

## HANDOUT

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## TEST-TAKING STRATEGIES ASSISTANCE SHEET

**Numbers Strategies**

The Number 2...The number 2 is a common number for responses on the NCLEX-RN. Examples include:

- 2.0=Digoxin toxicity...Even though therapeutic levels are approximately 0.5-1.5, toxicity is defined by a serum level over 2.0...thus if you get a question asking about nursing interventions if dig level is 1.8...give prescribed dose and monitor patient (additional info...remember that dig toxicity is enhanced by hypokalemia so monitor for that as well either by serum level below 3.5 and/or by assessing inverted T wave on EKG strip)
  - 2.0=Lithium toxicity...as above...(additional info...remember that lithium toxicity is enhanced by hyponatremia so monitor for that as well by serum level below 135...also remember that patients taking lithium must take extra sodium/salt in diet as well as fluids)
  - 2.0=Serum creatinine of concern...we are not concerned with low serum creatinine levels, but with someone in renal failure, taking nephrotoxic drugs (particularly mycins, chelating agents for poisonings, etc) best indicator of renal function or dysfunction
  - 2.0=Liters of oxygen you should not go above particularly for COPD patient
  - 2 days=When Mantoux (PPD) test is read
  - 2 inches=Distance between axilla and crutches when teaching crutch walking
  - 2 fingers=Assists with determining if cast is too tight
  - 2 days=Most shock will begin to abate
  - 2 wks=Most psych drugs take to begin to work effectively
  - 20 min=Heat therapy
  - 200mg=Cholesterol should not be higher than
- You can also use the number 2 to narrow down choices when you don't know the answer to a question...gives you a better chance of making a better educated guess

The range of 10-20...This range works well for most therapeutic drug levels so if you get a question asking for this or if a number they give you falls between 10 and 20, you have a good chance of getting it right using this strategy even if you don't know answer

10-20 also works for normal ocular pressure (increased if over 20);  
 10-20 also works for normal intracranial pressure (increased if over 20)

10-20 also works for bilirubin levels for pathological jaundice (over 20=kernicterus...potential learning deficits of Newborn)

Numbers that end in 0 and 5 are usually good educated guesses to take when you are unsure

The range of 4-6 (hours/days/weeks/months)=If a time range is given as an option and you are unsure, go with a range of these numbers, i.e. assess every 4-6 hours; counseling usually is done in 4-6 week time frames and then Renegotiated

Numbers are often given for lab values for you to determine which is right or one to report to doc...use process of elimination to get rid of choices of labs that you know are correct (see board review notes for those you absolutely should know) and then use numbers strategies to assist you or you will only have one left to choose from and if you know the others can't be right because they are all normal then go with the last one left and you will be right...also, if you know a value is abnormal, then go with that if that is what question is asking for even if you don't know norms for some of the other choices

**Drug Strategies (Remember you will see both pharmacological and generic name for drugs so you only need to know one and you will still be able to answer questions)**

Side Effects: When you don't know the side effect for a drug that you might receive a question for...choose the option that is in the same system as the drug or the disorder of the patient...this works about 85% of the time on the boards and with true NCLEX type questions...Also remember that if the age of the patient is given in conjunction with a side effect question... give it some extra thought as it might be that the answer is more related to the age of the patient rather than in the same system...just look at it carefully (i.e. if question is about an elderly patient, at least give some thought to confusion being a side effect)

Adverse Effects:

When you don't know the adverse effect for a drug that you might receive a question for...choose option that is the worst symptom or clinical finding given...usually this is a renal answer (think...drugs need to go through renal system for excretion, thus making it more likely that

adverse effects would be found there; many drugs are nephrotoxic)...if no renal option is given or there is something in the question that clearly is more significant, then go that way, but if you use this strategy, it works about 85% of the time

**Antidotes:** If you remember the most common antidotes for drugs then you can generally make a solid educated guess on those you don't know by using what you do know...for example if you know that protamine sulfate is the antidote for heparin sodium and vitamin k is the antidote for coumadin/warfarin and you are left with 2 other options... if the question is not about heparin or coumadin, then you are down to 50-50...then look at two other drugs...is there anything in the prefix or the suffix of the name of the drug that would help you to eliminate it based on what the question is asking, i.e. one name of drug begins with cardi, thus a cardiac drug and the question is about the antidote for a psych drug, then you would be making a solid educated guess going with the non-cardi drug...even if you miss it, you have make a good educated guess, but more often than not you will be right other antidotes to know...mucomyst for tylenol...narcain for all narcotics (narc for narc)...cogentin for most psych drugs if you don't know...calcium gluconate for magnesium sulfate

#### Timing of Drugs:

There are always going to be at least some questions that you might get related to when you give drugs...there are some general rules that can assist you...

For most psych drugs, which are generally CNS depressants, that are ordered once per day, give at HS or at bedtime...when the patient is going to sleep...The exception to the rule is for antidepressants as you want the patient to have the effects of these meds in the morning, thus give it in the AM

For most drugs to treat peptic ulcer disease (i.e. zantac, pepcid, tagamet) if ordered once per day, give at night as most ulcers are duodenal ulcers which wake patients up from sleep with pain, thus you want the med to work at night or at HS...if ordered qid, then can give with meals and at bedtime

Remember if med is carafate, it coats the stomach so you would want to give 30min-1 hour before meals so that stomach is coated prior to HCL being secreted by stomach

For diuretics ordered once per day, give in AM...for diuretics ordered BID give with breakfast and no later than 5pm, usually 9am and 5pm (B in BID=Breakfast; D in BID=Dinner) so patient does not void all night

Also, remember every 6 hours is not the same as qid and vice versa

#### What Drugs are Administered With:

As a general rule, remember that if you don't know err on the side of giving meds with food if you don't know

It is always important to compare the options you are given so that if 3 are with food or some food/liquid and one isn't go with the one that isn't...USE COMMON SENSE AND COMPARISONS TO ASSIST YOU IN MAKING A SOUND EDUCATED CHOICE

Remember not to give meds with grapefruit juice as the high acidity can break down the med

Remember not to give meds with H2 inhibitors, but at least 30 minutes to 1 hour apart....same for antacids...otherwise they neutralize med, thus not effective

Remember those key foods that enhance absorption of meds, for example orange juice with iron preparations; diet low in fat and high in iron enhances excretion of lead in lead poisoning; patients taking drugs for parkinsons disease should eat low protein diets so that med can be utilized appropriately

#### Absolutes

Remember that absolutes usually make an option or options wrong... words like only, always, every, none, never...these words make the option unlikely to be right so the best strategy is to eliminate them from being chosen

#### Priority Setting

Priority setting uses the same principles whether setting priorities for one patient or a group of patients...if you are being asked what is your first or initial priority for one patient then use in the following order:

ABC (airway, breathing, circulation)

Other physiological, including pain (and remember that Actual problems/diagnoses trump (higher priority) than Risk for Safety and Security

Love and Belonging

If you are being asked for a group of patients who you would see first, second, etc...use the same process

If you use this process for both types of questions, you won't miss them, but always be sure to READ carefully

## **Delegation**

Remember this is a RN examination and if you don't know the answer to whom to delegate to, err on the side of the Registered Nurse...Also remember that this is a theory test, not a "what I have seen in practice" test so use what you know about scope of practice and what competence and knowledge is necessary to do a "skill or function" and that should guide you...also remember to compare 4 options to each other as often this can help you to choose the right answer with these types of questions if you keep in mind that:

Nurse's Aides (Nursing Assistant/Patient Care Technician) should do care that requires the least amount of knowledge and education...basic activities of daily living, but be careful that the question does not add something that would be an exception, for example a NA can assist patient's in feeding, but they cannot feed a patient with cerebral palsy as they are at risk for aspiration (same for myasthenia gravis or CVA) and the NA does not have the knowledge as to what to do if this occurs (NO MATTER WHAT YOU HAVE SEEN IN PRACTICE OR WHO YOU KNOW IN PRACTICE THAT DOES THIS)...

LPN (Licensed Practical Nurse or Licensed Vocational Nurse) can do basic nursing care with meds and treatments within their scope of practice (nothing complex or critical)...They cannot assess, teach, evaluate, do IV push meds, care for central lines, give chemotherapy or blood, interpret EKG strips, and the like (AGAIN, NO MATTER WHAT YOU SEE IN PRACTICE...THIS IS A THEORY TEST)

RN does all complex, critical care and care that requires the most knowledge and education...All assessments, teaching, evaluation, interpretation of labs, etc, IV push meds, central line management (remember that includes a PICC) chemotherapy, blood, etc...Read the questions carefully as the RN delegates to see what the RN is telling and/or asking the team members to do and how much info is being given to the team member, but again, if you don't know whom to delegate to err on the RN side as it is a RN test

## **Process of Elimination**

Remember that process of elimination works when you have knowledge about some items/options/information in the question, but not other knowledge...you should use process of elimination by using what you DO KNOW to assist you in eliminating or keeping options, thus assisting you in answering questions that you don't know...You should be practicing with this strategy on NCLEX type questions so that you are comfortable using it when you take the boards...Remember that sometimes this means

you will have to “give yourself permission” to choose an option that you don’t know is right, but if you KNOW the other options are wrong, then the other option has to be right so choose it

### Use of Words/Prefixes/Suffixes

It is important to look for the key word the question is giving you as well as if there are any hints in the word (what it begins or ends with particularly but other clues as well) that can assist you in choosing the correct answer...Examples (not all inclusive, just some common examples)

Penicillin drugs end in cillin so if you know one you know them all

Cephalosporin drugs have Ceph or Cef somewhere in the drug name (including in the middle, as with Rocephin)

Beta blockers end with lol or alol

Steroids end in sone

Drugs that have ASE in them are enzymes and thus break something down so let that assist you, for example...  
viokase or pancrease are pancreatic enzymes thus  
break down fat

streptokinase or urokinase are thrombolytics (clot busters), thus break down blood clots, thus  
assessing for bleeding is priority

diabenase is an oral hypoglycemic for type II diabetes mellitus, thus breaks down glucose

The letter a means without or absence of so if you get a disorder like biliary atresia, it means absence of bile ducts or esophageal atresia means absence of an opening or ending in blind pouch of the esophagus

The suffix cele means sac so if you get a question with a word that has cele in it look for an answer that addresses or defines it with a sac or inversely don’t choose an answer that does not acknowledge the presence of a sac