

AANP-FNP Tests - AANP-FNP Online Tests

AANP FNP CERTIFICATION PRACTICE TEST EXAM(QUESTIONS AND ANSWERS) 2023/2024

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible. IV- first time thrill V-Steth edge VI-entire steth. EXAM - CORRECT ANSWER-III first time audible, IV first time thrill

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

Abnormal cells on PAP, what do you do next? - CORRECT ANSWER-Refer for Colposcopy

CAGE ACRONYM - CORRECT ANSWER-Cut down
Annoyed by criticism
Guilty about drinking

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>> AANP-FNP Tests <<

AANP-FNP Online Tests, AANP-FNP Musterprüfungsfragen

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Nursing AANP Family Nurse Practitioner (AANP-FNP) AANP-FNP Prüfungsfragen mit Lösungen (Q10-Q15):

10. Frage

Mr. Sanchez's family brings him in to see you because he seems to have frequent confused episodes and possible dementia. You would use which of the following questionnaires to determine if Mr. Sanchez could indeed have a form of dementia?

- A. Folstein Mini-Mental State Exam
- B. Clock-Drawing Test
- C. Generalized Anxiety Disorder 7-Item Scale
- D. Beck Depression Inventory

Antwort: A

Begründung:

*In the scenario where Mr. Sanchez is experiencing frequent episodes of confusion and potential dementia, the most appropriate tool to assess his cognitive state is the Folstein Mini-Mental State Exam (MMSE). This assessment is specifically designed to evaluate various aspects of cognitive function which are often affected in cases of dementia, including Alzheimer's disease, vascular dementia, and other conditions that impact cognitive abilities. *

*The MMSE is a brief 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment. It assesses several cognitive domains: orientation to time and place, immediate recall, short-term memory (through registration and recall of three words), calculation, language, and the ability to understand and follow complex commands. *

*Scoring for the MMSE is straightforward: the maximum possible score is 30 points, with higher scores indicating better cognitive function. Generally, a score of 24 or higher (out of 30) suggests normal cognition. Scores between 19 and 23 may indicate mild cognitive impairment, while scores of 18 or below may indicate moderate to severe impairment. However, it's important to note that these cutoffs can vary based on age and education level, and the test should be interpreted within the context of the individual's baseline capabilities. *

*In contrast to the MMSE, other tools like the Generalized Anxiety Disorder 7-Item Scale (GAD-7) and the Beck Depression Inventory are primarily used for assessing anxiety and depression, respectively. These conditions can also affect cognitive function but are different from the cognitive decline typically seen in dementia. The Clock Drawing Test is another quick screening tool that can be indicative of cognitive impairment but is less comprehensive than the MMSE. *

*Therefore, for a comprehensive assessment of Mr. Sanchez's cognitive status, particularly to evaluate for possible dementia, the Mini-Mental State Exam is the most suitable choice among the options. It allows healthcare providers to objectively measure cognitive impairment and helps in guiding further diagnostic and management strategies.

11. Frage

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

Antwort: C

Begründung:

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.

12. Frage

Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

- **A. The ethical behavior of nurses has been defined for professional nursing in an American Practice Act policy statement.**
- B. Duty to help others, beneficence, is a foundational component of ethical behavior.
- C. Ethical behavior incorporates respect for the individual and his or her autonomy.
- D. Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity are the foundations of ethical behavior.

Antwort: A

Begründung:

The question asks which of the provided statements is not part of the ethical decision-making process for a nurse practitioner. To answer this, it is crucial to understand the sources and guidelines that define the ethical behavior expected of nurses.

Moral concepts such as advocacy, accountability, loyalty, caring, compassion, and human dignity indeed form the core of ethical behavior in nursing. These values guide nurse practitioners in their daily interactions and decision-making with patients, ensuring that each patient is treated with respect and compassion. Therefore, this statement is related to the ethical decision-making process. The statement about the duty to help others, or beneficence, also directly ties into ethical decision-making. Beneficence involves acting in the best interest of the patient, which is a fundamental ethical principle in healthcare. This includes actions that aim to prevent and remove harm and to improve the situation of others. Thus, this statement is undoubtedly a part of the ethical decision-making process in nursing.

Ethical behavior incorporating respect for the individual and his or her autonomy is another crucial component. Autonomy respects the patient's right to make informed decisions about their own health care. This respect is manifested by providing all necessary information to the patient and ensuring they understand it, thereby enabling them to make informed decisions. This principle is a cornerstone of ethical practice in nursing and is integral to the ethical decision-making process.

However, the statement claiming that the ethical behavior of nurses has been defined by the American Practice Act is incorrect. Ethical guidelines for nurses are primarily outlined by the American Nurses Association (ANA), not the American Practice Act. The ANA provides the Code of Ethics for Nurses, which details the ethical obligations and duties of everyone in the nursing profession, rather than being defined by legislative acts like the American Practice Act. The correct ethical standards and guidelines are crucial for informing the ethical decision-making process, but this statement incorrectly identifies the source of these standards.

Therefore, the statement that is NOT part of the ethical decision-making process for the nurse practitioner is the one that misattributes the source of ethical guidelines to the American Practice Act, rather than correctly attributing them to the American Nurses Association. This misattribution can lead to misunderstandings about the origin and authority of ethical guidelines in nursing practice.

13. Frage

You are doing a physical assessment of a female patient whose probable diagnosis is Addison's disease. If this is indeed the final diagnosis you would expect to find all but which of the following during this examination?

- A. loss of weight
- B. orthostatic hypotension
- C. loss of hair in the axillary and pubic region
- **D. bradycardia**

Antwort: D

Begründung:

Addison's disease, also known as primary adrenal insufficiency, is a condition where the adrenal glands do not produce sufficient steroid hormones, including cortisol and aldosterone. This insufficiency leads to a variety of symptoms and signs that can be identified during a physical examination. Here, we will discuss each of the listed findings and clarify which one is not typically associated with

Addison's disease.

****Loss of Weight:**** Weight loss is a common symptom in Addison's disease. Due to the lack of cortisol, which plays a critical role in metabolism and the management of carbohydrates, proteins, and fats, patients often experience decreased appetite and significant weight loss.

****Bradycardia:**** Contrary to what might be expected, Addison's disease is more commonly associated with tachycardia rather than bradycardia. Bradycardia, or a slower than normal heart rate, is not a typical finding in Addison's disease. Cortisol deficiency generally leads to low blood pressure, and the body often compensates by increasing heart rate, resulting in tachycardia. Therefore, bradycardia would be the finding you would not expect in a patient with Addison's disease during a physical examination.

****Loss of Hair in the Axillary and Pubic Region:**** Addison's disease can also impact androgen levels, leading to changes in hair distribution. The decrease in androgens can result in the thinning or loss of pubic and axillary hair, making this a relevant finding in the assessment of someone with suspected Addison's disease.

****Orthostatic Hypotension:**** This is another common finding in Addison's disease. Due to aldosterone deficiency, there is less sodium retention which can lead to a decrease in blood volume, exacerbating the issue of low blood pressure. Patients with Addison's disease often experience a significant drop in blood pressure upon standing, known as orthostatic hypotension. In conclusion, during the physical assessment of a patient suspected of having Addison's disease, the presence of bradycardia would be unusual and not expected. The symptoms consistent with Addison's disease include weight loss, loss of hair in the axillary and pubic regions, orthostatic hypotension, and typically tachycardia, not bradycardia. Other signs to look for include hyperpigmentation of the buccal mucosa and other pressure areas, as well as muscle wasting.

14. Frage

Gretchen is a 32-year-old sexually active female patient with symptoms of PID. She complains of right upper quadrant abdominal pain and tenderness on palpation. Liver function tests are normal. You understand that this is most likely which of the following?

- A. Fitz-Hugh-Curtis Syndrome
- B. Jarisch-Herxheimer reaction
- C. Reiter's syndrome
- D. none of the above

Antwort: A

Begründung:

The most likely diagnosis for Gretchen, given her symptom of right upper quadrant abdominal pain and a history of pelvic inflammatory disease (PID), is Fitz-Hugh-Curtis Syndrome (FHCS). FHCS is a rare complication of PID, often caused by sexually transmitted infections such as *Neisseria gonorrhoeae* (GC) or *Chlamydia trachomatis*. It is characterized by inflammation of the liver capsule and the formation of adhesions or fibrous bands between the liver and the parietal peritoneum.

The key feature of FHCS is the development of a perihepatitis, which is an inflammation of the capsule covering the liver. This inflammation leads to sharp, right upper quadrant abdominal pain that may mimic other conditions such as cholecystitis or appendicitis. The pain is typically exacerbated by movement and may be referred to the right shoulder (due to irritation of the diaphragm).

Despite the liver being involved, liver function tests in FHCS are usually normal or show only mild abnormalities. This is because the liver parenchyma (functional tissue of the liver) is not affected. The diagnosis is often made clinically based on the symptoms and the patient's history of PID. Imaging studies like ultrasound or CT scan can be helpful in visualizing the perihepatic adhesions, though they are not always necessary.

Treatment of FHCS primarily involves addressing the underlying infection with appropriate antibiotics. This usually includes coverage for the causative organisms of PID. In addition, pain management is crucial. In severe cases or where there is significant adhesion formation, surgical intervention may be required to remove the adhesions and alleviate the symptoms.

In summary, Fitz-Hugh-Curtis Syndrome is a serious but treatable complication of PID, presenting with characteristic right upper quadrant pain, despite normal liver function tests. Early diagnosis and treatment are important to prevent further complications such as chronic abdominal pain or infertility.

15. Frage

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AANP-FNP Zertifizierungsfragen, Nursing AANP-FNP PrüfungFragen

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