlights the effectiveness of current diagnostic and treatment strategies which can manage the disease in a way that minimizes mortality. It is also indicative of the nature of many prostate cancers, which can be slow-growing and less aggressive compared to other types of cancer.

These statistics emphasize the importance of regular medical check-ups and screenings, such as prostate-specific antigen (PSA) tests, which can help in early detection and management of prostate cancer. Early detection significantly increases the chances of successful treatment and management of prostate cancer, potentially reducing the progression from latent to more aggressive forms of the disease.

#### NEW QUESTION # 55

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

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

#### 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 # 56

As an FNP you would recognize that your patient with herpangina should be treated for as long as he or she is symptomatic. How long would you expect the course of this disease would be?

- A. within one month
- B. 3 - 5 days
- C. 10 days
- D. 2 - 3 weeks

#### Answer: B

Explanation:

Herpangina is typically a self-limiting disease, characterized primarily by small, painful ulcers and sores (lesions) in the mouth. These symptoms are often accompanied by fever, a sore throat, and sometimes a runny nose or cough, collectively known as coryza. As an acute viral illness, herpangina is most commonly caused by Coxsackievirus A, a type of enterovirus. The virus spreads primarily through contact with respiratory droplets or the fecal-oral route, making it more prevalent among young children, who are less likely to maintain good hygiene.

The typical duration for herpangina is relatively short. Symptoms generally appear suddenly and can be quite severe, but they resolve quickly, usually within 3 to 5 days. This rapid resolution of symptoms is due to the body's immune response effectively combating the virus. During this period, supportive care is essential to help manage symptoms and ensure hydration, especially since painful mouth sores can make eating and drinking uncomfortable.

Treatment for herpangina focuses primarily on symptom relief. This can include the use of over-the-counter pain relievers such as acetaminophen or ibuprofen to reduce fever and alleviate pain. Additionally, mouthwashes or sprays that numb pain can help relieve the discomfort caused by mouth ulcers. It is important for caregivers to monitor fluid intake to prevent dehydration. Since herpangina is caused by a virus, antibiotics are not effective and are not prescribed.

The expected course of herpangina being 3 to 5 days is typical for uncomplicated cases. However, it is crucial for healthcare providers, including FNPs (Family Nurse Practitioners), to educate patients and caregivers about the signs of potential complications, such as dehydration or more severe infections, which could extend the duration of the illness or require more intensive medical care. Regular follow-up during the period of illness can help ensure that the patient is recovering as expected and maintaining adequate hydration and nutrition.

#### NEW QUESTION # 57

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

- A. Varicella
- B. Scarlet Fever
- C. Fifth disease
- 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 # 58

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

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

**Answer: C**

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 # 59

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