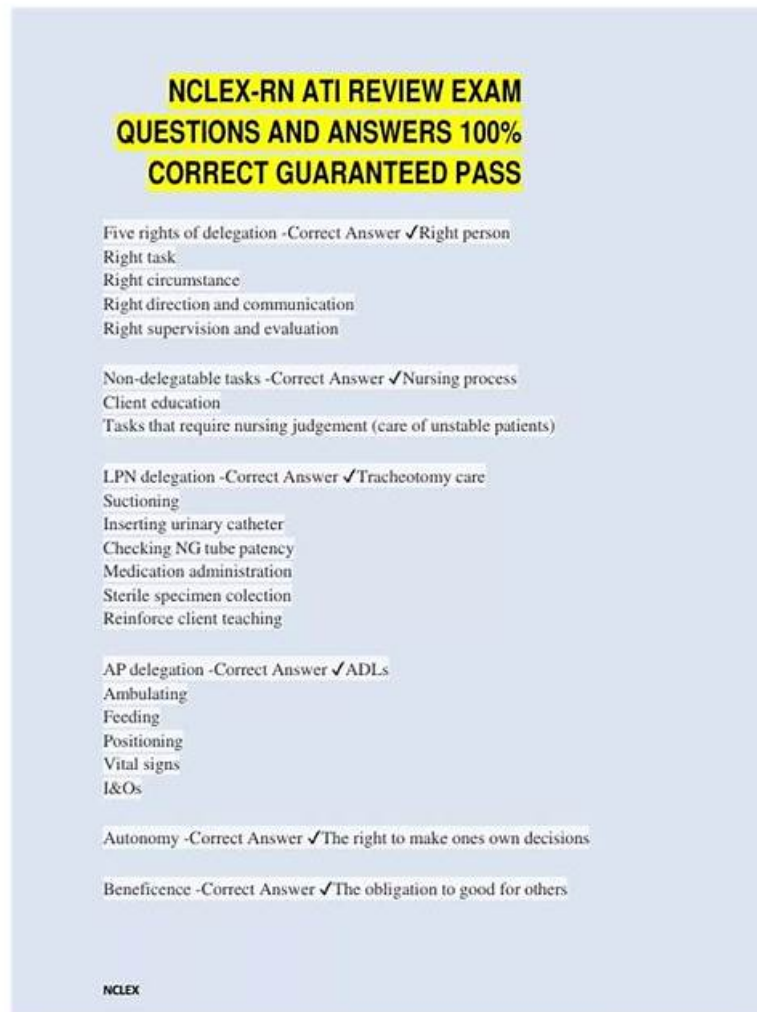


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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q626-Q631):

NEW QUESTION # 626

A 2-month-old infant is receiving IV fluids with a volume control set. The nurse uses this type of tubing because it:

- A. Prevents phlebitis
- B. Prevents administration of other drugs
- C. Prevents inadvertent administration of a large amount of fluids
- D. Prevents entry of air into tubing

Answer: C

Explanation:

(A) A volume control set has a chamber that permits the administration of compatible drugs. (B) Air may enter a volume control set when tubing is not adequately purged. (C) A volume control set allows the nurse to control the amount of fluid administered over a set period. (D) Contamination of volume control set may cause phlebitis.

NEW QUESTION # 627

The usual treatment for diabetes insipidus is with IM or SC injection of vasopressin tannate in oil. Nursing care related to the client receiving IM vasopressin tannate would include:

- A. Limit fluid intake to 500 mL/day.
- B. Weigh once a week and report to the physician any weight gain of 10 lb.
- C. Hold the vial under warm water for 10-15 minutes and shake vigorously before drawing medication into the syringe.
- D. Store the medication in a refrigerator and allow to stand at room temperature for 30 minutes prior to administration.

Answer: C

Explanation:

Section: Questions Set A

Explanation:

(A) Weight should be obtained daily. (B) Fluid is not restricted but is given according to urine output. (C) The medication does not have to be stored in a refrigerator. (D) Holding the vial under warm water for 10-15 minutes or rolling between your hands and shaking vigorously before drawing medication into the syringe activates the medication in the oil solution.

NEW QUESTION # 628

A 16-year-old client reports a weight loss of 20% of her previous weight. She has a history of food binges followed by self-induced vomiting (purging). The nurse should suspect a diagnosis of:

- A. Anorexia hysteria
- B. Conversion reaction
- C. Anorexia nervosa
- D. Bulimia

Answer: D

Explanation:

Explanation

(A) Anorexia nervosa is characterized by self-starvation. (B) Anorexia hysteria is not a known disease or disorder. (C) Bulimia is

characterized by food binges and self-induced vomiting. (D) Conversion reaction is a defense mechanism.

NEW QUESTION # 629

A client in active labor asks the nurse for coaching with her breathing during contractions. The client has attended Lamaze birth preparation classes. Which of the following is the best response by the nurse?

- A. "Keep breathing with your abdominal muscles as long as you can."
- B. "Make sure you take a deep cleansing breath as the contractions start, focus on an object, and breathe about 16-20 times a minute with shallow chest breaths."
- C. "Find a comfortable position before you start a contraction. Once the contraction has started, take slow breaths using your abdominal muscles."
- D. "If a woman in labor listens to her body and takes rapid, deep breaths, she will be able to deal with her contractions quite well."

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Lamaze childbirth preparation teaches the use of chest, not abdominal, breathing. (B) In Lamaze preparation, every patterned breath is preceded by a cleansing breath; as labor progresses, shallow, paced breathing is found to be effective. (C) It is important to assume a comfortable position in labor, but the Lamaze-prepared laboring woman is taught to breathe with her chest, not abdominal, muscles. (D) When deep chest breathing patterns are used in Lamaze preparation, they are slowly paced at a rate of 6-9 breaths/min.

NEW QUESTION # 630

A 67-year-old client will be undergoing a coronary arteriography in the morning. Client teaching about postprocedure nursing care should include that:

- A. Some oozing of blood at the arterial puncture site is normal
- B. He will be kept NPO for 8-12 hours
- C. The leg used for arterial puncture should be kept straight for 8-12 hours
- D. Bed rest with bathroom privileges will be ordered

Answer: C

Explanation:

Explanation

(A) Bed rest will be ordered for 8-12 hours postprocedure. Flexing of the leg at the arterial puncture site will occur if the client gets out of bed, and this is contraindicated after arteriography. (B) The client will be able to eat as soon as he is alert enough to swallow safely and that will depend on what medications are used for sedation during the procedure. (C) Oozing at the arterial puncture site is not normal and should be closely evaluated. (D) The leg where the arterial puncture occurred must be kept straight for 8-12 hours to minimize the risk of bleeding.

NEW QUESTION # 631

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