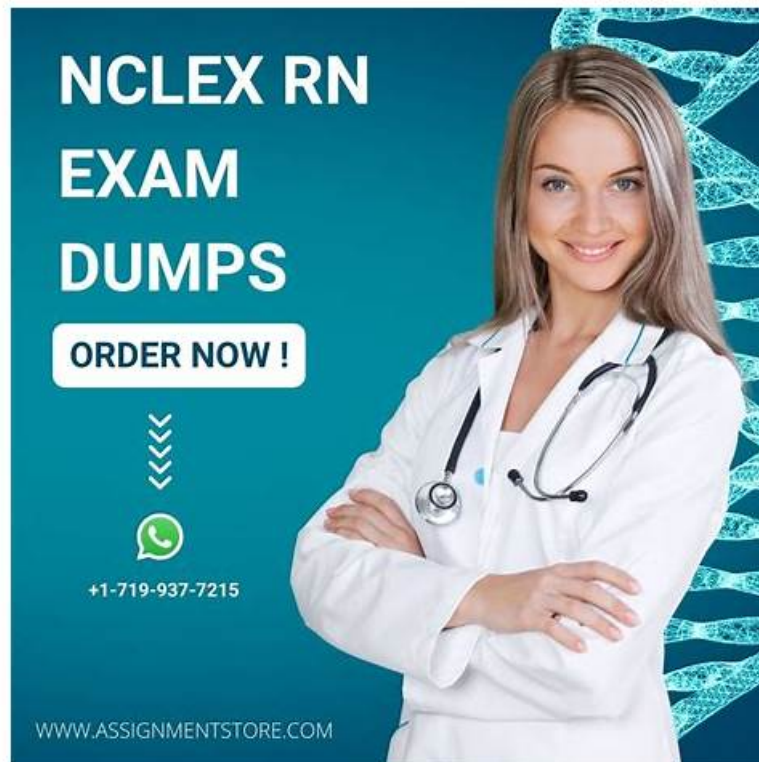


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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q658-Q663):

NEW QUESTION # 658

A hyperactive client is experiencing flight of ideas. The most therapeutic activity for him would be:

- A. Doing crafts in occupational therapy
- B. Playing bridge with three other clients
- C. Working a 1000-piece puzzle
- **D. Playing basketball in the gym**

Answer: D

Explanation:

Explanation

(A) This activity requires motor skills and therefore would be difficult for a hyperactive client. (B) This activity would take too long, and the client would have difficulty concentrating owing to a limited attention span. (C) This client would not be able to concentrate enough to play card games. He would respond to all the stimuli in the area, become distracted, and leave the table. (D) This activity would allow the client to channel his energy in a positive way.

NEW QUESTION # 659

The nurse assesses a client's monitor strip and finds the following: uterine contractions every 3-4 minutes, lasting 60-70 seconds; FHR baseline 134-146 bpm, with accelerations to 158 bpm with fetal movement. Which nursing intervention is appropriate?

- A. Turn the client to her left side.
- B. Start IV for fetal distress and administer O₂ at 6-8 liters by mask.
- **C. Evaluate to see if the monitor strip is reassuring.**
- D. Notify physician of nonreassuring FHR pattern.

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) These indices are within normal parameters; therefore, the nurse does not need to contact the physician. (B) The purpose of turning a client to her left side is to maximize uteroplacental blood flow.

Based on the above assessment, there is no indication that blood flow is compromised. (C) These interventions are appropriate nursing interventions for late and prolonged decelerations. Following these interventions, the nurse should notify the physician. These indices are within normal parameters; therefore, the nurse does not need to start an IV and administer O₂. (D) Variations of 20 bpm above or below the baseline FHR is considered normal. Normal FHRs range from 120-160 bpm. As the fetus moves, the FHR increases, and accelerations often occur in concert with contractions. During the active phase of labor, the frequency of uterine contractions is every 2-4 minutes, with an appropriate duration of 60 sec.

NEW QUESTION # 660

A client is diagnosed with organic brain disorder. The nursing care should include:

- A. Detailed explanations of procedures
- **B. Organized, safe environment**
- C. Challenging educational programs
- D. Long, extended family visits

Answer: B

Explanation:

(A) A priority nursing goal is attending to the client's safety and well-being. Reorient frequently, remove dangerous objects, and maintain consistent environment. (B) Short, frequent visits are recommended to avoid overstimulation and fatigue. (C) Short, concise, simple explanations are easier to understand. (D) Mental capability and attention span deficits make learning difficult and frustrating.

NEW QUESTION # 661

An 82-year-old former restaurant owner walks to the nursing station and states, "I have to go. The restaurant opens at 11 am." Which response by the nurse is the most appropriate?

- A. "You are in the hospital now. Calm down."
- B. "Go back to your room. You do not own a restaurant."
- C. "You once owned a restaurant. Tell me about it."
- D. "It is snowing outside. The restaurant is closed."

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) This response cuts off communication with the client. It does not address her feelings. (B) Reality orientation frequently does not work alone. Feelings must be addressed. Telling a client to calm down is frequently ineffective. (C) Reminiscence is used here to reorient and recall past pleasant events. Talking about the restaurant will allay anxiety. (D) This response may confirm to the client that she indeed does still own a restaurant, buying into her confusion. Her feelings and anxiety require nursing intervention.

NEW QUESTION # 662

MgSO₄ blood levels are monitored and the nurse would be prepared to administer the following antidote for MgSO₄ side effects or toxicity:

- A. Calcium gluconate
- B. Magnesium oxide
- C. Naloxone (Narcan)
- D. Calcium hydroxide

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A, B) These drugs are not antidotes for MgSO₄. (C) This drug is the standard antidote and should always be readily available when MgSO₄ is being administered. (D) This drug is an antidote for narcotics, not MgSO₄.

NEW QUESTION # 663

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