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Question: 1

Recently, the recommendations on treatment for seasonal allergic rhinitis (SAR) were updated to reflect clinical evidence. The Joint Task Force for Practice Parameters (JTFPP) recommends that nasal allergy symptoms present in patients older than 12 years should FIRST be treated with:

- A. a leukotriene modifier (LTM) alone.
- B. an oral antihistamine alone.
- C. an intranasal steroid alone.
- D. an intranasal corticosteroid and an oral antihistamine.

Answer: C

Explanation:

Correct answer: An intranasal corticosteroid alone

Seasonal allergic rhinitis has been treated for years using a combination approach of intranasal corticosteroids (INCS) with an oral antihistamine. The most recent recommendations from the JTFPP have changed based on the most current evidence, and they now recommend monotherapy with an INCS alone as first-line treatment for patients 12 years or older.

First and second generation oral antihistamines are now considered rescue therapy and are more effective on symptoms when used along with consistent controller therapy of INCS.

Leukotriene modifiers (LTMs) such as montelukast (Singulair) can be considered as adjunct treatment for seasonal allergic rhinitis, as they are less effective than INCS.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 202-204.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 129-130.

Question: 2

More than 90% of patients with pneumonia will typically present with which of the following symptoms?

- A. Dyspnea
- B. Sputum production
- C. Cough
- D. Pleuritic chest pain

Answer: C

Explanation:

Correct answer: Cough

Pneumonia is the most common cause of death from infectious disease and is the eighth-leading cause of overall mortality in the United States. The usual presentation of patients with pneumonia includes cough (more than 90%), dyspnea (66%), sputum production (66%) and pleuritic chest pain (50%). Nonrespiratory symptoms, including fatigue and gastrointestinal upset, are also commonly reported. As with other infectious diseases, elderly patients often report fewer symptoms, and present with an elevated resting respiratory rate and generally feel ill. Altered mental status is also often noted in the older adult with pneumonia.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 309.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 225.

Question: 3

Of the following types of urinary incontinence, which has the HIGHEST incidence in older adults?

- A. Functional incontinence
- B. Stress incontinence
- C. Mixed incontinence
- D. Urge incontinence

Answer: D

Explanation:

Correct answer: Urge incontinence

Urinary incontinence (UI) is the involuntary loss of urine in sufficient amounts to be a problem. This condition is often thought by many women to be a normal part of aging. In reality, numerous treatment options are available after the cause of UI is established. Urge incontinence, also called overactive bladder (OAB), is the most common form of UI in older men and women.

Stress incontinence (involuntary leakage of a small-to-medium volume of urine when laughing, sneezing, coughing, bending, lifting, etc) has the highest incidence in middle-aged women (peak at 45-49 years). Functional incontinence affects approximately 25% of women aged 57-85 years, and is associated with the inability to get to the toilet or lack of awareness of the need to void. Mixed incontinence involves symptoms that are a mixture of stress and urge incontinence.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 678-679.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 534.

Question: 4

In the course of a follow-up examination for a patient with gastroesophageal reflux disease (GERD), which outcome would indicate the need for a referral for a specialty consultation?

- A. Moderate symptoms following treatment with ranitidine (Zantac) for 6 weeks
- B. Symptoms persist after an 8-week course of a proton-pump inhibitor such as omeprazole (Prilosec)

- C. Severe symptoms that do not respond to prescription cimetidine (Tagamet) after 4 weeks
- D. Mild symptoms that do not respond to lifestyle modifications and antacids

Answer: B

Explanation:

Correct answer: Symptoms persist after an 8-week course of a proton-pump inhibitor (PPI) such as omeprazole (Prilosec)

An 8-week course of PPI therapy is usually adequate to heal acute esophageal inflammation noted with ongoing GERD. If symptoms continue after 8 weeks, a referral to gastroenterology for further evaluation is indicated.

Most cases of mild gastroesophageal reflux disease (GERD) respond to the use of lifestyle modifications and antacids. If symptoms continue, the next step is the prescription of a histamine-2 receptor antagonist (H2RA), such as ranitidine (Zantac) or cimetidine (Tagamet), for a maximum of 6 weeks. If there is no improvement within 6 weeks, long-term H2RA therapy is unlikely to be helpful. If H2RA therapy has failed, a PPI can be prescribed for 8 weeks prior to referral to gastroenterology.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 359.

Question: 5

When examining a 72-year-old patient experiencing an involuntary loss of urine, you would expect to observe a clinical presentation consistent with which form of incontinence?

- A. Urge incontinence
- B. Functional incontinence
- C. Urethral obstruction
- D. Stress incontinence

Answer: A

Explanation:

Correct answer: Urge incontinence

The most common form of incontinence in older men and women (65+ years of age) is Urge Incontinence (UI). In this condition, detrusor overactivity causes uninhibited bladder contractions. The clinical presentation includes a sudden and strong urge to void immediately before involuntary leakage of urine. This involuntary loss of urine can range from moderate to large volumes, a condition known as "overactive bladder."

Stress incontinence is the most common form of incontinence in adult females; it is rare in adult men but is occasionally noted post-prostate or bladder surgery. Urethral obstruction is most commonly found in older adult males. Functional incontinence usually occurs in individuals with mobility issues or altered cognition.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 678, 679.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 534.

Question: 6

A patient has presented to the medical clinic reporting blurred vision, acute-onset eye and head pain, hazy cornea, light sensitivity, and nausea.

Which intervention will you incorporate into the plan of care?

- A. Prescribe antiinflammatory medications and apply a patch to the affected eye
- B. Prescribe pilocarpine optic drops
- C. Prompt ophthalmology referral
- D. Irrigate the eye with normal saline solution and perform fluorescein staining

Answer: C

Explanation:

Correct answer: Prompt ophthalmology referral

Acute angle-closure glaucoma is increased pressure in the anterior chamber of the eye due to an acute blockage of the normal circulation of fluid within the eye. This is an emergent condition requiring immediate referral for specialty care for prompt intraocular pressure lowering and inflammation relief with selected medications.

Pilocarpine optic drops are seldom prescribed as they can cause pupillary constriction. Eye patches are contraindicated, as maintaining the conditions that cause pupillary dilation will perpetuate the attack. Normal saline irrigation is not indicated, nor is fluorescein staining, as this is not a case of corneal injury.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 183-184.

Question: 7

Your 37-year-old male patient with low back pain has returned to the clinic for follow-up 4 weeks after implementation of his treatment plan. He confirms he has been compliant with applying cold packs 3-4 times per day, has been applying heat prior to the prescribed stretching exercises, and has been taking ibuprofen (Motrin, Advil) 800 mg by mouth 3 times a day as was prescribed.

Which of the following comments by the patient indicates the need for a referral to physical therapy?

- A. "I don't think I remembered to tell the nurse practitioner I saw at my last visit that I have had liver cancer."
- B. "The medication helps to relieve the pain on the days I stay at home, but the pain is worse after I have been at work all day."
- C. "I feel like I'm not always able to empty my bladder."
- D. "I will need narcotics for my low back pain."

Answer: B

Explanation:

Correct answer: "The medication helps to relieve the pain on the days I stay at home, but the pain is worse after I have been at work all day."

Poor body mechanics, including while sitting at work, can exacerbate and contribute to low back pain. A treatment plan for low back pain should include initiating aerobic and toning exercises. In addition, therapeutic massage can be utilized to reduce muscle stiffness by improving blood flow to the low back. Bowel, bladder, or limb dysfunction in the face of low back pain warrants immediate referral to specialty care, as this can be a sign of cauda equina syndrome.

Low back pain, coupled with a history of cancer, can be a sign of tumor and patient should be referred to a specialist.

While the use of narcotic medications may be warranted in the treatment of low back pain, they should be used with caution. Narcotic pain medication usage should be limited to those patients who have severe pain and have not responded to other medications. Narcotics are considered drugs of abuse, and patients who require narcotics as part of their treatment plan should be evaluated for abuse potential prior to beginning narcotic treatment.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 526-527.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 348-349.

Question: 8

While performing a routine check-up of a 45-year-old female patient, she mentions that she is experiencing numbness and pain affecting her hand, forearm, and wrist that awakens her at night. Which of the following additional findings would you expect to observe?

- A. The patient experiences loss of grip, wherein things slip from her fingers without her noticing.
- B. Numbness exists predominantly in the fifth finger, extending to the thenar eminence.
- C. Symptoms are often most severe in the morning.
- D. There is also pain in the epicondylar region of the elbow and upper arm.

Answer: A

Explanation:

Correct answer: The patient experiences loss of grip, wherein things slip from her fingers without her noticing.

The symptoms described (numbness and pain affecting the hand, forearm, and wrist that awakens the patient at night) are consistent with Carpal Tunnel Syndrome (CTS). Among the most common complaints related to CTS, patients will reveal that their hands fall asleep or that things slip from their fingers without their noticing.

Numbness existing predominantly in the fifth finger or extending to the thenar eminence or dorsum of the hand should suggest other diagnoses. Pain in the epicondylar region of the elbow and upper arm is more likely to be due to other musculoskeletal diagnoses. The symptoms of CTS are often worse at night rather than in the morning.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 521-522.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 314-315.

Question: 9

You have completed your examination of an 81-year-old male who has no history of atherosclerotic cardiovascular disease (ASCVD), hypertension that is well controlled on medication, and a 10-year CVD event risk of 10%.

According to the US Preventive Services Task Force (USPSTF) recommendations on the use of statins in primary prevention of CVD, what should you do for this patient?

- A. The US Preventive Services Task Force (USPSTF) recommends the use of low-dose to moderate-dose statins in patients 76 years and older.
- B. The US Preventive Services Task Force (USPSTF) has not made any recommendations on the use of statins in patients 76 years and older.
- C. The US Preventive Services Task Force (USPSTF) recommends the use of moderate-intensity to high-intensity statins in patients 76 years and older who have one or more CVD risk factors.
- D. The US Preventive Services Task Force (USPSTF) recommends the use of low-dose to moderate-dose statins in patients 76 years and older who have one or more CVD risk factors.

Answer: B

Explanation:

Correct answer: The US Preventive Services Task Force (USPSTF) has not made any recommendations on the use of statin therapy in patients 76 years and older.

Most patients are asymptomatic until they develop ASCVD. The USPSTF recommends lipid screening in both women and men who are at an increased risk for Coronary Heart Disease (CHD). Screening should be performed in women aged 45 years and older and in men aged 35 years and older. However, adults aged 76 years and older with no history of CVD should not be screened based on insufficient evidence.

In addition, use of statins in adults who are older than 76 years of age has not been studied in randomized trials of statin usage in the primary treatment of CVD prevention. Consequently, understanding of the benefits of statin use and the potential harms of statin use in the population that is older than 76 years is limited.

Reference:

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 207.

Question: 10

Your 35-year-old female patient reports experiencing recurring headaches of moderate intensity, typically lasting for 48 to 72 hours. Which factor(s), if present, would support a diagnosis of migraine headaches rather than tension headaches?

- A. Female gender
- B. Nausea, phonophobia
- C. Bilateral location
- D. Pressing, nonpulsatile pain

Answer: B

Explanation:

Correct answer: Nausea, phonophobia

Three factors that differentiate a migraine headache from a tension headache are nausea, phonophobia (extreme sensitivity to loud noises), and photophobia (extreme sensitivity to light). Migraine with aura occurs in 20% of individuals and includes altered visual or olfactory perception.

Migraines are usually unilateral in location, whereas bilateral headaches are more often associated with tension-type. Pressing, nonpulsatile pain is a sign associated with tension headaches. Both tension headaches and migraine headaches occur most often in women.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 60.

Question: 11

A 37-year-old patient has been diagnosed with bacterial prostatitis. Which of the following comments made by the patient indicates that further discussion and education is required?

- A. "Sitting in a tub of warm water may help with pain relief."
- B. "It is important to engage in protected sex using condoms."
- C. "Once this infection is treated, there isn't any risk of recurrence."
- D. "My sexual partner may also need treatment."

Answer: C

Explanation:

Correct answer: "Once this infection is treated, there isn't any risk of a recurrence."

While acute prostatitis usually resolves with antibiotic therapy, in some cases it may recur and become chronic prostatitis. Lifestyle adjustments, primarily related to the prevention of Sexually Transmitted Infections (STIs), should also be followed, as the presence of an STI is associated with both acute and chronic disease.

Because of the potential relationship between bacterial prostatitis and sexually transmitted infections, practicing safe sex through the use of condoms is very important, and sexual partners may also require treatment. The application of heat by sitting in a tub of warm water can be effective in providing pain relief.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 433-434.

Question: 12

The nurse practitioner is taking a history on a 49-year-old Caucasian patient who reports noticing a pearly, flesh-colored lesion approximately the diameter of a pencil eraser located on her upper chest. She states the lesion is painless but has become pruritic recently and has not increased in size since she first noticed it approximately six months ago. The patient reports a family history of melanoma; states

that when she was college-aged, she regularly used a tanning bed; and that she works at a daycare. The nurse practitioner elects to obtain a shave biopsy of the lesion.

Based on the information obtained in the history taking, the nurse practitioner is most suspicious for which of the following?

- A. Molluscum contagiosum
- B. Dermatitis papulosa nigra
- C. Melanoma
- D. Basal cell carcinoma

Answer: D

Explanation:

Correct answer: Basal cell carcinoma

Basal Cell Carcinoma (BCC) is a NonMelanomatous Skin Cancer (NMSC) that results from sun exposure. It is characterized by the development of a normal flesh-colored lesion to a slightly pigmented lesion with a raised, shiny appearance and pearly borders. These lesions may have a dimpled center, or vasodilation of associated blood vessels may be observed within the lesion. Symptoms such as pruritus, tenderness, or pain to the lesion should prompt immediate evaluation for skin cancer. BCC can be biopsied by use of a shave biopsy, as a full-thickness specimen is not required for diagnosis.

Dermatitis papulosa nigra is a benign dermatologic condition that affects approximately 50% of the black population in the United States. It is characterized by the presence of hyperpigmented, hyperkeratotic plaques commonly located on the head and neck.

Melanoma is a malignant lesion that may result from sun exposure or from a familial genetic component in several syndromes, which include multiple genetically-linked malignancies. Melanoma is characterized by asymmetry, irregular borders, irregular coloration or the presence of several colors, a large diameter, and changes in size.

BCC may be mistaken for molluscum contagiosum, which also presents as a raised, pearly pink papule, often with a dimpled center. Molluscum contagiosum results from a rapidly spread virus that originally affected only children, especially in areas where children are in close contact with other children, such as a daycare setting. It has progressed to also being spread through sexual contact.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 145.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 146.

Question: 13

You have completed your examination of a 32-year-old female with a history of asthma and you are now reviewing the patient's office spirometry results. You can expect that the patient's forced vital capacity (FVC) results should:

- A. Remain within 60% to 100% of the population standard
- B. Be lower than the FVC results of the population standard
- C. Be higher than the FVC results of the population standard
- D. Remain within 80% to 120% of the population standard

Answer: D

Explanation:

Correct answer: Remain within 80% to 120% of the population standard

Forced Vital Capacity (FVC) is the total amount of air that a patient can exhale during a Forced Expiratory Volume (FEV) test, which measures how much air a patient can exhale during a forced breath. Asthma is an obstructive airway disease and, as such, does not contribute to a reduction in lung volume. The FVC of an asthmatic patient can be expected to be within 80% to 120% of the population standard and thus is considered to be normal.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 283-284, 286.

Question: 14

You are performing a routine check-up for a 55-year-old female patient with a family history of colorectal cancer. Which of the following factors related to the early stages of colorectal cancer will guide your assessment and counseling for this patient?

- A. Patients are typically asymptomatic.
- B. Patients typically present with vague abdominal complaints.
- C. Patients typically present with nausea and vomiting.
- D. Patients typically present with iron-deficiency anemia.

Answer: A

Explanation:

Correct answer: Patients are typically asymptomatic.

Patients presenting with colorectal cancer are usually asymptomatic until the disease is quite advanced. Not until the disease is advanced will the patient usually complain of vague abdominal complaints coupled with iron-deficiency anemia that occurs as a result of chronic low-volume blood loss.

Nausea and vomiting are a late, rather than early, sign of colorectal cancer.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 347.

Question: 15

Which of the following women may be more likely to experience postpartum depression as a result of changes in the hormonal environment?

- A. A woman with an unintended pregnancy
- B. A woman with a history of major depression
- C. A woman with a twin pregnancy in which one of the twins has expired
- D. A woman who developed depressive symptoms when taking an oral contraceptive

Answer: D

Explanation:

Correct answer: A woman who developed depressive symptoms when taking an oral contraceptive. Each of these women is at risk of developing postpartum depression (PPD) as a result of the situations surrounding their pregnancies. However, only the woman who experienced depressive symptoms as a result of taking oral contraceptives, that is, an exogenous source of the hormones estrogen and progesterone, is at risk of developing PPD as a direct result of changes in the hormonal environment. These individuals are more sensitive to hormonal changes and may be at risk of PPD as a result of the hormone shifts associated with the postpartum period.

Question: 16

A dual-energy x-ray absorptiometry (DXA) scan is indicated as part of the plan of care for all the following patients except:

- A. A 19-year-old Caucasian female with a history of cystic fibrosis
- B. A 40-year-old African American female who completed the menopause transition one year ago
- C. A 49-year-old obese Caucasian female who has been amenorrheic for nine months
- D. A 52-year-old Asian male who broke his left foot six months ago

Answer: C

Explanation:

Correct answer: A 49-year-old obese Caucasian female who has been amenorrheic for nine months. A DXA scan is considered a reliable and effective test to screen for the presence of osteoporosis or osteopenia and to detect progression of the disease. In addition to age, there are many factors that may contribute to the risk of developing osteoporosis or osteopenia. Screening for osteoporosis and osteopenia should be dependent upon individual risk factors and may be indicated at a much younger age than is typical.

Genetic factors such as cystic fibrosis can contribute to the development of osteoporosis. In cystic fibrosis, this may result from complications of the actual disease itself or may be a result of chronic, recurrent treatment with high-potency oral corticosteroids. DXA screening should begin at approximately age 18 years.

Women who experience an early menopause (before age 50 years) are at risk of developing osteopenia or osteoporosis due to the loss of the protective effect of estrogen. DXA screening is recommended in this population once they have been one year without menstrual cycles.

Small-framed individuals of Asian or European ancestry are at greater risk of osteoporosis/osteopenia. Any individual regardless of gender who has broken a bone after the age of 50 years should be screened for osteoporosis using DXA scan.

Obesity appears to be protective against the development of osteoporosis and osteopenia, likely due to high endogenous estrogen production by fatty tissue and increased bone weight-bearing. A 49-year-old woman who has been amenorrheic for nine months does not meet the criteria for having completed menopause; a DXA scan would not be recommended in this population.

Reference:

Question: 17

You are preparing to examine an 11-year-old newly diagnosed asthmatic who was referred to you from the Emergency Department for care. You know that the goals for therapy for achieving asthma control are to reduce impairment and reduce risk by:

- A. Decreasing SABA usage to 2 or fewer days per week (including usage for exercise-induced bronchospasm prevention), and improving normal pulmonary function
- B. Providing asthma therapy to improve patients' persistent asthma severity to "mild" category, and decreasing SABA usage to 2 or fewer days per week
- C. Meeting patients' and families' expectations of and satisfaction with asthma care, and preventing or minimizing adverse effects from medications
- D. Maintaining normal pulmonary function and repairing any loss of lung function

Answer: C

Explanation:

Correct answer: Meeting patients' and families' expectations of and satisfaction with asthma care, and preventing or minimizing adverse effects from medications

According to the National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP EPR-3), the goals for therapy for achieving asthma control are to reduce impairment and reduce risk.

Reducing impairment is achieved by:

- preventing symptoms
- limiting the need to use a Short-Acting Beta2-Agonist (SABA) to 2 or fewer days per week (unless for prevention of exercise-induced bronchospasm)
- maintenance of normal pulmonary function and normal activity levels
- meeting patients' and families' expectations of and satisfaction with asthma care

Reducing risk is achieved by:

- preventing asthma exacerbations
- preventing lung function loss
- minimizing or negating any adverse effect from asthma pharmacotherapy

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 283-284.

Question: 18

You are providing care for a 75-year-old male patient who is concerned about a small patch of rough, red, and scaly skin on the bald area of his scalp, which is consistent with actinic keratosis. Which intervention would you include on the treatment plan for this patient?

- A. 1 to 5% topical fluorouracil cream (Efudex, Carac, Fluoroplex)

- B. Topical betamethasone dipropionate (Diprolene, Diprolene AF, Luxiq) 0.05%
- C. Topical clindamycin (Clindagel, Clinda-Derm, Evoclin)
- D. Topical tretinoin (Atralin, Refissa, Avita)

Answer: A

Explanation:

Correct answer: 1 to 5% topical fluorouracil cream (Efudex, Carac, Fluoroplex)

Actinic keratosis can be treated with the application of 1%-5% fluorouracil cream once a day for 2 to 3 weeks until lesions crust over or 5% fluorouracil cream once daily for 1 to 2 days weekly for 7 to 10 weeks. The latter regimen yields a similar therapeutic outcome without crusting or discomfort.

Topical betamethasone, clindamycin, and tretinoin preparations are not indicated for the treatment of actinic keratosis.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 146.

Question: 19

You are counseling the breastfeeding mother of a 3-month-old on the use of progestin-only pills (POPs) when she tells you that she has been experiencing persistent breastfeeding problems and has decreased direct feedings from the breast and subsequently has been offering frequent bottles of formula.

You explain to her that:

- A. Progestin-only pills (POPs) are highly effective in breastfeeding mothers, even if they are supplementing with formula.
- B. Progestin-only pills (POPs) have a failure rate of up to 13% in women who are exclusively breastfeeding and should only be used with a reliable barrier contraceptive method as back-up.
- C. Progestin-only pills (POPs) should be used with caution in breastfeeding women, as they may contribute to a decrease in breast milk production and contribute to breastfeeding difficulties.
- D. Progestin-only pills (POPs) have a 13% failure rate in women who are not exclusively breastfeeding.

Answer: D

Explanation:

Correct answer: Progestin-only pills (POPs) have a 13% failure rate in women who are not exclusively breastfeeding.

POPs are a safe and highly effective method of contraception in women who are exclusively breastfeeding and do not alter the quality or quantity of breast milk. They are most effective if the woman is exclusively breastfeeding. In women who are not breastfeeding or who have been decreasing the amount of feeding time spent at the breast, there is an up to 13% failure rate. A reliable backup barrier method of contraception should be recommended in this situation.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 410.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pg. 405.

Question: 20

When evaluating an elderly patient's response to a prescribed medication, you are aware that all the following represent age-related factors that can influence pharmacological responses EXCEPT:

- A. Decreased stomach pH
- B. Decreased hepatic blood flow
- C. A 20% or greater reduction in lean muscle mass
- D. A reduction in serum albumin

Answer: A

Explanation:

Correct answer: Decreased stomach pH

Drug clearance is affected by slow gastric emptying and decreased gastric motility. Both of these factors are a normative age-related physiological change that can influence the patient's response to pharmacological agents. In addition, as gastric acid production decreases, stomach pH increases (rather than decreases), potentially prolonging the initial breakdown of medications made to dissolve in low pH. "Start low, go slow" is the geriatric prescribing advice all clinicians learned and generally follow.

Other such changes include, in part, a greater than 20% reduction in lean muscle mass, decreased hepatic blood flow, and less albumin available for drug binding.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 782.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 524-525.

Question: 21

A 23-year-old Japanese college student presents to your clinic to discuss laboratory results that were collected at her well exam last week. Her blood pressure reading today is elevated at 132/85, and her laboratory study results show elevation in her triglyceride level.

What additional finding would meet criteria for diagnosing the patient with metabolic syndrome using the International Diabetes Federation criteria?

- A. Central obesity defined as a waist-to-hip ratio of > 0.85 in women
- B. Fasting glucose level ≥ 95 in either gender
- C. Central obesity with a waist circumference of ≥ 80 cm (31.5 in) in women of Japanese ancestry
- D. High-density lipoprotein (HDL) level < 39 in women

Answer: C

Explanation:

Correct answer: Central obesity with a waist circumference of ≥ 80 cm (31.5 in) in women of Japanese ancestry

The International Diabetes Federation uses an ethnic-specific waist circumference of central obesity as one facet of criteria in diagnosing metabolic syndrome. Central obesity measurements must be as follows to meet the definition:

- European, sub-Saharan African, Eastern Mediterranean, Middle Eastern (Arabic) ancestry
 - o Women ≥ 80 cm (31.5 in)
 - o Men ≥ 94 cm (37 in)
- South Asian, Chinese, ethnic South and Central American ancestry
 - o Women ≥ 80 cm (31.5 in)
 - o Men ≥ 90 cm (35.5 in)
- Japanese ancestry
 - o Women ≥ 80 cm (31.5 in)
 - o Men ≥ 90 cm (35.5 in)

In addition to meeting the definition of central obesity, patients must also have two or more of the following findings to be diagnosed with metabolic syndrome:

- Abnormal triglycerides ≥ 150 mg/dL
- HDL cholesterol < 40 mg/dL in men or < 50 mg/dL in women
- Blood pressure readings of ≥ 130 Hg systolic or ≥ 85 Hg diastolic or treatment of previously diagnosed hypertension
- Fasting glucose ≥ 100 mg/dL or previous diagnosis of type 2 diabetes or impaired glucose tolerance

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 610.

Question: 22

You are evaluating a 68-year-old female patient of Chinese ethnicity who has presented with a leg ulcer. The patient has a BMI of 37.7, is a former smoker, and has a history of deep vein thrombosis (DVT) 5 years ago. You diagnose this patient with a venous stasis ulcer.

When evaluating this patient, you know the earliest sign of lower-extremity chronic venous insufficiency (CVI) is:

- A. Lower-extremity edema
- B. Skin atrophy
- C. Altered pigmentation
- D. Taut and shiny skin

Answer: A

Explanation:

Correct answer: Lower-extremity edema

CVI is a common sequela of DVT and leg trauma, although the absence of this history is noted in about 25% of patients. There is decreased venous return because of vessel damage, and lower-extremity edema is typically the earliest sign.

In addition to edema, early signs of CVI include leg aching and itchiness. As CVI progresses, edema worsens and leads to the development of thin, shiny skin, often with brown pigmentation. The subcutaneous tissue eventually thickens and becomes fibrous.

Risk factors for the development of venous stasis ulcers include age older than 65 years, female gender, obesity, trauma, immobility, a history of the congenital absence of veins, DVT, phlebitis, and factor V Leiden mutation.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 587-589.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 203-205.

Question: 23

You are providing care for a 65-year-old female with a history of mild hypertension which has been controlled by lifestyle modifications. Which finding indicates a need to modify the treatment plan per the Joint National Committee (JNC-8) guidelines?

- A. Systolic blood pressure 95 mm/Hg
- B. Diastolic blood pressure 85 mm/Hg
- C. Systolic blood pressure 155 mm/Hg
- D. Systolic blood pressure 140 mm/Hg

Answer: C

Explanation:

Correct answer: Systolic blood pressure 155 mm/Hg

In the general population of those more than 60 years old, the Joint National Committee-8 (JNC-8) recommends initiating pharmacological therapy for hypertension when systolic blood pressure is > 150 mm/Hg.

For those less than 60 years old, pharmacologic therapy should be initiated when systolic blood pressure is > 140 mm/Hg.

In those 60 years of age or older, pharmacologic treatment should be initiated when diastolic, not systolic blood pressure is > 90 mm/Hg.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 239-240.

Question: 24

As you enter the examination room of your next patient, a 35-year-old male, you immediately notice drooping of the right side of his face, an inability to fully close his right eye, and when he smiles, the right side of his mouth does not lift.

You believe the patient has Bell's palsy and would be inclined to diagnose this if you knew:

- A. The patient was an avid outdoorsperson and had been experiencing flu-like symptoms and a red circular rash over the last several weeks.
- B. The patient had experienced a cerebrovascular accident (CVA) at age 10 as a result of sickle cell disease.

- C. The patient was an avid outdoorsperson and had recently been treated for a staphylococcal infection to the right side of his face after sustaining an injury while hunting.
- D. The patient was an avid outdoorsperson and athlete and had recently sustained an injury to the temporal area of the right side of his skull after being hit in the head during a game.

Answer: A

Explanation:

Correct answer: The patient was an avid outdoorsperson and had been experiencing flu-like symptoms and a red circular rash over the last several weeks.

Bell's palsy typically presents as an acute unilateral facial asymmetry and paralysis. It is believed to result from inflammation of cranial nerve VII (facial nerve), presumably related to mechanical compression of the nerve. It is often linked to viral illness, including herpes simplex virus, herpes zoster, Epstein-Barr, Cytomegalovirus (CMV), HIV, and (rarely) select bacterial infections such as Lyme disease. Most people with Bell's palsy will show improvement in symptoms within a few weeks and complete recovery within six months.

Bell's palsy is an uncommon finding during the second stage of Lyme disease. Patients with second stage Lyme disease typically experience flu-like symptoms, headache and stiff neck, fever and chills, myalgias, lymphadenopathy, and general malaise. In addition, they may exhibit the classic spreading red circular rash associated with Lyme disease. Appropriate antibody testing should be obtained in patients presenting with Bell's palsy and who have risk factors for Lyme disease.

Patients who have experienced a Cerebrovascular Accident (CVA) may present with facial paralysis that may be confused with Bell's palsy.

Bell's palsy is not associated with injury and very rarely bacterial infection.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pgs. 56-57.

Family Nurse Practitioner Certification Intensive Review, Fourth Edition. Pgs. 307-308.

Question: 25

You are examining a 55-year-old female patient who has been experiencing abdominal cramping, flatus, and alternating episodes of diarrhea and constipation. She has no fever or other signs of an infection. Which diagnostic test would you order first?

- A. Single photon emission computed tomography (SPECT)
- B. Colonoscopy
- C. Computed tomography
- D. Barium X-ray studies

Answer: B

Explanation:

Correct answer: Colonoscopy

The symptoms described are consistent with a possible diagnosis of diverticulosis. Symptomatic diverticular disease without inflammation is a diagnosis of exclusion. It requires colonoscopy as the first step in diagnosis because imaging studies cannot discern the signs of diverticula.

Computed tomography (CT) is recommended for diagnosis of acute diverticulosis when inflammation is present.

Barium enema examination may be indicated when inflammation is present, as diverticulitis may be diagnosed by recognizing a perforated diverticulum. However, this test has fallen out of favor due to risks for complications and the availability of the more effective CT scan.

Nuclear medicine studies, such as single photon emission computed tomography (SPECT), have a limited role in the evaluation of diverticulosis.

Reference:

Nurse Practitioner Certification Exam Prep, Sixth Edition. Pg. 350.