

Medical Professional

PANRE

Physician Assistant National Recertifying Exam (PANRE)



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Question: 1

All of the following combinations of medication are used to treat *Helicobacter pylori* (*H. pylori*) infections EXCEPT:

- A. Clarithromycin, metronidazole, esomeprazole
- B. Amoxicillin, omeprazole, clarithromycin
- C. Omeprazole, metronidazole, tetracycline, bismuth
- D. Pantoprazole, esomeprazole, clarithromycin

Answer: D

Explanation:

The most effective treatment of *Helicobacter pylori* is the combination of two antibiotics (amoxicillin and clarithromycin, or metronidazole) plus a proton pump inhibitor. Two antibiotics are recommended due to potential antibiotic resistance. In areas with increased resistance (15%) to clarithromycin, quadruple therapy is used (PPI plus bismuth, metronidazole, and tetracycline). It is recommended that the patient be treated for 10 to 14 days to increase the chances of complete recovery.

Question: 2

All of the following are true about peptic ulcers EXCEPT:

- A. Obesity is a major risk factor.
- B. They are commonly caused by *H. pylori*.
- C. They can be diagnosed with a stool antigen test.
- D. Symptoms are exacerbated by the use of nonsteroidal anti-inflammatory drugs (NSAIDs).

Answer: A

Explanation:

Obesity is not a major risk factor. More than half of the diagnosed cases of peptic ulcers are caused by *Helicobacter pylori*. *H. pylori* may be diagnosed with a stool antigen test, a blood antibody test, and a carbon urea breath test, as well as other modalities. Major risk factors include smoking, alcohol consumption, and nonsteroidal anti-inflammatory drug (NSAID) use.

Question: 3

In Parkinson disease, the deterioration of which neurotransmitter is primarily responsible for its symptoms?

- A. Norepinephrine

- B. Epinephrine
- C. Serotonin
- D. Dopamine

Answer: D

Explanation:

Parkinson disease destroys dopamine-producing neurons in the substantia nigra and causes motor symptoms (dyskinesia, tremor, rigidity) as well as cognitive symptoms. Approximately 80% of the substantia nigra is destroyed prior to the onset of symptoms. Norepinephrine and epinephrine are major components in the body's fight-or-flight response. Serotonin is involved with a multitude of functions, including mood, cell growth, and hemostasis.

Question: 4

A patient presents to the dermatology office for evaluation of a persistent rash. The lesions vary in size. They are vesicular with erythematous bases. A sample is taken and sent to the lab. The Tzanck smear reveals multinucleated giant cells. What is the most likely diagnosis?

- A. Staphylococcus
- B. Herpes simplex
- C. Trichophyton
- D. Molluscum contagiosum

Answer: B

Explanation:

The Tzanck smear is a quick, inexpensive test that helps diagnose diseases caused by herpes simplex viruses. A viral culture is much more sensitive, but the result takes longer.

Question: 5

Which of the following is most likely associated with left bundle branch block?

- A. Pulmonary embolus
- B. Mitral valve prolapse
- C. Severe aortic valve disease
- D. Pericardial tamponade

Answer: C

Explanation:

Left bundle branch block acts as a red flag for four conditions: severe aortic valve disease, ischemic heart disease, chronic hypertension, and cardiomyopathy. Pericardial tamponade generally has abnormalities with QRS complexes on the ECG. Pulmonary emboli are generally diagnosed by ventilation-perfusion (VQ)

scan or computed tomography (CT) angiogram of the chest. In some patients with a pulmonary embolus, the ECG may be normal. The most common ECG findings are T-wave abnormalities. Mitral valve prolapse is generally not diagnosed on an ECG. It is usually diagnosed by the patient's history, auscultation with a stethoscope, and two-dimensional echocardiogram.

Question: 6

A 26-year-old female is hospitalized for sickle cell crisis. Upon admission, she was also found to have a right-lower extremity deep venous thrombus. While examining the patient, you notice that her oxygen saturation on room air drops to 89%, her heart rate is 122, and her respirations are 35 breaths per minute. She is short of breath and complaining of chest pain. Her arterial blood gas (ABG) is normal, and her electrocardiogram (ECG) shows sinus tachycardia.

- a. After administering supplemental oxygen, what is your next course of action?
- A. Order a troponin level and wait for the results
 - B. Order a computed tomography (CT) angiogram of the chest
 - C. Order a CT of the chest without contrast
 - D. Repeat the ABG in 1 hour

Answer: B

Explanation:

This patient may have a pulmonary embolus, which is best diagnosed with a CT angiogram of the chest. Sickle cell disease increases the risk of pulmonary embolus, stroke, heart attack, pulmonary hypertension, skin ulcers, priapism, and other health problems. A CT scan of the chest without contrast would most likely be nondiagnostic. Waiting for a troponin level or an ABG would increase the risk of mortality in this patient.

Question: 7

A 32-year-old male with a known history of tobacco abuse presents to the ER with shortness of breath and chest pain on the right side. The patient's vitals are as follows: temperature 98.6; BP 116/78; HR 102; RR 20; oxygen saturation 99% on room air. His chest x-ray is negative. A CT of his chest shows a right-sided pneumothorax that measures approximately 5%. Which of the following is the most appropriate intervention?

- A. Chest tube
- B. Needle decompression
- C. Bronchoscopy
- D. Serial chest x-rays

Answer: D

Explanation:

Small pneumothoraxes (approximately 5% to 10% in size) can be monitored on a telemetry floor with daily chest x-rays. No intervention may be warranted, and they may resolve without invasive measures.

Question: 8

Which of the following is the most common congenital heart defect?

- A. Ventricular septal defect
- B. Tricuspid atresia
- C. Aortic stenosis
- D. Tetralogy of Fallot

Answer: A

Explanation:

According to the American Heart Association, the most common congenital heart defect is ventricular septal defect. The hole may be small and may spontaneously close on its own. If the hole is small but remains patent, the patient may be asymptomatic. If the hole is large enough to cause symptoms, it may warrant surgical intervention. The occurrence of aortic stenosis increases with age, but it is not the most common heart defect. Tricuspid atresia is one of the most uncommon cyanotic congenital heart defects. Tetralogy of Fallot is the most common type of cyanotic congenital heart defect.

Question: 9

What is the most common side effect seen with the use of angiotensin-converting enzyme (ACE) inhibitors?

- A. Liver failure
- B. Hypotension
- C. Erectile dysfunction
- D. Cough

Answer: D

Explanation:

A persistent, dry cough is the most common side effect of taking ACE inhibitors. The development of a cough is not serious and does not have any long-term health complications. In the event that the cough persists, the patient should be placed on a different medication regimen. Switching to another ACE inhibitor would not be helpful because if one ACE inhibitor causes a cough, all medications of this class would likely cause the same symptom.

Question: 10

Which of the following is a Gram-positive coccus and is frequently the cause of common skin infections and abscesses?

- A. Haemophilus influenzae

- B. Streptococcus pneumoniae
- C. Staphylococcus aureus
- D. Staphylococcus pseudintermedius

Answer: C

Explanation:

Staphylococcus aureus is a gram-positive coccus that is responsible for common skin infections as well as other illnesses. Staphylococcus pseudintermedius is a gram-positive coccus. It is very common in animals, especially dogs, but it is rare in humans. Haemophilus influenzae is a gram-negative coccobacillus. It is a main cause of pneumonia, meningitis, and other pathologies. It does not commonly cause skin infections. Streptococcus pneumoniae is one of the main causative organisms in pneumonia, meningitis, and other pathologies. It is much less common in skin infections.

Question: 11

Which of the following is a treatment for Addison disease?

- A. Insulin
- B. Somatropin
- C. Synthroid
- D. Cortisol

Answer: D

Explanation:

Addison disease is caused by a lack of cortisol. Giving cortisol exogenously helps alleviate the disease's symptoms, which include hyperpigmentation and hypotension. Diabetes is caused by insufficient (or complete lack of) insulin production. Many diabetic patients depend on insulin injections in order to help control their disease. Patients with insufficient growth hormone depend on somatropin injections to help correct their symptoms. Synthroid (levothyroxine) is a medication taken by patients with hypothyroidism.

Question: 12

A patient with a known history of medical noncompliance and chronic obstructive pulmonary disease (COPD) presents with unintentional weight gain over the past week, shortness of breath, and lower-extremity swelling. What laboratory test would be the most useful for this patient's suspected diagnosis?

- A. Alkaline phosphatase
- B. B-type natriuretic peptide
- C. Creatine phosphokinase
- D. Serum sodium

Answer: B

Explanation:

The patient's noncompliance with COPD management has caused the patient to develop cor pulmonale (right-sided heart failure; "blue-bloater"). B-type natriuretic peptide is produced by the cardiac ventricles and helps monitor fluid balance; it becomes elevated in cases of heart failure. COPD increases the right ventricle's afterload, which causes the ventricle to swell and become dilated. Perfusion becomes more strenuous, and the body's blood pressure increases to keep pace. This patient's workup should also include a CBC and chemistry panel, chest x-ray, ECG, pulse oximetry, arterial blood gases, and an echo.

Question: 13

A patient is admitted to the hospital with an acute subdural hematoma

a. The patient has no past

medical history. The following day, that patient's serum sodium is 156. The urine specific gravity is <1.005. The patient's Glasgow Coma Scale (GCS) score is 12, so it is difficult to assess his complaints. No change in mental status has been noted. What is the most appropriate treatment for this condition?

- A. Valproic acid
- B. Dexamethasone
- C. Desmopressin
- D. Tolterodine

Answer: C

Explanation:

Desmopressin is another name for antidiuretic hormone (ADH), used in treating those who have diabetes insipidus. This patient most likely has diabetes insipidus caused by their traumatic head injury. Diabetes insipidus is caused by insufficient ADH, which causes the body to conserve little if any water. This condition may be caused by trauma, surgery, or infection.

Question: 14

Which of the following is true regarding sickle cell anemia?

- A. It is an autosomal-dominant disease
- B. Heterozygotes are usually asymptomatic
- C. It is due to a defective chromosome 18
- D. It increases the risk of diabetes

Answer: B

Explanation:

Sickle cell disease is an autosomal-recessive genetic blood disorder caused by a defect on chromosome 11. Patients who have only one recessive allele have sickle cell trait; they are usually asymptomatic and do not suffer the same medical complications as those with the disease. Sickle cell disease increases the risk of stroke, heart attack, pulmonary hypertension, skin ulcers, priapism, and other health problems. Sickle cell disease does not increase the risk for diabetes.

Question: 15

A 41-year-old female presents to the office with dysuria, frequency, urgency, and lower abdominal discomfort. She denies having fever, chills, back pain, vaginal discharge, nausea, or vomiting. She is in a monogamous relationship and has no history of sexually transmitted diseases. A urine pregnancy test is negative. The urinalysis is positive for leukocytes, bacteria, and nitrites. She has no drug allergies and has not had any antibiotics in the last 3 months. What is the next step in your medical management?

- A. Prescribe ceftriaxone 250 mg IM x 1 dose AND azithromycin 1 g PO x 1 dose
- B. Prescribe ciprofloxacin 500 mg PO BID x 7 days
- C. Prescribe amoxicillin/clavulanic acid 875 mg PO BID x 7 days
- D. Prescribe nitrofurantoin monohydrate/macrocrystals 100 mg PO BID x 5-7 days

Answer: D

Explanation:

The patient has a urinary tract infection (UTI) and needs an antibiotic to cover gram-negative organisms. The most common cause of UTIs is *Escherichia coli*. Appropriate first-line treatment for uncomplicated UTIs in females includes nitrofurantoin, TMP-SMX, fosfomycin, and pivmecillinam. Choice A would be used to treat potential gonorrhea (GC)/chlamydia infections. Ciprofloxacin 250 mg PO BID x 3 days is second-line and reserved for complicated cases due to increased resistance. Augmentin is a second-line treatment. Patients with an uncomplicated UTI should be treated for a minimum of 3 days and up to 7 days, depending on the antibiotic.

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