Exam : NCLEX-PN

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NO.1 A 57-year-old woman is recently widowed. She states, "I will never be able to learn how to manage the finances. My husband did all of that." Select the nurse's response that could help raise the client's self-esteem.
A. "You feel inadequate because you have never learned to balance a checkbook."
B. "You should have insisted your husband teach you about the finances."
C. "You are strong and will learn how to manage your finances after awhile."
D. "Why don't you take a class in basic finance from the local college?"

**Answer: C**

**Explanation:**
The nurse can raise the client's self-esteem by communicating confidence the client can participate in actively finding solutions to the problem. The nurse also conveys the client is a worthwhile person by listening and accepting the client's feelings and praising the client for seeking assistance.

Psychosocial Integrity

NO.2 A client recently lost a child due to poisoning. The client tells the nurse, "I don't want to make any new friends right now." This is an example of which of the following indicators of stress?
A. emotional behavioral indicator
B. spiritual indicator
C. sociocultural indicator
D. intellectual indicator

**Answer: C**

**Explanation:**
Stress can alter a person's relationships with others. Psychosocial Integrity

NO.3 In administering NSAID adjunctive therapy to an elderly client with cancer, the nurse must monitor:
A. BUN and creatinine.
B. creatinine and calcium.
C. Hgb and Hct.
D. BUN and CFT.

**Answer: A**

**Explanation:**
Elder adults might be more at risk for gastric and renal toxicity, increasing among elder adults. Basic Care and Comfort

NO.4 The nurse belongs to a professional nursing organization that provides social, educational, and political venues for nurses. The nurse has been active in this organization for almost two years, during which time she meets and works with nurses from several different nursing agencies and health care institutions to achieve a variety of goals, including obtaining advice regarding a personal career choice. This is an example of:
A. professional nurturing.
B. networking.
C. mentoring.
D. collegiality.

**Answer:** B

**Explanation:**
Networking involves the process of developing and using contacts throughout one's professional career for information, advice, and support. Nurturing and mentoring are both examples of assistance to other colleagues in formal and informal relationships for support and career building. Collegiality is the professional camaraderie or rapport established among persons through shared experiences.

**Coordinated Care**

NO.5 Medical records indicate a patient has developed a condition of respiratory alkalosis. Which of the following clinical signs would not apply to a condition of respiratory alkalosis?
A. Muscle tetany
B. Syncope
C. Numbness
D. Anxiety

**Answer:** D

**Explanation:**
Anxiety is a clinical sign associated with respiratory acidosis.

**NO.6** A client with jaundice has which skin color?
A. pale
B. ruddy
C. yellow
D. pink

**Answer:** C

**Explanation:**
Jaundice turns the skin yellow. The other skin colors are not symptoms of jaundice.

**Physiological Adaptation**

**NO.7** Distraction therapy is:
A. focusing one's attention on stimuli other than pain.
B. cognitive reappraisal.
C. the replacement of positive images of pain with other images.
D. the use of medication and meditation.

**Answer:** A

**Explanation:**
The focus of distraction therapy is on positive stimuli rather than negative input.

**Basic Care and Comfort**

**NO.8** After 12 months of cessation of menses, which of the following assessment findings in a client who is taking hormone replacement therapy should the nurse report to the physician immediately?

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A. breast tenderness
B. weight gain
C. fluid retention
D. uterine bleeding

Answer: D

Explanation:
Uterine bleeding on combination hormone replacement therapy, after 12 months of menses cessation, indicates an increased risk of carcinoma and should be reported to the physician immediately. Breast tenderness, weight gain, and fluid retention are all routine side effects of hormone replacement therapy. They should be noted in the record and reported to the physician, but they are not urgent.

Health Promotion and Maintenance

NO.9 In a disaster situation, the nurse assessing a diabetic client on insulin assesses for all of the following except:
A. diabetic signs and symptoms.
B. nutritional status.
C. bleeding problems.
D. availability of insulin.

Answer: C

Explanation:
Bleeding problems are not characteristic of diabetes. All the other options are appropriate areas of assessment.

Safety and Infection Control

NO.10 While walking in the hallway of an acute care unit of the hospital, the nurse overhears the change of shift report. The nurse should:
A. make the charge nurse on the unit aware of the situation so that he or she can take the necessary steps to maintain the confidentiality of the information being reported.
B. disregard the information because it changes quickly on the acute care unit and is outdated within 2-3 hours anyway.
C. return to his or her own unit and not disclose that confidential information has been overheard.
D. ignore the situation.

Answer: A

Explanation:
To protect the confidentiality of the information being reported, the nurse should make the charge nurse on the unit aware of the situation so that the information can be communicated in an appropriate way in privacy.

Coordinated Care

NO.11 If a client has chronic renal failure, which of the following sexual complications is the client at risk of developing?
A. retrograde ejaculation
B. decreased plasma testosterone

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C. hypertrophy of testicles
D. state of euphoria

**Answer: B**

**Explanation:**
Untreated chronic renal failure causes decreased testosterone levels, atrophy of testicles, and decreased spermatogenesis. Retrograde ejaculation is not a complication of chronic renal failure. It is a complication of transurethral resection of the prostate. In chronic renal failure, the testicles atrophy; they do not hypertrophy. Chronic renal failure produces a state of depression, not euphoria.

**Health Promotion and Maintenance**

NO.12 A client has chronic respiratory acidosis caused by end-stage chronic obstructive pulmonary disease (COPD). Oxygen is delivered at 1 L/min per nasal cannula. The nurse teaches the family that the reason for this is to avoid respiratory depression, based on which of the following explanations?
A. COPD clients are stimulated to breathe by hypoxia.
B. COPD clients depend on a low carbon dioxide level.
C. COPD clients tend to retain hydrogen ions if they are given high doses of oxygen.
D. COPD clients thrive on a high oxygen level.

**Answer: A**

**Explanation:**
COPD clients are compensating for low oxygen and high carbon dioxide levels. Hypoxia is the main stimulus to breathe in persons with chronic hypercapnia. Increasing the level of oxygen decreases the stimulus to breathe.

**Physiological Adaptation**

NO.13 A client is having psychological counseling for problems communicating with his mother. Which model of stress is the most useful in reference to this stressor?
A. Adaptation Model
B. Stimulus-Based Model
C. Transaction-Based Model
D. Selye's Model of Stress

**Answer: C**

**Explanation:**
The Transaction-Based Model is, according to R.S. Lazarus, a state that Stimulus theory and Response theory do not consider individual differences. He takes into account cognitive processes that intervene between the encounter and the reaction and the factors that affect the nature of this process. He includes mental and psychological components or responses as part of his concept of stress (Person-Environment Transactions).

**Psychosocial Integrity**

NO.14 The nurse is working with families who have been displaced by a fire in an apartment complex. What is the priority intervention during the initial assessment?
A. Provide a liaison to meet housing needs.
B. Attentively listen when clients describe their feelings.

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C. Offer nurturing support for clients who are confused by the events.
D. Provide structure for clients exhibiting moderate to severe anxiety.

**Answer:** A

**Explanation:**
After physical needs of housing, clothing and food are met, the nurse should focus on assisting clients to manage the psychological effects of loss.

**Psychosocial Integrity**

NO.15 A middle-aged woman tells the nurse that she has been experiencing irregular menses for the past six months. The nurse should assess the woman for other symptoms of:
A. climacteric.
B. menopause.
C. perimenopause.
D. postmenopause.

**Answer:** C

**Explanation:**
Perimenopause refers to a period of time in which hormonal changes occur gradually, ovarian function diminishes, and menses become irregular. Perimenopause lasts approximately five years. Climacteric is a term applied to the period of life in which physiologic changes occur and result in cessation of a woman’s reproductive ability and lessened sexual activity in males. The term applies to both genders. Climacteric and menopause are interchangeable terms when used for females. Menopause is the period when permanent cessation of menses has occurred. Postmenopause refers to the period after the changes accompanying menopause are complete.

**Health Promotion and Maintenance**

NO.16 The best nursing diagnosis for a client with newly diagnosed Diabetes Mellitus is:
A. Impaired Skin Integrity.
B. Knowledge Deficit: New Diabetes Diagnosis.
C. Alteration in Nutrition: More than Body Requirements.
D. Fluid Volume Deficit.

**Answer:** B

**Explanation:**
Newly diagnosed diabetics need to learn about their disease, medications, glucose testing, possibly insulin injections, foot care, sick-day plans, and so forth. Choices 1 and 4 are diagnoses to prevent, but no evidence suggests that they exist at this point. Diabetics might have more or less nutrition than body requirements-type II is likely to be more, but type I is likely to be less.

**Physiological Adaptation**

NO.17 Levothyroxine (Synthroid) is the drug of choice for thyroid replacement therapy in clients with hypothyroidism because:
A. it is chemically stable, nonallergenic, and can be administered orally once a day.
B. it is available in a single 25mg tablet, which makes dosing simple.
C. it is not a prodrug.
D. it has a short half-life.

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**Answer:** A

Explanation:
Levothyroxine is safe and effective with virtually no side effects when dosed properly. A single, daily dose is possible because of the long half-life (7 days). Levothyroxine tablets are available in a wide range of concentrations to meet individual client requirements. Levothyroxine (T4) is a prodrug of T3.

**Pharmacological Therapies**

**NO.18** A nurse working a surgical unit, notices a patient is experiencing SOB, calf pain, and warmth over the posterior calf. All of these may indicate which of the following medical conditions?
A. Patient may have a DVT.
B. Patient may be exhibiting signs of dermatitis.
C. Patient may be in the late phases of CHF.
D. Patient may be experiencing anxiety after surgery.

**Answer:** A

Explanation:
All of these factors indicate a DVT.

**NO.19** Teaching about the need to avoid foods high in potassium is most important for which client?
A. a client receiving diuretic therapy
B. a client with an ileostomy
C. a client with metabolic alkalosis
D. a client with renal disease

**Answer:** D

Explanation:
Clients with renal disease are predisposed to hyperkalemia and should avoid foods high in potassium. Choices 1, 2, and 3 are incorrect because clients receiving diuretics with ileostomy or with metabolic alkalosis are at risk for hypokalemia and should be encouraged to eat foods high in potassium.

**Physiological Adaptation**

**NO.20** Which of the following statements by a client indicates adequate preparation for magnetic resonance imaging?
A. "I can leave my metal jewelry on during the test."
B. "I need to wear earplugs during the test."
C. "I can have the test even though I have a pacemaker."
D. "I can have the test even though I have an artificial hip."

**Answer:** B

Explanation:
Due to the loud noises from the scanner moving to obtain images, earplugs need to be worn. No metal objects are allowed, including jewelry, pacemakers, and artificial joints.

**Reduction of Risk Potential**

**NO.21** Which of the following is one of the main goals for Healthy People 2010?
A. reduction of health care costs

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B. elimination of health disparities
C. investigation of substance abuse
D. determination of an acceptable morbidity rate

**Answer:** B

**Explanation:**
Healthy People 2010 has as its main goal elimination of health disparities among the U.S. population. Healthy People 2010 is a set of health objectives for the nation to achieve over the first decade of the twenty-first century and was developed by the Surgeon General's office. Earlier editions of this report, Healthy People and Healthy People 2000: National Health Promotion and Disease Prevention Objectives established national health objectives and served as the basis for the development of state and community plans.

**Health Promotion and Maintenance**

**NO.22** What is the appropriate ratio of cardiac compressions to ventilations in an adult client for one-person CPR?
A. 5:1
B. 1:5
C. 15:2
D. 2:15

**Answer:** C

**Explanation:**
The appropriate ratio for adult CPR is 15 compressions to 2 ventilations.

**Reduction of Risk Potential**

**NO.23** A client with dumping syndrome should __________ while a client with GERD should __________.
A. sit up 1 hour after meals; lie flat 30 minutes after meals
B. lie down 1 hour after eating; sit up at least 30 minutes after eating
C. sit up after meals; sit up after meals
D. lie down after meals; lie down after meals

**Answer:** B

**Explanation:**
Clients with dumping syndrome should lie down after eating to decrease dumping syndrome. GERD clients should sit up to prevent backflow of acid into the esophagus.

**Basic Care and Comfort**

**NO.24** The nurse uses prioritization to determine all the following except:
A. time allotment for certain tasks.
B. appropriate interventions.
C. treatment procedures.
D. the need for client education.

**Answer:** C

**Explanation:**
Treatment procedures are standards of care as defined by the facility or nursing unit. If a treatment is
indicated, the nurse is obligated to follow the established procedure to be compliant with practice standards. Established priorities contribute to the determination of time management, appropriate interventions, and the need for client education as a potential intervention. Coordinated Care

NO.25 Which instruction should be given in a health education class regarding testicular cancer?
A. All males should perform a testicular exam after the age of 30.
B. Testicular exams should be performed on a daily basis.
C. Reddening or darkening of the scrotum is a normal finding.
D. Testicular exams should be performed after a warm bath or shower.

Answer: D
Explanation:
Testicular exams should be performed after a warm shower or bath to relax the scrotum. Testicular exams should be performed on a monthly basis by all men beginning at about age 15. Reddening or darkening of the scrotum is not a normal finding and should be reported to a physician.

Physiological Adaptation

NO.26 The drug of choice to decrease uric acid levels is:
A. prednisone (Colisone).
B. allopurinol (Zyloprim).
C. indomethacin (Indocin).
D. hydrochlorothiazide (HydroDiuril).

Answer: B
Explanation:
Allopurinol is a drug used to treat gout, and it decreases uric acid formation. Prednisone is a corticosteroid used to decrease inflammation. Indomethacin is an analgesic, anti-inflammatory, and antipyretic agent. Hydrochlorothiazide is a thiazide diuretic used to treat hypertension and edema.

Physiological Adaptation

NO.27 Which type of dressing is recommended to place over a site when a chest tube is removed by the physician?
A. transparent dressing
B. colloidal dressing
C. petrolatum gauze
D. nonadherent dressing

Answer: C
Explanation:
Petrolatum gauze is recommended to place over a site when a chest tube is removed by the physician. This is because it forms an airtight seal, which the other choices do not.

Reduction of Risk Potential

NO.28 The nurse has completed client teaching about introducing solid foods to an infant. To evaluate teaching, the nurse asks the mother to identify an appropriate first solid food. Which of the following is an appropriate response?
A. pureed canned squash  
B. pureed apples  
C. yogurt  
D. infant rice cereal  
**Answer:** D  
**Explanation:**  
Single-grain infant cereals are recommended first because they are easily digestible and have added iron content.  
Choice 3 is incorrect because yogurt is a milk product and introduction should be delayed until the child is 12 months of age because of the risk of milk allergy.  
Choices 1 and 2 are incorrect because fruits and vegetables are usually given following the introduction of cereals.  

**Basic Care and Comfort**  

**NO.29** A client can receive the mumps, measles, rubella (MMR) vaccine if he or she:  
A. is pregnant.  
B. is immunocompromised.  
C. is allergic to neomycin.  
D. has a cold.  
**Answer:** D  
**Explanation:**  
A simple cold without fever does not preclude vaccination. Choices 1 and 2 are incorrect because pregnant women and immunocompromised individuals cannot have the MMR vaccine because the rubella component is a live virus and might cause birth defects and/or disease. Choice 3 is incorrect because the American Academy of Pediatrics states, "Persons who have experienced anaphylactic reactions to topically or systemically administered neomycin should not receive measles vaccine."  

**Pharmacological Therapies**  

**NO.30** Which of the following conditions is mammography used to detect?  
A. pain  
B. tumor  
C. edema  
D. epilepsy  
**Answer:** B  
**Explanation:**  
Mammography is used to detect tumors or cysts in the breasts, not the other conditions.  

**Reduction of Risk Potential**  

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