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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q82-Q87):

NEW QUESTION # 82

Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. atrial fibrillation
- B. mitral valve prolapse
- C. paroxysmal atrial tachycardia
- D. none of the above

Answer: C

Explanation:

To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.

Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.

In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do not fit the ECG findings or the patient's presentation in this scenario.

Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

NEW QUESTION # 83

Gretchen is a 32-year-old sexually active female patient with symptoms of PID. She complains of right upper quadrant abdominal pain and tenderness on palpation. Liver function tests are normal. You understand that this is most likely which of the following?

- A. Jarisch-Herxheimer reaction
- B. none of the above
- C. Reiter's syndrome
- D. Fitz-Hugh-Curtis Syndrome

Answer: D

Explanation:

The most likely diagnosis for Gretchen, given her symptom of right upper quadrant abdominal pain and a history of pelvic inflammatory disease (PID), is Fitz-Hugh-Curtis Syndrome (FHCS). FHCS is a rare complication of PID, often caused by sexually transmitted infections such as *Neisseria gonorrhoeae* (GC) or *Chlamydia trachomatis*. It is characterized by inflammation of the liver capsule and the formation of adhesions or fibrous bands between the liver and the parietal peritoneum.

The key feature of FHCS is the development of a perihepatitis, which is an inflammation of the capsule covering the liver. This inflammation leads to sharp, right upper quadrant abdominal pain that may mimic other conditions such as cholecystitis or appendicitis. The pain is typically exacerbated by movement and may be referred to the right shoulder (due to irritation of the diaphragm).

Despite the liver being involved, liver function tests in FHCS are usually normal or show only mild abnormalities. This is because the liver parenchyma (functional tissue of the liver) is not affected. The diagnosis is often made clinically based on the symptoms and the patient's history of PID. Imaging studies like ultrasound or CT scan can be helpful in visualizing the perihepatic adhesions, though they are not always necessary.

Treatment of FHCS primarily involves addressing the underlying infection with appropriate antibiotics. This usually includes coverage for the causative organisms of PID. In addition, pain management is crucial. In severe cases or where there is significant adhesion formation, surgical intervention may be required to remove the adhesions and alleviate the symptoms.

In summary, Fitz-Hugh-Curtis Syndrome is a serious but treatable complication of PID, presenting with characteristic right upper

quadrant pain, despite normal liver function tests. Early diagnosis and treatment are important to prevent further complications such as chronic abdominal pain or infertility.

NEW QUESTION # 84

Which of the following patients is most likely to have severe joint symptoms as a result of Fifth disease?

- A. a 43-year-old female in otherwise good health
- B. an elderly male
- C. a 5-month old female infant
- D. a 15-year-old boy

Answer: A

Explanation:

Fifth disease, also known as erythema infectiosum, is primarily caused by parvovirus B19. This common viral infection often affects children, manifesting as a mild rash on the face, trunk, and limbs. Though typically benign in children, the disease can present differently in adults.

In adults, particularly those in good health without underlying immunodeficiency, Fifth disease can lead to more pronounced joint symptoms. These symptoms include pain and swelling, most frequently affecting the hands, feet, and knees. Unlike the presentation in children, adults, especially women, might experience these joint symptoms with little or no accompanying rash.

The immune response in adults compared to children may account for the variation in symptom presentation. Adults' immune systems can react more aggressively to the infection, leading to more significant inflammation in the joints. This heightened inflammatory response is why adults, particularly women, are more likely to experience severe arthralgia or arthritis as a consequence of the infection.

Given this information, a 43-year-old female in good health is statistically more likely to experience severe joint symptoms from Fifth disease compared to a 5-month-old infant, a 15-year-old boy, or even an elderly male. Women tend to have a higher prevalence of autoimmune diseases, which might influence the more intense immune response to parvovirus B19, thereby increasing the likelihood and severity of joint symptoms.

In conclusion, while Fifth disease is commonly a mild condition in children, in adults, especially middle-aged women, it can lead to significant joint discomfort. This distinction in symptom manifestation between different age groups and sexes is crucial for accurate diagnosis and management of the condition.

NEW QUESTION # 85

You are doing a physical assessment of a female patient whose probable diagnosis is Addison's disease. If this is indeed the final diagnosis you would expect to find all but which of the following during this examination?

- A. orthostatic hypotension
- B. bradycardia
- C. loss of weight
- D. loss of hair in the axillary and pubic region

Answer: B

Explanation:

Addison's disease, also known as primary adrenal insufficiency, is a condition where the adrenal glands do not produce sufficient steroid hormones, including cortisol and aldosterone. This insufficiency leads to a variety of symptoms and signs that can be identified during a physical examination. Here, we will discuss each of the listed findings and clarify which one is not typically associated with Addison's disease.

****Loss of Weight:**** Weight loss is a common symptom in Addison's disease. Due to the lack of cortisol, which plays a critical role in metabolism and the management of carbohydrates, proteins, and fats, patients often experience decreased appetite and significant weight loss.

****Bradycardia:**** Contrary to what might be expected, Addison's disease is more commonly associated with tachycardia rather than bradycardia. Bradycardia, or a slower than normal heart rate, is not a typical finding in Addison's disease. Cortisol deficiency generally leads to low blood pressure, and the body often compensates by increasing heart rate, resulting in tachycardia. Therefore, bradycardia would be the finding you would not expect in a patient with Addison's disease during a physical examination.

****Loss of Hair in the Axillary and Pubic Region:**** Addison's disease can also impact androgen levels, leading to changes in hair distribution. The decrease in androgens can result in the thinning or loss of pubic and axillary hair, making this a relevant finding in the assessment of someone with suspected Addison's disease.

****Orthostatic Hypotension:**** This is another common finding in Addison's disease. Due to aldosterone deficiency, there is less

sodium retention which can lead to a decrease in blood volume, exacerbating the issue of low blood pressure. Patients with Addison's disease often experience a significant drop in blood pressure upon standing, known as orthostatic hypotension. In conclusion, during the physical assessment of a patient suspected of having Addison's disease, the presence of bradycardia would be unusual and not expected. The symptoms consistent with Addison's disease include weight loss, loss of hair in the axillary and pubic regions, orthostatic hypotension, and typically tachycardia, not bradycardia. Other signs to look for include hyperpigmentation of the buccal mucosa and other pressure areas, as well as muscle wasting.

NEW QUESTION # 86

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. balanitis
- C. genital warts
- D. gonococcal urethritis

Answer: C

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 # 87

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