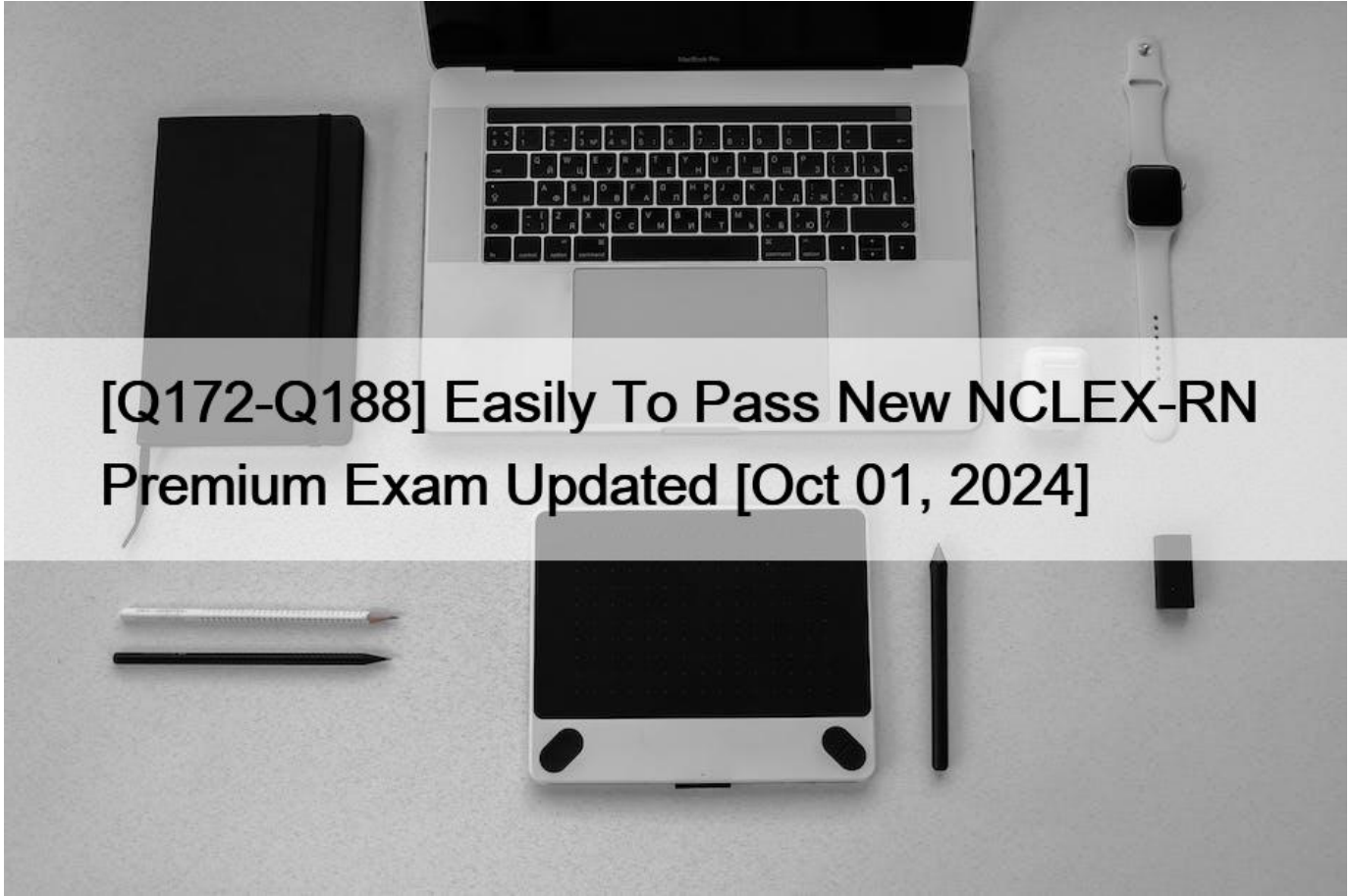


## [Q172-Q188 Easily To Pass New NCLEX-RN Premium Exam Updated [Oct 01, 2024]



### **Easily To Pass New NCLEX-RN Premium Exam Updated [Oct 01, 2024 NCLEX-RN Certification All-in-One Exam Guide Oct-2024**

NCLEX-RN exam covers a broad range of topics related to nursing practice, including health promotion, disease prevention, patient care management, pharmacology, and more. NCLEX-RN exam consists of multiple-choice questions that assess a nurse's ability to apply knowledge, skills, and critical thinking to real-world situations. The NCLEX-RN is designed to test a nurse's ability to make sound clinical judgments, prioritize patient care needs, and provide safe and effective care.

#### **NEW QUESTION 172**

When the nurse is evaluating lab data for a client 18-24 hours after a major thermal burn, the expected physiological changes would include which of the following?

- \* Elevated serum sodium
- \* Elevated serum calcium
- \* Elevated serum protein

\* Elevated hematocrit

Explanation

(A) Sodium enters the edema fluid in the burned area, lowering the sodium content of the vascular fluid.

Hyponatremia may continue for days to several weeks because of sodium loss to edema, sodium shifting into the cells, and later, diuresis. (B) Hypocalcemia occurs because of calcium loss to edema fluid at the burned site (third space fluid). (C) Protein loss occurs at the burn site owing to increased capillary permeability. Serum protein levels remain low until healing occurs. (D) Hematocrit level is elevated owing to hemoconcentration from hypovolemia. Anemia is present in the postburn stage owing to blood loss and hemolysis, but it cannot be assessed until the client is adequately hydrated.

### NEW QUESTION 173

With a geriatric client, the nurse should also assess whether he has been obtaining a yearly vaccination against influenza. Why is this assessment important?

- \* Influenza is growing in our society.
- \* Older clients generally are sicker than others when stricken with flu.
- \* Older clients have less effective immune systems.
- \* Older clients have more exposure to the causative agents.

(A) Although influenza is common, the elderly are more at risk because of decreased effectiveness of their immune system, not because the incidence is increasing. (B) Older clients have the same degree of illness when stricken as other populations. (C) As people age, their immune system becomes less effective, increasing their risk for influenza. (D) Older clients have no more exposure to the causative agents than do school-age children, for example.

### NEW QUESTION 174

A client has been in labor 10 hours and is becoming very tired. She has dilated to 7 cm and is at 0 station with the fetus in a right occipitoposterior position. She is complaining of severe backache with each contraction. One comfort measure the nurse can employ is to:

- \* Place her in knee-chest position during the contraction
- \* Use effleurage during the contraction
- \* Apply strong sacral pressure during the contraction
- \* Have her push with each contraction

Explanation/Reference:

Explanation:

(A) This measure is inappropriate. The knee-chest position is employed to take pressure off the cord. (B) Effleurage is a comfort measure but not the one that will contribute most to the relief of backache caused by a posterior position. (C) Sacral pressure will counteract the pressure created by the position of the fetal head. (D) The client is not completely dilated. Pushing is contraindicated until the second stage of labor.

### NEW QUESTION 175

Dietary planning is an essential part of the diabetic client's regimen. The American Diabetes Association recommends which of the following caloric guidelines for daily meal planning?

- \* 50% complex carbohydrate, 20%-25% protein, 20%-25% fat
- \* 45% complex carbohydrate, 25%-30% protein, 30%-35% fat
- \* 70% complex carbohydrate, 20%-30% protein, 10%-20% fat
- \* 60% complex carbohydrate, 12%-15% protein, 20%-25% fat

Explanation/Reference:

Explanation:

(A) The percentage of carbohydrates is too low to maintain blood sugar levels. The percent range of protein is too high and may cause extra workload on the kidney as it is metabolized. (B) The percentage of carbohydrates is too low to maintain blood sugar levels. The percent range of protein is too high and may cause extra workload on the kidney. (C) The percentage of carbohydrates is too high; the percent range of protein is too high, and of fat, too low. (D) This combination provides enough carbohydrates to maintain blood glucose levels, enough protein to maintain body repair, and enough fat to ensure palatability.

### NEW QUESTION 176

A 74-year-old client seen in the emergency room is exhibiting signs of delirium. His family states that he has not slept, eaten, or taken fluids for the past 24 hours. The planning of nursing care for a delirious client is based on which of the following premises?

- \* The delirious client is capable of returning to his previous level of functioning.
- \* The delirious client is incapable of returning to his previous level of functioning.
- \* Delirium entails progressive intellectual and behavioral deterioration.
- \* Delirium is an insidious process.

(A) This answer is correct. If the cause is removed, the delirious client will recover completely. (B) This answer is incorrect. The demented client is incapable of returning to previous level of functioning. The delirious client is capable of returning to previous functioning. (C) This answer is incorrect. The demented client, not the delirious client, has progressive intellectual and behavioral deterioration. (D) This answer is incorrect. Delirium develops rapidly, whereas dementia is insidious.

### NEW QUESTION 177

A 16-year-old client with a diagnosis of oppositional defiant disorder is threatening violence toward another child. In managing a potentially violent client, the nurse:

- \* Must use the least restrictive measure possible to control the behavior
- \* Should put the client in seclusion until he promises to behave appropriately
- \* Should apply full restraints until the behavior is under control
- \* Should allow other clients to observe the acting out so that they can learn from the experience

Explanation/Reference:

Explanation:

(A) This answer is correct. Least restrictive measures should always be attempted before a client is placed in seclusion or restraints. The nurse should first try a calm verbal approach, suggest a quiet room, or request that the client take a time-out; before placing the client in seclusion, giving medication as necessary, or restraining. (B) This answer is incorrect. A calm verbal approach or requesting that a client go to his room should be attempted before restraining. (C) This answer is incorrect. Restraints should be applied only after all other measures fail to control the behavior. (D) This answer is incorrect. Other clients should be removed from the area. It is often very anxiety producing for other clients to see a peer out of control. It could also lead to mass acting-out behaviors.

### NEW QUESTION 178

After performing a sterile vaginal exam on a client who has just been admitted to the unit in active labor and placed on an electronic fetal monitor, the RN assesses that the fetal head is at 21 station. She documents this on the monitor strip. Fetal head at 21 station means that the fetal head is located where in the pelvis?

- \* One centimeter below the ischial spines
- \* One centimeter above the ischial spines

- \* Has not entered the pelvic inlet yet
- \* Located in the pelvic outlet

(A) The ischial spines are located on both sides of the midpelvis. These spines mark the

diameter of the narrowest part of the pelvis that the fetus will encounter. They are not sharp protrusions that will harm the fetus. Station refers to the relationship between the ischial spines in the pelvis and the fetus. The ischial spines are designated at 0 station. If the presenting part of the fetus is located above the ischial spines, a negative number is assigned, noting the number of centimeters above the ischial spines. Therefore, 1 centimeter below the ischial spines is designated as +1 station. (B) See explanation in A.

One centimeter above the ischial spines is designated as +1 station. (C) The pelvic inlet is the first part of the pelvis that the fetus enters in routine delivery. The midpelvis is the second part of the pelvis to be entered by the fetus. The ischial spines are located on both sides of the midpelvis. (D) The pelvic outlet is the last part of the pelvis that the fetus will enter. When the fetus reaches this part of the pelvis, birth is near.

### NEW QUESTION 179

A client who is a breast-feeding mother develops mastitis. The clinical signs and symptoms of mastitis include:

- \* Marked engorgement, elevated temperature, chills, and breast pain with an area that is red and hardened
- \* Marked engorgement and breast pain
- \* Elevated temperature and general malaise
- \* Cracked nipple with complaints of soreness

(A)

Mastitis is a bacterial inflammation of the breast tissue found primarily in breast-feeding mothers. The bacteria usually enter the breast through a cracked nipple, or the infection results from stasis of milk behind a blocked duct. (B) With breast engorgement during breast-feeding, there may be marked breast pain. This is not necessarily a sign of infection.

(C)

Women may become ill during breast-feeding with other bacterial or viral infections that are not related to mastitis. (D) Improper care of the nipples or improper positioning of the infant during breastfeeding may result in cracked or sore nipples.

### NEW QUESTION 180

A postoperative prostatectomy client is preparing for discharge from the hospital the next morning. The nurse realizes that additional instructions are necessary when he states:

- \* "If I drink 10 to 12 glasses of fluids each day, that will help to prevent any clot formation in my urine."
- \* "The isometric exercises will help to strengthen my perineal muscles and help me control my urine."
- \* "If I feel as though I have developed a fever, I will take a rectal temperature, which is the most accurate."
- \* "I do not plan to do any heavy lifting until I visit my doctor again."

Explanation/Reference:

Explanation:

(A) This is correct health teaching. Drinking 10-12 glasses of clear liquid will help increase urine volumes and prevent clot formation. (B) This is correct health teaching. These types of exercises are prescribed by physicians to assist postprostatectomy clients to strengthen their perineal muscles. (C) This action is not recommended post-TURP because of the close proximity of the prostate and rectum. (D) This is correct healthcare teaching. The client should limit walking long distances, lifting heavy objects, or driving a car until these activities are cleared by the physician at the first office visit.

### NEW QUESTION 181

A 27-year-old healthy primigravida is brought to the labor and birthing room by her husband at 32 weeks' gestation. She experienced a sudden onset of painless vaginal bleeding. Following an ultrasound examination, the diagnosis of bleeding secondary to complete placenta previa is made. Expected assessment findings concerning the abdomen would include:

- \* A rigid, boardlike abdomen
- \* Uterine atony
- \* A soft relaxed abdomen
- \* Hypertonicity of the uterus

(A) A rigid, boardlike abdomen is an assessment finding indicative of placenta abruptio. (B) A cause of postbirth hemorrhage is uterine atony. With placenta previa, uterine tone is within normal range. (C) The placenta is located directly over the cervical os in complete previa. Blood will escape through the os, resulting in the uterus and abdomen remaining soft and relaxed. (D) In placenta abruptio, hypertonicity of the uterus is caused by the entrapment of blood between the placenta and uterine wall, a retroplacental bleed. This does not exist in placenta previa.

### NEW QUESTION 182

A 35-year-old client has returned to her room following surgery on her right femur. She has an IV of D5 in one-half normal saline infusing at 125 mL/hr and is receiving morphine sulfate 10-15 mg IM q4h prn for pain. She last voided 5 1/2 hours ago when she was given her preoperative medication. In monitoring and promoting return of urinary function after surgery, the nurse would:

- \* Provide food and fluids at the client's request
- \* Maintain IV, increasing the rate hourly until the client voids
- \* Report to the surgeon if the client is unable to void within 8 hours of surgery
- \* Hold morphine sulfate injections for pain until the client voids, explaining to her that morphine sulfate can cause urinary retention

Explanation/Reference:

Explanation:

(A) Provision of food and fluid promotes bowel elimination. Nutritional needs postoperatively are determined by the physician, not the client. (B) Increasing IV fluids postoperatively will not cause a client to void. Any change in rate of administration of IV fluids should be determined by the physician. (C) The postoperative client with normal kidney function who cannot void 8 hours after surgery is retaining urine.

The client may need catheterization or medication. The physician must provide orders for both as necessary. (D) Although morphine sulfate can cause urinary retention, withholding pain medication will not ensure that the client will void. The client with uncontrolled pain will probably not be able to void.

### NEW QUESTION 183

When the nurse is evaluating lab data for a client 18-24 hours after a major thermal burn, the expected physiological changes would include which of the following?

- \* Elevated serum sodium
- \* Elevated serum calcium
- \* Elevated serum protein
- \* Elevated hematocrit

Explanation/Reference:

Explanation:

(A) Sodium enters the edema fluid in the burned area, lowering the sodium content of the vascular fluid.

Hypnatremia may continue for days to several weeks because of sodium loss to edema, sodium shifting into the cells, and later, diuresis. (B) Hypocalcemia occurs because of calcium loss to edema fluid at the burned site (third space fluid). (C) Protein loss occurs at the burn site owing to increased capillary permeability. Serum protein levels remain low until healing occurs. (D) Hematocrit level is elevated owing to hemoconcentration from hypovolemia. Anemia is present in the postburn stage owing to blood loss and hemolysis, but it cannot be assessed until the client is adequately hydrated.

#### NEW QUESTION 184

The nurse is caring for a 6-week-old girl with meningitis. To help her develop a sense of trust, the nurse should:

- \* Give her a small soft blanket to hold
- \* Give her good perineal care after each diaper change
- \* Leave the door open to her room
- \* Pick her up when she cries

(A) A soft blanket may be comforting, but it is not directed toward developing a sense of trust. (B) Good perineal care is important, but it is not directed toward developing a sense of trust. (C) An infant with meningitis needs frequent attention, but leaving the door open does not foster trust. (D) Consistently picking her up when she cries will help the child feel trust in her caregivers.

#### NEW QUESTION 185

A 2-year-old boy is in the hospital outpatient department for observation after falling out of his crib and hitting his head. The nurse calls the physician to report:

- \* Evidence of perineal irritation
- \* Pulse fell from 102 to 96
- \* Pulse increased from 96 to 102
- \* Temperature rose to 102\_F rectally

(A) Perineal irritation needs to be addressed, but it is probably not necessary to call the physician. (B) This fall in pulse rate remains within normal limits and is probably insignificant. It is important to monitor for continued change. (C) This rise in pulse rate is probably not significant, but it is important to monitor for continued change. (D) This temperature is above normal limits and needs medical investigation. It may or may not be related to the head injury.

#### NEW QUESTION 186

A 17-year-old client has a T-4 spinal cord injury. At present, he is learning to catheterize himself. When he says, "This is too much trouble. I would rather just have a Foley." An appropriate response for the RN teaching him would be:

- \* "I know. It is a lot to learn. In the long run, though, you will be able to reduce infections if you do an intermittent catheterization program."
- \* "It is not too much trouble. This is the best way to manage urination."
- \* "OK. I'll ask your physician if we can replace the Foley."
- \* "You need to learn this because your doctor ordered it."

Explanation/Reference:

Explanation:

(A) This response acknowledges the client's feelings, gives him factual information, and acknowledges that the final decision is his. (B) This response is judgmental and discourages the client from expressing his feelings about the procedure. (C) Catheterization is a procedure that takes time to learn, but which, for the spinal cord-injured client, can significantly reduce the incidence of urinary tract infections. A young client with a T-4 injury has the hand function to learn this procedure fairly easily. (D) The final decision about bladder elimination management ultimately rests with the client and not the physician.

### NEW QUESTION 187

A client confides to the nurse that he tasted poison in his evening meal. This would be an example of what type of hallucination?

- \* Auditory
- \* Gustatory
- \* Olfactory
- \* Visceral

Explanation/Reference:

Explanation:

(A) Auditory hallucinations involve sensory perceptions of hearing. (B) Gustatory hallucinations involve sensory perceptions of taste. (C) Olfactory hallucinations involve sensory perceptions of smell. (D) Visceral hallucinations involve sensory perceptions of sensation.

### NEW QUESTION 188

An obstructing stone in the renal pelvis or upper ureter causes:

- \* Radiating pain into the urethra with labia pain experienced in females or testicular pain in males
- \* Urinary frequency and dysuria
- \* Severe flank and abdominal pain with nausea, vomiting, diaphoresis, and pallor
- \* Dull, aching, back pain

Explanation

(A) Radiating pain in the urethra in both sexes, extending into the labia in females and into the testicle or penis in the male, indicates a stone in the middle or lower segment of the ureter. (B) Urinary frequency and dysuria are caused by a stone in the terminal segment of the ureter within the bladder wall. (C) An obstructing stone in the renal pelvis or upper ureter causes severe flank and abdominal pain with nausea, vomiting, diaphoresis, and pallor. (D) Dull and aching pain may indicate early stages of hydronephrosis. Also, a stone in the renal pelvis or upper ureter causes severe flank and abdominal pain.

NCLEX-RN (National Council Licensure Examination) is a certification exam that is required for individuals who wish to become licensed registered nurses (RNs). NCLEX-RN exam is designed to test the knowledge, skills, and abilities that are necessary to perform the duties of an entry-level RN. The NCLEX-RN exam is administered by the National Council of State Boards of Nursing (NCSBN) and is taken by nursing graduates who have completed an accredited nursing program.

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