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QUESTION 1

The nurse is caring for a 3-month-old girl with meningitis. She has a positive Kernig\\'s sign. The nurse expects her to react to discomfort if she:

- A. Dorsiflexes her ankle
- B. Flexes her spine
- C. Plantiflexes her wrist
- D. Turns her head to the side

Correct Answer: B

(A) Discomfort with ankle dorsiflexion is not expected with meningitis. (B) Spinal flexion, flexing the neck or the hips with legs extended, causes discomfort if the meninges are irritated. (C) Discomfort with wrist flexion is not expected with meningitis. (D) Rotating the cervical spine may cause discomfort with meningitis, but pain with flexion is more indicative of meningeal irritation.

QUESTION 2

A 52-year-old client is scheduled for a small-bowel resection in the morning. In conjunction with other preoperative preparation, the nurse is teaching her diaphragmatic breathing exercises. She will teach the client to:

A. Inhale slowly and deeply through the nose until the lungs are fully expanded, hold the breath a couple of seconds, and then exhale slowly through the mouth. Repeat 2? more times to complete the series every 1? hours while awake

- B. Purse the lips and take quick, short breaths approximately 18?0 times/min
- C. Take a large gulp of air into the mouth, hold it for 10?5 seconds, and then expel it through the nose. Repeat 4? times to complete the series
- D. Inhale as deeply as possible and then immediately exhale as deeply as possible at a rate of approximately 20?4 times/min

Correct Answer: A

(A) This is the correct method of teaching diaphragmatic breathing, which allows full lung expansion to increase oxygenation, prevent atelectasis, and move secretions up and out of the lungs to decrease risk of pneumonia. (B) Quick, short breaths do not allow for full lung expansion and movement of secretions up and out of the lungs. Quick, short breaths may lead to O2 depletion, hyperventilation, and hypoxia. (C) Expelling breaths through the nose does not allow for full lung expansion and the use of diaphragmatic muscles to assist in moving secretions up and out of the lungs. (D) Inhaling and exhaling at a rate of 20?4 times/min does not allow time for full lung expansion to increase oxygenation. This would most likely lead to O2 depletion and hypoxia.

QUESTION 3

The nurse is teaching a mother care of her child\\'s spica cast. The mother states that he complains of itching under the edge of the cast. One nonpharmacological technique the nurse might suggest would be:

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- A. "Blowing air under the cast using a hair dryer on cool setting often relieves itching."
- B. "Slide a ruler under the cast and scratch the area."
- C. "Guide a towel under and through the cast and move it back and forth to relieve the itch."
- D. "Gently thump on cast to dislodge dried skin that causes the itching."

Correct Answer: A

(A) Cool air will often relieve pruritus without damaging the cast or irritating the skin. (B) The nurse should never force anything under the cast, because the cast may become damaged and skin breakdown may occur. (C) Forcing an object under the cast could lead to cast damage and skin breakdown. The object may become lodged under the cast necessitating cast removal. (D) This technique does not dislodge skin cells. It could damage the cast and cause skin breakdown.

QUESTION 4

A 67-year-old client will be undergoing a coronary arteriography in the morning. Client teaching about postprocedure nursing care should include that:

- A. Bed rest with bathroom privileges will be ordered
- B. He will be kept NPO for 8-12 hours
- C. Some oozing of blood at the arterial puncture site is normal
- D. The leg used for arterial puncture should be kept straight for 8

Correct Answer: D

(A) Bed rest will be ordered for 8-12 hours postprocedure. Flexing of the leg at the arterial puncture site will occur if the client gets out of bed, and this is contraindicated after arteriography. (B) The client will be able to eat as soon as he is alert enough to swallow safely and that will depend on what medications are used for sedation during the procedure. (C) Oozing at the arterial puncture site is not normal and should be closely evaluated. (D) The leg where the arterial puncture occurred must be kept straight for 8-12 hours to minimize the risk of bleeding.

QUESTION 5

Which of the following would indicate the need for further teaching for the client with COPD? The client verbalizes the need to:

- A. Eat high-calorie, high-protein foods
- B. Take vitamin supplementation
- C. Eliminate intake of milk and milk products
- D. Eat small, frequent meals

Correct Answer: C



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(A) Protein is vital for the maintenance of muscle to aid in breathing. A high-calorie diet using higher fat than carbohydrate content is given because clients are unable to breathe off the excess CO2that is an end product of carbohydrate metabolism. (B) Inadequate nutritional status, in particular, deficiencies in vitamins A and C, decreases resistance to infection. (C) Milk does not make mucus thicker. It may coat the back of the throat and make it feel thicker. Rinsing the mouth with water after drinking milk will prevent this problem. (D) Small, frequent meals minimize a fullness sensation and reduce pressure on the diaphragm. The work of breathing and SOB are also reduced.

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