

NCLEX PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nclex.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

SAMPLE

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.

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!

Questions

SAMPLE

- 1. What is the most appropriate intervention when the client's spouse insists on coming into the room during resuscitation efforts?**
 - A. Allow the spouse into the room and provide a chair
 - B. Call the chaplain to sit with the spouse outside the room
 - C. Have the unit secretary escort the spouse to the waiting room
 - D. Tell the spouse that the resuscitation is too graphic to be witnessed

- 2. A client with diabetes had a percutaneous coronary intervention with stent placement via the left femoral artery 3 hours ago. Which assessment finding requires priority notification of the health care provider?**
 - A. 1+ palpable pedal pulses bilaterally
 - B. 2-cm area of ecchymosis in the left groin
 - C. Angina rated as 4 on pain scale of 0-10
 - D. Blood glucose of 220 mg/dL (12.2 mmol/L)

- 3. The nurse on the antepartum unit is performing shift assessments of several pregnant clients. Which client assessment is the priority to report to the health care provider?**
 - A. Client with gestational diabetes mellitus reporting dysuria
 - B. Client with hyperemesis gravidarum with a blood pressure of 90/48 mm Hg
 - C. Client with oligohydramnios and a reactive fetal nonstress test
 - D. Client with preeclampsia with 3+ reflexes and 2 beats of clonus

- 4. What is the first-line treatment for anaphylaxis?**
 - A. Antihistamine
 - B. Corticosteroids
 - C. Intravenous fluids
 - D. Epinephrine

- 5. Which step comes immediately after using the dominant hand to clean during the insertion of an indwelling urinary catheter?**
 - A. Advance catheter and inflate balloon
 - B. Use dominant hand to insert catheter
 - C. Use non-dominant hand to grasp penis
 - D. Verify balloon inflation

- 6. What should a nurse assess first when dealing with a patient after surgery?**
- A. Pain level
 - B. Breathing status
 - C. Wound condition
 - D. Mobility
- 7. Which client statement best indicates that the client being treated for depression and suicidal ideation is not currently at risk for suicide?**
- A. "I lost my imipramine prescription. Could I have a refill?"
 - B. "I plan to attend my granddaughter's graduation next month."
 - C. "I seem to have a lot more energy since I started therapy."
 - D. "I will sign a 'no-suicide' contract at today's appointment."
- 8. What are the appropriate nursing interventions related to the administration of potassium chloride through a peripherally inserted IV line? Select all that apply.**
- A. Administer as IV bolus
 - B. Assess IV site frequently
 - C. Assess renal function laboratory results and urine output
 - D. Place client on cardiac monitor
 - E. Verify that IV pump infusion is not >10 mEq/hr (10 mmol/hr)
- 9. What does the "R" in the "RICE" method stand for when treating soft tissue injuries?**
- A. Rehabilitation
 - B. Rest
 - C. Recovery
 - D. Reinforcement

10. Which client should the nurse call back first in an ambulatory surgery center?

- A. Client who had a colonoscopy with polypectomy who reports abdominal cramping and a small amount of rectal bleeding
- B. Client who had a lumbar laminectomy with spinal fusion 3 days ago who reports straining to have a bowel movement
- C. Client who underwent laparoscopic inguinal hernia repair yesterday who reports difficulty urinating
- D. Client who underwent placement of an arteriovenous graft who reports a temperature of 100.9 F (38.3 C)

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the most appropriate intervention when the client's spouse insists on coming into the room during resuscitation efforts?

- A. Allow the spouse into the room and provide a chair**
- B. Call the chaplain to sit with the spouse outside the room
- C. Have the unit secretary escort the spouse to the waiting room
- D. Tell the spouse that the resuscitation is too graphic to be witnessed

Allowing the spouse into the room and providing a chair is the most appropriate intervention because it takes into consideration the emotional needs of the spouse while also allowing them to be present and supportive during the resuscitation process. It shows compassion and respect for the spouse's feelings and allows them to be physically close to their loved one. Calling the chaplain or having the unit secretary escort the spouse to the waiting room may be viewed as dismissive or insensitive to the spouse's emotional needs. Telling the spouse that the resuscitation is too graphic may cause additional distress and is not the most compassionate approach.

2. A client with diabetes had a percutaneous coronary intervention with stent placement via the left femoral artery 3 hours ago. Which assessment finding requires priority notification of the health care provider?

- A. 1+ palpable pedal pulses bilaterally**
- B. 2-cm area of ecchymosis in the left groin
- C. Angina rated as 4 on pain scale of 0-10
- D. Blood glucose of 220 mg/dL (12.2 mmol/L)

The assessment finding that requires priority notification of the health care provider is angina rated as a 4 on a pain scale of 0-10. This level of pain suggests significant discomfort and potentially indicates that the client may be experiencing cardiac complications post-procedure, such as stent thrombosis or myocardial ischemia. Given that the client has a history of diabetes and has undergone a recent coronary intervention, any report of angina is concerning and necessitates immediate evaluation and intervention. While bilateral palpable pedal pulses may indicate a degree of blood flow, they can still be present at a reduced quality without indicating significant compromise. A 2-cm area of ecchymosis is also not uncommon after a procedure involving the femoral artery and, while it should be monitored for changes, it does not require immediate action compared to symptoms of angina. A blood glucose level of 220 mg/dL may be elevated for a diabetic client but typically does not pose an urgent threat compared to acute cardiac symptoms. Thus, the presence of significant angina is the most critical finding that warrants prompt attention from the healthcare provider.

3. The nurse on the antepartum unit is performing shift assessments of several pregnant clients. Which client assessment is the priority to report to the health care provider?

- A. Client with gestational diabetes mellitus reporting dysuria
- B. Client with hyperemesis gravidarum with a blood pressure of 90/48 mm Hg
- C. Client with oligohydramnios and a reactive fetal nonstress test
- D. Client with preeclampsia with 3+ reflexes and 2 beats of clonus

The priority assessment to report to the health care provider in this scenario is the client with hyperemesis gravidarum presenting with a blood pressure of 90/48 mm Hg. In the context of pregnancy complications, hyperemesis gravidarum is characterized by severe nausea and vomiting that can lead to dehydration and significant electrolyte imbalances. A blood pressure of 90/48 mm Hg indicates hypotension, which can suggest that the client may be facing a significant fluid deficit or other complications related to hyperemesis gravidarum. This hypotension could lead to serious concerns for maternal and fetal well-being, warranting immediate evaluation and possible intervention by the health care provider. The other assessments, while important, do not indicate an immediate threat that requires urgent reporting. The client with gestational diabetes reporting dysuria should certainly be assessed for a urinary tract infection, as this could have implications for both maternal and fetal health, but it is not as acute as hypotension from hyperemesis. The client with oligohydramnios and a reactive fetal nonstress test indicates that fetal well-being is stable, and while ongoing monitoring may be needed, it does not pose an immediate risk. Lastly, the client with preeclampsia showing 3

4. What is the first-line treatment for anaphylaxis?

- A. Antihistamine
- B. Corticosteroids
- C. Intravenous fluids
- D. Epinephrine

Epinephrine is considered the first-line treatment for anaphylaxis due to its rapid and effective action in counteracting the severe symptoms associated with this life-threatening allergic reaction. It works by causing vasoconstriction, which increases blood pressure, and by bronchodilation, which improves breathing by opening the airways. Additionally, epinephrine reduces vascular permeability and inhibits the release of additional mediators from mast cells and basophils, effectively managing the acute response. In emergency settings, timely administration of epinephrine is crucial because anaphylaxis can progress rapidly, leading to cardiovascular collapse or respiratory failure. Other treatments, such as antihistamines, corticosteroids, and intravenous fluids, may play supportive roles in the management of anaphylaxis but do not address the immediate life-threatening symptoms as quickly or effectively as epinephrine does.

5. Which step comes immediately after using the dominant hand to clean during the insertion of an indwelling urinary catheter?

- A. Advance catheter and inflate balloon**
- B. Use dominant hand to insert catheter
- C. Use non-dominant hand to grasp penis
- D. Verify balloon inflation

After using the dominant hand to clean during the insertion of an indwelling urinary catheter, the next step is to advance the catheter and inflate the balloon. This step is crucial as it helps ensure that the catheter is inserted correctly into the bladder and the balloon is inflated to secure the catheter in place. By advancing the catheter and inflating the balloon in this sequence, the healthcare provider can minimize the risk of complications such as urinary tract infections and ensure proper drainage of urine from the bladder. Using the dominant hand to insert the catheter (Option B) is incorrect as the catheter should first be advanced and the balloon inflated before insertion. Using the non-dominant hand to grasp the penis (Option C) occurs earlier in the process when preparing the patient for catheter insertion. Verifying balloon inflation (Option D) should be done after completing the insertion of the catheter and inflating the balloon.

6. What should a nurse assess first when dealing with a patient after surgery?

- A. Pain level
- B. Breathing status**
- C. Wound condition
- D. Mobility

When caring for a patient after surgery, assessing breathing status is crucial. After surgery, especially if general anesthesia was used, patients are at risk for respiratory complications such as airway obstruction, hypoventilation, or pulmonary embolism. Ensuring that the patient is breathing adequately and that their oxygen saturation levels are within normal limits is the priority. This assessment can guide further interventions, such as repositioning the patient, providing supplemental oxygen, or stimulating the patient to encourage deeper breathing. While evaluating pain level, wound condition, and mobility are also important considerations in postoperative care, they come after ensuring the airway is patent and the patient is breathing effectively. Compromised respiratory function can lead to serious complications, making it essential to address this first.

7. Which client statement best indicates that the client being treated for depression and suicidal ideation is not currently at risk for suicide?

- A. "I lost my imipramine prescription. Could I have a refill?"**
- B. "I plan to attend my granddaughter's graduation next month."
- C. "I seem to have a lot more energy since I started therapy."
- D. "I will sign a 'no-suicide' contract at today's appointment."

The statement that best indicates the client is currently not at risk for suicide is that they plan to attend their granddaughter's graduation next month. This reveals a future orientation and a potential motivation to continue living, as planning for significant life events is often associated with improved mood and a sense of purpose. When clients express interest in upcoming events or relationships, it can signify hope and an investment in their future, both of which are important when assessing suicide risk. While other statements may show various aspects of the client's state, they do not convey the same level of engagement with future possibilities. For instance, asking for a prescription refill may simply indicate a need for medication without providing insight into the client's overall mental state. Notably, expressing increased energy or the willingness to sign a "no-suicide" contract might suggest some positive changes, but these do not explicitly reflect a commitment to life or personal connection to future experiences, as the graduation statement does.

8. What are the appropriate nursing interventions related to the administration of potassium chloride through a peripherally inserted IV line? Select all that apply.

A. Administer as IV bolus

B. Assess IV site frequently

C. Assess renal function laboratory results and urine output

D. Place client on cardiac monitor

E. Verify that IV pump infusion is not >10 mEq/hr (10 mmol/hr)

The suitable nursing interventions related to the administration of potassium chloride through a peripherally inserted IV line focus on ensuring patient safety and effective medication delivery. Administering potassium chloride as an IV bolus is not safe, as this can lead to rapid infusion and a risk of hyperkalemia or other cardiac complications. Potassium chloride should usually be administered slowly, typically via an infusion pump, to avoid these severe risks. This clarifies why only careful monitoring, assessment, and adherence to safe administration practices are crucial. Frequent assessments of the IV site help identify any complications such as infiltration or phlebitis early. Monitoring is essential given that potassium administration can irritate veins, and recognizing adverse reactions is vital to patient safety. Evaluating renal function laboratory results and urine output is necessary because potassium is primarily excreted through the kidneys. If renal function is impaired, potassium levels can rise significantly, leading to dangerous cardiac issues. This monitoring ensures that the patient can adequately excrete the potassium being administered. Placing the client on a cardiac monitor is also crucial when administering potassium chloride. Since changes in potassium levels can affect cardiac function, continuous cardiac monitoring allows for prompt detection of any arrhythmias or changes in the heart rhythm that may occur due to fluctuations

9. What does the "R" in the "RICE" method stand for when treating soft tissue injuries?

A. Rehabilitation

B. Rest

C. Recovery

D. Reinforcement

The "R" in the "RICE" method stands for "Rest." This initial treatment strategy is crucial for managing soft tissue injuries, such as sprains and strains. Resting the injured area helps prevent further damage and allows the body to begin the healing process. By avoiding activities that stress the affected tissue, the body can focus on recovery without additional strain, which might lead to prolonged healing times or worsening of the injury. Resting is typically recommended for a period of time that allows for inflammation to decrease and helps facilitate proper healing before gradually introducing movement and rehabilitation exercises. The "RICE" method also includes Ice, Compression, and Elevation, each of which plays a supportive role in reducing swelling and pain but starts with this essential first step of rest.

10. Which client should the nurse call back first in an ambulatory surgery center?

- A. Client who had a colonoscopy with polypectomy who reports abdominal cramping and a small amount of rectal bleeding**
- B. Client who had a lumbar laminectomy with spinal fusion 3 days ago who reports straining to have a bowel movement
- C. Client who underwent laparoscopic inguinal hernia repair yesterday who reports difficulty urinating
- D. Client who underwent placement of an arteriovenous graft who reports a temperature of 100.9 F (38.3 C)

The client who underwent placement of an arteriovenous graft and reports a temperature of 100.9 F (38.3 C) should be prioritized for a callback. This client may be exhibiting signs of an infection, as a fever can indicate an inflammatory or infectious process, especially following a surgical procedure related to vascular access. Prompt assessment and intervention are critical to prevent potential complications related to infection. In an ambulatory surgery center, this situation presents a more urgent concern than the other scenarios. While abdominal cramping and rectal bleeding after a colonoscopy with polypectomy can be common and might not require immediate attention, it is essential to monitor those symptoms closely after the procedure. Additionally, straining to have a bowel movement post-surgery could indicate constipation, which may require management but is not immediately life-threatening. Lastly, difficulty urinating after laparoscopic inguinal hernia repair may warrant attention and evaluation but is often seen within a reasonable range of postoperative discomfort. Therefore, the presence of a fever in the client with the arteriovenous graft necessitates faster intervention to rule out serious complications, making this client the priority for follow-up.

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://nclex.examzify.com>

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

SAMPLE