

AANP-FNP資格参考書、AANP-FNP全真問題集

AANP FNP Certification 2023-2024 Questions and Answers 100% Correct

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

Fundal height 12 weeks - ANSWER-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 or 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? - ANSWER-Iron, TIBC

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

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

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

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

6 month old closed anterior fontanel. - ANSWER-XRAY

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

CAGE ACRONYM - ANSWER-Cut down
Annoyed by criticism
Guilty about drinking
Eye opener drink

Causes of tachycardia - ANSWER-Fever
Anemia
Hypotension

Cranial nerves responsible for extraocular eye movements - ANSWER-CN 3,4,6

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Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試験問題 (Q20-Q25):

質問 # 20

As an FNP you would recognize that your patient with herpangina should be treated for as long as he or she is symptomatic. How long would you expect the course of this disease would be?

- A. 3 - 5 days
- B. 2 - 3 weeks
- C. within one month
- D. 10 days

正解: A

解説:

Herpangina is typically a self-limiting disease, characterized primarily by small, painful ulcers and sores (lesions) in the mouth. These symptoms are often accompanied by fever, a sore throat, and sometimes a runny nose or cough, collectively known as coryza. As an acute viral illness, herpangina is most commonly caused by Coxsackievirus A, a type of enterovirus. The virus spreads primarily through contact with respiratory droplets or the fecal-oral route, making it more prevalent among young children, who are less likely to maintain good hygiene.

The typical duration for herpangina is relatively short. Symptoms generally appear suddenly and can be quite severe, but they resolve quickly, usually within 3 to 5 days. This rapid resolution of symptoms is due to the body's immune response effectively combating the virus. During this period, supportive care is essential to help manage symptoms and ensure hydration, especially since painful mouth sores can make eating and drinking uncomfortable.

Treatment for herpangina focuses primarily on symptom relief. This can include the use of over-the-counter pain relievers such as acetaminophen or ibuprofen to reduce fever and alleviate pain. Additionally, mouthwashes or sprays that numb pain can help relieve the discomfort caused by mouth ulcers. It is important for caregivers to monitor fluid intake to prevent dehydration. Since herpangina is caused by a virus, antibiotics are not effective and are not prescribed.

The expected course of herpangina being 3 to 5 days is typical for uncomplicated cases. However, it is crucial for healthcare providers, including FNPs (Family Nurse Practitioners), to educate patients and caregivers about the signs of potential complications, such as dehydration or more severe infections, which could extend the duration of the illness or require more intensive medical care. Regular follow-up during the period of illness can help ensure that the patient is recovering as expected and maintaining adequate hydration and nutrition.

質問 # 21

You are deciding what type of medication to prescribe for your patient for treatment of a peptic ulcer. If you prescribe nizatidine what type of drug are you prescribing?

- A. proton pump inhibitor
- B. histamine2 antagonist
- C. mucosal healing agent
- D. antacid

正解: B

解説:

If you are considering prescribing nizatidine for the treatment of a peptic ulcer, you are choosing a medication that falls under the category of histamine2 (H2) antagonists. Nizatidine works by blocking histamine receptors on the cells in the stomach lining that produce acid. Specifically, it targets the H2 receptors, leading to decreased production of stomach acid.

H2 antagonists such as nizatidine are particularly useful in reducing gastric acid secretion and increasing the pH of the stomach, which can help in healing or preventing ulcers. By decreasing the amount of acid produced, these medications allow the stomach lining and any existing ulcerations more opportunity to heal.

Other drugs in the H2 antagonist class include cimetidine, famotidine, and ranitidine HCl. These medications share a similar mechanism of action with nizatidine, though they may differ in potency, duration of action, and side effects. Nizatidine is often chosen for its efficacy and favorable side effect profile.

It is important to differentiate H2 antagonists from other types of drugs used to treat peptic ulcers, such as proton pump inhibitors (PPIs) and antacids. PPIs work by a different mechanism, inhibiting the proton pump in the stomach lining that is responsible for the final step in acid production. Antacids, on the other hand, neutralize existing stomach acid rather than reducing its production.

When prescribing nizatidine, it is essential to consider the specific needs of the patient, their medical history, and any potential interactions with other medications they may be taking. As with any medication, monitoring the patient's response and adjusting the treatment as necessary is crucial for effective management of peptic ulcers.

質問 #22

You have a patient who has tripped and fallen on his face and has a tooth fracture. Upon examination you observe a full fracture of the tooth involving the enamel, dentin, and pulp. Pink tissue is seen in the fracture. This fracture would be classified as which of the following?

- A. avulsion
- B. Ellis III
- C. Ellis I
- D. Ellis II

正解: B

解説:

The correct classification for the described tooth fracture is an Ellis III fracture. This classification is used to identify tooth fractures that involve the full thickness of the tooth, including the enamel, dentin, and pulp layers.

An Ellis III fracture is more severe than Ellis I or Ellis II fractures because it extends through all three layers of the tooth. The enamel, which is the outermost protective layer of the tooth, is compromised, as is the dentin, which forms the bulk of the tooth structure beneath the enamel. Most critically, the pulp, which contains the tooth's nerve and blood supply, is also exposed. The visibility of pink tissue within the fracture site typically indicates that the pulp is involved and possibly damaged, which can lead to pain, sensitivity, and risk of infection.

The presence of pulp exposure in an Ellis III fracture necessitates prompt and specific treatment to prevent complications such as pulp necrosis or infection that could lead to an abscess or more widespread oral health issues. Management of an Ellis III fracture generally involves either a root canal procedure to remove the damaged pulp and seal off the tooth or, if the tooth is too severely damaged, extraction. In either case, a dental specialist, such as an endodontist or oral surgeon, would likely be involved in the treatment.

Immediate steps before seeing a specialist should include covering the exposed area to reduce pain and prevent contamination. Dental wax or temporary dental cement can be applied to seal off the exposure temporarily. Additionally, it is important to advise the patient to avoid chewing with the fractured tooth and to maintain good oral hygiene to minimize further contamination.

Referral to an oral surgeon or endodontist is crucial for proper management of an Ellis III fracture. These specialists can provide the most appropriate treatment options based on the extent of the fracture and the condition of the tooth and surrounding tissues. Timely and appropriate management is essential to optimize outcomes for the patient and preserve as much of the natural tooth structure as possible.

質問 #23

Your patient suffers from hemorrhoids. He is having an acute flare-up right now. Your treatment for this patient will include all but which of the following?

- A. astringent use
- B. sitz baths
- C. long-term high-potency steroid-containing cream
- D. analgesics

正解: C

解説:

When managing a patient with an acute flare-up of hemorrhoids, several treatment options are typically considered to alleviate symptoms and promote healing. Here, we discuss the recommended treatments and highlight why one of the options should be avoided.

Sitz baths are often advised for patients with hemorrhoids. These involve sitting in warm water for about 10 to 15 minutes, several times a day, especially after bowel movements. Sitz baths can help relieve pain, itching, and muscle spasms. They are a gentle and effective way to cleanse the perianal area and reduce inflammation, providing symptomatic relief.

Astringent use is another common recommendation. Astringents like witch hazel can be applied to the affected area to help reduce swelling and provide a cooling effect. These substances cause the contraction of body tissues and can help shrink hemorrhoidal tissue, thereby easing discomfort.

Analgesics, both oral and topical, can also be beneficial in managing the pain associated with hemorrhoids. Oral pain relievers like

acetaminophen or ibuprofen can help manage overall pain, while topical treatments containing lidocaine can numb the area temporarily and provide immediate relief.

However, the use of long-term high-potency steroid-containing creams should be avoided in the treatment of hemorrhoids. While low-potency topical steroids may be used for a short duration to reduce inflammation and swelling, high-potency steroids are not recommended for long-term use in the perianal area. This is due to the risk of causing permanent atrophic changes to the skin and surrounding tissues. Such changes include thinning of the skin, which can lead to increased vulnerability to injury and further complications. Additionally, prolonged use of potent steroids can suppress the natural hormonal balance, leading to other systemic side effects.

In conclusion, while sitz baths, astringents, and analgesics are appropriate and safe for the management of acute hemorrhoidal flare-ups, long-term use of high-potency steroid-containing creams should be avoided due to the potential for serious side effects and complications. Instead, maintaining good anal hygiene, using gentle, non-irritating products, and following a diet high in fiber to prevent constipation can be effective strategies for preventing and managing hemorrhoidal symptoms.

質問 #24

Your patient is a 28-year-old female with a history of seizures. She is taking oral contraceptives. Which of the following medications may lead to contraceptive failure for this patient?

- A. carbamazepine
- B. clonazepam
- C. acetazolamide
- D. gabapentin

正解: D

解説:

In the management of a 28-year-old female patient who has a history of seizures and is using oral contraceptives, it is crucial to consider the interaction between her seizure medication and her birth control pills. One of the medications listed, carbamazepine, is known to have a significant interaction that may compromise the effectiveness of oral contraceptives.

Carbamazepine is an anticonvulsant and mood-stabilizing drug used primarily in the treatment of epilepsy and bipolar disorder. It works by decreasing nerve impulses that cause seizures and pain. However, carbamazepine is also a potent inducer of cytochrome P450 enzymes, particularly CYP3A4, in the liver. This enzyme induction increases the metabolism of certain substances, including the hormones in oral contraceptives.

The hormones in birth control pills, mainly estrogen and progesterone, are metabolized by these enzymes. When carbamazepine is taken concurrently with oral contraceptives, it accelerates the metabolism of these hormones, thereby reducing their levels in the body. Lower hormone levels can lead to decreased effectiveness of the contraceptive pill, increasing the risk of unintended pregnancy.

Other medications listed, such as acetazolamide, clonazepam, and gabapentin, do not share this particular enzyme-inducing property with respect to oral contraceptives. Therefore, they are not typically associated with a risk of contraceptive failure when used concurrently with birth control pills.

Thus, in the case of the patient described, if she is taking carbamazepine for her seizures, there is a potential risk for contraceptive failure due to the enhanced metabolism of estrogen. It would be advisable to consider alternative contraceptive methods or adjust the seizure medication under the guidance of a healthcare provider. This approach ensures both effective seizure management and reliable contraception, thereby addressing the patient's overall health needs.

質問 #25

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