

# AANP-FNP Exam Pass4sure, New AANP-FNP Study Guide

## AANP FNP STUDY GUIDE EXAM (QUESTIONS AND ANSWERS) A+ GRADED 2023/2024

Tanner Stage 2 - CORRECT ANSWER-Increased rugae of scrotum, testes enlarge. Breast bud. Straight sparse hair.

Tanner Stage 3 - CORRECT ANSWER-Penis elongates. Pencil penis. Scrotal color darkens. Breast tissue and areola are one mound. Darkened hair, starts to curl.

Tanner 4 - CORRECT ANSWER-Penis thickens and increases in size. Areola/nipple separate for secondary mound. Curly hair, not on medial thigh.

When does menarche begin? - CORRECT ANSWER-After Tanner stage 2, within 1-2 years. Delayed puberty if no secondary sexual characteristics by 12-13 in girls and 14 in boys.

Trisomy 21 - CORRECT ANSWER-Down Syndrome. Risk with advanced maternal age. Microcephaly, flat nose, hypotonia, simian crease.

Marfan's Syndrome - CORRECT ANSWER-Pectus excavatum. Tall, wide arm span. Risk of MVP, aneurysm, aortic regurgitation. Do not clear for sports.

Turner's Syndrome - CORRECT ANSWER-FEMALE. Lymphedema in utero, webbed neck, LD, widely spaced nipples, HTN coarctation of aorta.

Klinefelter's Syndrome - CORRECT ANSWER-Extra X in males. More feminine. Will see in puberty. Infertile, hypogonadism, low testosterone. Tall, lanky, underdeveloped sexually.

Caput succadeum - CORRECT ANSWER-Sutures cross midline, spreads.

Cephalohematoma - CORRECT ANSWER-Sutures do not cross midline, more significant.

When does anterior fontanelle close? - CORRECT ANSWER-18 months

When does posterior fontanelle close? - CORRECT ANSWER-2-3 months

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## New AANP-FNP Study Guide, AANP-FNP Lab Questions

We can say that the Nursing AANP-FNP practice questions are the top-notch AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) dumps that will provide you with everything that you must need for instant AANP-FNP exam preparation. Take the

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q74-Q79):

### NEW QUESTION # 74

The mnemonic "SAD CUB" is used to help remember the anticholinergic side effects. Which of the following would the "D" stand for?

- A. Diarrhea
- B. Dyspnea
- C. Disorientation
- D. Dry mouth

**Answer: D**

Explanation:

The mnemonic "SAD CUB" is used to help remember the common side effects of anticholinergic drugs. Each letter in the mnemonic represents a different side effect. The "D" in "SAD CUB" specifically stands for "Dry mouth." This side effect is one of the most typical symptoms experienced by individuals taking medications with anticholinergic properties, which work by blocking the action of the neurotransmitter acetylcholine in the brain and body.

To further break down the mnemonic: - "S" stands for Sedation, which reflects the drowsiness or sleepiness that can occur with anticholinergic use. - "A" represents Anorexia, indicating a possible decrease in appetite. - "D" for Dry mouth, highlighting reduced saliva production, which can make the mouth feel unusually dry. - "C" stands for Confusion and Constipation, where confusion denotes cognitive impairment, and constipation is a common digestive issue related to reduced gastrointestinal motility. - "U" signifies Urinary retention, a condition where the bladder fails to empty completely. - "B" indicates BPH (Benign Prostatic Hyperplasia) exacerbation, where symptoms of enlarged prostate can worsen.

Each of these side effects is essential to monitor in patients receiving anticholinergic therapy, as they can impact quality of life and may require adjustments in medication or additional treatment to manage the symptoms. Knowing this mnemonic helps healthcare providers quickly recall the spectrum of anticholinergic side effects to better assist and monitor their patients.

### NEW QUESTION # 75

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. none of the above
- B. support therapy only
- C. steroid ophthalmic drops
- D. Acyclovir

**Answer: D**

Explanation:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss.

Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

### NEW QUESTION # 76

A 16 year old cheerleader comes in with a chronic case of laryngitis. The condition is worsening even though she has been resting her voice and there is no sign of infection. What step do you take?

- A. X-ray.
- B. CB
- C. Refer to a specialist.
- D. Prescribe antibiotics.

**Answer: C**

Explanation:

In the scenario of a 16-year-old cheerleader presenting with chronic laryngitis without signs of infection and no improvement despite voice rest, the appropriate step is to refer her to a specialist. Laryngitis, which is an inflammation of the larynx, typically resolves on its own, particularly if it is caused by a temporary factor such as a viral infection or overuse of the voice. However, chronic laryngitis that persists for an extended period and does not respond to usual care measures warrants further investigation.

Chronic laryngitis can be caused by various factors beyond a simple infection, including vocal cord strain or misuse, allergies, acid reflux, smoking, or more serious conditions such as growths on the vocal cords (such as nodules or polyps). The absence of infection and the worsening condition despite voice rest suggests that there might be an underlying issue that needs specialized evaluation.

Referring the patient to a specialist, such as an otolaryngologist (ENT specialist), is crucial. An ENT specialist can perform a detailed examination of the larynx, possibly using tools like laryngoscopy, which allows for a closer look at the vocal cords and larynx. This can help in diagnosing the exact cause of the laryngitis and ruling out more serious conditions.

The decision against prescribing antibiotics is justified because there is no evidence of bacterial infection, and the use of antibiotics without bacterial infection can contribute to antibiotic resistance and cause unnecessary side effects. Similarly, ordering an X-ray or a complete blood count (CBC) might not be immediately relevant if there is no indication of infection or systemic illness, which seems to be the case here.

In summary, the best course of action in this situation is to refer the patient to a specialist who can conduct a thorough assessment and provide a targeted treatment plan. This approach helps in ensuring accurate diagnosis and appropriate management, thereby preventing potential complications from incorrect or delayed treatment.

### NEW QUESTION # 77

Which of the following parts of Medicare pays 80% of durable medical equipment such as wheelchairs and walkers?

- A. Part A
- B. Medicare does not pay for durable medical equipment.
- C. Part B
- D. Part D

**Answer: C**

Explanation:

The correct answer to the question of which part of Medicare pays 80% of durable medical equipment, such as wheelchairs and walkers, is Part B.

Medicare Part B is primarily responsible for covering outpatient medical services. This includes not only doctor visits and outpatient hospital services but also extends to cover necessary medical equipment. Durable medical equipment (DME) is classified under these provisions.

Medicare Part B's coverage of DME is designed to assist patients who require medical aids to perform daily activities or to manage their medical conditions. This category of equipment includes items like wheelchairs, walkers, hospital beds, and other medically necessary equipment that can be used in the home. It's important that the equipment must be prescribed by a doctor and deemed medically necessary for it to qualify under Part B.

Under Medicare Part B, once the deductible is met, Medicare typically pays for 80% of the approved amount for the durable medical equipment. The beneficiary is responsible for the remaining 20%. This cost-sharing measure ensures that the equipment is both accessible and affordable for those who need it.

It is crucial for beneficiaries to understand that not all equipment may be covered or may only be partially covered depending on specific Medicare rules. Additionally, the supplier of the equipment must be enrolled in Medicare and must meet strict standards to ensure that they are providing quality equipment and services.

In contrast, Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care, but it does not typically cover durable medical equipment. Part D of Medicare covers prescription drugs and certain supplies

that are not covered under Part B, but it does not cover durable medical equipment either.

Therefore, when it comes to durable medical equipment like wheelchairs and walkers, Medicare Part B is the appropriate part under which these items are covered, generally paying 80% of the costs associated with the equipment.

### NEW QUESTION # 78

If a patient has experienced a musculoskeletal trauma, the nurse practitioner should use the mnemonic RICE. Which of the following would the "C" in RICE stand for?

- **A. Compression**
- B. Cellulitis
- C. Circulate
- D. Control

**Answer: A**

Explanation:

The mnemonic RICE is a widely recommended first aid treatment for musculoskeletal injuries, such as sprains, strains, or bruises. It is a simple, easy-to-remember acronym that outlines the steps to manage acute injuries effectively. Each letter in the acronym RICE stands for a specific action that should be taken to minimize swelling, ease pain, and speed up the healing process. Here is an expanded explanation of each component:

**\*\*R - Rest:\*\*** The first step in treating an acute injury involves resting the injured area. This means avoiding any activities that cause pain, stress, or discomfort to the affected area. Rest helps to prevent further damage and allows the healing process to begin without interruption.

**\*\*I - Ice:\*\*** Applying ice to the injured area is a critical step. Ice helps to reduce swelling, inflammation, and pain. It is most effective when applied as soon as possible after the injury occurs. Typically, ice should be applied for about 15-20 minutes every hour, as long as the swelling continues. Care should be taken to wrap the ice in a cloth or use a cold pack to avoid direct contact with the skin, which can cause frostbite.

**\*\*C - Compression:\*\*** Compression involves wrapping the injured area with an elastic medical bandage. This helps reduce swelling by limiting fluid accumulation and edema at the site of the injury. It is important to ensure that the bandage is wrapped snugly but not too tightly, as excessive compression can impede circulation and worsen the injury.

**\*\*E - Elevation:\*\*** Elevating the injured area above the level of the heart helps reduce swelling by facilitating venous return and decreasing fluid accumulation. Elevation is most effective when combined with the other elements of the RICE protocol. For example, if the injured area is an ankle, the patient can lie down and prop the leg up on pillows.

In the context of the question provided, the correct answer is "Compression." The "C" in RICE stands for Compression, which is a crucial step in managing musculoskeletal traumas. Compression helps to control swelling and stabilize the injured area, both of which are vital for effective healing. By understanding and applying the RICE protocol, nurse practitioners and other healthcare providers can offer immediate and effective first aid that can significantly impact the recovery process of their patients.

### NEW QUESTION # 79

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