NCLEX Prioritization, Delegation, and Assignment 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://nclexpriodelegationassignment.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 19

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. **Which statement best describes the long-term measure of glycemic control?**
   - A. It reflects average glucose over 120 days
   - B. It reflects day-to-day glucose fluctuations
   - C. It is the fastest indicator of control
   - D. It is used to diagnose type 1 diabetes

2. **A patient is being admitted to rule out interstitial cystitis. What should your plan of care for this patient include?**
   - A. Take daily urine samples for urinalysis
   - B. Maintain accurate intake and output records
   - C. Obtain an admission urine sample to determine electrolyte levels
   - D. Teach the patient about the cystoscopy procedure.

3. **Before knee arthroscopy, which complete blood count value is most important to report to the physician?**
   - A. White blood cell count 16,000/mm3
   - B. Hematocrit 33%
   - C. Hemoglobin 10.9 g/dL
   - D. Platelet count 426,000/mm3

4. **Why is it not appropriate to immediately link the trauma to the patient’s sudden blindness in conversion disorder?**
   - A. It would be helpful to make that link now.
   - B. It may increase distress by focusing on the trauma too soon.
   - C. It would prevent recovery from the condition.
   - D. It is always accurate to link trauma to symptoms.

5. **Which finding in a patient taking an ACE inhibitor during a home visit would prompt you to contact the provider about changing therapy?**
   - A. Frequent urination
   - B. Blood pressure 138/86
   - C. Persistent cough
   - D. Dizziness sometimes

SAMPLE

6. **You are working with a student nurse to care for an HIV-positive patient with severe esophagitis caused by Candida albicans. Which action by the student indicates that you need to intervene most quickly?**
   - A. Putting on a mask and gown before entering the patient's room
   - B. Giving the patient a glass of water after administering the ordered oral nystatin (Mycostatin) suspension
   - C. Suggesting that the patient should order chile con carne or chicken soup for the next meal
   - D. Placing a "No Visitors" sign on the door of the patient's room

7. **A 30-year-old woman with type 1 diabetes mellitus comes to the clinic for preconception care. What is the priority education for her at this time?**
   - A. Her insulin requirements will likely increase during the second and third trimesters of pregnancy.
   - B. Infants of diabetic mothers can be macrosomic, which can result in more difficult delivery and higher likelihood of cesarean section.
   - C. Breast feeding is highly recommended, and insulin use is not a contraindication.
   - D. Achievement of optimal glycemic control at this time is of utmost importance in preventing congenital anomalies.

8. **The nursing care plan for the client with dehydration includes interventions for oral health. Which intervention is outside the scope of practice for an LPN/LVN being supervised by a nurse?**
   - A. Reminding the client to avoid commercial mouthwashes
   - B. Encouraging mouth rinsing with warm saline
   - C. Observing the lips, tongue, and mucous membranes
   - D. Initiating a dietary consult to increase fluids on meal trays

SAMPLE

9. During a sterile dressing change for a client with infected deep partial-thickness burns of the chest and abdomen, arrange the steps in the correct order: 1. Apply silver sulfadiazine (Silvadene) ointment. 2. Obtain specimens for aerobic and anaerobic wound cultures. 3. Administer morphine sulfate 10 mg IV. 4. Debride the wound of eschar using gauze sponges. 5. Cover the wound with a sterile gauze dressing.

- **A. 3, 4, 2, 1, 5**
- **B. 4, 3, 2, 1, 5**
- **C. 3, 2, 4, 1, 5**
- **D. 3, 4, 1, 2, 5**

10. You have just received a change-of-shift report for the burn unit. Which client should you assess first?

- **A. Client with deep partial-thickness burns on both legs who reports severe and continuous leg pain**
- **B. Client who has just arrived from the emergency department with facial burns sustained in a house fire**
- **C. Client who has just been transferred from the postanesthesia care unit after having skin grafts applied to the anterior chest**
- **D. Client admitted 3 weeks ago with full-thickness leg and buttock burns who has been waiting for 3 hours to receive discharge teaching**

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement best describes the long-term measure of glycemic control?

A. It reflects average glucose over 120 days

B. It reflects day-to-day glucose fluctuations

C. It is the fastest indicator of control

D. It is used to diagnose type 1 diabetes

The main idea is that long-term glycemic control is shown by an indicator that reflects average glucose over several months. This is HbA1c, which forms when glucose attaches to hemoglobin in red blood cells. Since red blood cells live about 120 days, the HbA1c level provides an integrated picture of average blood glucose over roughly the past 3–4 months. It smooths out day-to-day ups and downs and gives a sense of overall control, not the immediate glucose value you'd see on a fingerstick or a continuous glucose monitor. The fastest indicator of control comes from a current glucose reading, not the long-term average. And diagnosing type 1 diabetes relies on autoimmune markers and glucose criteria, not on the long-term average HbA1c alone. So, the statement that it reflects average glucose over about 120 days best describes this long-term measure.

2. A patient is being admitted to rule out interstitial cystitis. What should your plan of care for this patient include?

A. Take daily urine samples for urinalysis

B. Maintain accurate intake and output records

C. Obtain an admission urine sample to determine electrolyte levels

D. Teach the patient about the cystoscopy procedure.

The main concept is that diagnosing interstitial cystitis often relies on procedures that visualize the bladder and exclude other causes, so educating the patient about the cystoscopy is essential. Cystoscopy allows direct inspection of the bladder lining and may be done with hydrodistention to identify mucosal changes or other pathologies, helping to confirm IC once other conditions have been ruled out. Providing thorough preprocedure teaching helps the patient understand what will happen, why the procedure is being done, what kind of anesthesia or sedation might be used, and the potential risks such as bleeding or infection. It also prepares the patient for postprocedure care, including expected short-term urinary symptoms and the need for adequate hydration and follow-up. While routine urinalysis and intake/output monitoring are part of general admission care, they do not directly advance ruling out IC. An admission urine sample aimed at electrolyte levels isn't aligned with the diagnostic goal in this context. Focusing on education about the cystoscopy directly supports the diagnostic plan for interstitial cystitis.

SAMPLE

3. Before knee arthroscopy, which complete blood count value is most important to report to the physician?

A. White blood cell count 16,000/mm3

B. Hematocrit 33%

C. Hemoglobin 10.9 g/dL

D. Platelet count 426,000/mm3

Leukocytosis signals a possible infection or inflammatory process. Before knee arthroscopy, active infection anywhere raises the risk of postoperative wound infection, septic complications, and poor outcomes, so the surgeon would want to know about it and may delay the procedure or treat the infection first. A white blood cell count of 16,000/mm3 is clearly above normal and warrants prompt clinical assessment. The other values are less urgent in this context: a hematocrit of 33% and a hemoglobin of 10.9 g/dL indicate mild anemia but don't alone mandate canceling a relatively low-risk procedure; a platelet count of 426,000/mm3 is within or near normal limits and not an immediate surgical contraindication.

4. Why is it not appropriate to immediately link the trauma to the patient's sudden blindness in conversion disorder?

A. It would be helpful to make that link now.

B. It may increase distress by focusing on the trauma too soon.

C. It would prevent recovery from the condition.

D. It is always accurate to link trauma to symptoms.

The key idea is to prioritize stabilization and rapport rather than rushing to connect a traumatic event with the neurological symptom. In conversion disorder, symptoms like sudden blindness are real to the patient, but there isn't a recognizable neurological disease causing them. Early in treatment, it's important to validate the experience, explain that symptoms are real and treatable, and focus on reducing distress and improving functioning. If you push a trauma link too soon, it can heighten anxiety, trigger avoidance, and make the patient feel compelled to "explain away" the symptom, which can damage trust and hinder engagement in care. A supportive, nonjudgmental approach allows the patient to feel safe, and it sets the stage for exploring underlying stress or trauma later, as appropriate, within a therapeutic relationship. So, linking trauma immediately isn't appropriate because it can increase distress and undermine the therapeutic alliance, whereas a patient-centered, gradual exploration of factors is more likely to support recovery.

SAMPLE

5. Which finding in a patient taking an ACE inhibitor during a home visit would prompt you to contact the provider about changing therapy?

A. Frequent urination

B. Blood pressure 138/86

C. Persistent cough

D. Dizziness sometimes

ACE inhibitors can trigger a persistent cough for many patients due to bradykinin buildup. This cough is an intolerance/side effect rather than a sign of effective blood pressure control, and it can be bothersome enough to affect adherence. If a patient on an ACE inhibitor reports a chronic cough during a home visit, contacting the provider to discuss switching to a different class (often an ARB) is the appropriate step to relieve symptoms while maintaining BP management. In contrast, a blood pressure reading like 138/86 is generally acceptable for many adults and doesn't by itself require changing therapy. Dizziness can occur with some regimens but isn't as specific or disruptive as a persistent cough. Frequent urination is not a typical adverse effect of ACE inhibitors alone and wouldn't alone prompt a change in therapy based on this drug class.

6. You are working with a student nurse to care for an HIV-positive patient with severe esophagitis caused by Candida albicans. Which action by the student indicates that you need to intervene most quickly?

A. Putting on a mask and gown before entering the patient's room

B. Giving the patient a glass of water after administering the ordered oral nystatin (Mycostatin) suspension

C. Suggesting that the patient should order chile con carne or chicken soup for the next meal

D. Placing a "No Visitors" sign on the door of the patient's room

In this scenario, the priority is to protect the inflamed esophageal mucosa and support the patient's ability to eat and stay hydrated while the antifungal therapy takes effect. Severe Candida esophagitis in an HIV-positive patient causes odynophagia (painful swallowing) and dysphagia, so anything that irritates the esophagus or worsens swallowing should be avoided. Suggesting that the patient order chile con carne or chicken soup introduces spicy, potentially acidic, and irritating foods. This can intensify pain, worsen swallowing difficulties, and reduce oral intake, which is especially risky in an immunocompromised patient who needs adequate nutrition to support recovery. A bland, soft, non-irritating diet is typically recommended to minimize irritation of the esophagus and aid comfort and nutrition. The other actions aren't addressing the esophageal inflammation in the same way. Standard precautions (mask and gown) aren't required solely by HIV infection in many settings, and placing a no-visitors sign isn't an immediate risk to the patient's current inflammatory condition. While correct administration technique for the antifungal is important (for example, not compromising contact time with the mucosa when giving nystatin), the direct, quickest safety concern here is avoiding a diet that worsens esophagitis.

SAMPLE

7. **A 30-year-old woman with type 1 diabetes mellitus comes to the clinic for preconception care. What is the priority education for her at this time?**

   A. **Her insulin requirements will likely increase during the second and third trimesters of pregnancy.**

   B. **Infants of diabetic mothers can be macrosomic, which can result in more difficult delivery and higher likelihood of cesarean section.**

   C. **Breast feeding is highly recommended, and insulin use is not a contraindication.**

   D. **Achievement of optimal glycemic control at this time is of utmost importance in preventing congenital anomalies.**

The key idea being tested is that insulin use is compatible with breastfeeding, and breastfeeding is strongly encouraged for a person with diabetes. This education is prioritized in preconception care because it directly informs plans after pregnancy and helps the patient feel confident about how to manage diabetes if and when she breastfeeds. Insulin does not pose a contraindication to breastfeeding, and continuing insulin therapy is safe for both mother and baby. This reassurance supports adherence to diabetes management and lactation plans, which is immediately useful information for someone planning pregnancy. While the other points about insulin needs increasing during later pregnancy, the risk of macrosomia, and the importance of achieving glycemic control to prevent congenital anomalies are all important, they are either more specifically tied to the actual pregnancy period or to outcomes that become the focus once pregnancy occurs.

SAMPLE

8. The nursing care plan for the client with dehydration includes interventions for oral health. Which intervention is outside the scope of practice for an LPN/LVN being supervised by a nurse?

A. Reminding the client to avoid commercial mouthwashes

B. Encouraging mouth rinsing with warm saline

C. Observing the lips, tongue, and mucous membranes

D. Initiating a dietary consult to increase fluids on meal trays

The key idea here is understanding what tasks an LPN/LVN can perform under supervision versus what requires a nurse or licensed provider to initiate. For dehydration with a focus on oral health, the hands-on, noninvasive tasks that involve education, monitoring, and simple care are within the LPN/LVN role when supervised. Reminding the client to avoid commercial mouthwashes and encouraging mouth rinsing with warm saline are teachable, routine actions that promote comfort and maintain oral moisture. They involve patient education and simple guidance, which the LPN/LVN can do under the supervising nurse's direction. Observing the lips, tongue, and mucous membranes is also within scope as part of ongoing assessment; the LPN/LVN can monitor for signs of dryness or dehydration and report findings promptly. Initiating a dietary consult to increase fluids on meal trays, however, goes beyond the LPN/LVN scope. This requires professional judgment to modify the care plan and arranging or initiating an interdisciplinary referral, which typically is the responsibility of the supervising nurse or the provider. The LPN/LVN can document the assessment and request the consult through the nurse, but they should not independently initiate the consult or alter the care plan. So, while oral hygiene reminders, saline rinses, and visual assessment of the oral cavity are appropriate tasks for an LPN/LVN under supervision, starting a dietary consult to increase fluids is outside their scope of practice.

SAMPLE

9. During a sterile dressing change for a client with infected deep partial-thickness burns of the chest and abdomen, arrange the steps in the correct order: 1. Apply silver sulfadiazine (Silvadene) ointment. 2. Obtain specimens for aerobic and anaerobic wound cultures. 3. Administer morphine sulfate 10 mg IV. 4. Debride the wound of eschar using gauze sponges. 5. Cover the wound with a sterile gauze dressing.

A. 3, 4, 2, 1, 5

B. 4, 3, 2, 1, 5

C. 3, 2, 4, 1, 5

D. 3, 4, 1, 2, 5

The main idea here is to prepare the wound in a way that is painful but safe for the patient, while also ensuring accurate diagnostic sampling before antimicrobial agents are applied. Start with analgesia so the patient can tolerate the procedure without guarding the area, which helps when performing a careful, thorough debridement. Then perform mechanical debridement to remove necrotic eschar and loosen debris; this step both reduces microbial load and exposes viable tissue for assessment and sampling. After the wound bed is prepared, obtain specimens for aerobic and anaerobic cultures from the wound to guide therapy—doing this before applying topical antimicrobial agents helps ensure the culture results aren't contaminated or inhibited by the agent. Once the cultures are drawn, apply the topical antimicrobial ointment (silver sulfadiazine) to provide antimicrobial coverage across the wound. Finally, cover the wound with a sterile gauze dressing to maintain a clean, protected environment and promote healing. Choosing a different order would compromise either pain control, wound bed preparation, or the accuracy of culture results—for example, applying the antimicrobial before obtaining cultures can alter or mask the organisms present, and performing debridement or cultures without analgesia can make the procedure unsafe or intolerable for the patient.

SAMPLE

10. You have just received a change-of-shift report for the burn unit. Which client should you assess first?

- **A. Client with deep partial-thickness burns on both legs who reports severe and continuous leg pain**
- **B. Client who has just arrived from the emergency department with facial burns sustained in a house fire**
- **C. Client who has just been transferred from the postanesthesia care unit after having skin grafts applied to the anterior chest**
- **D. Client admitted 3 weeks ago with full-thickness leg and buttock burns who has been waiting for 3 hours to receive discharge teaching**

Prioritizing airway safety is the most urgent step in burn patients. Facial burns from a house fire raise strong concern for inhalation injury and rapid airway edema, which can lead to airway obstruction in a short time. Assessing breathing and airway status first allows you to intervene early—consider administering high-flow oxygen and being prepared for possible intubation if signs of airway compromise appear (hoarseness, stridor, singed nasal hairs, carbonaceous sputum, voice changes, or increasing respiratory distress). The other clients, while important to care for, do not present an immediate threat to life in the moment. A patient with deep partial-thickness burns and severe leg pain needs pain control and wound care but is not at imminent risk of airway failure. A post-anesthesia care unit patient after skin grafts is typically stable from an airway standpoint but requires routine post-op monitoring. A patient hospitalized for weeks waiting for discharge teaching is not acutely at risk. Focusing first on airway ensures the most life-saving intervention is addressed before other care needs.

SAMPLE

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://nclexpriodelegationassignment.examzify.com

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

SAMPLE