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NCLEX-RN exam is administered by the National Council of State Boards of Nursing (NCSBN). NCLEX-RN Exam consists of multiple-choice questions that cover a wide range of nursing topics, including pharmacology, patient care, health promotion, and disease prevention. The questions are designed to test the candidate's critical thinking skills and ability to make sound clinical judgments.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q98-Q103):

NEW QUESTION # 98

A female client at 36 weeks' gestation has been treated successfully for premature labor for 4 weeks. She has begun having uterine contractions today and has been admitted to the labor and delivery suite. Her amniocentesis results reveal a lecithin/sphingomyelin (L/S) ratio of 2 and positive phosphatidylglycerol (PG).

These lab values indicate:

- A. Suspected chronic asphyxia
- B. Placental maturity
- C. Fetal lung maturity
- D. Cord compression

Answer: C

Explanation:

Explanation

(A) Placental maturity is assessed by a biophysical profile. (B) L/S ratio and presence of phosphatidylglycerol are not used to determine fetal asphyxia. A biophysical profile score of 6 may indicate this condition. (C) Cord compression is not reflected by the L/S ratio or presence of phosphatidylglycerol. Variable decelerations observed through electronic fetal monitoring could reflect umbilical cord compression. (D) An L/S ratio > 2 and the presence of phosphatidylglycerol in amniotic fluid indicate fetal lung maturity.

NEW QUESTION # 99

When the nurse is evaluating lab data for a client 18-24 hours after a major thermal burn, the expected physiological changes would include which of the following?

- A. Elevated hematocrit
- B. Elevated serum sodium
- C. Elevated serum protein
- D. Elevated serum calcium

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Sodium enters the edema fluid in the burned area, lowering the sodium content of the vascular fluid.

Hyponatremia may continue for days to several weeks because of sodium loss to edema, sodium shifting into the cells, and later, diuresis. (B) Hypocalcemia occurs because of calcium loss to edema fluid at the burned site (third space fluid). (C) Protein loss occurs at the burn site owing to increased capillary permeability. Serum protein levels remain low until healing occurs. (D)

Hematocrit level is elevated owing to hemoconcentration from hypovolemia. Anemia is present in the postburn stage owing to blood loss and hemolysis, but it cannot be assessed until the client is adequately hydrated.

NEW QUESTION # 100

A 6-month-old infant has developmental delays. His weight falls below the 5th percentile when plotted on a growth chart. A diagnosis of failure to thrive is made. What behaviors might indicate the possibility of maternal deprivation?

- A. Maintains eye-to-eye contact
- B. Finicky eater, easily pacified, cuddly
- C. Responsive to touch, wants to be held

- **D. Uncomforted by touch, refuses bottle**

Answer: D

Explanation:

(A) Normal infant attachment behaviors include responding to touch and wanting to be held. (B) Maternal deprivation behaviors include poor feeding, stiffening and refusal to eat, and inconsistencies in responsiveness. (C) Attachment behavior includes maintaining eye contact. (D) Maternal deprivation behaviors include displeasure with touch and physical contact.

NEW QUESTION # 101

A postpartum client complains of rectal pressure and severe pain in her perineum; this may be indicative of:

- **A. A hematoma of the vagina or vulva**
- B. Afterbirth pains
- C. Constipation
- D. Cystitis

Answer: A

Explanation:

Explanation

(A) Afterbirth pains are a common complaint in the postpartum client, but they are located in the uterus. (B) Constipation may cause rectal pressure but is not usually associated with "severe pain." (C) Cystitis may cause pain, but the location is different. (D) Hematomas are frequently associated with severe pain and pressure.

Further assessments are indicated for this client.

NEW QUESTION # 102

A female client has a chest tube placed. It is accidentally pulled out of the intrapleural space when she is ambulating. The first action the nurse should take is to:

- A. Instruct the client to cough deeply to re-expand her lung
- **B. Apply a petrolatum dressing over the site**
- C. Auscultate the lung to determine if she needs the tube replaced
- D. Put on sterile gloves and replace the tube

Answer: B

Explanation:

Section: Questions Set E

Explanation:

(A) This action is inappropriate. Coughing will not re-expand the lung and could result in further harm. (B) This action is a medical procedure, not a nursing procedure. (C) An occlusive dressing will prevent further air leak until the physician institutes further treatment. (D) The decision to reinsert the tube is a medical decision, not a nursing one.

NEW QUESTION # 103

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