

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

National Council Licensure Examination(NCLEX-RN)

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# **QUESTION 1**

A female client has been treated since childhood for mitral valve prolapse. The antibiotic of choice for her during pregnancy would be:

A. Sulfa

- B. Tetracycline
- C. Hydralazine
- D. Erythromycin

Correct Answer: D

(A) Sulfa is a teratogen and will cause kernicterus. (B) Tetracycline is a teratogen and will effect tooth development. (C) Hydralazine is not an antibiotic but a calcium channel blocker. (D) Erythromycin is safe during pregnancy and can be used when the client is allergic to penicillin.

### **QUESTION 2**

A 26-year-old client is admitted to the labor, delivery, recovery, postpartum unit. The nurse completes her assessment and determines the client is in the first stage of labor. The nurse should instruct her:

- A. To hold her breath during contractions
- B. To be flat on her back
- C. Not to push with her contractions
- D. To push before becoming fully dilated

Correct Answer: C

(A) This nursing action may cause hyperventilation. (B) This nursing action could cause inferior vena cava syndrome.
(C) The client is allowed to push only after complete dilation during the second stage of labor. The nurse needs to know the stages of labor. (D) If the client pushes before dilation, it could cause cervical edema and/or edema to the fetal scalp; both of these could contribute to increased risk of complications.

#### **QUESTION 3**

A newborn is admitted to the newborn nursery with tremors, apnea periods, and poor sucking reflex. The nurse should suspect:

- A. Central nervous system damage
- B. Hypoglycemia
- C. Hyperglycemia
- D. These are normal newborn responses to extrauterine life



#### Correct Answer: B

(A) Central nervous system damage presents as seizures, decreased arousal, and absence of newborn reflexes. (B) In a diabetic mother, the infant is exposed to high serum glucose. The fetal pancreas produces large amounts of insulin, which causes hypoglycemia after birth. (C) Hypoglycemia is a common newborn problem. Increased insulin production causes hypoglycemia, not hyperglycemia. (D) These are not normal adaptive behaviors to extrauterine life.

## **QUESTION 4**

A 4 year old has an imaginary playmate, which concerns the mother. The nurse\\'s best response would be:

A. "I understand your concern and will assist you with a referral."

B. "Try not to worry because you will just upset your child."

C. "Just ignore the behavior and it should disappear by age 8."

D. "This is appropriate behavior for a preschooler and should not be a concern."

Correct Answer: D

(A) This is normal for a preschooler, and a referral is not appropriate. (B) Telling a parent not to worry is unhelpful. This response does not address the mother\\'s concern. (C) This response is incorrect. The behavior is normal and will usually disappear by the time the child enters school. (D) This behavior is normal development for a preschooler.

#### **QUESTION 5**

A male client is admitted to the psychiatric unit after experiencing severe depression. He states that he intends to kill himself, but he asks the nurse not to repeat his intentions to other staff members. Which response demonstrates understanding and appropriate action on the part of the nurse?

A. "I understand you/\'re depressed, but killing yourself is not a reasonable option."

B. "We need to discuss this further, but right now let\\'s complete these forms."

C. "Don\\'t do that, you have so much to live for. You have a wonderful wife and children. The client in the next room has no one."

D. "This is very serious. I do not want any harm to come to you. I will have to report this to the rest of the staff."

Correct Answer: D

(A) To the client, suicide may be a reasonable action and the only one he can cope with at this time. (B) This response indicates to the client that his intention to commit suicide is not important to the nurse at this time. (C) The client is so depressed that he is not able to see the positive aspects of his life. At no time should the nurse discuss another client\\'s problems in conversation. (D) This statement tells the client that the nurse recognizes his problem is of a serious nature and will take all steps necessary to help him.

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