

Nursing AANP-FNP Exam Questions—Experts Are Here To Help You

AANP FNP Exam Review with All Questions from Actual Past Exam and 100% Correct Answers Updated 2023-2024

Diagnostic criteria for generalized anxiety disorder include all of the following except: A. difficulty concentrating. B. consistent early morning waking. C. apprehension. D. irritability. ----- Correct Answer ----- **B**

Associated with Weight gain Anticholinergic activity (blurred vision, dry mouth, memory loss, sweating, anxiety, postural hypotension, dizziness, and tachycardia) Constipation a problem, but infrequent nausea. Little sexual dysfunction ----- Correct Answer ----- **Tricyclics**

Highly sedating, dizziness, favorable gastrointestinal side-effect profile. Priapism risk found in 1 in 6000 men using drug. Patient should be informed to go to emergency department promptly for painful erection lasting >30 min ----- Correct Answer ----- **Trazadone**

T/F: when choosing an antidepressant the drug's half-life influences the therapeutic choice, with products with a shorter T1/2 being desirable in elderly patients and patients with hepatic disease. ----- Correct Answer ----- **True**

Which of the following drugs is likely to be the most dangerous when taken in overdose? A. a 4-week supply of fluoxetine B. a 2-week supply of nortriptyline C. a 3-week supply of venlafaxine D. a 3-day supply of diazepam ----- Correct Answer ----- **B**

Concomitant health problems found in a patient with panic disorder often include: A. irritable bowel syndrome. B. thought disorders. C. hypothyroidism. D. inflammatory bowel disease. ----- Correct Answer ----- **A**

In providing primary care for a patient with posttraumatic stress disorder (PTSD), you consider that all of the following are likely to be reported except: A. agoraphobia. B. feeling of detachment. C. hyperarousal. D. poor recall of the precipitating event. ----- Correct Answer ----- **D**

Among the preferred first-line pharmacological treatment options for patients with PTSD include the use of: A. methylphenidate (Ritalin®). B. oxazepam (Serax®). C. lithium carbonate. D. sertraline. ----- Correct Answer ----- **D**

Which of the following therapeutic agents is commonly used to help with sleep difficulties such as insomnia associated with PTSD? A. duloxetine B. bupropion C. mirtazapine D. zolpidem ----- Correct Answer ----- **C**

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q20-Q25):

NEW QUESTION # 20

A 33-year-old Caucasian woman is in the clinic inquiring about sexual activity during pregnancy. She is 7 months pregnant and concerned that it will place her pregnancy at an increased risk. The nurse practitioner has determined there have been no risk factors to date, so the NP's knowledge suggests that:

- A. This may stimulate labor and, therefore, should be avoided.
- B. This may increase the risk of pre-term labor.
- C. There is no increased risk to the pregnancy.
- D. This may increase the risk of cardiovascular abnormalities in the fetus.

Answer: C

Explanation:

When discussing sexual activity during pregnancy, many pregnant women, like the 33-year-old Caucasian patient mentioned, often express concerns regarding the safety and impact of such activities on their pregnancy. It is crucial to address these concerns with accurate information and reassurance based on current medical understanding and the specific circumstances of the pregnancy.

In general, for a pregnancy that has been progressing without complications, there is no increased risk associated with engaging in sexual activity. The human body is designed to protect the developing fetus throughout the pregnancy, and normal sexual activity does not typically interfere with this process. The amniotic fluid, strong uterine muscles, and the mucus plug at the cervix all serve to protect the fetus from infection and physical harm.

However, it is essential for pregnant women to be aware of certain signs that should prompt them to avoid sexual activity and seek medical advice. These include symptoms like vaginal discharge that is unusual in color or smell, any form of vaginal bleeding, or the rupture of the membranes (commonly known as water breaking). These symptoms could indicate potential complications, and abstaining from sexual activity while these are evaluated and managed is prudent.

In a small percentage of pregnancies where complications are present, such as placenta previa, preterm labor, or a history of miscarriages, a healthcare provider might advise against sexual intercourse. This caution is due to the potential for physical stimulation of the lower uterine segment during intercourse, which could theoretically lead to contractions or increased pressure on the cervix. Additionally, the hormonal changes triggered by orgasm, which include the release of oxytocin, can potentially stimulate uterine contractions. While in most pregnancies this is not a concern and does not lead to pre-term labor, in specific high-risk cases, this could be a factor contributing to early labor.

In conclusion, for most pregnancies that are progressing without any complications, sexual activity is considered safe and does not increase the risk to the pregnancy. Pregnant women should maintain open communication with their healthcare providers about their specific situations. This will help ensure that any potential risks are appropriately managed and that the pregnancy can continue safely while also accommodating the natural aspects of the patient's life, including sexual activity.

NEW QUESTION # 21

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

Answer: A

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 # 22

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

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

Answer: C

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

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

Answer: C

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 # 24

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. lymphogranuloma venereum
- B. gonococcal urethritis
- C. balanitis
- 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 # 25

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