

NCLEX QUESTION EXAMPLES

Question 1

Your client was diagnosed with an arterial embolus. The physician performed an emergency embolectomy . What is the nurse's highest priority?

- a. Administer anticoagulants
- b. Check pulses**
- c. Listen to breath sounds
- d. Offer pain medication

Rationale: Monitoring pulses below the occlusion site checks the circulation in the extremity.

Correct answer: B

Bloom's level: Analysis (examine cause and effect)

NCLEX: Physiological adaptation

Question 2

A type 1 diabetes mellitus student comes to the school clinic stating they do not feel well. Which symptoms require immediate intervention?

- a. Deep, rapid respirations with long expirations, thirst and abdominal pain**
- b. Perspiration, BP 130/84 and blood glucose of 150
- c. Regular depth respirations with frequent pauses, oliguria, and flushed skin
- d. Tired, BP of 110/60, and blood glucose 108

Rationale: Kussmaul's respirations (deep, rapid respirations with long expirations) is an indicator of metabolic acidosis. The body is attempting to blow off carbon dioxide and acetone. Symptoms of ketoacidosis include extreme thirst, frequent urination and a fruity or acetone odor to the breath.

Correct answer: A

Bloom's level: Analysis (processing more than two pieces of data to determine correct response)

NCLEX: Physiological adaptation

Question 3

The nurse is caring for a pediatric client with 2nd and 3rd degree burns to his arms, abdomen, and legs. The nurse should assign the client to which of the following roommates?

- a. A 2-year-old client with an unspecified temperature
- b. A 4-year-old client receiving treatment for Measles
- c. A 5-year-old client with sickle-cell disease **
- d. A 7-year-old client undergoing VRE treatment

Rationale: The nurse should be concerned about the burn victim's susceptibility to acquire an infection—sickle cell disease is not a communicable disease.

Correct answer: C

Bloom's level: Analyze & Apply

NCLEX Plan category: Safety and Infection Control

Question 4

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Which of the following clients is not a good candidate for the influenza shot vaccination?

- a. A 6-month-old male with normal development
- b. A 31-year-old pregnant female that is afebrile
- c. A 49-year-old male with a history of Guillain-Barré Syndrome **
- d. A 63-year-old female with a history of DVT and anti-platelet therapy

Rationale: The influenza vaccine is contraindicated in people with a history Guillain-Barré Syndrome.

Correct answer: C

Bloom's level: Evaluate

NCLEX Plan category: Health Promotion

Question 5

A nurse is teaching a client the appropriate way to use a metered dose inhaler. The nurse recognizes that the client needs *FURTHER* teaching when observing the following:

- a. The client takes a deep breath while depressing the inhaler.
- b. The client holds his breath for about 10 seconds, and then breathes out.
- c. The client waits 30 seconds before using the inhaler the second time.**
- d. The client rinses out his mouth after using the inhaler.

Rationale: The client should wait one minute (60 seconds) before using the inhaler the second time. The client's wait time of 30 seconds indicates he needs further teaching. All other choices are correct ways to use an inhaler.

Correct answer: C

Blooms Level: Analyze

Question 6

NCLEX test plan: Pharmacological Therapies

Which of these measures should be included to prevent the transmission of pulmonary tuberculosis?

- a. Adequate and separate ventilation of rooms.**
- b. Strict hand washing.
- c. Use of surgical mask by the caregiver.
- d. Use of HEPA-filter mask by the patient.

Rationale: Pulmonary tuberculosis is an airborne disease that is spread from person to person by droplets when an infected person coughs, sneezes, speaks, sings, or laughs. Responses b, c, and d are not adequate interventions for the prevention of tuberculosis. Having rooms with adequate ventilation of non-recirculated air is the best plan.

Answer: A

Blooms Level: Application

NCLEX test plan: Safety and Infection control

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Question 7

Your 32-year-old female client is taking Lisinopril, which statement best indicates the patient's understanding of his/her disease and medication therapy?

- a) "If my husband and I decide to get pregnant, I should be fine continuing on this medication"
- b) "I understand that if I develop a frequent cough, it could be due to this medicine and I should tell my doctor" **
- c) "Not only does this help my blood pressure, it will prevent me from having a heart attack"
- d) "This is the best medicine for someone with diabetes"

NCLEX test plan: Pharmacological & parenteral therapies

Adapting the plan of care (education) to meet client's educational needs

Correct answer: B

Bloom's level: Analysis

Rationale:

ACE Inhibitors, such as Lisinopril, may cause an "ACE cough" in ~ 1/3 of all patients. When that happens, the recommendation is that their blood pressure medication is changed.

Adapting the plan of care (education) to meet client's educational needs

Bloom's level: Analysis

Question 8

A 55-year-old male client presenting to the ED with complaints of abdominal pain, elevated temperature, difficulty breathing, and "aches and pains" is exhibiting a vague etiology that is difficult to interpret initially. At the first point of care, what is the most important thing to do?

- A. Establish whether your patient has been to West Africa or knows anyone who has traveled to West Africa **
- B. Find out if they have any friends or relatives in the waiting room
- C. Put a simple mask on both yourself and the patient
- D. Put a simple mask on the patient

NCLEX test plan: Safety & Infection Control

Maintaining safety when implementing a plan of care

Correct answer: A

Bloom's level: Synthesis

Rationale:

According to the CDC Guidelines, the first thing to do is to look at the group of symptoms, and secondly to assess whether the person has been in contact with anyone traveling to or from West Africa or whether they have themselves been in West Africa. My personal feeling is that we should ask if they have traveled anywhere, but those are not the CDC guidelines.

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Question 9

A client placed in isolation for Tuberculosis asks the nurse why staff and visitors must wear masks when in the patient's room. What response by the nurse indicates understanding of TB isolation?

- a. "Masks are part of the isolation uniform that everyone must wear."
- b. "The mask protects staff and visitors from contracting the disease and passing it to others."**
- c. "The mask protects you from the germs staff and visitors carry in the room."
- d. "Why are staff and visitors wearing masks in your room? They don't need to."

Tuberculosis is an infectious disease caused by the bacillus *Mycobacterium tuberculosis* and is spread primarily by the airborne route. Airborne isolation consists of gown, gloves, and surgical mask.

Correct answer: B.

Bloom's Taxonomy: Application

NCLEX Category: Safe and Effective Care Environment (Subcategory: Safety & Infection Control)

Question 10

A nurse is assessing a client who complains of sudden shortness of breath and chest pain. The nurse notices the patient is breathing rapidly and heart rate has increased to 140 bpm. The nurse identifies these findings as s/s of which of the following?

- a. asthma
- b. bronchitis
- c. COPD
- d. pulmonary embolism**

The common clinical manifestations of pulmonary embolism are tachypnea, tachycardia, dyspnea, and chest pain.

Correct answer: D.

Bloom's Taxonomy: Application

NCLEX category: Physiological Adaptation