



FNP Review & Clinical Update

Course Manual | 2024



**Advanced Practice
Education Associates**
AN ATI BRAND

2024 Family Nurse Practitioner Intensive Review

DON'T MISS OUT!

**GET THE SCOOP ON ALL THE MOST IMPORTANT NP CERTIFICATION
AND PRACTICE ISSUES BY CONNECTING WITH APEA!**

The NP Insider Blog

Find articles on:

- Deciding between the AANP and ANCC exams
- Exam blueprints for the AANP and ANCC exams
- When the certification exams change
- How to list your credentials
- What salary to expect when you graduate
- Off-label prescribing
- Incident-to billing
- Visit www.apea.com/blog today!

Social Media

Follow us on social media to get the latest updates on NP test prep, NP practice issues, and APEA courses and products:

- Instagram: @apeanp
- Facebook: facebook.com/apeanp
- YouTube: APEAinfo
- Twitter: @ApeaNPCourses

TABLE OF CONTENTS

CHAPTER 1	Pulmonary Disorders	7
CHAPTER 2	Hematology	23
CHAPTER 3	Neurologic Disorders	37
CHAPTER 4	Antibiotics	53
CHAPTER 5	Mental Health	63
CHAPTER 6	Gastrointestinal Disorders	79
CHAPTER 7	Urology	95
CHAPTER 8	Sexually Transmitted Infections	109
CHAPTER 9	Exam Prep	127
CHAPTER 10	Cardiovascular and Peripheral Vascular Disorders	133
CHAPTER 11	Orthopedic Disorders.	149
CHAPTER 12	Women’s Health	167
CHAPTER 13	Men’s Health	183
CHAPTER 14	Endocrine Disorders	197
CHAPTER 15	Dermatology	215
CHAPTER 16	Eye, Ear, Nose, and Throat (EENT) Disorders.	231
CHAPTER 17	Pediatric Supplement	245
CHAPTER 18	Pediatric Growth and Development.	293
CHAPTER 19	Pregnancy in Primary Care	309
CHAPTER 20	Care of the Aging Adult for FNP’s	325

Instructions for accessing online materials and printing certificates will be sent out via email approximately 2 business days after conclusion of the live course. Certificates for attending the live review course are provided after completing a brief evaluation of the course. To access the evaluation, go to the APEA CE Center at www.apeacecenter.com. Access to the supplemental course materials and evaluation will be available for 6 months.

Check your spam or junk folder for emails from noreply@apea.com. If you do not receive this email, contact the office by calling 800-899-4502 during regular business hours, 8 am to 4 pm CST, or email questions@apea.com.

About APEA

Advanced Practice Education Associates is a national education company and publisher that meets the needs of NPs throughout their educational programs and their careers. APEA delivers comprehensive review courses that serve two important purposes: preparing NP candidates to be successful on certification exams and providing clinical updates and contact hours for practicing NPs. Additionally, APEA has developed an extensive library of textbooks, clinical tools, and CE opportunities for students and practicing NPs. Learn more at www.apea.com.

CHAPTER 1

Pulmonary Disorders

OVERVIEW

- DDx of Pulmonary Symptoms
 - Acute Bronchitis
 - Community Acquired Pneumonia
 - COPD
 - Lung Cancer Screening
 - Asthma
-

NOTES

COUGH

A 58-year-old male presents with a chief complaint of cough. Consider:

- Differential diagnosis
- ABCs
- Thorough history and physical

Chief Complaint**COUGH**

- Duration? Associated Symptoms?

Differential Diagnosis

- Respiratory
 - Infection – upper respiratory infection (URI), pneumonia, tuberculosis (TB)
 - Lung inflammation
 - Tumors
 - Postnasal Drip
 - Foreign Body
- Cardiovascular – heart failure, aortic aneurysm
- Gastrointestinal – GERD
- Medication side effects – ACE-Inhibitors

SHORTNESS OF BREATH/DYSPNEA

- Origin (Resp, Cardio, Heme, etc.)
- Acute? Chronic?
 - Acute Differentials
 - Bronchitis
 - Pneumonia
 - Anaphylaxis
 - Myocardial Infarction
 - Heart failure
 - Pulmonary Embolism
 - Tamponade
 - Bronchospasm

Differential Diagnosis

- Clues to diagnosis
 - “Chest tightness” → asthma, cardiac ischemia
 - “Suffocating” → pulmonary edema
 - “Increased work to breath” → COPD, asthma, myopathy
 - “Air hunger” → HF, PE, asthma, COPD
 - “Winded” or “breathing heavy” → deconditioning

A DAY IN CLINICAL PRACTICE

A 52-year-old female presents to your clinic with 6 days of productive cough and congestion. She feels “very tired,” and the cough is keeping her up at night. She denies shortness of breath and takes no other medications.

- BP 122/74 mm Hg
- Heart rate 78/min
- Respiratory rate 16/min
- Temperature 37.2° C (98.9° F)
- SaO₂ 98%
- BMI 25

Based on the patient’s most likely diagnosis, what should be done next?

1. Prescribe ciprofloxacin.
2. Order a chest x-ray with posterior-to-anterior (PA) and lateral views.
3. Administer a prednisone injection.
4. Encourage rest and fluids.

A DAY IN CLINICAL PRACTICE



joloiei/iStock

A 67-year-old patient presents to the clinic with 3 days of cough. The patient's chest x-ray report indicates "bilateral pulmonary congestion." What is the NP's interpretation?

1. Heart failure
2. Pneumonia
3. Acute bronchitis
4. Pulmonary embolism

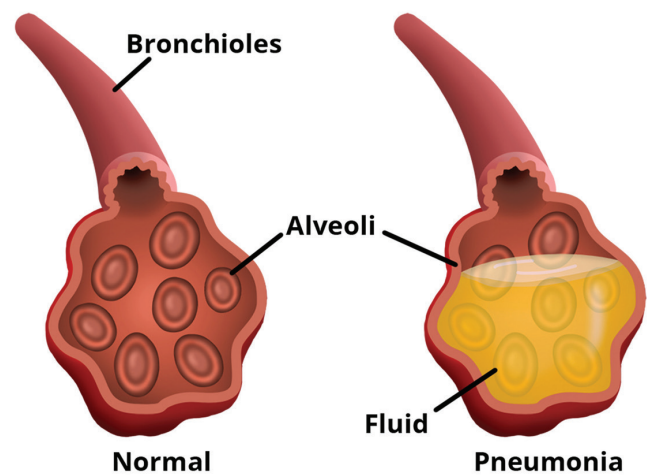
What diagnosis would be suspected if the chest x-ray report identified a "left lower lobe infiltrate"?

COMMUNITY-ACQUIRED PNEUMONIA (CAP)

- Acquired outside of hospital!
- Major cause of morbidity and mortality
- Risk factors
 - Older age
 - Chronic comorbidities
 - Viral respiratory infections
 - Impaired airway protection
 - Smoking, alcohol excess
 - Environmental factors
 - Toxins, social determinants of health

Evidence-Based Strategy for Outpatient Pneumonia Treatment

ATS/IDSA CLINICAL GUIDELINE ON COMMUNITY ACQUIRED PNEUMONIA | OCT 2019



A DAY IN CLINICAL PRACTICE

An otherwise healthy 58-year-old has community-acquired pneumonia. He denies shortness of breath.

- | | |
|-------------------|---------------------------|
| • BP 126/72 mm Hg | • Temp 38.8° C (101.8° F) |
| • HR 82/min | • BMI 23 |
| • RR 18/min | |

Should you prescribe an antibiotic?

Before you answer... What does evidence say?

You should ALWAYS answer exam questions based on one of the following.

- Clinical guideline
- Standards of care
- Evidenced based practice

NOTES

ATS/IDSA Guidelines for Community-Acquired Pneumonia: No Comorbidities

HEALTHY OUTPATIENT ADULTS WITHOUT COMORBIDITIES

- Amoxicillin 1 g three times daily – BEST EVIDENCE!
- Doxycycline 100 mg twice daily – Conditional Recommendation; Low-Quality Evidence
- Macrolide* (azithromycin, clarithromycin) – Conditional Recommendation; Mod-Quality Evidence

**Only if local resistance less than 25%.*

A DAY IN CLINICAL PRACTICE

An otherwise healthy 58-year-old has community-acquired pneumonia. He denies shortness of breath.

- BP 126/72 mm Hg
- HR 82/min
- RR 18/min
- Temp 38.8° C (101.8° F)
- BMI 23

Which antibiotic will you prescribe? Choose the antibiotic with the best evidence!

A 52-year-old patient with community-acquired pneumonia has a penicillin allergy (hives). Which evidence-based alternative could be used? (Select all that apply.)

1. Doxycycline 100 mg twice daily
2. Clarithromycin 500 mg twice daily
3. Cefpodoxime 200 mg twice daily
4. Azithromycin 500 mg on day one, then 250 mg QD
5. Augmentin (amox/clav) 875/125 mg twice daily

A 39-year-old patient was prescribed doxycycline by another provider for CAP 2 days ago. She has now developed severe nausea, diarrhea, and dyspepsia. What should the nurse practitioner do? (Select all that apply.)

1. Switch to amoxicillin.
2. Stop the doxycycline.
3. Obtain a stool culture.
4. Advise to take on an empty stomach.
5. Get a chest x-ray.

CAP in a Patient with Comorbidities

- Comorbidities
 - COPD
 - Cirrhosis
 - Diabetes
 - Chronic Kidney Disease
 - Congestive Heart Failure
 - Alcoholism
 - Asplenia
 - Immunosuppression
 - Smoking!
 - Antibiotics in prior 3 months