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# Nursing

# AANPCB-FNP

## American Academy of Nurse Practitioners Certification Board: Family Nurse Practitioner

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## Question: 1

When performing an examination of a patient with varicose veins, which of the following findings would you expect to observe?

A. The degree of discomfort experienced is directly related to the number and appearance of affected veins.
B. Lifestyle modification has been ineffective in minimizing symptoms.
C. Palpation of the affected vein causes acute pain.
D. Mild edema in the ankle area seen at the end of the day

**Answer: D**

Explanation:
Mild edema in the ankle area, particularly during warm weather and/or at the end of the day, is a common occurrence in patients with varicose veins.
In uncomplicated varicose veins, lifestyle modification usually helps minimize the symptoms and disease progression. When palpated, the affected vein compresses easily and without pain. The degree of discomfort with varicose veins is poorly correlated with the number and appearance of the affected veins.

## Question: 2

When providing care for a patient presenting with joint pain and stiffness associated with use of the joint, which of the following statements is consistent with a diagnosis of osteoarthritis?

A. Symptoms become worse as the day progresses.
B. A positive family history is likely the most common personal risk factor.
C. The most commonly affected joints are the hip and knee.
D. Morning stiffness is usually the most problematic.

**Answer: A**

Explanation:
With osteoarthritis, discomfort typically increases as the day progresses, and there is minimal morning stiffness. Symptoms become more severe with use of the joint, so joint pain typically becomes worse as the day progresses. In contrast, with Rheumatoid Arthritis (RA), morning stiffness is usually the most problematic.
Obesity, rather than a positive family history, is likely the most common personal risk factor. The worst symptoms are reported with use of the joints. As a result, discomfort typically increases as the day progresses, and there is minimal morning stiffness. Although the most problematic joint involvement is in the hip and knee, the distal interphalangeal joint is the most commonly affected site.

## Question: 3

When developing a plan of care for a patient experiencing acute anxiety, you recognize that buspirone (Buspar) will not be helpful when the anxiety is related to which of the following?

A. Generalized anxiety disorder (GAD)
B. Alcohol withdrawal
C. Social phobia
D. Obsessive-compulsive disorder (OCD)

**Answer: B**

Explanation:
Buspirone (Buspar) is not helpful in alcohol withdrawal. Buspirone (Buspar) is a psychotropic medication that binds to serotonin and dopamine receptors rather than binding to the GABA receptors necessary to mitigate alcohol withdrawal symptoms.
Buspirone is indicated for general anxiety disorder (GAD) and social phobia. It can also be used as an adjunct medication in obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

## Question: 4

A 17-year-old female presented to the family medical clinic with a complaint of urinary symptoms. The patient is sexually active, does not use protection, and recently had a sexual encounter with an individual she does not know. She is heavily involved with high school athletics, participating in cross country, powerlifting, and cheerleading. She is afebrile, and her physical and pelvic exams are unremarkable. A wet mount completed in the office shows the presence of many bacteria, is negative for signs consistent with bacterial vaginosis, and shows no yeast or trichomoniasis. A urinalysis was completed in the office.
Which of the following urinalysis findings is highly suspicious for urinary tract infection?

A. Red blood cell casts
B. 3+ protein
C. Positive nitrites
D. Positive leukocyte esterase

**Answer: C**

Explanation:
Urinalysis testing may be completed within an office setting either by using urine dipsticks or hand-held urinalysis analyzing machines. Normal urinalysis findings include a few epithelial cells (associated with the external urethral and transitional cells of the bladder), a few leukocytes (white blood cells [WBCs]), a few bacteria, a few red blood cells (RBCs), protein (if the patient is younger than 18 or is extremely physically active), and casts. Large amounts of epithelial cells or many different kinds of bacteria in the sample are highly suspicious for contamination of the sample. A large number of WBCs in a urine sample obtained from a male patient is always indicative of infection. Visible hematuria in a urine sample from a

female patient may be due to menstrual bleeding, vaginal discharge, or bloody semen in the vagina, as well as hemorrhoids or rectal bleeding. Gross hematuria may also result from kidney stones or inflammation of the urethra, as well as kidney infection or cancers of the bladder or kidneys.
Urine casts (hyaline) are not uncommon and may be nonspecific in origin (e.g., observed in very concentrated urine or urine from patients who take diuretics). RBC casts result from microscopic bleeding of the glomeruli and raise suspicion for glomerulonephritis. A positive nitrite result is highly suspicious for a urinary tract infection; nitrites result from the breakdown of urea by bacteria in the urine.

## Question: 5

You have prescribed Dicloxacillin (Dynapen, Dycill, Pathocil) for a patient with cellulitis in the lower extremity. Which instructions would you include in your plan of care?

A. "To help the infection resolve more quickly, it is important to apply a cold pack to decrease the swelling."
B. "Rest the affected leg as much as possible to help the infection resolve more quickly."
C. "Application of a topical antibiotic ointment to help the infection resolve more quickly."
D. "To help the infection resolve more quickly, you will need to avoid elevating the leg."

**Answer: B**

Explanation:
In addition to antimicrobial treatment, other actions that can help facilitate resolution of cellulitis include applying warm compresses to the affected area, keeping the affected limb rested, and elevating the affected area when possible.
A cold pack is not indicated as it will cause vasoconstriction of blood vessels and prolong healing time. Treatment of cellulitis requires systemic antimicrobial therapy, so a topical antibiotic ointment is not indicated. Elevation of the leg will increase circulation and decrease healing time.

## Question: 6

A patient with hepatitis C virus (HCV) has been undergoing treatment with an oral antiviral regimen. You know that a majority of HCV-infected individuals can be successfully treated, achieving sustained virological response (SVR) how long after initiating oral antiviral therapy?

A. 16 weeks
B. 8 weeks
C. 12 weeks
D. 6 months

**Answer: C**

Explanation:
HCV is transmitted via sharing needles (more than 50% of HCV infections are caused by injection drug use), blood transfusions (before 1992), mother to infant (vertical transmission), needle-stick injuries in

healthcare settings, and less commonly, sexual contact and sharing personal items (razors or toothbrushes). At least 50% to 80% of individuals with hepatitis C go on to develop a chronic infection. The disease is the most common cause of liver cancer and liver transplantation in the United States.
The screening test for hepatitis C virus is called the HCV antibody (anti-HCV). If positive, the next step is to order an HCV RNA test. If this is positive, the patient is confirmed to have HCV.
Highly effective oral antiviral regimens are available (oral HCV protease inhibitors), and the vast majority of hepatitis C patients can be treated. More than 90% of HCV-infected individuals can achieve SVR with 12 (or fewer) weeks of oral antiviral therapy.

## Question: 7

You are providing care for a patient with mild osteoarthritis (OA) of the knee. As you develop the treatment plan, you recognize which of the following medications is recommended by the American Academy of Orthopaedic Surgeons for controlling the pain associated with mild OA of the knee?

A. Tramadol (Ultram, Tramal)
B. Acetaminophen (Tylenol)
C. Topical analgesics
D. Intra-articular corticosteroid joint injections

**Answer: B**

Explanation:
First-line medication is acetaminophen (Tylenol) 325 to 1,000 mg every 4 to 6 hours (maximum 4 g/day) PRN for less severe cases of OA. Dehydration increases risk of hepatic adverse events; the patient should be advised to drink a lot of water. If there is no relief with acetaminophen, switch to a short-acting NSAID.
Although NSAIDS also have potential anti-inflammatory activity, this mechanism of drug action is seldom needed in OA therapy because inflammation is a minor contributor to symptoms. Because of the gastropathy potential associated with long-term use of NSAIDS, a trial of acetaminophen is warranted for symptom control in less severe cases of OA, recognizing that NSAIDs are usually associated with superior analgesic effect. Opioid analgesics should be avoided if possible.
The AAOS does not recommend for or against the use of intra-articular corticosteroid joint injections because of a lack of compelling evidence comparing the benefits with risks. Topical analgesics can be considered for superficial joints, though these will not work well for deeper joints. In addition, these agents must be used for at least 2 weeks before the full effects are realized.

## Question: 8

When should an infant who is born to a mother infected with hepatitis B virus (HBV) receive the HBV vaccine?

A. During the first 24 hours of life administered along with hepatitis B immune globulin (HBIG)
B. During the second month of life as part of the Centers for Disease Control (CDC) recommended two-month vaccine schedule
C. During the first 24 hours of life administered alone

D. HBV vaccine should be administered during pregnancy to women infected with the virus to protect the developing fetus

**Answer: A**

Explanation:
Perinatal transmission of HBV to the fetus is highly efficient and usually occurs during exposure to blood during labor and delivery. An infant born to a mother infected with HBV should receive the HBV vaccine and HBIG during the first 24 hours of life to minimize the risk of perinatal transmission and the subsequent development of chronic HBV infection.
The Centers for Disease Control (CDC) recommends routine vaccination for all infants, delivered as a three-injection series at birth, one month, and six months of age.

## Question: 9

A 45-year-old morbidly obese male patient has been regularly seen at the primary care clinic for the last 2 years due to diabetes (DM) and hypertension (HTN). The patient is compliant with the medication treatment plan and has expressed concern in the past about his need to take medication to manage his DM and HTN, but he has never expressed concern about his weight.
Which of the following statements by the nurse practitioner regarding weight loss is appropriate for this patient?

A. "What barriers can you identify as preventing you from losing weight?"
B. "How do you feel about your weight?"
C. "What can I do to help you lose weight?"
D. "What is your personal health goal?"

**Answer: B**

Explanation:
Nurse practitioners (NPs) who have the opportunity to provide primary care for patients who are overweight or obese should take the additional opportunity to ask the patient about their readiness to make a change at every scheduled visit. Despite experiencing health complications such as DM or HTN as a result of obesity, some patients may have never contemplated the effect their weight has on their overall health or may believe that they are incapable of losing weight. Patients who have close family members or a significant other who are also obese or overweight may be unaware of their need for weight loss or less motivated to consider weight loss due to the unspoken support for a lifestyle that promotes obesity from these close individuals.
When asking the patient about readiness to make a change that will promote weight loss, the NP first has to consider at which stage of change-making the patient is. Patients who have never expressed interest in making changes to lose weight or who have expressed disinterest in losing weight should be considered to be in the pre-contemplation phase of change-making. It is most appropriate for the NP to ask this patient how he feels about his weight or how his weight affects him or to ask if the patient is considering losing weight. Once the patient has provided his answer, the NP should validate the patient's response and offer help.

Patients who have made comments suggesting they are contemplating making changes to lose weight are considered to be in the contemplation stage of change-making. The NP can ask the patient about perceived barriers that may hinder or prevent the patient from making the necessary changes. Patients who have contemplated making changes to lose weight typically progress to being prepared to make changes. Asking about the patient's personal health goal or personal weight loss goal and then helping identify the patient's support system and assisting in setting behavioral goals are appropriate during this preparation stage. The NP should ask patients who are already making changes that will facilitate weight loss how to assist them with their progress. Finally, patients who are in the stage of maintaining their weight loss should be asked if they are encountering anything that is hindering them from fully reaching their goal(s).
Patients who have relapsed with weight gain should also be provided with support and reminded about what helped them to be successful in their weight loss.

## Question: 10

A 45-year-old African American female presented to the family practice office for an evaluation after she noticed persistent edema of her fingers, hands, and face, and that her lower legs were edematous and pitting. She also described experiencing intense pruritus and a burning sensation in the affected areas. The patient stated she had been diagnosed with Raynaud's approximately one year ago and that she has been taking oral nifedipine to manage Raynaud's symptoms. Based on the information provided in the scenario, which of the following is the most likely cause of the patient's symptoms?

A. Severe adverse effects associated with the use of oral nifedipine
B. Poor response of Raynaud's phenomenon to medication treatment with marked worsening of Raynaud's
C. Systemic sclerosis
D. Systemic lupus erythematous

## Answer: C

Explanation:
Systemic Sclerosis (SSc), also referred to as scleroderma (which is a more specific term for the skin lesions that may be experienced by some individuals), is an autoimmune inflammatory disorder with a high association with Raynaud's Phenomenon (RP). The earliest symptoms of SSc are vague and nonspecific, including fatigue, musculoskeletal stiffness and/or pain, and feelings of illness. Patients may also complain of experiencing dysphagia, heartburn, and gastroesophageal reflux in conjunction with RP, with this constellation of symptoms often preceding a diagnosis of SSc by several years. It is common for patients to be diagnosed with RP, and then within a short time frame (one to two years) to return with symptoms of soft tissue edema (hands, fingers, face, lower extremities), severe pruritus, and a burning sensation to the affected areas, and pitting edema of the lower extremities. The skin may become hyperpigmented or develop areas of hypopigmentation similar to that seen in vitiligo, especially noted along the scalp, the back of the hands, the chest, and the back. Musculoskeletal symptoms tend to gradually worsen with the patient noticing weakening of the muscles and a decrease in joint mobility. After the edematous/inflammatory phase of SSc has subsided, the fibrotic phase begins, with fibrosis first affecting the skin and then progressing to the subcutaneous fat, fascia, muscle, and other soft tissue structures.

SSc is divided into four subtypes: limited cutaneous SSc, diffuse cutaneous SSc, systemic sclerosis sine scleroderma, and morphea. Choctaw Native Americans and African Americans have higher rates of systemic SSC, while European Americans have higher rates of localized variants of the disease.

## Question: 11

You are examining a 13-month-old toddler. His distraught mother states, "I wish there was some kind of shot he could get to stop him from getting so many ear infections." Which of the following is true in regard to his mother's concern?

A. Acute otitis media (AOM) can be prevented by exclusively breastfeeding for at least the first year of life and then continuing breastfeeding along with solids through the second year of life.
B. Palivizumab (Synagis) injection can be administered to help decrease risk of acute otitis media (AOM).
C. Increased rates of pneumococcal and influenza vaccination have decreased the rates of acute otitis media (AOM).
D. There are currently no vaccines that can help prevent acute otitis media (AOM).

**Answer: C**

Explanation:
AOM is among the most frequent diagnoses in office visits in children younger than 15 years old. Rates of AOM and prescriptions for antimicrobials to treat AOM have declined over the last 10 years as a result of many factors, including increased rates of pneumococcal and influenza vaccination.
Palivizumab (Synagis) injection is a monoclonal antibody that can be considered for prophylaxis against Respiratory Syncytial Virus (RSV) for infants who were born before 29 weeks' gestation.
Rates of AOM are significantly lower among infants who were exclusively breastfed for the first 6 to 12 months of life. Breastfeeding does not exclusively prevent the development of AOM.

## Question: 12

You have evaluated an elderly female for an uncomplicated urinary tract infection (UTI). Which of the following agents should NOT be used to treat this patient?

A. Ciprofloxacin (Cipro)
B. Trimethoprim-sulfamethoxazole (TMP-SMX, Bactrim)
C. Nitrofurantoin (Macrobid, Macrodantin)
D. Phenazopyridine (Pyridium)

**Answer: C**

Explanation:
Use of nitrofurantion (Macrobid, Macrodantin) to treat uncomplicated UTI in elderly patients is not advised because of changes to renal function. Safe and effective use of the product requires a minimal creatinine clearance of 30 mL/minute, and is required when prescribing nitrofurantion (Macrobid, Macrodantin).

While use of trimethoprim-sulfamethoxazole (TMP-SMX, Bactrim) is not contraindicated in the elderly when treating UTI because of increased bacterial resistance to these agents, it may not be the best first-line treatment; it should be used with caution, and dosage may potentially need adjustment. Ciprofloxacin is an acceptable treatment option. Phenazopyridine is an analgesic and should be used in uncomplicated UTI to relieve symptoms such as pain, burning, and urgency.

## Question: 13

You have examined a 19-year-old male patient who has presented to the clinic with the complaint of worsening asthma symptoms, and you order office spirometry to evaluate his lung function.
All the following methods are acceptable for preventing cross-contamination between patients when using permanent flow sensors except:

A. Use disposable, one-way mouthpieces on the spirometer
B. Use single-use disposable flow sensors for each patient
C. Instruct the patient not to inhale prior to performing a forced exhalation maneuver
D. Clean the mouthpiece with a cleaning swab between patient use and allow to dry prior to reuse

**Answer: D**

Explanation:
Office spirometry is the most commonly performed of the Pulmonary Function Tests (PFTs) and is used for evaluating patients with respiratory symptoms such as cough or dyspnea or in patients who have risks for respiratory disorders.
Ideally, single-use disposable flow sensors should be used in the office setting to prevent cross-contamination. If this method is not available, other acceptable means of preventing cross-contamination between patient use is to employ disposable one-way mouthpieces or to instruct the patient not to inhale prior to performing a forced exhalation maneuver.

## Question: 14

You are providing care for a patient presenting with abdominal pain, bloating, and watery diarrhea stools that are tan/gray in color and frothy with a foul odor. Which diagnostic test will you incorporate into the treatment plan?

A. Immunoglobulin A (IgA) tissue transglutaminase antibody test and IgA endomysial antibody test
B. Upper gastrointestinal (GI) series and barium swallow
C. Complete blood count with differential
D. Abdominal computerized axial tomography (CT) scan with contrast

**Answer: A**

Explanation:
The described symptoms are consistent with a diagnosis of celiac disease. The immunoglobulin A (IgA) tissue transglutaminase (TTG) antibody test and the IgA endomysial antibody test are the specific diagnostic markers for detection of celiac disease.

In celiac disease, glutamine-rich peptides derived from partially digested gluten bind to HLA-DQ2 or HLA-DQ8 molecules on antigen-presenting cells. This stimulates an inappropriate T cell-mediated activation in the intestinal submucosa that results in destruction of mucosal enterocytes as well as a humoral immune response that results in antibodies to gluten, tTG, and other autoantigens (B), which can be used as specific markers for the condition.
A complete blood count (CBC) with differential may be done, but results are not specific to celiac disease. Radiological studies such as an upper gastrointestinal (GI) series, barium swallow, and an abdominal computerized axial tomography (CT) scan with contrast are diagnostic for inflammatory bowel disease (IBD), not celiac disease.

## Question: 15

A 23-year-old female presents to your walk-in clinic complaining that she has a "vaginal infection." She states she was seen by her OB/GYN one week ago for symptoms of vaginal discharge and irritation while voiding, and was instructed to take doxycycline 100 mg orally twice a day for 14 days, based on the results of her vaginal culture. She does not know what organism she is being treated for.
You suspect she is being treated for which of the following?

A. Candida albicans
B. Ureaplasma urealyticum
C. difficile
D. Condyloma acuminata

**Answer: B**

Explanation:
Infections caused by Ureaplasma urealyticum or Mycoplasma genitalium may present with symptoms similar to those of chlamydia: irritative voiding symptoms, fever, abdominal pain, cervical motion tenderness, and vaginal discharge. Women may also be colonized with these organisms and be asymptomatic, but in this case, treatment is not indicated.
Typically, infection with Ureaplasma urealyticum is treated similarly to chlamydia. One treatment regimen includes ceftriaxone 250 mg IM as a single dose, plus doxycycline 100 mg orally twice a day for 14 days, with or without metronidazole 500 mg orally twice a day for 14 days. However, if it is possible to culture the organism prior to treatment, and infection with Ureaplasma urealyticum is identified, it is appropriate to solely treat that organism with doxycycline singly. The patient is only halfway through her 14-day treatment course and must complete the entire course for resolution of symptoms.
C. difficile is not known to cause GU infections, but can cause severe diarrhea and colitis. Candida albicans can cause yeast infections if overproduction occurs in the body. Condyloma acuminata, or genital warts, present with different symptoms than those listed above.

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