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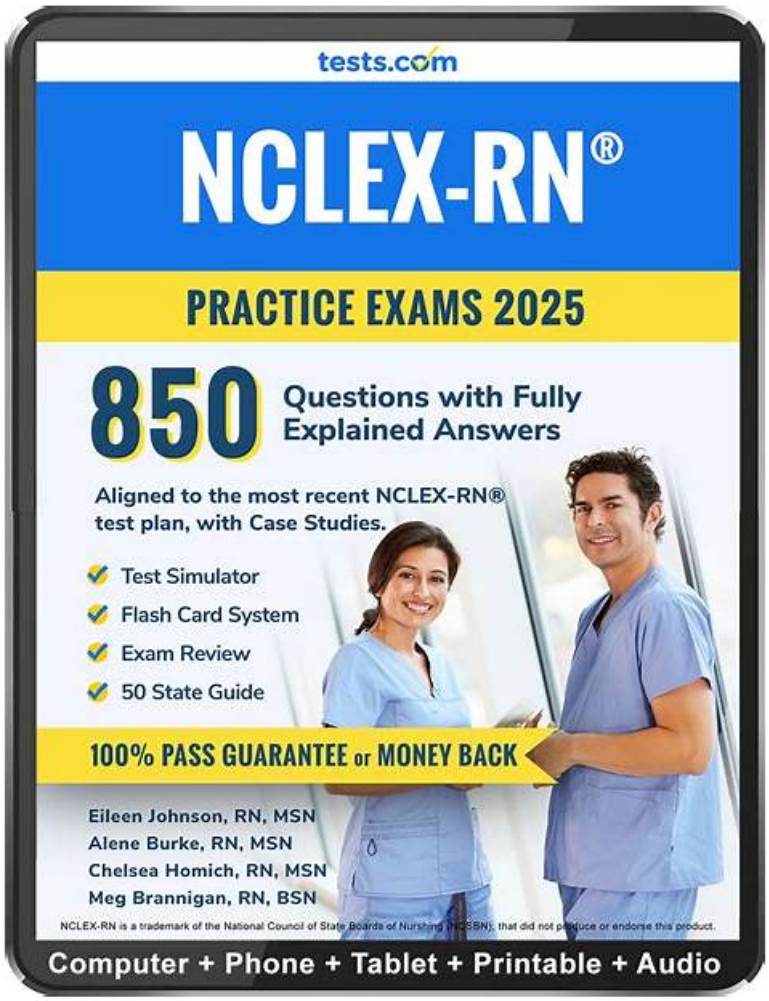

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Preparing for the NCLEX-RN exam requires a significant amount of time, effort, and dedication. Candidates must have a thorough understanding of nursing concepts and principles, as well as strong critical thinking and problem-solving skills. Many nursing schools offer review courses and study materials to help students prepare for the exam. Passing the NCLEX-RN exam is a major milestone in a nurse's career and opens up many opportunities for professional growth and advancement.

NCLEX-RN is a certification exam designed to test the knowledge and competency of individuals seeking to become licensed registered nurses in the United States. NCLEX-RN Exam is created and administered by the National Council of State Boards of Nursing (NCSBN) and is recognized as the standard measure of nursing proficiency across all 50 states.

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NCLEX-RN exam is computer-adaptive, meaning that the difficulty level of the questions presented to the test-taker is based on their individual performance. NCLEX-RN Exam is composed of a minimum of 75 questions and a maximum of 265 questions, with a time limit of six hours. The test is broken down into four categories: Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Integrity.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q641-Q646):

NEW QUESTION # 641
A term neonate has experienced no distress at birth and has an Apgar score of 9. Her mother has asked to breastfeed her following delivery. Immediately after birth, the neonate was most susceptible to heat loss. The most appropriate intervention to conserve heat loss and promote bonding is to:

- A. Place her under the radiant warmer
- B. Place her on a heated pad
- C. Dry her with blankets
- D. Place her to her mother's breast

Answer: D

Explanation:
(A) A radiant warmer maintains an optimal thermal environment by use of a thermal skin sensor taped to the infant. The warmer limits parental attachment, so, although appropriate, it is not an intervention that promotes infant attachment. (B) Warmed blankets prevent heat loss in the neonate by conduction. In addition, tactile stimuli promote crying and lung expansion. This intervention does not promote attachment, however. (C) Skin-toskin contact is an effective way to conserve heat after delivery and promotes parental attachment following birth in the healthy term infant. The first period of reactivity lasts approximately 30 minutes following birth. A strong sucking reflex and an active, awake newborn characterize this period. (D) Surfaces of objects warmer than the infant promote overheating by conduction, and neonatal hyperthermia may result.

NEW QUESTION # 642
A child has a nursing diagnosis of fluid volume excess related to compromised regulatory mechanisms.
Which of the following nursing interventions is the most accurate measure to include in his care?

- A. Weigh the child twice daily on the same scale.
- B. Monitor intake and output.
- C. Observe for edema.
- D. Check urine specific gravity of each voiding.

Answer: A

Explanation:
Explanation/Reference:
Explanation:
(A) Although all of these interventions are important aspects of care, weight is the most sensitive indicator of fluid balance. (B) Although monitoring intake and output is important, weight is a more accurate indicator of fluid status. (C) Urine specific gravity does not necessarily indicatefluid volume excess. (D) Edema may not be apparent, yet the client may have fluid volume excess.

NEW QUESTION # 643
The predominant purpose of the first Apgar scoring of a newborn is to:

- A. Obtain a baseline for comparison with the infant's future adaptation to the environment
- B. Determine the extent of congenital malformations
- C. Evaluate the infant's vital functions
- D. Determine gross abnormal motor function

Answer: C

Explanation:
Section: Questions Set A
Explanation:
(A) Apgar scores are not related to the infant's care, but to the infant's physical condition. (B) Apgar scores assess the current physical condition of the infant and are not related to future environmental adaptation. (C) The purpose of the Apgar system is to evaluate the physical condition of the newborn at birth and to determine if there is an immediate need for resuscitation. (D) Congenital malformations are not one of the areas assessed with Apgar scores.

NEW QUESTION # 644
A male client is admitted to the psychiatric unit after experiencing severe depression. He states that he intends to kill himself, but he asks the nurse not to repeat his intentions to
other staff members. Which response demonstrates understanding and appropriate action on the part of the nurse?

- A. "Don't do that, you have so much to live for. You have a wonderful wife and children. The client in the next room has no one."
- B. "We need to discuss this further, but right now let's complete these forms."
- C. "This is very serious. I do not want any harm to come to you. I will have to report this to the rest of the staff."
- D. "I understand you're depressed, but killing yourself is not a reasonable option."

Answer: C

Explanation:
(A) To the client, suicide may be a reasonable action and the only one he can cope with at this time. (B) This response indicates to the client that his intention to commit suicide is not important to the nurse at this time. (C) The client is so depressed that he is not able to see the positive aspects of his life. At no time should the nurse discuss another client's problems in conversation. (D) This statement tells the client that the nurse recognizes his problem is of a serious nature and will take all steps necessary to help him.

NEW QUESTION # 645
An 80-year-old male client with a history of arteriosclerosis is experiencing severe pain in his left leg that started approximately 20 minutes ago. When performing the admission assessment, the nurse would expect to observe which of the following:

- A. Both lower extremities cyanotic when placed in a dependent position
- B. Decreased or absent pedal pulse in the left leg
- C. The left leg warmer to touch than the right leg
- D. Both lower extremities warm to touch with 2_pedal pulses

Answer: B

Explanation:
Explanation/Reference:
Explanation:
(A) This statement describes a normal assessment finding of the lower extremities. (B) This assessment finding reflects problems caused by venous insufficiency. (C) Decreased or absentpedal pulses reflect a problem caused by arterial insufficiency. (D) The leg that is experiencing arterial insufficiency would be cool to touch due to the decreased circulation.

NEW QUESTION # 646
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