

M_PTQ_NPFamily (200+ Questions) - Quiz Questions with Answers

1.

An adult patient needs treatment for *Chlamydia trachomatis* urethritis. Which one of the following drugs is useful as a single-dose regimen?

Ceftriaxone intramuscularly.

Levofloxacin.

Azithromycin.

Doxycycline.

Explanation:

Only azithromycin has shown effectiveness when taken as a single dose for treatment of chlamydial urethritis. Levofloxacin and doxycycline are also effective treatment choices, but would have to be taken for seven days. Ceftriaxone (Rocephin) is not effective in this case.

2.

What is the first step to this maneuver?

Grasp the infant's knees with the thumbs over the inner thighs.

Flex the infant's knees and hips to 90 degrees.

Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

Slowly abduct the infant's hips and observe for equal movement, resistance, or an abnormal "clunk" sound.

Explanation:

After placing the infant on the back for the Ortolani-Barlow maneuver, the first step to the maneuver: Grasp the infant's knees with the thumbs over the inner thighs.

3.

In general, all of the following should have a preoperative electrocardiogram EXCEPT

men over age 45

patients with known heart disease

patients with a history of costochondritis

patients with hypertension

Explanation:

The majority of experts agree that routine preoperative electrocardiograms should be conducted on all men over age 45, patients with a history of heart disease, and patients with

hypertension. Costochondritis is an inflammation of the anterior chest wall and is not associated with an abnormal ECG.

4.

At what age would it be appropriate to stop performing Pap smears on a 53-year-old woman whose previous Pap smears have all been normal? Both she and her husband have been monogamous for 30 years.

60 years.

65 years.

70 years.

She should continue Pap screenings indefinitely.

Explanation:

The patient in this clinical scenario is low risk. The incidence of an abnormal Pap test is low in women who have been screened at 65 years of age. According to the American Cancer Society, the recommendation for stopping is 70 years.

5.

A 66-year-old woman with asthma states she has not received any immunizations since age 14. Aside from her asthma, she is healthy. She asks her nurse practitioner if she currently needs any vaccines. Which one of the following would the nurse practitioner recommend?

FluMist.

Pneumovax.

MMR.

Hib.

Explanation:

Of the choices given, only Pneumovax is appropriate. It is recommended for all persons over 65. FluMist is given to healthy patients under age 50. People born before 1957 are considered immune and do not need MMR. Hib vaccine is given to children under 6 years of age.

6.

A family nurse practitioner has diagnosed a 32-year-old woman with influenza A. She wants prophylaxis with oseltamivir (Tamiflu) for her two children, ages 2 months and 2 years. Which of these choices represents the current influenza prophylaxis recommendations?

Only the 2-month-old may receive prophylaxis.

Only the 2-year-old may receive prophylaxis.

Both may receive prophylaxis.

Neither may receive prophylaxis.

Explanation:

Only the 2-year-old may receive prophylaxis with Tamiflu. Oseltamivir (Tamiflu) is generally not recommended in children under 12 months of age.

7.

In reference to patient education, which one of these statements is true?

Patients usually recall and understand most information given by their provider.

Most patients feel their providers overload them with information.

When behavioral changes are medically necessary, patients like to be given options for change and then select from the list.

Leaning toward the patient while giving instructions does not increase recall.

Explanation:

Patients appreciate the opportunity to make choices from a list of viable options when they are available. Contrary to what many believe, patients often feel they have not received enough information rather than too much. Leaning toward patients has been shown to improve recall. Patients often do not understand or recall information, making it important to use techniques that help improve patient recall such as moving closer to the patient and increasing eye contact.

8.

A family nurse practitioner is working in a clinic that sees many Native-American patients. Which of these health conditions has a higher prevalence among Native Americans when compared to other American population groups?

Tuberculosis.

Hypertension.

Coronary artery disease.

Obesity.

Explanation:

Of the choices given, obesity has a higher prevalence among Native Americans. Other conditions that are more prevalent in Native Americans when compared to other populations are diabetes, alcoholism, and suicide.

9.

Which one of the following is NOT one of the three fundamental principles of professionalism?

Principle of professional appearance.

Primacy of patient welfare.

Principle of patient autonomy.

Principle of social justice.

Explanation:

The principle of professional appearance is not one of the fundamental principles of professionalism. The true principles are as follows: primacy of patient welfare (serving the

interest of the patient and not doing harm), patient autonomy (empowering patients to make informed treatment decisions), and social justice (eliminating discrimination in healthcare).

10.

A 42-year-old man has terminal cancer. He will most likely die within one year. He asks his nurse practitioner not to disclose this prognosis to his wife. The nurse practitioner sees his wife as he is walking out of the hospital and she asks him to “tell her the truth” about her husband’s condition. The nurse practitioner feels she has a right to know, and he tells her about the grim prognosis. This is a violation of:

Patient autonomy.

Patient welfare.

Patient confidentiality.

Professional competence.

Explanation:

Disclosing this information would be a violation of patient confidentiality. The desire not to disclose protected information is the patient’s prerogative, even if his wife asks for disclosure.

11.

Which of the following is NOT an area of concern when giving parents anticipatory guidance for a two-year-old?

Physical development.

Emotional development.

Sexual development.

Safety issues.

Explanation:

Family nurse practitioners often give anticipatory guidance to children and parents. Because children move from one developmental phase to another, parents need guidance on what to expect in certain areas of concern. Common areas for discussion for two-year-olds are growth and development, nutrition, emotional development, and safety. As children grow older, sports, exercise, sexual development, and warnings about drug abuse become important.

12.

What is the second step to this maneuver?

Grasp the infant's knees with the thumbs over the inner thighs.

Flex the infant's knees and hips to 90 degrees.

Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

Slowly abduct the infant's hips and observe for equal movement, resistance, or an abnormal "clunk" sound.

Explanation:

After placing the infant on the back for the Ortolani-Barlow maneuver, the second step to the maneuver: Slowly abduct the infant's hips and observe for unequal movement, resistance, or an abnormal "clunk" sound.

13.

A 46-year-old man presents for evaluation of a red rash on both cheeks. This is his third flare-up of the same problem. Some red papules and pustules are visible in the involved areas. On closer inspection, the nurse notices some telangiectasias on his nose and cheeks. There are no comedones present. What is the most likely diagnosis?

Lupus erythematosus.

Acne.

Rosacea.

Seborrheic dermatitis.

Explanation:

Rosacea is a chronic skin problem that is common in middle age. Most people with rosacea develop a cyclic pattern of disease. It may be confused with acne, but unlike acne, patients with rosacea do not develop comedones. Telangiectasia is common on the cheeks and nose with rosacea. The classic lupus malar rash is butterfly shaped and involves the cheeks and bridge of the nose. Seborrheic dermatitis appears on the face, upper chest, and any other areas of oily skin. There are often flaky, greasy white, or yellow scales present.

14.

A patient was diagnosed with right temporomandibular joint dysfunction several months ago. She now presents for evaluation of right ear pain. The most likely etiology of her ear pain is:

eustachian tube dysfunction.

otitis media.

otitis externa.

referred pain.

Explanation:

Temporomandibular dysfunction is a common cause of referred ear pain, making the other choices unlikely.

15.

Which of these conditions most commonly predisposes a patient to recurrent bacterial sinusitis?

Immune system deficiency.

Allergic rhinitis.

GERD.

Cigarette smoking.

Explanation:

All of the choices given predispose patients to recurrent sinus infections. However, allergic rhinitis is the most common one of those listed. Allergic rhinitis is seen in approximately 60% of

16.

A family nurse practitioner is discussing a treatment plan with an adult patient. The patient is sitting with arms folded across his chest, his legs crossed at the knees, and he is leaning backward. Which type of nonverbal communication is he exhibiting?

Body language.

Gestures.

Facial expressions.

Empathy.

Explanation:

This patient is exhibiting body language that poses a barrier to communication with the provider by him appearing disinterested. Gestures are performed with hands or with the head as in nodding in agreement or waving hands to mimic an activity. Facial expressions show emotions such as happiness or fear. Empathy is not a type of nonverbal communication.

17.

A family nurse practitioner is caring for a patient who speaks only Vietnamese. A Vietnamese interpreter is present to help. Which of these statements best describes appropriate behavior when using an interpreter?

Express two to three ideas at a time before pausing for the interpreter to speak to the patient.

Speak clearly and loudly.

Face the interpreter when speaking.

If the patient gives an unusual response to a question, ask the question in a different way.

Explanation:

It is sometimes necessary to use an interpreter in a clinical setting. The interpreter should be medically trained. The provider should address the patient directly, as if the interpreter was not there. Use a normal voice volume and try to employ simple language, expressing one concept at a time. Place chairs in a triangular configuration and face the patient while speaking.

18.

The assistant at the clinic reports the following vital signs to the nurse practitioner. Which of the following vital signs is abnormal?

11-year-old male – 90 bpm, 22 resp/min, 100/70 mm Hg.

13-year-old female – 105 bpm, 22 resp/min, 100/70 mm Hg.

5-year-old male- 102 bpm, 24 resp/min, 90/65 mm Hg.

6-year-old female- 100 bpm, 26 resp/min, 90/70mm Hg.

Explanation:

*HR and Respirations are slightly increased. BP is decreased from normal for this age range.
Normal pedi heart rate: 1-3 yrs: 70-110; 3-6 yrs: 65-110; 6-12 yrs: 60-95; >12 yrs: 55-85. Normal
pedi respiratory rate: 1-3 yrs: 20-30; 3-6 yrs: 20-25; 6-12 yrs: 14-22; >12 yrs: 12-18.*

19.

Which nursing role matches the statement:

"I heard you yelling at other patients and staff members. Let's talk about what you are feeling and explore other ways to express those feelings."

Teacher

Counselor

Technical expert

Resource person

Explanation:

According to Peplau's framework for psychodynamic nursing, the nurse carries out a number of different nursing roles. The role of Counselor best matches to the statement "I heard you yelling at other patients and staff members. Let's talk about what you are feeling and explore other ways to express those feelings."

20.

Which nursing role matches the statement:

"BiPAP delivers two different levels of pressure while you sleep. This is where we set those pressures. One pressure is for when you breathe in, and the other pressure is for when you breathe out."

Teacher

Counselor

Technical expert

Resource person

Explanation:

According to Peplau's framework for psychodynamic nursing, the nurse carries out a number of different nursing roles. The role of Technical expert best matches to the statement "BiPAP delivers two different levels of pressure while you sleep. This is where we set those pressures. One pressure is for when you breathe in, and the other pressure is for when you breathe out."

21.

Which nursing role matches the statement:

"It's important to take your pulse each morning before you take your digoxin. You must not take the medication if your pulse is lower than 60 because the medicine can slow your heart too much."

Teacher

Counselor

Technical expert

Resource person

Explanation:

According to Peplau's framework for psychodynamic nursing, the nurse carries out a number of different nursing roles. The role of Teacher best matches to the statement "It's important to take your pulse each morning before you take your digoxin. You must not take the medication if your pulse is lower than 60 because the medicine can slow your heart too much."

22.

Which nursing role matches the statement:

"The home health agency can monitor your care when you go home, and the Meals on Wheels program can bring in daily meals until you are able to prepare meals yourself."

Teacher

Counselor

Technical expert

Resource person

Explanation:

According to Peplau's framework for psychodynamic nursing, the nurse carries out a number of different nursing roles. The role of Resource person best matches to the statement "The home health agency can monitor your care when you go home, and the Meals on Wheels program can bring in daily meals until you are able to prepare meals yourself."

23.

What is the third step to this maneuver?

Grasp the infant's knees with the thumbs over the inner thighs.

Flex the infant's knees and hips to 90 degrees.

Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

Slowly abduct the infant's hips and observe for equal movement, resistance, or an abnormal "clunk" sound.

Explanation:

After placing the infant on the back for the Ortolani-Barlow maneuver, the third step to the maneuver: Flex the infant's knees and hips to 90 degrees.

24.

Which of the following is a "red flag" for patient drug-seeking behavior?

The patient claims allergies to multiple classes of non-narcotic pain medications

The patient is using relaxation techniques under medical supervision for relief of pain

The patient has tried acupuncture

The patient becomes upset when not treated with antibiotics for a virus

Explanation:

Drug-seeking patients often claim "allergies" to various pain medications and claim that only one specific narcotic works for their pain. In addition, drug seekers usually hop from one doctor to another to get the drugs they want. The term "drug seeker" applies to a person who is trying to obtain narcotics. The term is not usually used to refer to patients who want antibiotics.

25.

An adult female with a vaginal discharge presents for evaluation. The nurse practitioner orders a KOH prep on the discharge. The laboratory reports the presence of clue cells. The best treatment for this patient is:

doxycycline.

ceftriaxone.

terconazole.

metronidazole.

Explanation:

This patient has bacterial vaginosis. A KOH prep characteristically reveals a fishy odor and clue cells. The treatment is metronidazole. Doxycycline is used to treat Chlamydia. Terconazole is used to treat vaginal candidiasis and ceftriaxone is used to treat gonococcal infections.

26.

Fifth disease is caused by:

a parvovirus.

an enterovirus.

a paramyxovirus.

an adenovirus.

Explanation:

Fifth disease is primarily a disease of children. It produces the so-called slapped cheek rash and is caused by parvovirus B19. The other answer choices are incorrect.

27.

Which one of the following medications is clearly contraindicated during pregnancy?

Amoxicillin.

Ondansetron (Zofran).

Permethrin 5% cream (Elimite).

Isotretinoin (Accutane).

Explanation:

Accutane (an acne drug) is a known teratogen that belongs to pregnancy category X. In fact, it is best not taken by women of childbearing age unless acne is extremely severe and unresponsive to other therapies. It is associated with a high potential for fetal injury. Healthcare

providers perform a pregnancy test on the patient before starting Accutane and will likely continue doing pregnancy tests monthly prior to prescription renewal.

28.

The problem-solving process has various components. When identifying a problem, a family nurse practitioner employs the nursing process of:

planning.

assessment.

implementation.

evaluation.

Explanation:

By identifying a problem, the nurse practitioner is employing the process of assessment. Planning involves the process of determining an action plan. Implementation carries out the plan, and evaluation involves examining and appraising the plan of action.

29.

If two nurse practitioners have incompatible differences in values and patient care beliefs, which type of conflict exists between them?

Organizational.

Intrapersonal.

Interpersonal.

Psychological.

Explanation:

Interpersonal conflict exists between one person and another, whereas intrapersonal conflict is an internal conflict involving only one person.

30.

A nurse practitioner is treating a patient with conjunctivitis. Which of the following microorganisms is related to this condition?

Yersinia pestis.

Helicobacter pylori.

Vibrio cholera.

***Haemophilus influenzae* biogroup *aegyptius*.**

Explanation:

Haemophilus influenzae biogroup *aegyptius* is related to conjunctivitis. *Yersinia pestis* is linked to Plague, *Helicobacter pylori* is linked to peptic ulcers, and *Vibrio cholera* is linked to Cholera.

31.

When two or more states recognize licensure by other state boards that have equivalent licensing requirements, this is known as:

temporary license.

licensing by waiver.

licensure by examination.

reciprocity.

Explanation:

Licensure by examination is required when a state does not grant licensure by reciprocity and a candidate must pass an examination in that state. A temporary license allows a nurse to practice while the license is pending. Licensure by waiver occurs if the candidate meets or exceeds some licensure requirements. These requirements can be waived, but the nurse must be able to demonstrate other requirements.

32.

A nurse practitioner is reviewing a new patient's medication list. The drug pentoxifylline is present on the list. Which of the following conditions given in the patient's history listed below is being treated with this medication?

COPD.

CAD.

PVD.

MS.

Explanation:

Pentoxifylline is a hemorheological agent that helps blood viscosity. This drug is used for symptomatic PVD. It is contraindicated in patients with a sensitivity to caffeine or theophylline.

33.

All of the following are categories of medication errors EXCEPT:

wrong patient.

incorrect dosage.

failure to note patient allergies.

surgical removal of wrong body part.

Explanation:

While surgically removing the wrong body part is an egregious error, it does not involve a medication-related error.

34.

What is the fourth step to this maneuver?

Grasp the infant's knees with the thumbs over the inner thighs.

Flex the infant's knees and hips to 90 degrees.

Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

Slowly abduct the infant's hips and observe for equal movement, resistance, or an abnormal "clunk" sound.

Explanation:

After placing the infant on the back for the Ortolani-Barlow maneuver, the fourth step to the maneuver: Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

35.

A twenty old male has a tender lump area in his left groin. His abdomen is distended and he has been vomiting for the past 24 hours. Which of the following would the nurse practitioner most likely suspect?

Ulcerative colitis.

Biliary colic.

Acute gastroenteritis.

Strangulated hernia.

Explanation:

A hernia is the most likely indicated in this case. The tender lump in the groin cannot be explained by any of the other diagnoses listed. Moderate or more pain in a hernia is not normal and should make the case to consider strangulation in conjunction with the other symptoms. The patient may be febrile, have nausea/vomiting, and systemic symptoms of sepsis.

36.

A process that analyzes, identifies, and treats potential hazards in a specific setting is known as:

risk management.

quality assurance.

standards of care.

patient rights.

Explanation:

This process is known as risk management. Quality assurance is an evaluation of medical services, their results, and how they compare to the accepted standards. Patient rights are a form of nursing intervention involving healthcare rights.

37.

Which of the following blood therapeutic concentrations is abnormal?

Phenobarbital 10-40 mcg/ml.

Lithium 0.6-1.2 mEq/L.

Digoxin 0.5-1.6 ng/ml.

Valproic acid 40-100 mcg/ml.

Explanation:

The normal range for Digoxin is 0.7-1.4 ng/ml.

38.

Which of the following blood therapeutic concentrations is abnormal?

Digitoxin 9-25 mcg/ml.

Vancomycin 5-15 mcg/ml.

Primidone 2-14 mcg/ml.

Theophylline 10-20 mcg/ml.

Explanation:

The normal range for Primidone is 4-12 mcg/ml.

39.

Which of the following blood therapeutic concentrations is abnormal?

Phenytoin 10-20 mcg/ml.

Quinidine 2-6 mcg/ml.

Haloperidol 5-20 ng/ml.

Carbamazepine 5-25 mcg/ml.

Explanation:

The normal range for Carbamazepine is 10-20 mcg/ml.

40.

All of the following are true about incident reports EXCEPT:

Incident reports can be useful in improving patient care and in identifying risks.

Incident reports should be completed accurately.

The report form should be copied and placed in the patient record.

The report should be filled out following specific documentation guidelines.

Explanation:

Answer choices A, B, and D are all correct. The incident report form should not be copied nor placed in the patient's record.

41.

A 25-year-old patient is having trouble with recurrent conjunctivitis, having had four episodes in the past year. She wears contact lenses. What type of organisms should be strongly suspected as a cause of eye infections in contact lens wearers?

Gram-negative organisms.

Fungi.

Adenoviruses.

Mixed organisms.

Explanation:

*The nurse practitioner should strongly suspect gram-negative organisms as the cause of conjunctivitis in contact lens wearers. Topical gentamicin or tobramycin would therefore be a good choice for treatment. In people who do not wear contact lenses, bacterial conjunctivitis is most commonly caused by either *Staphylococcus aureus* or *Streptococcus pneumoniae*.*

42.

The family nurse practitioner is evaluating an eight-month-old child whose mother reports a history of frequent vomiting over the past two months. She has mentioned it to other providers, but she has been told the baby would "outgrow it." In looking over his medical record, the nurse notices the patient has also been seen for recurrent episodes of wheezing. However, he is currently not wheezing, is afebrile, and appears healthy. Which of the following is the most likely cause of the vomiting?

Pyloric stenosis.

Gastroesophageal reflux (GER).

Gastroenteritis.

Reactive airway disease.

Explanation:

GER is a common cause of vomiting in infants. It may also be associated with episodes of recurrent wheezing. This patient is too old to be presenting with pyloric stenosis, which typically manifests itself with recurrent vomiting within three to five weeks after birth and is rare in babies over three months of age. Viral gastroenteritis is self-limited and does not last two months. Reactive airway disease is associated with wheezing but not with vomiting.

43.

A 30-year-old woman has a body mass index (BMI) of 28. According to her BMI, the patient is:

normal weight.

overweight.

obese.

extremely obese.

Explanation:

To determine BMI, divide the patient's weight in kilograms by their height in meters squared. A BMI greater than 25 is overweight. If the BMI is more than 30, the patient is considered obese. Morbidly obese patients have BMIs over 35.

44.

An adolescent patient presents with severe sore throat, fever, cervical lymphadenopathy, and difficulty opening the mouth. On examination, the family nurse practitioner sees that the uvula is deviated from the midline and there is some bulging of the soft palate near the tonsillar area. What is the most likely diagnosis?

Epiglottitis.

Viral pharyngitis.

Peritonsillar abscess.

Retropharyngeal abscess.

Explanation:

Peritonsillar abscesses are typical in teens. Symptoms include sore throat, fever, and difficulty swallowing and opening the mouth (trismus). In fact, the exam may be difficult due to trismus. The abscess causes bulging of the soft palate in the tonsillar area. Cultures usually grow group A strep and mixed anaerobes. Retropharyngeal abscesses occur most frequently in children under five years of age and are less common in older patients whose retropharyngeal nodes have involuted. Epiglottitis also causes sore throat and fever, but it is accompanied by respiratory distress and typically occurs in younger children.

45.

The percentage of Americans that are overweight (based on BMI) is closest to:

20%.

35%.

50%.

65%.

Explanation:

An estimated 65% of Americans are overweight and about 35% are obese.

46.

A four-year-old child presents with a complaint of rust-colored urine. She has no dysuria and no history of urinary tract infections in the past. She has been healthy except for a recent case of impetigo, which has since resolved. Her mother states that the child's eyes looked "a little puffy" this morning, but look fine now. Which of the following is the most likely diagnosis?

UTI.

Kidney stone.

Poststreptococcal glomerulonephritis.

Nephrotic syndrome.

Explanation:

The patient in this clinical scenario has post-streptococcal glomerulonephritis (PSGN). The source of the strep infection was the impetigo. Children often present with periorbital edema because of a loss of protein in the urine. A diagnosis of UTI is not likely, given the symptoms of painless hematuria and edema. Painless hematuria requires investigation. Kidney stones are associated with intermittent severe colicky pain.

47.

An adult patient with persistent sinusitis has failed treatment with amoxicillin, trimethoprim/sulfa, and amoxicillin clavulanate. Which of the following is the best choice for the next round of treatment?

A first-generation cephalosporin.

Clarithromycin.

A fluoroquinolone.

Erythromycin ethylsuccinate.

Explanation:

*A fluoroquinolone such as levofloxacin is a good choice of antibiotic considering there was treatment failure with first-line drugs. First-generation cephalosporins and erythromycin are not recommended because they do not provide adequate coverage of major pathogens. In addition, clarithromycin may not provide coverage for resistant *Streptococcus pneumoniae*.*

48.

A 38-year-old man developed lower back pain that started two days after lifting up his four-year-old son. He has limited spinal range of motion, but his neurological exam is normal. The nurse practitioner suspects nerve root irritation from a herniated disk. Which of the following would help corroborate the diagnosis?

An MRI.

Plain lumbosacral radiographs.

Testing range of spinal motion.

Bend-over test.

Explanation:

Of the choices given, an MRI is the best choice. A herniated disk will not show up on a plain radiograph. Bend-over tests screen for scoliosis. Loss of range of motion is nonspecific.

49.

The family nurse practitioner is discussing avoidance of asthma triggers with an adult patient. Which of these offers the best advice?

Vacuum carpets daily to remove allergens.

Use ceiling fans throughout the home instead of air conditioning.

Maintain home humidity levels over 50%.

Encase his mattress and pillows in allergen-blocking covers.

Explanation:

Placing allergen-blocking covers on the mattress and pillows are a good way to decrease asthma triggers. Frequent vacuuming and use of ceiling fans actually help spread allergen particles into the air. Home humidity levels should ideally be less than 50%.

50.

Which of these antidepressants is least likely to cause sexual side effects?

Bupropion (Wellbutrin).

Escitalopram (Lexapro).

Amitriptyline (Elavil).

Fluoxetine (Prozac).

Explanation:

Tricyclic antidepressants such as amitriptyline and SSRIs such as citalopram are often associated with sexual dysfunction. Of the choices given, bupropion is least likely to cause sexual side effects.

51.

A 55-year-old woman has swelling of the proximal interphalangeal joints of the first and second digits of both hands. She also complains of prolonged morning stiffness and often experiences excessive fatigue. What is the most likely diagnosis?

Gout.

Osteoarthritis.

Rheumatoid arthritis.

Psoriatic arthritis.

Explanation:

This patient is showing signs and symptoms of rheumatoid arthritis: proximal interphalangeal joint involvement of the hands, symmetrical swelling, fatigue, and prolonged morning stiffness. Symptoms of osteoarthritis usually develop gradually. Joints of the hips, back, base of the thumb and neck are often affected in osteoarthritis. Psoriatic arthritis occurs in patients who have psoriasis. In this type of arthritis, joints are less symmetrically involved. Gout most often involves the joints of the feet.

52.

A 64-year-old man presents with acute onset of redness and severe pain in his right eye. He also complains of blurred vision, headache, nausea, and seeing halos around lights. After examining the patient and taking a history, what is the next course of action?

Reassure the patient and prescribe antibiotic eye drops for conjunctivitis.

Apply tetracaine drops to relieve pain.

Perform a fluorescein test to check for a corneal abrasion.

Arrange for immediate referral to an ophthalmologist.

Explanation:

The patient in this scenario has symptoms of acute glaucoma. This is a medical emergency. The only correct answer is to refer the patient immediately to an ophthalmologist.

53.

Most cases of infectious pharyngitis are caused by:

viruses.

group A streptococcus.

streptococcus pneumoniae.

haemophilus influenzae.

Explanation:

Viruses cause over 62% of infectious pharyngitis. The remaining answer choices are bacterial agents. Contrary to what patients often believe, group A strep pharyngitis is significantly less common than viral pharyngitis.

54.

A 6-month-old infant has been diagnosed and hospitalized with pertussis. The infant is not in daycare. The only known sick contact is a 12-year-old sibling who has had a cough for 3 weeks. Which of the following represents the best option for chemoprophylaxis in this case?

Treat all household contacts and other close contacts with erythromycin.

Treat only the sibling who has the cough and the sick infant.

Treat all household and other close contacts with either azithromycin or clarithromycin.

If all other close contacts are current on their immunizations, there is no need for prophylaxis.

Explanation:

All household and close contacts should be treated with azithromycin or clarithromycin, which each have fewer side effects and are associated with better patient compliance with once-daily dosing. The medication is taken by close contacts and household members regardless of immunization status. This helps limit the transmission of infection to others.

55.

A nine-month-old Caucasian child has been seen in the clinic for frequent respiratory infections and frequent bouts with loose stools. Stool cultures and ova and parasites have been negative. During her routine physical examination, the nurse practitioner discovers that in the past four months her growth parameters have dropped from the 60th percentile to the 10th percentile for weight and from the 75th percentile to the 25th percentile for height. What is the best thing to do next?

Order thyroid function tests.

Order a sweat chloride test.

Admit the child to the hospital to see if she gains weight when fed appropriately.

Evaluate for tuberculosis.

Explanation:

This clinical scenario raises strong suspicion for cystic fibrosis. CF is more common in Caucasians and is associated with frequent respiratory infections and digestive problems such as diarrhea and greasy stools (high fat content). These findings are not characteristic of either

thyroid disorders or tuberculosis. Performing a sweat chloride test will aid in the diagnosis of CF.

56.

A family nurse practitioner is evaluating a newborn infant for a Moro reflex. Of the following, which is the best way to elicit the reflex?

Gently stroke the perioral area with a finger.

Turn the newborn's head to one side, and observe his arm movements.

Apply firm pressure to the palm of the baby's hand.

Clap hands loudly and suddenly.

Explanation:

A newborn infant exhibits the Moro reflex in response to a loud noise such as a hand clap. This reflex is also known as the startle reflex. Stimulation of the perioral area elicits the rooting reflex. The tonic neck reflex occurs when the newborn's head is turned to one side and he assumes a "fencing posture."

57.

Which of the following is useful as a rescue medication in the treatment of asthma?

Corticosteroid inhaler.

Leukotriene inhibitor.

Anti-allergic medications.

Short-acting beta-2 agonist.

Explanation:

A short-acting beta-2 agonist, such as albuterol or levalbuterol, is appropriate for use as a rescue medication. Corticosteroid inhalers, leukotriene inhibitors, and anti-allergic medications are useful for long-term control.

58.

Which of the following is most likely to be the first symptom of tuberculosis?

Chest pain.

Cough productive of bloody sputum.

Mild cough with nonbloody mucoid sputum.

Shortness of breath.

Explanation:

An initial symptom of tuberculosis is a mild cough productive of nonbloody mucoid sputum. Bloody sputum production, chest pain, and breathing difficulty are all late symptoms.

59.

An 11-month-old baby recently completed a course of oral antibiotics for otitis media. She now presents with a beefy red rash in the diaper area. The rash is surrounded by small satellite lesions and has not responded to diaper rash ointments. What is the best way to manage this rash?

Prescribe topical nystatin cream.

Advise the parents to apply talcum powder at each diaper change.

Prescribe mupirocin ointment.

Prescribe oral fluconazole.

Explanation:

The infant has a candida diaper rash, which is usually treated with nystatin cream. The use of talcum powder is no longer recommended due to the risk of aspiration of particles by the infant and because it was not shown to be effective in decreasing moisture in the diaper area. Oral fluconazole is not first-line treatment for cutaneous candidiasis. Mupirocin is useful in the treatment of localized bacterial skin infections.

60.

A 10-year-old girl has a two-week history of a mucocele inside her lower lip. There is no pain or bleeding. What is the next course of action?

Manually rupture the lesion and let the contents flow out.

Cauterize the lesion with silver nitrate.

Advise the parents that spontaneous rupture will occur.

Refer immediately to an oral surgeon.

Explanation:

Mucoceles are usually caused by trauma to the inner lining of the lip. They rupture easily and spontaneously. Most patients with mucoceles are under the age of 20. Unroofing or aspirating the lesion is associated with recurrences. If the patient has frequent recurrences, refer them to an oral surgeon.

61.

Which one of the following is true about primary enuresis in children?

A physical etiology, such as a UTI, is found in about 20% of children.

Bed wetting is more common in boys than girls.

The patient should take imipramine.

It is crucial to perform a renal ultrasound as soon as possible.

Explanation:

Enuresis is more common in boys than girls. UTI is not a common cause of nocturnal enuresis. A renal ultrasound is usually not necessary. Imipramine has a success rate of less than 50%.

62.

A pediatric patient has a tender, boggy lesion on the scalp. There are numerous pustules overlying the lesion. Occipital lymphadenopathy is also present, and there are also three to four small scaly areas of hair loss scattered over the scalp. A Wood's lamp examination shows no fluorescence. What is the most likely diagnosis?

Scalp abscess.

Tinea capitis.

Impetigo.

MRSA infection.

Explanation:

This patient has tinea capitis. The boggy lesion on the scalp is a kerion, which is often mistaken for an abscess. Itchy, scaly areas on the scalp and scattered areas of hair loss are common, as are swollen occipital lymph nodes. Most cases of tinea capitis in the United States are caused by Trichophyton tonsurans, which does not fluoresce on Wood's lamp examination. While impetigo can occur on the scalp, it is not associated with hair loss. All clinical information provided in this clinical scenario points to tinea capitis, making all other choices incorrect.

63.

A four-year-old child presents with a four-day history of cough and nasal congestion. He had a temperature of 100.8 for the initial 24 hours only. Today, his nasal mucus is thicker and yellow. What is the most likely diagnosis?

Allergic rhinitis.

Sinusitis.

Viral upper respiratory infection (URI).

Foreign body in the nose.

Explanation:

This child most likely has a viral URI. Allergic rhinitis and nasal foreign bodies are not associated with fever. In addition, nasal foreign bodies cause unilateral nasal discharge. The yellow color of the mucus is not significant. Symptoms of four days' duration are highly unlikely to be caused by sinusitis, which is uncommon at this age anyway.

64.

A 21-year-old asymptomatic woman has a positive purified protein derivative (PPD) test result of 13 mm. What is the next step in managing this patient?

Chest x-ray.

Chest x-ray and six to nine months of treatment with isoniazid (INH).

Sputum culture.

Repeat the PPD in three months.

Explanation:

A chest x-ray is recommended for asymptomatic patients with a positive PPD to rule out the slight possibility of an active TB infection. Treatment with INH decreases the progression of latent TB to active TB infection. Nine months is the optimal duration of treatment. A sputum culture is done if there are findings of old TB on chest x-ray.

65.

Which of the following patients is at increased risk for recurrent otitis media?

A teenager on the school swimming team.

A child with narrow ear canals.

A child with cleft palate.

An infant with blocked tear ducts.

Explanation:

Children with a cleft palate are at increased risk for recurrent otitis media. Children with clefts are more likely to develop fluid behind the tympanic membrane. Usually the fluid drains through the Eustachian tube, but the tube is often distorted by the cleft and interferes with proper drainage. During surgical repair of the cleft, surgeons usually insert ventilator tubes in the eardrum to allow fluid to drain.

66.

All of the following are associated with childhood exposure to cigarette smoke EXCEPT:

colic.

bacterial conjunctivitis.

SIDS.

wheezing.

Explanation:

Colic, sudden infant death syndrome (SIDS), and wheezing are all associated with cigarette smoke exposure. Bacterial conjunctivitis is not associated with exposure to smoking.

67.

Which of these illnesses is most frequently reported by patients who have recently traveled overseas?

Hepatitis A.

Traveler's diarrhea.

Malaria.

Amoebiasis.

Explanation:

About 50% of people who travel abroad become ill while traveling. The most common illness is traveler's diarrhea. The other illnesses listed as answer choices are less frequent.

68.

Which of the following types of patients is most likely to be interested in using alternative medical therapies?

Patients older than age 65.

Men.

Women.

High school and college students.

Explanation:

Of all the choices given, women are most likely to be interested in using alternative medicine therapies.

69.

A two-year old child has viral diarrhea. Several other children in his daycare have the same illness. He is not vomiting and is eating well. His mother asks for treatment recommendations. What should be done next?

Advise his mother to keep the child well hydrated.

Recommend Imodium AD.

Prescribe Levsin.

Tell the mother to stop solid foods for now.

Explanation:

The mainstay of treatment for viral diarrhea in children is to maintain adequate hydration. If the child with diarrhea is not vomiting, there is no need to stop feeding solid foods. Antidiarrheal and antispasmodic medications are not recommended for children.

70.

A 72-year-old man complains of cramping pain in both calves after walking. The pain disappears after resting. His condition is most likely:

restless legs syndrome.

multiple sclerosis.

intermittent claudication.

normal for his age.

Explanation:

Intermittent claudication is an aching, cramping, or burning in the legs due to poor circulation in the arteries. It often occurs with walking and disappears with rest. It is not normal and can be due to atherosclerosis or vasospasm. Restless legs syndrome is a neurologic disorder associated with an unpleasant sensation in the legs and with a compulsion to move the legs. Multiple sclerosis is also a neurologic disorder.

71.

Which one of the following is a typical characteristic of *Mycoplasma pneumoniae* infection?

Consolidated infiltrate on chest x-ray.

Headaches.

Hypoxia.

Myositis.

Explanation:

Constitutional symptoms such as malaise and headaches are typical with Mycoplasma infection. The expected norm for chest x-ray findings is diffuse infiltrates as opposed to a consolidated infiltrate. Myalgias and myositis are more common with viral pneumonia. Hypoxia is also atypical for pneumonia due to Mycoplasma.

72.

Which one of the following about the erythrocyte sedimentation rate (ESR) is true?

It measures the rate red blood cells fall in an upright tube of anticoagulated blood in a 30-minute period.

It is a specific test for inflammation.

It is an acute phase reactant.

The faster the red blood cells fall, the higher the sedimentation rate.

Explanation:

The ESR is an acute phase reactant. An elevated ESR is indicative of inflammation, but it is not specific for any disorder. In performing the test, red blood cells are allowed to settle in a tube of unclotted blood. At the end of one hour, the distance the cells have fallen is measured. Inflammation produces a change in blood proteins, causing red blood cells to aggregate and become heavier than normal and therefore take longer to form sediment at the bottom of the tube.

73.

A young and inexperienced mother brings in her 6-month-old infant for evaluation of vomiting and diarrhea. Because he has been vomiting his formula, the baby's mother has been giving him nothing but plain water for the past 24 hours. The infant suddenly has a seizure in the clinic. Of the following choices, he is most likely suffering from:

hyponatremia.

sepsis.

idiopathic epilepsy.

carotenemia.

Explanation:

As in this case, an infant given free water is at risk for developing hyponatremia. Low levels of sodium are associated with seizures. Infants who need hydration should be given an oral electrolyte solution or intravenous fluids rather than plain water.

74.

The Adams forward bend test is used to:

screen for scoliosis.

test for a herniated disk.

assess cerebellar function.

assess for spinal arthritis.

Explanation:

The Adams forward bend test is used to screen for scoliosis. The test is performed by asking the patient to bend forward 90 degrees at the waist, as if to touch his toes. The examiner looks for asymmetry of the trunk (an asymmetric thoracic prominence on one side). The test has its limitations in that it cannot detect the exact severity of scoliosis, nor can it detect lower spine curvatures.

75.

Contributory negligence occurs when:

the healthcare provider willfully disregards the safety of the patient.

the healthcare provider fails to provide appropriate standard of care.

the patient contributes to his own negative outcome.

a percentage of negligence is assigned to each party involved.

Explanation:

Contributory negligence occurs when the patient contributes to his own negative outcome.

76.

A patient weighs 64 kilograms and is 1.6 meters tall. What is her body mass index (BMI)?

22.

25.

28.

30.

Explanation:

To calculate BMI, divide the weight in kilograms by the height in meters squared. In this example, $BMI = 64 \text{ divided by } (1.6 \times 1.6) = 64/2.54 = 25$.

77.

A mother tells her family nurse practitioner that her two-year-old child refuses almost all solid foods. She states, "All he'll take is whole milk." This child is most at risk for:

hemolytic anemia.

developing milk allergy.

gastroesophageal reflux.

iron deficiency anemia.

Explanation:

A child subsisting on a diet of mostly whole milk is at risk for developing iron deficiency anemia. Whole milk is not iron fortified. Because he is not eating any solid foods, there are no other sources of iron in his diet.

78.

A 79-year-old multiparous woman complains of a pulling sensation in her vagina and bloody spotting on her underwear. She has also started to have some mild urinary incontinence. As the nurse practitioner prepares to examine the area, she notices a rather large ulcerated soft tissue mass at the vaginal introitus. What is the most likely diagnosis?

Urethral prolapse.

Uterine prolapse.

Vaginal neoplasm.

Pelvic hernia.

Explanation:

The patient in this clinical scenario has a prolapsed uterus. The uterus is the only organ that can fall into the vagina. Depending on duration and severity, the uterus can become ulcerated and result in bleeding. This is often the result of child bearing and weakening of the pelvic tissues as a woman ages. It is common for urinary incontinence to exist in these cases.

79.

Which of the following is NOT a symptom of retinal detachment?

Eye pain.

Flashes of light.

Floaters.

Loss of central vision.

Explanation:

Retinal detachment is typically not associated with eye pain. The patient complains of seeing floaters, flashes of light, and loss of the central portion of vision.

80.

Which of the following hernias is most likely to be acquired?

Indirect inguinal hernia.

Direct inguinal hernia.

Infant umbilical hernia.

Hiatal hernia in a child.

Explanation:

Direct inguinal hernias are generally acquired due to heavy lifting, straining, or coughing. Indirect inguinal hernias, hiatal hernias in children, and umbilical hernias in infants are congenital.

81.

Thelarche begins in girls during which Tanner stage?

Stage I.

Stage II.

Stage III.

Stage IV.

Explanation:

Breast bud development (thelarche) starts during Tanner stage II. Stage I represents preadolescent girls who have not yet developed secondary sex characteristics. Stages III and IV are more advanced stages of sexual development. Stage V is the highest level of sexual development and is equivalent to an adult in sexual characteristics.

82.

An elderly, immobile patient in a nursing home has an area of dark purple, boggy skin that is intact in the sacral area. The skin is still intact. What is the most likely explanation for this condition?

Stage I Pressure Ulcer.

Stage II Pressure Ulcer.

Suspected Deep Tissue Injury.

Unstageable Pressure Ulcer.

Explanation:

The National Pressure Ulcer Advisory Panel developed a staging system to ensure that definitions for pressure ulcers were standardized. Stage I: Nonblanchable erythema: Intact, reddened area that does not blanch. Area remains intact but the physical appearance is altered. Stage II: Partial thickness: Destruction of the epidermis and/or dermis. This type of injury may be an intact blister, ruptured blister, or an open ulcer if it has a pinkish or a reddish wound bed. Stage III: Full thickness skin loss. Muscle, tendons, and bones have not been injured. Stage IV: Full thickness tissue loss: Damage has progressed to bone, muscle, or tendons. Unstageable/Unclassified Injury is present and involves full thickness, but cannot be staged until slough is removed. Suspected Deep Tissue Injury Discolored skin that is still intact but has been damaged. Area may feel boggy and appear deeper than stage I.

83.

All of the following are grounds for nursing malpractice EXCEPT:

failure to report a change in a patient's condition.

neglecting to monitor a patient properly.

administering a medication not ordered by the physician.

failure to maintain continuing education requirements.

Explanation:

A nurse can be sued for malpractice for various reasons including failure to report a change in a patient's condition, failure to answer calls from a patient, neglecting to monitor a patient, administering the wrong medication, and administering a treatment not ordered by the

physician. All nurses should maintain continuing education requirements, but failing to do so is not grounds for a malpractice suit.

84.

An adolescent complains of acute left ear pain. The ear hurts with manipulation of the external ear. On examination, the ear canal is red, swollen, and very tender. The nurse practitioner also notices flaky debris in the ear canal. Which of the following is the most appropriate treatment?

Antipyrene/benzocaine ear drops (Auralgan).

Combination antibiotic and corticosteroid ear drops.

Ibuprofen and warm compresses to the ear.

Oral antibiotics.

Explanation:

This patient has otitis externa. Topical treatment with combination antibiotic and corticosteroid drops has been shown to be very effective. Because the inflammation is localized, systemic antibiotics are rarely indicated. Antipyrene/benzocaine drops are ineffective. Ibuprofen may help with pain, but by itself, it is not the best answer.

85.

The family nurse practitioner is performing a developmental exam on a child. He is able to use a pincer grasp, pull up to stand, and he understands the word "no." His age is closest to:

4 months.

5 months.

6 months.

9 months.

Explanation:

The developmental milestones are closest to those of a 9-month-old. Infants that are 8 to 10 months old are able to use a pincer grasp, pull up to stand, and walk holding onto furniture, and recognize the word "no."

86.

An obviously distressed 14-year-old boy has recently noticed that one of his breasts has grown larger than the other and is also somewhat tender. His mother seems equally concerned. What is the best management course to follow?

Treat for mastitis.

Offer reassurance that this is temporary and benign.

Check testosterone levels.

Refer him to an endocrinologist.

Explanation:

Breast development in adolescent boys can be very distressing. These patients are often teased at school. However, it is a temporary and benign condition due to hormonal imbalances of

estrogen and testosterone during puberty. It affects 40 to 60% of male teens. No treatment, workups, or referrals are needed.

87.

Which of the following is the best way to stop a nosebleed?

Apply an ice pack to the forehead.

Apply pressure on the bridge of the nose.

Pinch nostrils shut and apply pressure for 10 continuous minutes.

Have the patient relax and tilt his head back.

Explanation:

Routine nosebleeds often originate from Kiesselbach's plexus over the anterior nasal septum. To stop a nosebleed, pinch the nostrils shut and apply continuous pressure for 10 minutes. Applying pressure to the nasal bridge, tilting the head back, and applying ice packs to the forehead are common mistakes people make when treating nosebleeds.

88.

An 81-year-old woman complains of darkening of the skin right above her ankles, itching, thinning of the skin, and progressive irritation. Her ankles swell intermittently. What is the most likely diagnosis?

Venous stasis dermatitis.

Zinc deficiency.

Atopic dermatitis.

Id reaction.

Explanation:

Venous stasis dermatitis is an inflammatory skin disease that occurs in the lower extremities of middle-aged and elderly patients. It is caused by venous insufficiency that occurs when venous valves become incompetent.

89.

A known asthmatic has a peak flow meter reading that is 78% of his personal best. This measurement is in the:

normal zone.

green zone.

yellow zone.

red zone.

Explanation:

Peak flow is a useful measure of asthma control. Peak flow meters measure the air flow out of the lungs as a patient blows forcefully into the device. Measurements between 80 to 100% of personal best are in the green zone, indicating good control. Measurements at 50 to 79% are in the yellow zone, a caution indicating some loss of asthma control. Adjustments may need to be

made with medications. The red zone is a reading less than 50% of personal best and indicates a need for immediate medical attention.

90.

In reference to adult CPR, the currently recommended ratio of chest compressions to breaths is:

15:2.

10:2.

dependent on the age of the patient.

30:2.

Explanation:

The recommended ratio of chest compressions to breaths in adult CPR is 30:2. The same ratio applies to children.

91.

A nurse practitioner is examining a 55-year-old diabetic man who reports a bilateral pretibial rash. The physical exam reveals a thin epidermis with brown–yellow ulcerated plaques that are oozing blood. What is the most likely diagnosis?

Erythema nodosum.

Myxedema.

Cutaneous Candida albicans infection.

Necrobiosis lipoidica diabetorum (NLD).

Explanation:

NLD is characterized by collagen degeneration, granulomatous reaction, fat deposits, and thickened blood vessel walls. The specific cause is unknown, but several theories hint at peripheral blood vessel disease, vasculitis, or trauma. Erythema nodosum usually also occurs on the pretibial areas, but consists of tender red subcutaneous nodules. Myxedema is a nonpitting edema associated with hypothyroidism. Candida infections most commonly occur in warm, moist skin folds.

92.

Which of the following is the best prophylactic treatment for traveler's diarrhea in an adult?

Amoxicillin.

Ciprofloxacin.

Trimethoprim/sulfa.

Doxycycline.

Explanation:

Ciprofloxacin may be used safely and effectively for prophylaxis of traveler's diarrhea. Increased resistance has limited the effectiveness of trimethoprim-sulfa and doxycycline.

93.

Which of the following is the treatment of choice for an adult female with gonococcal cervicitis?

Intramuscular penicillin.

Intramuscularly ceftriaxone.

Oral doxycycline.

Oral cefixime.

Explanation:

The treatment of choice for gonococcal cervicitis is intramuscular ceftriaxone in combination with oral azithromycin. Oral cefixime may be substituted if ceftriaxone is not available.

94.

A nurse practitioner is examining a 12-year-old female patient and notes in the chart that her Tanner stage is B-2, Ph-2. This means she has:

breast buds and a light growth of long pubic hair, mainly on the labia.

breast and areola enlargement without a differentiation of the contours and dark, coarse pubic hair connecting over the mons pubis.

no breast enlargement and no pubic hair.

breast enlargement with protrusion of the areola from the breast and thick, coarse pubic hair completely covering the mons pubis.

Explanation:

The Tanner stages are used to classify the physical symptoms of male and female adolescents as they progress through puberty. In females, the breasts and distribution of pubic hair are assessed, while in males the distribution of pubic hair and genital development are assessed. In females, the classifications range from B-1 when there is no breast development up to B-5 when the breasts have completed full development. Pubic hair is assessed on a scale of Ph-1 when there is none present up to Ph-5 when there is an inverse triangle of hair present that extends to the medial thighs.

95.

A new mother expresses concern over the tiny white bumps on her newborn's nose and chin. The best explanation for her is:

she can usually remove these by applying some pressure and pinching the bumps.

she will need a referral to Dermatology for further evaluation of this.

there is a special cream the nurse practitioner can prescribe to help resolve this.

this is due to plugged pores in the skin and it will go away on its own.

Explanation:

Milia are very common and occur when flakes of skin become trapped within pores. It is most common in newborns and occurs most often on the nose and chin. It is important to not pick or pinch these lesions because this could damage the tissue or lead to a skin infection. The lesions usually resolve on their own within a few weeks.

96.

A 52-year-old female was having irregular periods for approximately one year followed by a full year of no bleeding. Which of the following lab results could confirm that she has reached menopause?

High normal levels of estradiol of 350 pg/mL or higher.

FSH levels consistently elevated to 30 mIU/mL or higher.

Elevated progesterone level of 90 ng/mL or higher.

Elevated testosterone level of 80 ng/dL or higher.

Explanation:

When a woman has gone a full year without any menstrual bleeding and her FSH levels are consistently elevated at 30 mIU/mL or higher, she is considered to have reached menopause. Estrogen and progesterone levels will be low in a woman who has reached menopause. A normal testosterone level for a woman is 15-70 ng/dL. A thorough history should also be taken to identify other symptoms of menopause, such as hot flashes, sleep disturbances, vaginal dryness, and mood changes.

97.

A 44-year-old male is being seen by the nurse practitioner as a new patient to establish care. His blood pressure reading is 142/92. He is not aware of his blood pressure ever being elevated in the past and he has not had any subjective symptoms of hypertension. The most appropriate action is to:

start him on a low dose of an ACE inhibitor or diuretic and advise him to monitor and record his blood pressure daily.

start him on a low dose of a beta blocker and advise him to monitor and record his blood

pressure daily.

provide him with information on how to lower his blood pressure through diet and exercise and advise him to monitor and record his blood pressure daily.

refer him to the ED for treatment of malignant hypertension.

Explanation:

Hypertension is diagnosed after 3 readings of a blood pressure higher than 140/90. The most appropriate action in this case is to provide the patient with information about his blood pressure and the conservative measures he can take at home to help lower it without the use of medications. This includes watching his diet to decrease sodium intake, increase his activity level to include a regular exercise program, and monitor and record his blood pressure daily. This blood pressure log should be brought to his next appointment to review the readings and then determine whether he needs to start on an anti-hypertensive medication.

98.

Which of the following is NOT a reliable test to check for dehydration in an elderly patient?

Hypotension.

Tenting of skin.

Elevated heart rate.

Dizziness or confusion.

Explanation:

Skin will tent when pinched due to dehydration, but in the elderly patient this can also occur because of decreased elasticity of the skin. As the skin ages, the elastic connective tissue underneath loses its ability return to normal after it is pinched. It can take up to 30 seconds for elderly skin to return to its normal appearance even in a well-hydrated patient. The other choices listed are more reliable at identifying dehydration in the elderly patient than assessing skin turgor.

99.

A 67-year-old male presents to the clinic with complaints of vision changes causing some yellowish discoloration in his visual field. He has a past medical history of hypertension, coronary artery disease, and congestive heart failure. He is currently taking lisinopril, metoprolol, digoxin, and Plavix. Which of these medications is most likely causing his symptoms?

Plavix.

Metoprolol.

Digoxin.

Lisinopril.

Explanation:

One of the earliest signs of digoxin toxicity is a yellowish discoloration in vision, especially while looking at light. This is called xanthopsia. A digoxin level should be checked regularly in patients who are taking this medication. The normal range is 0.5-2 ng/mL.

100.

Which of the following drugs would be least likely to help with bradykinesia associated with Parkinson's disease?

Amantadine.

Anticholinergics.

Levodopa.

MAOIs.

Explanation:

Anticholinergic drugs can help with some of the rigidity seen with Parkinson's, but they do little to help with the bradykinesia. The side effects seen with this class of drugs can be more severe in elderly populations. The other medications listed are helpful with all of the symptoms of Parkinson's disease.

101.

A 3-year-old male is brought to the pediatrician's office for evaluation of sore throat. The nurse practitioner enters the exam room and sees the patient sitting on the exam table leaning forward and drooling. His vital signs are as follows: temperature 102.2, pulse 146, respiratory rate 34, and O2 saturation 91%. The next appropriate step would be to:

let the parents know he most likely has a viral illness and to treat symptomatically.

perform a throat swab to check for strep throat.

give the child some cool water or a popsicle.

have a staff member contact emergency services to arrange transport to the closest ED and

gather supplies to assist in maintaining the patient's airway.

Explanation:

The symptoms described are consistent with epiglottitis, a medical emergency. Airway compromise is the biggest risk with this illness. Epiglottitis is treated in the hospital and usually requires intubation to maintain the airway.

102.

Red blood cell (RBC) casts in the urine indicate:

interstitial nephritis.

myoglobinuria.

renal tubular damage.

glomerular disease.

Explanation:

Urinary casts may be composed of red blood cells, white blood cells, or renal cells. To perform a test for casts, the patient provides a midstream clean-catch urine specimen. RBC casts indicate bleeding into the renal tubule, commonly seen in glomerular diseases such as lupus nephritis, IgA nephropathy, and Wegener's granulomatosis. With renal tubular damage, renal tubular epithelial cell casts are present in the urine. Neither UTIs nor interstitial nephritis is associated with RBC casts.

103.

A nurse practitioner is riding in the elevator with a co-worker at the end of shift, along with a few hospital visitors. The co-worker is complaining about the very demanding family members of one of

the patients she cared for today. The most appropriate response is to:

quietly let her know she should not be discussing patient care in a public place.

try to lighten the mood and make her feel better after a hard shift.

tell her about some difficult patients she had during her shift, also.

say nothing, but report the conversation to the Risk Management Department at the hospital.

Explanation:

It is important to be aware of the conversations co-workers are having, especially in a public place. HIPAA regulations prohibit conversations in a public space regarding a patient. It would be appropriate to subtly remind co-workers of this if it occurs.

104.

Using the patient-centered medical home model of healthcare delivery, the main person coordinating the patient's care is:

the primary care provider.

the lead nurse within the primary care office.

an assigned social worker.

the patient coordinates their own care.

Explanation:

The patient-centered medical home model utilizes the primary care provider as the main person coordinating all care for the patient. This way, specific specialties or other medical care that is needed can be delegated by one person.

105.

The purpose of quality improvement is to:

improve employee satisfaction.

monitor the leadership skills of the administration of a healthcare facility.

implement specific changes in healthcare which have a measurable improvement for a specific group of patients.

provide specific training and education opportunities to employees to ensure the quality of the care provided is reaching high standards.

Explanation:

Quality improvement is instrumental in improving the way healthcare services are provided, while continually measuring the effect those changes have on the health status of the patients served. This is often measured through patient satisfaction information.

106.

A nurse practitioner works in the ER at a local children's hospital. At her child's soccer game, another mother asks how the daughter of a mutual friend is doing who was brought into the ER the day before with a broken arm. The most appropriate response is:

the daughter is doing well and will be seeing Orthopedics.

deny having seen the child.

tell her the child was seen, but that her care cannot be discussed with anyone else.

explain to her that you are not able to discuss the care or prognosis of any patients.

Explanation:

HIPAA regulations state that the care of a patient cannot be discussed to anyone without appropriate permission. This includes confirming or denying that the patient was seen at a specific healthcare facility. Most people understand this once it is explained to them.

107.

What is the difference between palliative care and hospice care?

Palliative care can be started at the time of diagnosis during treatment and hospice care is started when the patient is not going to survive the illness and the end of life is nearing.

Palliative care is for inpatient end of life care and hospice care is performed in the home.

Palliative care can be provided by a patient's primary care provider and hospice care is provided by a certified hospice care agency.

Palliative care specializes in only the different forms of therapy that a patient needs and hospice care specializes in end of life comfort care.

Explanation:

Palliative care is often utilized to offer a patient the extra care of therapy they need when faced with a chronic illness. Some palliative care patients will “graduate” from this and others may need to transition to hospice care as their chronic disease progresses.

108.

The fastest growing emerging cultural population in the United States is:

Hispanic.

Asian.

Middle Eastern.

Eastern European.

Explanation:

The Asian population has been the fastest growing in the United States since 2000. There are approximately 21 million people of Asian descent living in the U.S. today.

109.

A dressing change is being performed on a patient and his family is present bedside. They are devout, practicing Muslims. Knowing this, it is important to:

keep as much of the patient’s skin covered at all times during the dressing change.

try not to talk while touching the patient.

ask everyone to leave the room except for the male head of the family.

explain what is being done to the female head of the family only.

Explanation:

It is respectful to not speak while touching a person who practices the Muslim faith. Any explanations of what is being done, such as a dressing change, should be communicated before the procedure is performed and this should be explained to the patient and family.

110.

A teenage Vietnamese girl is interested in starting oral contraceptive pills, but is concerned that her parents will find out and be disappointed because of their cultural beliefs. This is because:

the Vietnamese culture does not believe in birth control of any kind.

the Vietnamese culture believes that men should be responsible for birth control.

the Vietnamese culture is firmly against premarital sex, and they may ostracize her for this.

the Vietnamese culture believes that OCPs can cause handicapped babies.

Explanation:

In the Vietnamese culture, there are specific feelings regarding birth control. Oral contraceptive pills are thought of as a "hot" medication that may cause a newborn baby to be handicapped. They also believe the IUD can cause cancer and personality changes. Termination of a

pregnancy is considered very dangerous because the spirit of the fetus may stay with the family to cause them problems.

111.

When communicating with a non-English speaking patient and her family, it is best to:

have another family member interpret if possible.

improvise with using pictures and video to teach.

hold most of the conversation through an online translating program.

arrange to have an interpreter familiar with medical terminology present.

Explanation:

Whenever possible, have an interpreter present in these types of situations who has undergone some training in medical terminology. Using a family member is not ensuring that any medical training or terms will be correctly translated. Online software may not be accurate and there is no way to verify that the terms and concepts are being interpreted appropriately.

112.

When teaching a patient who has a hearing impairment, it is important to:

face them directly so the face and lips are clearly visible to them.

give them educational materials in print to take home and read on their own.

have the patient be the only person receiving educational material so they can feel more involved in their treatment plan.

discuss the treatment plan with the parents so that they can communicate with the patient in the way that best suits her needs.

Explanation:

Having a patient with a hearing impairment offers the opportunity to utilize different forms of teaching. Some of these patients may have some degree of hearing acuity left, but most have learned to adapt and read lips. It is important to be aware of any distracting background noises and to face the patient directly so that the face and mouth are clearly visible. Remember not to turn away when talking or cover the mouth with the hand as that will make it difficult for the patient.

113.

Which of the following is NOT a criterion for diagnosis of diabetes mellitus?

Fasting blood glucose > 126 mg/dL.

HgA1c of 6.5%.

Polydipsia and polyuria.

Nonfasting blood glucose > 200 mg/dL.

Explanation:

A fasting blood glucose > 126 mg/dL, polydipsia/polyuria, and a nonfasting blood glucose of > 200 mg/dL are all criteria for diagnosing diabetes. HgA1c is useful for periodic assessment of average glucose levels. It is not recommended for diagnostic purposes.

114.

A 10-year-old child with muscular dystrophy has been treated as an inpatient for pneumonia. The discharge plan is being prepared and the nurse practitioner is reviewing the treatments he will need at home. While doing the teaching for the patient and his family, it is important that:

they know that home health and respiratory therapy will be coming in daily for evaluations and nebulizer treatments, so they will not need to worry about how to do these.

the primary focus be on the parents because it is not as important that the child understand his treatment.

give all of the educational material in writing rather than reviewing it in person to save time.

the patient be included to help him maintain some independence in his treatment.

Explanation:

Education should be done with the patient and the family. The patient should try to maintain as much independence as possible and be informed as to what treatments will need to be continued at home. Including the patient in the teaching process can also increase compliance to the treatment plan.

115.

A 52-year-old female presents to the clinic with a bad sore throat and low-grade fever. She tests positive for strep pharyngitis. Her past medical history includes hyperlipidemia and a past history of SVT with her last episode being 1 year ago. She is currently taking atorvastatin and atenolol. Which of the following antibiotics would be contraindicated for this patient?

Amoxicillin.

Cefdinir.

Azithromycin.

Penicillin.

Explanation:

Azithromycin is very effective at treating Group A strep pharyngitis; however, it has been linked to an increased risk of cardiac dysrhythmias. This would make azithromycin contraindicated for this particular patient with a history of SVT. Azithromycin, and other macrolide antibiotics, increase the risk of developing QT prolongation. There have also been reported cases of torsades de pointes and ventricular dysrhythmias while taking azithromycin.

116.

Which of the following medications is most likely to cause pupil dilation, photophobia, and blurred vision?

Warfarin (Coumadin).

Diphenhydramine (Benadryl).

Oseltamivir (Tamiflu).

Ketorolac (Toradol).

Explanation:

Benadryl can cause anticholinergic side effects, such as pupil dilation, photophobia, and blurred vision. This is most likely due to relaxation of the ciliary muscle and the decrease in accommodation of the eyes. Other medications that commonly cause anticholinergic side effects include antipsychotics, medications used to treat the symptoms of Parkinson's disease, and antispasmodics.

117.

A 39-year-old female is started on levothyroxine for hypothyroidism. When should she return for lab work to check the effectiveness of the dosage of her medication?

6 to 8 weeks.

4 weeks.

2 weeks.

1 week.

Explanation:

It usually takes approximately 6 to 8 weeks for the TSH to show changes in levels following when medication is started or after adjusting the dosage of medication. The TSH still remains the most reliable lab test for diagnosing or monitoring thyroid disease. If labs need to be performed before 6 to 8 weeks, the free T_4 and total T_3 levels can be checked. This should still be followed up with a check of the TSH at the appropriate time, though.

118.

A 50-year-old female presents to the clinic with complaints of epigastric abdominal pain, right shoulder pain, nausea, vomiting, and decreased appetite. Of the following differential diagnoses, which would be the most like diagnosis?

Peptic ulcer disease.

Pancreatitis.

Acute cholecystitis.

Urinary tract infection.

Explanation:

Abdominal pain with nausea and vomiting can occur with any of these choices. Only acute cholecystitis, however, also presents with right shoulder pain. This is called referred pain. Right shoulder pain occurs with gallbladder disease because of its proximity to the phrenic nerve. The phrenic nerve runs down each side of the neck to the diaphragm in the upper abdomen. The gallbladder is close to this and can cause nerve impulses, such as pain, to pass through the phrenic nerve and refer pain to the right shoulder, or between the shoulders.

119.

When interpreting pulmonary function test results, the expected FEV1 value for a patient with severe COPD (stage 3) would be:

0-10% below normal.

10-15% below normal.

15-30% below normal.

30-50% below normal.

Explanation:

The FEV1 value that is associated with severe, or stage 3, COPD is 30-50% below normal. The FEV1 is the forced expiratory volume which measures the amount of air a person can forcibly exhale in 1 second. The worse the degree of COPD, the lower the FEV1 will be. This is also helpful to monitor in order to track the progression of COPD and the rate at which the disease has worsened.

120.

A 55-year-old male is being seen as a new patient to establish in a family practice. He has no known chronic medical problems and does not take any medications. He tells the nurse practitioner that he was told several years before that he had "borderline diabetes." He has baseline labs checked while in the office and his hemoglobin A1C is 6.2%. This is interpreted as:

a normal blood sugar level.

prediabetes that can be initially treated through lifestyle changes, diet, and exercise.

diabetes that will require oral medication to control.

severe diabetes that will require insulin to control.

Explanation:

Prediabetes is diagnosed when the hemoglobin A1C is between 5.7% and 6.4%. It is usually managed with lifestyle changes to include diet and exercise. A hemoglobin A1C less than 5.7% is normal, but patients with a strong family history of type 2 diabetes should be made aware of some of the steps they can take to help decrease their risk of diabetes. Diabetes is diagnosed when the hemoglobin A1C is greater than 6.4%.

121.

According to federal law, a family nurse practitioner can care for nursing home patients under which of the following conditions?

A physician must be available for emergencies.

Patients must be younger than 80 years of age.

The caseload must not exceed five patients.

All of the above.

Explanation:

A nurse practitioner can care for nursing home patients as long as a physician is available in case of emergency. There are no age restrictions for a FNP's patient population, nor is there a caseload limit.

122.

An African-American woman asks a nurse practitioner about sickle cell disease. She informs the practitioner that she is homozygous for hemoglobin A (AA) and her husband has sickle cell trait (AS). What is the probability that they would have a child with sickle cell disease?

0%.

25%.

50%.

100%.

Explanation:

None of their children will have sickle cell disease. For this couple, with each pregnancy, there is a 50% probability of having a child with sickle cell trait and a 50% probability of having a child who is homozygous (AA), but a 0% chance that the child will have sickle cell disease.

123.

The percentage of persons with dementia cared for in the home by family members is closest to:

33%.

52%.

65%.

80%.

Explanation:

The percentage of patients with dementia that are cared for in the home by family members is about 80%.

124.

Which of the following is a HIPAA violation?

Discussing patient treatment information with another provider via e-mail.

Leaving patient charts outside patient exam rooms while they wait to see the provider.

Revealing protected health information with a pharmaceutical representative who needs feedback on his new product.

Releasing health information to the police to aid in an investigation.

Explanation:

It is not a HIPAA violation to communicate with another provider via email. It is permissible by law to release health information to the police, but the practitioner should verify the identity of the police officer. It is acceptable to leave charts outside patient rooms, but care should be done that PHI is not in open view.

125.

Which of the following is NOT a cause of secondary hypertension?

Sepsis.

Cocaine use.

Kidney disease.

Oral contraceptive use.

Explanation:

Most people with high blood pressure have primary hypertension, meaning that there is no known cause. Secondary hypertension refers to high blood pressure with a known cause.

Cocaine use, renal disease, and oral contraceptive use are all causes of secondary hypertension. Sepsis is associated with hypotension rather than hypertension.

126.

An otherwise healthy patient was diagnosed with influenza B within 48 hours of onset of symptoms and was treated with oseltamivir (Tamiflu). Within 24 hours, he reports intermittent heart palpitations. The most likely cause of the palpitations is:

a routine symptom of the flu virus.

high fever.

viral myocarditis.

a side effect of Tamiflu.

Explanation:

Tamiflu (oseltamivir) is indicated for the treatment of uncomplicated illness due to influenza. To be effective, it must be started within 48 hours of onset of symptoms. Nausea, vomiting, and diarrhea are all common side effects of Tamiflu. Heart palpitations are not a symptom routinely associated with influenza.

127.

A child with fetal alcohol syndrome (FAS) is likely to exhibit which one of the following findings?

Growth deficiency.

Normal IQ.

Thickened upper lip.

Macrocephaly.

Explanation:

FAS is caused by alcohol consumption during pregnancy. Pregnant women should be counseled against drinking any amount of alcohol because there is no known "safe" amount to drink. Pregnant women should abstain from alcohol during all trimesters. Alcohol has a wide range of permanent effects on children, particularly on the nervous system. Some common characteristics include abnormal facial features (thin upper lip and smooth philtrum), microcephaly, growth deficiency, hyperactivity, learning disabilities, and low IQ.

128.

A three-year-old-boy has had fever of 104 to 105 degrees for six days. While examining the patient, a nurse practitioner notes a strawberry tongue, a maculopapular rash on the trunk, unilateral cervical lymphadenopathy, and nonexudative conjunctivitis. He also has cracked lips and edema of the hands and feet. A physician treated the patient three days prior with antibiotics for a presumed strep infection. What is the most likely diagnosis?

Toxic epidermal necrolysis.

Resistant strep infection.

Kawasaki disease.

Juvenile rheumatoid arthritis.

Explanation:

High fever for more than five days, cervical lymphadenopathy, nonexudative pharyngitis, red strawberry tongue, and maculopapular rash are hallmarks of Kawasaki disease. The fact that the illness did not respond to antibiotics and duration of fever makes the diagnosis of strep infection unlikely. This group of symptoms is not characteristic of either toxic epidermal necrolysis or juvenile rheumatoid arthritis.

129.

An American elderly person is most likely to be abused by which one of the following?

A sibling.

A spouse.

An adult child.

An unrelated caregiver.

Explanation:

A spouse is most likely to perpetrate abuse. The abuse may be either active or passive. Spouses feel most trapped in their situations of being caregivers and feel no hope of escape. A day-shift unrelated caregiver, by contrast, can leave and "decompress" after her shift.

130.

Which one of these conditions is associated with the highest suicide rate?

COPD.

Diabetes.

AIDS.

Osteoporosis.

Explanation:

The risk of suicide is over 60 times greater than normal in people with AIDS. In patients with chronic lung disease, the risk is 10 times greater. Comparatively speaking, diabetes and osteoporosis do not have high suicide rates.

131.

The most common cause of viral pneumonia in adults is:

adenovirus.

RSV.

Haemophilus influenzae.

influenza virus.

Explanation:

Influenza virus is the most common cause of viral pneumonia in adults. Respiratory syncytial virus may be associated with pneumonia in children. Haemophilus influenzae is a bacterium, not a virus.

132.

A family nurse practitioner is evaluating a 21-year-old patient with bilateral eye irritation. He has had several similar episodes in the past, but this one is more severe. The palpebral conjunctivae are edematous and velvety red and the bulbar conjunctivae are injected. No eye discharge is visible. Which one of these other clinical findings would the nurse practitioner expect to see in this case?

Increased intraocular pressure.

Fever.

Myopia.

Pruritus.

Explanation:

This patient has allergic conjunctivitis, which is associated with pruritus. Causes are allergens or environmental agents. Allergic conjunctivitis is not associated with increased intracranial pressure, fever, or myopia.

133.

A 35-year-old male has been an insulin-dependent diabetic for five years and now is unable to urinate. Which of the following would the nurse practitioner most likely suspect?

Atherosclerosis.

Diabetic nephropathy.

Autonomic neuropathy.

Somatic neuropathy.

Explanation:

Autonomic neuropathy can cause inability to urinate. The autonomic system innervates many organs including the bladder and urinary tract. As the nerves become damaged, in this case due to diabetes, the nerves of the bladder can't respond to pressure normally when the bladder fills.

134.

The most common cause of cancer-related deaths in the 25- to 44-year-olds group is:

lung cancer.

Hodgkin's lymphoma.

breast cancer.

colon cancer.

Explanation:

Breast cancer causes the most cancer-related deaths in the 25- to 44-year age range. Lung cancer is the overall leading cause in patients of all ages. Hodgkin's disease occurs commonly in the 15- to 34-year age group and over age 60. The incidence of colon cancer peaks between 60 to 75 years of age. It is the second leading cause of cancer death in Western countries.

135.

An adult patient with iron deficiency anemia asks his family nurse practitioner about foods that are rich in iron. Which one of the following is highest in iron?

Oranges.

Whole milk.

Beans.

Egg whites.

Explanation:

Iron-rich foods include leafy green vegetables, beans, egg yolks, fish, and poultry. Oranges are rich in vitamin C. Milk is rich in calcium and is typically not fortified with iron.

136.

To evaluate a child for esotropia, which one of the following is a rapid and convenient diagnostic screening test?

Slit lamp examination.

Corneal light reflex test.

Snellen test.

Fluorescein test.

Explanation:

Corneal reflex tests are useful to diagnose strabismus (e.g., esotropia). To perform the test, shine a light directly onto both corneas at the same time with the patient looking straight at the light source. In patients with strabismus, the light reflected on the cornea appears off-center in the affected eye. Note that corneal light reflex tests may not detect an intermittent strabismus.

137.

A 21-month old child has a fever of 103 degrees, fussiness, drooling, and lack of appetite. On exam, the family nurse practitioner notes a red throat with several ulcerations over the tonsillar pillars. What is the most likely diagnosis?

Herpangina.

Strep pharyngitis.

Gingivostomatitis.

Epiglottitis.

Explanation:

Herpangina is a viral illness caused by Coxsackie virus. Symptoms include fever, fussiness, throat pain, and drooling. In the early stages, vesicles appear on the tonsillar pillars. The vesicles subsequently ulcerate. Strep pharyngitis is uncommon at this age and is not associated with ulcerations. Gingivostomatitis, also viral, is associated with inflamed, bleeding gums, and mucosal ulcers over the anterior oral cavity. Epiglottitis is a severe, life-threatening bacterial infection associated with respiratory distress.

138.

Which of the following is not an etiologic agent of bronchiolitis?

RSV.

Coronavirus.

Norovirus.

Rhinovirus.

Explanation:

Norovirus (also called Norwalk-like virus) causes gastroenteritis. RSV, coronavirus, and rhinovirus have all been shown to cause bronchiolitis. Rhinovirus has recently been implicated in severe bronchiolitis illness. Human metapneumovirus is also an etiologic agent. In fact, the list of pathogens is growing.

139.

The stage for infancy is:

Autonomy versus shame and doubt.

Trust versus mistrust.

Industry versus inferiority.

Initiative versus guilt.

Explanation:

According to Erikson's psychosocial theory, children go through four stages, followed by four additional stages leading through adolescence to old age. Childhood development impacts later adult development. The stage that corresponds to infancy (birth to 1 year) is trust versus mistrust.

140.

The stage for early childhood is:

Autonomy versus shame and doubt.

Trust versus mistrust.

Industry versus inferiority.

Initiative versus guilt.

Explanation:

According to Erikson's psychosocial theory, children go through four stages, followed by four additional stages leading through adolescence to old age. Childhood development impacts later adult development. The stage that corresponds to early childhood (1 to 3 years) is autonomy versus shame and doubt.

141.

The stage for late childhood is:

Autonomy versus shame and doubt.

Trust versus mistrust.

Industry versus inferiority.

Initiative versus guilt.

Explanation:

According to Erikson's psychosocial theory, children go through four stages, followed by four additional stages leading through adolescence to old age. Childhood development impacts later adult development. The stage that corresponds to late childhood (3 to 6 years) is initiative versus guilt.

142.

The stage for school age is:

Autonomy versus shame and doubt.

Trust versus mistrust.

Industry versus inferiority.

Initiative versus guilt.

Explanation:

According to Erikson's psychosocial theory, children go through four stages, followed by four additional stages leading through adolescence to old age. Childhood development impacts later

adult development. The stage that corresponds to school age (6 to 12 years) is industry versus inferiority.

143.

A family nurse practitioner has a patient who is habitually at least 30 minutes late for her appointments. She is a 42-year-old Hispanic woman with several health issues. Which of the following statements demonstrates cultural competence on the part of the healthcare provider?

The provider should not take cultural differences into account in healthcare situations.

Refusing to see the patient unless she arrives on time will teach her a lesson.

Consider that the patient belongs to a culture where being on time is flexible or approximate rather than exact.

Making a reminder call to the patient the day before will solve the problem.

Explanation:

People can have different concepts of time based on their cultures. Americans have more exacting standards for being on time. Hispanics (and others as well), often have a flexible interpretation of time and are more likely to be more approximate with their timelines. Providers should take cultural differences into account in healthcare settings.

144.

Pneumococcal polysaccharide vaccine (PPSV 23, Pneumovax) is:

recommended for all adults age 65 or over.

administered intradermally.

recommended yearly for asplenic patients.

not given concurrently with other vaccines.

Explanation:

Pneumovax is recommended for all patients 65 years and over. It can be administered with other vaccines but must be injected using a separate syringe at a different injection site. It should never be injected intradermally.

145.

The number-one cause of blindness in the elderly is:

cataracts.

age-related macular degeneration.

glaucoma.

diabetic retinopathy.

Explanation:

About one in three people over age 65 has some form of visual impairment. The number-one cause of loss of vision in this age group is age-related macular degeneration.

146.

According to Dr. Elisabeth Kübler-Ross, dying patients experience several emotional stages during terminal illness. Which one of these emotions persists throughout all the stages of terminal illness?

Anger.

Hope.

Denial.

Bargaining.

Explanation:

The five emotional stages of dying are hope, denial, isolation, anger, and bargaining. The hope of a cure (even if slim) persists throughout all the other stages of terminal illness. Isolation and denial help handle the shock of approaching death. After this, the patient experiences anger followed by bargaining.

147.

A family nurse practitioner is evaluating a three-year-old child with suspected Henoch–Schönlein purpura (HSP). Which one of the following is NOT true about HSP?

Patients may complain of joint pain.

The purpura is due thrombocytopenia.

HSP may be associated with abdominal pain.

Microscopic hematuria may be present.

Explanation:

HSP is a type of vasculitis seen mostly in children. Patients with HSP often complain of abdominal pain. GI bleeding may also be present as well as joint pains. Patients should also be monitored for renal involvement by checking for hematuria. Purpura typically occurs on the buttocks and lower legs. Patients with HSP do not have thrombocytopenia, but may in fact have thrombocytosis.

148.

Which one of the following is good advice for a patient with gastroesophageal reflux disease (GERD)?

Take anticholinergics to speed gastric emptying.

Increase fat intake.

Raise the head of the bed on two-inch blocks.

Eat a high-fiber diet.

Explanation:

A high-fiber diet is good advice for patients with GERD. Anticholinergic drugs are to be avoided, as they delay gastric emptying and thus would be counterproductive to the management of GERD. Excessive fat intake also delays gastric emptying, and it increases acid secretion in the stomach. Elevating the head of the bed helps prevent the flow of acid into the lower esophagus during sleep; however, the recommendation for elevation is 6 to 8 inches.

149.

A family nurse practitioner is instructing a 65-year-old patient on taking psyllium (Metamucil). Which of the following is appropriate advice?

Sprinkle psyllium into a half cup of applesauce, and eat the entire serving.

Take the psyllium dose mixed in one cup of fluid followed by a second glass of fluid.

Psyllium is most effective when taken with a calcium supplement.

The onset of action of psyllium is usually within 30 to 45 minutes.

Explanation:

Bulk-forming laxatives such as psyllium (Metamucil) should be taken with a glass of water or other suitable liquid, immediately followed by a second glass. If not taken with enough fluid, it may cause choking or impaction of psyllium in the gastrointestinal tract. It is not necessary to take it with a calcium supplement.

150.

What is the treatment of choice for a routine tooth abscess?

Extraction of the tooth.

Erythromycin.

Penicillin VK.

Levaquin.

Explanation:

The treatment of choice for an uncomplicated tooth abscess is penicillin VK. Erythromycin may also be used if the patient is allergic to penicillin. Extraction of the tooth is not necessary.

151.

A nurse practitioner is seeing an adult patient with a 72-hour history of fever, cough, and runny nose. Her in-clinic flu test is positive for flu type B. She wants a prescription for antibiotics. Which one of the following would be the best thing to tell her?

"The virus will just have to run its course. Be patient."

"There's just nothing I can do to cure a virus."

"Everybody knows antibiotics are not effective for treating the flu."

"You must feel miserable and I sympathize with you. Let's discuss some things that will relieve your symptoms."

Explanation:

It is important maintain therapeutic communication with patients. Answers A, B, and C are nontherapeutic statements because of their defensive nature. Answer A has a punitive tone, implying a punishment of waiting an extra hour for attention. Answer B implies that the patient's problem is not worth the doctor's time. The correct answer, D, is therapeutic because it does not have a negative tone and it reinforces validation of the patient's feelings.

152.

Which of the following statements is true about an infantile umbilical hernia?

It will most likely require surgical repair.

It will get worse if the baby cries excessively.

The baby should wear a band around the abdomen to keep the hernia "in."

It will heal on its own because it is less than 2 cm in diameter.

Explanation:

Umbilical hernias that are less than 2 cm in diameter will heal on their own. It is normal for an umbilical hernia to pouch out when intra-abdominal pressure increases, such as when the baby crying. This does not cause harm and will not cause enlargement of the abdominal wall defect that is present. Wrapping a band around the abdomen will not heal the hernia.

153.

The family members of a patient with Alzheimer's disease are having difficulty coping with the patient's repetition of questions and phrases. This phenomenon is known as:

perseveration.

denial.

confabulation.

contrivance.