

# NCLEX-PN<sup>Q&As</sup>

National Council Licensure Examination(NCLEX-PN)

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# **QUESTION 1**

A nurse notes that an elderly client suddenly does not keep appointments and is not wearing appropriate clothing.

Which statement by the client raises the suspicion of financial abuse?

- A. "I am having difficulty paying for this new antibiotic the physician prescribed."
- B. "I am a little short on cash since my daughter moved in to help me."
- C. "I have not felt like shopping since the weather has gotten worse."
- D. "People do not realize how difficult it is to make ends meet on a fixed income."

Correct Answer: B

Elderly clients on fixed incomes have difficulty meeting new expenses, such as medicine.

Signs of financial abuse include unexplained illnesses that are left untreated, an inability to pay rent or

purchase clothes and food, and inaccurate knowledge about finances.

Financial abuse is a form of elder abuse and requires investigation.

# **QUESTION 2**

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
- Correct Answer: BDF

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 3**

The LPN needs to delegate a task to the nurse aide who is new to the unit.



Which of these is the best option for the nurse to choose in proceeding?

A. Delegate the task to the nurse aide, watch them perform the task without them seeing you, and follow up to ensure the task was done safely/accurately.

B. Delegate the task to the nurse aide, ensure understanding of the task, and supervise task being performed.

C. Delegate the task to the nurse aide, confirm understanding, and follow up to ensure the task was safely/correctly done.

D. Delegate the task to the nurse aide, supervise if needed and check in after the task to see if help is needed.

Correct Answer: C

# **QUESTION 4**

Which is the most common microorganism associated with gastritis?

A. syphilis

- B. cytomegalovirus
- C. H. pylori
- D. mycobacterium

Correct Answer: C

H. pylori is the most common microorganism associated with gastritis.

The other microorganisms listed might be associated with gastritis but to a lesser degree.

## **QUESTION 5**

A nurse runs into the significant other of a patient with end stage AIDS crying during her smoke break. Which of the following is most appropriate action for the nurse to take?

- A. Allow her to grieve by herself.
- B. Tell her go ahead and cry, after all your husband\\'s pretty bad off.
- C. Tell her you realize how upset she is, but you don///t want to talk about it now.
- D. Approach her, offering tissues and encourage her to verbalize her feelings.

Correct Answer: D

Being left alone during the grief process, isolates individuals.

These individuals need an outlet for their feelings and to talk to someone who is empathetic.



#### **QUESTION 6**

A nurse is caring for a retired MD. The MD asks the question, "What type of cells secrete insulin?" The correct answer is

- A. alpha cells
- B. beta cells
- C. CD4 cells
- D. helper cells
- Correct Answer: B

Beta cells secrete insulin.

# **QUESTION 7**

A client reports that someone is in the room and trying to kill him.

The nurse\\'s best response is \_\_\_\_\_.

A. "No one is in your room. Let\\'s get you more medicine."

- B. "I do not see anyone, but you seem to be very frightened."
- C. "No one can hurt you here."
- D. "Just tell the person to go away."

Correct Answer: B

It is important to acknowledges the client\\'s fear. The other responses deny the client\\'s perceptions.

#### **QUESTION 8**

A client receiving drug therapy with furosemide and digitalis requires careful observation and care.

In planning care for this client, the nurse should recognize that \_\_\_\_\_\_ electrolyte imbalances is most likely to occur.

- A. hyperkalemia
- B. hypernatremia
- C. hypokalemia
- D. hypomagnesemia

Correct Answer: C

Diuretics such as furosemide might deplete serum potassium. Additionally, the action of digitalis might be



potentiated by hypokalemia.

These drugs are not associated with hyperkalemia.

Diuretic therapy could cause hyponatremia, not hypernatremia.

Hypomagnesemia is generally associated with poor nutrition, alcoholism, and excessive GI or renal losses.

#### **QUESTION 9**

In an emergency situation, the nurse determines whether a client has an airway obstruction. Which of the following does the nurse assess?

- A. ability to speak
- B. ability to hear
- C. oxygen saturation
- D. adventitious breath sounds
- Correct Answer: A

Ability to speak is a major way to identify an airway obstruction.

#### **QUESTION 10**

A positive over-the-counter pregnancy test is considered a \_\_\_\_\_

- A. possible sign of pregnancy
- B. presumptive sign of pregnancy
- C. probable sign of pregnancy
- D. positive sign of pregnancy

Correct Answer: C

A positive pregnancy test and changes in the reproductive organs are both considered probable signs of

pregnancy.

Presumptive signs include amenorrhea, frequent urination and pigment changes in skin.

Determining the estimated day of birth or delivery (EDB or EDD) is considered to be a positive sign of

pregnancy.

#### **QUESTION 11**



Which of the following is most likely to impact the body image of an infant newly diagnosed with Hemophilia?

- A. immobility
- B. altered growth and development
- C. hemarthrosis
- D. altered family processes
- Correct Answer: D

Altered Family Processes is a potential nursing diagnosis for the family and client with a new diagnosis of Hemophilia.

Infants are aware of how their caregivers respond to their needs. Stresses can have an immediate impact

on the infant///s development of trust and how others relate to them because of their diagnosis.

The longterm effects of hemophilia can include problems related to immobility.

Altered growth and development could not have developed in a newly diagnosed client.

Hemarthrosis is acute bleeding into a joint space that is characteristic of hemophilia. It does not have an

immediate effect on the body image of a newly diagnosed hemophiliac.

# **QUESTION 12**

Which is the proper hand position for performing chest vibration?

- A. cup the hands
- B. use the side of the hands
- C. flatten the hands
- D. spread the fingers of both hands
- Correct Answer: C

The hands are flattened over the area of the body where chest percussion is used to conduct vibration

through to the chest and loosen secretions.

The other hand positions do not accomplish this task.

# **QUESTION 13**

A client tells the nurse that his wife\\'s nagging really gets on his nerves. He asks the nurse to talk with her

about her nagging during their family session tomorrow afternoon.



Which of the following responses is the most therapeutic for the client?

- A. "Tell me more specifically about her complaints."
- B. "Can you think why she might nag you so much?"
- C. "I\\'II help you think about how to bring this up yourself tomorrow afternoon."
- D. "Why do you want me to initiate this in tomorrow\\'s session rather than you?"

Correct Answer: C

The client needs to learn how to communicate directly with his wife about her behavior. The nurse\\'s assistance enables him to practice a new skill and communicates confidence in his ability to confront this situation. Choices "Tell me more specifically about her complaints." and "Can you think why she might nag you so much?" inappropriately direct attention away from the client and toward his wife, who isn\\'t present. Choice "Why do you want me to initiate this in tomorrow\\'s session rather than you?" implies that there might be a legitimate reason for the nurse to assume responsibility for something that rightfully belongs to the client. Instead of focusing on his problems, he\\'ll waste precious time convincing the nurse that he or she should do his work.

#### **QUESTION 14**

Select the type of skeletal fracture that is correctly paired with its description.

- A. A complete fracture: The fractured bone penetrates through the skin to the skin surface.
- B. A pathological fracture: A fracture that results from some physical trauma.
- C. A greenstick fracture: This bends but does not fracture the bone.
- D. An avulsion fracture: A fracture that pulls a part of the bone from the tendon or ligament

Correct Answer: D

An avulsion fracture pulls a part of the fractured bone from the ligament or tendon.

A complete fracture is one with which the whole cross section of the bone is fractured;

a compound or opened fracture pierces through the skin;

a pathological fracture results from an underlying disease or disorder not physical trauma or stressors.

Lastly, a greenstick fracture is a skeletal bone fracture that affects only one side of the bone.

#### **QUESTION 15**

What is pica?

- A. dependency on alcohol
- B. increased iron in the diet
- C. the sickle cell trait



- D. eating ice
- Correct Answer: D

Pica represents the ingestion of nonfood substances that leads to a clinical iron deficiency and might

actually be the first sign of a problem.

Clients eat a wide range of nonfood items, including ice, clay, dirt, and paste.

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