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Question: 239

A 60-year-old male patient presents with chest pain, shortness of breath, and diaphoresis. The family nurse practitioner suspects acute myocardial infarction (AMI). Which of the following interventions should be the nurse practitioner's priority?

- A. Administering nitroglycerin sublingually
- B. Obtaining a 12-lead electrocardiogram (ECG)
- C. Initiating cardiopulmonary resuscitation (CPR)
- D. Administering aspirin orally

Answer: B

Explanation: Obtaining a 12-lead electrocardiogram (ECG) is the nurse practitioner's priority in a patient suspected of having an acute myocardial infarction (AMI). The ECG can provide important information about the presence and location of myocardial ischemia or infarction, guiding further management decisions, such as reperfusion therapy.

Question: 240

A 30-year-old female patient presents with a palpable breast lump. What is the recommended initial diagnostic test for evaluating a breast lump in this patient?

- A. Ultrasound
- B. Mammography
- C. Magnetic resonance imaging (MRI)
- D. Fine-needle aspiration (FNA) biopsy

Answer: A

Explanation: In a patient with a palpable breast lump who is under the age of 30, ultrasound is the recommended initial diagnostic test. Ultrasound can help determine if the lump is a solid mass or a fluid-filled cyst, which guides further evaluation and management decisions.

Question: 241

A 6-year-old child presents with a fever, sore throat, and swollen cervical lymph nodes. Upon examination, the family nurse practitioner notes tonsillar exudates. What is the most likely diagnosis?

- A. Strep throat
- B. Mononucleosis
- C. Tonsillitis
- D. Pharyngitis

Answer: A

Explanation: The presence of tonsillar exudates, along with fever, sore throat, and swollen cervical lymph nodes, is highly suggestive of group A Streptococcus (GAS) pharyngitis, commonly known as strep throat. Confirmatory testing, such as a rapid antigen detection test or throat culture, is recommended to confirm the diagnosis.

Question: 242

A 25-year-old female patient presents with irregular menstrual cycles and excessive hair growth on her face and body. The family nurse practitioner suspects polycystic ovary syndrome (PCOS). Which of the following laboratory findings is most consistent with this diagnosis?

- A. Elevated testosterone levels
- B. Elevated follicle-stimulating hormone (FSH) levels
- C. Elevated estrogen levels
- D. Elevated luteinizing hormone (LH) levels

Answer: A

Explanation: Polycystic ovary syndrome (PCOS) is associated with elevated testosterone levels which can cause symptoms such as hirsutism (excessive hair growth) and menstrual irregularities. While other hormonal imbalances may be present in PCOS, such as elevated LH levels and decreased FSH levels, elevated testosterone levels are most consistent with the diagnosis.

Question: 243

A 70-year-old male patient presents with a sudden-onset severe headache, neck stiffness, and photophobia. The family nurse practitioner suspects subarachnoid hemorrhage. Which of the following diagnostic tests is most appropriate to confirm the diagnosis?

- A. Lumbar puncture (LP) with cerebrospinal fluid (CSF) analysis
- B. Magnetic resonance imaging (MRI) of the brain
- C. Non-contrast head computed tomography (CT) scan
- D. Carotid ultrasound

Answer: A

Explanation: In a patient suspected of having a subarachnoid hemorrhage, a lumbar puncture (LP) with cerebrospinal fluid (CSF) analysis is the most appropriate diagnostic test to confirm the diagnosis. The presence of xanthochromia (yellowish discoloration) in the CSF indicates the presence of blood in the subarachnoid space, confirming the diagnosis of subarachnoid hemorrhage.

Question: 244

A 50-year-old female patient with a history of hypertension and diabetes presents with dull, aching pain in her legs that worsens with walking and improves with rest. The family nurse practitioner suspects peripheral artery disease (PAD). Which of the following diagnostic tests is most appropriate to evaluate this patient for PAD?

- A. Computed tomography angiography (CTA)
- B. Venous duplex ultrasound
- C. Ankle-brachial index (ABI)
- D. Magnetic resonance angiography (MRA)

Answer: C

Explanation: The ankle-brachial index (ABI) is a non-invasive and cost-effective diagnostic test used to evaluate patients for peripheral artery disease (PAD). It compares the blood pressure in the ankles to the blood pressure in the arms to assess for arterial occlusion or stenosis. An ABI value less than 0.90 is indicative of PAD.

D.

Question: 245

A 40-year-old pregnant patient presents with a severe headache, visual disturbances, and epigastric pain. The family nurse practitioner suspects preeclampsia. Which of the following findings on laboratory tests would support this diagnosis?

- A. Increased serum creatinine levels
- B. Elevated serum glucose levels
- C. Decreased platelet count
- D. Decreased white blood cell (WBC) count

Answer: C

Explanation: Preeclampsia is characterized by hypertension and end-organ damage, which can affect various systems, including the hematological system. Thrombocytopenia, indicated by a decreased platelet count, is a common finding in preeclampsia and can help support the diagnosis.

Question: 246

A 55-year-old male patient with a history of chronic obstructive pulmonary disease (COPD) presents with worsening dyspnea, cough, and increased sputum production. The family nurse practitioner suspects an acute exacerbation of COP

D. Which of the following interventions is the most appropriate initial management?

- A. Administration of inhaled bronchodilators
- B. Initiation of systemic corticosteroids
- C. Oxygen therapy to maintain oxygen saturation above 90%
- D. Antibiotic therapy targeting common respiratory pathogens

Answer: C

Explanation: In an acute exacerbation of COPD, maintaining adequate oxygenation is a priority. Oxygen therapy should be initiated to maintain oxygen saturation above 90%. This helps alleviate hypoxemia and reduce the workload on the respiratory system. Other interventions, such as bronchodilators, corticosteroids, and antibiotics, may be indicated depending on the severity and etiology of the exacerbation.

Question: 247

A 70-year-old female patient with a history of osteoporosis presents with acute-onset severe lower back pain and loss of height. The family nurse practitioner suspects a vertebral compression fracture. Which of the following diagnostic tests is most appropriate to confirm the diagnosis?

- A. X-ray of the lumbar spine
- B. Dual-energy X-ray absorptiometry (DXA) scan
- C. Magnetic resonance imaging (MRI) of the spine
- D. Bone scintigraphy (nuclear bone scan)

Answer: A

Explanation: X-ray of the lumbar spine is the most appropriate diagnostic test to confirm the diagnosis of a vertebral compression fracture. It can visualize the vertebral bodies and assess for fractures, deformities, or loss of height. Additional imaging modalities, such as MRI or DXA scan, may be considered for further evaluation or to assess overall bone health.

Question: 248

A 25-year-old female patient presents with a painful, swollen, and erythematous joint in her right hand. The family nurse practitioner suspects gout. Which of the following findings on joint aspiration would support this diagnosis?

- A. Elevated white blood cell (WBC) count
- B. Presence of urate crystals
- C. Positive rheumatoid factor (RF)
- D. Increased erythrocyte sedimentation rate (ESR)

Answer: B

Explanation: Gout is a form of inflammatory arthritis caused by the deposition of urate crystals in the joints. Aspiration of the affected joint and identification of urate crystals under polarized light microscopy is the gold standard for confirming the diagnosis of gout.

Question: 249

A 55-year-old male patient presents with sudden-onset severe flank pain radiating to the groin. The family nurse practitioner suspects renal colic due to urinary calculi. Which of the following imaging studies is most appropriate to evaluate for the presence of urinary stones?

- A. Renal ultrasound
- B. Abdominal X-ray
- C. Non-contrast helical computed tomography (CT) scan
- D. Intravenous pyelogram (IVP)

Answer: C

Explanation: Non-contrast helical computed tomography (CT) scan is the imaging study of choice for evaluating patients with suspected renal colic due to urinary calculi. It provides detailed visualization of the urinary tract and can accurately identify the presence, location, and size of urinary stones.

Question: 250

A 65-year-old male patient presents with progressive cognitive decline, memory loss, and difficulty with language and problem-solving. The family nurse practitioner suspects Alzheimer's disease. Which of the following medications is commonly used to manage the symptoms of Alzheimer's disease?

- A. Metoprolol (Lopressor)
- B. Metformin (Glucophage)
- C. Lisinopril (Zestril)
- D. Donepezil (Aricept)

Answer: D

Explanation: Donepezil (Aricept) is a common medication used for the management of symptoms in patients with Alzheimer's disease. It is a cholinesterase inhibitor that helps improve cognitive function and may slow the progression of symptoms temporarily.

Question: 251

A 45-year-old male patient presents with recurrent episodes of epigastric pain that occur after eating fatty meals. The family nurse practitioner suspects gallstones and requests an abdominal ultrasound. The ultrasound reveals the presence of gallstones. Which of the following interventions is the most

appropriate for symptomatic gallstones?

- A. Ursodeoxycholic acid therapy
- B. Cholecystectomy
- C. Endoscopic retrograde cholangiopancreatography (ERCP)
- D. Observation and dietary modifications

Answer: B

Explanation: Cholecystectomy, the surgical removal of the gallbladder, is the most appropriate intervention for symptomatic gallstones. It is the definitive treatment and can prevent further episodes of pain and complications associated with gallstones, such as cholecystitis or choledocholithiasis. Ursodeoxycholic acid therapy may be considered in specific cases, but it is not the primary treatment for symptomatic gallstones.

Question: 252

A 30-year-old pregnant patient at 34 weeks gestation presents with sudden-onset severe abdominal pain and vaginal bleeding. The family nurse practitioner suspects a placental abruption. Which of the following findings would support this diagnosis?

- A. Fetal bradycardia
- B. Absence of fetal heart tones
- C. Soft, relaxed uterus
- D. Uterine tenderness

Answer: D

Explanation: Placental abruption is a medical emergency characterized by the premature separation of the placenta from the uterine wall. Uterine tenderness

is a common finding in placental abruption due to the presence of retroplacental blood. Other signs may include vaginal bleeding, abdominal pain, and signs of fetal distress, such as fetal bradycardia or absence of fetal heart tones.

Question: 253

A 50-year-old male patient presents with a painless, firm testicular mass. The family nurse practitioner suspects testicular cancer. Which of the following is the most appropriate initial diagnostic study?

- A. Computed tomography (CT) scan of the abdomen and pelvis
- B. Serum tumor markers (alpha-fetoprotein, beta-human chorionic gonadotropin, lactate dehydrogenase)
- C. Testicular ultrasound
- D. Radical orchiectomy

Answer: C

Explanation: Testicular ultrasound is the most appropriate initial diagnostic study for evaluating a testicular mass. It can help differentiate between solid and cystic masses and provide additional information about the size, location, and characteristics of the mass. Serum tumor markers (alpha-fetoprotein, beta-human chorionic gonadotropin, lactate dehydrogenase) and CT scan of the abdomen and pelvis may be indicated for further evaluation or staging if testicular cancer is confirmed. Radical orchiectomy is the definitive treatment and is typically performed after the diagnosis is confirmed.

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