

# NCLEX-RN Exam Practice, New APP NCLEX-RN Simulations



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NCLEX-RN is a computer-based exam and is designed to evaluate the nurse's ability to apply knowledge, skills, and critical thinking to the care of patients. NCLEX-RN exam consists of a minimum of 75 questions and a maximum of 265 questions. The

number of questions administered is determined by an algorithm that adapts to the individual's performance. NCLEX-RN exam is designed to measure the nurse's ability to make decisions, prioritize patient care, and provide safe and effective care.

NCLEX-RN (National Council Licensure Examination for Registered Nurses) is an important exam for individuals who wish to pursue a career as a registered nurse. NCLEX-RN exam is designed to test the knowledge, skills, and abilities necessary for safe and effective nursing practice. The NCLEX-RN Certification Exam is offered by the National Council of State Boards of Nursing (NCSBN) and is recognized as the standard for nursing licensure in the United States and Canada.

NCLEX-RN exam is conducted by the National Council of State Boards of Nursing (NCSBN). It is a computer-adaptive test, which means the questions' level of difficulty adapts to the individual's ability to answer them. NCLEX-RN exam is designed to test the individual's level of competence, from simple to complex nursing tasks. The test is carried out at various testing centers across the country, and individuals must register for the exam and submit their credentials to the NCSBN.

>> NCLEX-RN Exam Practice <<

## **TOP NCLEX-RN Exam Practice: National Council Licensure Examination(NCLEX-RN) - The Best NCLEX New APP NCLEX-RN Simulations**

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### **NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q239-Q244):**

#### **NEW QUESTION # 239**

After 3 weeks of treatment, a severely depressed client suddenly begins to feel better and starts interacting appropriately with other clients and staff. The nurse knows that this client has an increased risk for:

- A. Psychotic behavior
- **B. Suicide**
- C. Exacerbation of depressive symptoms
- D. Violence toward others

**Answer: B**

Explanation:

Explanation/Reference:

Explanation:

(A) When the severely depressed client suddenly begins to feel better, it often indicates that the client has made the decision to kill himself or herself and has developed a plan to do so. (B) Improvement in behavior is not indicative of an exacerbation of depressive symptoms. (C) The depressed client has a tendency for self-violence, not violence toward others. (D) Depressive behavior is not always accompanied by psychotic behavior.

#### **NEW QUESTION # 240**

The initial treatment for a client with a liquid chemical burn injury is to:

- **A. Flush the exposed area with large amounts of water**
- B. Apply lanolin ointment to the area
- C. Irrigate the area with neutralizing solutions
- D. Inject calcium chloride into the burned area

**Answer: A**

Explanation:

(A) In the past, neutralizing solutions were recommended, but presently there is concern that these solutions extend the depth of burn

area. (B) The use of large amounts of water to flush the area is recommended for chemical burns. (C) Calcium chloride is not recommended therapy and would likely worsen the problem. (D) Lanolin is of no benefit in the initial treatment of a chemical injury and may actually extend a thermal injury.

#### NEW QUESTION # 241

The nurse enters the room of a client on which a "do not resuscitate" order has been written and discovers that she is not breathing. Once the husband realizes what has occurred he yells, "please save her!" The nurse's action would be:

- A. Discuss with the husband that these orders are written only on clients who are not likely to recover with resuscitative efforts.
- **B. Call a code and proceed with cardiopulmonary resuscitation.**
- C. Call the physician and inform him that the client has expired.
- D. Remind the husband that the physician wrote an order not to resuscitate.

**Answer: B**

Explanation:

Section: Questions Set G

Explanation:

(A, B, C) The last request from the husband overrides the decision not to initiate resuscitation efforts. (D) The nurse should begin cardiopulmonary resuscitation unless a living will and durable power of attorney are in force. In the meantime, the nurse should talk with the husband and notify the doctor.

#### NEW QUESTION # 242

A mother frantically calls the emergency room (ER) asking what to do about her 3-year-old girl who was found eating pills out of a bottle in the medicine cabinet. The ER nurse tells the mother to:

- **A. Bring the child to the ER immediately.**
- B. Give the child 15 mL of syrup of ipecac.
- C. Give the child 1 cup of water to induce vomiting.
- D. Give the child 10 mL of syrup of ipecac with a sip of water.

**Answer: A**

Explanation:

Section: Questions Set B

Explanation:

(A) Before giving any emetic, the substance ingested must be known. (B) At least 8 oz of water should be administered along with ipecac syrup to increase volume in the stomach and facilitate vomiting. (C) Water alone will not induce vomiting. An emetic is necessary to facilitate vomiting. (D) Vomiting should never be induced in an unconscious client because of the risk of aspiration.

#### NEW QUESTION # 243

A 24-year-old male client is admitted with a diagnosis of sickle cell anemia. The nurse discusses his disease with him and emphasizes the following information:

- A. He should not be concerned about having to fly on a commuter airplane on a weekly basis.
- B. He should not worry about having children because this disease is passed on only by female carriers.
- **C. His daily diet should include a large amount of fluid.**
- D. He should monitor his sputum, stools, and urine for signs of bleeding.

**Answer: C**

Explanation:

Section: Questions Set E

Explanation:

(A) Bleeding is not a symptom of sickle cell anemia or sickle cell crisis. (B) Decreased blood viscosity leads to sickling of red blood cells. Increased fluid intake maintains adequate circulating blood volume and decreases the chance of sickling. (C) Hypoxia leads to sickling of cells. Flying in nonpressurized planes places the client in a situation of low O<sub>2</sub> tension, which can lead to sickling. (D)

Male and female clients with sickle cell disease can pass the trait on to their offspring. Therefore, this client should receive genetic counseling prior to having children.

## NEW QUESTION # 244

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