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NCLEX-RN exam is computerized and adaptive, meaning that the difficulty level of the exam adjusts based on a nurse's performance. NCLEX-RN exam is designed to be challenging, and many nurses find it to be a stressful experience. However, the NCLEX-RN is an essential step for nurses who wish to enter the workforce and begin practicing as registered nurses. With proper preparation and study, nurses can feel confident and well-prepared to pass the exam and begin their careers in nursing.

NCLEX-RN, or National Council Licensure Examination for Registered Nurses, is a standardized test that must be passed in order for a nurse to obtain a license to practice in the United States. NCLEX-RN exam is designed to evaluate the knowledge, skills, and abilities of entry-level registered nurses to ensure that they are prepared to provide safe and effective care to patients.

NCLEX-RN exam is administered by the National Council of State Boards of Nursing (NCSBN), and its content is based on the knowledge and skills necessary for the entry-level practice of registered nursing. NCLEX-RN Exam is designed to ensure that nurses are prepared to provide safe and effective care to patients in a variety of healthcare settings. Passing the NCLEX-RN exam is a requirement for licensure as a registered nurse in the US, and it is critical for aspiring nurses to prepare thoroughly for the exam to achieve success.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample

Questions (Q244-Q249):

NEW QUESTION # 244

A 16-year-old diabetic girl has been selected as a cheerleader at her school. She asks the nurse whether she should increase her insulin when she is planning to attend cheerleading practice sessions lasting from 8 to 11 AM. The most appropriate answer would be:

- A. "No, do not increase your insulin, but eating a snack prior to practice exercise will make insulin more effective and move more glucose into the cells."
- B. "No, do not increase your insulin. Exercise will not affect your insulin needs."
- C. "You should ask your doctor about this."
- D. "Yes, increase your insulin by 1 U for each hour of practice because exercise causes the body to need more insulin."

Answer: A

Explanation:

Explanation

(A) A nurse can give this information to a client. (B) Exercise makes insulin more efficient in moving more glucose into the cells. No more insulin is needed. (C) Exercise makes insulin more efficient unless the diabetes is poorly controlled. (D) Exercise makes insulin more efficient in moving more glucose into the cells.

NEW QUESTION # 245

A pregnant client complains of varicosities in the third trimester. Which of the following activities should she be advised to avoid?

- A. Wearing thromboembolic disease (TED) stockings
- B. Wearing knee-high stockings
- C. Sitting with legs crossed at ankles
- D. Wearing support pantyhose

Answer: B

Explanation:

Section: Questions Set F

Explanation:

(A) Sitting with the legs crossed at the ankles does not interfere with circulation or create pressure points. (B) TED stockings will help to reduce the varicosity by supporting the vein. Stockings must be applied with legs elevated. (C) Support pantyhose help to reduce the varicosity by supporting the vein. They also provide support to the uterus and allow for better return circulation. Hose must be applied like TED stockings. (D) Knee-high stockings create constriction and pressure points that interfere with circulation in the lower extremities.

NEW QUESTION # 246

A common complication of cirrhosis of the liver is prolonged bleeding. The nurse should be prepared to administer?

- A. Vitamin A
- B. Vitamin K
- C. Vitamin E
- D. Vitamin C

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Vitamin C does not directly affect clotting. (B) Vitamin K is a fat-soluble vitamin that depends on liver function for absorption. Vitamin K is essential for clotting. (C) Vitamin E does not directly affect clotting. (D) Vitamin A does not directly affect clotting.

NEW QUESTION # 247

A 55-year-old client is admitted with a diagnosis of renal calculi. He presented with severe right flank pain, nausea, and vomiting. The most important nursing action for him at this time is:

- A. Administration of O2 therapy
- **B. Straining of all urine**
- C. Daily weights
- D. Intake and output measurement

Answer: B

Explanation:

Section: Questions Set D

Explanation

Explanation:

(A) Intake and output measurements are important but must be accompanied by straining urine. (B) Daily weights would not provide for identification of calculi. (C) Straining urine provides for assessment of calculi and evaluation of calculi descent through ureters and urethra. (D) O2therapy should not be necessary for renal calculi.

NEW QUESTION # 248

A 29-year-old client delivered her fifth child by the Lamaze method and developed a postpartal hemorrhage in the recovery room. What are the initial symptoms of shock that she may experience?

- A. Marked elevation in blood pressure, respirations, and pulse
- B. Decreased systolic pressure, cold skin, and anuria
- **C. Rapid pulse; narrowed pulse pressure; cool, moist skin**
- D. No urinary output, tachycardia, and restlessness

Answer: C

Explanation:

Explanation

(A) Early shock does not exhibit the symptom of marked elevation in blood pressure. A narrowing of the pulse pressure is indicative of early shock. (B) Anuria is a clinical finding in late shock. (C) All of these clinical findings are congruent with early shock. (D) Absence of urinary output is a clinical finding in the late phase of shock.

NEW QUESTION # 249

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