Unique Approach to Success on the NCLEX-RN®

Test Strategies, Embedded Linking, Conceptualization and Practice Questions

LOIS S. MARSHALL, PHD, RN
NURSE EDUCATION CONSULTANT
NCLEX-RN/PN EXPERT
AUTHOR, TAKE CHARGE OF YOUR NURSING CAREER
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
Alternative Format Questions

Select all that apply

Fill in the blank

Ordering

Drop and drag

Auditory
Practice Questions

(Some original (Marshall) or modified, and/or adapted from work done initially for Silvetsri (Saunders, 2011)
The client has just had surgery to create an ileostomy. The nurse assesses the client in the immediate post-operative period for which most frequent complication of this surgery?

a. Malabsorption of fat
b. Intestinal obstruction
c. Fluid and electrolyte imbalance
d. Bloody stools
A nurse is caring for a client with a diagnosis of acute lymphocytic leukemia who is receiving chemotherapy IV. The nurse reviews the lab findings and determines that the client is experiencing an adverse effect of the meds if which of the following is noted?

a. White blood cell count 5200/µL
b. Blood urea nitrogen 15mg/dL
c. Platelet count 200,000 cells/µL
d. Alkaline phosphatase 25 units/dL
A nurse is performing an assessment on a client with severe preeclampsia. Which sign would indicate an improvement in the client’s condition?

a. Protein in urine is trace  
b. Blood urea nitrogen is 40mg/dL  
c. Blood pressure is 148/102  
d. Client reports less abdominal pain
A nurse is preparing the parents of a neonate with respiratory distress syndrome for an initial visit to the NICU. The nurse plans which action to best facilitate parent-neonate bonding?

a. Explains the equipment used and how it will assist their newborn
b. Encourage the parents to touch their newborn
c. Identifies specific care-taking tasks that may be assumed by the parents
d. Gives the parents literature to read about respiratory distress syndrome
Question 5

A nurse has an order to ambulate a client with a nephrostomy tube in the hall four times a day. The nurse determines that the safest way to accomplish this while maintaining the integrity of the tube is to:

a. Change the drainage bag to a leg collection bag
b. Tie the drainage bag to the client’s waist while ambulating
c. Use a walker to hang the drainage bag from while ambulating
d. Tell the client to hold the drainage bag higher than the level of the bladder
A nurse is performing an admission assessment for a client with Raynaud’s disease. The nurse assesses for the symptoms associated with this disorder by:

a. Assessing for a rash on the digits
b. Observing for softening of the nails and/or nailbeds
c. Palpating for a rapid or irregular popliteal pulse
d. Palpating for a diminished radial pulse
A client is admitted to the CICU after coronary artery bypass graft surgery. The nurse notes that the first hour after admission, the chest tube drainage was 75mL. During the second hour, the drainage dropped to 5mL. The nurse interprets that:

a. This is a positive finding and documents
b. The chest tube may be occluded
c. The lung has fully re-expanded
d. The client needs to cough and deep breathe
A nurse is caring for a client who is receiving cyclosporine (Gengraf). Which of the following indicates to the nurse that the client is experiencing an adverse reaction to the medication?

a. Butterfly rash on face  
b. Diaphoresis  
c. Joint pain  
d. Hyperkalemia
A nurse has just administered a PPD skin test to a client who is at low risk for developing TB. The nurse determines that the test is positive if which of the following occurs in 48 hours?

a. An induration of 10mm
b. The presence of a wheal
c. A large area of erythema
d. An induration of 15mm
A client is admitted to the CCU and placed on telemetry. A nurse reviews the client’s lab values and notes that the potassium level is 6.3mEq/L. When analyzing the cardiac rhythm, the nurse would expect to note which EKG finding?

a. Sinus tachycardia with an extra U wave
b. Sinus rhythm, with a tall, peaked T wave
c. Sinus tachycardia with a prolonged QT interval
d. Sinus rhythm with a depressed ST segment
A nurse is going to suction a client with a tracheostomy who has copious amounts of secretions. The nurse does which of the following to accomplish this procedure safely and effectively?

a. Hyperoxygenate the client after the procedure only
b. Applies continuous suction in the airway for up to 20 seconds
c. Occludes the Y-port of the catheter while advancing it into the tracheostomy
d. Sets the wall suction pressure range between 80-120mm Hg
A client asks the home care nurse to witness the client’s signature on a living will with the attorney of the client present. What is the appropriate action from the nurse?

a. Decline to witness the signature on the living will
b. Sign the living will as a witness to the signature only
c. Notify the supervisor that a living will is being witnessed
d. Sign the living will identifying nurse’s credentials and employment agency
A client newly diagnosed with angina pectoris has taken 2 nitroglycerin tablets for chest pain. The chest pain is relieved, but the client complains of a headache. The nurse interprets that this symptom most likely represents:

a. An early sign of medication tolerance
b. An allergic reaction to the nitroglycerin
c. A warning that the medication should not be used again
d. An expected side effect of the medication
A client who has been receiving urokinase has a large bloody bowel movement. Which action(s) would be best for the nurse to take immediately?

a. Stop the urokinase and administer Vitamin K IM
b. Reduce the urokinase and administer heparin sodium IV
c. Call the doctor
d. Stop the urokinase and administer Amicar IV
A client presents to the clinic with a serum cholesterol of 275mg/dL and is placed on rosuvastatin (Crestor). Which instruction should be given to the client regarding this medication?

a. Report muscle weakness to the doctor immediately
b. Allow 6 months for the drug to take effect
c. Take the medication in the am with breakfast
d. Report to the doctor any difficulty urinating
A client is admitted to the hospital with an arterial ulcer of the left heel. Which of the following is the most appropriate nursing intervention?

a. Elevate the left leg on a pillow
b. Assess for drainage on the sheets under the left heel
c. Monitor for diminishing pulses in the left lower extremity
d. Monitor for hyperemia in left lower extremity
A nurse assesses a client with thyroid storm. Which classic signs and symptoms associated with this disorder indicate a priority need for immediate nursing action?

a. Polyuria, nausea, severe headaches
b. Hypotension, translucent skin, weight gain
c. Fever, tachycardia, hypertension
d. Profuse diaphoresis, severe bradycardia, myxedema
Heparin sodium has been ordered for a client with a high risk to develop pulmonary emboli. Which statement by the graduate nurse indicates a lack of understanding of the medication?

a. “I will administer the medication 1-2 inches away from the umbilicus.”
b. “I will administer the medication SQ or IV.”
c. “I will assess the PTT before administering the medication.”
d. “I will need to aspirate when I administer the medication.”
A client had a total thyroidectomy yesterday. The client is complaining of tingling around the mouth and in the fingers and toes. Which action should the nurse take based on this assessment?

a. Obtain a crash cart to be left in the client’s room
b. Check the calcium level of the client
c. Call the doctor immediately
d. Assess blood pressure for hypertension
A nurse is preparing to collect a sputum specimen from the client suspected of having TB. What is the correct method for obtaining a sputum specimen? Select all that apply.

a. Collect the specimen in the am before breakfast
b. Collect the specimen on 3 consecutive days
c. Encourage the client to drink water immediately prior to collecting the specimen
d. Ensure transport of the collected specimen to the lab immediately
e. Allow the client to rinse mouth with antiseptic solution prior to sputum collection
f. Offer mouth care after collecting the sputum specimen
A nurse is planning for discharge teaching for a client after a total hip replacement. Which teaching points should be included? Select all that apply.

a. Avoiding abduction of the legs
b. Sleep on the affected side
c. Maintain a high fiber diet and fluid intake
d. Seek immediate attention for internal rotation of the affected leg
e. Encourage use of an adduction pillow
f. Prevent flexion of the hips over 90 degrees
A nurse should include which of the following in the plan of care for a client who is scheduled for a bronchoscopy? Select all that apply.

a. Ensure NPO for 12 hours
b. Administer a muscle relaxant prior to procedure as per doctor’s order
c. Ensure that consent form is signed
d. Have client void prior to transport to endoscopy suite
e. Allow client to keep contact lenses if they prefer
f. Remove dentures
A nurse is performing an assessment of a child admitted with probable nephrotic syndrome. What assessment findings would the nurse expect to observe? Select all that apply.

a. Anorexia
b. Pallor
c. Weight loss
d. Proteinuria
e. Pitting edema
f. No changes in blood pressure readings
A nurse is performing an assessment of a client diagnosed with placenta previa. Which of these assessment findings would the nurse expect to note? Select all that apply.

- a. Uterine rigidity
- b. Absence of pain
- c. Bright red vaginal bleeding
- d. Uterine tenderness
- e. Soft, relaxed, non-tender uterus
- f. Severe abdominal pain
A postoperative client has been placed on a clear liquid diet. The nurse provides the client with which items that can be consumed on this diet. Select all that apply.

a. Broth
b. Vegetable juice
c. Coffee
d. Gelatin
e. Pudding
f. Vanilla milkshake with skim milk only
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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