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NCLEX-RN (National Council Licensure Examination for Registered Nurses) is a standardized exam that is used to determine whether or not a candidate is qualified to become a registered nurse in the United States. NCLEX-RN exam is administered by the National Council of State Boards of Nursing (NCSBN) and is designed to test the knowledge, skills, and abilities necessary for safe and effective nursing practice.

NCLEX-RN exam consists of multiple-choice questions and alternative format questions, such as select-all-that-apply, fill-in-the-blank, and ordered response. NCLEX-RN exam is broken down into four categories: Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Integrity. Each category covers a range of topics such as infection control, ethical and legal issues, mental health, and basic care and comfort. The NCLEX-RN is a challenging exam, and test-takers must be well-prepared to pass. There are many resources available to help prepare for the exam, including review courses, study materials, and practice tests. Ultimately, passing the NCLEX-RN is a significant accomplishment and a vital step towards a rewarding career in nursing.

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- United States - 60,000 USD
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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q712-Q717):

NEW QUESTION # 712

A 50-year-old male client is to receive chemotherapy. The physician's orders include antiemetics. When planning his care, the nurse should take into consideration that antiemetics are best administered in the following way:

- A. Give antiemetics intermittently during the entire course of chemotherapy.
- B. Give antiemetics when nausea is experienced and continue on a regular schedule for 12-24 hours.
- C. Give antiemetics one at a time because combinations of antiemetics cause overwhelming side effects.
- D. Give antiemetics prior to the client receiving chemotherapy and continue on a regular basis for at least 24-48 hours after chemotherapy.

Answer: D

Explanation:

Explanation/Reference:

Explanation:

(A) Nausea is more difficult to control if antiemetics are withheld until nausea is experienced. (B) Antiemetics should be given prophylactically at the beginning of chemotherapy and continued on an around-the-clock basis to prevent nausea. (C) Combinations of antiemetics give the best control for nausea by blocking various causes of nausea induced by chemotherapy. (D) Antiemetics should be given around the clock during the course of chemotherapy. This prevents nausea from developing and prevents anticipatory nausea during subsequent chemotherapy administrations.

NEW QUESTION # 713

When giving discharge instructions to a 24-year-old client who had a short-arm cast applied for a fractured right ulna, the nurse recognizes the importance of telling him that the drying time for a plaster of Paris cast is approximately:

- A. 1-4 hours
- B. 30 minutes
- C. 12-24 hours
- D. 24-72 hours

Answer: D

Explanation:

(A) Synthetic cast materials harden in 3-15 minutes. Weight bearing is permitted in 15-30 minutes. Drying time for plaster of Paris is about 24-72 hours. (B, C) Plaster of Paris cast materials are heavier than synthetic materials and require a drying time of 24-72 hours. Synthetic materials dry within 30 minutes. (D) Plaster of Paris cast materials are heavier than synthetic materials and require a longer period to set and dry. Even though setting time (hardening) is only 3-15 minutes, the drying time for plaster of Paris is 24-72 hours. This depends on the size and thickness of the cast, exposure to air, and humidity in the air.

NEW QUESTION # 714

To ensure proper client education, the nurse should teach the client taking SL nitroglycerin to expect which of the following responses with administration?

- A. Temporary blurring of vision
- B. Generalized urticaria with prolonged use
- C. Stinging, burning when placed under the tongue
- D. Urinary frequency

Answer: C

Explanation:

(A) Stinging or burning when nitroglycerin is placed under the tongue is to be expected. This effect indicates that the medication is potent and effective for use. Failure to have this response means that the client needs to get a new bottle of nitroglycerin. (B, C, D) The other responses are not expected in this situation and are not even side effects.

NEW QUESTION # 715

A client has returned to the unit from the recovery room after having a thyroidectomy. The nurse knows that a major complication after a thyroidectomy is:

- A. Myxedema
- B. Hypercalcemia
- C. Respiratory obstruction
- D. Fistula formation

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) Respiratory obstruction due to edema of the glottis, bilateral laryngeal nerve damage, or tracheal compression from hemorrhage is a major complication after a thyroidectomy. (B) Hypocalcemia accompanied by tetany from accidental removal of one or more parathyroid glands is a major complication, not hypercalcemia. (C) Fistula formation is not a major complication associated with a thyroidectomy. It is a major complication with a laryngectomy. (D) Myxedema is hypothyroidism that occurs in adults and is not a complication of a thyroidectomy. A thyroidectomy client tends to develop thyroid storm, which is excess production of thyroid hormone.

NEW QUESTION # 716

A 1-year-old child is to receive an IM injection ordered by his pediatrician. He has fallen asleep in his mother's arms when the nurse approaches. Which approach is most appropriate at this time?

- A. Ask the mother to place the child on the examination table and leave the room, and then give the injection in an appropriate site.
- B. Awaken the child first and give the injection in the ventrogluteal site.
- C. Awaken the child first and give the injection in the dorsogluteal site.
- D. Give the injection in the vastus lateralis site before the child awakens.

Answer: B

Explanation:

(A) If awakened first, the child will know that nothing painful will be done without the child being alerted. (B) The ventrogluteal site is a safe site for children because it is a large muscle free of major nerves and blood vessels. (C) The dorsogluteal site is not recommended in children who have not been walking for at least 1 year because the muscle is not fully developed. (D) The parent will be able to offer support and comfort during and after the injection.

NEW QUESTION # 717

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