

# Free PDF Quiz Nursing - Pass-Sure AANP-FNP - AANP Family Nurse Practitioner (AANP-FNP) Vce Test Simulator

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## AANP FNP certification Questions with Answers 2023

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

Definition of metabolic syndrome - Answer - cluster of conditions that increase risk of heart disease, stroke, diabetes.

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q25-Q30):

### NEW QUESTION # 25

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

**Answer: C**

Explanation:

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.

### NEW QUESTION # 26

You are assisting in the emergency room with a patient who is having a posterior nosebleed. You might recommend each of the following measures to control the posterior epistaxis except for which one?

- A. embolization
- B. direct cauterization
- C. firm pressure on the area
- D. posterior nasal packing

**Answer: C**

Explanation:

In the management of a patient experiencing a posterior nosebleed, various medical interventions can be recommended to control the bleeding. However, the effectiveness of these interventions depends on whether the nosebleed is anterior or posterior.

Understanding the difference between these two types of epistaxis is crucial in choosing the appropriate treatment method.

Posterior nosebleeds, which account for approximately 5-10% of all nosebleeds, originate from the back portions of the nose where

the blood vessels are larger and thus potentially more difficult to manage. These types of bleeds are often more severe and may require advanced medical interventions.

The common treatments for posterior epistaxis include: 1. **\*\*Direct Cauterization\*\***: This process involves using heat or a chemical agent to burn the bleeding vessel, sealing it to stop the bleeding. This method is effective for accessible bleeding sites and can be performed under local anesthesia. 2. **\*\*Posterior Nasal Packing\*\***: This involves placing a special gauze or an inflatable balloon in the nasal cavity to apply pressure directly to the source of the bleeding. This is often used when cauterization is not possible or effective. 3. **\*\*Embolization\*\***: This is a more invasive procedure where materials are used to block the bleeding vessel through an endovascular approach. It is typically reserved for severe cases or when other interventions have failed. 4. **\*\*Surgery\*\***: In some severe cases, surgical intervention might be necessary to directly ligate (tie off) the bleeding vessels.

On the other hand, firm pressure on the area, generally applied by pinching the soft part of the nose, is a technique usually recommended for anterior nosebleeds. Anterior nosebleeds originate from the front part of the nasal septum and are typically less severe. Applying pressure helps to compress the bleeding vessels, which can control the bleeding effectively in many cases of anterior epistaxis.

Therefore, in the context of treating a posterior nosebleed, recommending firm pressure on the nasal area is generally ineffective. This method does not adequately address the deeper, more posteriorly located sources of bleeding. Instead, the treatments listed under options such as direct cauterization, posterior nasal packing, embolization, or surgery are more appropriate and effective for managing a posterior nosebleed. Hence, the correct answer to the question of which measure might not be recommended for controlling posterior epistaxis is "firm pressure on the area."

### NEW QUESTION # 27

What test would you order if you suspect a patient has meningitis?

- A. BRCA2.
- B. CSF.
- **C. CEA.**
- D. CA-125.

**Answer: C**

Explanation:

When suspecting meningitis, the primary diagnostic test ordered is the Cerebrospinal Fluid (CSF) test, commonly known as a lumbar puncture. This procedure involves inserting a needle into the lower part of the spinal canal to collect a sample of cerebrospinal fluid. This fluid surrounds the brain and spinal cord and changes in its composition can indicate the presence of meningitis.

The CSF test is crucial because it allows for the analysis of the fluid to check for increased white blood cell count, elevated protein levels, and decreased glucose levels, which are indicative of meningitis. Additionally, the CSF can be cultured to identify the specific organism causing the infection, whether it's viral, bacterial, or fungal. This is essential for determining the appropriate treatment course.

In some cases, before performing a lumbar puncture, imaging tests such as a CT scan or MRI might be recommended. These are used to rule out other conditions that might cause similar symptoms, such as brain abscesses or tumors, and to ensure safety before performing the lumbar puncture, especially in cases where there might be increased intracranial pressure.

It is important to note that other tests like BRCA2, CA-125, and CEA are not relevant for diagnosing meningitis. BRCA2 is related to genetic susceptibility to certain cancers, CA-125 is a marker used primarily in ovarian cancer, and CEA is an indicator most commonly associated with colorectal cancer. These do not aid in diagnosing or managing meningitis.

### NEW QUESTION # 28

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

**Answer: B**

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 # 29

Your 25-year-old male patient suffers from post-traumatic stress disorder (PTSD) as a result of combat duty. Your plan of treatment for this patient will include treating arousal symptoms and the associated depression. Which of the following agents are you most likely to prescribe for this purpose?

- A. benzodiazepines
- B. second-generation antipsychotics
- C. anticonvulsants
- **D. SSRIs**

**Answer: D**

Explanation:

The most appropriate choice for treating both the arousal symptoms and the associated depression in a 25-year-old male patient with post-traumatic stress disorder (PTSD) from combat duty is the use of Selective Serotonin Reuptake Inhibitors (SSRIs). SSRIs are commonly prescribed for PTSD due to their efficacy in managing both the core symptoms of the disorder and the frequently accompanying depression.

SSRIs work by increasing the levels of serotonin in the brain, a neurotransmitter that is often linked with mood regulation. By stabilizing serotonin levels, SSRIs can help alleviate mood disorders, reduce anxiety, and improve overall emotional regulation. This makes them particularly effective in addressing the intrusive thoughts, hyperarousal, and persistent sadness or numbness associated with PTSD.

Anticonvulsants, such as carbamazepine, are another category of medication sometimes used in PTSD treatment. They are primarily used to manage specific symptoms such as irritability, aggression, and impulsiveness. These drugs stabilize mood by dampening neuronal firing, which can be beneficial for patients who exhibit these more volatile symptoms.

Second-generation antipsychotics may also be considered in the treatment of PTSD, particularly when patients present with severe mood dysregulation or other psychotic features. These medications can be helpful in stabilizing mood and reducing the severity of emotional outbursts.

However, benzodiazepines are generally not recommended for patients with PTSD, especially when there is a comorbid condition such as substance use disorder. Benzodiazepines have a high potential for dependency and may worsen the course of long-term PTSD symptoms. They are typically avoided because they can contribute to substance abuse issues, which are common among individuals with PTSD, potentially leading to a cycle of dependence and exacerbation of psychiatric symptoms.

In summary, while various medications can be used to target specific symptoms of PTSD, SSRIs are the most likely choice for a comprehensive approach to treat both arousal symptoms and associated depression in PTSD patients. The decision on which medication to use should be tailored to the individual's specific symptoms and medical history, taking into account any potential comorbid conditions.

### NEW QUESTION # 30

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