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NCLEX-RN Practice Questions

A client is referred to a surgeon by the general practitioner. After meeting the surgeon, the client decides to find a different surgeon to continue treatment. The nurse supports the client's action, utilizing which ethical principle?

1. Beneficence
2. Veracity
3. Autonomy
4. Privacy - Answer: 3

Rationale: Autonomy is the right of individuals to take action for themselves. Beneficence is an ethical principle to do good and applies when the nurse has a duty to help others by doing what is best for them. Veracity refers to truthfulness. Privacy is the nondisclosure of information by the health care team.

Cognitive Level: Applying

Client Need: Management of Care

Integrated Process: Nursing Process: Implementation

Content Area: Fundamentals

Strategy: The core issue of the question is the ability to interpret which ethical principle is operating in a specific situation. Eliminate beneficence and veracity next because they focus on the obligation of the nurse rather than on a right of the client.

A nurse forgets to administer a client's diuretic and the client experiences an episode of pulmonary edema. The charge nurse would consider the medication error to constitute negligence because the situation contains which element?

1. Purposeful failure to perform a health care procedure
2. Unintentional failure to perform a health care procedure
3. Act of substituting a different medication for the one ordered
4. Failure to follow a direct order by a physician - Answer: 2

Rationale: Negligence is the unintentional failure of an individual to perform or not perform an act that a reasonable person would or would not do in the same or similar circumstances. A purposeful failure to perform a procedure would be the opposite of negligence, which is unintentional. Substituting a different medication does not fit the description of the situation in the question. Failure to follow a direct order does not fit the description in the situation in the question.

Cognitive Level: Applying

Client Need: Management of Care

Integrated Process: Nursing Process: Assessment

Content Area: Fundamentals

Strategy: Two options are opposites, which is a clue that one of them may be correct. Choose unintentional failure to carry out a procedure over purposeful failure because it matches the definition of negligence.

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The Safe and Effective Care Environment category covers topics such as management of care, infection control, and safety and quality improvement. The Health Promotion and Maintenance category includes areas such as disease prevention, health promotion, and early detection of illness. The Psychosocial Integrity category deals with patient and family-centered care, cultural diversity, and mental health. The Physiological Integrity category covers topics such as basic care and comfort, pharmacological and parenteral therapies, and reduction of risk potential.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q64-Q69):

NEW QUESTION # 64

A behavioral modification program is recommended by the multidisciplinary team working with a 15-year-old client with anorexia nervosa. A nursing plan of care based on this modality would include:

- A. Restriction to the unit until she has gained 2 lb
- B. Role playing the client's eating behaviors
- C. Provision for a high-calorie, high-protein snack between meals
- D. Encouraging her to verbalize her feelings concerning food and food intake

Answer: A

Explanation:

Explanation

(A) This answer is incorrect. Role playing is based on learning but is not based on the behavioral modification model. (B) This answer is correct. The behavioral modification model is based on negative and positive reinforcers to change behavior. (C) This answer is incorrect. Verbal catharsis is not an intervention based on behavioral modification. (D) This answer is incorrect. Although an acceptable nursing intervention, it is not based on behavioral modification.

NEW QUESTION # 65

A 28-year-old client comes to the clinic for her first prenatal examination. In relating her obstetrical history, she tells the nurse that she has been pregnant twice before. She had a "miscarriage" with the first pregnancy after 6 weeks. With the second pregnancy, she delivered twin girls at 31 weeks' gestation. One of the twins was stillborn and the other twin died at 4 days of age. Using a five-digit system, the nurse records her as being:

- A. 2-1-1-0-0
- B. 2-2-2-1-2
- C. 3-0-1-1-0
- D. 2-0-2-1-0

Answer: C

Explanation:

Section: Questions Set E

Explanation:

(A) The first digit represents the total number of pregnancies. This client has been pregnant 3 times including this pregnancy. The twin pregnancy counts as only one pregnancy, and because she delivered prior to 37 weeks' gestation, the third digit is recorded as 1.

(B) The first digit represents the total number of pregnancies.

This client has been pregnant 3 times including this pregnancy. The second digit represents the total number of full-term deliveries; she has lost two pregnancies before 37 weeks' gestation. At present, she has no living children, so the fifth digit is noted as 0. (C) The client is pregnant for the third time, and the first digit reflects the total number of pregnancies. She has had no full-term deliveries, because she delivered prior to 37 gestational weeks, so the second digit is recorded as 0. The third digit represents the number of preterm deliveries, and a twin pregnancy counts as only one delivery. She lost an earlier pregnancy prior to 20 gestational weeks, and the fourth digit reflects spontaneous or elective abortions. Lastly, the fifth digit indicates the number of children currently living, and she has no living children. (D) She is pregnant for the third time, and the first digit reflects the total number of pregnancies. In the previous two pregnancies, she delivered prior to 37 gestational weeks, thus having no full-term deliveries, which is indicated by the second digit. The fourth digit represents the total number of abortions, spontaneous or elective, and she reported a spontaneous abortion with her first pregnancy.

NEW QUESTION # 66

A client was exhibiting signs of mania and was recently started on lithium carbonate. She has no known physical problems. A teaching plan for this client would include which of the following?

- A. Discontinue the medication if nausea occurs.
- B. Restrict fluids to 1000 mL/day.
- C. Restrict foods that contain salt or sodium.
- **D. Regular foods should be eaten, including those that contain salt, such as bacon, ham, V-8 juice, and tomato juice.**

Answer: D

Explanation:

Explanation

(A) This answer is correct. A balanced diet with adequate salt intake is necessary. (B) This answer is incorrect.

The client must drink six to eight full glasses of fluid per day (2000-3000 mL/day). (C) This answer is incorrect. The client should be instructed to avoid fluctuations of sodium intake. Diet should be balanced, with an adequate salt intake. (D) This answer is incorrect. Nausea is a frequent side effect that can be minimized with administration of drug with meals or after eating food.

NEW QUESTION # 67

A male client is being treated in the burn unit for thirddegree burns on his head, neck, and upper chest received in the last 24 hours. The nurse is evaluating the effectiveness of fluid resuscitation. Which of the following indicates effective fluid balance?

- A. His urine output is equal to his total fluid intake.
- B. His blood pressure is 94/62.
- C. His weight increases from 165 to 175 lb.
- **D. His urine output has been >35 mL/hr for the past 12 hours.**

Answer: D

Explanation:

(A) A weight gain of 10 lb represents a state of overhydration. (B) He is losing fluids through insensible losses; a urine output equal to his intake indicates that he is receiving too little fluids. (C) A urine output greater than his intake indicates that he is receiving adequate fluid resuscitation to account for urinary and insensible losses. (D) A blood pressure of 94/62 indicates a state of underhydration and inadequate circulatory volume.

NEW QUESTION # 68

A client's wife is concerned over his behavior in recent months. He has been diagnosed with Parkinson's disease, and she is telling his nurse that he has been doing "strange things." The nurse reassures the wife that the following behavior is normal with Parkinson's disease:

- A. "Your husband will experience some periods of muscle flaccidity. Be sure to make him sit down during these periods."
- B. "Twitching of the muscles is to be expected and can occur at any time during the day."
- C. "Parkinson's disease causes severe pain in the joints. You should give your husband Tylenol at those times."
- **D. "Your husband may move his hands in motions that look like he is rolling a pill between his fingers."**

Answer: D

Explanation:

Explanation

(A) Clients with Parkinson's disease generally experience stiffness and rigid movement. (B) Pill-rolling movements are a symptom experienced by the Parkinson client. (C) Twitching of the muscles is not an expected symptom of Parkinson's disease. (D) Parkinson's disease does not cause joint pain. Mild muscular pain may be present.

NEW QUESTION # 69

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