

NCLEX-RN Free Exam Questions, Certification NCLEX-RN Exam Infor

NCLEX-RN Exam Outline

Content Categories	Percentage of Examination
I. Management of care	15%-21%
II. Safety and infection control	10%-16%
III. Health promotion and maintenance	6%-12%
IV. Psychosocial integrity	6%-12%
V. Basic care and comfort	6%-12%
VI. Pharmacological and parental therapies	13%-19%
VII. Reduction of risk potential	9%-15%
VIII. Physiological adaptation	11%-17%

Time limit: 5 hours

Total questions: 75-145 scored, 15 unscored

Question Format: Multiple-choice, multiple-response, hot spot, fill-in-the-blank, calculation, exhibit, audio, graphic, tables

Mometrix TEST PREPARATION

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NCLEX-RN exam is a high-stakes test, meaning that passing is necessary to obtain licensure and practice as an RN. NCLEX-RN exam is designed to ensure that all licensed RNs possess the knowledge and skills necessary to provide safe and effective care to patients. In addition, the exam is constantly updated to reflect changes in nursing practice and healthcare delivery, ensuring that RNs remain up-to-date on best practices.

NCLEX-RN exam is a critical step in the process of becoming a registered nurse. It is a comprehensive exam that assesses the candidate's knowledge and skills in various areas of nursing practice. Passing NCLEX-RN Exam is a requirement for licensure in the United States and Canada, and it is essential for ensuring that nurses provide safe and effective care to their patients.

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NCLEX-RN exam is a critical exam for individuals who wish to become licensed registered nurses. NCLEX-RN Exam is designed to test the knowledge, skills, and abilities necessary to perform the duties of an entry-level RN. Preparing for the exam is a significant undertaking, and nursing graduates must be diligent in their studies to pass the exam and become licensed.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q744-Q749):

NEW QUESTION # 744

A client diagnosed with severe anemia is to receive 2 U of packed red blood cells. Prior to starting the blood transfusion, the nurse must:

- A. Hang Ringer's lactate as the companion fluid
- **B. Take a baseline set of vital signs**
- C. Use microdrip tubing for the blood administration
- D. Have the registered nurse in charge assume responsibility for verifying the client and blood product information

Answer: B

Explanation:

Section: Questions Set D

Explanation:

(A) A baseline set of vital signs is necessary to determine if any transfusion reactions occur as the blood product is being administered. (B) The only companion fluid to be used during a blood transfusion is normal saline. The calcium in Ringer's lactate can cause clotting. (C) Only a blood administration set should be used.

A microdrip tube would cause lysis of the red blood cells. (D) Proper identification of the recipient and the blood product must be validated by at least two people.

NEW QUESTION # 745

An 11-year-old boy has received a partial-thickness burn to both legs. He presents to the emergency room approximately 15 minutes after the accident in excruciating pain with charred clothing to both legs. What is the first nursing action?

- A. Begin debridement by removing all charred clothing from wound.
- B. Apply Silvadene cream (silver sulfadiazine).
- **C. Immerse both legs in cool water.**
- D. Apply ice packs to both legs.

Answer: C

Explanation:

Explanation

(A) Ice creates a dramatic temperature change in the tissue, which can cause further thermal injury. (B) Charred clothing should not be removed from wound first. This creates further tissue damage. Debridement is not the first nursing action. (C) Applying silver sulfadiazine cream first insulates heat in injured tissue and increases potential for infection. (D) Emergency care of a thermal burn is immersing both legs in cool water.

Cool water permits gradual temperature change and prevents further thermal damage.

NEW QUESTION # 746

Clients receiving antipsychotic drug therapy will often exhibit extrapyramidal side effects that are reversible with which of the following agents ordered by the physician?

- A. Anti-Parkinsonian drugs
- B. Phenothiazines
- **C. Anticholinergics**
- D. Tricyclic agents

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) This answer is incorrect. Phenothiazines are antipsychotic drugs and produce the symptoms. (B) This answer is correct.

Anticholinergic agents are often used prophylactically for extrapyramidal symptoms.

They balance cholinergic activity in the basal ganglia of the brain. (C) This answer is incorrect. Anti-Parkinsonian drugs would increase the symptoms. (D) This answer is incorrect. Tricyclic agents are used for symptoms of depression.

NEW QUESTION # 747

A female client was recently diagnosed with gastric cancer. She entered the hospital and had a total gastrectomy with esophagojejunostomy. Her postoperative recovery was uneventful. On conducting discharge teaching, the nurse discusses changes in bodily function and lifestyle changes with the client. In order to prevent pernicious anemia, the nurse stresses that the client must:

- A. Eat small quantities several times daily until she is able to tolerate food in moderate portions
- **B. Understand the need for Vitamin B12 replacement therapy**
- C. Increase the amount of iron in her diet
- D. Receive monthly blood transfusions

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Monthly blood transfusions are not indicated postgastrectomy. (B) Increasing iron in the client's diet may cause irritation and will not alleviate pernicious anemia. (C) It may be necessary that the client eat small meals several times per day, but this measure has no relevance to prevention of pernicious anemia.

(D) Pernicious anemia is caused by lack of Vitamin B12, and replacement therapy will be necessary because the client's stomach has been removed.

NEW QUESTION # 748

A newborn is admitted to the newborn nursery with tremors, apnea periods, and poor sucking reflex. The nurse should suspect:

- A. These are normal newborn responses to extrauterine life
- **B. Hypoglycemia**
- C. Hyperglycemia
- D. Central nervous system damage

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Central nervous system damage presents as seizures, decreased arousal, and absence of newborn reflexes. (B) In a diabetic mother, the infant is exposed to high serum glucose. The fetal pancreas produces large amounts of insulin, which causes hypoglycemia after birth. (C) Hypoglycemia is a common newborn problem. Increased insulin production causes hypoglycemia, not hyperglycemia. (D) These are not normal adaptive behaviors to extrauterine life.

NEW QUESTION # 749

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