

NCLEX UWorld 2023 Real Exam Questions (1,823 Terms) All Correctly Answered, A+ Score Solution

When do advanced directives go into effect? - **Correct Answer:** when person is unable to speak for him/herself due to either:

1. Mental Incapacity - coma (GCS score ≤ 7)
2. Aphasia

(\neq as soon as signed; directives can always be changed later by person)

SBAR Communication Framework Components - **Correct Answer:** 1. S = Situation - what prompted the communication (eg what changes occurred)

2. B = Background - pertinent information, relevant history, vital signs

3. A = Assessment - nurse's assessment of the situation (when & what changes occurred)

4. R = Recommendation - request for prescription or action from HCP

Appropriate order of actions when client found on floor - **Correct**

Answer: 1. Assessment of physiological stability (ABCs)

2. Assessment of injuries

3. Moving client

4. Notifications

5. Documentation

Conditions of being ineligible to leave AMA - **Correct Answer:** 1

danger to self or others

2. lack of consciousness

3. Altered consciousness

4. Mental illness

5. Being under chemical influence

6. Court decision

Effective handoff communication components - **Correct Answer:** Nurse

should:

1. Provide identifying information (eg client's name and room number)

2. Note care priorities and upcoming or outstanding tasks (eg time to replace medication infusion bag, need to perform delayed wound care and cause of delay)

3. Provide exact, pertinent information (eg medication dose, time, measurable outcomes)
4. Include multidisciplinary plans (eg radiology examinations, family meetings, physical therapy)
5. Relay significant client changes in a clear manner

Risk factors for cervical cancer - **Correct Answer:** 1. Infection with high-risk HPV strains

2. History of sexually transmitted diseases
3. Early onset of sexual activity
4. Multiple or high-risk sexual partners
5. Immunosuppression
6. Oral contraceptive use
7. Low SES
8. Tobacco use

what medications interact with grapefruit? - **Correct Answer:** 1. calcium channel blockers (diltiazem, nifedipine, verapamil, etc)

2. statins
3. SSRIs

Risk associated with stent placement using the femoral approach -

Correct Answer: retroperitoneal hemorrhage

what are early signs of bleeding into the retroperitoneal space? -

Correct Answer: hypotension, back pain, flank ecchymosis (grey turner sign), hematoma formation, diminished distal pulses

what is the grey-turner sign and what is it a sign of? - **Correct Answer:** bruising of the flanks and retroperitoneal hemorrhage and is a bluish color

what are some physical signs of peripheral arterial disease? - **Correct Answer:** intermittent calf muscle pain?, rest pain, hair loss, decreased peripheral pulses, cool, dry, shiny skin, thick brittle nails, gangrene, ulcers (all of these are in the extremities)

transplanted hearts are expected to be - **Correct Answer:** tachycardic like 90-110

what is the priority intervention for pain with sickle cell crisis and why?

- **Correct Answer:** administer IV fluids to reduce blood viscosity and restore perfusion to areas affected by vasoocclusion

what is the purpose of continuous bladder irrigation? - **Correct Answer:**
it is prescribed after TURP to prevent obstruction of urine outflow by removing clotted blood from the bladder

what is the nurses care of monitoring CBI? - **Correct Answer:** monitor quality of drainage, titrate the inflow rate, and manually irrigating as needed

characteristics of a basilar skull fracture - **Correct Answer:** periorbital hematomas (raccoon eyes), csf fluid rhinorrhea, and battle sign (behind the ear bruising)

immediate client care for basilar skull fracture - **Correct Answer:** cervical spine immobilization, close neurologic monitoring, and support of ABCs

vomiting with intake may mean - **Correct Answer:** viral or bacterial infection

tympanostomy tubes are placed for - **Correct Answer:** recurrent otitis media

nurse actions during a seizure - **Correct Answer:** assist them to lie down
is standing/sitting, put them on side for patent airway, loosen tight
clothing, give oxygen as needed, remove objects from immediate area,
document time and duration of seizure (for tests are done later to see
which type of seizure and maybe what exacerbates it)
never put anything in mouth or restrain them since muscle contractions
can occur during a seizure

what are some early symptoms of ICP? - **Correct Answer:** altered LOC,
headache, abnormal breathing, rise in bp, slow pulse, vomiting

client who has a TIA is often placed on - **Correct Answer:** prophylactic
antithrombotic treatment like aspirin or clopidogrel

glasgow coma scale ranges from - **Correct Answer:** 3-15; 3 being worst
15 being best condition (8 or below in a coma)

what are the 3 components? - **Correct Answer:** eye opening
motor response
verbal response

what is a primary component in TPN? - **Correct Answer:** glucose, so the nurse should be monitoring blood glucose and be assessing for signs of hyperglycemia

when a client is on TPN, the nurse must assess for hyperglycemia why? - **Correct Answer:** bc a primary component is glucose. therefore the nurse must be assessing to see if the client is getting too much glucose (hyperglycemia). and with a large urinary output like 4800, this could indicate symptoms of hyperglycemia

signs of hyperglycemia - **Correct Answer:** - polydipsia,

- polyuria,
- restless,
- confused,
- bg over 200,
- fatigue,
- headache
- blurred vision
- kussmaul resp

Interventions to resolve TPN-associated hyperglycemia - **Correct**

Answer: - reduce amount of carbohydrate in TPN solution

- slow down infusion rate
- administer subcutaneous insulin

what is the goal for mass casualty events? - **Correct Answer:** do the greatest good for the greatest number of people

keep in mind that disaster triage ranks the likelihood of survival with treatment, not necessarily the severity of the injury - **Correct Answer:**

what are the 4 categories for triaging? - **Correct Answer:** immediate (red tag)- life threatening injuries with good prognosis once treated
delayed (yellow)- injuries requiring treatment within hours
minimal (green tag)- injuries requiring treatment within a few days
expectant (black tag)- extensive injuries, poor prognosis regardless of treatment

rule of nines - **Correct Answer:** head: 4.5 front 4.5 back

torso: 18 front 18 back

each arm: 4.5 front 4.5 back (each arm is 9 total)

each leg: 9 front 8 back (each is 18 total)

genitals: 1

extrapyramidal side effects - **Correct Answer:** ACUTE DYSTONIC

REACTION: sudden onset sustained muscle contractions

AKATHISIA: restlessness with inability to sit still

drug induce PARKINSONISM: tremor, rigidity, bradykinies, masked like faces

AKINISIA: loss of involuntary movement

TARDIVE DYSKININIA

NEUROLEPTIC MALIGNANT SYNDROME

dont give morphine if RR under 12 bc it can cause - **Correct Answer:** respiratory depression

airborne precautions - **Correct Answer:** tuberculosis, varicella, and rubeola (measles)

wear N95 respirator (and other as needed like for splashes)

ALSO (neg pressure room and HEPA)

clients suspected are to wear a surgical mask after triage

UAP soft wrist restraints can: - **Correct Answer:** do ROM exercises

reapply wrist restraints

report changes in skin to nurse

turn/reposition client in bed

a client with major depression and severe weight loss needs what type of diet? - **Correct Answer:** high in calories and protein, also foods that are easy to chew and don't require a lot of energy bc they may have a low energy level

examples: whole milk/dairy, granola muffins, potatoes, meat fish eggs, pasta

also small frequent meals

memorize MAOIs and remember - **Correct Answer:** they can't eat foods high in tyramine like aged cheese, yogurt, fermented foods, beer, red wine, chocolate, avocados

do not give Lasix to a pneumonia patient with fine crackles bc they don't result from heart failure or edema - **Correct Answer:**

you can give pneumonia patient expectorants, antibiotics, mucolytics, antipyretics, analgesics, and antiinflammatories

examples are - **Correct Answer:** Mucinex, Ibuprofen,

decerebrate posturing (toes point down and arms/legs straight out) is a sign of - **Correct Answer:** severe brain damage

near drowning hypothermia - **Correct Answer:** warm iv fluids, blankets, and air

also will find weak and thready pulse

a client is not dead until warm and dead!!! - **Correct Answer:** no
sometimes a pt is so cold that a pulse cannot be felt

intussusception

causes intestinal obstruction - **Correct Answer:** ileum telescopes into cecum, pain obstruction, edema, compression of BVs, bowel ischemia, rectal bleeding (CURRANT JELLY stools)

signs of intussusception - **Correct Answer:** initial periodic pain with legs drawn up to abdomen, pain is severe and progressive though, inconsolable crying, blood/mucousy stools "current jelly"

how is it treated? - **Correct Answer:** an air enema

guaifenesin (Mucinex) - **Correct Answer:** expectorant med that inc resp fluids and thin secretions to facilitate expectoration

erythropoietin Epogen - **Correct Answer:** stimulates bone marrow to make RBCs and combats the effects of chemo and used for kidney disease

when is hemocult done? - **Correct Answer:** when hidden (occult) blood is suspected due to dark and tarry stool

treat intussusception with - **Correct Answer:** AIR ENEMA

tetraology of fallot - **Correct Answer:** exacerbation can happen when infant or child cries, becomes upset, or is feeding
you immediately place them in KNEE CHEST position

hemolytic uremic syndrome - **Correct Answer:** life threatening complication of e. coli diarrhea

what are the signs? - **Correct Answer:** anemia (pallor), low platelets (petechiae and purpura, and acute kidney injury (low UO)

cognitive behavioral therapy (CBT) 5 basic components - **Correct Answer:** education about pts disorder

self observing and monitoring

relaxation techniques

cognitive restructuring

behavioral strategies

specimen collection from a foley is considered sterile and should not be delegated to uap - **Correct Answer:**

a clients first and last name is not PHI privileged health info - **Correct Answer:** it is not a violation to call them by their first and last names or have info heard inadvertently

Written consents - Nurse's Role - **Correct Answer:** 1. Witness that consent was signed voluntarily
2. That patient was competent at time of signing
3. Documenting in medical records after signature obtained with date/time of signature

what happens if a client does not fully understand informed consent? - **Correct Answer:** the nurse must contact the doctor. the nurse is not responsible for verifying that the client understands

how to stop epistaxis - **Correct Answer:** tilt the head forward and apply direct continuous pressure on the alae (sides) for about 5-20 mins
can also hold a cold washcloth to the bridge of nose for vasoconstriction
keep child calm and quiet

IV iodinated contrast used for ct scan can cause - **Correct Answer:**
kidney injury

metformin is discontinued on the day of IV iodine contrast exposure -
Correct Answer:

Amlodipine - **Correct Answer:** calcium channel blocker used to treat hypertension

Gabapentin (Neurontin) - **Correct Answer:** used for neuropathic pain

Phenytoin (Dilantin) - **Correct Answer:** antiseizure

Glipizide - **Correct Answer:** oral sulfonylurea controls blood sugar

Levofloxacin (Levaquin) - **Correct Answer:** antibiotic

testicular self examination - **Correct Answer:** perform monthly and on same day

perform while taking hot shower bc temps will relax scrotal tissue and make testis hang lower in scrotum

use both hands to feel each testis separately

palpate gently using thumb and first 2 fingers

normal calcium level - **Correct Answer:** 8.6-10.2

review heart rhythms - **Correct Answer:**

lactated ringers is often used for burns - **Correct Answer:**

addisons disease= hyperpigmentation of the skin - **Correct Answer:**

what is one of the earliest signs of ICP? - **Correct Answer:** change in responsiveness

what are some expected symptoms in a TBI? - **Correct Answer:** low grade constant HA, slowness in thinking, memory problems, loss of balance, poor coordination, constant exhaustion, inc sensitivity to light, and heightened irritability

all symptoms that can last up to 6 weeks

bacterial meningitis - **Correct Answer:** high fever

change in LOC

nuchal rigidity

meningeal signs (positive kernig and brudzinski signs)-- treat with antibiotics

what is the kernig sign? - **Correct Answer:** patient lies supine, thigh is flexed at right angle, and it hurts to extend leg

what is the brudzinski sign? - **Correct Answer:** bending of neck causes flexion of knee and hip

what are these 3 signs indicative of? - **Correct Answer:** meningitis

client identifiers - **Correct Answer:** first and last name

medical record number

DOB

expected term newborn findings - **Correct Answer:** plantar creases up entire sole

presence of babinski

Epstein's pearls

is the babinski sign present at birth? - **Correct Answer:** yes but it disappears at 1 year

what does an absent babinski or weak reflex indicate? - **Correct Answer:** a neurological deficit

babinski sign for a child less than 1 year - **Correct Answer:** great toe bends upward and smaller toes fan out. this is NORMAL

babinski sign for child more than 1 year and an adult - **Correct Answer:** plantar flexion
normal toe flexion (no babinski)

what are epsteins pearls? - **Correct Answer:** white pearl like cysts on gum an palate that are benign and usually go away within a few weeks

when does the umbilical cord detach from body? - **Correct Answer:** within 2 weeks

jaundice in a newborn - **Correct Answer:** during first 24 hours: jaundice is pathological (r/t liver problems)

after 24 hours: physiological jaundice r/t inc amount of unconjugated bilirubin in system

infant formula key points - **Correct Answer:** never dilute or concentrate formula

wash tops of formula cans before opening

unused prepared formula can be used for up to 48 hours and then discarded after

to warm prepared bottle, place in pan of hot water

never microwave formula

any formula left over should be thrown out immediately when done

long term management of hypertension - **Correct Answer:** important to take bp meds as prescribed

what do statin drugs like atorvastatin, rosuvastatin do? - **Correct Answer:** cut LDL drastically and reduce total cholesterol and triglycerides, and inc HDL

good cholesterol - **Correct Answer:** HDL

bad cholesterol - **Correct Answer:** LDL

what is a serious complication of statin meds? - **Correct Answer:**
rhabdomyolysis

what is rhabdomyolysis? - **Correct Answer:** the breakdown of muscle tissue releases muscle fiber contents into the blood. these substances can cause kidney damage

what are some early signs of rhabdomyolysis? - **Correct Answer:** muscle aches or weakness- immediately report to hcp!

behaviors of bulimic person - **Correct Answer:** episodes of binge eating followed by self induced vomiting
using enemas/laxatives
intense frequent exercise

signs of bulimia someone may notice - **Correct Answer:** going to bathroom after meals
large amounts of food disappearing
hidden wrappers/empty food containers like sweets

intense physical exercise

parotid gland enlargement

calluses on hands

preoccupation with weight food and dieting

weight loss/gain in anorxic.bulemic pt - **Correct Answer:** anorexic: lose weight

bulemic: maintain weight

children born before 38 weeks are - **Correct Answer:** preterm and must "catch up" their developmental milestones

onset of type 1 diabetes - **Correct Answer:** childhood

onset of tpe 2 diabetes - **Correct Answer:** after age 40

medicine healers are important part of native american culture -

Correct Answer: be mindul of a patients spirtual needs. allow them to do rituals

first thing to do if a pt is in ventricular tachycardia? - **Correct Answer:**

assess them for a pulse (bc they can either have a pulse or not)

how to treat unstable client in vtach with a pulse? - **Correct Answer:**
synchronized cardioversion

how to treat stable client in vtach with a pulse? - **Correct Answer:**
antiarrhythmic meds like amiodorone

when to initiate cpr and defibrillation with a client in VT? - **Correct Answer:**
Answer: only if there is no pulse

what is in the lpn scope of practice? - **Correct Answer:** monitor RN
findings

reinforce education

routine procedures like catheterization

most medication administrations

ostomy care

tube patency and enteral feeding

specific assessments

notify hcp if child temp is over 100.4 after immunizations - **Correct Answer:**
Answer:

what are common SE of immunizations? - **Correct Answer:** mild fever
and soreness and redness at injection site
anorexia/fussiness in the first 24 hours

GP IIb/IIIa receptor inhibitors (abciximab, etc) can cause serious
BLEEDING - **Correct Answer:** careful monitoring of puncture site after
percutaneous coronary intervention

signs of internal bleeding and to watch carefully when GP IIb/IIIa
receptor inhibitors are given - **Correct Answer:** hypotension,
tachycardia, changes in heart rhythm, blood in urine, abom/back pain,
mental status changes, black tarry stools

thrombocytopenia - **Correct Answer:** low platelet count; so this
increases risk for bleeding

what is SIADH? - **Correct Answer:** high antidiuretic hormone production
leads to

water retention

increased total body water

DILUTIONAL HYPONATREMIA

-will see signs of fluid volume overload, changes in loc, weight gain w/o edema, hypertension, tachycardia

-seizure precautions

what can hyponatremia cause? - **Correct Answer:** SEIZURES, confusion, neurologic complications

institute seizure precautions

treatment of SIADH - **Correct Answer:** fluid restriction less than 1000 ml per day

oral salt tablets to inc serum sodium

hypertonic saline (3%) or NS IV and/or vasopressin receptor

antagonists to decrease renal response to ADH

so a pt with SIADH - **Correct Answer:** does not need extra fluid needs salt

seizure precautions

strict I/Os

RACE for FIRES in a hospital - **Correct Answer:** R: rescue any pts in immediate danger and move them to safety

A: alarm- sound alarm

C: confine fire by closing all doors to all rooms

E: extinguish fire with extinguisher

what is asystole? - **Correct Answer:** complete absence of ventricular electrical activity in the heart. no ventricular contraction occurs

client is pulseless, apneic, and unresponsive

how to treat asystole? - **Correct Answer:** CPR

initiate advanced cardiac life support

give epinephrine and/or vasopressin

place an airway

hepatic encephalopathy - **Correct Answer:** sleep disturbances (early), lethargy, coma, mental status altered, not oriented to person place or time, asterixis- flapping tremor of hands, fetor hepaticus, elevated ammonia

asterixis - **Correct Answer:** flapping tremors of the hands

how is asterixis assessed? - **Correct Answer:** have pt extend the arms and dorsiflex the wrist

what is the drug of choice for SVT? - **Correct Answer:** adenosine -
administer it rapidly over 1-2 secs and flush after w/ NS

administer as close to heart as possible (NOT distally)

before the med, how is SVT usually treated? - **Correct Answer:** vagal
maneuvers (eg bearing down)

what is adenosine? - **Correct Answer:** an arrhythmic
it treats irregular heartbeats

what is the purpose of having a pt do a vagal maneuver? - **Correct
Answer:**

full weight bearing - **Correct Answer:** independent; no assistance
needed unless they are uncooperative or they are a fall risk, which is 1
person standby

partial weight bearing - **Correct Answer:** 1 person assist stand & pivot
transfer with gait belt or motorized assist device if cooperative
2 person assist with full body sling if uncooperative

no weight bearing - **Correct Answer:** motorized assist device if cooperative and they have upper body strength
2 person assist with full body sling if uncooperative and/or has no upper body strength

clients should use as much of their own weight as possible - **Correct Answer:**

how to measure how to safely transfer a pt the first time - **Correct Answer:** assess if they can bear weight
assess whether they are cooperative

1 gram of weight is equal to how many ml of fluid? - **Correct Answer:** 1

what is adequate UO for an infant? - **Correct Answer:** 2 ml/kg/hr

how to measure UO in diapers? - **Correct Answer:** subtract the weight of the diaper when dry from its weight when wet

how often and where is growth hormone replacement given to a child?
- **Correct Answer:** daily sub q injections

treatment is most successful when it begins early in a child's life, as soon as growth delays are noted

when is replacement therapy usually stopped? - **Correct Answer:** when bone growth stops or when parents determine

what is the classic sign of a tension pneumothorax? - **Correct Answer:** mediastinal shift and tracheal deviation

why does tension pneumothorax cause hypotension? - **Correct Answer:** bc the heart and great vessels are compressed/shifted and cardiac output is reduced
it is LIFE THREATENING

what is the treatment for tension pneumothorax? - **Correct Answer:** emergency large bore needle decompression
chest tube

if injury to the spinal cord, what important precaution to take? - **Correct Answer:** hard cervical collar and backboard

major depressive disorder demonstrates - **Correct Answer:** loss of appetite, weight loss, and insomnia or hypersomnia
sleep disturbances

how to help improve sleep - **Correct Answer:** dont nap during day
physical activity at least 5 hours before bed 20 mins of natural sunlight
avoid caffeine after noon
avoid alcohol or smoking at bedtime
relaxing activity before bed
decrease environmental stimuli
avoid heavy meals or large amounts of fluid at bedtime
warm milk or small carbs before bed

what can a baby born to an opioid dependent mom have? - **Correct Answer:** neonatal abstinence syndrome. the baby experiences opioid withdrawal 24-48 hrs after birth

wht are symptoms of withdrawal from opioid in infants? - **Correct Answer:** the baby is HYPERSENSITIVE
irritability
high pitched cry
jitteriness

sneezing

diarrhea

vomiting

poor feeding

tx: opioid therapy like methadone or morphine

what is the nursing care focus opioid dependent newborns? - **Correct**

Answer: reduce stimulation

promote nutrition and comfort

after feeding an infant, what does placing it in the side lying position do

- **Correct Answer:** promotes gastric emptying and reduces the risk of vomiting

Acceptable methods of blood collection in neonate - **Correct**

Answer: - heel stick

- venipuncture (drawing blood from vein) - considered less painful and often requires fewer punctures to obtain sample, especially if larger volume is needed

Neonatal heel stick - **Correct Answer:** - used to collect a blood sample to assess capillary glucose and perform newborn screening for inherited disorders (eg congenital hypothyroidism, phenylketonuria)

Neonatal heel stick proper technique - **Correct Answer:**

1. Select location on the medial or lateral side of the outer aspect of the heel
2. Warm the heel for several minutes with warm towel compress or approved single-use instant heat pack
3. cleanse intended puncture site with alcohol
4. Sucrose and nonnutritive sucking on a pacifier may reduce pain
5. Use an automatic lancet ,

what is the blood loss amount to be considered postpartum hemorrhage (PPH)? - **Correct Answer:** >500 ml after vaginal birth
>1000 ml after c-section

what is uterine atony? - **Correct Answer:** a soft boggy poorly contracted uterus and most commonly causes early PPH

what usually causes delayed postpartum hemorrhage? - **Correct Answer:** retained placental fragments