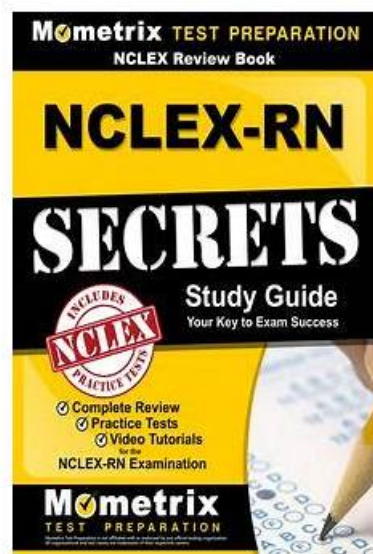


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- Master's of Science in Nursing (MSN)
- PhD in Nursing (PhD)
- Licensed Practical Nurse (LPN)

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q23-Q28):

NEW QUESTION # 23

A 67-year-old postoperative TURP client has hematuria. The nurse caring for him reviews his postoperative orders and recognizes that which one of the following prescribed medications would best relieve this problem?

- A. Meperidine 50 mg IM
- **B. Aminocaproic acid (Amicar) 6 g/24 hr**
- C. Acetaminophen suppository 650 mg
- D. Promethazine 25 mg IM

Answer: B

Explanation:

Explanation

(A) Acetaminophen (Tylenol) has analgesic and antipyretic actions approximately equivalent to those of aspirin. It produces analgesia possibly by action on the peripheral nervous system. It reduces fever by direct action on the hypothalamus heat-regulating center with consequent peripheral vasodilation. It is generally used for temporary relief of mild to moderate pain, such as a simple headache, minor joint and muscle pains, and control of fever. (B) Meperidine is a narcotic agonist analgesic with properties similar to morphine except that it has a shorter duration of action and produces less depression of urinary retention and smooth muscle spasm. It is used for moderate to severe pain, for a preoperative medication, for support of anesthesia, and for obstetrical analgesia. In a postoperative TURP client, it would be used in conjunction with other medications for relief of moderate to severe pain, but not specifically for bladder spasms associated with TURP surgery.

(C) Promethazine hydrochloride is an antihistamine, antiemetic preparation. It exerts antiserotonin, anticholinergic, and local anesthetic actions. It is used for symptomatic relief of various allergic conditions, motion sickness, nausea, and vomiting. It is used for preoperative, postoperative, and obstetrical sedation and as an adjunct to analgesics for control of pain. (D) This answer is correct because aminocaproic acid is prescribed specifically for hematuria. Aminocaproic acid is excreted in the urine. The nurse should be alert for possible signs of thrombosis, particularly in the extremities.

NEW QUESTION # 24

A 6-year-old child returned to the surgical floor 20 hours ago after an appendectomy for a gangrenous appendix. His mother tells the nurse that he is becoming more restless and is anxious. Assessment findings indicate that the child has atelectasis. Appropriate nursing actions would include:

- A. Having the child turn, cough, and deep breathe every 1-2 hours
- B. Allowing the child to remain in the position of comfort, preferably semi-or high-Fowler position
- C. Administering analgesics as ordered
- D. Remaining with the child and keeping as calm and quiet as possible

Answer: A

Explanation:

(A) Allowing the client to remain in the position of comfort will not resolve the atelectasis. This position, if left unchanged, over time may actually increase the atelectasis. (B) Analgesics will not resolve the atelectasis and may contribute to it if proper nursing actions are not taken to help resolve the atelectasis. (C) Having the client turn, cough, and deep breathe every 1-2 hours will aid in resolving the atelectasis. Surgery clients are at risk for postoperative respiratory complications because pulmonary function is reduced as a result of anesthesia and surgery. (D) Remaining with the client and keeping him calm and quiet will not affect the client's anxiety, restlessness, or help to resolve the atelectasis. The cause (atelectasis) needs to be treated, not the symptoms (anxiety and restlessness).

NEW QUESTION # 25

A pregnant client experiences spontaneous rupture of membranes. The first nursing action is to:

- A. Auscultate fetal heart rate
- B. Transfer to delivery suite
- C. Notify the physician
- D. Assess the client's respirations

Answer: A

Explanation:

Explanation

(A) Immediately following membrane rupture, the fetus is at risk for complications, not necessarily the mother. (B) The physician is notified after the nurse completes an assessment of the mother's and fetus's conditions. (C) Rupture of membranes facilitates fetal descent. A potential complication is cord prolapse, which is assessed by auscultating fetal heart rate. (D) Rupture of membranes does not necessarily indicate readiness to deliver.

NEW QUESTION # 26

A client is to be discharged from the hospital and is to continue taking warfarin 2.5 mg po bid. Which of the following should be included in her discharge teaching concerning the warfarin therapy?

- A. "You should use a straight-edge razor when shaving your arms and legs."
- B. "You should take aspirin instead of acetaminophen (Tylenol) for headaches."
- C. "Carry a medications alert card with you at all times."
- D. "If you forget to take your morning dose, double the night time dose."

Answer: C

Explanation:

Section: Questions Set G

Explanation:

(A) Warfarin must always be taken exactly as directed. Clients should be instructed never to skip or double up on their dosage. (B) Aspirin decreases platelet aggregation, which would potentiate the effects of the coumadin. (C) Healthcare providers need to be aware of persons on warfarin therapy prior to the initiation of any diagnostic tests and/or surgery to help prevent bleeding complications. (D) An electric razor should be used to prevent accidental cutting, which can lead to bleeding.

NEW QUESTION # 27

A client is admitted to the hospital for an induction of labor owing to a gestation of 42 weeks confirmed by dates and ultrasound.

When she is dilated 3 cm, she has a contraction of 70 seconds. She is receiving oxytocin. The nurse's first intervention should be to:

- A. Notify the attending physician
- B. Prepare for the delivery because the client is probably in transition
- C. Turn off the IV oxytocin
- D. Check FHT

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) FHT should be monitored continuously with an induction of labor; this is an accepted standard of care.





(B) The physician should be notified, but this is not the first intervention the nurse should do. (C) The standard of care for an induction according to the Association of Women's Health, Obstetric, and Neonatal Nurses and American College of Obstetrics and Gynecology is that contractions should not exceed 60 seconds in an induction. Inductions should simulate normal labor; 70-second contractions during the latent phase (3 cm) are not the norm. The next contractions can be longer and increase risks to the mother and fetus. (D) Contractions lasting 60-90 seconds during transition are typical; this provides a good distractor.

The nurse needs to be knowledgeable of the phases and stages of labor.

NEW QUESTION # 28

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