Exploring NCLEX Content With Test Strategies and Practice Questions

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AUTHOR, TAKE CHARGE OF YOUR NURSING CAREER
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Submit questions and comments via the Questions panel.

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 (60-130 Scored)
  - 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
Practice Questions

(Some original (Marshall) or modified, and/or adapted from work done initially for Silvetri (Saunders, 2011)
A nurse is caring for a client with a terminal condition who is dying. Which respiratory assessment findings would indicate to the nurse that death is imminent? Select all that apply.

a. Dyspnea  
b. Cyanosis  
c. Kussmaul’s respirations  
d. Tachypnea without apnea  
e. Irregular respiratory pattern  
f. Adventitious breath sounds
A nurse is caring for a client who is receiving a blood transfusion. Which clinical manifestations would alert the nurse to a hemolytic transfusion reaction? Select all that apply.

- a. Bradypnea
- b. Hypertension
- c. Tachycardia
- d. Apprehension
- e. Distended neck veins
- f. Sense of impending doom
The nurse is caring for a client with a herniated lumbar intervertebral disk who is experiencing low back pain. The nurse plans to place the client in which position to minimize the pain?

a. Flat with knees raised
b. Semi-Fowlers position with knees slightly raised
c. High-Fowlers position with foot of bed flat
d. Side-lying with knees bent
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
Tranylcypromine (Parnate) is prescribed for a client with depression. The nurse instructs the client to avoid which food items? Select all that apply.

a. Figs
b. Apples
c. Bananas
d. Fresh fish
e. Sauerkraut
f. Seeded fruits and vegetables
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)
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
A preschooler with a history of cleft palate repair comes to the clinic for a routine well-child check-up. To determine whether the child is experiencing a long-term effect of cleft palate, the nurse should ask the parents which question?

a. “Does your child play with an imaginary friend?”
b. “Was your child recently treated for pneumonia?”
c. “Is your child unresponsive when given directions?”
d. “Has your child had difficulties swallowing food?”
Question 10

Which of the following arterial blood gas results should the nurse anticipate in the client with a nasogastric tube attached to continuous suction?

a. pH 7.25; pCO2 55; HCO3 24
b. pH 7.30; pCO2 38; HCO3 20
c. pH 7.48; pCO2 30; HCO3 22
d. pH 7.50; pCO2 48; HCO3 30
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.

1. Document the occurrence
2. Stop the blood transfusion
3. Maintain a patent IV line with normal saline
4. Send the blood bag and tubing to the blood bank
5. Monitor the client’s vital signs and urine output
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
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
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
A nurse is caring for a client receiving mechanical ventilation via an oral endotracheal tube. The nurse understands that the causes of the high-pressure alarm sounding include which of the following? Select all that apply.

a. The client “fighting” the ventilator  
b. Increased secretions in the airway  
c. A kink in the tubing  
d. A cuff leak in the endotracheal tube  
e. The ventilator tube disconnected from the endotracheal tube  
f. The client biting the endotracheal tube
Question 16*

A client who has no history of immunosuppressive disease and is at low risk for tuberculosis has a Mantoux test. The results indicate an induration of 8mm in size. The nurse interprets that the client:

a. Has active tuberculosis
b. Has a negative response
c. Has a history of tuberculosis
d. Has been exposed to tuberculosis
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.
The nurse is responsible for a team of 4 clients on the day shift. Which client should the nurse see first when he is making initial rounds?

a. A newly diagnosed diabetic who needs insulin coverage on sliding scale before breakfast
b. A client scheduled for surgery this am who has pre-operative medication ordered on call to OR
c. A client with COPD who has reported to have no dyspnea, SOB, and an oxygen saturation of 94% at 0630
d. A client admitted in sickle cell crisis who last reported a pain score of 3/10; has minimal dehydration symptoms, and is in no respiratory distress
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
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
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
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 he can select which of the following on his menu?

a. Bananas  
b. Red meat  
c. Lima beans  
d. Applesauce
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
A nurse is caring for a client with a brainstem injury in the ICU. The nurse monitors which of the following assessments as the priority?

a. Serum sodium and potassium levels
b. Blood pressure and radial pulse
c. Short-term and long-term memory
d. Respiratory rate and rhythm
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