

100% Pass 2026 Fantastic AANP-FNP: Reliable AANP Family Nurse Practitioner (AANP-FNP) Exam Pattern

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AANP FNP Practice Exam (Latest 2025 / 2026 Update) Questions and Verified Answers | 100% Correct | Grade A+

Which of the following laboratory tests are most widely accepted as indicators of the progression of HIV infection? - ..(ANSWER)...CD4 count and viral load

A patient who is 28 weeks pregnant reports a single episode of vaginal bleeding. History indicates normal prenatal progress to date, and the patient denies pain, vaginal itching, or discharge. Which of the following is the most appropriate intervention to aid in the diagnosis of this case? - ..(ANSWER)...Ultrasound

A 3-year-old patient presents at an inner-city clinic with fever, cough, malaise, and loss of appetite. The patient lives with several relatives, including a grandmother who also has a cough. Which of the following diagnostic tests would be most appropriate for the patient? - ..(ANSWER)...Sputum culture

Which of the following best describes psoriatic lesions in an elderly patient? - ..(ANSWER)...Red, sharply defined plaques with silvery scales

A patient is referred with a diagnosis of diabetes mellitus, hypertension, and coronary artery disease. The patient is on both insulin and a beta blocker. Assuming that the patient will continue the beta blocker, it will be important to educate the patient on the recognition of hypoglycemia. Which symptom would be most indicative of hypoglycemia in this patient? - ..(ANSWER)...Sweating

An 88-year-old male presents with concerns about memory loss. He feels good, takes an aspirin daily, and has no chronic diseases. He lives alone, drives his own

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Nursing AANP-FNP Questions: Improve Your Exam Preparation [2026]

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q21-Q26):

NEW QUESTION # 21

You are deciding what type of medication to prescribe for your patient for treatment of a peptic ulcer. If you prescribe nizatidine what type of drug are you prescribing?

- A. histamine2 antagonist
- B. mucosal healing agent
- C. antacid
- D. proton pump inhibitor

Answer: A

Explanation:

If you are considering prescribing nizatidine for the treatment of a peptic ulcer, you are choosing a medication that falls under the category of histamine2 (H2) antagonists. Nizatidine works by blocking histamine receptors on the cells in the stomach lining that produce acid. Specifically, it targets the H2 receptors, leading to decreased production of stomach acid.

H2 antagonists such as nizatidine are particularly useful in reducing gastric acid secretion and increasing the pH of the stomach, which can help in healing or preventing ulcers. By decreasing the amount of acid produced, these medications allow the stomach lining and any existing ulcerations more opportunity to heal.

Other drugs in the H2 antagonist class include cimetidine, famotidine, and ranitidine HCl. These medications share a similar mechanism of action with nizatidine, though they may differ in potency, duration of action, and side effects. Nizatidine is often chosen for its efficacy and favorable side effect profile.

It is important to differentiate H2 antagonists from other types of drugs used to treat peptic ulcers, such as proton pump inhibitors (PPIs) and antacids. PPIs work by a different mechanism, inhibiting the proton pump in the stomach lining that is responsible for the final step in acid production. Antacids, on the other hand, neutralize existing stomach acid rather than reducing its production.

When prescribing nizatidine, it is essential to consider the specific needs of the patient, their medical history, and any potential interactions with other medications they may be taking. As with any medication, monitoring the patient's response and adjusting the treatment as necessary is crucial for effective management of peptic ulcers.

NEW QUESTION # 22

Which of the following statements about calcium channel blockers (CCBs) is incorrect?

- A. Enalapril is the most commonly used CCB.
- B. Amlodipine is a CCB drug.
- C. CCBs depress heart muscle and the AV node.
- D. Bradycardia is a contraindication to the use of CCBs.

Answer: A

Explanation:

The question provided asks to identify an incorrect statement about calcium channel blockers (CCBs). The statement that "Enalapril is the most commonly used CCB" is incorrect because Enalapril is not a calcium channel blocker; it is an ACE (Angiotensin-Converting Enzyme) inhibitor. ACE inhibitors are a class of medication used primarily for the treatment of hypertension and congestive heart failure. They work by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor, thereby lowering blood pressure.

Calcium channel blockers, on the other hand, function by blocking voltage-gated calcium channels in the heart and blood vessels. By inhibiting these channels, CCBs reduce the influx of calcium ions during the cardiac action potential. This leads to a decrease in cardiac contractility and conductivity, particularly in the atrioventricular (AV) node, and causes vasodilation of the peripheral arterioles. The overall effect is a reduction in heart rate and a lowering of peripheral vascular resistance (PVR), which helps in reducing blood pressure. Examples of commonly used CCBs include amlodipine, verapamil, and diltiazem.

Given the mechanisms and the specific targets of these drugs within the cardiovascular system, it is clear that enalapril, being an ACE inhibitor, does not share the same mechanism of action as CCBs. Therefore, stating that enalapril is a CCB is factually incorrect. This

highlights the importance of correctly understanding and categorizing cardiovascular medications due to their differing impacts on the heart and circulatory system.

NEW QUESTION # 23

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

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 # 24

Leukocytosis is a high white blood cell count which indicates an increase in disease-fighting cells in the blood. Which of the following should be done for diagnostic tests and interpretation?

- A. oil emersion light microscopy
- B. Tzanck smear
- C. percutaneous needle aspiration
- **D. cell count and differential**

Answer: D

Explanation:

Leukocytosis is characterized by an abnormal increase in the number of white blood cells (WBCs) in the blood, primarily as a response to infection, inflammation, or other stimuli that engage the body's immune response. To diagnose and interpret the causes and nature of leukocytosis, several diagnostic tests can be performed:

****Cell Count and Differential:**** This is a fundamental test in the evaluation of leukocytosis. A complete blood count (CBC) provides the total number of white blood cells. The differential count, which is part of the CBC, breaks down the total count into the percentages of different types of white blood cells (neutrophils, lymphocytes, monocytes, eosinophils, and basophils). Each of these cell types plays a different role in the immune response and their relative proportions can indicate specific types of infections or conditions. For example, an increase in neutrophils often suggests a bacterial infection, whereas elevated lymphocytes may indicate a viral infection.

****Percutaneous Needle Aspiration:**** Although not a standard test for the direct assessment of leukocytosis, percutaneous needle aspiration can be used to collect samples from specific areas of inflammation or infection. Analyzing these samples can help identify the underlying cause of localized leukocytosis.

****Tzanck Smear:**** This test is specifically useful for diagnosing infections caused by herpes viruses. It involves scraping cells from a lesion and examining them under a microscope. While it doesn't directly evaluate leukocytosis, it can help determine if a herpetic infection is the cause of an increased white blood cell count.

****Oil Immersion Light Microscopy:**** This technique involves using a microscope with an oil immersion lens to achieve a higher resolution image of blood cells. It is particularly useful for identifying fine morphological details of cells that might indicate specific types of blood disorders or infections contributing to leukocytosis. The normal ratio of one band cell (an immature neutrophil) for every ten neutrophils in circulation is a useful benchmark in the differential diagnosis. A higher ratio of band cells (a condition known as "left shift") can indicate an active infection or inflammation, prompting further investigation. In summary, the combination of a complete blood count with a differential, along with targeted diagnostic tests like percutaneous needle aspiration or a Tzanck smear, depending on the clinical context, is crucial for accurately diagnosing the cause of leukocytosis and guiding appropriate treatment strategies.

NEW QUESTION # 25

Sandra is a 40-year-old sexually active female patient who complains of right upper quadrant abdominal pain. You find that there is tenderness upon palpation of the area. This is indicative of which of the following conditions/diseases?

- A. syphilis
- B. Jarisch-Herxheimer reaction
- C. Fitz-Hugh-Curtis syndrome
- D. Reiter's syndrome

Answer: C

Explanation:

Fitz-Hugh-Curtis syndrome is a rare complication of pelvic inflammatory disease (PID), primarily associated with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections. This syndrome is characterized by inflammation of the liver capsule and the formation of adhesions between the liver and the surrounding peritoneal structures. The condition is named after the physicians Thomas Fitz-Hugh, Jr. and Arthur Hale Curtis, who first described it in the 1930s.

The typical clinical presentation of Fitz-Hugh-Curtis syndrome includes sudden onset of right upper quadrant abdominal pain, which is often sharp and may be referred to the shoulder or right chest. This pain can be exacerbated by movement or breathing and is due to the irritation of the diaphragm by the inflamed liver capsule. Additionally, patients might experience symptoms typical of PID, such as lower abdominal pain, fever, vaginal discharge, and dyspareunia (pain during sexual intercourse).

The diagnosis of Fitz-Hugh-Curtis syndrome is primarily clinical but can be supported by imaging studies such as ultrasound, CT scan, or MRI, which may show thickening of the liver capsule or adhesions. Laparoscopy is considered the definitive diagnostic tool as it allows direct visualization of the "violin string" adhesions between the liver and the anterior abdominal wall or other structures. Treatment of Fitz-Hugh-Curtis syndrome involves managing the underlying chlamydial or gonococcal infection with appropriate antibiotics, typically a 14-day course. It is crucial to treat both the patient and their sexual partners to prevent reinfection and further complications. In some cases, where adhesions cause severe ongoing pain or other complications, surgical intervention might be necessary to remove the adhesions.

As a sexually transmitted disease complication, prevention of Fitz-Hugh-Curtis syndrome is primarily through safe sexual practices, including the use of condoms and regular STI screening. This approach can help prevent the occurrence of PID and its complications, including Fitz-Hugh-Curtis syndrome.

NEW QUESTION # 26

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