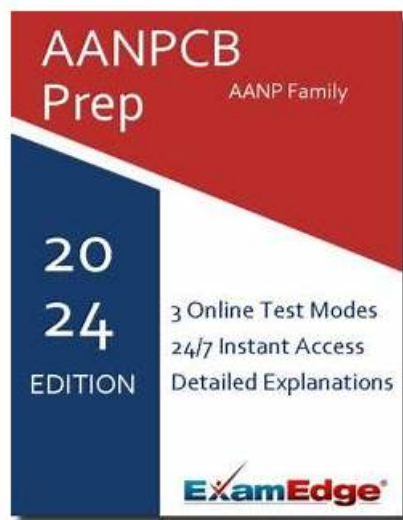


# AANP-FNP AANP Family Nurse Practitioner (AANP-FNP) トレーニング資料、AANP-FNP練習テスト



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>> AANP-FNP認定資格試験 <<

## AANP-FNP資格練習、AANP-FNP日本語版問題解説

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試

## 驗問題 (Q70-Q75):

### 質問 # 70

You have a patient with chronic asthma

a. At each follow-up visit with your patient you would determine which of the following?

- A. PEFR
- B. WBC count
- C. sleep patterns
- D. diet

正解: A

解説:

For a patient with chronic asthma, regular follow-up visits are crucial for monitoring the patient's condition and managing the asthma effectively. Among the assessments that could be conducted during these visits, measuring the Peak Expiratory Flow Rate (PEFR) is notably significant. Here's why PEFR is the correct answer and why other options like diet, WBC count, or sleep patterns, though important in general health, are less critical in routine asthma follow-up assessments.

**\*\*PEFR (Peak Expiratory Flow Rate):\*\*** PEFR is a measure of how quickly a person can expel air from their lungs after a maximal inhalation, using a device called a peak flow meter. This measurement is particularly important in the management of asthma as it provides a quantitative assessment of the patient's lung function. Regular monitoring of PEFR can help in detecting early signs of worsening asthma control, even before symptoms become more severe. Changes in PEFR readings can indicate the need for adjustments in medication or other interventions. Consequently, assessing PEFR is a standard procedure in follow-up visits for asthma patients.

**\*\*Diet:\*\*** While diet is an essential aspect of overall health and can impact conditions like asthma (certain food allergies or sensitivities may trigger asthma symptoms), it is not routinely assessed in every follow-up visit unless specific dietary-related asthma triggers have been previously identified. The primary focus of asthma management is monitoring airway function and managing environmental and physical triggers.

**\*\*WBC Count:\*\*** A white blood cell (WBC) count is a measure of the immune cells in the blood and can indicate the presence of infection or inflammation. While systemic inflammation can be associated with asthma, routine WBC counts are not standard in asthma follow-up unless there is a specific clinical indication, such as suspicion of an infection which might exacerbate the asthma symptoms.

**\*\*Sleep Patterns:\*\*** Poor sleep quality can affect asthma control, as symptoms like coughing and difficulty breathing can worsen at night. However, like diet, sleep patterns are generally discussed in the context of assessing control and triggers rather than as a routine quantitative measure like PEFR. Sleep issues may be explored during patient discussions, especially if the patient reports symptoms like nocturnal asthma, but they are not typically a primary focus of follow-up visits unless there is a specific concern. In summary, during follow-up visits for a patient with chronic asthma, determining the PEFR is essential for directly assessing and managing the patient's respiratory function. While factors like diet, WBC count, and sleep patterns can influence asthma, they do not provide direct information about airway function and are not standard metrics for routine asthma management. Therefore, PEFR remains the most relevant and practical measure to assess at each follow-up visit.

### 質問 # 71

A 70-year-old male patient has a cough, shortness of breath, fatigue, and pleuritic chest pain. Your initial impression is pneumonia, and your auscultation of the chest seems to confirm this diagnosis. On auscultation, a patient with pneumonia will have all but which of the following lung sounds?

- A. clear lung sounds except for scattered rhonchi
- B. crackles
- C. abnormal breath sounds
- D. dullness to percussion

正解: A

解説:

When diagnosing conditions like pneumonia, healthcare professionals rely heavily on the physical examination, particularly auscultation, where they listen to the sounds made by the lungs. In pneumonia, typical findings on auscultation can include a variety of abnormal lung sounds. Let's explore the lung sounds mentioned in the question and understand why one of them is less likely to be associated with pneumonia.

**\*\*Crackles\*\*:** These are short, discontinuous sounds heard during inspiration. Crackles, which are often described as sounding like hair being rubbed between fingers, occur when air opens small airways and alveoli that have been stuck together by fluid or infection,

common in pneumonia.

**\*\*Clear lung sounds except for scattered rhonchi\*\***: Rhonchi are low-pitched sounds that resemble snoring and occur when airways are obstructed by mucus. While rhonchi can be heard in conditions where the airways are blocked, such as chronic bronchitis or acute bacterial bronchitis, their presence alone-especially with other areas of clear lung sounds-is not typically indicative of pneumonia. Pneumonia usually presents more widespread lung involvement, leading to multiple types of abnormal sounds rather than isolated rhonchi.

**\*\*Abnormal breath sounds\*\***: This term is a general one that can encompass a range of non-normal sounds, including wheezing, crackles, and rhonchi. In the context of pneumonia, abnormal breath sounds are expected due to the inflammation and infection within the lung parenchyma, disrupting normal airflow and lung function.

**\*\*Dullness to percussion\*\***: When performing a physical examination, dullness noted on percussion (tapping on the chest) over the lungs can indicate the presence of something dense like fluid or solid tissue within the lung, common in pneumonia. Normally, a hollow sound is heard because of the air-filled spaces within healthy lungs.

Hence, among the options provided, "clear lung sounds except for scattered rhonchi" is the sound least likely to be associated with pneumonia. This finding is more characteristic of acute bronchitis, where the primary issue is the narrowing or blockage of the larger airways, rather than the alveolar filling typical of pneumonia. In pneumonia, one would expect to find more diffuse or widespread abnormalities in lung sounds across the affected areas, not isolated rhonchi with clear sounds elsewhere.

## 質問 # 72

Edward is a 50-year-old male patient who has peripheral vascular disease. You are prescribing a neuropathic analgesic for him. Which of the following drugs would you prescribe?

- A. Clindamycin
- B. Persantine
- **C. Amitriptyline**
- D. Pentoxifylline

正解: C

解説:

In addressing the question of which neuropathic analgesic to prescribe for Edward, a 50-year-old male patient with peripheral vascular disease, it is important to consider the nature and mechanism of the medications available. Peripheral vascular disease primarily affects blood vessels outside of the heart and brain and can often lead to complications such as pain and numbness, typically in the legs. The treatment goal in such cases often includes managing symptoms and improving quality of life.

Among the options listed, Amitriptyline appears repeatedly and is the appropriate choice for treating neuropathic pain in Edward's case. Amitriptyline is a tricyclic antidepressant that is widely used not only for its primary function as an antidepressant but also for its efficacy in treating neuropathic pain. This type of pain is common in patients with peripheral vascular disease due to nerve damage caused by reduced blood flow.

The reason Amitriptyline is effective in such cases lies in its mechanism of action. It increases the levels of neurotransmitters in the nervous system, such as serotonin and norepinephrine, which help modulate pain perception. Amitriptyline also blocks the reuptake of these neurotransmitters, making them more available in the brain, which can help alleviate pain.

The other options listed such as Pentoxifylline, Persantine, and Clindamycin do not primarily address neuropathic pain. Pentoxifylline is often used to improve blood flow in patients with circulation problems, not specifically for pain relief. Persantine is another medication that helps prevent blood clots but does not have analgesic properties. Clindamycin is an antibiotic with no role in pain management.

Therefore, among the given choices, Amitriptyline would be the most suitable prescription for Edward to help manage his neuropathic pain associated with peripheral vascular disease. It is crucial, however, to monitor the patient for any potential side effects such as sedation, dry mouth, or urinary retention, which are commonly observed with tricyclic antidepressants. Adjustments to dosage or alternative therapies may be considered based on the patient's response and any adverse effects experienced.

## 質問 # 73

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

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

正解: C

解説:

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.

#### 質問 # 74

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 4 weekly doses.
- B. Benzathine penicillin G 2.4 million U IM x 2 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.**

正解: D

解説:

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.

#### 質問 # 75

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