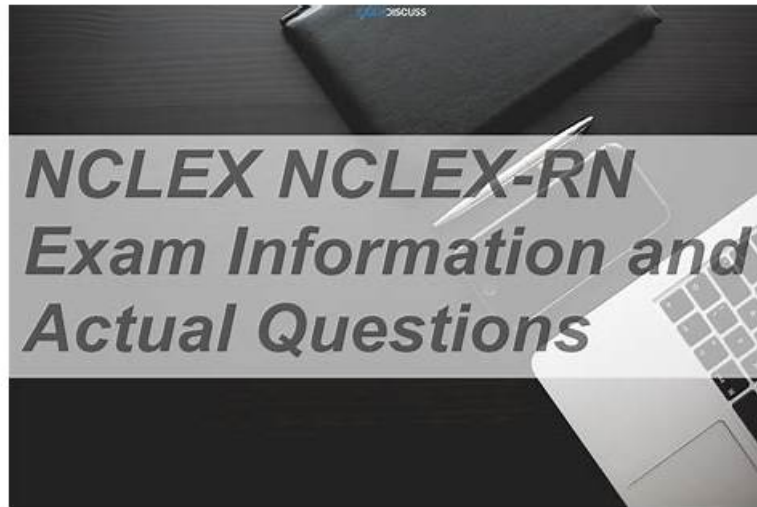


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NCLEX-RN (National Council Licensure Examination for Registered Nurses) is a standardized exam that is designed to determine whether a candidate has the knowledge and skills necessary to practice as a registered nurse in the United States. NCLEX-RN exam is administered by the National Council of State Boards of Nursing (NCSBN) and is used by state boards of nursing to determine licensure eligibility.

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## NCLEX National Council Licensure Examination(NCLEX-RN) Sample Questions (Q84-Q89):

#### NEW QUESTION # 84

Blood work reveals the following lab values for a client who has been diagnosed with anorexia nervosa: hemoglobin 9.6 g/dL, hemocrit 27%, potassium 2.7 mEq/L, sodium 126 mEq/L. The greatest danger to her at this time is:

- A. Possible cardiac dysrhythmias secondary to hypokalemia
- B. Anoxia secondary to anemia
- C. Dehydration from vomiting
- D. Hypoglycemia from low-carbohydrate intake

**Answer: A**

Explanation:

Explanation/Reference:

Explanation:

(A) There is no lab data to support hypoglycemia. (B) Hypokalemia, caused by vomiting and decreased dietary intake of potassium, can result in life-threatening dysrhythmias. (C) Evidence of dehydration is not life threatening at this time, although fluid volume deficit does need to be addressed. (D) The client's hemoglobin does not reflect a life threatening value sufficient to render the client anoxic.

#### NEW QUESTION # 85

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

**Answer: B**

Explanation:

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 # 86

An 8-year-old child comes to the physician's office complaining of swelling and pain in the knees. His mother says, "The swelling occurred for no reason, and it keeps getting worse." The initial diagnosis is Lyme disease.

When talking to the mother and child, questions related to which of the following would be important to include in the initial history?

- A. A fever of over 103F occurring over the last 2-3 weeks
- B. A decreased urinary output and flank pain
- C. Rashes covering the palms of the hands and the soles of the feet
- D. Headaches, malaise, or sore throat

**Answer: D**

Explanation:

Explanation

(A) Urinary tract symptoms are not commonly associated with Lyme disease. (B) A fever of 103F is not characteristic of Lyme disease. (C) The rash that is associated with Lyme disease does not appear on the palms of the hands and the soles of the feet. (D) Classic symptoms of Lyme disease include headache, malaise, fatigue, anorexia, stiff neck, generalized lymphadenopathy, splenomegaly, conjunctivitis, sore throat, abdominal pain, and cough.

#### NEW QUESTION # 87

The physician orders haloperidol 5 mg IM stat for a client and tells the nurse that the dose can be repeated in 1-2 hours if needed. The most likely rationale for this order is:

- A. The client will settle down more quickly if he thinks the staff is medicating him
- B. Haloperidol is a minor tranquilizer and will not oversedate the client
- C. The medication will sedate the client until the physician arrives
- **D. Rapid neuroleptization is the most effective approach to care for the violent or potentially violent client**

**Answer: D**

Explanation:

Explanation

(A) If the client could think logically, he would not be paranoid. In fact, he is probably suspicious of the staff, too. Newly admitted clients frequently experience high levels of anxiety, which can contribute to delusions.

(B) The goal of pharmacological intervention is to calm the client and assist with reality-based thinking, not to sedate him. (C)

Haloperidol is a neuroleptic and antipsychotic drug, not a minor tranquilizer. (D) Haloperidol is a high-potency neuroleptic and first-line choice for rapid neuroleptization, with low potential for sedation.

### NEW QUESTION # 88

A 3-year-old child is in the burn unit following a home accident. The first sign of sepsis in burned children is:

- A. Low-grade fever
- B. Diarrhea
- C. Hypertension
- **D. Disorientation**

**Answer: D**

Explanation:

(A) Disorientation is the first sign of sepsis in burn children. (B) Low-grade fever is not indicative of sepsis. (C) Diarrhea is not indicative of sepsis. (D) Hypertension is not indicative of sepsis.

### NEW QUESTION # 89

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