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1. Which of the following statements best describes a differential diagnosis list?

A. It is a list of planned interventions for the problems assessed during the visit.
B.It is the list of concerns brought to the appointment by the patient.
C.It is a list of different diagnoses experienced by the patient in the past.
D.It is a list of potential/plausible diagnoses that may be causing the patient's signs and symptoms. E.It is a list of diagnoses that have already been ruled out as causes for the chief complaint.

Pg 83
It is also important to ask about the presence or absence of additional symptoms or other relevant information—such as risk factors for coronary artery disease in patients with chest pain, or current medications in patients with syncope—that may help you generate a list of possible causes (differential diagnosis) to explain the patient's problem or condition. This list will include the most likely and, at times, the most serious causes, even if less likely. When clinicians obtain a history, they are continually generating possible explanations in their minds, allowing the patient's answers to direct the logical use of additional probing questions. This process of probing with questions is similar to testing a hypothesis. With each question, the list of probable diagnoses (or hypotheses) is pared down until a few likely choices are left from a formerly longer list of diagnostic possibilities.

2. A 66-year-old female presents to the primary care office with complaints of jaw pain, fatigue, and nausea for the last 48 hours. What course of action is appropriate in the treatment of this patient?

A. Refer the patient to an otolaryngologist to evaluate for jaw pain.
B. Prescribe the medication for the jaw pain and nausea and reevaluate in 2-3 days.
C. Order x-rays of the jaw and abdomen to further evaluate.
D. Recognize these could be atypical symptoms of acute coronary syndrome and proceed accordingly.
E. Order screening blood work to evaluate for thyroid disease.

Pg 503

Upper back pain, neck or gaw pain, SOB; paroxysmal nocturnal dyspnea; N&V = careful history taking is especially important
Atypical symptoms are particularly seen in woman esp if over the age of 65

3. In an adult over the age of 40, an S3 assessment finding on cardiac auscultation may be indicative of what? Select all that apply.

A. anemia
B. myocardial infarction
C. heart failure pg 551
D. normal for athletes - pg 522
E. ventricular volume overload from aortic or mitral regurgitation - pg 551

Pg 551
Pathologic S3 or ventricular gallop sounds like a physiological S3 - in adult over 40 is usually pathologic, arising from high left ventricular filling pressures and abrupt deceleration of inflow across the mitral valve at the end of the rapid filling phase of diastole. Causes include decreased myocardial contractility, heart failure, and ventricular volume overload from aortic or mitral regurgitation and left to right shunts

Pg 548 MI can cause soft S1; pg 495 MI causes pathological ventricular stiffness which marks an S4 heart sound right before the S1 (also heard in HTN)

Pg 1049
Chronic Anemia and following exercise can cause pulmonary flow murmurs - in the presence of volume overload

4. A 72-year-old male is admitted to intensive care from the Emergency Room for the initial complaint of chest pain. After the history and physical examination, the NP documents the following cardiovascular findings:

JVP is 5 cm above the sternal angle with the head of the bed elevated to 50°. Carotid upstrokes are brisk; a bruit is heard over the left carotid artery. The PMI is diffuse, 3 cm in diameter, palpated at the anterior axillary line in the fifth and sixth intercostal spaces. S1 and S2 are soft. S3 is present at the apex. High-pitched harsh 2/6 holosystolic murmur best heard at the apex, radiating to the axilla. Which of the following possible diagnoses is based on the accurate interpretation of the assessment findings?

A. These findings suggest heart failure.
B. These findings suggest previous myocardial infarction.
C. These findings suggest right carotid occlusion.
D. These findings suggest mitral stenosis.
E. These findings suggest aortic aneurysm.

This scenario is word for word on pg 530 answer in red = these findings suggest heart failure with volume overload with possible left carotid occlusion and mitral regurgitation

5. A 76-year-old male presents to the office for a routine physical examination. The NP documents the following skin findings:

Decreased elasticity with multiple lentiginous macules on habitually sun-exposed skin. Multiple, discrete, brown, stuck-on, non-indurated, verrucous plaques on the back and abdomen varying from 1-2 centimeters.

Which of the following is the most accurate interpretation of these findings?

A. These findings suggest seborrheic keratoses.
B. These findings suggest actinic keratoses.
C. These findings suggest malignant melanoma.
D. These findings suggest lichen planus.
E. These findings suggest psoriasis.

This exact scenario is described on pg 286 = seborrheic keratosis
Description elements = number, color, shape, texture, primary lesion, location and configuration

Seborrheic keratoses	Pg 286 5 mm - 2 cm tan to brown, oval, stuck on, flat topped verrucous (cauliflower like) plaques on the back and abd, following skin tension lines
Actinic keratoses	Pg 313 Superficial keratotic papules come and go on sun-damaged skin - keratotic scales can evolve and SCC (squamous cell carcinoma) is formed by keratin and can result in cutaneous horn - (scalp, lip, ears)
Malignant melanoma	Pg 286 Melanoma with all the classic features from the ABCD method: Asymmetry, Border irregularity, Color variation, and Diameter >6mm. When screening moles for melanomas, ABCD-EFG method. Asymmetry, boarder irregularity - ragged, notched, or blurred; color variation (more than 2 colors, esp blu-black, white or red); diameter >6 mm; evolving or changing rapidly in size, symptoms or morphology; elevation; firmness to palpation and proggressive Growing over several weeks….
Lichen planus	290 freq on wrist, forearms, genitals and lower legs.
Psoriasis	Pg 290 freq affects the scalp, extensor surfaces of the elbows and knees, umbilicus and the gluteal cleft.- 288 psoriasis commonly form plaques

6. A 14-year-old male presents to the clinic with his grandmother for a complaint of a sore throat. The patient is afebrile and denies cough. After completing the history and physical examination, the NP documented the following partial assessment findings:

Throat—Oral mucosa pink, dental caries in lower molars, tongue midline, uvula, and pharynx erythematous, bilateral tonsils enlarged, no exudates.
Neck—Trachea midline. Neck supple; thyroid isthmus midline, lobes palpable but not enlarged.
Lymph Nodes—Submandibular and anterior cervical lymph nodes tender, 1 cm × 1 cm, rubbery and mobile; no posterior cervical, epitrochlear, axillary, or inguinal lymphadenopathy.
Which of the following is the most accurate interpretation of the findings?

A. These findings suggest pharyngitis.
B. These findings suggest tonsillar abscess.
C. These findings suggest lymphoma.
D. These findings suggest mononucleosis.
E. These findings suggest upper respiratory illness.

Pg 427 this scenario is detailed with - these findings suggest pharyngitis or mild tonsillitis

Pg 1018 Tonsillar abscess - a peritonsillar abscess is suggested by erythema and asymmetric protrusion of one tonsil, pain, difficulty opening mouth (trismus), and lateral displacement of the uvula.

Pg 427 Asymmetry tonsils particularly when associated with other symptoms, may signify and underlying pathology such as lymphoma

Pg 432 - infectious mononucleosis - enlarged posterior cervical lymph nodes (or general lymphadenopathy pg 345); fatigue pg 212; pg 1047 an adolescent with persistent fever, sore throat, swollen tonsils and cervical lympadenopathy may have streptococcal pharyngitis or infectious mononucleosis

Pg 402 - Upper respiratory infection - Is nasal or sinus congestion preceded by a viral upper respiratory tract infection? Is there purulent nasal discharge, loss of smell, tooth pain, facial pain made worse by bending forward, ear pressure, cough or fever? - Acute bacterial sinusitis (rhinosinusitis) is unlikely until viral URI symptoms persist more than 7 days; both purulent drainage and facial pain should be present for diagnosis (sensitivity and specificity are above 50%) if nasal congestion only on one side - consider nasal septum, nasal polyp, foreign body, granulomatous disease or CA

7. The NP is assuming care for a 56-year-old female resident of a long-term assisted living facility. The woman is seated in a wheelchair next to a window in her private room. After completing the history and physical examination, the NP documented the following mental status findings:

The patient appears sad and fatigued; clothes are wrinkled. Speech is slow and words are mumbled. Thought processes are coherent, but insight into current life reverses is limited. The patient is oriented to person, place, and time. Digit span, serial 7s, and calculations accurate, but responses delayed. Clock drawing is good.
Which of the following is the most accurate interpretation of the findings?

A. These findings suggest depression.
B. These findings suggest anxiety.
C. These findings suggest mood disorder.
D. These findings suggest a neurocognitive disorder.
E. These findings suggest intellectual disability.

This scenario is detailed on page 262 - these findings suggest depression
Pg 245 - Anxiety - common risk factors in patient with anxiety and related disorders include family history of anxiety

personal history of anxiety or mood disorder, childhood stressful life events or trauma, being female, chronic medical illness and behavioral inhibition.
Pg 247 Anxiety is often comorbid with substance use and mood disorders

Pg 250 Sudden-onset memory problems are concerning for major vascular neurocognitive disorders, wherein vascular occlusion damages structures important for memory. Rapid-onset memory problems after a head injury should raise suspicion for a major neurocognitive disorder due to TBI. delirium and dementia fall under neurocognitive disorders pg 249; mini mental is best known screening for dementia pg 264

Intellectual disability - poor scoring in constructional ability (daw these simple shapes) pg 261; poor abstract thinking - ask what a proverb means (don't count your chickens before they hatch) pg 261; impaired recent memory pg 260; poor performance in serial 7s pg 259; digit span - poor performance at - repeat # back pg 259; poor judgment pg 258;

8. The NP conducted a physical assessment on a 74-year-old male with a complaint of shortness of breath. His history is significant for a 20 pack-year history of smoking. He uses 2 inhalers daily (medication unknown) but did not bring them with him to his appointment. The documentation for the respiratory findings is as follows:

Which of the following is the most accurate interpretation of the findings?

A. These findings suggest COPD. - total guess (2 inhalers - smoker? - makes me think emphysema not list)
B. These findings suggest pneumonia.
C. These findings suggest asthma.
D. These findings suggest chronic bronchitis.
E. These findings suggest left-sided heart failure.

COPD - unable to speak more than two or three words at a time due to shortness of breath. He has intercostal muscle retraction when breathing and sits upright in bed. He is thin, with diffuse muscle wasting. Height is 6 ft 2 in; weight, 175 lb; BP, 160/95, right arm; HR, 108 and irregular; RR, 32 and labored; temperature, 101.2°F."

Pneumonia - pg 87 fever and cough - hx of smoking - rhinorrhea, asymmetric chest wall excursion and dullness to chest w/ percussion p 145; exudates seen on c ray; pleuritic pain with deep inspiration pg 448; sputum often green with bacterial pneumonia pg 450

Asthma - pg 483 WH pg 455 retraction occurs in severe asthma

Chronic bronchitis - pg 477 - chronic cough; sputum mucoid to purulent, may be blood-streaked or even bloody - often recurrent WH and dyspnea and prolonged hx of tobacco

Left-side HF - rales or crackles (pg 462); orthopnea and PND pg 504; increase JVP (508)

9. A 28-year-old female presents to the office for an annual physical examination. The NP is evaluating the cranial nerves (CNs) while assessing the eyes. The findings are represented in this image. Damage or inflammation of which of the following cranial nerve(s) is demonstrated in this image?

ADA Description: Eyes looking right and looking left.

A. CN II
B. CN III somewhat of a guess
C. CN IV
D. CN V
E. CN VI

I	Smell
II	Visual acuity, visual fields, and ocular fundi
II, III	Pupillary light reflex
III, IV, VI	Extraocular movements
V	Facial sensation (sensory) and jaw movements (motor)
V, VII	Corneal reflex
VII	Facial movements and strength
VIII	Hearing
IX, X	Swallowing and palatal movement, gag reflex
V, VII, X, XII	Voice and speech
XI	Shoulder and neck movements (head rotation, shoulder elevation)
XII	Tongue symmetry, position, and movement

10. Otoscopic examination of the patient's left ear reveals the assessment findings represented in this image. What is the best documentation for the assessment findings of the tympanic membrane and external auditory canal?

ADA Description: Left ear, tympanic membrane, and external canal.

A. Bulging TM with gray, translucent appearance. No effusion. Non-erythematous external canal without exudate.
B. Retracted TM with gray, translucent appearance. No effusion. Erythematous, edematous, external canal without exudate.
C. Retracted TM. Effusion with amber fluid. Non-erythematous external canal without exudate.
D. Bulging TM with yellow, purulent, fluid level. Erythematous, edematous, external canal without exudate.
E. Bulging TM with yellow, translucent fluid. Non-erythematous external canal without exudate.

Hard to answer with out pict… i would do A
Normally ™ would be described as neutral position, pearly gray, translucent…

11. A 44-year-old female presents with a painful skin rash on her neck for several days (see image). How would you best document the integumentary findings?

ADA Description: Rash on the neck.

A. grouped, 2-5 mm vesicles on erythematous base on left anterior neck in a dermatomal distribution that does not cross the midline
B. clustered, yellow 2-5 mm pustules involving the skin creases of the left anterior neck
C. scattered, 3-6 mm erythematous papules and vesicles with transudate crust, some with linear arrays, on left neck and chest
D. multiple, discrete 3–6 mm erythematous pustules with a 1 cm central bulla on the left anterior neck and upper chest

E. scattered, erythematous round drop-like, flat-topped well-circumscribed scaling papules on the left anterior neck that does not cross the midline

Cannot do without photo

12. An NP is caring for a patient with depression. The patient reports not feeling suicidal although still depressed on their current regimen of medication. Documenting the lack of suicidal ideation is an example of what important aspect of clinical documentation?

A. including pertinent negatives
B. including sufficient detail to support the diagnosis and plan
C. including pertinent positives
D. keeping a neutral and professional tone
E. establishing a problem list

Pertinent negatives - pg 86 - note absence of symptoms r/t differential dx = expected symptoms or signs that are not present, facts that you expect to find if a possible cause for a patient's problem were true - which weakens dx There was no fever, cough with sputum production, chest pain, nausea or vomiting. He has no prior history of coronary artery disease or anxiety." Historical information that may be possible causes of shortness of breath to consider in this example is lung infections (fever, cough with sputum production), heart attack (history of coronary artery disease, chest pain), and anxiety. = **pertinent positives** especially the negatives clarify the possible causes of the patient's condition as well as eliminate other less likely possibilities based on the patient's story.

13. The NP is establishing rapport with a patient during an initial encounter and prepares to ask the patient how they would like to be addressed. What additional consideration should the NP acknowledge when asking patients about their pronouns?

A. Patients will likely feel uncomfortable with gender identification questions.
B. When asking patients about their own pronouns, it can be helpful to share your own.
C. Addressing patients using depersonalized names can avoid conflict or uncomfortable feelings during the clinical encounter.
D. Children are less likely to share how they prefer to be addressed.
E. You should select the pronoun that best matched the person's physical appearance.

Page 7 - When asking patients about their pronouns, it can be helpful to share your own pronouns with patients, asking: "Which gender pronouns do you use?" (Box 1-3). For example, "I use . . . he and him/she and hers/they and theirs." Some of your patients may use nontraditional pronouns.

14. Orthopnea and paroxysmal nocturnal dyspnea (PND) generally occur in the following conditions? Select all that apply.

A. left ventricular heart failure
B. mitral stenosis
C. obstructive lung disease
D. pulmonary embolus
E. spontaneous pneumothorax

Page 504 - Orthopnea and PND occur in left ventricular heart failure and mitral stenosis and also in obstructive lung disease.

15. A 19-year-old male sustained a laceration to the ulnar aspect of his mid-forearm. He did not have his injury evaluated at that time and is now noticing purulent discharge and increasing pain from the wound along with fever and chills. Where would the NP expect to find the first signs of lymphadenopathy?

A. anterior cervical chain nodes
B. central axillary nodes
C. lateral axillary nodes
D. epitrochlear nodes
E. infraclavicular nodes

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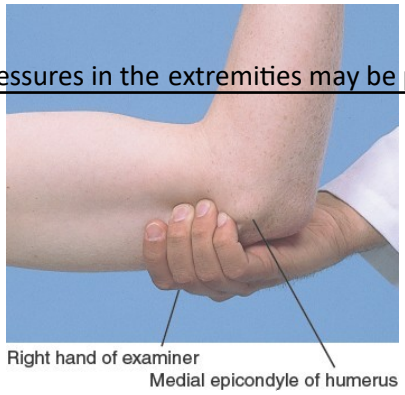
od pressures in the extremities may be present. Coarctation of the aorta can also cause similar symptoms; however, it would be unlike



16. An NP is evaluating a 74-year-old female for an open wound on the right lower leg (see image). She denies injury and reports the wound is very painful. On examination, the NP does not note any odor from the wound or increased warmth with palpation. Based on history and physical examination, which of the following most likely explains her signs and symptoms?

ADA Description: Right, lower leg with open wound above the lateral ankle

A. chronic venous insufficiency without having picture
B. peripheral artery disease
C. gangrenous wound
D. chronic atrial insufficiency
E. neuropathic ulcer

Chronic Venous Insufficiency - pg 589 usually medial & sometimes the lateral malleolus - small, painful granulation tissue and fibrin; necrosis or exposed tendons are rare. **Borders** are irregular, flat, or slightly steep. **Pain** affects quality of life in 75% of patients. Associated findings include edema, reddish pigmentation and purpura, venous varicosities, the eczematous changes of stasis dermatitis (redness, scaling, and pruritus), and at times cyanosis of the foot when dependent. Gangrene is rare.

Arterial Insufficiency - pg 589 - occurs in the toes, feet, or possibly areas of trauma (e.g., the shins). Surrounding skin shows no callus or excess pigment, although it may be atrophic. Pain = severe unless masked by neuropathy. May be accompanied by gangrene, along with decreased pulses, trophic changes, foot pallor on elevation, and dusky rubor on dependency.

Gangrenous wound - pg 569 - Hair loss over the anterior tibiae points to decreased arterial perfusion. “Dry” or brown-black ulcers from gangrene may ensue.

Neuropathic Ulcer - pg 589 - in pressure points of areas with diminished sensation; = diabetic neuropathy, neurologic disorders, and Hansen disease. The surrounding skin is calloused. There is **no pain**, so the ulcer may go unnoticed. In uncomplicated cases, there is no gangrene. Associated signs include decreased sensation and absent ankle jerks.

17. A 42-year-old male complains of pain in his left leg. He does not remember injuring his leg; however, he notes that there is a small wound on the lateral aspect of his mid-shin. Upon examination, some mild erythema surrounding the wound and flat, nonpalpable red streaks progressing up his leg are noted. What do these streaks likely represent?

A. thrombus formation in a superficial vein
B. draining lymphatic channels - unsure
C. dilated arterioles
D. dilated veins secondary to incompetent valves
E. occluded arterial vessels

Sounds like pt has more then one thing causing issue… So focusing on the streaks I think it is likely Acute Lymphangitis = red streatks on the skin with tenderness, enlarged, tender lymph nodes and fever- caused by acute infection usually from staph, spread up the lymphatic channels from distal portal of entry such as skin abrasion, ulcer or dog bite (pg 587)

Pg 574 - Calf asymmetry >3 cm increases the LR for DVT to >2.20 Also consider muscle tear or trauma, Baker cyst (posterior knee), and muscular atrophy.

Local swelling, redness, warmth, and a subcutaneous cord signal superficial thrombophlebitis, an emerging risk factor for DVT.22 Asymmetric warmth and redness over the calf signal cellulitis.

Unilateral calf and ankle swelling, and edema suggest venous thromboembolism (VTE) from DVT, chronic venous insufficiency from prior DVT, or incompetent venous valves; or it may be lymphedema. If you detect unilateral swelling or edema, measure the calves 10 cm below the tibial tuberosity. Bilateral edema is present in heart failure, cirrhosis, and nephrotic syndrome. Venous distention suggests a venous cause of edema.

Rationale: Acute lymphangitis is typically caused from an acute bacterial infection of the skin that causes red streaks from distal drainage through the lymphatic system. The streaks are typically flat, not palpable cords as found in thrombus formation in a superficial vein. Dilated veins also are not flat. Occluded arterial vessels are not superficial or visible. Dilated arterioles are still too small to be visible at the skin surface.

18. A 61-year-old female was recently diagnosed with ovarian cancer. She has not been feeling well lately and presents to the clinic with a cough and some mild shortness of breath for the past couple of days as well as worsening pain and swelling in her right groin and leg for about a week. On physical examination, 2+ edema of the right leg up to the thigh; 1+ femoral, popliteal, dorsalis pedis, and posterior tibial pulses; and no significant erythema are noted. Based on the history and symptomatology, the NP should consider which high-risk differential diagnosis?

A. acute lymphangitis
B. ovarian metastasis
C. pulmonary embolism
D. acute arterial occlusion
E. superficial thrombophlebitis

Pg 148 - Pulmonary embolism is likely as the patient has shortness of breath & unilateral leg swelling also tachy and hx of long fight can be pertinent

Pg 477 - PE = dry cough or hemoptysis - associated symptoms = Tachypnea, chest or pleuritic pain, dyspnea, fever, syncope, anxiety; factors that predispose to deep venous thrombosis.

Rationale: Cancer patients are at high risk of deep venous thrombosis (DVT), and, with the presenting symptoms of swelling and pain in her groin, along with recent history of cough and shortness of breath, this patient's presentation is suspicious for PE. Patients with DVT in the proximal leg veins are at high risk of thromboembolism. Acute arterial occlusion should not cause significant edema, and pulses would likely be absent. The constellation of symptoms and history in this patient also does not suggest an acute arterial occlusion. Superficial thrombophlebitis typically only causes mild local swelling, redness, and warmth along with a subcutaneous cord. Acute lymphangitis typically presents with red streaks from an infection passing through lymph channels.