

Nursing - Unparalleled AANP-FNP - Valid AANP Family Nurse Practitioner (AANP-FNP) Exam Tutorial

FNP practice exam AANP with questions with Complete Solutions

diabetes can contribute to pregnancy induced HTN - ✓ ...

hold assistive device (like cane) on opposite side - ✓ ...

sickle cell, thalassemia and leukemia can all cause - ✓ hepatosplenomegaly - but IDA will not

VSD sx - ✓ cyanosis and poor feeding - murmur is heard in tricuspid area

Down's syndrome patients can have - ✓ congenital heart defects, seizures, eye issues, hearing loss, obesity - NOT failure to thrive

hyperinflation of lungs can be seen on chest X-ray in patients with asthma - ✓ ...

Kerley's B lines on X-ray indicate - ✓ Pulmonary edema

Depo provera can cause - ✓ menstrual irregularities and amenorrhea

when rx hormones, consider fam hx of what cancers - ✓ uterine and breast

nuva ring does not affect menstrual cycle - ✓ ...

implant can help with cramps - ✓ ...

itraconazole - oral - ✓ ...

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

NEW QUESTION # 23

You have an older patient who has been diagnosed with chronic kidney disease (CKD). At what stage of the disease would you consider renal replacement therapy?

- A. stage 3
- B. stage 1
- C. stage 4
- D. stage 2

Answer: C

Explanation:

Chronic Kidney Disease (CKD) is categorized into five stages based on the glomerular filtration rate (GFR), a measure of kidney function. These stages help in determining the severity of kidney damage and guide treatment decisions. Stage 4 CKD is characterized by a severe decrease in GFR (15-29 ml/min/1.73 m²). At this stage, the kidneys have lost nearly all their ability to do their job effectively, which is crucial for filtering waste and excess fluid from the blood.

Renal replacement therapy (RRT), which includes dialysis or kidney transplantation, becomes a critical consideration in stage 4 CKD. Dialysis performs the function of the kidneys by filtering waste products and excess sodium and fluid from the blood when the kidneys can no longer do so efficiently. This intervention is vital to prevent the accumulation of toxins and fluid in the body, which can be life-threatening.

The decision to initiate renal replacement therapy is usually made based on several factors, including the patient's symptoms, level of kidney function, overall health, and quality of life. Common symptoms that may prompt the initiation of dialysis in stage 4 include severe fatigue, difficulty breathing, excessive fluid retention, and elevated potassium levels, which can be dangerous.

Consulting with a nephrologist, a specialist in kidney care, is essential when considering renal replacement therapy. The nephrologist will evaluate the progression of kidney disease, discuss the different modalities of dialysis (such as hemodialysis or peritoneal dialysis), or assess the suitability for a kidney transplant. This consultation also provides an opportunity to address any concerns the patient might have regarding the impact of RRT on their daily life and long-term health.

It is important to note that not all patients in stage 4 CKD will require immediate renal replacement therapy. Some patients may progress to end-stage renal disease (stage 5) more slowly and might not need dialysis for months or even years. Regular monitoring and early nephrological consultation are therefore crucial to optimize the timing of dialysis initiation and to prepare both the patient and their family for the changes that lie ahead.

NEW QUESTION # 24

Your patient has presented in the second stage of Syphilis. Which of the following is the recommended treatment option?

- A. Benzathine penicillin G 2.4 million U IM x 2 weekly doses.
- B. Benzathine penicillin G 2.4 million U IM x 3 weekly doses.
- C. Benzathine penicillin G 2.4 million U IM as a one-time dose.
- D. Benzathine penicillin G 2.4 million U IM x 4 weekly doses.

Answer: C

Explanation:

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. The management of syphilis depends on the stage of the disease. In the second stage of syphilis, characteristic symptoms include skin rashes and mucous membrane lesions. Treatment at this stage is crucial to prevent progression to more severe stages that can have serious systemic effects.

The recommended treatment for the second stage of syphilis is Benzathine penicillin G, administered as a single intramuscular (IM) injection of 2.4 million units. Penicillin G is highly effective against the *Treponema pallidum* bacterium, and a single dose can be sufficient to eradicate the infection from the body in the secondary stage. This treatment option is preferred due to its effectiveness, ease of administration, and the ability to ensure complete adherence with a single visit.

However, not all patients can receive penicillin due to allergies. For patients allergic to penicillin, alternative treatment options include Doxycycline and Tetracycline. Doxycycline is administered orally at a dose of 100 mg twice daily for two weeks, and Tetracycline is administered as 500 mg four times daily for two weeks. These antibiotics are also effective against *Treponema pallidum* but require a longer course of treatment and depend on patient adherence to the medication schedule.

It is important to monitor patients for allergic reactions and adherence to the prescribed treatment regimen, regardless of the medication used. Additionally, sexual partners should be notified, tested, and treated if necessary to prevent reinfection and further spread of the disease. Regular follow-up is essential to ensure that the infection has been completely eradicated and to manage any

potential complications.

NEW QUESTION # 25

When seeing a teenage patient, what is important to double check in the medical history?

- A. Immunizations.
- B. Weight.
- C. Height.
- D. Growth.

Answer: A

Explanation:

When seeing a teenage patient, it is critically important to double-check their immunization records as part of their medical history. Immunizations are a key aspect of preventive healthcare, particularly during the teenage years when booster shots are often required. One of the primary reasons to focus on immunizations during adolescence is that booster shots for many childhood vaccines are recommended approximately every 10 years. Common vaccines such as tetanus, diphtheria, and pertussis (Tdap) need updating to maintain immunity against these potentially dangerous diseases. Adolescence is also a crucial time for receiving the meningococcal vaccine, which protects against meningitis, and the human papillomavirus (HPV) vaccine, which helps prevent certain types of cancers.

Teen years are a period of significant physical, emotional, and social changes. Due to their increasing independence and social activities, teenagers are at a higher risk of exposure to infectious diseases. Ensuring that they are up-to-date with their vaccinations not only protects them but also helps in preventing the spread of diseases to others in schools, sports teams, and social gatherings. Medical professionals should carefully review a teenager's immunization record during medical consultations. This is crucial not only to catch up on any missed vaccinations but also to plan future vaccinations according to the recommended immunization schedule. The medical records should accurately reflect the patient's current immunization status and any upcoming vaccines that are due. Furthermore, verifying immunization records is not only a matter of individual health but also a public health imperative. It helps in maintaining herd immunity, thereby protecting those who are unable to receive certain vaccines due to medical conditions. This collective protection can significantly reduce the outbreaks of vaccine-preventable diseases.

In summary, checking the immunization status of teenage patients is an essential part of their health check-up. It ensures they are protected against specific diseases as their exposure increases and supports public health efforts in controlling preventable illnesses.

NEW QUESTION # 26

Which of the following characteristics is not typical of melanoma?

- A. mixed colors
- B. pink-to-red targetlike lesions
- C. irregular borders
- D. uneven texture

Answer: B

Explanation:

The characteristic "pink-to-red targetlike lesions" is not typical of melanoma. Melanoma, a serious form of skin cancer, generally presents with specific features known as the ABCDEs: Asymmetry, Border irregularity, Color variation, Diameter over 6mm, and Evolving nature of the mole.

Typically, melanomas are characterized by dark-colored moles that may appear black, brown, or even multicolored. These moles often have an uneven texture and irregular borders, which may blur into the surrounding skin or appear ragged. The color of a melanoma can include different shades of brown or black, and sometimes red, white, or blue tones can be seen within the lesion. In contrast, pink-to-red targetlike lesions, which are more indicative of conditions like erythema multiforme or Lyme disease, do not align with the typical presentation of melanoma. These lesions generally show a distinct pattern that resembles a target, with multiple rings of varying colors typically centering on a darker spot. Such characteristics differ significantly from the irregular, mixed-color presentation of melanoma.

Understanding these distinctions is crucial for early detection and proper treatment of melanoma, differentiating it from other skin conditions that might have less severe implications. Therefore, recognizing that pink-to-red targetlike lesions are not typical of melanoma can help in avoiding misdiagnosis and ensuring appropriate medical attention for potentially malignant changes in the skin.

NEW QUESTION # 27

Which of the following patients is most likely to have severe joint symptoms as a result of Fifth disease?

- A. a 15-year-old boy
- B. an elderly male
- **C. a 43-year-old female in otherwise good health**
- D. a 5-month old female infant

Answer: C

Explanation:

Fifth disease, also known as erythema infectiosum, is primarily caused by parvovirus B19. This common viral infection often affects children, manifesting as a mild rash on the face, trunk, and limbs. Though typically benign in children, the disease can present differently in adults.

In adults, particularly those in good health without underlying immunodeficiency, Fifth disease can lead to more pronounced joint symptoms. These symptoms include pain and swelling, most frequently affecting the hands, feet, and knees. Unlike the presentation in children, adults, especially women, might experience these joint symptoms with little or no accompanying rash.

The immune response in adults compared to children may account for the variation in symptom presentation. Adults' immune systems can react more aggressively to the infection, leading to more significant inflammation in the joints. This heightened inflammatory response is why adults, particularly women, are more likely to experience severe arthralgia or arthritis as a consequence of the infection.

Given this information, a 43-year-old female in good health is statistically more likely to experience severe joint symptoms from Fifth disease compared to a 5-month-old infant, a 15-year-old boy, or even an elderly male. Women tend to have a higher prevalence of autoimmune diseases, which might influence the more intense immune response to parvovirus B19, thereby increasing the likelihood and severity of joint symptoms.

In conclusion, while Fifth disease is commonly a mild condition in children, in adults, especially middle-aged women, it can lead to significant joint discomfort. This distinction in symptom manifestation between different age groups and sexes is crucial for accurate diagnosis and management of the condition.

NEW QUESTION # 28

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