

aanp adult gerontology primary care nurse practitioner study guide

**AANP Adult gerontology primary care nurse practitioner study guide
test questions and answers EXAM 2024 ACTUAL EXAM QUESTIONS
AND CORRECT DETAILED ANSWERS WITH RATIONALES (VERIFIED
ANSWERS) | ALREADY GRADED A+ | | NEWEST VERSION**

Pheochromocytoma - ✓✓ANSWER✓✓-small vascular tumor of the adrenal medulla, causing irregular secretion of epinephrine and norepinephrine, leading to attacks of raised blood pressure, palpitations, and headache. Tx with Alpha blockers

Rovsing's Sign - ✓✓ANSWER✓✓-Palpation in LLQ elicits pain in RLQ indicates appendicitis

NYHA classes of Heart Failure - ✓✓ANSWER✓✓-I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).

II Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).

III Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.

IV Unable to carry on any physical activity without discomfort.

Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Step-wise Approach to Asthma Diagnosis & Treatment -

✓✓ANSWER✓✓-Step 1- Mild Intermittent FEV1/PEF > 80% predicted.

Symptoms <2 days/week. Albuterol as needed.

Step 2- Mild persistent Asthma (FEV1/PEF > 80% predicted. Symptoms > 2 days/week. Albuterol as needed. Low dose ICS ex Flovent. Alt cromolyn, montelukast, nedocromil, theophylline.

Step 3- Mod persistent (FEV1 or PEF 60-80% predicted. Daily Symptoms. SABA plus low dose ICS or med dose ICS or low dose with leukotriene inhibitor (singulair, theophylline, zileuton).

Step 4- Severe persistent asthma (FEV1/PEF <60% predicted. Symptoms most of day. High dose ICS plus long acting B2 agonist plus oral steroid daily (prednisone).

Peak Expiratory Flow Rate (HAG):

Green Yellow Red Zone: - ✓✓ANSWER✓✓-PEF based on Height Age Gender. Blow hard using spirometer highest value recorded.

80-100% expected volume Green Zone maintain or reduce meds

50-80% expected volume Yellow Zone increase maintenance therapy. Or Having exacerbation.

Below 50% expected volume Red Zone call 911 give epinephrine inj.

PPD - ✓✓ANSWER✓✓-Neg- No firm bump forms at the test site, or a bump forms that is smaller than 5 mm (0.2 in.).

A firm bump that is 5 mm (0.2 in.) in size suggests a TB infection in people who are in a high-risk group. HIV, immunocompromise, exposed.

A firm bump that is 10 mm (0.4 in.) in size suggests a TB infection in people who are in a moderate-risk group. healthcare workers, immigrants, homeless.

A firm bump that is 15 mm (0.6 in.) in size suggests a TB infection in people who are in a low-risk group no risk for tb.

Digoxin (Cardiac Glycosides) - ✓✓ANSWER✓✓-Therapeutic 0.5-2.0

Overdose toxicity GI upset, arrhythmias, confusion visual changes (yellow/green tinge vision- scotomas). Tx with digibind. order dig level, electrolytes, creatinine ekg.

Thiazide Diuretics - ✓✓ANSWER✓✓-Pt with both htn and osteoporosis have an extra benefit from thiazides. thiazide diuretics decrease calcium excretion by the kidneys and stimulate osteoclasts formation. Patients with serious sulfa allergies should avoid thiazide diuretics. Potassium sparing diuretics can be used as alternative.

Chlorthalidone (hygroton), hydrochlorothiazide (esidrix, microzide), indapamide (lozol), metolazone (zaroxolyn); indicated for decreased fluid volume, inexpensive, effective, useful in severe hypertension, effective orally, enhances other antihypertensives; adverse reactions: hypokalemia symptoms, hyperuricemia, glucose tolerance, hypercholesterolemia, sexual dysfunction; observe for postural hypotension, caution with renal failure gout and client taking lithium; hypokalemia increases risk for digitalis toxicity, administer potassium supplements.

Avoid with Gout, Best first line for elderly w/ systolic htn.

Coumadin (Warfarin) - ✓✓ANSWER✓✓-an anticoagulant administered to prevent blood clots from forming or growing larger

Prophylaxis and/or treatment of venous thrombosis, pulmonary embolus, a fib, valve replacement, recurrent MI, stroke; also immobile pt

Afib target INR 2-3