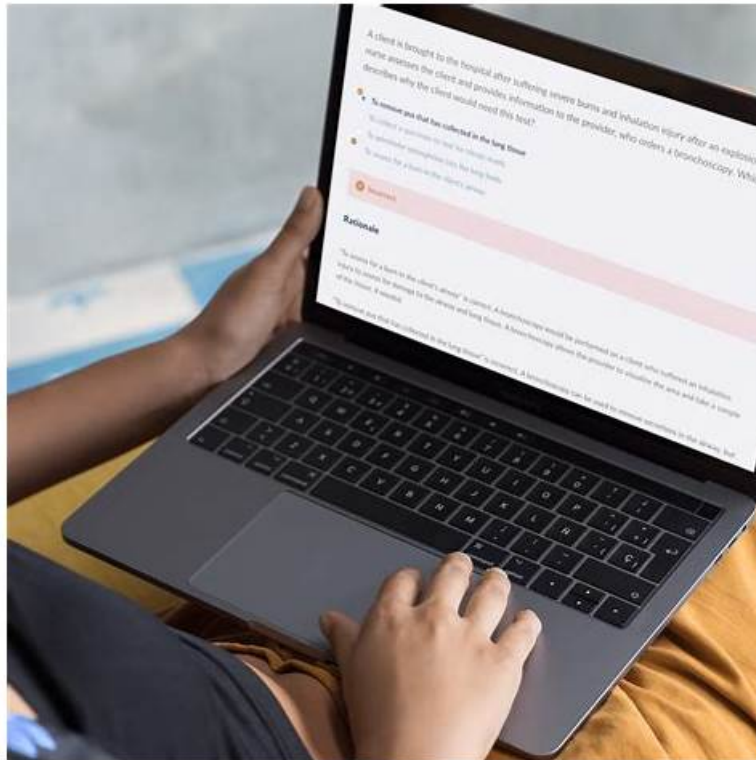


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NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q114-Q119):

NEW QUESTION # 114

After a liver biopsy, the best position for the client is:

- A. Prone
- B. High Fowler
- C. Right lateral
- D. Supine

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) This position does not help to prevent bleeding. (B) This position does not help to prevent bleeding. (C) This position does not help to prevent bleeding. (D) The right lateral position would allow pressure on the liver to prevent bleeding.

NEW QUESTION # 115

A 2-year-old child with a scalp laceration and subdural hematoma of the temporal area as a result of falling out of bed should be prevented from:

- A. Crying
- B. Sucking his thumb
- C. Falling asleep
- D. Rolling from his back to his tummy

Answer: A

Explanation:

Explanation

(A) A child with a subdural hematoma has increased ICP. Crying may significantly increase this pressure. (B) Adequate sleep is essential, but it is important that the child can be aroused from sleep after head injury. (C) This child is free to roll from his back to his abdomen. (D) Thumb-sucking serves to reduce anxiety and should not be prevented at this time.

NEW QUESTION # 116

Home-care instructions for the child following a cardiac catheterization should include:

- A. Give aspirin if the child complains of pain at the insertion site.
- B. Use sponge bathing until stitches are removed.
- C. Notify the physician if a slight bruise develops around the insertion site.
- D. Keep a clean, dry dressing on the insertion site for 2 days.

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) A small bruise may develop around the insertion site and is not a reason for alarm. (B) It is best to keep the child out of the bathtub until the sutures are removed. (C) Acetaminophen, not aspirin, is the drug of choice if there is pain at the insertion site. (D) The insertion site should be kept clean and dry and open to air.

NEW QUESTION # 117

Pin care is a part of the care plan for a client who is in skeletal traction. When assessing the site of pin insertion, which one of the following findings would the nurse know as an indicator of normal wound healing?

- A. Crust
- B. Erythema
- C. Edema
- D. Exudate

Answer: A

Explanation:

Explanation/Reference:

Explanation:

(A) Exudate (moist, active drainage) is a clinical sign of wound infection. (B) Crust (dry, scaly) is part of the normal stages of wound healing and should not be removed from around the pin site. It usually sloughs off after the underlying tissue has healed. (C) Edema (swelling) is a clinical sign of wound infection. (D) Erythema (redness) is a clinical sign of wound infection.

NEW QUESTION # 118

During the active phase of rheumatic fever, the nurse teaches parents of a child with acute rheumatic fever to assist in minimizing joint pain and promoting healing by:

- A. Putting all joints through full range-of-motion twice daily
- **B. Immobilizing the joints in functional position using splints, rolls, and pillows**
- C. Applying warm water bottle or heating pads over involved joints
- D. Massaging the joints briskly with lotion or liniment after bath

Answer: B

Explanation:

Explanation/Reference:

Explanation:

(A) Any movement of the joint causes severe pain. (B) Touching or moving the joint causes severe pain.

(C) Immobilization in a functional position allows the joint to rest and heal. (D) Pressure from the warm water bottle or pads can cause severe pain or burning of the skin.

NEW QUESTION # 119

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