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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q111-Q116):

NEW QUESTION # 111

A 27-year-old primigravida stated that she got up from the chair to fix dinner and bright red blood was running down her legs. She denies any pain previously or currently. The client is very concerned about whether her baby will be all right. Her vital signs include P 120 bpm, respirations 26 breaths/min, BP

104/58 mm Hg, temperature 98.2 °F, and fetal heart rate 146 bpm. Laboratory findings revealed hemoglobin 9.0 g/dL, hematocrit 26%, and coagulation studies within normal range. On admission, the peripad she wore was noted to be half saturated with bright red blood. A medical diagnosis of placenta previa is made. The priority nursing diagnosis for this client would be:

- A. Anxiety related to threat to self
- B. **Decreased cardiac output related to excessive bleeding**
- C. Potential for fluid volume excess related to fluid resuscitation
- D. Alteration in parenting related to potential fetal injury

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Based on the client's history, presence of bright red vaginal bleeding, and hemoglobin value on admission, the priority nursing diagnosis would be decreased cardiac output related to excessive bleeding.

(B) This nursing diagnosis is a potential problem that does not exist at the present time, and therefore is not the priority problem. (C) The client's expressed anxiety is for her child. The fetus will remain physiologically safe if the decreased cardiac output is resolved.

(D) Initial spontaneous bleeding with placenta previa is rarely life threatening to the mother or the fetus. Delivery of the fetus will be postponed until fetal maturity is achieved and survival is likely.

NEW QUESTION # 112

A six-month-old infant is receiving ribavirin for the treatment of respiratory syncytial virus. Ribavirin is administered via which one of the following routes?

- A. IV
- B. IM
- C. Oral
- D. **Aerosol**

Answer: D

Explanation:

(A) Ribavirin is not supplied in an oral form. (B) Ribavirin is administered by aerosol in order to decrease the duration of viral shedding within the infected tissue. (C) Ribavirin is not approved for IV use to treat respiratory syncytial virus. (D) Ribavirin is a synthetic antiviral agent supplied as a crystalline powder that is reconstituted with sterile water. A Small Aerosol Particle Generator unit aerosolizes the medication for delivery by oxygen hood, croup tent, or aerosol mask.

NEW QUESTION # 113

Following the delivery of a healthy newborn, a client has developed thrombophlebitis and is receiving heparin IV. What are the signs and symptoms of a heparin overdose for which the nurse would need to observe during postpartum care of the client?

- A. Dysuria
- B. Vertigo, hematuria, ecchymosis
- C. Epistaxis, hematuria, dysuria
- D. **Hematuria, ecchymosis, and epistaxis**

Answer: D

Explanation:

Explanation/Reference:

Explanation:

(A) Dysuria is not a common symptom of heparin overdose. (B) Although epistaxis and hematuria are common symptoms of heparin overdose, dysuria is not. (C) Vertigo is not a common symptom of heparin overdose. (D) Hematuria, ecchymosis, and epistaxis are the most common signs and symptoms of a heparin overdose. Others are thrombocytopenia, elevated liver enzymes, and local injection site complications.

NEW QUESTION # 114

A 3-year-old female client is brought into the pediatric clinic because she limps. She has not been to the clinic since she was 9 months old. The nurse practitioner describes the limp as a "Trendelenburg gait." This gait is characteristic of:

- A. Scoliosis
- B. Fractured pelvis
- C. Fractured femur
- D. **Dislocated hip**

Answer: D

Explanation:

Explanation/Reference:

Explanation:

(A, C, D) A Trendelenburg gait is not characteristic of any of these disorders. (B) The downward slant of one hip is a positive sign of dislocation in the weight-bearing hip. If one hip is dislocated, the child walks with a characteristic limp known as the Trendelenburg gait.

NEW QUESTION # 115

A 15-year-old client was diagnosed as having cystic fibrosis at 8 months of age. He is in the hospital for a course of IV antibiotic therapy and vigorous chest physiotherapy. He has a poor appetite. The nurse can best help him to meet the desired outcome of consuming a prescribed number of calories by:

- A. Constantly providing him with chips, dips, and candies, because the number of calories consumed is more important than the quality of foods
- B. Selecting foods for the client's diet that are high in calories and instituting a strict calorie count
- C. **Including the client in planning sessions to select the type of meal plan and foods for his diet**
- D. Working with the nutritionist to devise a diet with significantly increased calories

Answer: C

Explanation:

Explanation

(A) The adolescent knows what he likes and will be more likely to eat if he has some control over his diet. (B) The nurses and nutritionist can plan an excellent diet, but it will not help the adolescent unless he eats it. (C) Eating is already a chore for this client. Adding a strict calorie count could make it even more burdensome.

(D) Fats are particularly difficult for the cystic fibrosis client to digest. He does need a healthful diet, not just more calories.

NEW QUESTION # 116

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