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FREE NCLEX RN Study Guide

DO NOT delegate what you can EAT!

- E – evaluate
- A – assess
- T – teach

addisons = down, down down up down

cushings = up up up down up

addisons = hyponatremia, hypotension, decreased blood vol, hyperkalemia, hypoglycemia

cushings = hypernatremia, hypertension, increased blood vol, hypokalemia, hyperglycemia

No Pee, no K (do not give potassium without adequate urine output)

Elevate Veins; dAngle Arteries for better perfusion

- A = appearance (color all pink, pink and blue, blue [pale])
- P = pulse (>100, < 100, absent)
- G = grimace (cough, grimace, no response)
- A = activity (flexed, flaccid, limp)
- R = respirations (strong cry, weak cry, absent)

TRANSMISSION-BASED PRECAUTIONS:

AIRBORNE

My – Measles

Chicken – Chicken Pox/Varicella

Hez – Herpes Zoster/Shingles

TB

or remember...

MTV = Airborne

Measles

TB

Varicella-Chicken Pox/Herpes Zoster-Shingles: Private Room – negative pressure with 6-12 air exchanges/hr Mask, N95 for TB

DROPLET

think of SPIDERMAN!

- S – sepsis
- S – scarlet fever
- S – streptococcal pharyngitis
- P – parvovirus B19
- P – pneumonia
- P – pertussis
- I – influenza
- D – diphtheria (pharyngeal)
- E – epiglottitis
- R – rubella M – mumps
- M – meningitis
- M – mycoplasma or meningococcal pneumonia
- An – Adenovirus: Private Room or cohort Mask

CONTACT PRECAUTION

MRS.WEE

- M – multidrug resistant organism
- R – respiratory infection
- S – skin infections *
- W – wound infxn
- E – enteric infxn – clostridium difficile
- E – eye infxn – conjunctivitis

SKIN INFECTIONS

VCHIPS

- V – varicella zoster

P.S. Free & New NCLEX-RN dumps are available on Google Drive shared by PrepAwayTest: https://drive.google.com/open?id=1Rfl_3R0jvp184wCFHFAaqiRt_9swHHC

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NCLEX-RN exam consists of four categories: safe and effective care environment, health promotion and maintenance, psychosocial integrity, and physiological integrity. These categories are broken down into subcategories that cover a range of topics related to nursing practice, including patient care, pharmacology, health assessment, and nursing ethics. NCLEX-RN Exam is computerized and adaptive, meaning that the difficulty of the questions will vary depending on the test-taker's performance. Passing the NCLEX-RN exam is a crucial step for individuals looking to become registered nurses and enter the workforce.

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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q837-Q842):

NEW QUESTION # 837

Primary nursing diagnoses for the antisocial client are:

- **A. Impaired social interaction, ineffective individual coping, and altered self-concept**
- B. Altered body image and altered thought processes
- C. Alteration in perception and altered self-concept
- D. Altered communication processes and altered recreational patterns

Answer: A

Explanation:

Explanation

(A) This answer is incorrect. Perception is not altered because the client is not psychotic. (B) This answer is correct. The antisocial client lacks responsibility, accountability, and social commitment; has impaired problem-solving ability; tends to overuse defense mechanisms; lies and steals; and is often grandiose concerning self. (C) This answer is incorrect. Altered communication processes do not characterize this client.

The antisocial person communicates well and tends to have a charming personality. (D) This answer is incorrect. Altered thought processes refer to delusional thinking, which is bizarre and fixed, and do not characterize this client.

NEW QUESTION # 838

A 27-year-old man was diagnosed with type I diabetes 3 months ago. Two weeks ago he complained of pain, redness, and tenderness in his right lower leg. He is admitted to the hospital with a slight elevation of temperature and vague complaints of "not feeling well." At 4:30 PM on the day of his admission, his blood glucose level is 50 mg; dinner will be served at 5:00 PM. The best nursing action would be to:

- A. Ask him to dissolve three pieces of hard candy in his mouth
- B. Give him 3 tbs of sugar dissolved in 4 oz of grape juice to drink
- C. Monitor him closely until dinner arrives
- **D. Have him drink 4 oz of orange juice**

Answer: D

Explanation:

Section: Questions Set A

Explanation:

(A) The combination of sugar and juice will increase the blood sugar beyond the normal range. (B) Concentrated sweets are not absorbed as fast as juice; consequently, they elevate the blood sugar beyond the normal limit. (C) Four ounces of orange juice will act immediately to raise the blood sugar to a normal level and sustain it for 30 minutes until supper is served. (D) There is an increased potential for the client's blood sugar to decrease even further, resulting in diabetic coma.

NEW QUESTION # 839

The nurse enters the playroom and finds an 8-year-old child having a grand mal seizure. Which one of the following actions should the nurse take?

- A. Restrain the child so he will not injure himself.
- B. Place a tongue blade in the child's mouth.
- **C. Move furniture out of the way and place a blanket under his head.**
- D. Go to the nurses station and call the physician.

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) The nurse should not put anything in the child's mouth during a seizure; this action could obstruct the airway. (B) Restraining the child's movements could cause constrictive injury. (C) Staying with the child during a seizure provides protection and allows the nurse to observe the seizure activity. (D) The nurse should provide safety for the child by moving objects and protecting the head.

NEW QUESTION # 840

A client decided early in her pregnancy to breast-feed her first baby. She gave birth to a normal, full-term girl and is now progressing toward the establishment of successful lactation. To remove the baby from her breast, she should be instructed to:

- A. Withdraw the breast from the infant's mouth
- B. Gently pull the infant away
- C. Insert a clean finger into the baby's mouth beside the nipple
- D. Compress the areolar tissue until the infant drops the nipple from her mouth

Answer: C

Explanation:

Section: Questions Set B

Explanation:

(A) In pulling the infant away from the breast without breaking suction, nipple trauma is likely to occur. (B) In pulling the breast away from the infant without breaking suction, nipple trauma is likely to occur. (C) Compressing the maternal tissue does not break the suction of the infant on the breast and can cause nipple trauma. (D) By inserting a finger into the infant's mouth beside the nipple, the lactating mother can break the suction and the nipple can be removed without trauma.

NEW QUESTION # 841

The nurse is interviewing a client with a diagnosis of possible abdominal aortic aneurysm. Which of the following statements will be reflected in the client's chief complaint?

- A. "I've only been urinating three times a day lately."
- B. "I've been having a dull pain at the upper left shoulder."
- C. "I don't remember anything in particular, I just haven't felt well."
- D. "My legs have been numb for three months."

Answer: C

Explanation:

Section: Questions Set G

Explanation:

(A, B, C) These complaints are not specific signs and symptoms associated with abdominal aortic aneurysm. If symptoms are present, the aneurysm is expanding or rupture is imminent. (D) Many clients may experience no symptoms. The only symptom may be a pulsation noted in the abdomen in the reclining position.

NEW QUESTION # 842

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