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# TUTOR STEM

# PRACTICE NCLEX-RN QUESTIONS

**Free Practice Questions & Answers for the: National Council Licensure Examination – Registered Nurses**

1. **Question 1:**

A client with diabetes mellitus reports feeling shaky and weak. The nurse checks the client's blood glucose level and finds it to be 50 mg/dL. What is the nurse's priority action?

a) Administer regular insulin
b) Administer orange juice
c) Administer metformin
d) Administer lorazepam

**Solution 1:** b) Administer orange juice

In this situation, the client is experiencing hypoglycemia, and the priority action is to provide a quick source of glucose to raise their blood sugar. Orange juice is a rapid-acting source of carbohydrates.

2. **Question 2:**

A postoperative client who underwent abdominal surgery has a nasogastric tube in place for gastric decompression. The nurse notes that there is no drainage in the nasogastric tube for the last 2 hours. What should the nurse do first?

a) Notify the surgeon
b) Irrigate the nasogastric tube with saline
c) Reposition the client
d) Document the findings

**Solution 2:** a) Notify the surgeon

The absence of drainage in the nasogastric tube could indicate an obstruction, and the surgeon should be informed immediately for further evaluation.

3. **Question 3:**

A client is diagnosed with congestive heart failure and is prescribed furosemide (Lasix). Which electrolyte imbalance should the nurse monitor for while the client is on this medication?

a) Hyperkalemia
b) Hypokalemia
c) Hypernatremia
d) Hypocalcemia

**Solution 3:** b) Hypokalemia

Furosemide is a loop diuretic that can lead to potassium loss, potentially causing hypokalemia. Monitoring potassium levels is essential while the client is on this medication.

4. **Question 4:**

A client with a history of chronic obstructive pulmonary disease (COPD) is prescribed albuterol (a beta2-adrenergic agonist). What is the primary therapeutic action of albuterol?

a) Promoting mucus production
b) Bronchodilation
c) Decreasing heart rate
d) Reducing inflammation

**Solution 4:** b) Bronchodilation

Albuterol is a bronchodilator used to relax and widen the airways in conditions like COPD and asthma, improving airflow.

5. **Question 5:**

During a physical assessment, the nurse observes a client's skin for pallor. Which underlying condition could pallor of the skin suggest?
a) Hypoxia
b) Dehydration
c) Jaundice
d) Eczema

**Solution 5:** a) Hypoxia

Pallor of the skin can indicate reduced blood flow and oxygenation, which is associated with hypoxia.

6. **Question 6:**

A pregnant client is admitted to the labor and delivery unit. Upon assessment, the nurse notes a blood pressure of 160/100 mm Hg. What condition should the nurse suspect in this client?

a) Gestational diabetes
b) Preterm labor
c) Preeclampsia
d) Placenta previa

**Solution 6:** c) Preeclampsia

A blood pressure reading of 160/100 mm Hg in a pregnant client is indicative of preeclampsia, a hypertensive disorder of pregnancy.

7. **Question 7:**

A client with a history of epilepsy is admitted to the hospital. The nurse identifies a need for seizure precautions. Which of the following interventions should be included in the plan of care?

a) Administer benzodiazepines prophylactically
b) Ensure the client is well-rested
c) Keep the environment well-lit
d) Administer pain medication as needed

**Solution 7:** c) Keep the environment well-lit

Seizure precautions include maintaining a well-lit environment to reduce potential triggers and ensure the client's safety during a seizure.

8. **Question 8:**

A client is prescribed warfarin (Coumadin) for anticoagulation therapy. Which laboratory test should the nurse monitor to assess the client's response to the medication?

a) Complete blood count (CBC)
b) Prothrombin time (PT)
c) Blood urea nitrogen (BUN)
d) Serum creatinine

**Solution 8:** b) Prothrombin time (PT)

Warfarin's therapeutic effect is assessed using the prothrombin time (PT) and the international normalized ratio (INR).

9. **Question 9:**

A client is receiving intravenous (IV) antibiotics. The nurse notes redness, warmth, and swelling at the IV site. What action should the nurse take first?

a) Discontinue the IV line
b) Apply a cold compress to the site
c) Administer pain medication
d) Increase the IV rate

**Solution 9:** a) Discontinue the IV line

These symptoms at the IV site may indicate infiltration or infection. The first action should be to discontinue the IV line to prevent further complications.

10. **Question 10:**

A client with end-stage renal disease is scheduled for hemodialysis. The nurse should monitor for which electrolyte imbalance commonly associated with hemodialysis?

a) Hypercalcemia
b) Hyperkalemia
c) Hypokalemia
d) Hyponatremia

**Solution 10:** b) Hyperkalemia

Hemodialysis can result in the removal of potassium from the body, leading to the risk of hyperkalemia. Monitoring potassium levels is essential during and after hemodialysis.

11. **Question 11:**

A client with a history of heart failure is prescribed digoxin. What should the nurse monitor as a potential sign of digoxin toxicity?

a) Increased frequency of nausea
b) Hypertension
c) Bradycardia
d) Increased appetite

**Solution 11:** c) Bradycardia

Bradycardia is a potential sign of digoxin toxicity. Monitoring the client's heart rate is essential while on this medication.

12. **Question 12:**

A client is receiving continuous tube feeding through a nasogastric tube. What should the nurse do to prevent aspiration?

a) Elevate the head of the bed to 30 degrees
b) Administer medications through the nasogastric tube
c) Use a smaller bore nasogastric tube
d) Increase the rate of tube feeding

**Solution 12:** a) Elevate the head of the bed to 30 degrees

Elevating the head of the bed to at least 30 degrees helps prevent aspiration during tube feeding by reducing the risk of reflux.

13. **Question 13:**

A client with a history of asthma is prescribed a corticosteroid inhaler. What should the nurse educate the client about regarding the use of this medication?

a) It provides rapid relief during an asthma attack
b) Rinse the mouth after each use to prevent oral thrush
c) Use it as the primary rescue inhaler
d) It does not require a spacer device for administration

**Solution 13:** b) Rinse the mouth after each use to prevent oral thrush

Corticosteroid inhalers can increase the risk of oral thrush, so clients should be instructed to rinse their mouths after each use.

14. **Question 14:**

A postoperative client is at risk for deep vein thrombosis (DVT). What intervention should the nurse implement to prevent DVT?

a) Encourage frequent ambulation
b) Administer anticoagulants on an empty stomach
c) Apply cold packs to the lower extremities
d) Limit fluid intake

**Solution 14:** a) Encourage frequent ambulation

Encouraging the client to ambulate frequently helps prevent DVT by promoting blood circulation in the lower extremities.

15. **Question 15:**

A client with a history of chronic kidney disease is on a restricted potassium diet. Which food item should the nurse instruct the client to avoid?

a) Bananas
b) Spinach
c) White rice
d) Whole-grain bread

**Solution 15:** a) Bananas

Bananas are high in potassium and should be avoided in clients on a restricted potassium diet.

16. **Question 16:**

A client with a head injury is being monitored for increased intracranial pressure (ICP). Which nursing intervention is essential in managing ICP?

a) Administering sedatives to maintain sleep
b) Keeping the head of the bed flat
c) Maintaining a quiet environment
d) Encouraging coughing and deep breathing

**Solution 16:** c) Maintaining a quiet environment

Maintaining a quiet environment is crucial in managing ICP to reduce stimuli that could increase intracranial pressure.

17. **Question 17:**

A client with type 1 diabetes experiences confusion, diaphoresis, and tremors. What action should the nurse take initially?

a) Administer insulin
b) Administer glucose
c) Administer a beta-blocker
d) Administer an antacid

**Solution 17:** b) Administer glucose

The client is likely experiencing hypoglycemia, and the initial action should be to administer glucose to raise blood sugar levels.

18. **Question 18:**

A client is prescribed heparin therapy. Which laboratory test should the nurse monitor to assess the client's response to heparin?

a) Platelet count
b) Liver function tests
c) Creatinine clearance
d) Serum sodium

**Solution 18:** a) Platelet count

Heparin therapy can lead to a decrease in platelet count, and monitoring platelet levels is important to assess the client's response and prevent complications.

19. **Question 19:**

A client is scheduled for a colonoscopy in the morning. What should the nurse include in the pre-procedure instructions?

a) Consume a clear liquid diet for 24 hours before the procedure
b) Resume regular medications the night before
c) Avoid drinking any fluids after midnight
d) Have a large meal the night before to reduce hunger

**Solution 19:** a) Consume a clear liquid diet for 24 hours before the procedure

Clients undergoing a colonoscopy are typically instructed to consume a clear liquid diet for a specified period before the procedure to ensure a clear view of the colon.

20. **Question 20:**

A client with a history of tuberculosis is prescribed isoniazid (INH). What important information should the nurse provide to the client about this medication?

a) It may cause drowsiness, so take it at bedtime
b) It should be taken with antacids to reduce stomach irritation
c) Avoid consuming alcohol while taking this medication
d) Discontinue the medication if symptoms improve

**Solution 20:** c) Avoid consuming alcohol while taking this medication

Clients taking isoniazid should be advised to avoid alcohol, as it can increase the risk of liver toxicity.

21. **Question 21:**

A client with pneumonia is prescribed chest physiotherapy. What should the nurse instruct the client to do before the procedure?
a) Eat a full meal
b) Use the incentive spirometer
c) Take an antihistamine
d) Empty the bladder

**Solution 21:** d) Empty the bladder

Emptying the bladder before chest physiotherapy helps maximize the client's comfort and reduces the risk of discomfort during the procedure.

22. **Question 22:**

A client with chronic obstructive pulmonary disease (COPD) is prescribed home oxygen therapy. What safety precaution should the nurse emphasize to the client?

a) Store oxygen cylinders in a cool, dry place
b) Smoke in a well-ventilated room while using oxygen
c) Keep oxygen away from open flames
d) Use petroleum-based lip balm frequently

**Solution 22:** c) Keep oxygen away from open flames

Oxygen is flammable, and clients using home oxygen therapy should be educated about the importance of keeping it away from open flames, sparks, and heat sources.

23. **Question 23:**

A client is prescribed warfarin (Coumadin) for anticoagulation therapy. What dietary instruction should the nurse provide to the client?

a) Consume a diet rich in leafy green vegetables
b) Limit vitamin K intake
c) Avoid dairy products
d) Increase potassium-rich foods

**Solution 23:** a) Consume a diet rich in leafy green vegetables

Clients on warfarin should maintain a consistent intake of vitamin K, so consuming a diet with a consistent amount of leafy green vegetables is recommended.

24. **Question 24:**

A client is admitted with acute pancreatitis. Which dietary intervention should the nurse implement for this client?

a) Provide a high-fat diet
b) Encourage frequent, small meals
c) Limit protein intake
d) Offer a clear liquid diet

**Solution 24:** b) Encourage frequent, small meals

Clients with acute pancreatitis should be encouraged to eat frequent, small, low-fat meals to reduce the workload on the pancreas.

25. **Question 25:**

A client with a history of epilepsy is admitted to the hospital for observation. During a seizure, what action should the nurse take?

a) Restrain the client to prevent injury
b) Place a padded tongue blade in the mouth
c) Protect the client from injury by moving objects away
d) Administer antipsychotic medication

**Solution 25:** c) Protect the client from injury by moving objects away

During a seizure, the priority is to ensure the client's safety by moving objects away from the client to prevent injury. Never place anything in the client's mouth during a seizure.

26. **Question 26:**

A client is receiving total parenteral nutrition (TPN). Which assessment finding indicates a potential complication of TPN therapy?
a) Weight gain
b) Crackles in the lungs
c) Increased hunger levels
d) Hyperglycemia

**Solution 26:** d) Hyperglycemia

Hyperglycemia can be a complication of TPN therapy, and it is essential to monitor blood glucose levels closely in clients receiving TPN.

27. **Question 27:**

A client is scheduled for a computed tomography (CT) scan with contrast dye. What should the nurse assess before the procedure?

a) Allergies to iodine or shellfish
b) Blood pressure during the procedure
c) Relative red blood cell (RBC) generation rate
d) Liver function test results

**Solution 27:** a) Allergies to iodine or shellfish

Assessment of allergies to iodine or shellfish is crucial before a CT scan with contrast dye, as it contains iodine, which can cause allergic reactions in some individuals.

28. **Question 28:**

A client is receiving intravenous (IV) furosemide (Lasix) to manage fluid overload. What should the nurse monitor as a potential side effect of this medication?

a) Hypokalemia
b) Hypertension
c) Decreased white blood cell generation rate
d) Decreased heart rate

**Solution 28:** a) Hypokalemia

Furosemide (Lasix) is a loop diuretic that can lead to potassium loss, potentially causing hypokalemia. Monitoring potassium levels is essential while the client is on this medication.

29. **Question 29:**

A client with hypertension is prescribed a beta-blocker. What is the primary therapeutic action of beta-blockers in the treatment of hypertension?

a) Vasodilation
b) Increased heart rate
c) Increased blood pressure
d) Reduced heart rate and contractility

**Solution 29:** d) Reduced heart rate and contractility

Beta-blockers reduce heart rate and contractility, leading to a decrease in blood pressure.

30. **Question 30:**

A client is diagnosed with hypothyroidism and is prescribed levothyroxine (Synthroid). When should the nurse instruct the client to take this medication?

a) With meals to enhance absorption
b) In the evening before bedtime
c) On an empty stomach in the morning
d) Whenever convenient, as timing doesn't matter

**Solution 30:** c) On an empty stomach in the morning

Levothyroxine (Synthroid) should be taken on an empty stomach in the morning to maximize its absorption.

31. **Question 31:**

A client with chronic renal failure is prescribed calcium acetate (PhosLo). What is the primary purpose of this medication?

a) Lowering blood pressure
b) Preventing constipation
c) Reducing phosphate levels
d) Increasing calcium absorption

**Solution 31:** c) Reducing phosphate levels

Calcium acetate (PhosLo) is used to reduce elevated phosphate levels in clients with chronic renal failure.

32. **Question 32:**

A client is diagnosed with pneumonia and is prescribed antibiotics. What should the nurse instruct the client regarding antibiotic therapy?

a) Discontinue antibiotics when symptoms improve
b) Take antibiotics with an antacid to prevent stomach upset
c) Complete the full course of antibiotics as prescribed
d) Take antibiotics only if the fever persists

**Solution 32:** c) Complete the full course of antibiotics as prescribed

It is essential for the client to complete the full course of antibiotics as prescribed to ensure the infection is completely treated and to prevent antibiotic resistance.

33. **Question 33:**

A client is receiving chemotherapy for cancer treatment. What is a common side effect of chemotherapy that the nurse should monitor for?

a) Elevated blood pressure
b) Decreased white blood cell count
c) Increased appetite
d) Improved energy levels

**Solution 33:** b) Decreased white blood cell count

Chemotherapy can suppress bone marrow function, leading to a decreased white blood cell count (neutropenia). Monitoring for signs of infection is crucial.

34. **Question 34:**

A client is admitted with a suspected myocardial infarction (MI). What diagnostic test is essential for confirming an MI?

a) Electroencephalogram (EEG)
b) Electrocardiogram (ECG or EKG)
c) Magnetic resonance imaging (MRI)
d) Complete blood count (CBC)

**Solution 34:** b) Electrocardiogram (ECG or EKG)

An electrocardiogram (ECG or EKG) is the primary diagnostic test used to confirm a myocardial infarction (MI) by assessing changes in the heart's electrical activity.

35. **Question 35:**

A client is admitted with a diagnosis of appendicitis. What intervention is essential for this client before surgical removal of the appendix?

a) Administering laxatives
b) Inserting a nasogastric tube
c) Administering antibiotics
d) Administering antacids

**Solution 35:** c) Administering antibiotics

Administering antibiotics before surgical removal of the appendix helps reduce the risk of infection and complications.

36. **Question 36:**

A client is receiving a blood transfusion. After starting the transfusion, the nurse notes that the client is experiencing shortness of breath, anxiety, and chest pain. What is the priority action?

a) Slow down the transfusion rate
b) Administer an antihistamine
c) Discontinue the transfusion
d) Administer pain medication

**Solution 36:** c) Discontinue the transfusion

The client is showing signs of a transfusion reaction, and the priority action is to discontinue the transfusion immediately.

37. **Question 37:**

A client with rheumatoid arthritis is prescribed methotrexate. What should the nurse monitor as a potential side effect of this medication?

a) Hypotension
b) Elevated blood glucose
c) Bone marrow suppression
d) Increased potassium levels

**Solution 37:** c) Bone marrow suppression

Methotrexate can lead to bone marrow suppression, resulting in decreased blood cell production. Monitoring blood counts is essential.

38. **Question 38:**

A client with a suspected hip fracture is placed on strict bed rest. What complication should the nurse monitor for in this client?

a) Hypertension
b) Deep vein thrombosis (DVT)
c) Hyperglycemia
d) Elevated white blood cell count

**Solution 38:** b) Deep vein thrombosis (DVT)

Clients on strict bed rest are at risk for developing deep vein thrombosis (DVT), and it is important to monitor for signs and symptoms.

39. **Question 39:**

A client is prescribed sublingual nitroglycerin for chest pain. How should the nurse instruct the client to take this medication?

a) Swallow it with a glass of water
b) Chew it thoroughly before swallowing
c) Apply it topically to the chest
d) Place it under the tongue and let it dissolve

**Solution 39:** d) Place it under the tongue and let it dissolve

Sublingual nitroglycerin should be placed under the tongue and allowed to dissolve for rapid absorption to relieve chest pain.

40. **Question 40:**

A client with type 2 diabetes is prescribed metformin. What should the nurse monitor in the client as a potential side effect of this medication?

a) Hypoglycemia
b) Weight gain
c) Hyperglycemia
d) Lactic acidosis

**Solution 40:** d) Lactic acidosis

Metformin can rarely lead to a serious side effect called lactic acidosis. Monitoring for symptoms such as muscle pain, weakness, and trouble breathing is important.

41. **Question 41:**

A client with heart failure is prescribed spironolactone (Aldactone). What is the primary purpose of this medication?

a) Reducing blood pressure
b) Preventing potassium loss
c) Increasing sodium retention
d) Improving cardiac contractility

**Solution 41:** b) Preventing potassium loss

Spironolactone (Aldactone) is a potassium-sparing diuretic used to prevent potassium loss in clients with heart failure.

42. **Question 42:**

A client with a history of coronary artery disease is prescribed nitroglycerin sublingual tablets. How should the nurse instruct the client to take this medication during an angina episode?

a) Swallow it with a glass of water
b) Chew it thoroughly before swallowing
c) Apply it topically to the chest
d) Place it under the tongue and let it dissolve

**Solution 42:** d) Place it under the tongue and let it dissolve

Nitroglycerin sublingual tablets should be placed under the tongue and allowed to dissolve for rapid absorption to relieve angina.

43. **Question 43:**

A client with a fractured hip is in traction. What nursing intervention is essential to prevent complications in this client?

a) Encourage range of motion exercises
b) Maintain the head of the bed flat
c) Provide a footboard at the foot of the bed
d) Apply cold packs to the hip

**Solution 43:** c) Provide a footboard at the foot of the bed

A footboard at the foot of the bed helps prevent footdrop in clients in traction by maintaining proper alignment of the foot.

44. **Question 44:**

A client with a history of hypertension is prescribed a beta-blocker. What should the nurse instruct the client about potential side effects of this medication?

a) Increased heart rate
b) Increased blood pressure
c) Dry cough
d) Dizziness and fatigue

**Solution 44:** d) Dizziness and fatigue

Beta-blockers can cause side effects such as dizziness and fatigue, and clients should be advised to rise slowly from a sitting or lying position.

45. **Question 45:**

A client is prescribed enoxaparin (Lovenox) as a deep vein thrombosis (DVT) prophylaxis. What should the nurse monitor for as a potential side effect of this medication?

a) Hypertension
b) Bleeding
c) Hyperglycemia
d) Elevated potassium levels

**Solution 45:** b) Bleeding

Enoxaparin (Lovenox) is an anticoagulant, and the nurse should monitor for signs of bleeding as a potential side effect.

46. **Question 46:**

A client is scheduled for a bronchoscopy. What pre-procedure intervention should the nurse implement for this client?

a) Administer a laxative the evening before
b) Administer anticoagulants before the procedure
c) Keep the client NPO (nothing by mouth) for at least 6 hours
d) Instruct the client to take deep breaths during the procedure

**Solution 46:** c) Keep the client NPO (nothing by mouth) for at least 6 hours

Clients scheduled for a bronchoscopy should be kept NPO for at least 6 hours to ensure the airway is clear.

47. **Question 47:**

A client is admitted with suspected tuberculosis (TB). What type of isolation precaution is essential for this client?

a) Droplet precautions
b) Airborne precautions
c) Contact precautions
d) Standard precautions

**Solution 47:** b) Airborne precautions

Tuberculosis (TB) is spread through the airborne route, so airborne precautions, including the use of an N95 respirator mask, are essential.

48. **Question 48:**

A client with a spinal cord injury is at risk for autonomic dysreflexia. What should the nurse assess as a potential trigger for this condition?

a) Elevated blood pressure
b) Elevated blood glucose
c) A full bladder
d) Decreased muscle tone

**Solution 48:** c) A full bladder

A full bladder is a common trigger for autonomic dysreflexia in clients with spinal cord injuries, and it should be assessed and managed promptly.

49. **Question 49:**

A client is prescribed warfarin (Coumadin) therapy. What dietary instruction should the nurse provide to the client?

a) Increase vitamin K intake
b) Limit fiber intake
c) Avoid leafy green vegetables
d) Maintain a consistent vitamin K intake

**Solution 49:** d) Maintain a consistent vitamin K intake

Clients on warfarin should maintain a consistent intake of vitamin K, so consuming a diet with a consistent amount of leafy green vegetables is recommended.

50. **Question 50:**

A client with a history of a peptic ulcer is prescribed misoprostol (Cytotec). What is the primary purpose of this medication?

a) Reducing stomach acid production
b) Promoting weight gain
c) Reducing blood pressure
d) Preventing ulcers caused by nonsteroidal anti-inflammatory drugs (NSAIDs)

**Solution 50:** d) Preventing ulcers caused by nonsteroidal anti-inflammatory drugs (NSAIDs)

Misoprostol (Cytotec) is used to prevent ulcers caused by NSAIDs in clients with a history of peptic ulcers.

51. **Question 51:**

A client is admitted with acute pancreatitis. What dietary instruction should the nurse provide to the client?

a) Maintain a low-fat diet
b) Increase alcohol intake
c) Avoid protein-rich foods
d) Consume a high-fiber diet

**Solution 51:** a) Maintain a low-fat diet

Clients with acute pancreatitis should maintain a low-fat diet to reduce stress on the pancreas.

52. **Question 52:**

A client with a traumatic brain injury is placed on a mechanical ventilator. What is the nurse's priority action to prevent complications related to mechanical ventilation?

a) Administering pain medication
b) Administering sedatives

c) Monitoring oxygen saturation
d) Administering an antibiotic

**Solution 52:** c) Monitoring oxygen saturation

Monitoring oxygen saturation is a priority to ensure adequate oxygenation and prevent complications in clients on mechanical ventilation.

53. **Question 53:**

A client with heart failure is prescribed digoxin. What is the primary therapeutic effect of digoxin in the treatment of heart failure?

a) Vasodilation
b) Increased heart rate
c) Increased blood pressure
d) Improved cardiac contractility

**Solution 53:** d) Improved cardiac contractility

Digoxin improves cardiac contractility and helps the heart pump more effectively in clients with heart failure.

54. **Question 54:**

A client is receiving continuous enteral nutrition through a nasogastric tube. What nursing intervention is essential to prevent aspiration?

a) Elevate the head of the bed to 90 degrees
b) Administer medications through the nasogastric tube
c) Use a smaller bore nasogastric tube
d) Maintain a 30-degree head-of-bed elevation

**Solution 54:** d) Maintain a 30-degree head-of-bed elevation

Maintaining the head of the bed at a 30-degree elevation helps prevent aspiration during enteral nutrition through a nasogastric tube.

55. **Question 55:**

A client with diabetes mellitus reports feeling shaky and weak. The nurse checks the client's blood glucose level and finds it to be 50 mg/dL. What is the nurse's priority action?

a) Administer regular insulin
b) Administer orange juice
c) Administer metformin
d) Administer lorazepam

**Solution 55:** b) Administer orange juice

In this situation, the client is experiencing hypoglycemia, and the priority action is to provide a quick source of glucose to raise their blood sugar. Orange juice is a rapid-acting source of carbohydrates.

56. **Question 56:**

A client with chronic obstructive pulmonary disease (COPD) is prescribed ipratropium bromide (Atrovent) inhaler. What is the primary therapeutic action of ipratropium bromide?

a) Reducing airway inflammation
b) Dilating the bronchioles
c) Suppressing cough reflex
d) Stimulating mucus production

**Solution 56:** b) Dilating the bronchioles

Ipratropium bromide (Atrovent) is an anticholinergic bronchodilator that dilates the bronchioles and improves airflow in clients with COPD.

57. **Question 57:**

A client is prescribed enalapril (Vasotec) for hypertension. What is the primary therapeutic action of enalapril?

a) Increasing blood pressure
b) Reducing heart rate

c) Blocking angiotensin-converting enzyme (ACE)
d) Dilating blood vessels

**Solution 57:** c) Blocking angiotensin-converting enzyme (ACE)

Enalapril (Vasotec) is an ACE inhibitor that blocks the conversion of angiotensin I to angiotensin II, resulting in vasodilation and lowered blood pressure.

58. **Question 58:**

A client is prescribed acetaminophen for pain relief. What important information should the nurse provide to the client regarding this medication?

a) It can cause gastrointestinal bleeding
b) It should be taken on an empty stomach
c) It can be taken safely with alcohol
d) Avoid exceeding the recommended dosage

**Solution 58:** d) Avoid exceeding the recommended dosage

Clients should be instructed not to exceed the recommended dosage of acetaminophen to avoid the risk of liver damage.

59. **Question 59:**

A client is receiving intravenous (IV) antibiotics. The nurse notes redness, warmth, and swelling at the IV site. What action should the nurse take first?

a) Discontinue the IV line
b) Apply a cold compress to the site
c) Administer pain medication
d) Increase the IV rate

**Solution 59:** a) Discontinue the IV line

These symptoms at the IV site may indicate infiltration or infection. The first action should be to discontinue the IV line to prevent further complications.

60. **Question 60:**

A client with a history of a seizure disorder is admitted to the hospital. What safety measures should the nurse implement for this client?

a) Keep the environment dimly lit
b) Administer antipsychotic medication prophylactically
c) Ensure a padded tongue blade is at the bedside
d) Maintain a seizure precaution protocol

**Solution 60:** d) Maintain a seizure precaution protocol

Clients with a history of seizures should have seizure precautions in place, including padding on side rails, an oxygen setup, and an oral airway at the bedside.

61. **Question 61:**

A client is diagnosed with tuberculosis (TB) and is prescribed a combination of isoniazid (INH) and rifampin. What important information should the nurse provide to the client regarding these medications?

a) Take them on an empty stomach to maximize absorption
b) Continue taking them even if symptoms improve
c) Discontinue them as soon as symptoms resolve
d) Take them only with dairy products to reduce gastrointestinal upset

**Solution 61:** b) Continue taking them even if symptoms improve

Clients with TB should be instructed to continue taking their medications even if their symptoms improve to ensure the complete eradication of the infection.

62. **Question 62:**

A client is admitted with acute respiratory distress syndrome (ARDS). What is the primary nursing intervention for this client?

a) Administering antibiotics
b) Administering corticosteroids
c) Providing mechanical ventilation
d) Encouraging fluid intake

**Solution 62:** c) Providing mechanical ventilation

In ARDS, the primary nursing intervention is to provide mechanical ventilation to support oxygenation and ventilation.

63. **Question 63:**

A client with a history of heart disease is prescribed aspirin therapy. What is the primary purpose of aspirin in this client?

a) Reducing blood pressure
b) Promoting sleep
c) Preventing platelet aggregation
d) Increasing blood glucose levels

**Solution 63:** c) Preventing platelet aggregation

Aspirin is often prescribed for its antiplatelet effects, which help prevent platelet aggregation and reduce the risk of clot formation in clients with heart disease.

64. **Question 64:**

A client is admitted with diabetic ketoacidosis (DKA). What is the primary nursing intervention for this client?

a) Administering insulin
b) Encouraging a high-protein diet
c) Monitoring blood pressure
d) Administering a beta-blocker

**Solution 64:** a) Administering insulin

The primary intervention for a client with DKA is to administer insulin to lower blood glucose levels.

65. **Question 65:**

A client with a history of anemia is prescribed ferrous sulfate (iron). What dietary instruction should the nurse provide to enhance iron absorption?

a) Take iron supplements with a glass of milk
b) Avoid vitamin C-rich foods
c) Take iron supplements with antacids
d) Consume vitamin C-rich foods with iron supplements

**Solution 65:** d) Consume vitamin C-rich foods with iron supplements

Taking iron supplements with vitamin C-rich foods can enhance iron absorption, as vitamin C aids in the absorption of non-heme iron.

66. **Question 66:**

A registered nurse is assessing a patient who has been experiencing visual disturbances and headaches. The nurse suspects an issue with the brain's optic nerve. Which part of the brain is primarily responsible for processing visual information?

a) Medulla oblongata
b) Cerebellum
c) Occipital lobe
d) Parietal lobe

**Solution 66:** c) Occipital lobe

The occipital lobe, located at the back of the brain, is primarily responsible for processing visual information. It plays a crucial role in interpreting and making sense of what we see. When the optic nerve carries visual signals from the eyes to the brain, these signals are processed and interpreted in the occipital lobe. Therefore, when a nurse suspects issues with visual disturbances and headaches related to the optic nerve, it is important to consider the role of the occipital lobe in the assessment. The medulla oblongata (A) and cerebellum (B) are responsible for functions like basic life-sustaining processes and coordination, respectively, but they are not directly involved in visual processing. The parietal lobe (D) plays a role in processing sensory information from the body, such as touch and temperature, but it is not the primary site for visual processing.

67. **Question 67:**

A client is admitted with symptoms of increased intracranial pressure (ICP) following a head injury. What is the nurse's priority action for this client?

a) Elevate the head of the bed to 90 degrees
b) Administer pain medication
c) Maintain a quiet environment
d) Encourage frequent coughing and deep breathing

**Solution 67:** c) Maintain a quiet environment

In clients with increased ICP, maintaining a quiet environment is essential to reduce stimuli that can raise intracranial pressure.

68. **Question 68:**

A client is prescribed prednisone for the treatment of an autoimmune disorder. What important information should the nurse provide to the client regarding this medication?

a) It should be taken on an empty stomach
b) It can be discontinued abruptly without tapering
c) It may cause increased susceptibility to infections
d) It should be taken with grapefruit juice for enhanced absorption

**Solution 68:** c) It may cause increased susceptibility to infections

Prednisone is a corticosteroid that can suppress the immune system, making the client more susceptible to infections. Clients should be educated about infection precautions.

69. **Question 69:**

A client is admitted with a myocardial infarction (MI). What is the nurse's priority intervention for this client?

a) Administering a beta-blocker
b) Administering oxygen
c) Administering aspirin
d) Administering nitroglycerin

**Solution 69:** b) Administering oxygen

In a client with an MI, the priority intervention is to administer oxygen to improve oxygenation and reduce myocardial workload.

70. **Question 70:**

A client is receiving chemotherapy. What nursing intervention is essential to prevent chemotherapy-induced nausea and vomiting?

a) Administer antiemetics as needed
b) Restrict fluid intake
c) Encourage high-fat foods
d) Administer laxatives prophylactically

**Solution 70:** a) Administer antiemetics as needed

Administering antiemetics as needed is essential to prevent or manage chemotherapy-induced nausea and vomiting.

71. **Question 71:**

A client is prescribed warfarin (Coumadin) for anticoagulation therapy. What should the nurse instruct the client to report as a potential side effect of this medication?

a) Increased appetite
b) Bruising or bleeding
c) Elevated blood pressure
d) Muscle cramps

**Solution 71:** b) Bruising or bleeding

Clients on warfarin should be instructed to report any signs of bleeding or bruising, as it can indicate a potential side effect.

72. **Question 72:**

A client with chronic kidney disease is prescribed calcium carbonate (Tums) as a phosphate binder. What important information should the nurse provide to the client regarding this medication?

a) Take it with meals to enhance absorption
b) Take it on an empty stomach for maximum effectiveness

c) Limit fluid intake while taking the medication
d) Discontinue the medication if experiencing diarrhea

**Solution 72:** a) Take it with meals to enhance absorption

Calcium carbonate (Tums) should be taken with meals to enhance its effectiveness as a phosphate binder.

73. **Question 73:**

A client is admitted with pancreatitis and is prescribed total parenteral nutrition (TPN). What is the nurse's priority assessment for this client?

a) Weight gain
b) Blood pressure monitoring
c) Serum glucose levels
d) Intake and output (I&O)

**Solution 73:** c) Serum glucose levels

Monitoring serum glucose levels is a priority in clients receiving TPN, as it can lead to hyperglycemia, which needs prompt management.

74. **Question 74:**

A client with heart failure is prescribed spironolactone (Aldactone). What is the primary therapeutic action of spironolactone in the treatment of heart failure?

a) Reducing blood pressure
b) Promoting potassium loss
c) Increasing sodium retention
d) Blocking angiotensin receptors

**Solution 74:** b) Promoting potassium loss

Spironolactone (Aldactone) is a potassium-sparing diuretic that promotes potassium loss while retaining sodium, helping to reduce fluid retention in heart failure.

75. **Question 75:**

A client is admitted with a severe allergic reaction (anaphylaxis). What is the nurse's priority intervention for this client?

a) Administering an antipyretic
b) Administering a corticosteroid
c) Administering epinephrine
d) Administering an antihistamine

**Solution 75:** c) Administering epinephrine

In cases of severe allergic reactions (anaphylaxis), the priority intervention is to administer epinephrine to reverse severe symptoms.

76. **Question 76:**

A client with rheumatoid arthritis is prescribed methotrexate. What should the nurse monitor as a potential side effect of this medication?

a) Hypertension
b) Bone marrow suppression
c) Elevated blood glucose
d) Increased potassium levels

**Solution 76:** b) Bone marrow suppression

Methotrexate can lead to bone marrow suppression, resulting in decreased blood cell production. Monitoring blood counts is essential.

77. **Question 77:**

A client with chronic obstructive pulmonary disease (COPD) is prescribed albuterol (Proventil) inhaler. What is the primary therapeutic action of albuterol?

a) Reducing airway inflammation
b) Dilating the bronchioles
c) Suppressing cough reflex
d) Increasing mucus production

**Solution 77:** b) Dilating the bronchioles

Albuterol is a bronchodilator that dilates the bronchioles, leading to improved airflow in clients with COPD.

78. **Question 78:**

A client is receiving heparin therapy. What is the primary nursing intervention for this client?

a) Monitor for signs of heparin overdose
b) Administer vitamin K to reverse the effects
c) Monitor partial thromboplastin time (PTT)
d) Administer a platelet transfusion

**Solution 78:** c) Monitor partial thromboplastin time (PTT)

The primary nursing intervention for a client receiving heparin is to monitor the PTT to ensure that the medication is within the therapeutic range.

79. **Question 79:**

A client with a history of seizures is prescribed phenytoin (Dilantin). What important information should the nurse provide to the client regarding this medication?

a) It should be taken on an empty stomach
b) It can be discontinued abruptly without tapering
c) It may cause drowsiness and dizziness
d) It can be taken as needed during a seizure episode

**Solution 79:** c) It may cause drowsiness and dizziness

Phenytoin (Dilantin) can cause drowsiness and dizziness, and clients should be advised to avoid activities that require alertness until they know how the medication affects them.

80. **Question 80:**

A client is prescribed a low-sodium diet. What dietary instruction should the nurse provide to the client?

a) Increase the intake of processed foods
b) Consume canned soups and broths regularly
c) Limit the use of salt in cooking and at the table
d) Avoid fresh fruits and vegetables

**Solution 80:** c) Limit the use of salt in cooking and at the table

Clients on a low-sodium diet should be instructed to limit their use of salt in cooking and at the table to reduce sodium intake.

81. **Question 81:**

A client is admitted with a suspected peptic ulcer. What dietary instruction should the nurse provide to this client?

a) Consume spicy foods to stimulate gastric secretions
b) Avoid antacids to prevent interference with diagnostic tests
c) Eat frequent, small meals to prevent excessive stomach distention
d) Increase the intake of carbonated beverages to relieve symptoms

**Solution 81:** c) Eat frequent, small meals to prevent excessive stomach distention

Eating frequent, small meals can help prevent excessive stomach distention and discomfort in clients with peptic ulcers.

82. **Question 82:**

A client is prescribed furosemide (Lasix) for the treatment of edema. What is the primary therapeutic action of furosemide?

a) Retaining sodium and water
b) Increasing potassium levels
c) Inhibiting aldosterone secretion
d) Promoting diuresis and fluid loss

**Solution 82:** d) Promoting diuresis and fluid loss

Furosemide (Lasix) is a loop diuretic that promotes diuresis and fluid loss by inhibiting sodium reabsorption in the renal tubules.

83. **Question 83:**

A client is admitted with chest pain, and an electrocardiogram (ECG) shows ST-segment elevation. What is the nurse's priority intervention for this client?

a) Administering aspirin
b) Administering a beta-blocker
c) Administering oxygen
d) Administering nitroglycerin

**Solution 83:** a) Administering aspirin

In a client with ST-segment elevation indicating a possible myocardial infarction, the priority intervention is to administer aspirin to reduce the risk of clot formation.

84. **Question 84:**

A client with chronic obstructive pulmonary disease (COPD) is prescribed ipratropium bromide (Atrovent) inhaler. What is the primary therapeutic action of ipratropium bromide?

a) Reducing airway inflammation
b) Dilating the bronchioles
c) Suppressing cough reflex
d) Increasing mucus production

**Solution 84:** b) Dilating the bronchioles

Ipratropium bromide (Atrovent) is an anticholinergic bronchodilator that dilates the bronchioles and improves airflow in clients with COPD.

85. **Question 85:**

A client with hypertension is prescribed enalapril (Vasotec). What is the primary therapeutic action of enalapril in the treatment of hypertension?

a) Reducing heart rate
b) Increasing sodium retention
c) Blocking angiotensin-converting enzyme (ACE)
d) Dilating blood vessels

**Solution 85:** c) Blocking angiotensin-converting enzyme (ACE)

Enalapril (Vasotec) is an ACE inhibitor that blocks the conversion of angiotensin I to angiotensin II, resulting in vasodilation and lowered blood pressure.

86. **Question 86:**

A client with diabetes is prescribed insulin glargine (Lantus). What is the primary advantage of insulin glargine over other types of insulin?

a) It has a rapid onset of action
b) It can be mixed with other types of insulin
c) It is taken orally
d) It has a long duration of action

**Solution 86:** d) It has a long duration of action

Insulin glargine (Lantus) has a long duration of action and provides a relatively constant level of insulin in the body, making it suitable for once-daily dosing.

87. **Question 87:**

A client is prescribed ceftriaxone (Rocephin) for a bacterial infection. What should the nurse assess for as a potential side effect of this medication?

a) Hypotension
b) Elevated blood glucose
c) Hearing loss
d) Increased appetite

**Solution 87:** a) Hypotension

Ceftriaxone (Rocephin) can rarely cause hypotension as a side effect. Blood pressure should be monitored during administration.

88. **Question 88:**

A client with a history of seizures is admitted to the hospital. What safety measures should the nurse implement for this client?

a) Encourage a high-protein diet
b) Administer sedatives prophylactically
c) Keep the environment dimly lit
d) Ensure a padded tongue blade is at the bedside

**Solution 88:** d) Ensure a padded tongue blade is at the bedside

Clients with a history of seizures should have safety measures in place, including a padded tongue blade at the bedside to prevent injury during a seizure.

89. **Question 89:**

A client is prescribed metoprolol (Lopressor) for hypertension. What important information should the nurse provide to the client regarding this medication?

a) Take it with a high-fat meal
b) Avoid taking it in the morning
c) Rise slowly from a sitting or lying position
d) Discontinue it if the heart rate increases

**Solution 89:** c) Rise slowly from a sitting or lying position

Clients taking metoprolol should be instructed to rise slowly from a sitting or lying position to prevent orthostatic hypotension.

90. **Question 90:**

A client with a history of asthma is prescribed a salmeterol (Serevent) inhaler. What is the primary therapeutic action of salmeterol?

a) Reducing airway inflammation
b) Dilating the bronchioles
c) Suppressing cough reflex
d) Increasing mucus production

**Solution 90:** b) Dilating the bronchioles

Salmeterol (Serevent) is a long-acting beta2-adrenergic agonist that dilates the bronchioles and helps improve airflow in clients with asthma.

91. **Question 91:**

A client is diagnosed with deep vein thrombosis (DVT) and is prescribed enoxaparin (Lovenox). What is the primary therapeutic action of enoxaparin?

a) Promoting clot formation
b) Increasing platelet aggregation
c) Preventing platelet adhesion
d) Inhibiting thrombus formation

**Solution 91:** d) Inhibiting thrombus formation

Enoxaparin (Lovenox) is an anticoagulant that inhibits thrombus formation by preventing the conversion of fibrinogen to fibrin.

92. **Question 92:**

A client with a history of hypertension is prescribed a thiazide diuretic. What should the nurse monitor for as a potential side effect of this medication?

a) Increased potassium levels
b) Decreased blood pressure
c) Increased blood glucose levels
d) Muscle cramps

**Solution 92:** c) Increased blood glucose levels

Thiazide diuretics can lead to increased blood glucose levels, and clients should be monitored for this potential side effect.

93. **Question 93:**

A client with a suspected head injury is admitted to the emergency department. What is the nurse's priority assessment for this client?

a) Respiratory rate and effort
b) Blood pressure and heart rate
c) Level of consciousness and neurological status
d) Pain level and location

**Solution 93:** c) Level of consciousness and neurological status

In a client with a suspected head injury, the priority assessment is to monitor the level of consciousness and neurological status to detect any signs of worsening injury.

94. **Question 94:**

A client with heart failure is prescribed digoxin. What is the primary therapeutic effect of digoxin in the treatment of heart failure?

a) Reducing blood pressure
b) Increasing sodium retention
c) Improving cardiac contractility
d) Dilating blood vessels

**Solution 94:** c) Improving cardiac contractility

Digoxin improves cardiac contractility and helps the heart pump more effectively in clients with heart failure.

95. **Question 95:**

A client is prescribed metformin (Glucophage) for the management of type 2 diabetes mellitus. What important information should the nurse provide to the client regarding this medication?

a) Take it with a high-sugar meal to enhance effectiveness
b) Avoid it if experiencing hypoglycemia
c) Discontinue it if experiencing weight gain
d) It may cause gastrointestinal upset, so take it with food

**Solution 95:** d) It may cause gastrointestinal upset, so take it with food

Metformin (Glucophage) can cause gastrointestinal upset, and clients are advised to take it with food to minimize this side effect.

96. **Question 96:**

A client with a history of chronic obstructive pulmonary disease (COPD) is prescribed prednisone. What important information should the nurse provide to the client regarding this medication?

a) Take it on an empty stomach
b) It can be discontinued abruptly
c) It may cause weight loss
d) It should be taken with food

**Solution 96:** d) It should be taken with food

Prednisone should be taken with food to reduce the risk of gastrointestinal upset.

97. **Question 97:**

A Registered Nurse (RN) is educating a patient about the immune system's functions and its response to infections. The registered nurse explains that one of the key immune cells responsible for recognizing and targeting specific pathogens are:

a) Erythrocytes
b) Platelets
c) Neutrophils
d) Lymphocytes

**Solution 97:** d) Lymphocytes

Lymphocytes are a type of white blood cell and a fundamental component of the immune system. They play a crucial role in recognizing and attacking specific pathogens, such as bacteria, viruses, and other foreign invaders. There are two main types of lymphocytes: B cells, which produce antibodies, and T cells, which directly attack infected cells. Erythrocytes (A) are red blood cells responsible for oxygen transport, and platelets (B) are involved in blood clotting. Neutrophils (C) are another type of white blood cell that primarily target bacterial infections, but lymphocytes are specifically known for their adaptive immune responses.

98. **Question 98:**

A client with a history of stroke is at risk for aspiration. What nursing intervention is essential to prevent aspiration in this client?

a) Encourage frequent coughing
b) Keep the head of the bed flat

c) Maintain NPO (nothing by mouth) status
d) Administer anticoagulants

**Solution 98:** c) Maintain NPO (nothing by mouth) status

Clients at risk for aspiration should be kept NPO to prevent the risk of aspiration pneumonia. Aspiration pneumonia is a type of lung infection that occurs when foreign materials, such as saliva, food, liquids, or other substances, are inhaled into the lungs. This condition is primarily caused by the aspiration of contents from the mouth or stomach into the respiratory system instead of going down the digestive tract. Aspiration pneumonia can result in infection and inflammation in the lungs, leading to symptoms such as coughing, difficulty breathing, chest pain, fever, and other signs of pneumonia. Aspiration pneumonia is more likely to occur in individuals who have certain risk factors, such as neurological disorders or a weakened immune system. It can be a serious condition and may require medical treatment, including antibiotics to treat the infection and supportive care to help the individual recover.

99. **Question 99:**

Which of the following is a common characteristic of asthma?

a) High blood pressure
b) Chronic skin rash
c) Airway inflammation and narrowing
d) Osteoporosis

**Solution 99:** c) Airway inflammation and narrowing

A common characteristic of asthma is airway inflammation and narrowing. In asthma, the airways become inflamed, making them more sensitive to various triggers, which can lead to the narrowing of the air passages. This narrowing makes it difficult for individuals with asthma to breathe, resulting in symptoms like wheezing, coughing, and shortness of breath. Option A (High blood pressure), Option B (Chronic skin rash), and Option D (Osteoporosis) are not typically associated with asthma. Asthma primarily affects the respiratory system and airways, leading to symptoms related to breathing difficulties. The four classifications of asthma are intermittent asthma, mild persistent asthma, moderate persistent asthma, and severe persistent asthma.

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**Question 100:**

A client with a history of chronic kidney disease is prescribed a phosphate binder. What is the primary purpose of phosphate binders in clients with renal impairment?

a) Promoting phosphate excretion

b) Enhancing calcium absorption

c) Reducing calcium levels

d) Binding and preventing phosphate absorption

**Solution 100:** d) Binding and preventing phosphate absorption

Phosphate binders are used in clients with renal impairment to bind and prevent phosphate absorption, helping to control phosphorus levels.

## END OF NCLEX-RN PRACTICE QUESTIONS

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