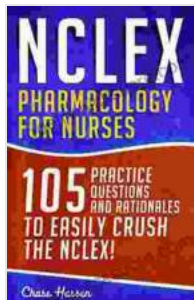


105 Nursing Practice Questions Rationales To Easily Crush The NCLEX Nursing



NCLEX: Pharmacology for Nurses: 105 Nursing Practice Questions & Rationales to EASILY Crush the NCLEX! (Nursing Review Questions and RN Content Guide, ... Career Trainer Exam Prep Book 10)

by Chase Hassen

★★★★☆ 4.4 out of 5

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The NCLEX is a difficult exam, but it's not impossible to pass. With the right preparation, you can increase your chances of success. One of the best ways to prepare is to take practice questions. Practice questions help you identify your strengths and weaknesses, and they give you a chance to see what types of questions you can expect on the actual exam.

This article provides 105 nursing practice questions with rationales. These questions cover a variety of topics, including:

- Safe and effective care environment
- Health promotion and maintenance

- Psychosocial integrity
- Physiological integrity

Taking these practice questions will help you prepare for the NCLEX and increase your chances of success.

Safe and effective care environment

1. **Question:** A patient is admitted to the hospital with a diagnosis of pneumonia. The nurse should assess the patient for which of the following?

Rationale: Pneumonia is a lower respiratory tract infection that can cause a variety of symptoms, including fever, chills, cough, and shortness of breath. The nurse should assess the patient for all of these symptoms, as well as for any other signs of infection, such as redness, swelling, or drainage. The nurse should also assess the patient's respiratory status, including their respiratory rate, depth, and effort.

2. **Question:** A patient is taking a new medication that is known to cause drowsiness. The nurse should instruct the patient to do which of the following?

Rationale: Drowsiness is a common side effect of many medications. The nurse should instruct the patient to avoid activities that require alertness, such as driving or operating machinery, while taking the medication. The nurse should also instruct the patient to avoid alcohol, as alcohol can increase the sedative effects of the medication.

3. **Question:** A patient is receiving a blood transfusion. The nurse should monitor the patient for which of the following?

Rationale: Blood transfusions can cause a variety of adverse reactions, including allergic reactions, hemolytic reactions, and transfusion-related acute lung injury (TRALI). The nurse should monitor the patient for any signs of an adverse reaction, such as rash, hives, itching, difficulty breathing, or chest pain. The nurse should also monitor the patient's vital signs, including their blood pressure, pulse, and temperature.

Health promotion and maintenance

1. **Question:** A patient is at risk for developing a pressure ulcer. Which of the following interventions should the nurse implement?

Rationale: Pressure ulcers are caused by prolonged pressure on the skin. The nurse should implement interventions to reduce pressure on the patient's skin, such as turning the patient every 2 hours, using a pressure-relieving mattress, and avoiding placing pressure on the patient's skin. The nurse should also assess the patient's skin for any signs of redness, swelling, or drainage, and should report any changes to the healthcare provider.

2. **Question:** A patient is being discharged from the hospital after a myocardial infarction. The nurse should teach the patient which of the following?

Rationale: Myocardial infarction is a heart attack. The nurse should teach the patient about the signs and symptoms of a heart attack, and

about the importance of seeking medical attention immediately if they experience any of these symptoms. The nurse should also teach the patient about the importance of lifestyle modifications, such as eating a healthy diet, exercising regularly, and quitting smoking.

3. **Question:** A patient is being referred to a smoking cessation program. The nurse should provide the patient with which of the following information?

Rationale: Smoking cessation programs can help patients quit smoking. The nurse should provide the patient with information about the program, including the dates and times of the meetings, the location of the meetings, and the cost of the program. The nurse should also answer any questions the patient may have about the program.

Psychosocial integrity

1. **Question:** A patient is experiencing anxiety. Which of the following interventions should the nurse implement?

Rationale: Anxiety is a feeling of nervousness, worry, or fear. The nurse should implement interventions to help the patient manage their anxiety, such as providing reassurance, teaching relaxation techniques, and encouraging the patient to talk about their feelings. The nurse should also assess the patient for any underlying causes of anxiety, such as a medical condition or a stressful life event, and refer the patient to a mental health professional if necessary.

2. **Question:** A patient is grieving the death of a loved one. Which of the following interventions should the nurse implement?

Rationale: Grief is a natural response to the loss of a loved one. The nurse should implement interventions to help the patient cope with their grief, such as providing support, listening to the patient talk about their feelings, and helping the patient to find resources for grief support. The nurse should also assess the patient for any signs of complicated grief, such as prolonged sadness, difficulty sleeping, or loss of appetite, and refer the patient to a mental health professional if necessary.

3. **Question:** A patient is experiencing cultural barriers to care. Which of the following interventions should the nurse implement?

Rationale: Cultural barriers can interfere with a patient's ability to access and receive care. The nurse should implement interventions to overcome cultural barriers, such as using an interpreter, providing culturally sensitive care, and respecting the patient's cultural beliefs and values. The nurse should also assess the patient for any other factors that may be contributing to their difficulty accessing or receiving care, and refer the patient to appropriate resources if necessary.

Physiological integrity

1. **Question:** A patient is experiencing shortness of breath. Which of the following interventions should the nurse implement?

Rationale: Shortness of breath can be caused by a variety of conditions, including heart failure, lung disease, and anemia. The nurse should assess the patient for any underlying causes of shortness of breath, and should implement interventions to relieve the patient's symptoms, such as providing oxygen, elevating the patient's

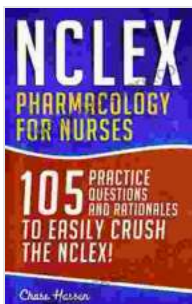
head and shoulders, and encouraging the patient to rest. The nurse should also assess the patient for any signs of respiratory distress, such as cyanosis, wheezing, or stridor, and should report any changes to the healthcare provider.

2. **Question:** A patient is experiencing pain. Which of the following interventions should the nurse implement?

Rationale: Pain is a subjective experience that can be caused by a variety of factors. The nurse should assess the patient's pain, including its location, intensity, and duration. The nurse should also assess the patient for any underlying causes of pain, such as an injury or a medical condition. The nurse should implement interventions to relieve the patient's pain, such as administering pain medication, applying heat or cold, or providing massage. The nurse should also assess the patient's response to pain medication, and should report any changes to the healthcare provider.

3. **Question:** A patient is experiencing nausea and vomiting. Which of the following interventions should the nurse implement?

Rationale: Nausea and vomiting can be caused by a variety of conditions,



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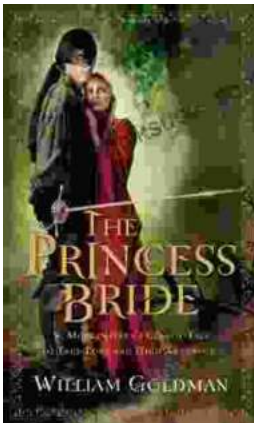
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