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AANP FNP FAMILY NURSE PRACTITIONER REAL EXAM 2024 WITH ACCURATE QUESTIONS WITH VERIFIED ANSWERS GUARANTEED A+ PASS

Blepharitis - commonly occurs when the tiny oil glands of the inner eyelid become inflamed. It often occurs along with other skin conditions or allergies.

Symptoms include red, itchy eyelids that may look greasy and crusted. Dry eyes also are a symptom.

Treatments include cleaning the eyelids, antibiotic or steroid eye drops and treating underlying conditions. However, blepharitis tends to come back.

Hordelum - Painful stye it hurts

Chalazedium - Non painful lesion to eyelid

Cotton Wool - Cotton wool spots are an abnormal finding on funduscopic exam of the retina of the eye. They appear as fluffy white patches on the retina. They are caused by damage to nerve fibers and are a result of accumulations of axoplasmic material within the nerve fiber layer. Systemic HTN, DM

Herpes Zoster - Early signs of shingles include a burning sensation or stabbing pain and tingling or itching on the skin. After a few days, a rash or blisters appear usually on one side of the body or face. When the rash is at its peak, symptoms can range from mild itching to extreme and debilitating pain. Tx within 72 hours Acyclovir

Retinoblastoma (Rb) - Absence of light reflex, it is a rare form of cancer that rapidly develops from the immature cells of a retina, the light-detecting tissue of

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q11-Q16):

NEW QUESTION # 11

Which of the following sexually transmitted male genitourinary infections is most likely to be treated with patient-applied podofilox 0.5% solution or imiquimod 5% cream?

- A. balanitis
- B. gonococcal urethritis
- C. lymphogranuloma venereum
- D. **genital warts**

Answer: D

Explanation:

The correct answer to which sexually transmitted male genitourinary infection is most likely to be treated with patient-applied podofilox 0.5% solution or imiquimod 5% cream is genital warts. Genital warts are a common sexually transmitted infection primarily caused by certain strains of the human papillomavirus (HPV), particularly HPV types 6 and 11. These warts are characterized by one or more small bumps or groups of bumps in the genital area. They can vary in size and appearance and may be flat or raised, single or multiple.

Treatment for genital warts focuses on removing visible warts to relieve symptoms and reduce transmission risk, although treatments do not cure HPV itself. Podofilox 0.5% solution and imiquimod 5% cream are among the several patient-applied treatments available. Podofilox works by destroying the tissue of the wart, while imiquimod boosts the immune system's response to fight off the virus at the site of the wart. Both treatments are applied directly to the warts by the patient at home, following a specific schedule recommended by a healthcare provider.

In addition to podofilox and imiquimod, other treatment options for genital warts include cryotherapy (freezing the warts with liquid nitrogen), electrocautery (burning the warts with electric current), surgical removal, and application of trichloroacetic acid or podophyllin resin by a healthcare professional. The choice of treatment depends on the number, size, and location of the warts, as well as patient preference and provider experience.

It is important for sexually active individuals to undergo regular screenings for sexually transmitted infections and discuss any suspicious symptoms with their healthcare provider to determine appropriate testing and treatment. This is crucial not only for the individual's health but also for the prevention of spreading the infection to others.

NEW QUESTION # 12

As part of the diagnosis of your 70-year-old patient's diagnosis, you explain that he has skin thickening that looks very similar to callus formation.. Which term do you use to define this thickening of the skin?

- A. **Lichenification**.
- B. Excoriation.
- C. Fissure.
- D. Scale.

Answer: A

Explanation:

The correct term to describe the skin thickening that resembles callus formation in your 70-year-old patient is "lichenification." This term specifically refers to the thickening of the skin that occurs due to repeated irritation and scratching, leading to a leathery texture which is quite similar to calluses that typically develop on hands and feet due to friction and pressure.

To differentiate from other skin conditions, here are brief explanations of the terms listed: - **Excoriation:** This refers to skin marks or wounds caused by scratching or scraping. These are typically superficial and involve the removal of part of the skin surface, often resulting from intense itching or psychological conditions such as obsessive-compulsive disorder. - **Fissure:** This term describes a thin, linear crack in the skin that can extend into the dermis. Fissures are often seen in areas of dry or inflamed skin, such as on the heels, and can be painful. - **Scale:** Scales are flakes or patches of dead skin that appear on the surface of the skin, often seen in conditions with excessive skin cell turnover such as psoriasis. Scales can be dry and flaky or thick and oily, depending on the underlying condition.

Understanding these terms not only aids in accurate diagnosis but also enhances communication with patients and other healthcare providers, ensuring that the patient receives appropriate and targeted treatment for their specific skin condition.

NEW QUESTION # 13

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

Answer: B

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 # 14

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 3 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 4 weekly doses.
- **D. Benzathine penicillin G 2.4 million U IM as a one-time dose.**

Answer: D

Explanation:

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.

NEW QUESTION # 15

Of the following, which vaginal condition would be considered the only one that would have an alkaline pH on the exam?

- A. Chlamydia vaginitis
- **B. Bacterial vaginosis**
- C. Viral vaginosis
- D. Trichomoniasis

Answer: B

Explanation:

Among the listed vaginal conditions, bacterial vaginosis is the condition associated with an alkaline pH during examination. Normally, the vaginal environment maintains a slightly acidic pH, typically around 4.0. This acidity is primarily due to the presence of lactic acid produced by lactobacilli, the predominant healthy bacteria in the vagina. The acidic environment helps to prevent the growth of pathogenic bacteria and maintains vaginal health.

However, in the case of bacterial vaginosis, there is a disruption in the normal bacterial flora of the vagina. This disruption leads to a decrease in lactobacilli and an overgrowth of other types of bacteria such as *Gardnerella vaginalis* and other anaerobes. This shift in the bacterial composition reduces the lactic acid production, thereby increasing the pH to more alkaline levels, often noted as above 4.5.

It is important to distinguish bacterial vaginosis from other conditions such as trichomoniasis, viral vaginosis, and chlamydia vaginitis. Trichomoniasis, caused by the protozoan *Trichomonas vaginalis*, can also lead to an elevated vaginal pH but is typically associated with other distinct symptoms like frothy yellow-green discharge and is sexually transmitted. Viral infections in the vagina, such as those caused by herpes simplex virus, do not typically alter the pH significantly. Chlamydia vaginitis, caused by the bacterium *Chlamydia trachomatis*, primarily results in an inflammatory response and typically does not affect the vaginal pH to become alkaline. Therefore, when considering a vaginal condition characterized by an alkaline pH observed during an examination, bacterial vaginosis is the most likely diagnosis among the options provided. It's crucial for healthcare providers to recognize this condition not only by pH but also by other symptoms and diagnostic tests to ensure appropriate treatment and management. Bacterial vaginosis is not considered a sexually transmitted disease (STD), but rather a dysbiosis (imbalance) of the normal vaginal flora. This distinction categorizes it as vaginosis rather than vaginitis, which typically implies an inflammatory condition of the vagina.

NEW QUESTION # 16

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