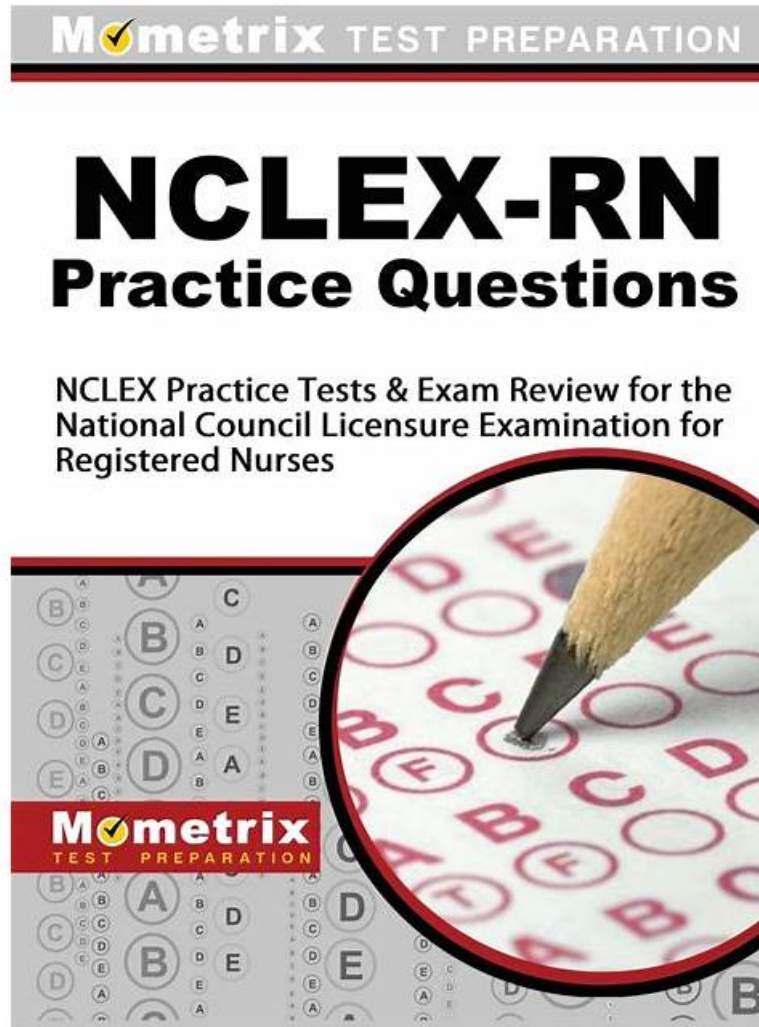


# Practice NCLEX-RN Test - The Best NCLEX Valid Braindumps NCLEX-RN Ppt: National Council Licensure Examination(NCLEX-RN)



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NCLEX-RN (National Council Licensure Examination for Registered Nurses) is a certification exam that is mandatory for all aspiring registered nurses in the United States. NCLEX-RN exam is designed to test the knowledge, skills, and abilities of registered nurses seeking licensure in the US. It is the final step in the nursing education process and is a crucial step in obtaining a nursing license.

## Understand the objectives of the NCLEX-RN exam.

The objective of the NCLEX-RN® certification is to test your ability to use critical thinking skills to make nursing judgments. This is a much different type of testing than what you have done in nursing school. Nursing schools test your knowledge of the nursing process. They want to know if you have learned all the nursing terms. On the NCLEX-RN® exam, they want to see if you have learned to apply the nursing knowledge you learned in school to the nursing process. Improvement of knowledge and retention of information on the NCLEX-RN exam is based on how well you answered questions. **NCLEX-RN Dumps** tests your knowledge

and understanding. Aid material helps you learn new concepts and retain information that you learned in school. Knowledge like textbooks are no longer used for this test. It's not enough to memorize the answer to every question.

You must understand the concept behind the question and know the answers to all questions. That is what you are tested on the NCLEX-RN Exam. Pool of questions is important because it means that there are questions you have not seen before. Links between topics are also important. Questions in one topic might be related to questions in another topic. Training your brain to recognize this can help you identify those questions and prepare for them. Exam cram is not as important as knowing what to study for. You must know the content of the exam.

To be licensed as a registered nurse in the United States, you must meet the following requirements:

- Be a citizen of the U.S.
- Be in good health.
- Have been registered to practice as an entry-level nurse.
- Have passed the NCLEX exam.

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## NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q519-Q524):

### NEW QUESTION # 519

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

**Answer: C**

Explanation:

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.

### NEW QUESTION # 520

As soon as a child has been diagnosed as "hearing impaired," special education should begin. Which of the following special education tasks is the most difficult for a severely hearing-impaired child?

- A. Speech
- B. Lip reading
- C. Signing

- D. Auditory training

**Answer: A**

Explanation:

(A) With the slight and mild hard of hearing, auditory training is beneficial. (B) Speech is the most difficult task because it is learned by visual and auditory stimulation, imitation, and reinforcement. (C, D) Lip reading and signing are aimed at establishing communicative skills, but they are learned more easily by visual stimulation.

#### NEW QUESTION # 521

A male client is undergoing cardiac tests. He has been instructed to wear a Holter monitor. The nurse knows she has included the appropriate information in her teaching when the client tells her:

- A. "Damage to his heart muscle will be recorded by the monitor."
- B. "He is to refrain from activities that cause chest pain."
- C. "He is to keep a record of everything he does during the day."
- D. "He should remove the electrodes for bathing."

**Answer: C**

Explanation:

Explanation/Reference:

Explanation:

(A) The client should leave the electrodes in place during the entire time the test is ordered. He should not even remove the electrodes for bathing. (B) The Holter monitor will record cardiac electrical activity but will not record damage to his myocardium. (C) The client should keep a record of all of his activities so the physician can correlate the ECG findings with his activities. (D) The client should continue doing his regular activities. The purpose of the Holter monitor is to record heart activity during routine activities.

#### NEW QUESTION # 522

A mother brings her 3-year-old child who is unconscious but breathing to the ER with an apparent drug overdose. The mother found an empty bottle of aspirin next to her child in the bathroom. Which nursing action is the most appropriate?

- A. Place child on respiratory assistance.
- B. Monitor muscular status.
- C. Put in a nasogastric tube and lavage the child's stomach.
- D. Teach mother poison prevention techniques.

**Answer: C**

Explanation:

Explanation/Reference:

Explanation:

(A) The immediate treatment for drug overdose is removal of the drug from the stomach by either forced emesis or gastric lavage. The child's unconscious state prohibits forced emesis. (B) Toxic amounts of salicylates directly affect the respiratory system, which could lead to respiratory failure. (C) The mother's anxiety is probably so high that preventive guidance will be ineffective. (D) Respiratory assistance is not needed if the child's respiratory function is unaltered.

#### NEW QUESTION # 523

The physician orders fluoxetine (Prozac) for a depressed client. Which of the following should the nurse remember about fluoxetine?

- A. Foods such as aged cheese, yogurt, soy sauce, and bananas should not be eaten with this drug.
- B. Because fluoxetine is a tricyclic antidepressant, it may precipitate a hypertensive crisis.
- C. The therapeutic effect of the drug occurs 2-4 weeks after treatment is begun.
- D. Fluoxetine may be administered safely in combination with monoamine oxidase (MAO) inhibitors.

**Answer: C**

