



# Test Taking Strategies: Unique Approach to Success©

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**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

# 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

# How to use (LINKING and CONCEPTUALIZATION©) to Enhance NCLEX-RN® Success

IF YOU CAN ASSESS...YOU CAN INTERVENE....YOU CAN EVALUATE

# How to use (LINKING and CONCEPTUALIZATION©) to Enhance NCLEX-RN® Success

- Examples
  - Linking: Use what you know, i.e. health alterations/assessments to assist you with what you do not know/can't answer
  - Conceptualization: Use broad concepts, i.e. oxygenation, mobility, etc., to assist with linking to areas you don't know/unfamiliar with

# How to use (LINKING and CONCEPTUALIZATION©) to Enhance NCLEX-RN® Success

- Respiratory Assessments...ARE ASSESSMENTS ONLY FOR RESPIRATORY CONDITIONS????... EXTEND TO INTERVENTIONS AND EVALUATION FOR EACH...
  - Dyspnea, Tachypnea, Bradypnea, Orthopnea, SOB
  - Restlessness
  - Non-productive/Productive Cough
  - Adventitious Breath Sounds: Crackles, Rhonchi, Wheezes
  - Use of Accessory Muscles
  - Retractions
  - Nasal Flaring
  - Specific to COPD: Barrel-chested, Pursed lip breathing, Clubbing nailbeds, Slight Respiratory Acidosis (Note ABG's), Periods of cyanosis
  - Specific to Infants: Grunting, Head bobbing

# How to use (LINKING and CONCEPTUALIZATION©) to Enhance NCLEX-RN® Success

More examples:

- General preop/post op care
- Hyperthyroidism vs Hypothyroidism
- Cushings vs Addisons...and Steroid Long-Term Effects
- SIADH vs Diabetes Insipidus
- Skin Integrity and Edema
- Immobility



# PRACTICE QUESTIONS

## Question 1\*

The nurse provides information to a client with diabetes mellitus who is taking insulin about the signs of hypoglycemia. Which of the following signs and symptoms should the nurse include in the information? Select all that apply.

- a. Hunger
- b. Diaphoresis
- c. Warm skin to touch.
- d. Increased urinary output.
- e. Nervousness
- f. Muscle weakness

## Question 2\*

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

## Question 3\*

The nurse has been assigned to a burn client who has been admitted to the ER. The following areas have been assessed by the nurse to have second and third degree burns: Anterior portion head and neck

Anterior portion left arm

Anterior portion trunk

Anterior and posterior portions of both legs

Calculate the extent of the burns using the Rule of Nines and fill in the blank:

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## Question 4\*

A client with chronic kidney injury has been placed 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 foods on the menu?

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

## Question 5\*

A RN is working with a LPN and nursing assistant and as a team, they are responsible for 5 clients. Which of the following clients should the RN delegate to the LPN?

- a. A client who needs to be transferred from the operating suite back to her room
- b. A client being discharged, who has received discharge instructions, and is waiting to be taken down to the hospital entrance for pick up
- c. A client who is 2 days post-craniotomy who requires measurement of intracranial pressures
- d. A client who is receiving a blood transfusion of packed cells once the RN has checked the appropriate forms and patient identification

## Question 6

A nurse is doing an assessment on a client who received a kidney transplant 24 hours ago. The nurse assesses the client for which signs of acute graft rejection?

- a. Hypotension, Flank pain, Fever, Polyuria
- b. Hypothermia, Hypertension, Graft tenderness, thrombocytopenia
- c. Malaise, Costovertebral angle pain, Hypertension, Fever
- d. Fatigue, Hypothermia, Hypotension, Generalized abdominal pain

## Question 7\*

A nurse is managing a client with an oxygen saturation that has dropped from 96% to 84%. The client is exhibiting dyspnea and shortness of breath. The most appropriate priority nursing diagnosis would be:

- a. Impaired breathing patterns
- b. Ineffective airway clearance
- c. Alteration in respiration system
- d. Impaired gas exchange



## Question 8\*

A 12-month-old infant has been admitted to the hospital for a gastrointestinal workout. The child presents with an abdominal mass and currant jelly stools, in addition to irritability. The nurse suspects, based on these assessment findings, that the child is experiencing which of the following?

- a. Pyloric stenosis
- b. Hirschsprung's disease
- c. Celiac disease
- d. Intussusception

## Question 9\*

A nurse is assessing an adult client 1 hour after a right pulmonary wedge resection. The nurse notes the presence of 250mL bloody drainage in the chest tube collection chamber. Which action by the nurse is most appropriate?

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

## Question 10\*

A nursing assistant has just completed morning care for a client with chronic peripheral arterial disease. When the RN assesses the client, the observation that would require corrective action would be:

- a. A blanket covering the lower extremities
- b. The dependent position of the client's legs
- c. The elevation of the knee portion of the bed
- d. An intake of 3000mL of fluid in the past 24 hours

## Question 11\*

A 5-year-old child on the pediatric unit has lost behavioral control and starts screaming at and hitting the nurse. The most appropriate response by the nurse at this time would be:

- a. Ignore the inappropriate behavior
- b. Hug the child and calmly ask why she is angry
- c. Divert her attention with a new toy or activity
- d. Isolate him for 20 minutes until she is calmer

## Question 12\*

A nurse is reviewing the day's assignments on a medical unit. A nursing assistant's assignment includes a client who is immunocompromised and has shingles. The nursing assistant states he has never had chickenpox. It is important for the nurse to:

- a. Reassure the nursing assistant that shingles is not contagious
- b. Explain to the nursing assistant that gloves will be sufficient protection
- c. Tell the nursing assistant that based on his age, he more than likely had chickenpox even if he does not know for sure
- d. Reassign the client to another staff member who has had chickenpox

## Question 13\*

A client is admitted to the psychiatric unit on a temporary detention order. Two hours later, the client yells at the nurse, “I don’t belong here, and I want to sign out now!” The most accurate and therapeutic response by the nurse would be:

- a. “Just try to settle down right now. In 24 hours, we can talk about whether you are ready to leave.”
- b. “Your doctor thought you needed to be here, so you cannot leave. You can talk to the doctor in the morning.”
- c. “You are too sick to know whether you need to be here for treatment. You will stay until a panel of three physicians says you can leave.”
- d. “You have been sent by the court and may not leave under any circumstances. A judge and a doctor will evaluate you within the next 48 hours.”

## Question 14\*

A client with pulmonary tuberculosis is being treated with isoniazid (INH) and rifampin. The client asks for the rationale for taking two medications. The nurse's best response would be:

- a. "If one medication is ineffective, then the other will not be."
- b. "Taking both medications allows the use of lower doses and the medications are effective longer."
- c. "One medication is used to kill the bacteria, and the other medication dilates your respiratory passages, making breathing more effective."
- d. "One medication is used to treat the tuberculosis and the other medication treats any subsequent fungal infections that might develop secondarily."

## Question 15\*

The nurse is planning for discharge teaching to an adult client after a total hip replacement. Which teaching points will be included? Select all that apply.

- a. Avoid abduction of the legs
- b. Sleep on the affected side
- c. Encourage the use of an adduction pillow
- d. Prevent flexing the hips over 90 degrees
- e. Assess the spica cast at least every 4 hours
- f. Perform active range of motion on the unaffected side



## Question 16\*

A physician orders 3000mL 0.9% normal saline to be administered IV over 24 hours. The nurse notes that the drip factor is 10 gtts/mL. The nurse sets the drip rate to infuse how many gtts/min. Fill in the blank.

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## Question 17

A nurse employed in a mental health unit is meeting with a client for the first time. Which nursing statement would be most appropriate to initiate the conversation?

- a. "Have psychiatric medications ever been prescribed for you ever?"
- b. "What would you like to discuss?"
- c. "Are you feeling sad?"
- d. "Have you ever spoken to your family about how you are feeling?"

## Question 18\*

A client is admitted to the emergency department with reports of severe, radiating chest pain. Admission orders include oxygen by nasal cannula at 4 L/min; troponins, creatine phosphokinase (CPK), and isoenzymes; a chest radiograph; and a 12-lead electrocardiogram (ECG). List in order of priority the actions that the nurse would take. (Number 1 is the first action.)

Obtain 12-lead EKG

\_\_\_\_\_

Call the laboratory to order the blood work

\_\_\_\_\_

Call radiology for chest x-ray

\_\_\_\_\_

Apply oxygen via nasal cannula

\_\_\_\_\_

## Question 19\*

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

If you are menstruating, the best time to do a BSE is 2 to 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 your 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 20\*

A nurse reviews the arterial blood gases of a client and notes that she is experiencing metabolic alkalosis with partial compensation. Which of the numerical results of the arterial blood gas would indicate this alteration?

- a. pH 7.48, pCO<sub>2</sub> 31, HCO<sub>3</sub> 18
- b. pH 7.45, pCO<sub>2</sub> 47, HCO<sub>3</sub> 30
- c. pH 7.33, pCO<sub>2</sub> 33, HCO<sub>3</sub> 20
- d. pH 7.47, pCO<sub>2</sub> 49, HCO<sub>3</sub> 29

# **Additional Marshall© Test 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 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

# Contact Information

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A panoramic view of the Edinburgh skyline at sunset. The city's historic architecture, including the Edinburgh Castle on a hill and the prominent clock tower of the Waverley Railway Station, is silhouetted against a warm, orange-hued sky. The foreground shows the dense urban fabric of the city with various rooftops and buildings.

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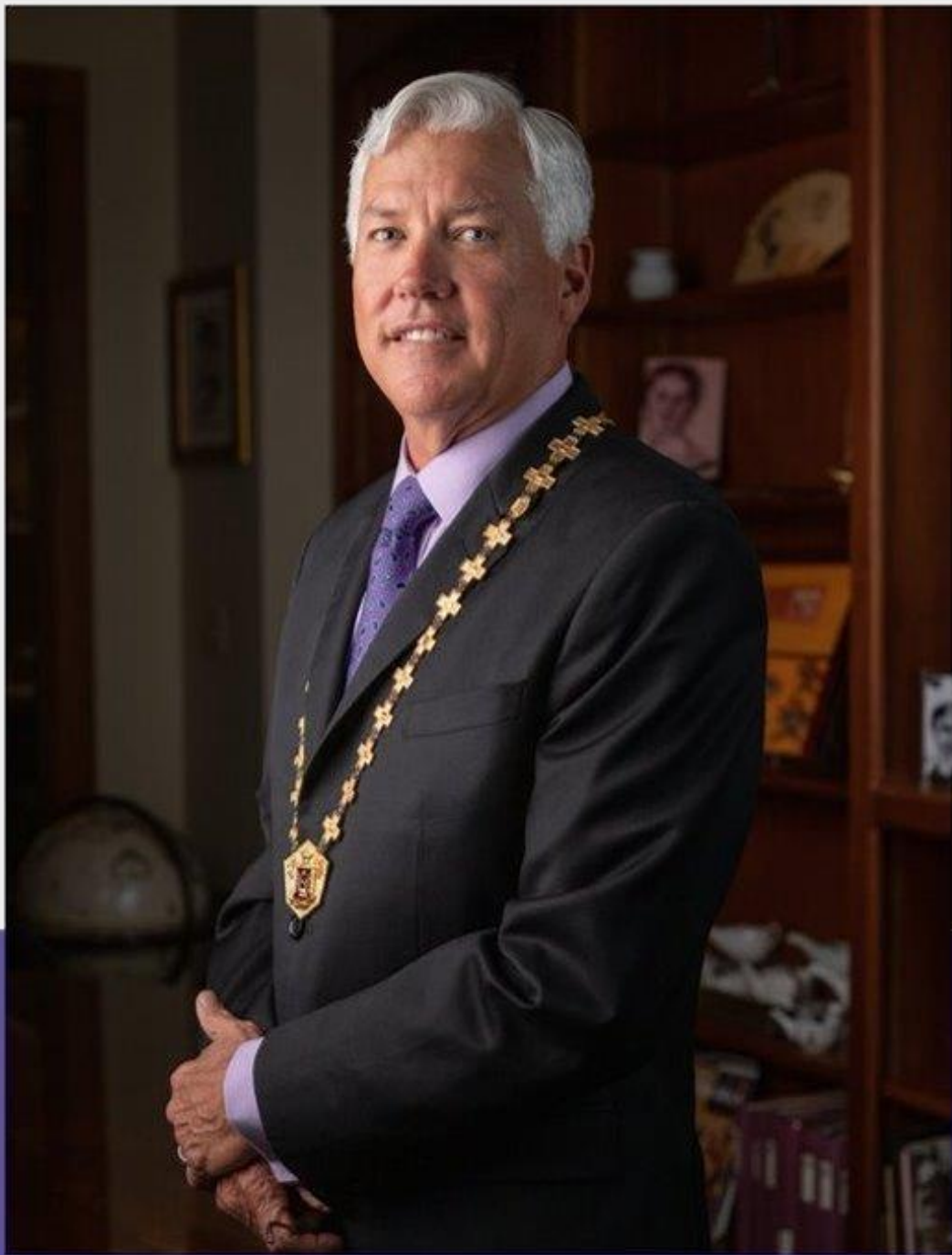
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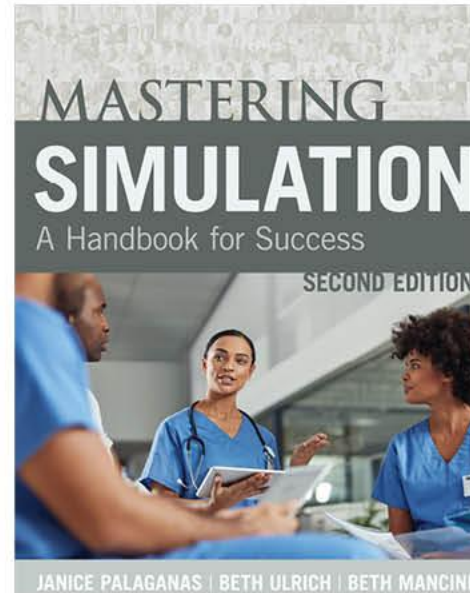
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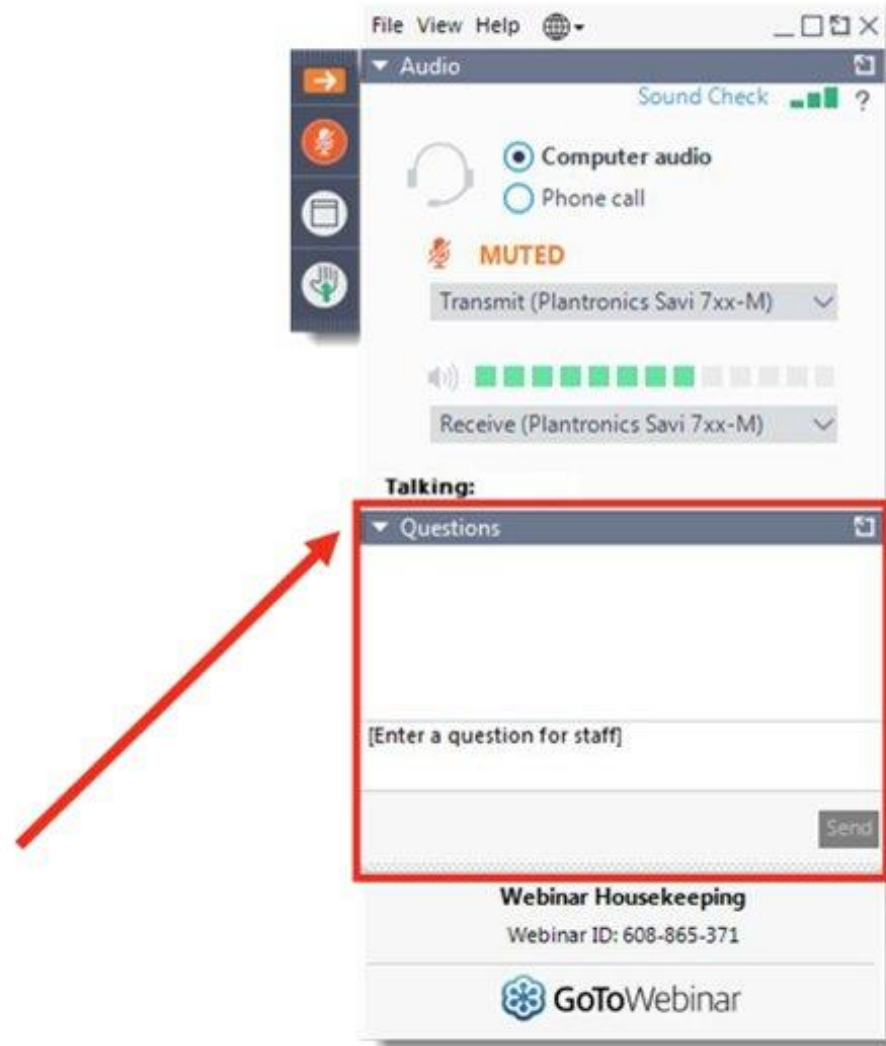
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