



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

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

How to Maximize Your Test Taking Abilities for NCLEX-RN®

- STUDY FOR SUCCESS
- LINKING
- CONCEPTUALIZING
- PSYCHOLOGICAL PREPARATION

How to Answer Questions If Unsure or Get it Down to 2 Options...Strategies

Let the Words Guide You...

Use of 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

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

Process of Elimination

Question 1

A client says to the nurse, “Ever since my wife passed on, my life is empty and has no meaning.” Which of the following is the most appropriate nursing response?

- a. “What would your children think if they knew how you felt?”
- b. “Most people who lose a loved one feel empty.”
- c. “Your life has no meaning?”
- d. “Let’s talk about the positive things that you have in your life.”

Question 2*

An 85-year-old woman is brought to the emergency room and is unconscious. Her medical records have been brought with her. On assessment, she presents with sinus bradycardia. Based on this finding, what other data is most important to know about the client prior to managing her sinus bradycardia?

- a. Previous cardiac history
- b. History of glaucoma
- c. Medication history
- d. Precipitating factors to event

Question 3*

A female client calls the clinic and reports that while showering, she felt a very small nodule in her right axilla. She also reported that she is at the beginning of her menstrual cycle. The nurse's most appropriate response should be:

- a. "Make sure that you check the spot again next month and if the nodule is still there, make an appointment to be seen at the clinic."
- b. "This is a normal finding during menstruation so there is no need to be worried."
- c. "Do you have a history of breast cancer in your family?"
- d. "While this may be expected during menstruation, you should come to the clinic today for an evaluation."

Question 4*

A client has returned from the OR following a transurethral resection of the prostate procedure. He has a triple lumen foley with continuous bladder irrigation. On assessment the nurse finds the urine is bloody. When the same nurse cares for the client over the next several days, he notes that the urine color is pinker on day 2 post-op and then bloodier on day 3 post-op. What is the nurse's priority intervention?

- a. Irrigate the foley with sterile water
- b. Notify the doctor
- c. Change the client's position
- d. Obtain the client's vital signs

Question 5

The nurse on the previous shift documented that the client has the presence of cherry angiomas located on the abdomen. On assessment of the client, the nurse would expect which characteristic of this skin lesion?

- a. Pinpoint sized pale flat spots
- b. Areas of redness that are warm to the touch
- c. Large ecchymosis areas
- d. Ruby red papules

Question 6

A nurse is caring for a client who is receiving aminophylline (Theophylline) intravenously. The nurse reviews the client's laboratory results and determines that the drug plasma level is therapeutic if which value is noted?

- a. 5mcg/mL
- b. 8mcg/mL
- c. 15mcg/mL
- d. 27mcg/mL

Question 7

A nurse is caring for a client after an allogenic liver transplant and is receiving tacrolimus (Prograf). The nurse monitors the client for which adverse effect of the medication?

- a. Hypertension
- b. Decrease in urine output
- c. Profuse diaphoresis
- d. Photophobia

Question 8*

The RN is working with a LPN and nursing assistant and the team is responsible for a team of 5 clients. Which of the following clients should the RN appropriately delegate to the nursing assistant?

- a. A client being discharged with written discharge instructions from the physician
- b. A client in the ER to be transferred to the floor with a newly casted long leg fracture
- c. A client admitted with a cerebrovascular accident who needs feeding assistance
- d. A client who needs to be transferred from the operating room back to their floor room

Question 9*

A community health nurse is assisting residents who are preparing for a hurricane and flooding. Many of the older residents are emotionally despondent and refuse to evacuate their homes. With regard to rescues and relocation of the older residents, the nurses plans first to:

- a. Attend to their emotional needs
- b. Attend to their basic needs
- c. Contact families for relocation assistance
- d. Arrange for transportation to shelters

Question 10

A nurse is assessing a client with a diagnosis of bulimia nervosa who has problems with her nutrition. The nurse would obtain information from the client about which of the following first?

- a. Feelings about self and body weight
- b. Previous and current coping skills
- c. Lack of control
- d. Eating patterns and food preferences

Question 11*

A postoperative client who underwent pelvic surgery suddenly experiences development of dyspnea and tachypnea. The nurse suspects that the client has a pulmonary embolism and takes which action first?

- a. Obtains an intravenous infusion pump to administer heparin
- b. Increases the rate of the intravenous fluids infusing to prevent hypotension
- c. Administers low-flow oxygen through the nasal cannula
- d. Obtains an ampule of sodium bicarbonate to treat alkalosis

Question 12

A client who has been receiving urokinase has a large bloody bowel movement. Which action would be best for the nurse to take immediately?

- a. Administer Vitamin K IM
- b. Reduce the urokinase and administer heparin IV
- c. Administer protamine sulfate and call the doctor
- d. Stop the urokinase and administer amicar

Question 13*

A nurse is monitoring a client receiving peritoneal dialysis and notes that the client's outflow is less than the inflow. Which nursing actions should the nurse take? Select all that apply.

- a. Increase the flow rate of the peritoneal dialysis solution
- b. Contact the physician
- c. Check the level of the drainage bag
- d. Reposition the client to their side
- e. Check the peritoneal dialysis system for kinks
- f. Place the client in good body alignment

Question 14

A nurse is planning activities for a client with bipolar disorder with aggressive social behavior. Which of the following activities would be most appropriate for this client?

- a. Basketball
- b. Chess
- c. Ping pong
- d. Journal writing

Question 15

A nurse reviews the arterial blood gas results of a client and notes the following results: pH 7.32; pCO₂ 47; HCO₃ 29. The nurse analyzes these results as indicating which of the following conditions?

- a. Metabolic acidosis, partially compensated
- b. Respiratory alkalosis, corrected
- c. Metabolic alkalosis, fully compensated
- d. Respiratory acidosis, partially compensated

Question 16

During a routine visit to the prenatal clinic, a client who is 24 weeks gestation tells the nurse she feels, “puffy all over.” The priority nursing intervention would be to:

- a. Assess her total weight gain thus far in her pregnancy
- b. Determine how much salt intake she has had in the last week
- c. Assess her blood pressure
- d. Inquire as to her fluid intake in the last 12 hours

Question 17

A client with a significant history of alcohol abuse is scheduled for surgery in two days. It is most important for the nurse in the prescreening clinic to:

- a. Note the history in the medical record
- b. Advise the client to stop all alcohol before surgery
- c. Alert the surgeon and anesthesiologist of the client's alcohol history
- d. Encourage the start of an AA program as soon as possible

Question 18*

Sulfasalazine (Azulfidine) is prescribed for a client with ulcerative colitis. The nurse determines that the medication is achieving the intended effect if the client reports which of the following?

- a. Relief of steatorrhea
- b. Decrease in nausea and vomiting
- c. Increased number of formed stools
- d. Absence of fistula development

Question 19*

A nurse assesses the stoma of a postoperative client who had the creation of a colostomy performed and notes that it is dark and dusky in color. The nurse takes which immediate action?

- a. Irrigates the colostomy
- b. Notifies the surgeon
- c. Places a small dressing over the stoma and reassesses every 4 hours
- d. Changes the ostomy bag and ensures it is looser than the previous bag

Question 20*

A client had a parathyroidectomy yesterday. The client is complaining of tingling around the mouth and in the fingers and toes. Which action by the nurse should be taken?

- a. Place the crash cart outside of the client's room
- b. Call the doctor immediately
- c. Check the client's serum calcium level
- d. Assess the serum T3 and T4 levels

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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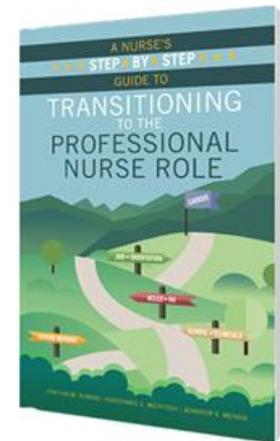
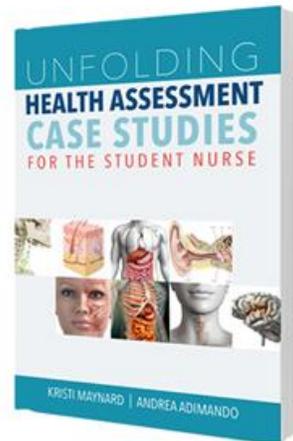
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