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QUESTION 1

A 14-year-old boy has a head injury with laceration of his scalp over his ear. The nurse should call the physician to report:

- A. Blood pressure increase from 100/80 to 115/85 after lunch
- B. Headache that is unresponsive to acetaminophen (Tylenol)
- C. Pulse rate ranges between 68 bpm and 76 bpm
- D. Temperature rise to 102°F rectally

Correct Answer: D

(A) This change in blood pressure may not be significant and does not indicate a widening pulse pressure, a late sign of increased ICP. It is important to continue to monitor for change in blood pressure. (B) Acetaminophen may be ineffective in relieving headache after head injury. Stronger analgesics are contraindicated because they mask neurological signs and may depress the CNS. (C) Pulse rates between 68 bpm and 76 bpm are within normal limits for a 14-year-old child. It is important to monitor for a consistent drop in pulse rate, which is a late sign of increasing ICP. (D) An elevated temperature is abnormal and requires further assessment and medical intervention. The temperature may be unrelated to the head injury, but CNS infection is serious and difficult to control.

QUESTION 2

The nurse is notified that a 27-year-old primigravida diagnosed with complete placenta previa is to be admitted to the hospital for a cesarean section. The client is now at 36 weeks' gestation and is presently having bright red bleeding of moderate amount. On admission, the nursing intervention that the nurse should give the highest priority to is:

- A. Shave the client's abdomen and arrange her lab work
- B. Determine the status of the fetus by fetal heart tones
- C. Start an IV infusion in the client's arm
- D. Insert an indwelling catheter into her bladder

Correct Answer: B

(A) These nursing actions are necessary prior to the cesarean section, but not immediately necessary to maintain physiological equilibrium. (B) Determining the physiological status of the fetus would constitute the highest priority in evaluating and maintaining fetal life. (C) These nursing actions are necessary prior to the cesarean section, but not immediately necessary to maintain physiological equilibrium. (D) These nursing actions are necessary prior to the cesarean section, but not immediately necessary to maintain physiological equilibrium.

QUESTION 3

A client with a C-3 fracture has just arrived in the emergency room. The primary nursing intervention is:

- A. Stabilization of the cervical spine

- B. Airway assessment and stabilization
- C. Confirmation of spinal cord injury
- D. Normalization of intravascular volume

Correct Answer: B

(A) If cervical spine injury is suspected, the airway should be maintained using the jaw thrust method that also protects the cervical spine. (B) Primary intervention is protection of the airway and adequate ventilation. (C, D) All other interventions are secondary to adequate ventilation.

QUESTION 4

A female client is exhibiting signs of respiratory distress. Which of the following signs indicate a possible pneumothorax?

- A. Crackles or rales on the affected side
- B. Bradypnea and bradycardia
- C. Shortness of breath and sharp pain on the affected side
- D. Increased breath sounds on the affected side

Correct Answer: C

(A) With a pneumothorax, air occupies the pleural space. Crackles or rales are heard with increased fluid or secretions and would not be present with air in the space. (B) With a pneumothorax, the client would experience tachypnea and tachycardia to compensate for the decrease in oxygenation. (C) Symptoms of pneumothorax include shortness of breath, sharp pain on the affected side with movement or coughing, asymmetrical chest expansion, and diminished or absent breath sounds on the affected side. (D) With a pneumothorax, breath sounds would be decreased on the affected side (indicates air in the pleural space).

QUESTION 5

In evaluating the laboratory results of a client with severe pressure ulcers, the nurse finds that her albumin level is low. A decrease in serum albumin would contribute to the formation of pressure ulcers because:

- A. The proteins needed for tissue repair are diminished.
- B. The iron stores needed for tissue repair are inadequate.
- C. A decreased serum albumin level indicates kidney disease.
- D. A decreased serum albumin causes fluid movement into the blood vessels, causing dehydration.

Correct Answer: A

(A) Serum albumin levels indicate the adequacy of protein stores available for tissue repair. (B) Serum albumin does not measure iron stores. (C) Serum albumin levels do not measure kidney function. (D) A decreased serum albumin level would cause fluid movement out of blood vessels, not into them.

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