

# 試験の準備方法-一番優秀なAANP-FNP関連資格知識 試験-最高のAANP-FNP資料勉強

## AANP FNP Certification Exam with complete solution 2023/2024

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible, IV- first time thrill V-Steth edge VI-entire steth. EXAM - Correct Answer III first time audible, IV first time thrill

Fundal height 12 weeks - Correct Answer Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.  
Fundus at 20 weeks is at umbilicus.  
2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? - Correct Answer Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - Correct Answer Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - Correct Answer Mini mental exam

4 month old with strabismus, mom is worried..... - Correct Answer tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - Correct Answer Growth chart

6 month old closed anterior fontanel. - Correct Answer XRAY

Abnormal cells on PAP, what do you do next? - Correct Answer Refer for Colposcopy

CAGE ACRONYM - Correct Answer Cut down  
Annoyed by criticism  
Guilty about drinking  
Eye opener drink

Causes of tachycardia - Correct Answer Fever  
Anemia  
Hypotension

Cranial nerves responsible for extraocular eye movements - Correct Answer CN 3,4,6

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>> AANP-FNP関連資格知識 <<

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試験問題 (Q77-Q82):

### 質問 # 77

A 68 year old male patient is dehydrated with nausea and vomiting. The abdominal pain radiates to the back. He has a normal diet and family support. What is the best differential diagnosis?

- A. Pancreatitis.
- B. Large bowel obstruction.
- C. Diverticulitis.
- D. Peptic ulcer disease.

正解: A

解説:

Peptic ulcer disease is one potential diagnosis for a patient with abdominal pain, nausea, and vomiting. However, the typical presentation often includes localized pain in the upper abdomen without radiation to the back. The symptoms can be worsened by meals, and alleviated by antacids, which does not fully align with the patient's symptoms as described.

Pancreatitis is another possible diagnosis, particularly fitting in this case due to the age of the patient and the nature of the symptoms. Pancreatitis often presents with severe pain that radiates to the back, coupled with nausea and vomiting. The fact that the patient's diet is normal and not a contributing factor, along with the reported dehydration, supports the likelihood of pancreatitis. Pancreatitis can be caused by gallstones, alcohol use, and other medical conditions, but it can also occur idiopathically, particularly in older adults.

Diverticulitis typically presents with pain in the lower left quadrant of the abdomen, occasionally accompanied by nausea and a change in bowel habits, but less commonly with vomiting and back pain. The patient's symptoms do not strongly suggest diverticulitis, particularly in the absence of changes in bowel habits or localized left-sided pain.

Large bowel obstruction could present with abdominal pain, nausea, and vomiting, but would more likely also involve changes in bowel movements, such as inability to pass gas or stools, and abdominal distension. The description of pain radiating to the back is less characteristic for large bowel obstruction.

Given the age of the patient, the symptomatology of severe pain radiating to the back, and the associated nausea and vomiting without specific dietary triggers, pancreatitis emerges as the most likely diagnosis. It is important to consider this condition seriously due to the potential complications and the need for prompt treatment to manage symptoms and prevent further damage to the pancreas. Further diagnostic tests such as serum amylase and lipase, and imaging studies like abdominal ultrasound or CT scan, would be warranted to confirm the diagnosis and assess the severity of the condition.

### 質問 # 78

Tetanus infection is caused by Clostridium tetani, an anaerobic, gram-positive, spore-forming rod. The organism enters the body through a contaminated wound. Which of the following wounds would present the greatest risk for tetanus infection?

- A. a laceration from a knife used to cut chicken
- B. all of the above
- C. an abrasion on the knee
- D. a puncture wound from stepping on a garden tool

正解: D

解説:

To effectively address the question of which wound presents the greatest risk for a tetanus infection, we must consider the nature and characteristics of the bacterium Clostridium tetani and the conditions it thrives under.

Tetanus is caused by Clostridium tetani, which is an anaerobic bacterium. This means that it prefers environments devoid of oxygen. This characteristic is crucial in understanding which types of wounds are more likely to foster the growth of this bacterium. The bacteria produce spores that are capable of surviving in harsh conditions and can become active when they enter a suitable environment, such as a deep wound.

Among the options provided: 1. An abrasion on the knee - This type of injury typically results in a superficial wound. While it can become contaminated with dirt and potentially with Clostridium tetani, the exposure to air and the superficial nature of the wound

make it less likely to create the anaerobic (oxygen-free) conditions necessary for the bacteria to thrive. 2. A puncture wound from stepping on a garden tool - This type of injury is generally deeper and narrower. Such wounds can easily penetrate deeper layers of tissue, reducing exposure to air and thus creating an anaerobic environment, which is ideal for the growth of *Clostridium tetani*. Furthermore, garden tools are often in contact with soil, which can be a natural reservoir for the spores of *Clostridium tetani*, especially if the soil is enriched with manure, enhancing the risk of tetanus spore contamination. 3. A laceration from a knife used to cut chicken - While this wound could potentially be deep and introduce other pathogens, the risk of tetanus specifically depends on whether the knife was contaminated with *Clostridium tetani* spores, which is less likely compared to exposure to soil. The primary concern here would more likely be other types of infections, including foodborne pathogens. Given these considerations, the puncture wound from stepping on a garden tool presents the highest risk for a tetanus infection. This scenario combines both the ideal conditions for the anaerobic growth of *Clostridium tetani* and a high likelihood of contamination from a source rich in tetanus spores (soil/manure). Hence, it is essential to treat such wounds promptly and consider prophylactic tetanus toxoid vaccination, especially if the vaccination history is unclear or if the individual has not been vaccinated within the last ten years.

### 質問 # 79

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

正解: A

解説:

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.

### 質問 # 80

Your 34-year-old female patient has been vomiting blood and her stools appear black and tarry. She complains of abdominal cramping. Which of the following is most likely to cause these signs and symptoms?

- A. gastrointestinal bleeding
- B. hepatitis
- C. diverticulosis
- D. hemorrhoids

正解: A

解説:

Hemorrhoids are a common condition where veins in the rectal area become swollen and inflamed. Typically, hemorrhoids cause symptoms such as itching, discomfort, and bleeding during bowel movements. The bleeding seen with hemorrhoids is usually bright red and noticed on the toilet paper or in the toilet bowl. Hemorrhoids are less likely to cause severe bleeding or black, tarry stools, which are indicative of bleeding higher up in the gastrointestinal tract.

Gastrointestinal bleeding refers to any bleeding that occurs within the gastrointestinal tract, which extends from the mouth to the anus. This type of bleeding can manifest in various ways depending on the location and severity of the bleed. Vomiting blood (hematemesis) and having black, tarry stools (melena) are symptoms often associated with significant GI bleeding, possibly from the stomach or upper intestines. Such bleeding can be caused by a variety of conditions including peptic ulcers, gastritis, or esophageal varices, and warrants immediate medical attention.

Diverticulosis involves the formation of small pouches (diverticula) in the wall of the colon. While these pouches themselves may not cause discomfort, if they become inflamed or bleed, it can result in diverticulitis or diverticular bleeding. However, bleeding from diverticulosis is generally painless and would not typically be accompanied by abdominal cramping, although it can cause red blood or dark stools if the bleeding is substantial.

Hepatitis, an inflammation of the liver, usually does not directly cause GI bleeding. Symptoms of hepatitis include jaundice (yellowing of the skin and eyes), fatigue, and abdominal pain, but not typically vomiting of blood or black, tarry stools unless there is an associated severe liver disease such as cirrhosis leading to complications like esophageal varices, which can bleed.

Given the symptoms described - vomiting blood and black, tarry stools accompanied by abdominal cramping - the most likely cause among the options provided is gastrointestinal bleeding. This condition is serious and can be life-threatening, requiring urgent medical evaluation to identify the source of the bleed and initiate appropriate treatment.

#### 質問 # 81

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. steroid ophthalmic drops
- **B. Acyclovir**
- C. none of the above
- D. support therapy only

正解: B

解説:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss.

Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

#### 質問 # 82

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