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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 - ✓✓III first time audible, IV first time thrill

Fundal height 12 weeks - ✓✓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 of 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? - ✓✓Iron, TIBC

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

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

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

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

6 month old closed anterior fontanel. - ✓✓XRAY

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

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q34-Q39):

NEW QUESTION # 34
A 13-year-old male patient has a bothersome wart on his index finger. You prescribed podofilox to be used for 4 - 6 weeks. The wart is not responding and, in fact, is interfering with hand and finger function. Which of the following would you recommend for this patient?

- A. steroid cream
- B. watch and wait
- C. surgical excision
- D. salicylic acid plaster

Answer: C

Explanation:
When treating warts, particularly in a young patient like the 13-year-old described, the initial approach often involves less invasive treatments. Podofilox is a common topical medication used for this purpose; however, it appears to be ineffective in this case as the wart has not responded after 4-6 weeks of treatment. Additionally, the wart is noted to be interfering with the function of the hand and finger, which escalates the need for more definitive treatment.
Among the options listed: - **Watch and wait** is generally not advisable here since the wart is already causing functional impairment. - **Steroid cream** is typically used to reduce inflammation and is not a standard treatment for warts. - **Salicylic acid plaster** is another common treatment for warts, but might not be strong enough given that the wart is unresponsive to previous treatment and is affecting hand function.
Surgical excision stands out as the most appropriate recommendation in this scenario. While surgical intervention is usually considered a last resort, it becomes necessary if the wart causes significant functional or cosmetic issues that do not resolve with standard therapies. The procedure involves cutting out the wart completely, which can provide a quicker resolution compared to other methods that might require prolonged treatment periods. This option would likely provide the most immediate relief from the symptoms being experienced by the patient and help restore the function of his finger.
In conclusion, given the described clinical situation where the wart is significantly affecting the patient's hand function and has not responded to initial less invasive treatments, surgical excision is recommended. This approach should be undertaken by a skilled practitioner to minimize any potential complications and ensure complete removal of the wart.

NEW QUESTION # 35
A disease characterized by high fever, truncal and perineal area rash, and dry cracked lips with a strawberry tongue is known as:

- A. Kawasaki disease
- B. Varicella
- C. Fifth disease
- D. Scarlet Fever

Answer: A

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 # 36
Which of the following is NOT part of the ethical decision making process for the nurse practitioner?

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

Answer: D

Explanation:
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.

NEW QUESTION # 37
Which of the following skin lesions is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants?

- A. erythema toxicum
- B. faun tail nevus
- C. milia
- D. Mongolian spots

Answer: D

Explanation:
The correct answer to the question regarding which skin lesion is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants is "Mongolian spots." Mongolian spots are a type of congenital dermal melanocytosis, where melanocytes, the cells

responsible for skin pigment, are located deeper than usual in the skin. These spots are named after the Mongol people of East and Central Asia, where the condition was first described, but the term is considered outdated and potentially offensive in modern contexts.
The appearance of Mongolian spots is typically characterized by blue to black-colored patches or stains on the skin. These spots are usually flat and can vary in size and shape. Although they can appear anywhere on the body, they are most commonly found on the lumbosacral area, which includes the lower back and buttocks. This prevalent location is one reason why they are frequently observed during newborn examinations.
Mongolian spots are more commonly seen in infants of certain ethnicities, including those of Black, Asian, Hispanic, and Native American descent, affecting up to 80 to 90% of these populations. The high incidence rate in these groups contrasts with their occurrence in Caucasian infants, where they are much less common.
It's important to note that Mongolian spots are generally harmless and usually fade or disappear completely by school age, typically around the age of five to seven years. They do not require any treatment as they are not associated with any disease or health condition. However, their presence should be documented in medical records to avoid confusion with bruising or other skin conditions, which might otherwise lead to unnecessary investigations.
In summary, Mongolian spots are benign skin markings that are particularly prevalent among infants of Black, Asian, Hispanic, and Native American heritage. Their recognition is crucial for proper pediatric care and for avoiding misinterpretations of their significance.

NEW QUESTION # 38
Which of the following diagnoses of a red eye is most likely to be associated with constricted pupils?

- A. glaucoma
- B. infectious conjunctivitis
- C. iritis
- D. allergic conjunctivitis

Answer: C

Explanation:
When considering the diagnosis of a red eye associated with constricted pupils, iritis, also known as anterior uveitis, is the most likely condition among the options provided. Iritis is an inflammation of the iris, the colored part of the eye, and it often presents with both redness and photophobia, which is a sensitivity to light. As a protective response to light sensitivity and part of the inflammatory process, the pupil often constricts (becomes smaller) in iritis.
The other conditions listed, such as allergic conjunctivitis, infectious conjunctivitis, and glaucoma, have different effects on the pupil. Allergic and infectious conjunctivitis primarily affect the conjunctiva, which is the outermost layer of the eye and the inner surface of the eyelids. These conditions are characterized by redness, itching, and discharge, but typically do not affect the size of the pupil, which usually remains normal.
On the other hand, glaucoma, particularly acute angle-closure glaucoma, can also present with a red eye but is typically associated with a dilated pupil, not a constricted one. In acute angle-closure glaucoma, the increase in intraocular pressure can lead to a mid-dilated and non-reactive pupil. This is a distinguishing feature from iritis, where the pupil is constricted and might show a more reactive response to light despite the discomfort it causes.
Thus, among the given choices, iritis is distinctly associated with constricted pupils due to its inflammatory nature and the body's response to minimize exposure to light, which can exacerbate the pain and discomfort associated with the condition. This symptom helps differentiate it from other types of red eye conditions where the pupil size remains normal or becomes larger.

NEW QUESTION # 39
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