



# Unique Approach to Success on the NCLEX-RN®

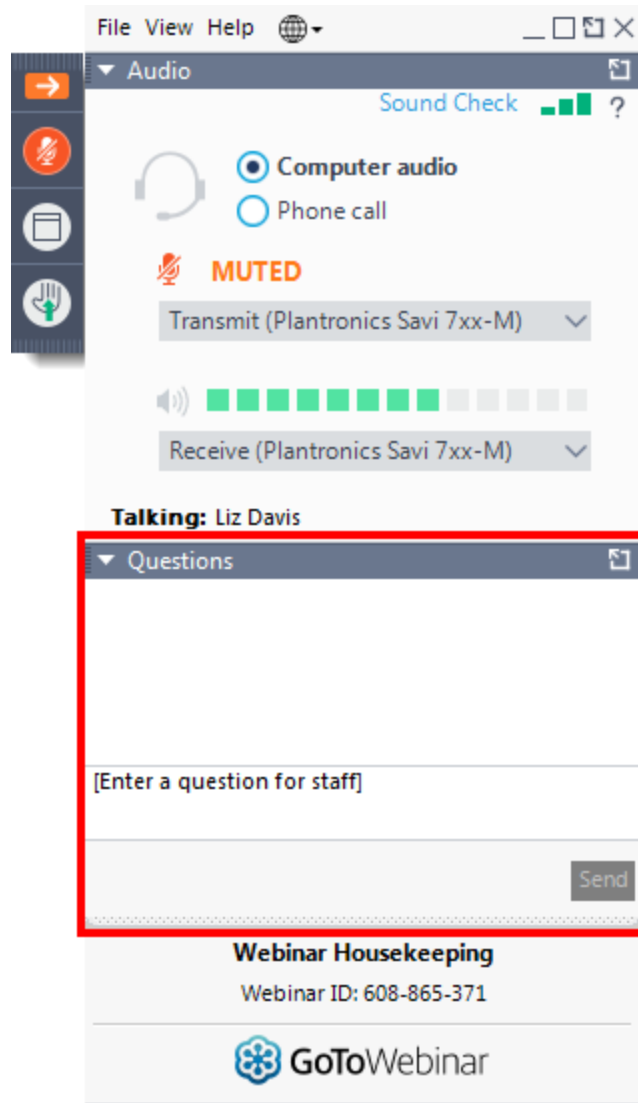
## Test Strategies, Embedded Linking, Conceptualization and Practice

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**AUTHOR, TAKE CHARGE OF YOUR NURSING CAREER**



## Your Participation

To open and close your control panel click the orange arrow

Submit questions and comments via the Questions panel. To test out this feature enter the state or country you are joining us from.

**Note:** Today's presentation is being recorded and will be available on the Sigma Repository in 48 hours.

# Marshall's© Unique Approach to NCLEX® Success

- Reading Carefully
- Process of Elimination
- Using What You Do Know To Assist You With You Might Not Know
  - LINKING/CONCEPTUALIZING

# General Strategies

- Theory/Book test versus Practice test
- Non-pharmacological interventions before pharmacological interventions
- Non-invasive interventions before invasive interventions
- Expected vs Normal
- Age
- Absolutes

# Call the Doctor ?????

- Medical Emergency
  - Hemorrhage
  - Status conditions (asthmaticus; epilepticus)
  - Increased intracranial pressure/increased intraocular pressure
- When nurse has all the information doctor would ask for...if not, then answer is option that gets information

# Priority Setting

- Same principles for one patient as groups of patients
- When asked what to do first, initial, prioritize, who to see first, second, etc....
- ABC (Airway, Breathing, Circulation)
  - This is not same as for CPR...don't get confused
- Other Physiological, including Pain (5<sup>th</sup> VS)
- Safety and Security
- Love and Belonging
- Actual before Risk

# Delegation

- This is RN exam thus when don't know, err on side of RN responsibility
- Theory not Practice
- Scope of practice/Competence and knowledge necessary
- Compare all options before choosing, as differently phrased questions may have different answers

# Delegation (Con't)

- Nurse's Aide/Technician/Assistant
  - Skill/Function should require least amount of knowledge/education
  - Beds/baths/feeding assistance
  - Exceptions to rule
  - What is skill/function of other patients/options



# Delegation (Con't)

- Licensed Practical/Vocational Nurse
  - Basic nursing care and treatments
    - Non-complex
  - Medications
    - No IVP, blood products, chemotherapies, etc.
  - No initial assessment, teaching, evaluation

# Delegation (Con't)

- Registered Nurse
  - Complex, critical skills/functions
    - Requires most knowledge/education
  - Assessment
  - Teaching
  - Evaluation
  - Interpretation (labs, etc)
  - Medications (IVP, chemotherapy, blood products, central line management, etc.)

# Focused Marshall© Strategies

# Numbers Strategies

- Number 2 (or variations of 2, i.e. 20/200)
- Range of 10-20 (most therapeutic drug levels)
- Range of 4-6 (related to time)
- Numbers which end in 0 and 5

# Pharmacological Strategies

- Generic versus Trade/Brand name
- Side Effects
- Adverse Effects
- Antidotes

# Pharmacological Strategies (Con't)

- Timing of medication administration
- What medications can/cannot be administered with

# Select All that Apply

- Usually 6 options to choose from
- Will not be none, all and usually not 1 option only
  - Note the absolutes there...none, all, only
  - So if you didn't select 2-5 options then go back and do it again
- Think “out of the box” and broadly
  - Consider complications and broader system than simply health alteration/disease
  - Think beyond that 1 multiple choice options
  - Think beyond the obvious

# Select All that Apply

- Example
  - If SATA question was about assessment of patient with Lupus, then most of you would be looking for the obvious “butterfly rash” to select
  - In a SATA question, you need to think about assessments from a more broad perspective
    - What happens to the skin (think rash...dry, cracked)
    - Lupus is an autoimmune disorder so even an assessment that seems “too easy” like fever would be correct
- In reality it should be easier for you to answer SATA as you don’t have to choose the one best response but can choose several...
- Don’t let your anxiety of a different type of question get in your way of success



# Practice Questions

(Some original (Marshall) or modified, and/or adapted from work done initially for Silvetri (Saunders, 2011))

## Question 1\*

A 2-week-old infant is seen in the pediatric clinic for a well-baby visit. The assessment of most concern to the nurse would be the presence of which of the following?

- a. Strabismus
- b. Harlequin sign
- c. Epstein's pearls
- d. Umbilical erythema

## Question 2\*

Erythromycin has been prescribed for a client with otitis media. To ensure optimal absorption, the nurse tells the client to take the medication

- a. On an empty stomach
- b. Immediately after a meal
- c. With a snack such as peanut butter and crackers
- d. Just before eating

## Question 3\*

A client will be receiving long-term continuous total parenteral nutrition (TPN) at home. The nurse formulates which priority nursing diagnosis for the client?

- a. Ineffective coping
- b. Hopelessness
- c. Social isolation
- d. Risk for situational low self-esteem

## Question 4\*

The nurse is assessing for the presence of jaundice in a client. The nurse checks which best site for the presence of jaundice?

- a. Soles of the feet
- b. Back of the hands
- c. Conjunctiva of the eye
- d. Ear lobes

## Question 5\*

A child with hemophilia is brought to the emergency room after being hit in the neck with a baseball. The nurse should immediately assess the child for

- a. Spontaneous hematuria
- b. Airway obstruction
- c. Headache
- d. Slurred speech

## Question 6

A nurse suctioning a client through an endotracheal tube monitors the client for complications associated with the procedure. Which of the following assessments indicates a complication?

- a. Blood pressure of 138/88 mm Hg
- b. An irregular heart rate
- c. A reddish coloration in the client's face
- d. Pulse oximetry level of 95%

## Question 7

A nurse is assessing a child with consolidated pneumonia. When auscultating the child's lungs, the nurse would expect to hear

- a. Crackles in the affected lobe(s)
- b. Interstitial breath sounds in the affected lobe(s)
- c. Wheezes in the affected lobe(s)
- d. No air movement in the affected lobe(s)



## Question 8

A nurse is performing a medication assessment on a client being for an initial clinic visit. The nurse notes that the client takes terbutaline (Brethine) and asks the client about a history of which disorder that is treated with this medication?

- a. Ulcerative colitis
- b. Congestive heart failure
- c. Asthma
- d. Rheumatoid arthritis

## Question 9

A nurse is caring for a client admitted to the hospital with a musculoskeletal injury. The nurse monitors for the major symptom associated with neurovascular compromise by

- a. Counting the client's apical pulse for one full minute
- b. Observing for drainage on the dressing of the affected extremity
- c. Taking the client's blood pressure on the unaffected side
- d. Determining whether pain is experienced with passive motion of the affected extremity

## Question 10

A nurse notes swelling and excessive bleeding on the dressing of a client who underwent enucleation. Based on this finding, which nursing action is most appropriate?

- a. Document the finding
- b. Reinforce the dressing
- c. Mark the amount of staining with black pen and continue to monitor drainage
- d. Notify the surgeon

# Question 11

A client receiving a blood transfusion suddenly exhibits signs of a blood transfusion reaction. List in order of priority the actions that the nurse will take, with Number 1 being the first nursing action.

- \_\_\_\_\_ Document the occurrence
- \_\_\_\_\_ Stop the blood transfusion
- \_\_\_\_\_ Maintain a patent IV line with normal saline
- \_\_\_\_\_ Send the blood bag and tubing to the blood bank
- \_\_\_\_\_ Monitor the client's vital signs and urine output

## Question 12

A nurse has just finished suctioning the tracheostomy of a client. The nurse evaluates the effectiveness of the procedure by assessing which of the following?

- a. Respiratory rate
- b. Oxygen saturation level
- c. Breath sounds
- d. Apical pulse rate

## Question 13

A nurse is caring for a client with pancreatic cancer who is scheduled for a radical pancreaticoduodenectomy. The nurse would best meet the psychosocial needs of the client by

- a. Giving the client time to be alone to think about the outcome of the surgery
- b. Ensuring that the client has been visited by a member of the clergy
- c. Giving the client information about the surgery
- d. Discussing the meaning of the client

## Question 14

A nurse in the newborn nursery is monitoring a neonate born to a mother who has diabetes mellitus. The nurse determines that the neonate is at risk of which of the following conditions because of the mother's health alteration?

- a. Hypercalcemia
- b. Hypobilirubinemia
- c. Hyperglycemia
- d. Hypomagnesium

## Question 15

A nurse is examining a newborn in the delivery room immediately after birth. The priority nursing assessment to make at this time would be

- a. Heart rate
- b. Apgar score
- c. Muscle tone
- d. Respirations



## Question 16

A nurse is preparing a client who will have spinal anesthesia for surgery. The nurse places the highest priority on documenting and reporting which of the following assessment findings to the nurse on the next shift, who will care for the client after surgery?

- a. Blood pressure of 126/78mm Hg
- b. Pulse rate of 78 beats/min
- c. Voided 300mL before surgery
- d. Presence of weakness in the left lower extremity

# Question 17

A community health nurse is teaching a group of women about breast cancer and the procedure for performing breast self examination (BSE). Select all the instructions that the nurse provides to the women.

- ☐ If you are menstruating, the best time to do a BSE is 2-3 days after your period ends.
- ☐ If you notice discharge from the nipple, there is no need to be concerned, because this is a common occurrence during menstruation
- ☐ Stand before a mirror to inspect both breasts
- ☐ Inspection should be done by pressing the hands firmly on the hips and bowing slightly toward the mirror as you pull your shoulders and elbows forward
- ☐ If you are premenopausal, you may feel lumps in the breast, but these are normal because of hormonal changes that occur
- ☐ Palpation can be done in the shower
- ☐ To palpate the breasts, use three or four fingers, begin at the outer edge, press the flat part of the fingers in small circles, moving the circles slowly around the breast
- ☐ It is not necessary to palpate the armpit area or the area between the breast and the armpit

## Question 18

A nurse is assessing a child with increased intracranial pressure who has been exhibiting decorticate posturing. On assessment, the nurse notes extension of the upper and lower extremities with internal rotation of the upper arms and wrists and the knees and feet. The nurse determines that the child's condition

- a. Has improved
- b. Indicates decreased intracranial pressure
- c. Indicates a deterioration in neurological function
- d. Is unchanged

## Question 19

A nurse is assessing an adult client 1 hour after a right pulmonary wedge resection. The nurse notes the presence of 200mL bloody drainage in the client's collection chamber of the chest tube drainage system. Which action by the nurse is most appropriate?

- a. Irrigate the chest tube
- b. Decrease the amount of suction being applied
- c. Document the findings
- d. Notify the surgeon

## Question 20

A client who is recovering from a cerebrovascular accident (CVA) has residual dysphagia. To assist in assessing the client's swallowing ability, the nurse would do which of the following?

- a. Ask the client to swallow some water
- b. Ask the client to swallow a teaspoon of applesauce
- c. Ask the client to produce an audible cough
- d. Ask the client to suck on a piece of hard candy

## Question 21

A client in a long-term care facility is placed on a low-dose antipsychotic medication, fluphenazine (Prolixin). Thirty-five minutes after taking the first dose, the client's jaw becomes rigid, the tongue protrudes, the client begins drooling, and their speech is slurred. The nurse should immediately call the physician to obtain an order for which of the following?

- a. Artane, 1mg PO
- b. Narcan, 2 mg IM
- c. Valium 5 mg PO
- d. Cogentin 2mg IM

## Question 22

An emergency room nurse is admitting an adult with partial- and full-thickness burns to the face and upper torso. The assessment finding that requires immediate attention would be which of the following?

- a. Absence of bowel sounds
- b. Increasing hoarseness
- c. Serous drainage from the wounds
- d. Urine output of 65mL in the first hour

## Question 23

A client in renal failure has been put on dietary restrictions. A nurse in the hemodialysis outpatient clinic is discussing these restrictions in relation to meal planning with the client. The nurse notes that the teaching was effective when the client states the he can select which of the following on his menu?

- a. Bananas
- b. Red meat
- c. Lima beans
- d. Applesauce



## Question 24

An elderly client who lives alone, with no family in the area, has been referred to senior citizen services for a meal program. The nurse should recommend that the client

- a. Be considered for placement in a long-term care facility
- b. Have Meals on Wheels delivered to the home by a volunteer
- c. Receive groceries delivered to the home by a local organization
- d. Receive meals at the senior citizen center, with transportation by bus

## Question 25

A client who had a right total hip replacement 2 days ago has just received a clear liquid tray for breakfast and is requesting more food. The physician's order is, "advance diet as tolerated." The nurse's assessment finds the client has very faint bowel sounds, and the abdomen is somewhat distended. The nurse should

- a. Advance the diet
- b. Notify the physician now
- c. Continue with clear liquids
- d. Place the client on NPO status

# Contact Information

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