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NCLEX-RN V12.35 NATIONAL COUNCIL LICENSURE EXAMINATION 2022/2023/2024

Exam : NCLEX-RN

Title : National Council Licensure Examination(NCLEX-RN)

Vendor : NCLEX

Version : V12.35

NO.1 A depressed client is seen at the mental health center for follow-up after an attempted suicide 1 week ago. She has taken phenelzine sulfate (Nardil), a monoamine oxidase (MAO) inhibitor, for 7 straight days. She states that she is not feeling any better. The nurse explains that the drug must accumulate to an effective level before symptoms are totally relieved. Symptom relief is expected to occur within:

- A. 10 days
- B. 2-4 weeks
- C. 2 months D. 3 months

Answer: B

Explanation:

- (A) This answer is incorrect. It can take up to 1 month for therapeutic effect of the medication.
- (B) This answer is correct. Because MAO inhibitors are slow to act, it takes 2-4 weeks before improvement of symptoms is noted.
- (C) This answer is incorrect. It can take up to 1 month for therapeutic effect of the medication. (D) This answer is incorrect. Therapeutic effects of the medication are noted within 1 month of drug therapy.

NO.2 Cystic fibrosis is transmitted as an autosomal recessive trait. This means that:

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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q521-Q526):

NEW QUESTION # 521

A female client is exhibiting signs of respiratory distress. Which of the following signs indicate a possible pneumothorax?

- A. Crackles or rales on the affected side
- **B. Shortness of breath and sharp pain on the affected side**
- C. Bradypnea and bradycardia
- D. Increased breath sounds on the affected side

Answer: B

Explanation:

(A) With a pneumothorax, air occupies the pleural space. Crackles or rales are heard with increased fluid or secretions and would not be present with air in the space. (B) With a pneumothorax, the client would experience tachypnea and tachycardia to compensate for the decrease in oxygenation. (C) Symptoms of pneumothorax include shortness of breath, sharp pain on the affected side with movement or coughing, asymmetrical chest expansion, and diminished or absent breath sounds on the affected side. (D) With a pneumothorax, breath sounds would be decreased on the affected side (indicates air in the pleural space).

NEW QUESTION # 522

A 24-year-old client presents to the emergency department protesting "I am God." The nurse identifies this as a:

- **A. Delusion**
- B. Conversion
- C. Illusion
- D. Hallucination

Answer: A

Explanation:

(A) Delusion is a false belief. (B) Illusion is the misrepresentation of a real, external sensory experience. (C) Hallucination is a false sensory perception involving any of the senses. (D) Conversion is the expression of intrapsychic conflict through sensory or motor manifestations.

NEW QUESTION # 523

A 32-year-old mother of two was brought to the hospital by her husband. He reported that his wife could no longer manage the house and children. She does not sleep and talks day and night. She has purchased some very expensive clothes. The nurse noted that the client speaks rapidly and changes the subject irrationally. This is an example of:

- **A. Flight of ideas**
- B. Echolalia
- C. Delusions
- D. Hallucinations

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Rapidly moving from one topic to another without following any logical sequence is called flight of ideas. (B) False beliefs are delusions. (C) False sensory perceptions are hallucinations ("hearing voices"). (D) Repeating words is called echolalia.

NEW QUESTION # 524

A client with severe PIH receiving MgSO₄ is placed in a quiet, darkened room. The nurse bases this action on the following understanding:

- A. External stimuli are annoying to the client with PIH.
- **B. Noise or bright lights may precipitate a convulsion.**
- C. The client is restless.
- D. The elevated blood pressure causes photophobia.

Answer: B

Explanation:

Explanation

(A) The client may be anxious and hyperresponsive to stimuli but not necessarily restless. (B) This is not a physiological response to an elevated blood pressure in PIH. (C) The nurse must know the nursing measures that decrease the potential for convulsions. A quiet, darkened room decreases stimuli and promotes rest. (D) External stimuli might induce a convulsion but are not annoying to the client with PIH.

NEW QUESTION # 525

In teaching the client about proper umbilical cord care, the nurse recommends that:

- A. The cord clamp be left on until the cord stump separates
- B. A belly binder be applied to prevent umbilical hernia
- **C. The area be cleansed at diaper changes with alcohol and inspected for redness or drainage**
- D. Petrolatum be placed around the cord after the sponge bath

Answer: C

Explanation:

(A) Petrolatum does not allow the cord to dry and will encourage infection. (B) Belly binders do not facilitate drying of the cord and will encourage abdominal relaxation. (C) Frequent applications of alcohol will facilitate drying and discourage infection. (D) The cord clamp can be removed in 24 hours. Leaving it on is cumbersome and could pull on the cord unnecessarily.

NEW QUESTION # 526

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