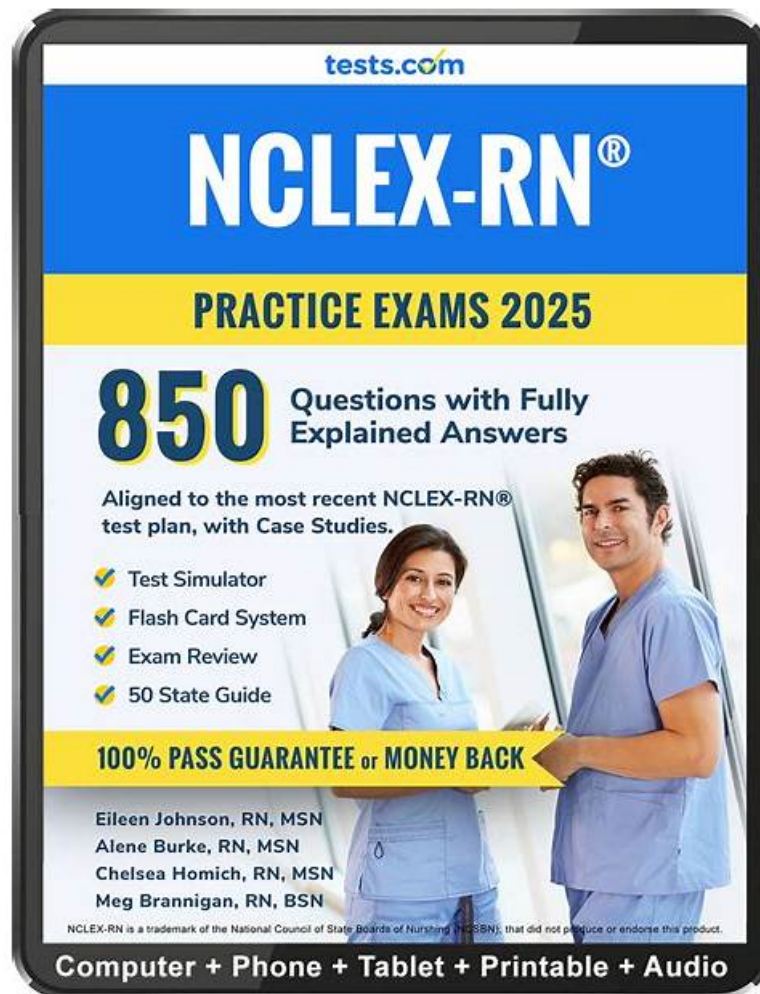


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NCLEX-RN (National Council Licensure Examination for Registered Nurses) is a standardized exam that is used to determine whether or not an individual is ready to begin practicing as a registered nurse. NCLEX-RN exam is a crucial step for all aspiring nurses, as it is the final hurdle standing between them and their dream careers. The NCLEX-RN exam is designed to test the knowledge, skills, and abilities that are required for safe and effective nursing practice, and is used by all state boards of nursing in the United States to grant licensure to new nurses.

Passing the NCLEX-RN Exam is a crucial step in obtaining licensure as a registered nurse in the United States. It is important to note that the exam is not designed to test a candidate's memorization skills but rather their ability to apply their knowledge and critical thinking skills to real-world nursing scenarios. As such, candidates must not only be well-versed in the material but must also be able to think critically and make sound decisions under pressure.

>> NCLEX-RN Prep Guide <<

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### NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q305-Q310):

#### NEW QUESTION # 305

A 16-year-old client comes to the prenatal clinic for her monthly appointment. She has gained 14 lb from her 7th to 8th month; her face and hands indicate edema. She is diagnosed as having PIH and referred to the high-risk prenatal clinic. The client's weight increase is most likely due to:

- A. Hypertension due to kidney lesions
- **B. Fluid retention**
- C. Obesity prior to conception
- D. Overeating and subsequent obesity

**Answer: B**

Explanation:

(A) Overeating can lead to obesity, but not to edema. (B) There is no indication of obesity prior to pregnancy. PIH is more prevalent in the underweight than in the obese in this age group. (C) Hypertension can be due to kidney lesions, but it would have been apparent earlier in the pregnancy. (D) The weight gain in PIH is due to the retention of sodium ions and fluid and is one of the three cardinal symptoms of PIH.

#### NEW QUESTION # 306

The physician has prescribed metoclopramide (Reglan). When assessing the client, the nurse would expect to find which of the following responses?

- A. Disorientation
- B. Drowsiness
- C. Increase in gastric secretions
- **D. Increase in peristalsis**

**Answer: D**

Explanation:

Explanation/Reference:

Explanation:

(A) Metoclopramide does not stimulate gastric secretions. (B) This response is expected with metoclopramide, in addition to increasing gastric emptying. (C) Disorientation is a symptom of metoclopramide overdose. The drug should be discontinued. (D) Drowsiness is a symptom of metoclopramide overdose and the drug should be discontinued.

#### NEW QUESTION # 307

A pregnant client continues to visit the clinic regularly during her pregnancy. During one of her visits while lying supine on the examining table, she tells the RN that she is becoming light-headed. The RN notices that the client has pallor in her face and is perspiring profusely.

The first intervention the RN should initiate is to:

- **A. Help the client to a sitting position**
- B. Assess the client to see if she is having vaginal bleeding
- C. Obtain the client's vital signs immediately
- D. Place the examining table in the Trendelenburg position

**Answer: A**

Explanation:

(A) This position would cause the gravid uterus to bear the increased pressure of the vena cava, which could lead to maternal hypotension, in turn causing the client to continue to have pallor and to feel light-headed. (B) This would not be the first intervention the RN should initiate. The RN should understand the supine position and its effect on the gravid uterus and vena cava. (C) The RN's first intervention should be one that helps to alleviate the client's symptoms. Obtaining her vital signs will not alleviate her symptoms. (D) This would move the gravid uterus off of the client's vena cava, which would alleviate the maternal hypotension that is the cause of her symptoms.

#### NEW QUESTION # 308

A 29-year-old client is admitted for a hysterectomy. She has repeatedly told the nurses that she is worried about having this surgery, has not slept well lately, and is afraid that her husband will not find her desirable after the surgery. Shortly into the preoperative teaching, she complains of a tightness in her chest, a feeling of suffocation, lightheadedness, and tingling in her hands. Her respirations are rapid and deep. Assessment reveals that the client is:

- A. Hyperventilating
- B. Having a heart attack
- C. Wanting attention from the nurses
- D. Suffering from complete upper airway obstruction

Answer: A

Explanation:

(A) Classic symptoms of a heart attack include heaviness or squeezing pain in the chest, pain spreading to the jaw, neck, and arm. Nausea and vomiting, sweating, and shortness of breath may be present. The client does not exhibit these symptoms. (B) Clients suffering from anxiety or fear prior to surgical procedures may develop hyperventilation. This client is not seeking attention. (C) Symptoms of complete airway obstruction include not being able to speak, and no airflow between the nose and mouth. Breath sounds are absent. (D) Tightness in the chest; a feeling of suffocation; lightheadedness; tingling in the hands; and rapid, deep respirations are signs and symptoms of hyperventilation. This is almost always a manifestation of anxiety.

#### NEW QUESTION # 309

A female client is concerned that she is in a "high-risk" group for the development of acquired immunodeficiency syndrome (AIDS). She wants to know about the advisability of donating blood. Which of the following responses is correct?

- A. "Individuals who donate blood are at risk of getting the AIDS virus. You should not donate."
- B. "It is not a good idea for you to donate. If you have AIDS, the information is made public and could destroy your personal life."
- C. "You should not donate since it takes time to develop antibodies to the AIDS virus. If you donate blood before you develop the antibody, you could pass it on in the blood."
- D. "It's OK for you to donate because the blood bank has a test that is 100% effective."

Answer: C

Explanation:

Explanation

(A) The AIDS virus cannot be transmitted to the donor through the blood donation procedure. (B) The test for the AIDS virus is not absolutely foolproof; therefore, it is not wise for a person with known risk factors to donate blood. (C) It takes time for antibodies to the AIDS virus to develop. An infected individual could donate contaminated blood without it testing positive for the virus. (D) For reasons of confidentiality, information about individuals infected with AIDS is not made public.

#### NEW QUESTION # 310

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