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最新的 Nursing AANP AANP-FNP 免費考試真題 (Q59-Q64):

問題 #59

Tetanus infection is caused by *Clostridium tetani*, an anaerobic, gram-positive, spore-forming rod. The organism enters the body through a contaminated wound. Which of the following wounds would present the greatest risk for tetanus infection?

- A. a puncture wound from stepping on a garden tool
- B. an abrasion on the knee
- C. a laceration from a knife used to cut chicken
- D. all of the above

答案: A

解題說明:

To effectively address the question of which wound presents the greatest risk for a tetanus infection, we must consider the nature and characteristics of the bacterium *Clostridium tetani* and the conditions it thrives under.

Tetanus is caused by *Clostridium tetani*, which is an anaerobic bacterium. This means that it prefers environments devoid of oxygen. This characteristic is crucial in understanding which types of wounds are more likely to foster the growth of this bacterium. The

bacteria produce spores that are capable of surviving in harsh conditions and can become active when they enter a suitable environment, such as a deep wound.

Among the options provided: 1. An abrasion on the knee - This type of injury typically results in a superficial wound. While it can become contaminated with dirt and potentially with *Clostridium tetani*, the exposure to air and the superficial nature of the wound make it less likely to create the anaerobic (oxygen-free) conditions necessary for the bacteria to thrive. 2. A puncture wound from stepping on a garden tool - This type of injury is generally deeper and narrower. Such wounds can easily penetrate deeper layers of tissue, reducing exposure to air and thus creating an anaerobic environment, which is ideal for the growth of *Clostridium tetani*.

Furthermore, garden tools are often in contact with soil, which can be a natural reservoir for the spores of *Clostridium tetani*, especially if the soil is enriched with manure, enhancing the risk of tetanus spore contamination. 3. A laceration from a knife used to cut chicken - While this wound could potentially be deep and introduce other pathogens, the risk of tetanus specifically depends on whether the knife was contaminated with *Clostridium tetani* spores, which is less likely compared to exposure to soil. The primary concern here would more likely be other types of infections, including foodborne pathogens.

Given these considerations, the puncture wound from stepping on a garden tool presents the highest risk for a tetanus infection. This scenario combines both the ideal conditions for the anaerobic growth of *Clostridium tetani* and a high likelihood of contamination from a source rich in tetanus spores (soil/manure). Hence, it is essential to treat such wounds promptly and consider prophylactic tetanus toxoid vaccination, especially if the vaccination history is unclear or if the individual has not been vaccinated within the last ten years.

問題 #60

The differential diagnoses for scarlet fever include all of the following EXCEPT:

- A. Rubeola
- B. Kawasaki syndrome
- C. Fifth disease
- D. intertrigo

答案: D

解題說明:

Intertrigo is a skin condition characterized by inflammation of body folds, which is more prevalent in individuals who are obese or live in humid climates. This condition typically manifests as skin maceration, fissures, and erythema within the folds. Intertrigo is caused by the friction of skin rubbing against skin, which can be exacerbated by moisture and warmth in these areas, leading to irritation and sometimes secondary infection.

In the context of differentiating various skin and systemic conditions, it is important to note that intertrigo does not share the core characteristics or etiology with scarlet fever. Scarlet fever is a bacterial infection caused by group A *Streptococcus*, presenting with symptoms such as a red rash, fever, sore throat, and the characteristic "strawberry" tongue. The rash in scarlet fever typically has a fine, sandpaper-like texture and commences on the chest and abdomen before spreading to other parts of the body.

Kawasaki syndrome, on the other hand, is an acute febrile illness primarily affecting children under five years old and is considered in differential diagnoses due to its presentation of fever, rash, and involvement of mucous membranes, which could appear similar to scarlet fever. Kawasaki syndrome is distinguished by its specific criteria, including conjunctival injection, changes in the lips and oral cavity, and swelling or redness in the hands and feet.

Rubeola, or measles, is another condition considered in the differential diagnosis for scarlet fever due to its initial presentation with fever, runny nose, cough, and a characteristic red blotchy rash that starts on the face and spreads. Measles is highly contagious and caused by the measles virus, distinct from the bacterial etiology of scarlet fever.

Fifth disease, caused by Parvovirus B19, also features in the differential diagnosis primarily due to its rash manifestation, which can sometimes mimic that of scarlet fever. The classic presentation of Fifth disease includes a "slapped cheek" appearance followed by a lacy patterned rash on the body.

Given these considerations, intertrigo does not fit into the spectrum of illnesses that resemble scarlet fever either by systemic involvement or by primary etiological agent, making it the correct answer to the query of conditions that do NOT include scarlet fever in their differential diagnosis.

問題 #61

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

答案： D

解題說明：

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.

問題 #62

Which of the following would indicate that you should refer your patient with psoriasis to a dermatologist?

- A. generalized pustular psoriasis
- B. mild scalp involvement
- C. involvement of 10% of trunk
- D. moderate flexural psoriasis

答案： A

解題說明：

When determining whether to refer a patient with psoriasis to a dermatologist, it is essential to assess the severity and type of psoriasis. Among the types, generalized pustular psoriasis stands out as particularly severe and warrants immediate specialist consultation.

Generalized pustular psoriasis is a rare and severe form of psoriasis characterized by widespread pustules on top of inflamed and reddened skin. This condition can be life-threatening and requires prompt and specialized care to manage not only the skin symptoms but also potential systemic complications. The acute nature of the disease, potential for rapid progression, and the systemic inflammation often associated with it are the primary reasons why referral to a dermatologist is crucial.

In comparison, **mild scalp psoriasis** typically involves less severe symptoms and can often be managed with topical treatments and primary care follow-up. This form does not usually necessitate a specialist referral unless it is refractory to standard treatments or is causing significant distress or impairment to the patient.

Similarly, while conditions like **moderate flexural psoriasis** or involvement of less extensive areas (e.g., less than 20% of the trunk) might be uncomfortable and require careful management, they do not usually require the immediate attention of a dermatologist unless they fail to respond to initial treatments or significantly impact quality of life.

Other conditions that typically merit referral to a dermatologist include **extensive psoriasis vulgaris**, which covers a large area of the body and can severely affect a person's physical and mental well-being; **incapacitated elderly clients**, who may have other comorbidities complicating the psoriasis management; or **subacute psoriasis**, which represents a significant and often uncomfortable manifestation of the disease.

The decision to refer to a dermatologist should also consider the patient's overall health, the psychological impact of the disease, the risk of complications, and the potential need for advanced therapies that are beyond the scope of primary care. Effective collaboration between primary care providers and dermatologists is crucial in ensuring comprehensive care and optimal outcomes for patients with severe or complicated psoriasis.

問題 #63

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. Fitz-Hugh-Curtis syndrome
- B. Reiter's syndrome
- C. Jarisch-Herxheimer reaction

- D. syphilis

答案： A

解題說明：

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.

問題 #64

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