



Unique Approach to Success on the NCLEX-RN®

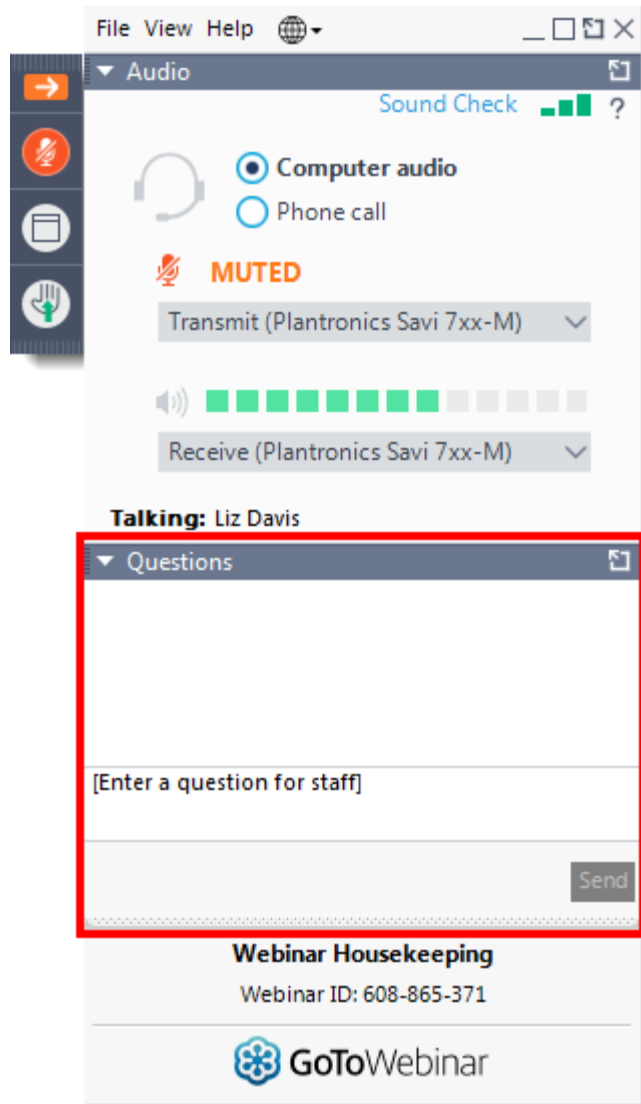
Test Strategies, Embedded Linking, Conceptualization and Practice – Part II

LOIS S. MARSHALL, PHD, RN

NURSE EDUCATION CONSULTANT

NCLEX-RN/PN EXPERT

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.

NCSBN Update

- As of October 1, 2020
 - Test will be 75-145 questions
 - 15 questions are pretest items BUT THEY DO NOT COUNT TOWARDS SCORE
 - You will have up to 5 hours for entire test, if needed
 - Next Generation NCLEX section will be reintroduced for those who want to volunteer in this research effort
 - DOES NOT COUNT TOWARDS YOUR SCORE POSITIVELY OR NEGATIVELY

Why Test Strategies?

- To assist when you are unsure of response
- To assist in eliminating obvious options to increase chances of choosing correct response
- To provide unique approach to determining NCLEX responses
- To provide means of increasing confidence in your abilities to answer questions even if you don't know answer

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

Therapeutic Communication

- Reflection
- Restatement
- Paraphrasing
- No Closed-Ended
- No Why

Age

- When chronological age or age group is given, it is significant to how you answer question
- If no age give, assume adult patient

Expected versus Normal

- Know what to assess and how to intervene

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

Absolutes

- Absolutes usually make option or options wrong choice
- Examples
 - Only
 - Always
 - Never
 - None
 - Every
 - All

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 (5th 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.)

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 broader 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 physician has prescribed cimetidine (Tagamet) once daily. The nurse schedules administration of the medication for:

- a. At bedtime
- b. Just before breakfast
- c. After lunch
- d. Clarify the order timing before scheduling

Question 2

A nurse is caring for a client who has a fungal infection and is receiving amphotericin B (Fungizone) IV. Which of the following indicates an adverse/toxic effect from the medication?

- a. Lethargy
- b. Oliguria
- c. Confusion
- d. Muscle weakness

Question 3

A nurse is caring for a client diagnosed with pheochromocytoma. In order to assess the presence of a major symptom of this disorder, the nurse should

- a. Test for occult blood in urine
- b. Weigh the patient twice per day
- c. Palpate client's skin for temperature
- d. Check the client's blood pressure

Question 4

A nurse is caring for a client receiving aminophylline (Theophylline) IV. The nurse determines the drug plasma level is therapeutic if which value is noted?

- a. 25mcg/mL
- b. 8mcg/mL
- c. 5mcg/mL
- d. 15mcg/mL

Question 5

A client received a thermal burn caused by inhalation of steam. The client's mouth is edematous and their mouth is blistered. Based on these findings, the nurse should monitor the client most closely for

- a. Dysphagia
- b. Pain
- c. Wheezing
- d. Hypovolemic shock

Question 6

A nurse is assessing a child who has returned from OR in a hip spica cast. Which of the following is the priority?

- a. The hips are abducted
- b. The head of the bed is in Fowler's position
- c. The child's parents are always present
- d. Circulation is adequate in lower extremities

Question 7

A client is receiving long term continuous TPN at home. The nurse formulates which priority nursing diagnosis?

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

Question 8

A nurse provides dietary instructions to a client diagnosed with iron deficiency anemia. The nurse tells the client to increase the intake of which food?

- a. Plums
- b. Egg whites
- c. Red apples
- d. Kidney beans

Question 9

A nurse notes that a client's serum potassium level is 5.8mEq/L. The nurse interprets that this is an expected finding with which alteration?

- a. Diarrhea
- b. Diabetes insipidus
- c. Burn injury
- d. Pulmonary edema being treated with loop diuretics

Question 10

A nurse caring for a postop client after bowel resection is restless. Vital signs indicate tachycardia and the blood pressure decreased significantly from previous readings. The nurse suspects shock and immediately

- a. Slows the IV rate infusing until talking to the dr
- b. Rechecks vital signs to verify the findings
- c. Checks the oxygen saturation level
- d. Increases the rate of oxygen flow being delivered

Question 11

A nurse is monitoring a client who abuses alcohol for signs of withdrawal. Which of the following would alert the nurse to potential withdrawal delirium?

- a. Hypotension, ataxia, hunger
- b. Changes in level of consciousness, hallucinations, hypertension
- c. Stupor, agitation, muscular rigidity
- d. Coarse hand tremors, agitation, hypotension

Question 12

A client with viral hepatitis is receiving home instructions. The nurse determines the client understands the teaching if they make which statement?

- a. "I need to remain in bed for the next 6 weeks."
- b. "I can take acetaminophen (Tylenol) in small doses for discomfort."
- c. "I need to eat small, frequent low fat, low protein meals."
- d. "I need to limit alcohol intake."

Question 13

A nurse is caring for a client 1-day post-gastrectomy. The client has a NG tube, which is draining brown-tinged secretions. Which is the most appropriate nursing intervention?

- a. Notify the physician STAT
- b. Reposition the client
- c. Irrigate the NGT
- d. Document the findings

Question 14

The nurse notes an isolated PVC on the cardiac monitor. The appropriate nursing action is to

- a. Prepare to administer lidocaine hydrochloride (Xylocaine)
- b. Prepare for defibrillation by cardiac team
- c. Notify the physician immediately
- d. Continue to monitor the rhythm

Question 15

A client has developed atrial fibrillation and has a ventricular rate of 150 beats/min. The nurse should assess the client for

- a. Hypertension and headache
- b. Flat neck veins
- c. Hypotension and dizziness
- d. Nausea and vomiting

Contact Information

- Via the Sigma Circle (For Sigma members)...Lois Marshall
- Email... LSM4556@aol.com
- Twitter... @NCLEXprof
- FB...Lois Marshall
- IG... @NCLEXprof

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