


Simulation NCLEX NCLEX-RN Questions & NCLEX-RN Latest Exam Test

NCLEX Practice Question

The nurse is inserting a nasogastric tube (NGT). The nurse is correct in performing which of the following sequential actions?
Place each action in the correct order.

- a. Place the client in a high-Fowler's position.
- b. Confirm placement via abdominal x-ray.
- c. Insert the tube into the nasopharynx and advance the tube.
- d. Secure the tube to the client's nose and gown.
- e. Instruct the client to swallow sips of water and advance the tube into the stomach.
- f. Measure the length of the tube from the nose to the earlobe to the xiphoid process.

Click the link to check your answer and read the detailed rationale!



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As we all know, the latest NCLEX-RN quiz prep has been widely spread since we entered into a new computer era. The cruelty of the competition reflects that those who are ambitious to keep a foothold in the job market desire to get the NCLEX-RN certification. It's worth mentioning that our working staff considered as the world-class workforce, have been persisting in researching NCLEX-RN Test Prep for many years. Our NCLEX-RN exam guide engage our working staff in understanding customers' diverse and evolving expectations and incorporate that understanding into our strategies. Our latest NCLEX-RN quiz prep aim at assisting you to pass the NCLEX-RN exam and making you ahead of others.

NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q410-Q415):

NEW QUESTION # 410

A 48-year-old client is being seen in her physician's office for complaints of indigestion, heartburn, right upper quadrant pain, and nausea of 4 days' duration, especially after meals. The nurse realizes that these symptoms may be associated with cholecystitis and therefore would check for which specific sign during the abdominal assessment?

- A. Rebound tenderness
- B. Cullen's sign
- C. Murphy's sign
- D. Turner's sign

Answer: C

Explanation:

Explanation/Reference:

Explanation:

(A) This sign is a faint blue discoloration around the umbilicus found in clients who have hemorrhagic pancreatitis. (B) This sign indicates areas of inflammation within the peritoneum, such as with appendicitis.

It is a deep palpation technique used on a nontender area of the abdomen, and when the palpating hand is removed suddenly, the client experiences a sharp, stabbing pain at an area of peritoneal inflammation. (C) This sign is considered positive with acute cholecystitis when the client is unable to take a deep breath while the right upper quadrant is being deeply palpated. The client will elicit a sudden, sharp gasp, which means the gallbladder is acutely inflamed. (D) This is a sign of acute hemorrhagic pancreatitis and manifests as a green or purple discoloration in the flanks.

NEW QUESTION # 411

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

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

Answer: B

Explanation:

Section: Questions Set A

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 represented 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 # 412

A 16-month-old infant is being prepared for tetralogy of Fallot repair. In the nursing assessment, which lab value should elicit further assessment and requires notification of physician?

- A. pH 7.39

- B. Bleeding time of 4 minutes
- C. White blood cell (WBC) count 10,000 WBCs/mm³
- D. Hematocrit 60%

Answer: D

Explanation:

Explanation/Reference:

Explanation:

(A) Normal pH of arterial blood gases for an infant is 7.35-7.45. (B) Normal white blood cell count in an infant is 6,000-17,500 WBCs/mm³. (C) Normal hematocrit in infant is 28%-42%. A 60% hematocrit may indicate polycythemia, a common complication of cyanotic heart disease. (D) Normal bleeding time is 2-7 minutes.

NEW QUESTION # 413

A client was admitted to the hospital after falling in her home. At the time of admission, her blood alcohol level was 0.27 mg%. Her family indicates that she has been drinking a fifth of vodka a day for the past 9 months. She had her last drink 30 minutes prior to admission. Alcohol withdrawal symptoms would most likely be exhibited by her:

- A. Twenty-four hours after the last drink
- B. Six to 8 hours after the last drink
- C. Two to 4 hours after the last drink
- D. Immediately on admission

Answer: B

Explanation:

Explanation

(A) This answer is incorrect. Alcohol withdrawal usually begins approximately 6-8 hours after the last drink.

(B) This answer is correct. It takes approximately 6-8 hours for metabolism of alcohol. (C) This answer is incorrect. The alcohol is still in the system, as indicated by the high blood alcohol level. (D) This answer is incorrect. Symptoms of alcohol withdrawal usually begin within 6-8 hours of the last drink.

NEW QUESTION # 414

A mother brings her 3-year-old child who is unconscious but breathing to the ER with an apparent drug overdose. The mother found an empty bottle of aspirin next to her child in the bathroom. Which nursing action is the most appropriate?

- A. Put in a nasogastric tube and lavage the child's stomach.
- B. Place child on respiratory assistance.
- C. Monitor muscular status.
- D. Teach mother poison prevention techniques.

Answer: A

Explanation:

Explanation

(A) The immediate treatment for drug overdose is removal of the drug from the stomach by either forced emesis or gastric lavage. The child's unconscious state prohibits forced emesis. (B) Toxic amounts of salicylates directly affect the respiratory system, which could lead to respiratory failure. (C) The mother's anxiety is probably so high that preventive guidance will be ineffective. (D) Respiratory assistance is not needed if the child's respiratory function is unaltered.

NEW QUESTION # 415

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