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NCLEX NCLEX-PN

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QUESTION NO: 1

Which of the following is a hazard of immobility?

- A. Loss of bone calcium.
- B. Increased vital capacity.
- C. Venous vasoconstriction.
- D. A positive nitrogen balance.

ANSWER: A

Explanation:

One of the hazards of immobility is the loss of calcium from the bones that results from non-weight bearing by the immobilized patient.

Other complications, or hazards, of immobility include muscle weakness, muscular atrophy, contractures, disuse osteoporosis, hypostatic pneumonia, pooled respiratory secretions, atelectasis, decreased respiratory movement, decreased, not increased, vital capacity, shallow respirations, diminished cardiac reserve, orthostatic hypotension, venous stasis, venous vasodilation, not vasoconstriction, emboli, dependent edema, stiff and painful joints, thrombophlebitis, urinary stasis, renal stones, urinary retention, urinary incontinence, urinary tract infections, pressure ulcers, diminished metabolic rate, a negative, not positive, nitrogen balance, a negative calcium balance, constipation and depression.

QUESTION NO: 2

Which of the following are necessary elements of malpractice? (Choose all that apply.)

- A. A breach of duty
- B. An intentional act
- C. A nonintentional act
- D. Foreseeability
- E. Patient harm
- F. Causation

ANSWER: A D E F

Explanation:

The necessary elements of malpractice are a duty to the patient, a breach of duty, foreseeability, causation, and patient harm. The breach of duty can be intentional or nonintentional.

QUESTION NO: 3

Which of the following healthcare providers can legally have access to all, or part, of a patient's medical record because they have a "need to know"?

(Choose all that apply.)

- A. Student nurses caring for a particular patient.
- B. Registered nurses when they are not caring for a particular patient.
- C. The Vice President for Nursing who is investigating a patient fall.
- D. Licensed practical nurses caring for a particular patient.
- E. A quality assurance nurse collecting data for a performance improvement activity.

ANSWER: A C D E

Explanation:

Medical records are restricted to only those who have a "need to know".

Student nurses caring for a particular patient have the "need to know" so they can properly care for their patient assignment.

The Vice President for Nursing, as an administrator, who is investigating a patient fall also has a "need to know" because they are collecting data and information to prevent future falls.

Licensed practical nurses caring for a particular patient have the "need to know" so they can provide care to the patient; and the quality assurance nurse has the "need to know" because they are collecting data for a performance improvement activity.

No nurse, including registered nurses, are allowed access to all or part of a patient's medical record unless they have a "need to know" because they are providing either direct or indirect care to the patient.

QUESTION NO: 4

Select all the possible opportunistic infections that adversely affect HIV/AIDS infected patients. (Choose all that apply.)

- A. Visual losses
- B. Kaposi's sarcoma
- C. Wilms' sarcoma
- D. Tuberculosis
- E. Peripheral neuropathy
- F. Toxoplasma gondii

ANSWER: B D F

Explanation:

Kaposi's sarcoma, tuberculosis, toxoplasma gondii, mycobacterium avium, herpes simplex, histoplasmosis and salmonella infections are HIV/AIDS associated opportunistic infections.

Although many affected patients can experience blindness and peripheral neuropathy, these disorders result from impaired nervous system damage rather than an infection.

Lastly, Wilms' tumor is a pediatric form of kidney cancer and it is neither an infection nor something that typically affects the patient with HIV/AIDS.

QUESTION NO: 5

American families are having difficulty adequately performing their vital health care function.

What are the basic reasons for this difficulty?

- A. structure of the health care system and family structure
- B. psychological factors for men and women seeking health care
- C. conditions being labeled disabilities and seen as too time consuming
- D. health care organizations (HMOs) and disconnected families

ANSWER: A

Explanation:

Scholars suggest that the reasons families are having difficulty providing health care for their members lies with both the structure of the health care system and the family structure.

Major factors explaining differences in utilization patterns of medical services include the lack of healthcare insurance coverage, lack of services for special populations (that is, teenage males), perception by families of the health care system and the health care provider, and lack of partnership between health care providers and families in mutually addressing health care issues.

QUESTION NO: 6

Which of these patients could most safely share a room?

- A. a 30-year-old patient positive for the flu and a 75-year-old patient positive for MRSA infection
- B. a patient positive for
- C. Difficile and an elderly patient who is suspected to have a Difficile infection
a 28-year-old male with blood-tinged sputum and night sweats and an 18-year-old male with the flu
- D. an elderly woman with Hepatitis A and a 50-year-old woman with the measles

ANSWER: B

QUESTION NO: 7

Which of these would be the most appropriate way to document a patient's refusal of medication?

- A. "Subcutaneous Heparin injection was attempted to be given to the patient per the physician's order. Patient refused, stating, 'I do not want that injection.' Potential risks for refusing the medication were reviewed with the patient and patient verbalized understanding."
- B. "Pt stated she did not want the SQ heparin inj at this time. Risks of not taking this med were reviewed with the pt and pt verbalized understanding."
- C. "The patient refused the heparin injection when I tried to administer it. She yelled at me saying, 'I do not want that injection right now!' and told me to leave the room. I explained the risks of not taking the medication. She seemed very annoyed that I tried to give it at that time. I will attempt again later in my shift."
- D. "Heparin refused during shift. Risks reviewed."

ANSWER: A

QUESTION NO: 8

A 32-year-old male with a complaint of dizziness has an order for Morphine via. IV.

Which of the following should the nurse do first?

- A. Check the patient's chest x-ray results.
- B. Retake vitals including blood pressure.
- C. Perform a neurological screen on the patient.
- D. Request the physician on-call assess the patient.

ANSWER: B

Explanation:

Dizziness can be a sign of hypotension, that may a contraindication with Morphine.

QUESTION NO: 9

Which procedures necessitate the use of surgical asepsis techniques? (Choose all that apply.)

- A. Intramuscular medication administration.
- B. Central line intravenous medication administration.

- C. Donning gloves in the operating room.
- D. Neonatal bathing.
- E. Foley catheter insertion.
- F. Emptying a urinary drainage bag.

ANSWER: B C E

Explanation:

Surgical asepsis is used when managing central line intravenous medication administration, when donning sterile gloves in the operating room and when inserting an indwelling Foley catheter.

Medical asepsis, or clean technique, is used when bathing a neonate, when emptying a urinary drainage bag and when administering an intramuscular medication injection.

QUESTION NO: 10

States throughout our nation vary somewhat in terms of things that nursing assistants can and cannot legally do.

Which statements about these state to state differences are accurate? (Choose all that apply.)

- A. Nursing assistants can change catheter tubings but not catheters
- B. Nursing assistants can change sterile dressings
- C. Nursing assistants have an expanding role in many states.
- D. Nursing assistants cannot assess the physical status of the patients.
- E. Nursing assistants can apply topical medication lotions to intact skin.
- F. The trend is moving toward nurses only staffing patterns.

ANSWER: C D

Explanation:

Nursing assistants have an expanding role in many states. For example, some states permit nursing assistants to take ECGs, or EKGs, and to perform phlebotomy when they are given the necessary training and have been deemed competent to do so. Only nurses assess; nursing assistants cannot assess the physical status of the patients.

QUESTION NO: 11

Select the ethical principles that are paired with their description. (Choose all that apply.)

- A. Justice: Being honest and fair

- B. Beneficence: Do no harm
- C. Veracity: Treating all patients equally
- D. Self-determination: Facilitating patient choices
- E. Beneficence: Do good
- F. Nonmaleficence: Do no harm
- G. Self-determination: Accountability

ANSWER: D E G

Explanation:

The principle of justice requires us to be fair and just to all.

Fidelity is being faithful to one's promises. By the very nature of the implicit nurse-client relationship, the nurse must be faithful and true to their professional promises and responsibilities by providing high quality, safe care in a competent, scientifically grounded manner while upholding the clients' choices, desires and innate rights.

Beneficence means doing good, it is more than not doing harm. Nonmaleficence is "Do not harm", as stated in the historical Hippocratic Oath. Patient self-determination and autonomy is the ethical principle that supports the patient's right to make their own choices without coercion or the undue influence of others.

Lastly, veracity is truthfulness and being honest with the patients.

QUESTION NO: 12

Which of these breath sounds is considered normal and not adventitious?

- A. Vesicular breath sounds
- B. Fine rales
- C. Rhonchi
- D. Wheezes

ANSWER: A

Explanation:

Vesicular breath sounds are normal breath sounds.

Rales, fine and coarse, rhonchi and wheezes are all abnormal, adventitious breath sounds.

QUESTION NO: 13

The most effective way to perform hand hygiene is _____.

- A. washing hands after gloves are removed post patient care
- B. using hand sanitizer and rubbing hands together for 30 seconds
- C. either washing your hands for 30 seconds in warm, soapy water or using hand sanitizer if hands are not visibly soiled
- D. holding hands down after washing to prevent water from rolling down your arm while drying

ANSWER: C

QUESTION NO: 14

The PN is admitting a patient to the unit and the patient has rapidly blinking eyes, stuck out tongue, and a distorted posture.

Which of these medications is the patient most likely taking?

- A. Ondansetron
- B. Haloperidol
- C. Clozapine
- D. Fluoxetine

ANSWER: B

QUESTION NO: 15

Select the following fire emergency interventions in correct sequential order.

- A. Pull the fire alarm.
- B. Contain the fire.
- C. Rescue patients in danger.
- D. Extinguish the fire.

- A. C, B, A, D
- B. A, C, B, D
- C. C, A, B, D
- D. C, A, D, B

ANSWER: C

Explanation:

The RACE acronym is used to prioritize and sequence the steps that must be followed when a fire occurs. R stands for rescue patients;

A is pulling the fire alarm;

C is to contain the fire by closing doors, etc.; and

E is extinguishing the fire with a fire extinguisher when possible.

QUESTION NO: 16

Which of the following coping mechanisms protects an individual from anxiety?

- A. denial and fantasy
- B. rationalization and suppression
- C. regression and displacement
- D. reaction formation and projection

ANSWER: A

Explanation:

Denial, rationalization, regression, and fantasy are coping mechanisms that protect persons from anxiety.