

[Q403-Q417 Jan-2023 Realistic NCLEX-PN Accurate & Verified Answers As Experienced in the Actual Test!



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Latest NCLEX NCLEX-PN Practice Test Questions, National Council Licensure Examination(NCLEX-PN) Exam Dumps

Understanding functional and technical aspects of NCLEX-RN® Examination Identify Requirements

The following will be discussed in **NCLEX PN exam dumps**:

- Report customer conditions as legally necessary (e.g., misuse/disregard, transferable infection)- Participate in execution improvement tasks and quality improvement measures-
- Assign and administer care of customer given by others (e.g., LPN/VN, assistive work force, other NCLEX ensured applicants)- Provide training to customers and staff about customer rights and obligations-
- Manage struggle among customers and medical care staff-
- Recognize moral problems and make a fitting move-
- Prioritize the conveyance of customer care-
- Incorporate progressed orders into customer plan of care-
- Collaborate with interprofessional colleagues while giving customer care-
- Organize responsibility to oversee time adequately-
- Recognize restrictions of self as well as other people and use assets-
- Perform techniques important to securely concede, move as well as release a customer-
- Initiate, assess, and update customer plan of care-
- Practice in a way reliable with a code of morals for medical caretakers-
- Provide care inside the lawful extent of training-
- Verify the customer gets proper schooling and assents for care and methodology-
- Assess the requirement for references and acquire fundamental orders-
- Practice and supporter for savvy care-
- Receive and decipher medical services supplier orders-
- Use affirmed truncations and standard phrasing when archiving care-

Maintain customer secrecy and protection- Provide and get hand off of care (report) on allotted customers- Utilize assets to upgrade customer care (e.g., proved based exploration, data innovation, strategies and methodology) **NO.403** A safety measure to implement when transferring a client with hemiparesis from a bed to a wheelchair is:

- * standing the client and walking him or her to the wheelchair.
- * moving the wheelchair close to client's bed and standing and pivoting the client on his unaffected extremity to the wheelchair.
- * moving the wheelchair close to client's bed and standing and pivoting the client on his affected extremity to the wheelchair.
- * having the client stand and push his body to the wheelchair.

Moving the wheelchair close to client's bed and having him stand and pivot on his unaffected extremity to the wheelchair is safer because it provides support with the unaffected limb. Basic Care and Comfort

NO.404 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?

- * pureed canned squash
- * pureed apples
- * yogurt
- * infant rice cereal

Explanation/Reference:

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.405 A 22-year-old male patient comes into the ER with suspected ketoacidosis.

Which lab value would reflect this finding?

- * serum bicarbonate of 27 mmol/L
- * PaCO₂ of 40
- * serum glucose of 90
- * blood pH of 7.29

Section: Physiological Integrity

NO.406 While walking in the hallway of an acute care unit of the hospital, the nurse overhears the change of shift report. The nurse should:

- * 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.
- * disregard the information because it changes quickly on the acute care unit and is outdated within 2-3 hours anyway.
- * return to his or her own unit and not disclose that confidential information has been overheard.
- * ignore the situation.

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.407 Which of the following strategies should the nurse include when planning care for children of migrant workers?

- * Delay immunization because of acute illness.

- * Provide parents with copies of medical records.
- * Schedule preventive services at acute illness visits.
- * Stress the importance of using one primary care provider.

Explanation/Reference:

Explanation:

Migrant workers should be provided with the medical records and immunization records for their children, including growth charts. The parents should also be encouraged to take those records with them to every health care visit, including Emergency Department visits. It is important to provide immunizations even when the child is there for an acute illness because preventive care is often not obtained. Preventive services should also be provided, not scheduled, when a child presents for an acute illness. Using a single primary care provider is not an option for most migrant families. The nurse should ask the parents about where they are going next and give them the name, address, and phone numbers of providers there.

Health Promotion and Maintenance

NO.408 Safety measures for using crutches must be taught to clients. Safety measures for the use of crutches include:

- * properly fitting crutches with rubber tips at the end that provide a four-point gait.
- * properly fitting crutches, education in the appropriate gait, and strength in the arms.
- * crutches that fit the way the client chooses and a gait chosen by client.
- * both legs touching the floor for all gaits.

Explanation/Reference:

Explanation:

In addition to the rubber tips on the ends of the crutches, the client needs to know the appropriate gait. Arm strength exercises are important, and it is critical that the client be fitted properly for the crutches. Basic Care and Comfort

NO.409 In the United States, several definitions of death are currently being used. The definition that uses apnea testing and pupillary responses to light is termed:

- * whole brain death.
- * heart-lung death.
- * circulatory death.
- * higher brain death.

Explanation/Reference:

Explanation:

Most protocols require two separate clinical examinations, including induction of painful stimuli, pupillary responses to light, oculovestibular testing, and apnea testing. Choices 2 and 4 have no specific test required. Choice 3 is not a current definition of death in the United States. Psychosocial Integrity

NO.410 The nurse who was not promoted tells another friend, "I knew I'd never get the job. The hospital administrator hates me." If she actually believes this of the administrator, who, in reality, knows little of her, she is demonstrating:

- * compensation.
- * reaction formation.
- * projection.
- * denial.

Projection results in unconsciously adopting blaming behavior. It attributes unacceptable attributes to other people. Compensation

results in the nurse unconsciously attempting to emphasize a strong point in an attempt to make up for a perceived weakness. Reaction formation unconsciously adopts behavior that is opposite her actual feelings. Denial involves ignoring the existence of an unpleasant reality. Psychosocial Integrity

NO.411 A nurse has just started on the 7PM surgical unit shift. Which of the following patients should the nurse check on first?

- * A 75 year-old female who is scheduled for an EGD in 10 hours.
- * A 34 year-old male who is complaining of low back pain following back surgery and has an onset of urinary incontinence in the last hour.
- * A 21 year-old male who had a lower extremity BKA yesterday, following a MVA and has phantom pain.
- * A 27 year-old female who has received 1.5 units of RBCs via transfusion the previous day.

Explanation/Reference:

Explanation:

The new onset of urinary incontinence may require additional medical assessment, and the physician needs to be notified.

NO.412 Which of these is not a sign of early hyperglycemia?

- * polyphagia
- * polyketonia
- * polyuria
- * polydipsia

Section: Physiological Integrity

NO.413 You are caring for a neonate who has a cleft palate.

You should inform the mother that surgical correction will be done when the infant is _____.

- * 8 to 12 months of age
- * 20 to 24 months of age
- * 16 to 20 months of age
- * 12 to 16 months of age

Section: Health Promotion and Maintenance

Explanation:

Repairs of cleft palates are typically done before 12 months because this allows for palatal changes associated with normal growth to occur.

While repairs can still be performed after one year of age but this increases the likelihood of needing longer- termed treatments and increased risks for poor language development and facial appearance.

NO.414 Jane Love, a 35-year old gravida III para II at 23 weeks gestation, is seen in the Emergency Department with painless, bright red vaginal bleeding. Jane reports that she has been feeling tired and has noticed ankle swelling in the evening. Laboratory tests reveal a hemoglobin level of 11.5 g/dL.

After evaluating the situation, the nurse determines that Jane is at risk for placenta previa, based on which of the following data?

- * anemia
- * edema
- * painless vaginal bleeding
- * fatigue

Section: Physiological Integrity

Explanation:

Placenta previa is a disorder where the placenta implants in the lower uterine segment, causing painless bleeding in the third trimester of pregnancy.

The bleeding results from tearing of the placental villi from the uterine wall as the lower uterine segment contracts and dilates. It can be slight or profuse and can include bright red, painless bleeding.

The abdomen might be soft, nontender, and relax between contractions.

NO.415 Which of the following microorganisms are considered normal body flora?

- * staphylococcus on the skin
- * streptococcus in the nares
- * candida albicans in the vagina
- * pseudomonas in the blood

Of the choices given, only staphylococcus is considered a normal resident of the body.

Safety and Infection Control

NO.416 Appropriate care for a client with neutropenia includes:

- * plenty of fresh fruits and vegetables.
- * a semi-private room.
- * wearing a mask when out of the room.
- * routine hand washing.

Explanation/Reference:

Explanation:

When a client is neutropenic (one type of white blood cell), they lack the ability to fight off infection. The mask is to prevent exposure to any upper-respiratory infections. Fresh fruits, vegetables, and flowers can contain pathogens that might infect the neutropenic client. All foods must be thoroughly cooked and plants/ flowers are not allowed. A neutropenic client needs a private room and carefully screened visitors; no one is to enter the room with any symptoms of an illness (runny nose, sneezing, nausea, and so on).

Meticulous, frequent hand washing is called for. Physiological Adaptation

NO.417 A patient 3 hours post-op from a hysterectomy is complaining of intense pain at the incision site. When assessing the patient the nurse notes a BP of 169/93, pulse 145 bpm and regular. What action should the nurse take?

- * Reassure patient that pain is normal following surgery.
- * Administer prn Nifedipine and assess client's response.
- * Administer prn Meperidine HCL and assess client's response.
- * Recheck BP and pulse rate every 20 minutes for the next hour.

A sinus tachycardia is a physiological response to pain. Treating the cause of the increased pulse rate requires pain medication.

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