

NCLEX-RN Pruefungssimulationen - NCLEX-RN Simulationsfragen

NCLEX-RN Test 1 NGN 100% COMPLETE ANSWERS 2023-2024

The nurse witnesses the collapse of a child while outdoors. The child is not breathing and has a pulse of 50/min. The nurse calls emergency services and initiates rescue breathing. After 2 minutes of rescue breaths, the child is still not breathing and is pale with a pulse of 30/min. What is the nurse's next action?

1. Initiate chest compressions

Rescue breathing is performed at a rate of 1 breath every 2-3 seconds. If the pulse remains <60/min and there are signs of poor perfusion (skin pallor), the nurse should initiate chest compressions and reassess the pulse every 2 minutes

The charge nurse is responsible for making room assignments multiple clients. Which pair of client assignments to a shared room is appropriate?

3. Client who had a bowel resection 1 day ago and client with asthma exacerbation.

When making room assignments, it is important to remember that a client with an active or suspected infection should not be paired with a client who has a fresh surgical wound or is immunocompromised. A client having an asthma exacerbation does not have an infection and is not at risk for spreading infection to a client who had a recent bowel resection surgery.

The clinic nurse is assessing a client who is being treated for depression and suicidal ideation. Which client statement best indicates that the client is not currently at risk for suicide?

2. "I plan to attend my grandchild's graduation next month"

Clients receiving treatment for depression and suicidal ideation must be carefully monitored for indications of increasing suicidal intent. During a client interview, the nurse should assess:

- Access to psychiatric medications
- Availability of help during a crisis (counselor, family)
- Future goals and plans
- Home and environment risks

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>> NCLEX-RN Pruefungssimulationen <<

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NCLEX National Council Licensure Examination(NCLEX-RN) NCLEX-RN Prüfungsfragen mit Lösungen (Q322-Q327):

322. Frage

A 6-year-old child is attending a pediatric clinic for a routine examination. What should the nurse assess for while conducting a vision screening?

- A. Papilledema
- B. Hearing test
- C. Gait
- **D. Strabismus**

Antwort: D

Begründung:

Explanation/Reference:

Explanation:

(A) Hearing should be assessed separately. (B) Gait should be assessed separately. Client usually remains in one place for vision screening. Gait is part of neurological assessment. (C) Strabismus is crossing of eyes or outward deviation, which may cause diplopia or amblyopia. It is easily assessed during vision screening. (D) Papilledema is assessed by an ophthalmoscopic examination, which follows vision screening. It is part of neurological assessment.

323. Frage

An 80-year-old male client with a history of arteriosclerosis is experiencing severe pain in his left leg that started approximately 20 minutes ago. When performing the admission assessment, the nurse would expect to observe which of the following:

- A. Both lower extremities cyanotic when placed in a dependent position
- B. Both lower extremities warm to touch with 2 pedal pulses
- C. The left leg warmer to touch than the right leg
- **D. Decreased or absent pedal pulse in the left leg**

Antwort: D

Begründung:

Explanation/Reference:

Explanation:

(A) This statement describes a normal assessment finding of the lower extremities. (B) This assessment finding reflects problems caused by venous insufficiency. (C) Decreased or absent pedal pulses reflect a problem caused by arterial insufficiency. (D) The leg that is experiencing arterial insufficiency would be cool to touch due to the decreased circulation.

324. Frage

A 22-year-old single woman was admitted to the psychiatric hospital by her mother, who reported bizarre behavior. Except for going to work, she spends all her time in her room and expresses concern over neighbors spying on her. She has fears of the telephone being "bugged." Her diagnosis is schizophrenia. One nurse per shift is assigned to work with the client. The primary reason for this plan would be to:

- A. Supervise her medication regimen
- **B. Enable her to develop trust**
- C. Involve her in groups for social interaction
- D. Protect her from suicide

Antwort: B

Begründung:

Explanation

(A) Suicide is a greater risk in depression than in schizophrenia. (B) The client is suspicious and needs help to develop trust, which is basic to her improvement. (C) Although she will be taking medication, drug therapy would not necessitate consistency in the nurses assigned. (D) A suspicious client should have limited exposure to groups, because group participation increases discomfort.

325. Frage

A 78-year-old female client has a total hip arthroplasty. Her nurse should know that which of the following is contraindicated?

- A. Check neurological and circulatory status of the affected leg hourly.
- B. Encourage exercises in the unaffected extremities.
- C. Place a trochanter roll along the upper thigh of the affected leg.
- **D. Encourage her to cross and uncross her legs.**

Antwort: D

Begründung:

Explanation/Reference:

Explanation:

(A) Exercising the unaffected extremities will prevent contractures and emboli. (B) Crossing and uncrossing the affected leg after surgery can dislocate the joint. (C) Neurological and circulatory status of the affected leg has been compromised by surgery. Hourly checks are needed to monitor the status of the leg. (D) A trochanter roll will prevent the upper thigh from rolling outward, increasing the chances of dislocation.

326. Frage

A primigravida is at term. The nurse can recognize the second stage of labor by the client's desire to:

- A. Hyperventilate during contractions
- B. Walk between contractions
- **C. Push during contractions**
- D. Relax during contractions

Antwort: C

Begründung:

Explanation

(A) The second stage of labor is characterized by uterine contractions, which cause the client to bear down.

(B) Slow, deep, rhythmic breathing facilitates the laboring process. Hyperventilation is abnormal breathing resulting from loss of pain control. (C) The client should remain on bed rest during labor. (D) Contractions result in discomfort.

327. Frage

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