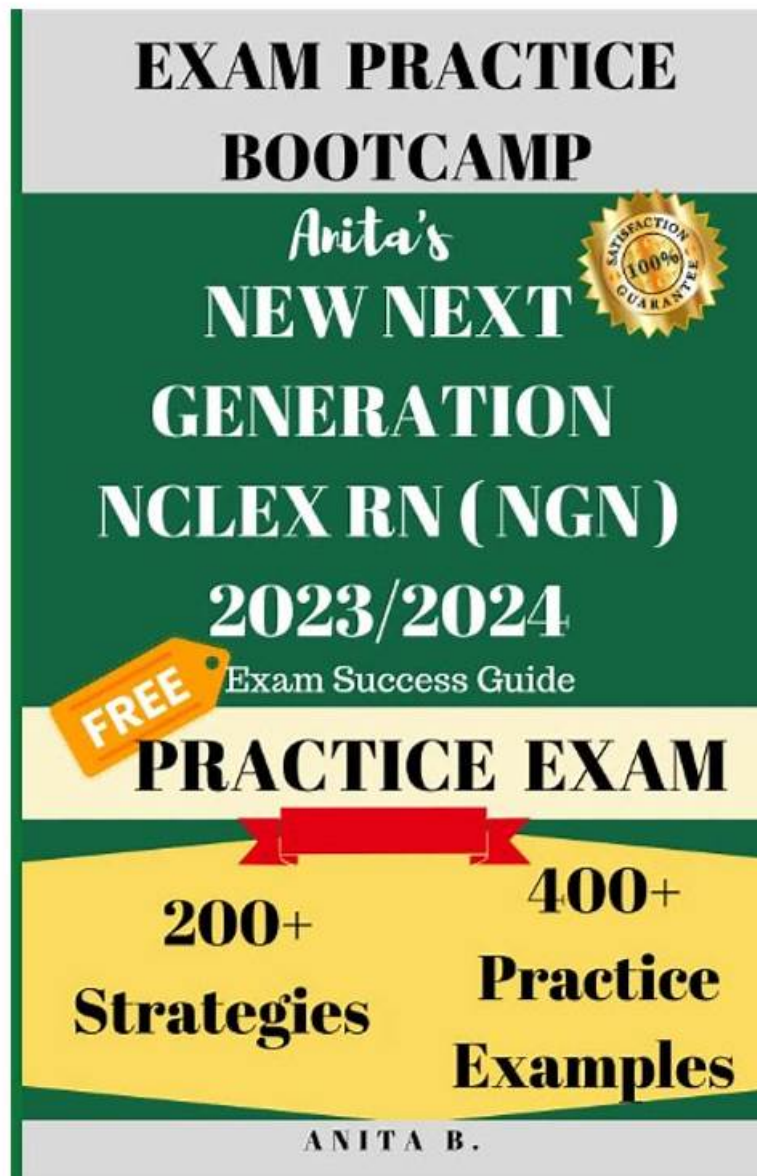


# Exam NCLEX-RN Bootcamp - Exam NCLEX-RN Topic



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## NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q493-Q498):

### NEW QUESTION # 493

Three weeks following discharge, a male client is readmitted to the psychiatric unit for depression. His wife stated that he had threatened to kill himself with a handgun. As the nurse admits him to the unit, he says, "I wish I were dead because I am worthless to everyone; I guess I am just no good." Which response by the nurse is most appropriate at this time?

- A. "I know with your wife and new baby that you do have a lot to live for."
- B. "Don't you think this is a sign of your illness?"
- C. "I don't think you are worthless. I'm glad to see you, and we will help you."
- D. "You've been feeling sad and alone for some time now?"

**Answer: D**

Explanation:

Explanation

(A) This response does not acknowledge the client's feelings.

(B) This is a closed question and does not encourage communication.

(C) This response negates the client's feelings and does not require a response from the client. (D) This acknowledges the client's implied thoughts and feelings and encourages a response.

### NEW QUESTION # 494

The nurse notes multiple bruises on the arms and legs of a newly admitted client with lupus. The client states, "I get them whenever I bump into anything." The nurse would expect to note a decrease in which of the following laboratory tests?

- A. Number of platelets
- B. Number of lymphocytes
- C. WBC count
- D. Hemoglobin level

**Answer: A**

Explanation:

(A) Thrombocytopenia, a decrease in platelets, occurs in lupus and causes a decrease in blood coagulation and thrombus formation.

(B) Clients with lupus will have a decrease in the WBC count decreasing their resistance to infection. (C) Clients with lupus may have a decrease in the hemoglobin level causing anemia. (D) Leukopenia, a decrease in white blood cells, is seen in lupus and decreases resistance to infection.

### NEW QUESTION # 495

A client is being discharged and will continue enteral feedings at home. Which of the following statements by a family member indicates the need for further teaching?

- A. "If he develops diarrhea lasting for more than 2-3 days, I will contact the doctor or nurse."
- B. "I should anticipate that he will gain about 1 lb/day now that he is on continuous feedings."
- C. "I should use prepared or open formula within 24 hours and store unused portions in the refrigerator."
- D. "It is important to keep the head of his bed elevated or sit him in the chair during feedings."

**Answer: B**

Explanation:

(A)

Diarrhea is a complication of tube feedings that can lead to dehydration. Diarrhea may be the result of hypertonic formulas that can draw fluid into the bowel. Other causes of diarrhea may be bacterial contamination, fecal impaction, medications, and low albumin.

(B)

A consistent weight gain of more than 0.22 kg/day (12 lb/day) over several days should be reported promptly. The client should be evaluated for fluid volume excess. (C) Elevating the client's head prevents reflux and thus formula from entering the airway. (D) Bacteria proliferate rapidly in enteral formulas and can cause gastroenteritis and even sepsis.

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

A 60-year-old woman exhibits forgetfulness, emotional lability, confusion, and decreased concentration. She has been unable to perform activities of daily living without assistance. After a thorough medical evaluation, a diagnosis of Alzheimer's disease was made. An appropriate nursing intervention to decrease the anxiety of this client would include:

- A. Reality testing
- **B. Allowing the client to perform activities of daily living as much as possible unassisted**
- C. Providing a highly stimulating environment
- D. Confronting confabulations

**Answer: B**

Explanation:

(A) This answer is correct. The more the client is able to control her daily routine, the less anxiety she will experience. (B) This answer is incorrect. Confrontation tends to increase anxiety. (C) This answer is incorrect. Reality testing is an assessment tool. It does not decrease anxiety. (D) This answer is incorrect. A highly stimulating environment increases distractibility and anxiety.

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

In cleansing the perineal area around the site of catheter insertion, the nurse would:

- A. Apply a small amount of talcum powder after drying the perineal area
- B. Wipe the catheter toward the urinary meatus
- C. Gently insert the catheter another 12 inch after cleansing to prevent irritation from the balloon
- **D. Wipe the catheter away from the urinary meatus**

**Answer: D**

Explanation:

Explanation

(A) Wiping toward the urinary meatus would transport microorganisms from the external tubing to the urethra, thereby increasing the risk of bladder infection. (B) Wiping away from the urinary meatus would remove microorganisms from the point of insertion of the catheter, thereby decreasing the risk of bladder infection. (C) Talcum powder should not be applied following catheter care, because powders contribute to moisture retention and infection likelihood. (D) The catheter should never be inserted further into the urethra, because this would serve no useful purpose and would increase the risk of infection.

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

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