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QUESTION 1

Accurate documentation of assessment findings regarding pressure ulcers is very important because _____.

- A. the law requires the nurse to document lesions
- B. the hospital requires the nurse to document lesions
- C. the physician requires the nurse to document lesions
- D. the nursing assessment of ulcers is a standard of nursing practice

Correct Answer: D

Documentation of assessments by the nurse promotes continuity of care and helps prevent further progression of the ulcer.

QUESTION 2

To remove a client's gown when she has an intravenous line, the nurse should _____.

- A. temporarily disconnect the intravenous tubing at a point close to the client and thread it through the gown
- B. cut the gown with scissors
- C. thread the bag and tubing through the gown sleeve, keeping the line intact
- D. temporarily disconnect the tubing from the intravenous container and thread it through the gown

Correct Answer: C

Threading the bag and tubing through the gown sleeve keeps the system intact.

Opening an intravenous line causes a break in a sterile system and introduces the potential for infection.

Cutting a gown off is not an alternative except in an emergency.

IV gowns, which open along sleeves, are widely available.

QUESTION 3

An LPN is having a serious discussion with a patient who is facing a major surgery. During their conversation, the LPN is careful to pause and allow for silence.

Which of these is the best reason for him to do this?

- A. It is designed to make sure the patient is actually paying attention.
- B. It gives the patient an opportunity to think about what is being discussed and ask related questions.

- C. It allows the patient to have a break from discussing such a serious topic.
- D. It allows the patient to write down questions he or she has for the doctor.

Correct Answer: B

QUESTION 4

When administering intravenous electrolyte solution, the nurse should take which of the following precautions?

- A. Infuse hypertonic solutions rapidly.
- B. Mix no more than 80 mEq of potassium per liter of fluid.
- C. Prevent infiltration of calcium, which causes tissue necrosis and sloughing.
- D. As appropriate, reevaluate the client's digitalis dosage. He might need an increased dosage because IV calcium diminishes digitalis's action.

Correct Answer: C

Preventing tissue infiltration is important to avoid tissue necrosis. To infuse hypertonic solutions rapidly is incorrect because hypertonic solutions should be infused cautiously and checked with the RN if there is a concern. To mix no more than 80 mEq of potassium per liter of fluid is incorrect because potassium, mixed in the pharmacy per physician order, is mixed at a concentration no higher than 60 mEq/L.

QUESTION 5

What are the implications for a client with renal insufficiency who wants to start a low-carbohydrate (CHO) diet?

- A. As long as the client eats a minimum of 30g of CHO/day, there should be no problem.
- B. The client's clinical condition is a contraindication to starting a low CHO diet.
- C. Calcium supplements should be utilized to prevent the development of osteoporosis while on a low CHO diet.
- D. As long as the client eats foods that are high biologic protein sources, a low CHO diet can be followed.

Correct Answer: B

A client with renal insufficiency should not start a low CHO diet because it could result in an increased renal solute load. Clients who have renal disease (renal failure, endstage renal disease [ESRD], dialysis, and transplant) or liver disease (liver failure, hepatic encephalopathy, cirrhosis, transplant, and hepatitis) require some form of protein control in dietary patterns to prevent complications from an inability to handle protein solute load. Proteins used in the diet must be of high biologic value, and protein intake is usually weight based, starting at 0.8 g/kg of dry weight, depending on the client's underlying clinical condition.

Protein levels may be increased as necessary to account for metabolic response to dialysis and

regeneration of liver tissue (1.5?0 g/kg/day). A minimum level of CHOs are needed in the diet (50?00 g/day) to spare protein.

Vitamin and mineral supplements might be indicated with clients who have liver failure.

The dietician is instrumental in calculating specific nutrient requirements for these clients and reviewing fluid intake and output, medication profile, and daily weight to monitor client outcomes in conjunction with dialysis technicians and nurses.

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