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The National Council Licensure Examination for Registered Nurses (NCLEX-RN) is a standardized exam used by state boards of nursing across the United States to assess the competency of registered nurses. NCLEX-RN Exam is designed to ensure that nurses possess the necessary knowledge and skills to provide safe and effective care to patients.

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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 National Council Licensure Examination(NCLEX-RN) Sample Questions (Q158-Q163):

NEW QUESTION # 158

A 5-year-old child cries continually in her bed. Her parents have been unsuccessful in assisting her in expressing her feelings. Which activity should the nurse provide the child to assist her in expressing her feelings?

- A. Music
- **B. Puppets**
- C. Riding toys
- D. Books with colorful pictures

Answer: B

Explanation:

Explanation

(A) Books increase cognition, assist with fine motor skills, and augment language development. (B) Music provides auditory stimulation and large-muscle activity. (C) Riding toys provide large-muscle activity. (D) Puppets allow expression of feelings and fears that otherwise could not be directly communicated.

NEW QUESTION # 159

A 19-year-old client has sustained a C-7 fracture, which resulted in his spinal cord being partially transected. By 2 weeks' postinjury, his neck has been surgically stabilized, and he has been transferred from the intensive care unit. A potential life-threatening complication the nurse monitors the client for is:

- **A. Autonomic dysreflexia**
- B. Bradycardia
- C. Spinal shock
- D. Central cord syndrome

Answer: A

Explanation:

(A) Autonomic dysreflexia is the exaggerated sympathetic nervous system response to various stimuli in the anesthetized area. Sympathetic stimulation results in severe, uncontrolled hypertension, which may result in myocardial infarction or cerebral hemorrhage. (B) Bradycardia occurs as a result of sympathetic blockade in the immediate postinjury period. After spinal shock recedes, cardiovascular stability returns, but the client will be bradycardiac for life. (C) Central cord syndrome is a specific type of spinal cord injury that occurs as a result of either hyperextension injuries or disrupted blood flow to the spinal cord. (D) Spinal shock occurs in the immediate postinjury phase and usually resolves in approximately 72 hours.

NEW QUESTION # 160

Which of the following would the nurse expect to find following respiratory assessment of a client with advanced emphysema?

- A. Increased heart sounds
- B. Decreased anteroposterior chest diameter
- C. Collapsed neck veins
- **D. Distant breath sounds**

Answer: D

Explanation:

Explanation/Reference:

Explanation:

(A) Distant breath sounds are found in clients with emphysema owing to increased anteroposterior chest diameter, overdistention, and air trapping. (B) Decreased heart sounds are present because of the increased anteroposterior chest diameter. (C) A barrel-shaped chest is characteristic of emphysema. (D) Increased distention of neck veins is found owing to right-sided heart failure, which

may be present in advanced emphysema.

NEW QUESTION # 161

Which of the following would indicate the need for further teaching for the client with COPD? The client verbalizes the need to:

- A. Eliminate intake of milk and milk products
- B. Eat small, frequent meals
- C. Eat high-calorie, high-protein foods
- D. Take vitamin supplementation

Answer: A

Explanation:

Section: Questions Set B

Explanation:

(A) Protein is vital for the maintenance of muscle to aid in breathing. A high-calorie diet using higher fat than carbohydrate content is given because clients are unable to breathe off the excess CO₂ that is an end product of carbohydrate metabolism. (B) Inadequate nutritional status, in particular, deficiencies in vitamins A and C, decreases resistance to infection. (C) Milk does not make mucus thicker. It may coat the back of the throat and make it feel thicker. Rinsing the mouth with water after drinking milk will prevent this problem. (D) Small, frequent meals minimize a fullness sensation and reduce pressure on the diaphragm. The work of breathing and SOB are also reduced.

NEW QUESTION # 162

A client's behavior is annoying other clients on the unit. He is meddling with their belongings and dominating the group. The best approach by the nurse is to:

- A. Have his medication increased.
- B. Set limits on his behavior.
- C. Ignore him and tell the other clients that these behaviors are due to his illness and that they should understand.
- D. Seclude him in his room.

Answer: B

Explanation:

(A) This action by the nurse would be punitive. (B) Consistent limit setting will help the client to know what is acceptable behavior. (C) This action is not within the nurse's scope of practice. (D) This could be dangerous to the client and to others and violates other clients' rights.

NEW QUESTION # 163

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