NCLEX QUESTION FORMATS

To pass the NCLEX-RN® examination, you will have to answer a minimum of 60 questions at the set competency level. Some students can accomplish this in 75 questions (60 at the set competency level plus 15 pretest questions). If you answer 265 questions, a final ability estimate is computed to determine if you are successful. If you run out of time and have not completed all 265 questions, you can still pass if you have answered the last 60 questions at the set competency level. Approximately 1.3 minutes are allocated for each question, but we all know that some questions take a short time to answer, while others, including math questions, may take longer.

The NCLEX-RN exam now comprises several different types of questions, including hot spots, fill-in-the-blank, drag-and-drop, order-response, and select-all-that-apply or multiple-response questions. These are referred to as alternative types of questions and have been added to better assess your critical thinking. This book offers plenty of practice with such questions. Examples of the *select-all-that-apply* type of question are shown in Exercises 1 and 2.

Exercise 1

Select all that apply:
The nurse is reviewing data collected from a patient who is being treated for hypothyroidism. Which information indicates that the patient has had a positive outcome?

A. **Sleeps 8 hours each night, waking up to go to the bathroom once.**
B. **Has bowel movements two times a week while on a high-fiber diet.**

From Wittmann-Price, R. A., & Thompson, B. R. (Eds.). (2010). *NCLEX-RN® EXCEL: Test through unfolding case study review* (pp. 7–12, 20–24). New York, NY: Springer Publishing.

C. Gained 10 pounds since the initial clinic visit 6 weeks ago.
D. Was promoted at work because of increased work production.
E. Walks 2 miles within 30 minutes before work each morning.

The answer can be found on page 273

Exercise 2

Select all that apply:
The hospital is expecting to receive survivors of a disaster. The charge nurse is directed to provide a list of patients for possible discharge. Which of the following patients would be placed on the list?

A. A patient who was admitted 3 days ago with urosepsis; white blood cell count is 5.4 $mm^3/\mu L$.
B. A patient who was admitted 2 days ago after an acetaminophen overdose; creatinine is 2.1 mg/dL.
C. A patient who was admitted with stable angina and had two stents placed in the left anterior descending coronary artery 24 hours ago.
D. A patient who was admitted with an upper gastrointestinal bleed and had an endoscopic ablation 48 hours ago; hemoglobin is 10.8 g/dL.

The answer can be found on page 274

An example of an NCLEX-RN *fill-in-the-blank* question is provided in Exercise 3.

Exercise 3

Fill in the blanks:
The nurse is calculating the client's total intake and output to determine whether he has a positive or negative fluid balance. The intake includes the following:

1,200 mL IV D5NSS

200 mL of vancomycin IV

Two 8-ounce glasses of juice

One 4-ounce cup of broth

One 6-ounce cup of water

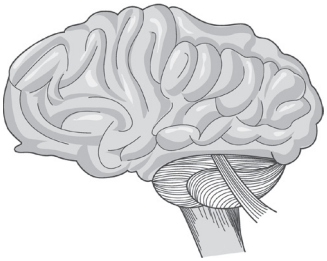
Upon being emptied, the Foley bag was found to contain 350 mL of urine. What would the nurse document?

The answer can be found on page 274

Drag-and-drop questions are specific to the computer because the student uses a mouse or touch pad to place items in order. A hot spot is moving the mouse or the touch plate to a specific point on a diagram. An example of an NCLEX-RN hot-spot question is provided in Exercise 4.

Exercise 4

Hot spot:
The nurse assesses a patient who has a possible brain tumor. The patient has difficulty coordinating voluntary muscle movement and balance. Which area of the brain is affected? (Please place an X at the appropriate spot.)



The answer can be found on page 275

An example of an *ordering* NCLEX-RN question is found in Exercise 5.

Exercise 5

Ordering:
The nurse is inserting an indwelling urinary catheter into a female patient. Place the steps in the correct order:

____ Ask the patient to bear down.
____ Don clean gloves, and wash the perineal area.
____ Place the client in a dorsal recumbent position.
____ Advance the catheter 1.2 inches (2.5 to 5 cm).
____ Inflate the balloon and pull back gently.

____ Retract the labia with the nondominant hand.
____ Use forceps with the dominant hand to cleanse the perineal area.
____ Place drapes on the bed and over the perineal area.
____ Apply sterile gloves.
____ Advance the catheter 2 to 3 inches (5 to 7 cm) until urine drains.
____ Test balloon, lubricate catheter, place antiseptic on cotton balls.

The answer can be found on page 275

An example of an NCLEX-RN *exhibit-format* question is provided in Exercise 6.

Exercise 6

Exhibit-format question:
A 52-year-old female patient admitted to the emergency department (ED) has had nausea and vomiting for 3 days and abdominal pain that is unrelieved after vomiting.

Skin: Pale, cool; patient shivering.

Respiration: RR 30, lungs clear, SaO_2 90.

CV: RRR (regular rate and rhythm) with mitral regurgitation; temperature 95°F (35°C), BP 96/60, pulse 132 and weak.

Extremities: + 4 pulses, no edema of lower extremities.

GI: Hyperactive bowel sounds; vomited 100 mL of bile-colored fluid, positive abdominal tenderness.

GU: Foley inserted, no urine drained.

- Hemoglobin 10.6 g/dL
- Hematocrit 39%
- White blood cells 8.0 $mm^3/\mu L$
- Sodium 150 mEq/L
- Potassium 7.0 mEq/L
- Blood urea nitrogen 132 mg/dL
- Creatinine 8.2 mg/dL
- Serum amylase 972
- Serum lipase 1,380
- Arterial blood gas pH 7.0

- pO_2 90 mmHg
- pCO_2 39 mmHg
- HCO_3 17 mEq/L

After reviewing the patient's assessment findings and laboratory reports, the nurse determines that the priority for the plan of care should focus on:

A. Metabolic acidosis and oliguria
B. Respiratory acidosis and dyspnea
C. Metabolic alkalosis related to vomiting
D. Respiratory alkalosis resulting from abdominal pain

The answer can be found on page 276

Another strategy to use in studying for the NCLEX-RN exam is to become familiar with the organization of the test. The test plan covers the four basic categories of client needs, including safe and effective care environment, health promotion and maintenance, psychosocial integrity, and physiological integrity. The following questions are designed to test your grasp of providing a "safe and effective environment" through the way you manage patient care, which is an important aspect of your role and responsibility as a licensed RN. This concept applies to what you should do as an RN as well as the tasks you can delegate to nonlicensed personnel working with you. Exercises 7 and 8 offer examples of questions based on the RN's responsibility for managing safe and effective patient care.

Exercise 7

Multiple-choice question:
After returning from a hip replacement, a patient with diabetes mellitus type 1 is lethargic, flushed, and feeling nauseated. Vital signs are BP 108/78, P 100, R 24 and deep. What is the next action the nurse should take?

A. Notify the physician.
B. Check the patient's glucose.
C. Administer an antiemetic.
D. Change the IV infusion rate.

The answer can be found on page 277

Exercise 8

Multiple-choice question:
The nurse is assigned to care for a patient with pneumonia. Which task can be delegated to the unlicensed assistive personnel by the RN?

A. Teaching a patient how to use the inhaler.
B. Listening to the patient's lungs.
C. Checking the results of the patient's blood work.
D. Counting the patient's respiratory rate.

The answer can be found on page 277

Yet another strategy to use in analyzing NCLEX-RN questions is to assess the negative/positive balance of the question. For a positive question, select the option that is correct; for a negative question, select the option that is incorrect. Examples of NCLEX-RN questions with positive and negative answers are shown in Table 1.

TABLE 1

Positive NCLEX-RN type of question stem	Negative NCLEX-RN type of question stem
Which statement by the client *indicates an understanding* of the medication side effects?	Which statement by the client *indicates a need for further teaching* about the medication side effects?

Therapeutic communication is one of the long-enduring basics of nursing care. As RNs, we provide therapy, not only through what we do but also through what and how we communicate with patients and families. Therapeutic communication is not what you would use in everyday conversation, because it is designed to be more purposeful. Therapeutic communication is nonjudgmental, direct, truthful, empathetic, and informative. Communication and documentation are among the important threads integrated throughout the NCLEX-RN examination. An example of an NCLEX-RN question based on therapeutic communication is shown in Exercise 9.

Exercise 9

Multiple-choice question:
An 11-year-old boy with acute lymphocytic leukemia (ALL) has been diagnosed with his second relapse following successful remissions after chemotherapy and radiation. The patient asks, "Am I going to die?" Which response by the nurse would be most helpful to the patient?

A. "Let's talk about this after I speak with your parents."
B. "Can you tell me why you feel this way?"
C. "You will need to discuss this with the oncologist."
D. "You sound like you'd like to talk about it."

The answer can be found on page 277

ANSWERS

Exercise 1

Select all that apply:
The nurse is reviewing data collected from a patient who is being treated for hypothyroidism. Which information indicates that the patient has had a positive outcome?

A. Sleeps 8 hours each night, waking up to go to the bathroom once. YES; hypothyroidism causes severe fatigue; 8 hours of sleep and waking up once are normal.
B. Has bowel movements two times a week while on a high-fiber diet. NO; this may be constipation.
C. Gained 10 pounds since the initial clinic visit 6 weeks ago. NO; this is not an expected outcome.
D. Was promoted at work because of increased work production. YES; energy levels are expected to increase.
E. Walks 2 miles within 30 minutes before work each morning. YES; energy levels are expected to increase.

Exercise 2

Select all that apply:
The hospital is expecting to receive survivors of a disaster. The charge nurse is directed to provide a list of patients for possible discharge. Which of the following patients would be placed on the list?

A. A patient who was admitted 3 days ago with urosepsis; white blood cell count is 5.4 $mm^3/\mu L$. YES; this patient has a normal WBC count and could be discharged.
B. A patient who was admitted 2 days ago after an acetaminophen overdose; creatinine is 2.1 mg/dL. NO; this patient has a high creatinine level and needs monitoring.
C. A patient who was admitted with stable angina and had two stents placed in the left anterior descending coronary artery 24 hours ago. YES; patients who have not had an MI (myocardial infarction) but have had stents normally are discharged in 24 hours.
D. A patient who was admitted with an upper gastrointestinal bleed and had an endoscopic ablation 48 hours ago; hemoglobin is 10.8 g/dL. YES; the patient has no active bleeding, and the hemoglobin is stable.

Exercise 3

Fill in the blanks:
The nurse is calculating the client's total intake and output to determine whether he has a positive or negative fluid balance. The intake includes the following:

1,200 mL IV D5NSS

200 mL vancomycin IV

Two 8-ounce glasses of juice

One 4-ounce cup of broth

One 6-ounce cup of water

Upon being emptied, the Foley bag was found to contain 350 mL of urine. What would the nurse document?

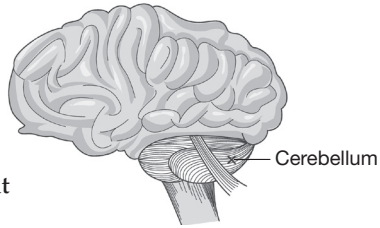
Total intake: 2,180 mL

Total output: –350 mL

Positive fluid balance: 1,830 mL

Exercise 4

Hot spot:
The nurse assesses a patient who has a possible brain tumor. The patient has difficulty coordinating voluntary muscle movement and balance. Which area of the brain is affected? (Please place an X at the appropriate spot.)



Exercise 5

Ordering:
The nurse is inserting an indwelling urinary catheter into a female patient. Place the steps in the correct order:

8. Ask the patient to bear down.
2. Don clean gloves, and wash the perineal area.
1. Place the client in a dorsal recumbent position.
10. Advance the catheter 1.2 inches (2.5 to 5 cm).
11. Inflate the balloon and pull back gently.
6. Retract the labia with the nondominant hand.
7. Use forceps with the dominant hand to cleanse the perineal area.
3. Place drapes on the bed and over the perineal area.
4. Apply sterile gloves.
9. Advance the catheter 2 to 3 inches (5 to 7 cm) until urine drains.
5. Test balloon, lubricate catheter, place antiseptic on cotton balls.

The sterile gloves are usually packaged under the drapes. Therefore, the drapes can be appropriately placed to set up a sterile field and drape the patient by touching their outer corners. The gloves are usually donned after the drapes are in place. It is not incorrect to place sterile gloves on prior to draping.

Exercise 6

Exhibit-format question:
A 52-year-old female patient admitted to the emergency department (ED) has had nausea and vomiting for 3 days and abdominal pain that is unrelieved after vomiting.

Skin: Pale, cool; patient shivering.

Respiration: RR 30, lungs clear, SaO_2 90.

CV: RRR (regular rate and rhythm) with mitral regurgitation; temperature 95°F (35°C), BP 96/60, pulse 132 and weak.

Extremities: + 4 pulses, no edema of lower extremities.

GI: Hyperactive bowel sounds; vomited 100 mL of bile-colored fluid, positive abdominal tenderness.

GU: Foley inserted, no urine drained.

- Hemoglobin 10.6 g/dL
- Hematocrit 39%
- White blood cells 8.0 $mm^3/\mu L$
- Sodium 150 mEq/L
- Potassium 7.0 mEq/L
- Blood urea nitrogen 132 mg/dL
- Creatinine 8.2 mg/dL
- Serum amylase 972
- Serum lipase 1,380
- Arterial blood gas pH 7.0
- pO_2 90 mmHg
- pCO_2 39 mmHg
- HCO_3 17 mEq/L

After reviewing the patient's assessment findings and laboratory reports, the nurse determines that the priority for the plan of care should focus on:

A. Metabolic acidosis and oliguria. YES; the pH and HCO_3 are decreased, and the patient has no urine output.
B. Respiratory acidosis and dyspnea. NO; the lungs are clear, and there is no other indication of respiratory acidosis.
C. Metabolic alkalosis related to vomiting. NO; the pH is low.
D. Respiratory alkalosis resulting from abdominal pain. NO; the pH is low, and the pCO_2 is normal.

Exercise 7

Multiple-choice question:
After returning from a hip replacement, a patient with diabetes mellitus type 1 is lethargic, flushed, and feeling nauseated. Vital signs are BP 108/78, P 100, R 24 and deep. What is the next action the nurse should take?

A. Notify the physician. NO; the nurse needs to further assess.
B. Check the patient's glucose. YES; these are signs of hypoglycemia.
C. Administer an antiemetic. NO; this will not help.
D. Change the IV infusion rate. NO; this will not help.

Exercise 8

Multiple-choice question:
The nurse is assigned to care for a patient with pneumonia. Which task can be delegated to the unlicensed assistive personnel by the RN?

A. Teaching a patient how to use the inhaler. NO; an RN must do initial patient teaching.
B. Listening to the patient's lungs. NO; an RN must do an initial assessment.
C. Checking the results of the patient's blood work. NO; an RN must interpret lab results.
D. Counting the patient's respiratory rate. YES; unlicensed personnel can obtain vital signs.

Exercise 9

Multiple-choice question:
An 11-year-old boy with acute lymphocytic leukemia (ALL) has been diagnosed with his second relapse following successful remissions after chemotherapy and radiation. The patient asks, "Am I going to die?" Which response by the nurse would be most helpful to the patient?

A. "Let's talk about this after I speak with your parents." NO; this is not responding to the patient.
B. "Can you tell me why you feel this way?" NO; although this is not a completely wrong answer, it is more directive and may intimidate a child.
C. "You will need to discuss this with the oncologist." NO; this is not responding to the patient's question and is not at his developmental level.
D. "You sound like you'd like to talk about it." YES; this is using probing to help the patient to dialogue.