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## NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q496-Q501):

#### **NEW QUESTION #496**

The child with iron poisoning is given IV deforoxamine mesylate (Desferal). Following administration, the child suffers hypotension, facial flushing, and urticaria. The initial nursing intervention would be to:

- A. Discontinue the IV
- B. Stop the medication, and begin a normal saline infusion
- C. Take all vital signs, and report to the physician
- D. Assess urinary output, and if it is 30 mL an hour, maintain current treatment

#### Answer: B

Explanation:

Explanation

(A) The IV line should not be discontinued because other IV medications will be needed. (B) Stop the medication and begin a normal saline infusion. The child is exhibiting signs of an allergic reaction and could go into shock if the medication is not stopped. The line should be kept opened for other medication. (C) Taking vital signs and reporting to the physician is not an adequate intervention because the IV medication continues to flow. (D) Assessing urinary output and, if it is 30 mL an hour, maintaining current treatment is an inappropriate intervention owing to the child's obvious allergic reaction.

#### **NEW QUESTION #497**

The therapeutic blood-level range for lithium is:

- A. 0.5-1.5 mEq/L
- B. 1.0-2.0 mEq/L
- C. 0.25-1.0 mEq/L
- D. 2.0-2.5 mEq/L

#### Answer: A

Explanation:

Section: Questions Set A

Explanation:

- (A) This range is too low to be therapeutic. (B) This is the therapeutic range for lithium. (C) This range is above the therapeutic level.
- (D) This range is toxic and may cause severe side effects.

#### **NEW QUESTION #498**

A client at 6 months' gestation complains of tiredness and dizziness. Her hemoglobin level is 10 g/dL, and her hematocrit value is 32%. Her nutritional intake is assessed as sufficient. The most likely diagnosis is:

- A. No problem indicated
- B. Iron-deficiency anemia
- C. Fatigue due to stress
- D. Physiological anemia

#### Answer: B

Explanation:

Explanation

(A) This clinical situation is indicative of iron-deficiency anemia because the client has inadequate nutritional intake. Her blood volume is increasing faster than her red blood cell volume. Anemia is present in the second trimester when the hemoglobin level is <10.5 and the hematocrit value falls below 35%. She needs increased iron supplements with follow-up. (B) The client's values are below levels for physiological anemia. (C) The client is fatigued because of a low hemoglobin level. (D) Her hemoglobin level is low and will probably decrease even more when the blood volume peaks at 28 weeks.

#### **NEW QUESTION #499**

A 32-year-old mother of two was brought to the hospital by her husband. He reported that his wife could no longer manage the house and children. She does not sleep and talks day and night. She has purchased some very expensive clothes. The nurse noted that the client speaks rapidly and changes the subject irrationally. This is an example of:

- A. Echolalia
- B. Hallucinations
- C. Delusions
- D. Flight of ideas

#### Answer: D

#### Explanation:

(A) Rapidly moving from one topic to another without following any logical sequence is called flight of ideas. (B) False beliefs are delusions. (C) False sensory perceptions are hallucinations ("hearing voices"). (D) Repeating words is called echolalia.

#### **NEW QUESTION # 500**

The nurse observes a client crying quietly. She has just experienced a spontaneous abortion at nine weeks' gestation. An appropriate response by the nurse would be:

- A. "This must be a difficult time for you. Would you like to talk about it?"
- B. "I'm sure your other children will be a comfort for you."
- C. "It must be God's will and probably is for the best."
- D. "Don't worry, you're still young. If I were you I'd just try again."

#### Answer: A

Explanation:

Explanation

(A) This response is nontherapeutic because it belittles the client's response and gives a meaningless rationalization. (B) This response acknowledges the client's feelings and demonstrates the therapeutic offering of self by the nurse. (C) This response is nontherapeutic because it does not focus on the client's feelings and offers false reassurance. (D) This response is nontherapeutic because it belittles the client's feelings and offers her advice.

#### **NEW QUESTION #501**

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