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NCLEX-RN V12.35 NATIONAL COUNCIL LICENSURE
EXAMINATION 2022/2023/2024

Exam : NCLEX-RN
Title : National Council Licensure
Examination(NCLEX-RN)
Vendor : NCLEX
Version : V12.35

NO.1 A depressed client is seen at the mental health center for follow-up after an attempted suicide 1 week ago. She has taken phenelzine sulfate (Nardil), a monoamine oxidase (MAO) inhibitor, for 7 straight days. She states that she is not feeling any better. The nurse explains that the drug must accumulate to an effective level before symptoms are totally relieved. Symptom relief is expected to occur within:

- A. 10 days
B. 2-4 weeks
C. 2 months D. 3 months

Answer: B

Explanation:

- (A) This answer is incorrect. It can take up to 1 month for therapeutic effect of the medication.
(B) This answer is correct. Because MAO inhibitors are slow to act, it takes 2-4 weeks before improvement of symptoms is noted.
(C) This answer is incorrect. It can take up to 1 month for therapeutic effect of the medication. (D) This answer is incorrect. Therapeutic effects of the medication are noted within 1 month of drug therapy.

NO.2 Cystic fibrosis is transmitted as an autosomal recessive trait. This means that:

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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q529-Q534):

NEW QUESTION # 529

Medication is administered to a client who has been placed in restraints after a sudden violent episode, and his EPSs subside. Restraints can be removed when:

- A. The nurse deems that removal of restraints is necessary
- B. The physician orders it
- C. A therapeutic alliance has been established, and violent behavior subsides
- D. The violent behavior subsides, and the client agrees to behave

Answer: C

Explanation:

Explanation

(A) The physician may order release of restraints, but prior to that, the client must meet criteria for release. (B) While the client is still restrained, but after violent behavior has subsided, a therapeutic bridge is built. This alliance encourages dialogue between nurse and client, allowing the client to determine causative factors, feelings prior to loss of control, and adaptive alternatives to violence. (C) If the client only "agrees to behave" after violent behavior subsides, he has developed no insight into cause and effect of violence or his response to stress. (D) Removal of restraints occurs only when the client meets the criteria for release, not just because the nurse says it is necessary.

NEW QUESTION # 530

A pregnant client experiences a precipitous delivery. The nursing action during a precipitous delivery is to:

- A. Cross client's legs tightly
- B. Control the delivery by guiding expulsion of fetus
- C. Push against the perineum to stop delivery
- D. Leave the room to call the physician

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Controlling the rapid delivery will reduce the risk of fetal injury and perineal lacerations. (B) The nurse should always remain with a client experiencing a precipitous delivery. (C) Pushing against the perineum may cause fetal distress. (D) Crossing of legs may cause fetal distress and does not stop the delivery process.

NEW QUESTION # 531

A female client is started on warfarin (Coumadin) 5 mg po bid. To adequately evaluate the effectiveness of the warfarin therapy, the nurse must know that this medication:

- A. Interferes with the synthesis of vitamin K-dependent clotting factors
- B. Dissolves any clots already formed in the arteries
- C. Stimulates the manufacturing of platelets
- D. Prevents the conversion of prothrombin to thrombin

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Thrombolytic agents (e.g., streptokinase) directly activate plasminogen, dissolving fibrin deposits, which in turn dissolves clots that have already formed. (B) Heparin prevents the formation of clots by potentiating the effects of antithrombin III and the conversion of prothrombin to thrombin. (C) Warfarin prevents the formation of clots by interfering with the hepatic synthesis of the vitamin K-dependent clotting factors. (D) Platelets initiate the coagulation of blood by adhering to each other and the site of injury to form platelet plugs.

NEW QUESTION # 532

In addition to changing the mother's position to relieve cord pressure, the nurse may employ the following measure (s) in the event that she observes the cord out of the vagina:

- A. Apply a cord clamp to the exposed cord, and cover with a sterile towel.
- B. Immediately pour sterile saline on the cord, and repeat this every 15 minutes to prevent drying.
- C. Cover the cord with a wet sponge.
- D. Keep the cord warm and moist by continuous applications of warm, sterile saline compresses.

Answer: D

Explanation:

Explanation

(A) Saline should be warmed; waiting 15 minutes may not keep the cord moist. (B) This choice does not specify what the sponge was "wet" with. (C) This measure would stop circulation to the fetus. (D) The cord should be kept warm and moist to maintain fetal circulation. This measure is an accepted nursing action.

NEW QUESTION # 533

A male client is started on IV anticoagulant therapy with heparin. Which of the following laboratory studies will be ordered to monitor the therapeutic effects of heparin?

- A. Partial thromboplastin time
- B. Red blood cell (RBC) count
- C. Hemoglobin
- D. Prothrombin time

Answer: A

Explanation:

Explanation

(A) Partial thromboplastin time is used to monitor the effects of heparin, and dosage is adjusted depending on test results. It is a screening test used to detect deficiencies in all plasma clotting factors except factors VII and XIII and platelets. (B) Hemoglobin is the main component of RBCs. Its main function is to carry O₂ from the lungs to the body tissues and to transport CO₂ back to the lungs. (C) RBC count is the determination of the number of RBCs found in each cubic millimeter of whole blood. (D) PT is used to monitor the effects of oral anticoagulants, e.g., coumarin-type anticoagulants.

NEW QUESTION # 534

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