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QUESTION 1

A client is experiencing mucosal cell damage secondary to chemotherapy. Because of mucosal ulcers, eating has become increasingly uncomfortable for her. Which of the following interventions would be most effective in getting her to eat?

- A. Local anesthetics or mouth washes applied to ulcers 30 minutes prior to meals
- B. A bland, moist, soft diet
- C. Staying with the client and providing distraction during meals
- D. Cleaning the mouth carefully with lemon glycerin swabs and milk of magnesia before meals

Correct Answer: B

(A) Local anesthetics do temporarily relieve the pain but leave an unpleasant taste and numb feeling that are not conducive to eating. (B) Such a diet is less irritating to the damaged mucosa and is easier for the child to tolerate. (C) This intervention is helpful if the child has only anorexia. It does not work if the type and texture of the food increase oral discomfort. (D) Lemon glycerin swabs and milk of magnesia dry the oral mucosa and should be avoided.

QUESTION 2

A client is being discharged from the hospital tomorrow following a colon resection with a left colostomy. The nurse knows that the client understands the discharge teaching about care of her colostomy when she says:

- A. "I know that I am not supposed to irrigate my colostomy."
- B. "My stool will be soft like paste."
- C. "My stoma should be red and slightly raised."
- D. "The skin around my stoma may become irritated from the enzymes in my stool."

Correct Answer: C

(A) A left colostomy indicates an ascending colon resection. This type of colostomy can be irrigated. (B) The stool from an ascending colon resection should be formed. (C) The healthy stoma should be red and slightly raised. If it begins to turn dark or blue, the client should see the physician immediately. (D) The stool in the ascending colon does not usually have many enzymes in it. Stool from an ileostomy has more enzymes and is more irritating to the skin.

QUESTION 3

A female client has married recently. A month ago she visited her physician with complaints of burning on urination. She was given a prescription for trimethoprim- sulfamethoxazole (Bactrim) DS bid for 10 days. She was admitted through the emergency room on Saturday evening complaining of flank pain. Her temperature was 104°F. A preliminary urinalysis revealed 31 bacteria along with red and white blood cells in the urine. A preliminary diagnosis of pyelonephritis was made. During a nursing admission assessment, which statement by the client demonstrates a possible cause for pyelonephritis?

- A. "I have not been drinking six to eight glasses of water each day as the nurse had instructed."

- B. "I'm afraid I may have something wrong with my bladder because I have been getting bladder infections frequently since I've been married."
- C. "I took the Bactrim for 6 or 7 days. The burning stopped, so I saved the rest of the medication for the next time."
- D. "I recently had the flu, which could be settling in my kidneys now."

Correct Answer: C

(A) Although it is important that the client drink adequate fluids while treating a bladder infection with trimethoprim-sulfamethoxazole, the failure to do so will not cause pyelonephritis. (B) A stricture or abnormality may cause the progression of bladder infection to urinary tract infection, but this is rare. There is no indication in this situation that this has occurred. (C) The most common cause of pyelonephritis is improper treatment of bladder infections. The client typically feels better after several days, discontinues the medication, and saves the remainder for the next occurrence of a bladder infection. For this reason, it is imperative to provide client education related to completion of the prescribed medication. (D) There is no evidence that infection in another body system could cause pyelonephritis.

QUESTION 4

A nasogastric (NG) tube inserted preoperatively is attached to low, intermittent suction. A client with an NG tube exhibits these symptoms: He is restless; serum electrolytes are Na 138, K 4.0, blood pH 7.53. This client is most likely experiencing:

- A. Hyperkalemia
- B. Hyponatremia
- C. Metabolic acidosis
- D. Metabolic alkalosis

Correct Answer: D

(A) Sodium level is within normal limits. (B) Sodium level is within normal limits. (C) pH level is consistent with alkalosis. (D) With an NG tube attached to low, intermittent suction, acids are removed and a client will develop metabolic alkalosis.

QUESTION 5

A client is being discharged from the hospital today. The discharge teaching for care of her colostomy included which of the following basic principles for protecting the skin around her stoma:

- A. Taping a pouch that is leaking
- B. Cutting the skin barrier 1/2 inches larger than the stoma
- C. Changing the pouch only when leakage occurs
- D. Using a skin sealant under pouch adhesives

Correct Answer: D

(A) When a pouch seal leaks, the pouch should be immediately changed, not taped. Stool held against the skin can

quickly result in severe irritation. (B) The skin barrier should be cut only slightly larger than the stoma (one-half inch). (C) The client should be taught to change pouches whenever possible before leakage occurs. (D) When skin sealant is used under the tape, the outermost layer of the epidermis remains intact. When no skin sealant is used, this layer is removed when the tape is removed.

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