

NCLEX Certification NCLEX-RN

National Council Licensure Examination(NCLEX-RN)

**Thank You for Downloading NCLEX-RN Updated Exam
Questions**

<https://certs4sale.com/nclex/nclex-rn-pdf-exam-dumps>

Question No : 1

A client is hyperactive and not sleeping. She will not remain at the table during mealtime. She is getting very limited calories and is using a lot of energy in her hyperactive state. The most therapeutic nursing action is to:

- A. Insist that she remain at the table and eat a balanced diet.
- B. Order a high-calorie diet with supplements.
- C. Provide nutritious finger foods several times a day.
- D. Offer to go to the dining room with her and allow her to open the food and inspect what she eats.

Answer: C

Explanation:

(A) The client is not able to sit for long periods. Forcing her to remain at the table will increase her anxiety and cause her to become hostile. (B) This action will not ensure that the client eats what is ordered. Dietary orders are not within the nurse's scope of practice. (C) Providing finger foods increases the likelihood of eating for hyperactive persons. They may be eating "on the run." (D) These clients are not suspicious of the food or insecure in moving about the unit alone.

Question No : 2

A client is admitted to the hospital with diabetic ketoacidosis.

The emergency room nurse should anticipate the administration of:

- A. Humulin N
- B. Humulin R
- C. Humulin U
- D. Humulin L

Answer: B

Explanation:

(A) Intermediate-acting insulin is not indicated in an emergency. (B) Regular insulin is rapid acting and indicated in an emergency situation. (C) Long-acting insulin is not indicated in an emergency situation. (D) Intermediate-acting insulin is not indicated in an emergency situation.

Question No : 3

A client is being discharged from the hospital today. The discharge teaching for care of her colostomy included which of the following basic principles for protecting the skin around her stoma:

- A. Taping a pouch that is leaking
- B. Cutting the skin barrier 1/2 inches larger than the stoma
- C. Changing the pouch only when leakage occurs
- D. Using a skin sealant under pouch adhesives

Answer: D

Explanation:

(A) When a pouch seal leaks, the pouch should be immediately changed, not taped. Stool held against the skin can quickly result in severe irritation. (B) The skin barrier should be cut only slightly larger than the stoma (one-half inch). (C) The client should be taught to change pouches whenever possible before leakage occurs. (D) When skin sealant is used under the tape, the outermost layer of the epidermis remains intact. When no skin sealant is used, this layer is removed when the tape is removed.

Question No : 4

Except for initial explosiveness on admission, a client diagnosed with schizophrenia stays in her room. She continues to believe other people are out to get her. A nursing intervention basic to improving withdrawn behavior is:

- A. Assigning her to occupational therapy
- B. Having her sit with the nurses while they chart
- C. Helping her to make friends
- D. Facilitating communication

Answer: D

Explanation:

(A) The nurse does not make this assignment. (B) One-to-one observation is not appropriate. It does not focus on the client or encourage communication. (C) The client is too suspicious to accomplish this goal. (D) The withdrawn individual must learn to communicate on a one-to-one level before moving on to more threatening situations.

Question No : 5

A 65-year-old client who has a new colostomy is preparing for discharge from the hospital. As part of the instructions on colostomy care, the nurse explains to the client that to regulate the bowel, colostomy irrigation should be performed at the same time each day. The best time is:

- A. After meals
- B. Before meals
- C. Every 2 hours
- D. At bedtime

Answer: A

Explanation:

(A) Bowel movements should be regulated at a specific time each day to prevent “accidents.” Irrigating after meals takes advantage of the gastrocolic reflex and time of increased peristalsis, so better results may be produced. After meals is the normal time that peristalsis begins in most persons and evacuation of feces occurs. (B) Irrigating before meals may cause poor results because of decreased gastrocolic reflex and decreased peristalsis. (C) Irrigating a colostomy every 2 hours may produce hyperactivity of the bowel, leading to irritation and diarrhea. This would not aid in regulation of the bowel. (D) If irrigation of a colostomy were done at bedtime, there is greater chance of having an “accident” during sleep. This would not be an advantageous practice of bowel regulation.

Question No : 6

The nurse needs to be aware that the most common early complication of a myocardial infarction is:

- A. Diabetes mellitus
- B. Anaphylactic shock
- C. Cardiac hypertrophy
- D. Cardiac dysrhythmia

Answer: D

Explanation:

(A) Diabetes mellitus is not a common complication of myocardial infarction. (B) Anaphylactic shock is an allergic reaction. (C) Cardiac hypertrophy is a late potential complication. It is a common complication of congestive heart failure. (D) Myocardial infarction causes tissue damage, which may interrupt electrical impulses. Myocardial

irritability results from lack of oxygenated tissue.

Question No : 7

A female client has been treated since childhood for mitral valve prolapse. The antibiotic of choice for her during pregnancy would be:

- A. Sulfa
- B. Tetracycline
- C. Hydralazine
- D. Erythromycin

Answer: D

Explanation:

(A) Sulfa is a teratogen and will cause kernicterus. (B) Tetracycline is a teratogen and will effect tooth development. (C) Hydralazine is not an antibiotic but a calcium channel blocker. (D) Erythromycin is safe during pregnancy and can be used when the client is allergic to penicillin.

Question No : 8

The nurse is assessing breath sounds in a bronchovesicular client. She should expect that:

- A. Inspiration is longer than expiration
- B. Breath sounds are high pitched
- C. Breath sounds are slightly muffled
- D. Inspiration and expiration are equal

Answer: D

Explanation:

(A) Inspiration is normally longer in vesicular areas. (B) Highpitched sounds are normal in bronchial area. (C) Muffled sounds are considered abnormal. (D) Inspiration and expiration are equal normally in this area, and sounds are medium pitched.

Question No : 9 - (Topic 7)

Often children are monitored with pulse oximeter. The pulse oximeter measures the:

- A. O₂ content of the blood
- B. Oxygen saturation of arterial blood
- C. PO₂
- D. Affinity of hemoglobin for O₂

Answer: B

Explanation:

(A) The O₂ content of whole blood is determined by the partial pressure of oxygen (PO₂) and the oxygen saturation. The pulse oximeter does not measure the PO₂. (B) The pulse oximeter is a noninvasive method of measuring the arterial oxygen saturation. (C) The PO₂ is the amount of O₂ dissolved in plasma, which the pulse oximeter does not measure. (D) The affinity of hemoglobin for O₂ is the relationship between oxygen saturation and PO₂ and is not measured by the pulse oximeter.

Question No : 10

The nurse is admitting a client with folic acid deficiency anemia. Which of the following questions is most important for the nurse to ask the client?

- A. "Do you take aspirin on a regular basis?"
- B. "Do you drink alcohol on a regular basis?"
- C. "Do you eat red meat?"
- D. "Have your stools been normal?"

Answer: B

Explanation:

(A) Aspirin does not affect folic acid absorption. (B) Folic acid deficiency is strongly associated with alcohol abuse. (C) Because folic acid is a coenzyme for single carbon transfer purines, calves liver or other purines are the meat sources. (D) Folic acid does not affect stool character.

THANK YOU FOR DOWNLOADING NCLEX-RN UPDATED EXAM QUESTIONS

Note: Thanks For Trying The Demo Of Our NCLEX-RN Exam Product

Visit Our Site to Purchase the Full Set of Actual NCLEX-RN Exam Questions With Answers.

Money Back Guarantee



Click The Link Below

<https://certs4sale.com/nclex/nclex-rn-pdf-exam-dumps>