

NCLEX REGISTERED NURSE (NCLEX-RN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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.

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

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- 1. In Diabetic Ketoacidosis (DKA), which electrolyte imbalance is most likely to be observed?**
 - A. Hyperkalemia
 - B. Hyponatremia
 - C. Hypokalemia
 - D. Hypomagnesemia
- 2. What is the therapeutic range for INR?**
 - A. 1.5-2.5
 - B. 2-3
 - C. 3-4
 - D. 4-5
- 3. What type of therapy is used to treat lead poisoning?**
 - A. Chelation therapy
 - B. Hormone therapy
 - C. Radiation therapy
 - D. Immunotherapy
- 4. What is the duration of Type R insulin?**
 - A. 2 hours
 - B. 4 hours
 - C. 6 hours
 - D. 12 hours
- 5. What is diabetes mellitus (DM) primarily characterized by?**
 - A. An excess of insulin production
 - B. An error in glucose metabolism
 - C. Fluid retention
 - D. Excessive protein consumption
- 6. What is the appropriate antidote for methanol poisoning?**
 - A. Folic acid
 - B. Fomepizole
 - C. Activated charcoal
 - D. Sodium bicarbonate

- 7. Which antidote is considered for high dose beta blocker toxicity?**
- A. Glucagon
 - B. Calcium gluconate
 - C. N-acetylcysteine
 - D. Flumazenil
- 8. What is unique about the peak of Lantus insulin?**
- A. It has a significant peak
 - B. It has no peak
 - C. It peaks at 1 hour
 - D. It peaks at 2 hours
- 9. How is the term "neologism" most commonly used in psychiatric evaluation?**
- A. As a sign of improvement
 - B. As a sign of cognitive clarity
 - C. To describe invented words
 - D. To describe word associations
- 10. What is the best way to teach a patient with functional psychosis about reality?**
- A. Set consequences for their delusions
 - B. Present reality in a positive and informative manner
 - C. Only focus on what is not real
 - D. Provide extensive medication education

Answers

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

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Explanations

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1. In Diabetic Ketoacidosis (DKA), which electrolyte imbalance is most likely to be observed?

- A. Hyperkalemia
- B. Hyponatremia**
- C. Hypokalemia
- D. Hypomagnesemia

In Diabetic Ketoacidosis (DKA), hyperkalemia is most likely to be observed. When a patient experiences DKA, the body undergoes significant metabolic changes, leading to an increased production of ketones and acidosis. This acidosis causes the body to shift potassium from the intracellular space to the extracellular space in an effort to maintain acid-base balance. As a result, serum potassium levels may rise, resulting in hyperkalemia. This shift occurs even as the total body potassium may be depleted, due to renal losses and inadequate intake as the patient may not have been eating properly prior to DKA. Therefore, recognizing that despite elevated serum potassium levels, the patient might still be hypokalemic overall is crucial. In contrast, hyponatremia is typically not characteristic of DKA and can occur due to dehydration but does not directly correlate with the pathophysiology of DKA itself, which often presents with hyponatremia due to osmotic shift of water into the extracellular space. Hypokalemia would indicate a significantly different metabolic status, generally not aligning with the high potassium levels observed in DKA. Hypomagnesemia may indeed be seen in various conditions, but it is not the most pronounced or characteristic electrolyte disturbance in

2. What is the therapeutic range for INR?

- A. 1.5-2.5
- B. 2-3**
- C. 3-4
- D. 4-5

The therapeutic range for the International Normalized Ratio (INR) typically falls between 2 and 3 for most patients who are on anticoagulant therapy, particularly for conditions such as atrial fibrillation or venous thromboembolism. This range helps to ensure that the blood is thin enough to prevent clotting while not being so thin that it increases the risk of bleeding. When INR values are within this therapeutic range, it indicates that the anticoagulant medication is working effectively to manage the risk of clot formation without posing excessive bleeding risks. Regular monitoring of INR is crucial for patients taking anticoagulants, as fluctuations outside this range can lead to serious health complications. The values that exceed or fall below this range denote varying degrees of risk associated with coagulation. For instance, an INR lower than 2 indicates a higher risk of thrombosis, and an INR higher than 3 increases the risk for bleeding complications. Thus, understanding the target range is essential for the safe management of patients on anticoagulant therapy.

3. What type of therapy is used to treat lead poisoning?

A. Chelation therapy

B. Hormone therapy

C. Radiation therapy

D. Immunotherapy

Chelation therapy is the correct answer for treating lead poisoning because it involves the administration of chelating agents that bind to lead in the bloodstream and facilitate its excretion through the kidneys. This therapy helps to lower the levels of lead in the body, thereby reducing the potential for lead-induced toxicity and its harmful effects on organs, particularly the brain and the nervous system. This treatment is essential in cases of lead poisoning because lead can have severe and long-term impacts on health, especially in children, including developmental delays and cognitive impairment. The chelating agents used in this therapy, such as EDTA (ethylenediaminetetraacetic acid) or DMSA (dimercaptosuccinic acid), have been proven effective in removing heavy metals from the body. Other therapies mentioned are not appropriate for lead poisoning; for instance, hormone therapy is used to treat hormonal imbalances and conditions related to endocrine disorders, while radiation therapy is typically utilized in cancer treatment to target malignant cells. Immunotherapy is focused on enhancing or modifying the immune system to fight diseases, particularly cancers. None of these options serve to address the specific challenge posed by lead toxicity, making chelation therapy the targeted and effective choice for this particular situation.

4. What is the duration of Type R insulin?

A. 2 hours

B. 4 hours

C. 6 hours

D. 12 hours

Type R insulin, also known as regular insulin, typically has an onset of action within 30 minutes after administration, peak activity around 2 to 3 hours, and a duration of action that generally lasts about 4 to 6 hours. The specific duration that is most often referenced for regular insulin is approximately 4 hours, making this answer the most appropriate choice. This duration of about 4 hours indicates that the insulin will effectively help manage blood glucose levels within that timeframe, making it crucial for planning meals and monitoring glucose levels in patients. Knowing the duration is important for both the timing of doses and the potential for hypoglycemia, allowing nurses and healthcare professionals to provide comprehensive care and education to their patients regarding their insulin regimen.

5. What is diabetes mellitus (DM) primarily characterized by?

- A. An excess of insulin production
- B. An error in glucose metabolism**
- C. Fluid retention
- D. Excessive protein consumption

Diabetes mellitus is primarily characterized by an error in glucose metabolism. This condition leads to either insufficient production of insulin by the pancreas or ineffective use of insulin by the body's cells, resulting in elevated blood glucose levels. The body's inability to utilize glucose properly due to insufficient insulin or insulin resistance is key to the disease process, which can lead to various acute and chronic complications such as cardiovascular disease, neuropathy, retinopathy, and nephropathy. While other options suggest various metabolic changes, they do not accurately capture the core issue at the heart of diabetes mellitus. Excess insulin production does not define the condition for most types of diabetes; indeed, in Type 1 diabetes, insulin production is significantly reduced or absent. Fluid retention is not a primary characteristic of diabetes, although it can occur in certain contexts, such as in patients with advanced complications like kidney disease. Excessive protein consumption is unrelated to the fundamental metabolic errors that define diabetes mellitus. Understanding glucose metabolism is crucial for managing diabetes effectively and guiding treatment, making it the central aspect of this condition.

6. What is the appropriate antidote for methanol poisoning?

- A. Folic acid
- B. Fomepizole**
- C. Activated charcoal
- D. Sodium bicarbonate

Fomepizole is the correct antidote for methanol poisoning because it acts as an alcohol dehydrogenase inhibitor. This enzyme is responsible for the metabolic conversion of methanol into its toxic metabolites, formaldehyde and formic acid. By inhibiting this enzyme, fomepizole prevents the formation of these harmful substances, which can cause severe metabolic acidosis, central nervous system damage, and visual disturbances. The use of fomepizole is preferred over alternative treatments for methanol poisoning because it is effective at lower doses and has fewer side effects compared to other interventions. Fomepizole is often administered in a hospital setting and is particularly useful in managing acute cases of methanol toxicity. While there are other treatments available, none serve as an antidote in the same manner. For instance, folic acid can help in the metabolic processes related to formic acid metabolism but is not a direct antidote. Activated charcoal may be used in certain cases of poisoning to reduce absorption in the gastrointestinal tract, although it is less effective with methanol due to its rapid absorption. Sodium bicarbonate may be employed to correct acidosis but does not address the underlying toxicity of methanol itself.

7. Which antidote is considered for high dose beta blocker toxicity?

- A. Glucagon**
- B. Calcium gluconate
- C. N-acetylcysteine
- D. Flumazenil

The use of glucagon as the antidote for high-dose beta-blocker toxicity is well-supported in clinical practice. Beta-blockers can significantly decrease heart rate and contractility, leading to cardiovascular instability. Glucagon works by increasing heart rate and myocardial contractility through stimulating adenylate cyclase, which subsequently raises levels of cyclic AMP in the heart. This mechanism is beneficial in counteracting the negative inotropic effects and bradycardia associated with beta-blockade. Additionally, glucagon is also utilized in the setting of severe hypoglycemia, adding to its importance in patients who may have various presentations of compromised cardiac function. The effectiveness of glucagon, especially in overcoming the cardiovascular effects of beta-blockers, makes it the primary recommendation for management in these toxicity cases, confirming its role in reversing the adverse effects caused by high doses of beta-blockers. The other options do not have the same specific efficacy in addressing high-dose beta-blocker toxicity, making glucagon the most appropriate choice in this scenario.

8. What is unique about the peak of Lantus insulin?

- A. It has a significant peak
- B. It has no peak**
- C. It peaks at 1 hour
- D. It peaks at 2 hours

Lantus insulin, also known as insulin glargine, is unique in that it has no distinct peak level. This characteristic is important because it allows for a more stable and consistent release of insulin into the bloodstream, which helps maintain more even blood glucose levels throughout the day and night. Lantus is classified as a long-acting insulin, and its flat pharmacokinetic profile means that it lowers the risk of hypoglycemia compared to insulins that have significant peaks. The absence of a peak allows for once-daily dosing, making it more convenient for patients and improving adherence to treatment regimens. This steady action mimics the body's natural basal insulin secretion, providing crucial control for patients with diabetes.

9. How is the term "neologism" most commonly used in psychiatric evaluation?

- A. As a sign of improvement
- B. As a sign of cognitive clarity
- C. To describe invented words**
- D. To describe word associations

In psychiatric evaluation, the term "neologism" specifically refers to the creation of new words or expressions that may not have meaning to others but hold significance for the individual using them. This phenomenon can be observed in various mental health conditions, particularly in schizophrenia and other psychotic disorders, where patients might invent words as part of their communication. By recognizing and understanding neologisms, clinicians can gain insights into a patient's thought processes and cognitive functions. The use of invented words may indicate a disordered thought process rather than improvement or cognitive clarity, as neologisms often suggest an underlying issue with language and communication. Consequently, this term helps professionals assess the severity of a patient's condition and tailor their treatment plans accordingly.

10. What is the best way to teach a patient with functional psychosis about reality?

- A. Set consequences for their delusions
- B. Present reality in a positive and informative manner**
- C. Only focus on what is not real
- D. Provide extensive medication education

Presenting reality in a positive and informative manner is crucial when teaching a patient with functional psychosis about reality. This approach helps build trust and rapport, as it respects the patient's experience while gently guiding them towards a more accurate understanding of their circumstances. By providing information positively and clearly, the nurse creates a supportive environment that can alleviate anxiety and promote receptiveness to new insights. This method is effective because it does not directly challenge the patient's delusions, which can lead to defensiveness or withdrawal. Instead, it encourages the patient to engage with reality at their own pace, paving the way for better coping mechanisms and eventual acceptance of the truth. Positive reinforcement can also enhance the patient's self-esteem and encourage their participation in their treatment process, ultimately leading to more successful outcomes. In contrast, focusing solely on what is not real may heighten the patient's distress, and setting specific consequences can foster feelings of punishment or blame, which is not conducive to recovery. While medication education is valuable, it does not specifically address the immediate need for understanding and accepting reality in the context of delusions. Thus, presenting reality positively is the most compassionate and effective approach in this scenario.

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:

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

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