NCLEX Emergency Nursing Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://nclexemergencynursing.examzify.com

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Which patient factor on the telemetry floor indicates the highest risk for sudden cardiac death based on the described scenario?**

   A. Uncontrolled atrial fibrillation at a rapid rate.

   B. Symptomatic sinus bradycardia with a pacemaker.

   C. Multifocal premature ventricular contractions.

   D. Supraventricular tachycardia at a rate of 110 bpm.

2. **Which statement explains why defibrillation should occur as early as possible during a cardiac arrest?**

   A. It will reduce gastric distention during ventilation.

   B. It will immediately restore consciousness.

   C. It will increase the chance of successful resuscitation.

   D. It will decrease the risk of infection.

3. **Which telemetry patient is most at risk for sudden cardiac death?**

   A. The client with uncontrolled Atrial Fibrillation at 136 bpm.

   B. The client with symptomatic sinus bradycardia who has a pacemaker.

   C. The client with multifocal premature ventricular contractions.

   D. The client with Supraventricular Tachycardia at 110 bpm.

4. **Which action demonstrates proper biosafety handling of a urine specimen in a healthcare setting?**

   A. Place the urine specimen in a biohazard bag.

   B. Place the urine specimen in a hallway.

   C. Place the urine specimen in a regular trash bag.

   D. Leave the specimen on the patient's bedside.

5. **Which action during a code is considered outside the core five team roles, requiring separate attention from the supervisor?**

   A. Crowd control.

   B. Compression.

   C. Ventilation.

   D. Documentation.

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6. Which practice best aligns with safe cross-training in ED and ICU settings?

A. Immediate assignment to ICU without orientation

B. Full ED orientation before any ICU patient load

C. No cross-training at all

D. Only senior nurses cross-train

7. The client diagnosed with septic shock has an elevated temperature, a BP of 110/70, and a high cardiac output with systemic vasodilation. Which phase of septic shock is the client experiencing?

A. Hypodynamic phase.

B. Compensatory phase.

C. Hyperdynamic phase.

D. Progressive phase.

8. Which option best supports safe cross-training for ICU without compromising ED operations?

A. The nurse who has floated between ED and ICU

B. The orienting ED nurse

C. The nurse who would like to cross-train but has not oriented

D. The nurse who is not interested in ICU

9. A client has ingested a corrosive solution containing lye. Which intervention should the nurse implement first?

A. Monitor the client's neurological status

B. Insert a nasogastric (NG) tube in the client's nares.

C. Assess for the client's ability to breathe.

D. Administer milk to dilute the corrosive solution.

10. Which statement indicates understanding about carbon monoxide poisoning?

A. I should install smoke detectors in my home.

B. Carbon monoxide will make you sick but it is not lethal.

C. You can smell carbon monoxide, so it is easy to detect.

D. I should have my furnace checked for leaks before turning it on.

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Answers

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1. C
2. C
3. C
4. A
5. A
6. B
7. C
8. A
9. C
10. D

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Explanations

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1. Which patient factor on the telemetry floor indicates the highest risk for sudden cardiac death based on the described scenario?

A. Uncontrolled atrial fibrillation at a rapid rate.

B. Symptomatic sinus bradycardia with a pacemaker.

C. Multifocal premature ventricular contractions.

D. Supraventricular tachycardia at a rate of 110 bpm.

The key concept is recognizing ventricular electrical instability as a threat for sudden cardiac death on telemetry. When multiple ventricular ectopic foci are firing—multifocal premature ventricular contractions—it shows the ventricles are irritable from more than one site. That pattern strongly suggests a substrate for malignant ventricular arrhythmias, such as ventricular tachycardia or ventricular fibrillation, which are common causes of sudden death. In contrast, rapid atrial fibrillation, while it raises concerns like hemodynamic strain or stroke risk, does not carry the same imminent risk of sudden death as a ventricular rhythm problem. Symptomatic sinus bradycardia with a pacemaker points to a conduction/pace-related issue that's managed with pacing and isn't typically a direct predictor of sudden death. Supraventricular tachycardia at 110 bpm is uncomfortable and can cause symptoms, but SVT originates above the ventricles and is less likely to lead to sudden death on its own. Thus, multifocal PVCs best indicate the highest risk for sudden cardiac death in this telemetry scenario.

2. Which statement explains why defibrillation should occur as early as possible during a cardiac arrest?

A. It will reduce gastric distention during ventilation.

B. It will immediately restore consciousness.

C. It will increase the chance of successful resuscitation.

D. It will decrease the risk of infection.

Early defibrillation is essential because it targets the heart's most dangerous rhythm—ventricular fibrillation or pulseless ventricular tachycardia—by stopping the chaotic electrical activity so the heart can resume an organized rhythm and perfusion. The sooner a shock is delivered, the higher the chance of return of spontaneous circulation and overall successful resuscitation, since each minute without a shock reduces survival chances. The other statements don't address why the timing matters: defibrillation doesn't directly reduce gastric distention, instantly restore consciousness, or prevent infection. Consciousness may not return immediately even after circulation is restored, once perfusion to the brain resumes.

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3. Which telemetry patient is most at risk for sudden cardiac death?

A. The client with uncontrolled Atrial Fibrillation at 136 bpm.

B. The client with symptomatic sinus bradycardia who has a pacemaker.

C. The client with multifocal premature ventricular contractions.

D. The client with Supraventricular Tachycardia at 110 bpm.

The key idea is ventricular irritability leading to malignant rhythms. Multifocal premature ventricular contractions mean there are multiple ventricular escape sites firing ectopically. That signals a myocardium that's highly irritable and capable of degenerating into dangerous rhythms such as ventricular tachycardia or ventricular fibrillation. Because several foci raise the likelihood of an impulse triggering a rapid or chaotic ventricular rhythm, this pattern carries the greatest potential for sudden cardiac death among the options. In comparison, uncontrolled atrial fibrillation at a high rate is serious and requires urgent rate and rhythm management, but it does not inherently carry the same immediate risk of a rapid ventricular death rhythm unless the situation worsens. A symptomatic sinus bradycardia with a pacemaker is protected by pacing, reducing risk. Supraventricular tachycardia at a moderate rate is usually stable and far less likely to precipitate sudden death than multifocal PVCs, unless there are other compromising factors. If you see multifocal PVCs on telemetry, investigate reversible causes (electrolyte imbalances, ischemia, hypoxia), ensure the patient is hemodynamically stable, and prepare for potential advanced arrhythmia management.

4. Which action demonstrates proper biosafety handling of a urine specimen in a healthcare setting?

A. Place the urine specimen in a biohazard bag.

B. Place the urine specimen in a hallway.

C. Place the urine specimen in a regular trash bag.

D. Leave the specimen on the patient's bedside.

Handling a urine specimen with proper biosafety containment is essential to prevent exposure and environmental contamination. The correct approach is to seal the specimen in a leak-proof container and place it in a biohazard bag for transport to the laboratory. The biohazard bag is specifically designed to contain any leaks and to ensure proper handling and disposal, protecting staff and others from potential infectious material. Placing the specimen in a hallway, in a regular trash bag, or leaving it at the patient's bedside does not provide adequate containment and increases the risk of spills, exposure, and improper waste management. Always follow standard precautions and use appropriate containment to keep both healthcare workers and the environment safe.

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5. Which action during a code is considered outside the core five team roles, requiring separate attention from the supervisor?

A. Crowd control.

B. Compression.

C. Ventilation.

D. Documentation.

During a code, the team concentrates on five critical clinical actions: maintaining a patent airway with effective ventilation, delivering high-quality chest compressions, performing defibrillation when indicated, administering prescribed medications, and documenting the event. Crowd control is not part of these patient-care interventions; it involves managing bystanders, keeping the area clear, and ensuring access and safety for responders. This nonclinical responsibility is best handled by the supervisor or a designated support role so clinicians can focus on life-saving actions without interference. Therefore, crowd control is the task that sits outside the core clinical duties and requires separate attention from the supervisor.

6. Which practice best aligns with safe cross-training in ED and ICU settings?

A. Immediate assignment to ICU without orientation

B. Full ED orientation before any ICU patient load

C. No cross-training at all

D. Only senior nurses cross-train

Safe cross-training in ED and ICU settings hinges on a structured orientation before handling ICU patients. Providing a full ED orientation to ICU protocols, equipment, monitoring systems, medication infusions, infection-control practices, line care, and escalation procedures builds a solid foundation. This preparation helps staff recognize early signs of deterioration, use ICU devices correctly (such as ventilators and vasoactive drips), and work within the unit's teamwork and communication rhythms. Without that orientation, the risk of errors increases—misinterpreting alarms, incorrect device settings, improper line care, or delays in escalating care can all harm patients. This approach also supports safer, more consistent care and helps validate competency through supervised practice, so staff are confident and capable before caring for the full ICU patient load. Relying solely on immediate ICU assignment without orientation, or restricting cross-training to only the most senior staff, can leave gaps in knowledge, create safety risks, and limit how effectively teams function under high-acuity pressure.

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7. The client diagnosed with septic shock has an elevated temperature, a BP of 110/70, and a high cardiac output with systemic vasodilation. Which phase of septic shock is the client experiencing?

A. Hypodynamic phase.

B. Compensatory phase.

C. Hyperdynamic phase.

D. Progressive phase.

In septic shock, an early vasodilatory response produces a hyperdynamic, or warm, phase. Here the inflammatory mediators cause systemic vasodilation, which lowers afterload, and the heart compensates by increasing output. That combination leads to a high cardiac output with warm, flushed extremities and often a blood pressure that can be normal or only mildly reduced. The fever supports an infectious etiology, and the normal-to-high blood pressure alongside the elevated cardiac output and systemic vasodilation fits this initial hyperdynamic state. If this process worsens, the patient can progress to the hypodynamic phase, where the heart can fail to maintain adequate output, resulting in low blood pressure, cool extremities, and poor perfusion. A progressive phase follows with worsening organ dysfunction despite resuscitation. But the described pattern—fever with high cardiac output and vasodilation and a BP that is not severely low—best corresponds to the hyperdynamic phase.

8. Which option best supports safe cross-training for ICU without compromising ED operations?

A. The nurse who has floated between ED and ICU

B. The orienting ED nurse

C. The nurse who would like to cross-train but has not oriented

D. The nurse who is not interested in ICU

Safe cross-training hinges on choosing someone who already understands both environments—the flow, the handoffs, and the realities of ED throughput versus ICU acuity. The nurse who has floated between the ED and the ICU brings firsthand experience from both sides, so they can move smoothly between units, anticipate what each setting requires, and communicate effectively with teams. This dual exposure helps maintain patient safety during transitions, keeps ED throughput from stalling, and allows ICU skills to be applied without delaying urgent ED care. Their familiarity with equipment, escalation pathways, and prioritization across both areas makes them the most reliable option for expanding cross-training without compromising operations. An ED nurse who is still orienting hasn't completed the necessary training to take on ICU duties safely, a risk to patients and to ED flow. A nurse who wants to cross-train but hasn't oriented hasn't demonstrated readiness, which could slow learning and affect care. A nurse not interested in ICU is unlikely to engage fully or perform consistently at the required level.

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9. A client has ingested a corrosive solution containing lye. Which intervention should the nurse implement first?

A. Monitor the client's neurological status

B. Insert a nasogastric (NG) tube in the client's nares.

C. Assess for the client's ability to breathe.

D. Administer milk to dilute the corrosive solution.

The most important thing here is ensuring the client can breathe. Ingestion of a caustic substance like lye can rapidly irritate and swell the oropharyngeal and laryngeal tissues, leading to airway obstruction. The nurse should quickly assess respiratory status—watch for effort, rate, stridor, use of accessory muscles, and oxygen saturation—and be prepared to secure the airway if there are signs of compromise. Providing oxygen and having equipment ready for intubation if needed takes priority before any other interventions. Giving milk to dilute the caustic solution isn't recommended because it can provoke vomiting and increase the risk of aspiration, and it does not prevent tissue injury. Inserting an NG tube early is risky due to potential esophageal or gastric perforation and can worsen injury; it's not performed before airway stabilization. Monitoring neurological status is important, but it does not address the immediate threat to life posed by possible airway compromise.

10. Which statement indicates understanding about carbon monoxide poisoning?

A. I should install smoke detectors in my home.

B. Carbon monoxide will make you sick but it is not lethal.

C. You can smell carbon monoxide, so it is easy to detect.

D. I should have my furnace checked for leaks before turning it on.

Carbon monoxide poisoning is a hidden danger because CO is odorless, colorless, and can cause severe illness or death without warning. The best way to show understanding is to focus on preventing exposure by ensuring the heating system is safe before use. Having the furnace checked for leaks before turning it on directly addresses the source of potential CO production, reducing the risk of an unseen leak releasing CO into the home. This proactive step shows you recognize that prevention hinges on proper equipment maintenance rather than relying on senses or on detectors alone. In contrast, assuming you can smell CO is unreliable, since CO has no smell; and while smoke detectors help with fires, they do not reliably detect CO leaks unless they are CO detectors. CO can be lethal even at low levels, so maintenance before use is the most protective and directly relevant understanding.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexemergencynursing.examzify.com

We wish you the very best on your exam journey. You've got this!

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