

AANP Family Nurse Practitioner (AANP-FNP) Updated Torrent - AANP-FNP exam pdf & AANP Family Nurse Practitioner (AANP-FNP) Practice questions

AANP FNP Practice Questions & Answers

A 65-year-old woman presents for a follow-up examination after a new patient visit. She has not seen a healthcare provider for several years. She is a smoker and her hypertension is now adequately controlled with medication. Her mother died at age 40 from a heart attack. The fasting lipid profile shows cholesterol = 240 mg/dL, HDL = 30, and LDL = 200. In addition to starting Therapeutic Lifestyle Changes, the nurse practitioner should start the patient on:

1. bile acid sequestrant.
2. a statin drug.
3. a cholesterol absorption inhibitor.
4. low-dose aspirin.

(Ans: **A statin drug**)

The most commonly prescribed medication for mild systemic lupus erythematosus (SLE) is:

1. azathioprine (AZA).
2. belimumab (Benlysta).
3. ibuprofen (Advil).
4. cyclophosphamide (Cytoxan).

(Ans: **ibuprofen (advil)**)

The most common sign of cervical cancer is:

1. postcoital bleeding.
2. strong odor from vaginal discharge.
3. itching in the vaginal area.
4. molluscum contagiosum.

(Ans: **postcoital bleeding**)

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web-based AANP-FNP Practice Exam is supported by all browsers and operating systems.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q52-Q57):

NEW QUESTION # 52

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Ask the patient if he is adhering to the recommended diet.
- B. Make sure that the patient is taking the medication properly.
- C. Immediately notify his health care provider that the medication has not been effective.
- D. **Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.**

Answer: D

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals.

Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

NEW QUESTION # 53

Which of the following types of hearing loss results from deterioration of the cochlea?

- A. auditory neuropathy spectrum disorder
- **B. sensorineural hearing loss**
- C. conductive hearing loss
- D. all of the above

Answer: B

Explanation:

The correct answer to the question about which type of hearing loss results from the deterioration of the cochlea is sensorineural hearing loss. This type of hearing loss primarily affects the inner ear or the neural pathways to the brain. The cochlea, which is a spiral-shaped organ in the inner ear, plays a critical role in the process of hearing by converting sound waves into electrical signals that the brain can interpret.

Sensorineural hearing loss occurs when there is damage to the hair cells in the cochlea or to the auditory nerve that carries these signals to the brain. The hair cells in the cochlea can be damaged due to various factors, including aging, exposure to loud noise, certain medications that are toxic to auditory cells (ototoxicity), and genetic predispositions. This damage is typically irreversible and results in permanent hearing loss.

The hair cells act as sensory receptors and are located within the organ of Corti, which is situated on the basilar membrane inside the cochlea. These cells are vital for detecting sound vibrations and converting them into neural signals. When these hair cells are damaged or lost, the ability to detect sound is significantly reduced, leading to sensorineural hearing impairment.

Unlike conductive hearing loss, which is caused by obstructions or malfunctions in the outer or middle ear that prevent sounds from

being carried to the inner ear, sensorineural hearing loss is rooted in the inner ear or the neural connections to the brain. Conductive hearing issues can often be medically or surgically treated, whereas sensorineural losses usually require management through hearing aids or cochlear implants.

In summary, sensorineural hearing loss is directly linked to the deterioration of the cochlea, particularly the damage to the hair cells or the neural pathways associated with the organ of Corti. It is a common type of hearing loss that can result from a variety of causes including noise trauma, aging, and exposure to ototoxic substances.

NEW QUESTION # 54

Your 62-year-old female patient was diagnosed with subscapular bursitis. The most likely cause of this is that she works on an assembly line using a repeated back-and-forth motion. You are using several conservative measures to treat this but after 6 weeks, results are minimal. What is your next step for this patient?

- A. appropriate exercise
- B. antimicrobial therapy
- C. massage
- D. **intrabursal corticosteroid injection**

Answer: D

Explanation:

The recommended next step for a 62-year-old female patient diagnosed with subscapular bursitis, especially after conservative measures such as physiotherapy, rest, and NSAIDs have shown minimal improvement, is an intrabursal corticosteroid injection. Subscapular bursitis involves inflammation of the bursa located beneath the scapula. This condition is commonly seen in individuals who perform repetitive activities, such as working on an assembly line with repeated back-and-forth motions.

Intrabursal corticosteroid injections are commonly used when conservative treatments fail to provide relief. Corticosteroids are potent anti-inflammatory agents that can effectively reduce inflammation and pain within the bursa. The injection is administered directly into the bursa to maximize its effectiveness while minimizing systemic side effects.

It is essential to inform the patient about the potential side effects and complications associated with corticosteroid injections.

Commonly, patients may experience soreness and discomfort at the injection site for a few days. Although less common, there are risks of tissue atrophy and severe inflammatory reactions at the injection site. These side effects are rare but should be discussed so that the patient can make an informed decision.

Following the injection, the patient should be monitored for improvement and any adverse reactions. If symptoms persist or worsen, further diagnostic evaluation may be necessary to reassess the condition and consider alternative treatments or interventions.

Additionally, modifying the patient's work environment and activities to reduce repetitive strain on the affected area can help prevent recurrence of the condition.

NEW QUESTION # 55

Which of the following skin lesions is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants?

- A. **Mongolian spots**
- B. erythema toxicum
- C. faun tail nevus
- D. milia

Answer: A

Explanation:

The correct answer to the question regarding which skin lesion is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants is "Mongolian spots." Mongolian spots are a type of congenital dermal melanocytosis, where melanocytes, the cells responsible for skin pigment, are located deeper than usual in the skin. These spots are named after the Mongol people of East and Central Asia, where the condition was first described, but the term is considered outdated and potentially offensive in modern contexts.

The appearance of Mongolian spots is typically characterized by blue to black-colored patches or stains on the skin. These spots are usually flat and can vary in size and shape. Although they can appear anywhere on the body, they are most commonly found on the lumbosacral area, which includes the lower back and buttocks. This prevalent location is one reason why they are frequently observed during newborn examinations.

Mongolian spots are more commonly seen in infants of certain ethnicities, including those of Black, Asian, Hispanic, and Native American descent, affecting up to 80 to 90% of these populations. The high incidence rate in these groups contrasts with their occurrence in Caucasian infants, where they are much less common.

It's important to note that Mongolian spots are generally harmless and usually fade or disappear completely by school age, typically around the age of five to seven years. They do not require any treatment as they are not associated with any disease or health condition. However, their presence should be documented in medical records to avoid confusion with bruising or other skin conditions, which might otherwise lead to unnecessary investigations.

In summary, Mongolian spots are benign skin markings that are particularly prevalent among infants of Black, Asian, Hispanic, and Native American heritage. Their recognition is crucial for proper pediatric care and for avoiding misinterpretations of their significance.

NEW QUESTION # 56

An 80-year-old patient presents with a history of infection. He is obese and his chief complaint is fatigue and thirst. What test should be run?

- A. Serum albumin.
- B. Blood glucose.
- C. Serum cholesterol.
- D. Hemoglobin.

Answer: B

Explanation:

The correct test to run for an 80-year-old patient who presents with fatigue, thirst, obesity, and a history of infection is a blood glucose test. This recommendation is based on several factors that align with the common symptoms and risk factors associated with diabetes mellitus, particularly type 2 diabetes.

First, the age of the patient is a significant factor. Glucose intolerance increases with age, making older patients more susceptible to diabetes. As individuals age, their insulin sensitivity typically decreases, and pancreatic function may deteriorate, both of which can contribute to elevated blood glucose levels.

Second, the patient's obesity further compounds the risk. Obesity is a well-known risk factor for the development of type 2 diabetes. Excess body fat, especially in the abdominal area, is linked to decreased insulin sensitivity, meaning that the body needs more insulin to help glucose enter cells. This state of insulin resistance is a precursor to diabetes.

Third, the symptoms of fatigue and thirst are classic signs of diabetes. Fatigue in diabetes can result from the body's inability to properly use glucose for energy due to insulin resistance or lack of insulin production. Thirst is a result of high blood sugar levels, which cause dehydration by pulling excess water into the urine as the body attempts to remove the surplus glucose.

Lastly, the history of infection could also be relevant. In people with undiagnosed or poorly controlled diabetes, high blood sugar levels can impair the immune system, making infections more frequent or severe.

Therefore, measuring the blood glucose levels will provide critical information about whether the patient's symptoms might be related to diabetes. Monitoring and managing blood glucose is essential for diagnosing diabetes and preventing its complications. Other tests like serum cholesterol, serum albumin, and hemoglobin might be useful for a complete metabolic profile and assessment, but given the specific presentation and risk factors described, the blood glucose test is the most immediately relevant and informative in this scenario.

NEW QUESTION # 57

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