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Question: 1

Which of the following is NOT a part of the Bowen Family System Theory?

A. connection of one's past family experiences with current behaviors
B. interaction of multiple factors across time to influence family functions
C. identification of the interactions among biological, genetic, psychological and sociological factors that influence human behaviors
D. effect of loss of social support such as loss of spouse, family or friends

Answer: D

Explanation:
The question asks which concept is NOT a part of the Bowen Family System Theory. The correct answer is "effect of loss of social support such as loss of spouse, family or friends."
To understand why this is the correct answer, it's important to first comprehend what the Bowen Family System Theory entails. Developed by psychiatrist Murray Bowen, this theory is one of the major theories of family systems. It emphasizes the interconnectedness of family members, where the behaviors and emotions of individuals are deeply rooted and influenced by their family system.
Key components of Bowen's theory include concepts such as differentiation of self, triangulation, family projection process, multigenerational transmission process, sibling position, and emotional cutoff. These concepts explore how family members differentiate themselves from the family, how they manage relationships within a triad, how emotional issues travel across generations, and how individuals manage emotional attachments to their family.
On the other hand, the "effect of loss of social support such as loss of spouse, family or friends" pertains more to the field of bereavement and social support theories. This aspect examines how the loss of close personal relationships impacts an individual's psychological and social functioning. One such framework that addresses these issues is the Sadavoy developmental theory, which explores how developmental challenges and losses impact older adults, but it is distinct from Bowen's family systems approach.
Therefore, while Bowen's theory deeply analyzes the interdependent nature of family relationships and generational influence, it does not explicitly focus on the broader social contexts such as the loss of external social supports. Thus, the statement concerning the effect of loss of social support does not fall under the umbrella of the Bowen Family System Theory. This concept is better addressed within other psychological frameworks that focus on bereavement and external social relationships, such as Sadavoy's developmental theory.

Question: 2

A patient who has received radioactive iodine therapy to treat her Graves' disease is in your office. The nurse practitioner knows that the mechanism of action of this treatment is:

A. destroy the overactive thyroid tissue

B. alter the thyroid metabolic rate
C. shrink the size of the thyroid gland
D. stop production of TSH

Answer: A

Explanation:
Radioactive iodine therapy is a treatment method used for addressing hyperthyroidism, particularly Graves' disease, which is the most common form of this condition. Graves' disease is an autoimmune disorder where the immune system mistakenly attacks the thyroid gland, causing it to overproduce thyroid hormones. This leads to various symptoms such as diffuse thyroid enlargement, exophthalmos (protrusion of the eyes), nervousness, tachycardia (rapid heart rate), and heat intolerance.
The primary mechanism of action of radioactive iodine therapy is to destroy the overactive thyroid tissue. When administered, the radioactive iodine is taken up selectively by the thyroid gland. Because the thyroid uses iodine to produce hormones, the radioactive iodine delivers radiation directly to the thyroid cells, thereby destroying them. This reduces the gland's ability to produce thyroid hormones and helps bring the levels back to normal.
This treatment method is preferred because it targets the thyroid cells specifically with minimal exposure to the rest of the body. Over time, this leads to a reduction in the size of the thyroid gland and a decrease in the amount of thyroid hormone produced. In many cases, this treatment may lead to hypothyroidism, where the thyroid does not produce enough hormones, necessitating lifelong supplementation with synthetic thyroid hormones.
The other options mentioned, such as altering the thyroid metabolic rate, shrinking the size of the thyroid gland directly, or stopping the production of TSH (thyroid-stimulating hormone), do not accurately describe the primary mechanism of radioactive iodine therapy. While the therapy may indirectly lead to these outcomes - for example, a reduced thyroid size as a consequence of cell destruction - they are not the direct mechanisms by which the therapy operates. The main intent and direct outcome of radioactive iodine therapy is the destruction of the overactive thyroid cells, thereby mitigating the hyperthyroid state caused by diseases like Graves' disease.

Question: 3

A mother brings her son, age 6, into the office with symptoms suggestive of attention deficit hyperactivity disorder (ADHD). Which of the following statements is accurate regarding this condition?

A. DSM V is used to diagnose a child with ADHD.
B. Family history does not play a role in this disorder.
C. Innovation must be present for this diagnosis.
D. This is more common in girls less than age 9-years-old.

Answer: A

Explanation:
The correct statement regarding the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in children is that the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is utilized for this purpose. The DSM-5 provides standardized criteria to help healthcare professionals

diagnose mental health conditions such as ADHD. This manual is essential for ensuring consistent and accurate diagnoses across different healthcare settings.
ADHD is characterized by patterns of inattention, hyperactivity, and impulsivity that are more frequent and severe than typically observed in individuals at a comparable level of development. Although ADHD is often recognized in children around the age of 4 to 6 years, the DSM-5 requires that several symptoms be evident before age 12. This update from the previous edition (DSM-IV), which required symptoms to be present before age 7, reflects a broader understanding of the developmental nature of ADHD.
Symptoms of ADHD are indeed more commonly reported in boys compared to girls. Boys are more likely to exhibit symptoms of hyperactivity and impulsivity, whereas girls may display more subtle symptoms such as inattention, which can sometimes lead to underdiagnosis in females. The condition manifests in various behaviors such as difficulty maintaining attention in tasks or play activities, frequent shifts from one uncompleted activity to another, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.
Contrary to one of the incorrect statements, family history and genetics do play a significant role in ADHD. Research indicates that ADHD has a strong genetic component, with multiple genes contributing to the disorder's development. Studies of twins and families suggest that the heritability of ADHD is high, meaning that genes significantly influence the likelihood of developing the condition.
To clarify another incorrect statement, innovation is not a criterion for diagnosing ADHD. The term "innovation" does not relate to the clinical criteria of ADHD and seems to be a misunderstanding or misstatement in the context of the disorder's diagnosis. ADHD diagnosis strictly follows the outlined symptoms and criteria in the DSM-5, focusing on behavioral observations and reports from parents, teachers, and other adults who interact with the child in different settings.
Lastly, it is inaccurate to claim that ADHD is more common in girls under the age of 9. As previously mentioned, ADHD is generally more prevalent in boys across various age groups. The misunderstanding might stem from an underrecognition of ADHD in girls due to their symptoms often being less disruptive and more internalized compared to boys.

Question: 4

You prescribe nasal corticosteroid spray for a patient with allergic rhinitis. What is the anticipated onset of symptom relief with its use?

A. immediately with the first spray
B. within 1 to 2 days
C. after a few days
D. 2 or more weeks

Answer: C

Explanation:
When prescribing a nasal corticosteroid spray for a patient with allergic rhinitis, it is important to manage expectations regarding the onset of symptom relief. Unlike some immediate relief medications, such as antihistamines, nasal corticosteroids do not provide instant symptom control. The primary reason for this delay is due to their mechanism of action.
Nasal corticosteroids work by reducing inflammation within the nasal passages, which is a key factor in allergic rhinitis. They achieve this by inhibiting the release of various inflammatory mediators and cytokines that contribute to the allergic response. The process involves downregulating the immune

response at the cellular level, including the activity of mast cells, which are cells that release chemicals like histamine that cause allergy symptoms.
Due to this mechanism, the effects of nasal corticosteroids are not immediate. When a patient begins using a nasal corticosteroid spray, they typically observe an improvement in symptoms after a few days. The full benefit of the medication might take as long as one week to manifest. This is because the medication needs sufficient time to alter the immune response and decrease inflammation in the nasal tissues.
Patients should continue using the spray as prescribed, even if they do not feel immediate relief after the first few uses. Consistent use as directed by a healthcare professional is crucial for achieving the best results. It is also important to ensure that the technique used to administer the spray is correct, as improper application can reduce the effectiveness of the treatment.
In summary, while nasal corticosteroids are highly effective for managing allergic rhinitis, they do not provide immediate relief. Patients should expect symptom improvement generally after a few days of consistent use. Educating patients about what to expect can help improve adherence to therapy and ultimately lead to better control of allergic rhinitis symptoms.

Question: 5

An adult patient presents with painful red nodules and pustules under his arm. He tells the FNP that some of the lumps have started to drain pus. The FNP is most likely to diagnose which of the following?

A. Hidradenitis Suppurativa
B. impetigo
C. meningococcemia
D. herpes zoster

Answer: A

Explanation:
It appears there is some confusion in your question setup and options provided. The repeated text for Hidradenitis Suppurativa under each potential diagnosis option seems to be misplaced or incorrect. Let's clarify the diagnosis based on the symptoms you described and provide accurate information for each condition listed.
Hidradenitis Suppurativa: This is a chronic skin condition characterized by the presence of painful, inflamed nodules and pustules, particularly in areas where skin rubs together, such as the armpits, groin, buttocks, and under the breasts. It arises from the blockage and subsequent infection of apocrine (sweat) glands. It is not typically caused by a bacterial infection but can become secondarily infected. This condition is associated with follicular occlusion, and the exact etiology is not fully understood but is believed to involve a combination of genetic and environmental factors. Treatment often involves antibiotics, anti-inflammatory medications, and sometimes surgical intervention.
Impetigo: This is a highly contagious bacterial skin infection typically caused by Staphylococcus aureus or Streptococcus pyogenes. It primarily affects children and is characterized by red sores that quickly rupture, ooze for a few days, and then form a yellowish-brown crust. Impetigo usually appears as lesions around the nose and mouth and is not commonly associated with nodules or areas described in the scenario.
Meningococcemia: This is a severe and potentially life-threatening bloodstream infection caused by the bacterium Neisseria meningitidis. It can lead to widespread blood clotting and damage to the walls

of blood vessels, which may manifest as a petechial or purpuric rash. It does not typically present with nodules or pustules and is a medical emergency requiring immediate attention.
Herpes Zoster (Shingles): This is caused by the reactivation of the varicella-zoster virus, the same virus that causes chickenpox. It typically presents as a painful, blistering rash that appears in a band or a strip on one side of the body. While it can cause blistering and local inflammation, it does not produce deep nodules or a pattern of chronic inflammation and drainage like that seen in Hidradenitis Suppurativa.
Based on the described symptoms of painful red nodules and pustules, particularly in areas prone to friction such as under the arm, along with some of the lumps beginning to drain pus, Hidradenitis Suppurativa is the most likely diagnosis among the options provided. The description and management of the other conditions mentioned are not consistent with the clinical presentation described in your question.

Question: 6

A 24-year-old female patient with an aphthous stomatitis comes into the office. Which of the following is NOT a treatment option for this patient?

A. 3% hydrogen peroxide/water solution, 1:1 as a gargle
B. diphenhydramine 5mg/mL (Benadryl) elixir mixed 1:1 with attapulgite (Kaopectate)
C. tetracycline syrup (Sumycin)
D. zafirlukast (Accolate)

Answer: D

Explanation:
Zafirlukast (Accolate) is a leukotriene modifier used in the treatment of asthma. The remaining answer choices are appropriate aphthous stomatitis treatments.

Question: 7

The nurse practitioner in a small physician owned office wants to evaluate a patient with pernicious anemia who is receiving treatment. The best laboratory test he could order after one month of therapy is:

A. a Schilling test
B. a reticulocyte count
C. a serum ferritin
D. hemoglobin and hematocrit

Answer: D

Explanation:
The best laboratory test to order for evaluating the efficacy of treatment in a patient with pernicious anemia after one month of therapy is the hemoglobin and hematocrit test. These tests are crucial because they directly measure the levels of hemoglobin and the proportion of blood volume that is

made up of red blood cells (hematocrit), which are significant indicators of the red blood cell mass and overall oxygen-carrying capacity of the blood.
Pernicious anemia is a type of anemia caused by the inability of the body to absorb vitamin B12 due to the lack of intrinsic factor, a protein produced by the stomach that is necessary for vitamin B12 absorption. Treatment typically involves vitamin B12 supplementation, which can be administered orally or through injections.
Following the initiation of vitamin B12 therapy, there is typically a prompt response from the bone marrow, resulting in increased production of new red blood cells, marked by reticulocytosis. Reticulocytes are immature red blood cells, and their increase is usually observed within the first week of treatment, peaking around 7 to 10 days. This response can be an early indicator of treatment effectiveness but assessing the reticulocyte count alone does not provide complete information about the overall improvement in anemia and total red blood cell volume.
As treatment progresses, the hemoglobin and hematocrit levels should begin to rise, generally improving at a rate of about 4% to 5% per week. By approximately one month into therapy, these levels are expected to approach or return to normal values, indicating a successful response to treatment in replenishing vitamin B12 levels and resolving the symptoms of anemia.
While other tests like the Schilling test and serum ferritin might be relevant in different contexts, they do not provide direct information about the recovery of red blood cell mass in pernicious anemia post-treatment. The Schilling test is used to diagnose the cause of vitamin B12 deficiency rather than to monitor treatment response, and serum ferritin, which measures stored iron, is not typically affected by pernicious anemia and thus is not a useful marker in this scenario.
Therefore, measuring hemoglobin and hematocrit after one month of treatment provides the most straightforward, relevant, and practical assessment of how effectively the anemia is being corrected, ensuring that the patient is responding properly to the vitamin B12 supplementation and moving towards recovery.

Question: 8

The FNP is treating a patient who is overweight. She is educating this patient about dietary sources of recommended minerals. Which of the following foods would be highest in magnesium?

A. dried beans, whole grains and nuts
B. fruits and vegetables
C. dairy products
D. salmon and flaxseed oil

Answer: A

Explanation:
When considering dietary sources of magnesium, especially for an overweight patient, it's important to focus on nutrient-dense and healthy options that contribute to overall well-being without excess calories. Among the options listed, dried beans, whole grains, and nuts are the richest sources of magnesium. These foods not only provide magnesium but also offer dietary fiber, protein, and other essential nutrients that can help in weight management and overall health improvement.
Magnesium is a crucial mineral that plays a vital role in over 300 enzymatic reactions in the body, including those involved in the synthesis of fat, protein, and nucleic acids, neural activity, muscle

contraction, and cardiac activity. It is also essential for bone health and helps regulate levels of other minerals and vitamins in the body.
Dried beans, such as black beans, kidney beans, and lentils, are excellent sources of magnesium. They are also low in fat and high in fiber, which can help in feeling full and reducing overall calorie intake. Whole grains like brown rice, quinoa, and whole wheat products contain significantly more magnesium than their refined counterparts. Nuts such as almonds, cashews, and Brazil nuts are not only high in magnesium but also healthy fats, which are essential for heart health.
In contrast, while fruits and vegetables are essential for a balanced diet providing a variety of nutrients including potassium and dietary fiber, they are not typically high in magnesium. Dairy products, primarily known for their calcium content, similarly have lower magnesium levels compared to the options of dried beans, whole grains, and nuts. Lastly, salmon and flaxseed oil are excellent sources of Omega-3 fatty acids, but they do not contribute significantly to magnesium intake.
Therefore, for a patient who is overweight and needs to increase their magnesium intake, the best dietary choices would be dried beans, whole grains, and nuts. These foods not only provide necessary magnesium but also support a healthy diet plan that can assist in weight loss and overall health maintenance.

Question: 9

You are counseling a pregnant patient who is the victim of domestic violence. You are trying to convince her of the importance of protecting herself from this abuser. The nurse practitioner has knowledge of what?

A. Abuse can accelerate and worsen during pregnancy.
B. This will usually end when the pregnancy ends.
C. Abuse often ends in homicide by the abuser.
D. This is reportable in all 50 states.

Answer: A

Explanation:
During pregnancy, the incidence of abuse ranges between 7-20% and is higher if the pregnancy is not planned. It is important to screen for this. However, it is not reportable in all 50 states.

Question: 10

A female patient presents with point tenderness in the abdomen. Appendicitis is considered. Which of the following is not a diagnostic tool that will help confirm appendicitis?

A. ultrasonography
B. x-ray of the abdomen
C. CBC with low white count
D. positive CT scan of the abdomen

Answer: C

Explanation:
Approximately half of the patients diagnosed with appendicitis present with point tenderness, which is also known as McBurney's point. The point tenderness occurs when the patient feels pain in an area of the abdomen when pressure is applied. For example, the patient presents to the office with complaints of pain that starts in the upper part of the abdomen near the navel. Then, the patient states, she experienced nausea and vomiting 4 hours prior to the office visit. The nausea and vomiting subsided two hours later and the patient stated the pain moved to the lower part of her abdomen. The nurse practitioner, during the physical examination, applied pressure to the lower part of the patient's abdomen. When the nurse practitioner released the pressure, the patient stated she felt a lot of sharp pain. Additional symptoms of appendicitis include fever and pain during movement or while the patient coughs. Depending on the age of the patient, the pain may not be isolated to one section of the abdomen. Instead, the pain may be widespread, such as with children diagnosed with appendicitis. The diagnosis of appendicitis is made based on the patient's symptoms, the physical examination of the patient's abdominal area with computed tomography (CT), ultrasonography or x-ray of the abdomen. Additionally, the use of imaging tests, such as computed tomography (CT), ultrasonography or x-ray of the abdomen, or a diagnostic surgical procedure, such as a laparoscopy can be performed.

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