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New NCLEX-RN Exam Test, Valid NCLEX-RN Exam Tips

The National Council Licensure Examination(NCLEX-RN) (NCLEX-RN) certification exam is one of the best credentials in the modern NCLEX world. The National Council Licensure Examination(NCLEX-RN) (NCLEX-RN) certification offers a unique opportunity for beginners or experienced professionals to demonstrate their expertise and knowledge with an industry-recognized certificate. With the NCLEX NCLEX-RN Exam Dumps, you can not only validate your skill set but also get solid proof of your proven expertise and knowledge.

NCLEX-RN exam is a comprehensive test that covers a wide range of topics related to nursing practice. NCLEX-RN exam is designed to assess the candidate's ability to provide safe and effective care to patients across the lifespan, from newborns to elderly adults. NCLEX-RN exam consists of multiple-choice questions, as well as alternate format questions such as select-all-that-apply and fill-in-the-blank. The NCLEX-RN is a rigorous exam, and it is designed to ensure that only those who have the knowledge and skills necessary to provide safe and effective nursing care are licensed to practice as registered nurses.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q267-Q272):

NEW QUESTION # 267

A female client who has chronic obstructive pulmonary disease (COPD) has presented in the emergency department with cough productive of yellow sputum and increasing shortness of breath. On room air, her blood gases are as follows: pH 7.30 mm Hg, PCO₂ 60 mm Hg, PO₂ 55 mm Hg, HCO₃ 32 mEq/L. These arterial blood gases reflect:

- A. Compensated respiratory acidosis
- B. Uncompensated metabolic acidosis
- C. Normal blood gases

- D. Uncompensated respiratory acidosis

Answer: D

Explanation:

(A) In compensated respiratory acidosis, the pH level is normal, the PCO₂ level is elevated, and the HCO₃ level is elevated. The client's primary alteration is an inability to remove CO₂ from the lungs, so over time, the kidneys increase reabsorption of HCO₃ to buffer the CO₂. (B) Normal ranges for arterial blood gases for adults and children are as follows: pH 7.35-7.45, PO₂ 80-100 mm Hg, PCO₂ 35-45 mm Hg, HCO₃ 21-28 mEq/L. (C) In uncompensated metabolic acidosis the pH level is decreased, the PCO₂ level is normal, and the HCO₃ level is decreased. The client's primary alteration is an inability to remove excess acid via the kidneys. The lungs are unable to clear the increased acid. (D) In uncompensated respiratory acidosis, the pH level is decreased, the PCO₂ level is increased, and the HCO₃ level is normal. In a person with long-standing COPD, the HCO₃ level will rise gradually over time to compensate for the gradually increasing PCO₂, and the person's pH level will be normal. When a person with COPD becomes acutely ill, the kidneys do not have time to increase the reabsorption of HCO₃, so the person's pH level will reflect acidosis even though the HCO₃ is elevated.

NEW QUESTION # 268

A client diagnosed with bipolar disorder continues to be hyperactive and to lose weight. Which of the following nutritional interventions would be most therapeutic for him at this time?

- A. Tube feedings with nutritional supplements
- B. Allowing him to eat when and what he wants
- C. Giving him a quiet place where he can sit down to eat meals
- D. Small, frequent feedings of foods that can be carried

Answer: D

Explanation:

Section: Questions Set A

Explanation:

(A) The manic client is unable to sit still long enough to eat an adequate meal. Small, frequent feedings with finger foods allow him to eat during periods of activity. (B) This type of therapy should be implemented when other methods have been exhausted. (C) The manic client should not be in control of his treatment plan. This type of client may forget to eat. (D) The manic client is unable to sit down to eat full meals.

NEW QUESTION # 269

A 38-year-old female client with a history of chronic schizophrenia, paranoid type, is currently an outpatient at the local mental health and mental retardation clinic. The client comes in once a week for medication evaluation and/or refills. She self-administers haloperidol 5 mg twice a day and benztrapine 1 mg once a day. During a recent clinic visit, she says to the nurse, "I can't stay still at night. I toss and turn and can't fall asleep." The nurse suspects that she may be experiencing:

- A. Dystonia
- B. Akinesia
- C. Akathisia
- D. Opisthotonos

Answer: C

Explanation:

(A) Akathisia, or motor restlessness, is a reversible EPS frequently associated with the administration of antipsychotic drugs such as haloperidol. (B) Akinesia, or muscular or motor retardation, is an example of reversible EPS frequently associated with the administration of major tranquilizers such as haloperidol. (C) Acute dystonic reactions, bizarre and severe muscle contractions usually of the tongue, face, neck or extraocular muscles, are examples of EPS. (D) Opisthotonos, a severe type of whole-body dystonic reaction in which the head and heels are bent backward while the body is bowed forward, is an example of EPS.

NEW QUESTION # 270

A school-age child with asthma is ready for discharge from the hospital. His physician has written an order to continue the theophylline given in the hospital as an oral home medication. Immediately prior to discharge, he complains of nausea and becomes

irritable. His vital signs were normal except for tachycardia. What first nursing actions would be essential in this situation?

- A. Notify the physician immediately.
- B. Discharge the child as the physician ordered.
- C. Hold the child's discharge for 1 hour.
- D. Administer an antiemetic as necessary.

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Holding the child's discharge alone does not address the client's problem. (B) Nausea, tachycardia, and irritability are all symptoms of theophylline toxicity. The physician should be notified immediately so that a serum theophylline level can be ordered. Theophylline dose should be withheld until the physician is notified. (C) The child must be evaluated for theophylline toxicity before any discharge. (D) Cause of the nausea should be investigated before the administration of an antiemetic.

NEW QUESTION # 271

At 30 weeks' gestation, a client is admitted to the unit in premature labor. Her contractions are every 5 minutes and last 60 seconds, her cervix is closed, and the suture placed around her cervix during her 16th week of gestation, when she had the MacDonald procedure, can still be felt by the physician. The amniotic sac is still intact. She is very concerned about delivering prematurely. She asks the RN, "What is the greatest risk to my baby if it is born prematurely?" The RN's answer should be:

- A. Hypoglycemia
- B. Lack of development of the lungs
- C. Lack of development of the intestines
- D. Hyperglycemia

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Any infant would be at risk for hyperglycemia because the infant's liver is missing the islets of Langerhans, which secrete insulin to break down glucose for cellular use. Prematurity is not an added risk for hyperglycemia. (B) Both premature and mature infants can be at risk for hypoglycemia if their mother had gestational diabetes during pregnancy or entered the pregnancy with diabetes mellitus. These infants are exposed to high levels of maternal glucose while in utero, which causes the islets of Langerhans in the infant's liver to produce insulin. After birth when the umbilical cord is severed, the generous amount of maternal blood glucose is eliminated; however, there is continued islet cell hyperactivity in the infant's liver, which can lead to excessive insulin levels and depleted blood glucose. (C) Mature infants are born with an immature GI system. The nervous control of the stomach is incomplete at birth, salivary glands are immature at birth, and the intestinal tract is sterile. This is not the greatest risk to the premature infant. (D) Infants born before 37 weeks' gestation are at greatest risk for an insufficient amount of surfactant in the alveoli system of the lungs. Surfactant helps to prevent lung collapse and ensures stability of the respiratory system so that the infant can maintain his own respirations once the umbilical cord is severed at birth.

NEW QUESTION # 272

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