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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q92-Q97):

NEW QUESTION # 92

Louise is a 75-year-old patient who has been having regular Pap smears throughout her adult life. All of her Pap smears have been normal. She asks you whether she needs to keep having this test every year. Which of the following replies would be appropriate?

- A. If you are still sexually active a Pap smear is necessary every year.
- **B. Since you have never had abnormal results a Pap smear is no longer necessary.**
- C. All women must have a Pap smear annually.
- D. After age 70 having a Pap smear every 2 - 3 years is the norm.

Answer: B

Explanation:

The appropriate response to Louise's question about whether she needs to continue having annual Pap smears would be based on the guidelines provided by the American College of Obstetricians and Gynecologists (ACOG). According to ACOG, a woman may stop having Pap smears after age 65 if she has had three consecutive normal results and no abnormal results in the past 10 years, provided there are no other risk factors present that might necessitate continued screening. This guideline takes into account a history of normal Pap smear results and the decreased likelihood of developing new HPV infections (which are largely responsible for changes that can lead to cervical cancer) as a woman ages.

In Louise's case, since she is 75 years old and has had consistently normal Pap smear results throughout her adult life, and assuming no other high-risk conditions are present, it would be reasonable to consider discontinuing further Pap smears. This advice aligns with ACOG's recommendation and reflects a standard approach to managing the health care of older women who are at low risk for cervical cancer. It is important to individualize care based on the patient's overall health, history, and risk factors. Additionally, this approach can help in avoiding unnecessary procedures and potential complications that might arise from them in older adults. The other potential responses that suggest continuing annual Pap smears regardless of past results, or changing the frequency to every 2-3 years after age 70, do not align as closely with the current expert recommendations. These responses may lead to unnecessary testing, which can cause undue stress, discomfort, and potential harm without providing significant benefits. Moreover, the suggestion that a Pap smear is necessary every year if a woman is still sexually active does not align with ACOG guidelines, which do not base the cessation of Pap smears on sexual activity but rather on age and previous Pap smear results combined with risk factors.

Thus, the most accurate and relevant response for Louise would be to inform her that, based on her age and history of normal Pap smear results, and in the absence of other complicating factors, she may no longer need to continue with routine Pap smears. It is always important to discuss such decisions in the context of a comprehensive health evaluation and consider any other individual factors that might influence screening recommendations.

NEW QUESTION # 93

According to the CDC an obese person would have a Body Mass Index (BMI) of:

- A. greater than or equal to 40
- **B. greater than or equal to 30**
- C. greater than or equal to 25
- D. greater than or equal to 18.5

Answer: B

Explanation:

Body Mass Index (BMI) is a widely used measure to classify different weight categories in adults. It is calculated by dividing a person's weight in kilograms by the square of their height in meters. The Centers for Disease Control and Prevention (CDC) uses BMI to define various weight statuses, which include underweight, normal or healthy weight, overweight, and obesity.

According to the CDC, an obese person is one who has a Body Mass Index (BMI) of 30 or higher. This categorization helps in identifying individuals who may be at higher risk for common health conditions associated with obesity, such as heart disease, stroke, type 2 diabetes, and certain types of cancer.

The BMI ranges are defined as follows: - A BMI less than 18.5 is considered underweight. - A BMI from 18.5 to 24.9 is considered a healthy or normal weight. - A BMI from 25 to 29.9 is considered overweight. - A BMI of 30 or higher is categorized as obesity.

For example, someone with a BMI of 30 or more is placed in the obesity category, which indicates that their body weight is greater than what is generally considered healthy for their height. This classification is critical as it alerts healthcare providers and individuals to potential health risks and serves as a prompt for further assessment, intervention, and management.

It is important to note, however, that while BMI is a useful tool for population-level assessments and general guidance, it may not perfectly correspond to the same degree of fatness or health risk in different individuals. Factors such as muscle mass, ethnic background, and age can influence the relationship between BMI and body fat. Therefore, individuals should consult healthcare providers for assessments tailored to their personal health profile.

NEW QUESTION # 94

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

Answer: B

Explanation:

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.

NEW QUESTION # 95

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

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 # 96

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 as a one-time dose.
- B. Benzathine penicillin G 2.4 million U IM x 3 weekly doses.
- C. Benzathine penicillin G 2.4 million U IM x 4 weekly doses.
- D. Benzathine penicillin G 2.4 million U IM x 2 weekly doses.

Answer: A

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 # 97

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