

# NCLEX-RN Study Plan, NCLEX-RN Exams Collection

NCLEX-RN 30 Day Study Plan

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Fundamentals</b> <b>Chapters: 12-15</b> <b>UWorld: Basic care/ Safety/Infection</b> <b># of pgs: 46</b> <b># of Q's: 176</b>	<b>Fundamentals</b> <b>Chapters: 16-19</b> <b>UWorld: Med. Administrations /Skills</b> <b># of pgs: 32</b> <b># of Q's: 155</b>	<b>Fundamentals</b> <b>F&amp;E, ABGs, Vitals, Labs</b> <b>Chapters: 8-11</b> <b># of pgs: 41</b> <b># of Q's: 0</b>	<b>Fundamentals</b> <b>Complex Care</b> <b>Chapter: 69</b> <b># of pgs: 68</b> <b># of Q's: 0</b>	<b>Adult Heal</b> <b>Chapter: UWc</b> <b>Cardiov</b> <b># of pgs: 4</b> <b># of Q's: 21</b>
<b>Adult Health/Pharm</b> <b>Chapters: 54-55</b> <b>UWorld: Renal/Urinary</b> <b># of pgs: 33</b> <b># of Q's: 60</b>	<b>Adult Health/Pharm</b> <b>Chapters: 44-45</b> <b>UWorld: Heme/Onc</b> <b># of pgs: 34</b> <b># of Q's: 54</b>	<b>Adult Health/Pharm</b> <b>Chapters: 46-47</b> <b>UWorld: Endocrine</b> <b># of pgs: 29</b> <b># of Q's: 79</b>	<b>Adult Health/Pharm</b> <b>Chapters: 62-63</b> <b>UWorld: Immune/ Infectious Disease</b> <b># of pgs: 12</b> <b># of Q's: 72</b>	<b>Adult Heal</b> <b>Chapter: UWc</b> <b>Musculo</b> <b># of pgs: 2</b> <b># of Q's: 5</b>
UWorld Self-	<b>Adult Health/Pharm</b> <b>Chapters: 56-59</b> <b>UWorld: Neurology/</b>	<b>Leadership</b> <b>Chapters: 5-6</b> <b>UWorld:</b>	<b>Leadership</b> <b>Chapter: 7</b> <b>UWorld: Prioritize/</b>	<b>Child I</b> <b>Chapter: UWc</b>

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## NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q651-Q656):

### NEW QUESTION # 651

Forty-eight hours after a thyroidectomy, a female client complains of numbness and tingling of the toes and fingers. The nurse notes upper arm and facial twitching. The nurse needs to:

- A. Check the client's potassium level
- B. Assist the client to do range of motion exercises
- C. Administer the as-needed dose of phenytoin (Dilantin)
- D. Report the findings to the physician

**Answer: D**

Explanation:

(A) Muscular hyperactivity and parasthesias may indicate hypocalcemic tetany and require immediate administration of calcium gluconate. Tetany can occur if the parathyroid glands were erroneously excised during surgery. (B) Range of motion exercises are not appropriate to presenting symptoms. (C) These characteristics are not usual signs of potassium imbalance, but of calcium imbalance. (D) Phenytoin is indicated for seizure activity mainly of neurological origin.

### NEW QUESTION # 652

A newborn girl's father expresses concern that the newborn does not have good control of her hands and arms.

It is important for the father to realize certain neurological patterns that characterize the newborn:

- A. Asymmetrical movement of the extremities is not unusual and will disappear with maturation of the central nervous system.
- B. Purposeless, uncoordinated movements of the arms are indicative of neurological dysfunction.
- C. Mild hypotonia is expected in the upper extremities.
- D. **Function progresses in a head-to-toe, proximal-distal fashion.**

#### Answer: D

Explanation:

Explanation

(A) Term neonates are predominantly in a flexed position with strong active muscle tone that increases.

Newborns are slightly hypertonic. (B) Neonatal movements may be jerky and uncoordinated as the neonate works against gravity in contrast to the buoyancy of the amniotic fluid. Jerky movements must be differentiated from the tremors of hypoglycemia, hypocalcemia, and neurological dysfunction. (C) Growth of the newborn progresses in a cephalocaudal, proximal-distal fashion. Knowledge regarding infant development may facilitate parental involvement and infant stimulation. (D) Asymmetrical movements of the extremities are indicative of neurological dysfunction.

### NEW QUESTION # 653

Which of the following nursing actions is essential to prevent drug-resistant tuberculosis?

- A. **Monitor compliance with drug therapy.**
- B. Monitor renal function.
- C. Monitor liver function.
- D. Assess knowledge of respiratory isolation.

#### Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Monitoring liver function will not prevent the development of drug-resistant organisms. (B) Monitoring renal function will not prevent the development of drug-resistant organisms. (C) Knowledge of respiratory isolation will reduce transmission of tuberculosis but will not prevent development of drug-resistant organisms. (D) Noncompliance with prescribed antituberculosis drug regimen is the primary cause of drug-resistant organisms. Noncompliance permits the mutation of organisms.

### NEW QUESTION # 654

A 32-year-old female client is being treated for Guillain-Barre syndrome. She complains of gradually increasing muscle weakness over the past several days. She has noticed an increased difficulty in ambulating and fell yesterday. When conducting a nursing assessment, which finding would indicate a need for immediate further evaluation?

- A. Complaints of a headache
- B. **Complaints of shortness of breath**
- C. Loss of superficial and deep tendon reflexes
- D. Facial paralysis

#### Answer: B

Explanation:

Section: Questions Set D

Explanation:

(A) Headaches are not associated with Guillain-Barre syndrome. (B) Loss of superficial and deep tendon reflexes is expected with this diagnosis. (C) Complaints of shortness of breath must be further evaluated. Forty percent of all clients have some detectable respiratory weakness and should be prepared for a possible tracheostomy. Pneumonia is also a common complication of this syndrome. (D) Facial paralysis is expected and is not considered abnormal.

### NEW QUESTION # 655

A client reports to the nurse that the voices are practically nonstop and that he needs to leave the hospital immediately to find his girlfriend and kill her. The best verbal response to the client by the nurse at this time is:

- A. "We will have to put you in seclusion and restraints for a while. You could hurt someone with thoughts like that."
- B. "Just don't pay attention to the voices. They'll go away after some medication."
- C. "You can't leave here. This unit is locked and the doctor has not ordered your discharge."
- D. **"I understand that the voices are real to you, but I want you to know I don't hear them. They are a symptom of your illness."**

**Answer: D**

Explanation:

(A) This response validates the client's experience and presents reality to him. (B) This nontherapeutic response minimizes and dismisses the client's verbalized experience. (C) This response can be interpreted by a paranoid client as a threat, thereby increasing the client's potential for violence and loss of control. (D) This response is also threatening. The client's behavior does not call for restraints because he has not lost control or hurt anyone. If seclusion or restraints were indicated, the nurse should never confront the client alone.

### NEW QUESTION # 656

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