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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q78-Q83):

NEW QUESTION # 78

Your 34-year-old female patient has been vomiting blood and her stools appear black and tarry. She complains of abdominal cramping. Which of the following is most likely to cause these signs and symptoms?

- A. hepatitis
- **B. gastrointestinal bleeding**
- C. hemorrhoids
- D. diverticulosis

Answer: B

Explanation:

Hemorrhoids are a common condition where veins in the rectal area become swollen and inflamed. Typically, hemorrhoids cause symptoms such as itching, discomfort, and bleeding during bowel movements. The bleeding seen with hemorrhoids is usually bright red and noticed on the toilet paper or in the toilet bowl. Hemorrhoids are less likely to cause severe bleeding or black, tarry stools, which are indicative of bleeding higher up in the gastrointestinal tract.

Gastrointestinal bleeding refers to any bleeding that occurs within the gastrointestinal tract, which extends from the mouth to the anus. This type of bleeding can manifest in various ways depending on the location and severity of the bleed. Vomiting blood (hematemesis) and having black, tarry stools (melena) are symptoms often associated with significant GI bleeding, possibly from the stomach or upper intestines. Such bleeding can be caused by a variety of conditions including peptic ulcers, gastritis, or esophageal varices, and warrants immediate medical attention.

Diverticulosis involves the formation of small pouches (diverticula) in the wall of the colon. While these pouches themselves may not cause discomfort, if they become inflamed or bleed, it can result in diverticulitis or diverticular bleeding. However, bleeding from diverticulosis is generally painless and would not typically be accompanied by abdominal cramping, although it can cause red blood or dark stools if the bleeding is substantial.

Hepatitis, an inflammation of the liver, usually does not directly cause GI bleeding. Symptoms of hepatitis include jaundice (yellowing of the skin and eyes), fatigue, and abdominal pain, but not typically vomiting of blood or black, tarry stools unless there is an associated severe liver disease such as cirrhosis leading to complications like esophageal varices, which can bleed.

Given the symptoms described - vomiting blood and black, tarry stools accompanied by abdominal cramping - the most likely cause among the options provided is gastrointestinal bleeding. This condition is serious and can be life-threatening, requiring urgent medical evaluation to identify the source of the bleed and initiate appropriate treatment.

NEW QUESTION # 79

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

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

Answer: B

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 # 80

High risk factors for hearing loss in infants include all of the following except:

- A. gestational diabetes in mother's pregnancy
- B. hyperbilirubinemia
- C. low Apgar scores at birth
- D. seizures

Answer: A

Explanation:

High-risk factors for hearing loss in infants include a variety of conditions and situations that can occur before, during, or after birth. Factors such as frequent ear infections, rubella, cytomegalovirus (CMV), and toxoplasmosis infections have been directly linked to an increased risk of hearing impairment in infants. These conditions can affect the development of the auditory system or cause damage to parts of the ear responsible for hearing. Hyperbilirubinemia, which leads to a condition known as jaundice in infants, can also affect hearing due to the potential damage it can cause to the brain's auditory pathways if bilirubin levels become excessively high. Low Apgar scores at birth, a measure of a newborn's health immediately after delivery, can indicate difficulties such as asphyxia, infection, or trauma, which are associated with hearing loss. Similarly, seizures in newborns may indicate neurological issues that could affect hearing.

However, gestational diabetes in a mother's pregnancy does not directly correlate with an increased risk of hearing loss in infants. Gestational diabetes primarily affects the mother's glucose levels and, while it can lead to other complications in newborns such as higher birth weights and subsequent delivery issues, it is not a known risk factor for hearing impairment. Therefore, gestational diabetes in a mother's pregnancy is the correct answer to the question about which condition does not increase the risk of hearing loss in infants.

Understanding these risk factors is crucial for early intervention and management to potentially mitigate the impact of hearing loss in infants. Early detection through newborn hearing screening programs is essential for identifying hearing impairment as soon as possible to provide timely treatment and support.

NEW QUESTION # 81

Mr. Garcia comes to the clinic and tells the FNP that he has lumps under his arms that have started to drain pus. These lumps are red and painful. The FNP is most likely to diagnose which of the following?

- A. hidradenitis suppurativa
- B. axillary herpes
- C. psoriasis
- D. herpes zoster

Answer: A

Explanation:

From the symptoms described by Mr. Garcia, the Family Nurse Practitioner (FNP) would likely diagnose him with hidradenitis suppurativa. This condition is characterized by the presence of painful, red lumps under the skin, such as in the armpits or groin, that can eventually start to drain pus.

Hidradenitis suppurativa is a chronic skin condition involving the inflammation and infection of the sweat glands, especially those located in the axillary (underarm) and inguinal (groin) regions. It is not caused by poor hygiene but is instead associated with follicular occlusion, which leads to the trapping of sweat, bacteria, and debris in the gland. This causes an inflammatory response, resulting in the painful lumps and abscesses seen in this condition.

The lumps are typically recurrent and can vary in severity. Over time, they can lead to the development of sinus tracts and scarring. The exact cause of hidradenitis suppurativa is not well understood but is believed to be influenced by genetic factors, hormonal changes, and immune system issues.

Contrary to the explanation provided, hidradenitis suppurativa is not primarily a bacterial infection but can become secondarily infected with bacteria such as *Staphylococcus aureus*. Treatment often involves antibiotics to control any secondary infection, along with other medications to reduce inflammation and manage pain. In severe cases, surgical intervention may be necessary to remove affected tissue.

Culture and sensitivity (C&S) tests of the purulent discharge can help in identifying any secondary bacterial infection and determining the most effective antibiotics to use in treatment. Managing hidradenitis suppurativa requires a comprehensive approach that may also include lifestyle changes, such as weight management and smoking cessation, which can help reduce flare-ups.

It is important for patients with hidradenitis suppurativa to receive a correct diagnosis and appropriate treatment plan to manage symptoms and prevent complications. Regular follow-up with healthcare providers is crucial to effectively manage this chronic and

often distressing condition.

NEW QUESTION # 82

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. absent cremasteric reflex
- B. low-riding testis
- C. nausea/vomiting
- D. testis swelling

Answer: B

Explanation:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows:

****Testis Swelling:**** Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

****High-Riding Testis:**** Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

****Nausea/Vomiting:**** These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

****Absent Cremasteric Reflex:**** The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a ****Low-Riding Testis**** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

NEW QUESTION # 83

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