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AANP FNP FAMILY NURSE PRACTITIONER REAL EXAM 2024 WITH ACCURATE QUESTIONS WITH VERIFIED ANSWERS GUARANTEED A+ PASS

Blepharitis - commonly occurs when the tiny oil glands of the inner eyelid become inflamed. It often occurs along with other skin conditions or allergies. Symptoms include red, itchy eyelids that may look greasy and crusted. Dry eyes also are a symptom. Treatments include cleaning the eyelids, antibiotic or steroid eye drops and treating underlying conditions. However, blepharitis tends to come back.

Hordelum - Painful sty it hurts

Chalazedium - Non painful lesion to eyelid

Cotton Wool - Cotton wool spots are an abnormal finding on fundoscopic exam of the retina of the eye. They appear as fluffy white patches on the retina. They are caused by damage to nerve fibers and are a result of accumulations of axoplasmic material within the nerve fiber layer. Systemic HTN, DM

Herpes Zoster - Early signs of shingles include a burning sensation or stabbing pain and tingling or itching on the skin. After a few days, a rash or blisters appear usually on one side of the body or face. When the rash is at its peak, symptoms can range from mild itching to extreme and debilitating pain. Tx within 72 hours Aclovir

Retinoblastoma (Rb) - Absence of light reflex, it is a rare form of cancer that rapidly develops from the immature cells of a retina, the light-detecting tissue of

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q82-Q87):

NEW QUESTION # 82

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. gastrointestinal bleeding**
- C. hepatitis
- D. hemorrhoids

Answer: B

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 # 83

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Ask the patient if he is adhering to the recommended diet.
- B. Make sure that the patient is taking the medication properly.
- **C. Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.**
- D. Immediately notify his health care provider that the medication has not been effective.

Answer: C

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals. Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it

typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

NEW QUESTION # 84

Your 19-year-old male patient has extreme mood swings and has been diagnosed with bipolar II disorder. He has been taking medication prescribed by his mental health specialist and is participating in psychotherapy. He comes to you for evaluation, telling you that he feels much better and wants to end his treatment. You would tell him which of the following?

- A. that he must be weaned off the treatment slowly
- B. that he can stop his medication slowly but must go to therapy for a while longer
- C. that he has a lifelong condition that must be addressed with lifelong treatment
- D. that you will do some bloodwork to check his condition and then see what must be done

Answer: C

Explanation:

The most appropriate response to your 19-year-old patient who wants to end his treatment for bipolar II disorder would be to explain that bipolar disorder is a lifelong condition that requires ongoing management. This includes the potential need for lifelong treatment. It is crucial to communicate that feeling better is a positive sign but does not signify that the disorder has been cured. Bipolar disorder is characterized by alternating periods of highs (hypomania) and lows (depression), and treatment is typically aimed at managing symptoms and preventing the recurrence of mood episodes. Medications and psychotherapy play a critical role in this ongoing process. It is important to clarify that while medications help stabilize mood, psychotherapy provides tools and strategies to cope with life challenges and mood changes.

Additionally, you can explain the risks associated with abruptly stopping medication. For many patients, discontinuing medication without proper guidance can lead to a relapse or worsening of symptoms. A gradual tapering off, under the supervision of a healthcare provider, might be considered if it aligns with a long-term treatment strategy developed by the patient's mental health specialist.

It would also be beneficial to conduct some follow-up assessments, such as blood work or psychological evaluation, to gain a better understanding of his current health status and to ensure that the treatment plan remains effective and safe.

Lastly, emphasizing the importance of continued engagement in psychotherapy even if medications are adjusted is essential. Ongoing therapy can provide support, education, and coping strategies that are vital for long-term management of bipolar disorder.

Encouraging participation in support groups or psychoeducational sessions can also be helpful for both the patient and his family to better understand the nature of the disorder and how to support his journey toward stability.

Overall, it's crucial to support your patient in recognizing the chronic nature of bipolar disorder and the importance of a sustained, comprehensive treatment approach to maintain his health and quality of life.

NEW QUESTION # 85

One way of learning what different medications a patient takes is to have the patient bring all medications and supplements she takes to an appointment. This is known as which of the following?

- A. Medicine cabinet review.
- B. Brown bag review.
- C. Medication assessment.
- D. Review of systems.

Answer: B

Explanation:

The term "Brown bag review" refers to a method used by healthcare providers to gain a comprehensive understanding of all the medications a patient is currently taking. This method involves the patient collecting all their medications, including prescription drugs, over-the-counter (OTC) medications, vitamins, and herbal supplements, and bringing them to their medical appointment in a literal or figurative brown bag.

The primary goal of a Brown bag review is to ensure the patient's safety by enabling the healthcare provider to verify the medications being used, check for any potential drug interactions, ensure proper dosing, and confirm that the patient is following the prescribed medication regimen correctly. This review also provides an opportunity to educate patients about their medications, discuss any concerns they might have, and make adjustments to their prescriptions if necessary.

This practice is distinct from a "Review of systems" which is a systematic approach used during a medical interview to collect information about the different organ systems of the body. The Review of systems is designed to uncover symptoms and signs of

diseases but does not specifically focus on medication review.

Furthermore, a "Medicine cabinet review" might sound similar, but it is not a commonly recognized term in clinical practice for a medication review strategy. The Brown bag review remains the standard terminology and practice for this type of comprehensive medication assessment during a healthcare visit.

In summary, the Brown bag review is a valuable practice in healthcare that helps in optimizing patient treatment plans and improving overall medication management. By bringing all their medications to the review, patients actively participate in their healthcare process, leading to better health outcomes.

NEW QUESTION # 86

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

- A. obese
- **B. overweight**
- C. normal weight
- 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 # 87

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