



# Unique Approach to Success on the NCLEX-RN®

Test Strategies, Embedded Linking,  
Conceptualization and Practice Questions

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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

# 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

# Study Strategies...

- How to study
- How much to study
- Resources to study

# 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

# 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 (5<sup>th</sup> 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.)

# Question 1

A nurse is monitoring a client with chronic kidney disease. Which assessment finding should the nurse report to the primary care provider?

- a. Pallor
- b. Fatigue
- c. Lethargy
- d. Petechiae

## Question 2

During history taking of a client admitted with newly diagnosed Hodgkin's disease, which of the following would the nurse expect the client to report?

- a. Weight gain
- b. Severe lymph node pain
- c. Kaposi's sarcoma
- d. Night sweats

## Question 3

An infant is being worked up for ventricular septal defect. When completing a nursing assessment of the infant, the nurse should expect to assess/note which of the following? Select all that apply.

- a. “Blue spells”
- b. Left ventricular hypertrophy
- c. History of increased respiratory infections as reported by parent
- d. Oliguria
- e. Heart murmur
- f. Poor weight gain

# Question 4

A nurse is reviewing the laboratory results of a newly admitted client. Which of the following abnormal results should be reported to the physician? Select all that apply.

- a. Blood urea nitrogen 30mg/dL
- b. Serum sodium 130mg/dL
- c. Platelets 160,000mg/dL
- d. Serum calcium 9.0mg/dL
- e. Serum creatine 2.4mg/dL
- f. Hematocrit 50mg/dL

## Question 5

A client is experiencing a severe panic attack. The nurse would expect the arterial blood gases to reveal which of the following results?

- a. pH 7.30, pCO<sub>2</sub> 48, HCO<sub>3</sub> 29
- b. pH 7.40, pCO<sub>2</sub> 36, HCO<sub>3</sub> 23
- c. pH 7.47, pCO<sub>2</sub> 46, HCO<sub>3</sub> 30
- d. pH 7.50, pCO<sub>2</sub> 32, HCO<sub>3</sub> 19



## Question 6

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. Remove contact lenses
- b. Ensure NPO for 24 hours prior to procedure to prevent vomiting
- c. Have client void prior to transport to endoscopy room
- d. Ensure consent form is signed
- e. Remove dentures
- f. Administer diazepam (Valium) prior to procedure as per drs orders

## Question 7

A nurse is teaching a client about the modifiable risk factors that can reduce the risk of coronary artery disease. The nurse places highest priority on discussing which risk factor with this client?

- a. Weight reduction
- b. Smoking cessation
- c. Diet Management
- d. Medication adherence

# Question 8

A nurse is monitoring a client who is receiving a blood transfusion when the client complains of diaphoresis, warmth, and a backache. The nurse suspects a transfusion reaction and should take the following actions in which order of priority. Number the options with 1 being the first action.

- a. Take the vital signs
- b. Contact the physician
- c. Stop the transfusion
- d. Hang 0.9% sodium chloride solution
- e. Document the findings
- f. Send the blood bag and tubing to the blood bank

## Question 9

A nurse is performing an assessment of a child admitted with probable acute glomerulonephritis. What assessment findings would the nurse expect to assess? Select all that apply.

- a. Pallor
- b. Proteinuria
- c. Pitting edema
- d. Increased blood pressure
- e. Weight loss
- f. Hematuria

## Question 10

The nurse is planning care for a client who is experiencing anxiety following a myocardial infarction. Which priority nursing intervention should be included in the plan of care?

- a. Limit family involvement in the acute phase
- b. Administer an antianxiety medication to promote relaxation
- c. Answer questions with factual information
- d. Provide detailed explanations for all procedures

# Question 11

An adult client was burned as a result of an explosion. The burn initially affected the client's entire face (anterior half of head), and the entire anterior torso. There were also burns to the upper half of both arms. What is the extent of the burn injury? Fill in the blank.

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# Question 12

A client with myasthenia gravis is experiencing prolonged periods of weakness and the physician orders an edrophonium (Tensilon) test. A test dose is administered and the client becomes weaker. The nurse should immediately administer which of the following antidotes?

- a. Calcium gluconate
- b. Atropine sulfate
- c. Cogentin
- d. Protamine sulfate

## Question 13

A nurse is caring for a client who being administered prograf (tacrolimus). Which of the following indicates that the client is experiencing an adverse or toxic effect from the medication?

- a. Lethargy
- b. Decreased urinary output
- c. Muscle weakness
- d. Urticaria



## Question 14

A nurse is calculating a client's 24-hour fluid intake. The client consumed 8 oz water; 8 oz coffee; and 6 oz orange juice for breakfast. For lunch, the client had 8 oz soup; and 12 oz iced tea. For dinner, the client had 8 oz milk; and 8 oz water. The client also consumed 18 oz water during the day. How many mL of fluid did the client consume in the 24-hour period?

Fill in the blank \_\_\_\_\_ mL

## Question 15

A nursing student is teaching a class for his peers on the pathophysiology of Crohn's disease. Which of the following clinical manifestations would the student be sure to include in his presentation? Select all that apply.

- a. Risk for septic shock
- b. Cobblestone granulomas
- c. Bloody diarrhea
- d. Fistula development
- e. Involvement in the small intestine only
- f. Risk for peritonitis

## Question 16

A nurse is caring for an infant who was born with Hirschsprung's disease. Which of the following assessment findings would the nurse anticipate to observe?

- a. Frothy diarrhea
- b. Currant jelly stools
- c. Ribbon like stools
- d. Projectile vomiting

## Question 17

A client is taking amiloride hydrochloride (Midamor) daily. The nurse gives the client which of the following instructions regarding the use of this medication?

- a. Take the dose on an empty stomach
- b. Take the dose with snack midday
- c. Take the dose in the morning with breakfast
- d. Take the dose at bedtime with water

## Question 18

A nurse notes that a client's serum potassium level is 6.2mEq/L. The nurse interprets that this is an expected finding in the client with which health alteration?

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

## Question 19

A client who is recovering from a cerebrovascular accident 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 suck on a piece of hard candy
- b. Ask the client to produce an audible cough
- c. Ask the client to swallow a teaspoon of applesauce
- d. Ask the client to swallow some water

## Question 20

A patient being treated for congestive heart failure is complaining of nausea, headache, and halos around white lights. The nurse anticipates which of the following complications?

- a. Glaucoma
- b. Dehydration
- c. Digoxin toxicity
- d. Complete heart block

# Contact Information

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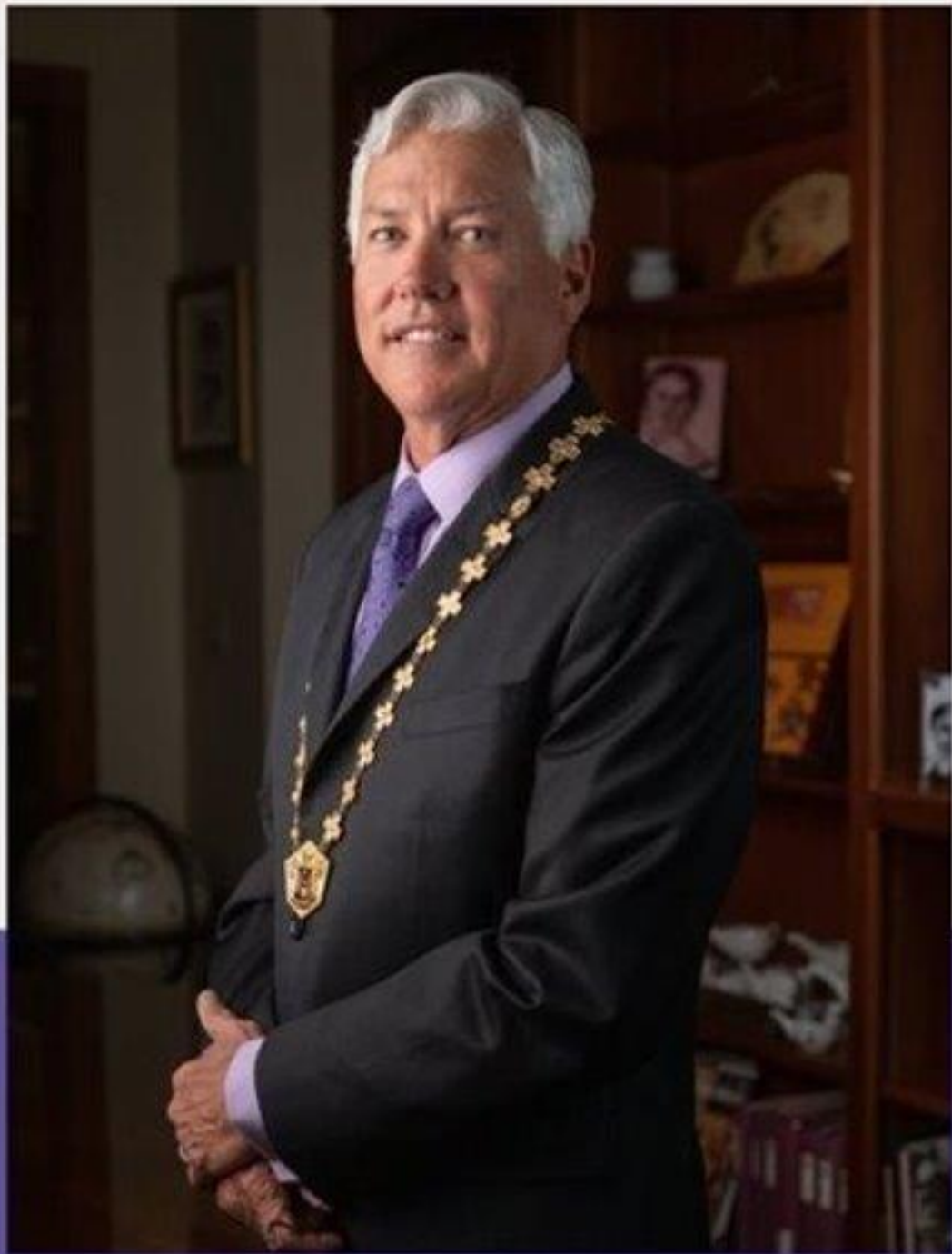


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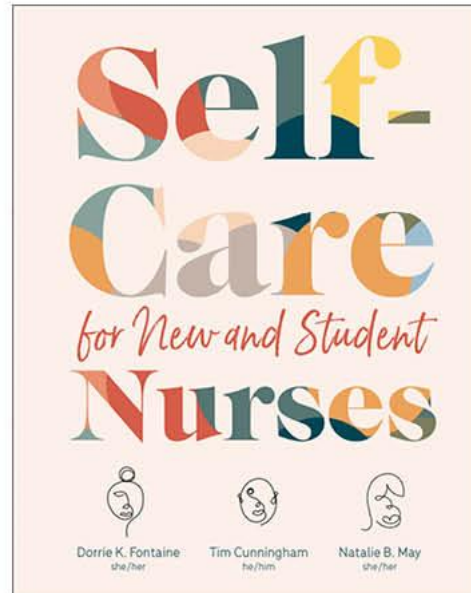
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