NCLEX RNSG-2130 Licensure Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. **How is neuroleptic malignant syndrome different from serotonin syndrome?**

   A. NMS has rigidity and slow onset; serotonin syndrome has hyperreflexia and fast onset

   B. NMS has hyperreflexia; serotonin syndrome has rigidity

   C. NMS is not life-threatening; serotonin syndrome is

   D. NMS occurs after antidepressants; serotonin after antipsychotics

2. **What is the therapeutic serum range for magnesium sulfate?**

   A. 4-7 mEq/L

   B. 1-2 mEq/L

   C. 8-12 mEq/L

   D. 10-15 mEq/L

3. **During phototherapy, how often should the newborn be repositioned?**

   A. Every 2 hours

   B. Every hour

   C. Every 4 hours

   D. Every 6 hours

4. **What is the first-line diagnostic and treatment procedure for intussusception?**

   A. Pneumatic (air) enema

   B. Ultrasound examination

   C. Surgical reduction

   D. Barium enema

5. **Which maneuver relieves shoulder dystocia in a macrosomic infant?**

   A. Woods screw maneuver

   B. McRoberts maneuver

   C. Suprapubic pressure

   D. Zavanelli procedure

6. Why are lotions or oils avoided during phototherapy?

A. Burn risk

B. They increase bilirubin production

C. They hinder bilirubin breakdown

D. They cause photosensitivity

7. Betamethasone is used to stimulate fetal lung maturity and surfactant production in fetuses between which weeks?

A. 24-34 weeks

B. 12-20 weeks

C. 28-40 weeks

D. 34-36 weeks

8. The highest-priority complication to assess for immediately after birth in a macrosomic newborn is which?

A. Hypoglycemia

B. Hypocalcemia

C. Hyperbilirubinemia

D. Respiratory distress

9. What is the definitive management for HELLP syndrome?

A. Magnesium sulfate therapy

B. Antihypertensive therapy

C. Delivery of the placenta

D. Bed rest

10. Which imaging or intervention is used as both diagnostic and therapeutic for intussusception?

A. Pneumatic (air) enema

B. Ultrasound

C. CT scan

D. MRI

Answers

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

Explanations

1. How is neuroleptic malignant syndrome different from serotonin syndrome?

A. NMS has rigidity and slow onset; serotonin syndrome has hyperreflexia and fast onset

B. NMS has hyperreflexia; serotonin syndrome has rigidity

C. NMS is not life-threatening; serotonin syndrome is

D. NMS occurs after antidepressants; serotonin after antipsychotics

The key idea is that these two syndromes have different neuromuscular signs and different times of onset, tied to the drugs that usually trigger them. Neuroleptic malignant syndrome (NMS) comes from dopamine-blocking antipsychotics and typically develops over hours to days. It is characterized by severe, "lead-pipe" rigidity and often little movement (hyporeflexia), along with high fever and autonomic instability. Serotonin syndrome, caused by excess serotonin from serotonergic medications, usually appears more rapidly—often within hours of starting or increasing the dose—and shows neuromuscular hyperactivity such as tremor, myoclonus, and especially hyperreflexia with clonus. So, the best way to distinguish them clinically is: NMS presents with rigidity and a slower onset, whereas serotonin syndrome presents with hyperreflexia and a faster onset. The other statements don't fit because, for example, NMS can be life-threatening and serotonin syndrome can also be dangerous; their triggers are different (antipsychotics for NMS vs serotonergic drugs for serotonin syndrome), and hyperreflexia is not typical of NMS.

2. What is the therapeutic serum range for magnesium sulfate?

A. 4-7 mEq/L

B. 1-2 mEq/L

C. 8-12 mEq/L

D. 10-15 mEq/L

Magnesium sulfate is given to prevent seizures in severe preeclampsia/eclampsia, so it must be kept within a narrow therapeutic window. The target serum level is 4 to 7 mEq/L. At this range, magnesium provides the anticonvulsant effect without tipping into toxicity. If the level climbs higher, the risk of toxicity rises, with signs such as diminished or absent deep tendon reflexes and respiratory depression, and can progress to cardiac arrhythmias or arrest. Levels below the range may not adequately prevent seizures. Therefore, careful monitoring is essential: assess deep tendon reflexes, watch respiratory rate and depth, monitor urine output, and check magnesium levels as ordered. Have calcium gluconate available to treat toxicity if needed.

3. During phototherapy, how often should the newborn be repositioned?

A. Every 2 hours

B. Every hour

C. Every 4 hours

D. Every 6 hours

Repositioning during phototherapy is essential to ensure that all skin areas receive even exposure to the therapeutic light. The light source only reaches exposed surfaces, so keeping the newborn in the same position concentrates treatment on one side and can lead to uneven bilirubin breakdown and potential skin irritation or pressure-related injuries. Turning the infant every 2 hours distributes exposure evenly, helps prevent skin problems, and maintains comfort and safety. While more frequent turns aren't typically necessary, waiting longer than 2 hours risks uneven treatment. So the recommended practice is to reposition every 2 hours.

4. What is the first-line diagnostic and treatment procedure for intussusception?

A. Pneumatic (air) enema

B. Ultrasound examination

C. Surgical reduction

D. Barium enema

Intussusception in children is usually treated first with a nonoperative reduction that also helps confirm the diagnosis. A pneumatic (air) enema, guided by fluoroscopy, pushes the telescoped segment back into place and allows the clinician to see whether reduction succeeds. This approach treats the problem without surgery and has a high success rate when the intussusception is ileocolic and the bowel isn't perforated or peritonitic. Ultrasound is excellent for confirming the diagnosis by showing the classic target sign, but it doesn't reduce the problem. Barium enema can reduce intussusception but carries greater risk if perforation occurs and is less favored today. Surgical reduction is reserved for cases where the enema fails, there are signs of perforation or peritonitis, or recurrence after nonoperative reduction.

5. Which maneuver relieves shoulder dystocia in a macrosomic infant?

A. Woods screw maneuver

B. McRoberts maneuver

C. Suprapubic pressure

D. Zavanelli procedure

When a macrosomic baby's shoulder becomes stuck after the head is delivered, the first and fastest maneuver to relieve the impaction is to reposition the mother's pelvis by flexing the hips sharply toward the abdomen (the McRoberts maneuver). This position changes the angle and width of the birth canal, increasing the space in the pelvic inlet and reducing the obstruction at the level of the pubic symphysis. With the pelvis realigned, the anterior shoulder has a better chance to slip under the pubic arch and be delivered. This approach is quick, requires no equipment, and can be performed immediately as the team provides assistance. It's often used in combination with gentle suprapubic pressure to encourage the anterior shoulder to move downward and forward. Other techniques, like internal rotation of the shoulder (Woods screw) or more invasive steps such as the Zavanelli procedure, are reserved for when initial maneuvers fail.

6. Why are lotions or oils avoided during phototherapy?

A. Burn risk

B. They increase bilirubin production

C. They hinder bilirubin breakdown

D. They cause photosensitivity

Using high-intensity blue light, phototherapy converts unconjugated bilirubin into forms that can be excreted. The skin needs to be exposed to light without barriers. Lotions or oils on the skin create a layer that can trap heat and absorb energy from the lamp, increasing the risk of localized thermal burns. That heat buildup can burn sensitive newborn skin, especially with close, sustained exposure. These products don't raise bilirubin production, nor do they block bilirubin breakdown in the way the question options imply, and they don't inherently cause photosensitivity from the light used in phototherapy. So the main safety concern is the burn risk from occlusion and heat.

7. Betamethasone is used to stimulate fetal lung maturity and surfactant production in fetuses between which weeks?

A. 24-34 weeks

B. 12-20 weeks

C. 28-40 weeks

D. 34-36 weeks

Betamethasone is given to speed up fetal lung maturation when preterm birth is likely, so the fetus has time to develop sufficient surfactant to keep the airways open after birth. It works by accelerating the maturation of type II pneumocytes and increasing production of lung surfactant, which lowers surface tension and helps prevent atelectasis in the immature lungs. The most beneficial window is between about 24 and 34 weeks of gestation. Before 24 weeks, fetal lungs are too immature to gain meaningful benefit, and after 34 weeks the risk of respiratory distress syndrome is already markedly reduced because surfactant production is usually adequate. Administering the steroid during 24–34 weeks optimizes the chance of preventing RDS and related complications in the preterm newborn.

8. The highest-priority complication to assess for immediately after birth in a macrosomic newborn is which?

A. Hypoglycemia

B. Hypocalcemia

C. Hyperbilirubinemia

D. Respiratory distress

When a baby is macrosomic, especially from a mother with diabetes, the fetus often has high insulin levels. After birth, the infant's supply of glucose from the mother stops, but the insulin level remains high, causing blood glucose to drop rapidly. This makes hypoglycemia the most urgent issue to assess right away because low blood sugar can quickly affect the brain and lead to seizures or long-term neurologic problems if not treated promptly. Look for signs such as jitteriness, tremors, irritability or lethargy, poor feeding, cyanosis, apnea, or seizures, and check a blood glucose level immediately. If hypoglycemia is confirmed, treat quickly with glucose-containing feeds if the infant can feed, or with IV dextrose per protocol, and recheck glucose until stable. While other issues like hypocalcemia, hyperbilirubinemia, or respiratory distress can occur in macrosomic infants, the immediate priority is identifying and correcting hypoglycemia to protect the newborn's brain.

9. What is the definitive management for HELLP syndrome?

A. Magnesium sulfate therapy

B. Antihypertensive therapy

C. Delivery of the placenta

D. Bed rest

The main idea is that HELLP syndrome is driven by placental pathology, so the only definitive, curative step is delivery of the fetus and placenta. Removing the source of the toxic placental signals stops the cascade of hemolysis, elevated liver enzymes, and low platelets, and maternal condition typically improves after delivery. In practice, once HELLP is diagnosed and maternal or fetal status is of concern, clinicians prioritize expediting delivery, even if the fetus is preterm, while supporting the mother with stabilization measures. If time allows and the fetus is preterm, corticosteroids may be given to aid lung maturity, but they don't replace the need for delivery when HELLP is present. Magnesium sulfate and antihypertensives are important supportive therapies to reduce seizure risk and control blood pressure, but they do not cure HELLP on their own. Bed rest does not address the underlying pathology and is not the definitive management.

10. Which imaging or intervention is used as both diagnostic and therapeutic for intussusception?

A. Pneumatic (air) enema

B. Ultrasound

C. CT scan

D. MRI

Intussusception in children is often treated nonoperatively with a pneumatic (air) enema guided by imaging. The air under controlled pressure can unfold the telescoped bowel, and the imaging portion serves as the diagnostic check: you observe the air(bowel) flow and see whether the intussuscepted segment reduces and air (or contrast) passes into the small intestine. If reduction is achieved, symptoms improve and the exam confirms a successful result. If not, persistent telescoping is seen on real-time imaging, signaling the need for surgical evaluation. Ultrasound is excellent for diagnosing intussusception—showing a characteristic target or donut sign—but it does not reduce the bowel. CT and MRI can diagnose but do not provide therapeutic reduction.

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://nclexrnsg2130.examzify.com

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