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NCLEX-RN PRACTICE EXAM

Unit 1

1. Which individual is at greatest risk for developing hypertension?

- A. 45-year-old African American attorney
- B. 60-year-old Asian American shop owner
- C. 40-year-old Caucasian nurse
- D. 55-year-old Hispanic teacher

2. A child who ingested 15 maximum strength acetaminophen tablets 45 minutes ago is seen in the emergency department. Which of these orders should the nurse do first?

- A. Gastric lavage PRN
- B. Acetylcysteine (Mucomyst) for age per pharmacy
- C. Start an IV Dextrose 5% with 0.33% normal saline to keep vein open
- D. Activated charcoal per pharmacy

3. Which complication of cardiac catheterization should the nurse monitor for in the initial 24 hours after the procedure?

- A. angina at rest
- B. thrombus formation
- C. dizziness
- D. falling blood pressure

4. A client is admitted to the emergency room with renal calculi and is complaining of moderate to severe flank pain and nausea. The client's temperature is 100.8 degrees Fahrenheit. The priority nursing goal for this client is:

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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q310-Q315):

NEW QUESTION # 310

The nurse notes hyperventilation in a client with a thermal injury. She recognizes that this may be a reaction to which of the following medications if applied in large amounts?

- A. Neosporin sulfate
- B. Povidone-iodine
- **C. Mafenide acetate**
- D. Silver sulfadiazine

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) The side effects of neomycin sulfate include rash, urticaria, nephrotoxicity, and ototoxicity. (B) The side effects of mafenide acetate include bone marrow suppression, hemolytic anemia, eosinophilia, and metabolic acidosis. The hyperventilation is a compensatory response to the metabolic acidosis. (C) The side effects of silver sulfadiazine include rash, itching, leukopenia, and decreased renal function. (D) The primary side effect of povidone-iodine is decreased renal function.

NEW QUESTION # 311

A 14-year-old boy has a head injury with laceration of his scalp over his ear. The nurse should call the physician to report:

- A. Pulse rate ranges between 68 bpm and 76 bpm
- **B. Temperature rise to 102°F rectally**
- C. Blood pressure increase from 100/80 to 115/85 after lunch
- D. Headache that is unresponsive to acetaminophen (Tylenol)

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) This change in blood pressure may not be significant and does not indicate a widening pulse pressure, a late sign of increased ICP. It is important to continue to monitor for change in blood pressure. (B) Acetaminophen may be ineffective in relieving headache after head injury. Stronger analgesics are contraindicated because they mask neurological signs and may depress the CNS. (C) Pulse rates between

68 bpm and 76 bpm are within normal limits for a 14-year-old child. It is important to monitor for a consistent drop in pulse rate, which is a late sign of increasing ICP. (D) An elevated temperature is abnormal and requires further assessment and medical intervention. The temperature may be unrelated to the head injury, but CNS infection is serious and difficult to control.

NEW QUESTION # 312

A client admitted with a diagnosis of possible myocardial infarction is admitted to the unit from the emergency room. The nurse's first action when admitting the client will be to:

- A. Obtain vital signs
- B. Complete the history profile
- **C. Connect the client to the cardiac monitor**
- D. Ask the client if he is still having chest pain

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) Obtaining vital signs is important after connecting the client to the monitor because vital signs should be stable before the client is discharged from the emergency room. (B) All are important, but the first priority is to monitor the client's rhythm. (C) If the client is in severe pain, pain medication should be given after connecting him to the monitor and obtaining vital signs. (D) Completion of the history profile is the least important of the nursing actions.

NEW QUESTION # 313

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

Answer: B

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 # 314

To prevent fungal infections of the mouth and throat, the nurse should teach clients on inhaled steroids to:

- A. Rinse the plastic holder that aerosolizes the drug with hydrogen peroxide every other day
- B. Rinse the mouth before each use to eliminate colonization of bacteria
- **C. Rinse the mouth and gargle with warm water after each use of the inhaler**
- D. Take antacids immediately before inhalation to neutralize mucous membranes and prevent infection

Answer: C

Explanation:

Section: Questions Set B

Explanation:

(A) It is sufficient to rinse the plastic holders with warm water at least once per day. (B) It is important to rinse the mouth after each use to minimize the risk of fungal infections by reducing the droplets of the glucocorticoid left in the oral cavity. (C) Antacids act by neutralizing or reducing gastric acid, thus decreasing the pH of the stomach. "Neutralizing" the oral mucosa prior to inhalation of a steroid inhaler does not minimize the risk of fungal infections. (D) Rinsing prior to the use of the glucocorticoid will not eliminate the droplets left on the oral mucous membranes following the use of the inhaler.

NEW QUESTION # 315

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