

# 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

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- 1. Which obstetric condition requires avoidance of vaginal examinations?**
  - A. Placenta previa**
  - B. Ectopic pregnancy**
  - C. Placental abruption**
  - D. Molar pregnancy**
  
- 2. Magnesium sulfate in obstetric care is used for what combination?**
  - A. It is used only as a tocolytic**
  - B. It is used as a tocolytic and for seizure prophylaxis in preeclampsia**
  - C. It is a beta-blocker**
  - D. It is never given IV**
  
- 3. Which non-surgical method is used to reduce intussusception?**
  - A. Pneumatic Enema (air)**
  - B. Surgical reduction**
  - C. Antibiotics**
  - D. Observation and hydration**
  
- 4. Which of the following foods is a good source of folate (Vitamin B9) to help raise levels?**
  - A. Citrus fruits**
  - B. Whole grains**
  - C. Dark green vegetables**
  - D. Meat**
  
- 5. What is the priority nursing action before spinal anesthesia?**
  - A. IV fluid bolus (500-1000 mL)**
  - B. Administer antiemetic prophylaxis**
  - C. Place the patient in Trendelenburg position**
  - D. Prepare for cesarean delivery**

- 6. Which statement correctly describes PPROM?**
- A. PROM: rupture of membranes before labor at any gestational age**
  - B. PPROM: rupture of membranes before labor occurring less than 37 weeks**
  - C. SRM: rupture of membranes after delivery**
  - D. AROM: artificial rupture of membranes**
- 7. In GBS prophylaxis, intrapartum antibiotics should be administered for at least how many hours before delivery?**
- A. 1 hour**
  - B. 2 hours**
  - C. 4 hours**
  - D. 6 hours**
- 8. What is the first-line diagnostic and treatment procedure for intussusception?**
- A. Pneumatic (air) enema**
  - B. Ultrasound examination**
  - C. Surgical reduction**
  - D. Barium enema**
- 9. How long does betamethasone take to be effective?**
- A. 6 hours**
  - B. 12 hours**
  - C. 24 hours**
  - D. 48 hours**
- 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

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

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## **Explanations**

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**1. Which obstetric condition requires avoidance of vaginal examinations?**

- A. Placenta previa**
- B. Ectopic pregnancy**
- C. Placental abruption**
- D. Molar pregnancy**

Placenta previa makes a vaginal examination risky because the placenta implants near or over the cervix, so inserting fingers or a tool into the vagina can disturb the placental tissue and trigger heavy, life-threatening bleeding. To prevent that danger, clinicians avoid vaginal exams when previa is suspected or diagnosed and rely on abdominal ultrasound to locate the placenta and guide management. If the placenta previa persists and labor begins, delivery is typically planned by cesarean rather than vaginal delivery. Other obstetric conditions don't carry this same blanket prohibition on vaginal exams. For example, in a suspected ectopic pregnancy the exam is guided by stability and clinical findings to avoid provoking rupture; in placental abruption the priority is rapid assessment and stabilization, and vaginal exams aren't routinely helpful and can worsen bleeding; in a molar pregnancy the main concerns are different, such as risks to the mother and the need for removal of the molar tissue, rather than a near-cervical placental location dictating exam avoidance.

**2. Magnesium sulfate in obstetric care is used for what combination?**

- A. It is used only as a tocolytic**
- B. It is used as a tocolytic and for seizure prophylaxis in preeclampsia**
- C. It is a beta-blocker**
- D. It is never given IV**

Magnesium sulfate is used in obstetric care for two main reasons: to stop or slow preterm labor (tocolysis) and to prevent seizures in women with preeclampsia or to treat impending eclampsia. Mechanistically, it relaxes uterine smooth muscle by reducing calcium entry into myometrial cells, which lowers contractions. It also depresses central nervous system activity, raising the seizure threshold and reducing the risk of seizures in preeclampsia. Because of these dual actions, it serves both purposes in appropriate clinical scenarios. It is not a beta-blocker, and it is commonly given IV with careful monitoring for toxicity (such as loss of deep tendon reflexes or respiratory depression), with calcium gluconate available as an antidote.

**3. Which non-surgical method is used to reduce intussusception?**

- A. Pneumatic Enema (air)**
- B. Surgical reduction**
- C. Antibiotics**
- D. Observation and hydration**

Non-surgical reduction of intussusception is achieved with a pneumatic (air) enema performed under imaging guidance. The idea is to use controlled air pressure inside the colon to push the telescoped bowel back into place. This approach is preferred when the child is stable, there are no signs of perforation or peritonitis, and imaging suggests a feasible reduction. If the air enema successfully reduces the intussusception, symptoms typically improve quickly and surgery can be avoided. If the enema cannot reduce it or if there are signs of perforation or peritonitis, surgical reduction is necessary. Antibiotics won't resolve the telescoping, and simply observation with hydration does not fix the underlying issue.

**4. Which of the following foods is a good source of folate (Vitamin B9) to help raise levels?**

- A. Citrus fruits**
- B. Whole grains**
- C. Dark green vegetables**
- D. Meat**

Folate is essential for DNA synthesis and red blood cell formation, so raising intake through foods rich in natural folate helps increase levels. Dark green leafy vegetables provide a high concentration of natural folate per serving—for example spinach and kale have more folate than citrus fruits or meat. Citrus fruits do supply some folate, but in smaller amounts; meat contains little folate. Whole grains can contribute as well, but among these options, dark green vegetables are the strongest source of folate. To maximize folate, lightly cook or eat alongside raw vegetables, since folate can be reduced by heat.

**5. What is the priority nursing action before spinal anesthesia?**

- A. IV fluid bolus (500-1000 mL)**
- B. Administer antiemetic prophylaxis**
- C. Place the patient in Trendelenburg position**
- D. Prepare for cesarean delivery**

Anticipating spinal anesthesia, the priority is maintaining circulating volume to prevent hypotension from the block. Spinal anesthesia causes sympathetic blockade, leading to vasodilation and reduced venous return, which can quickly drop blood pressure and compromise placental perfusion. Administering an IV fluid bolus beforehand helps sustain intravascular volume, supports blood pressure, and protects both mother and fetus during the procedure. While antiemetics and positioning can help with related symptoms, they don't prevent the primary hemodynamic change as effectively, and preparing for cesarean isn't the immediate pre-spinal action.

**6. Which statement correctly describes PPROM?**

- A. PROM: rupture of membranes before labor at any gestational age
- B. PPROM: rupture of membranes before labor occurring less than 37 weeks**
- C. SROM: rupture of membranes after delivery
- D. AROM: artificial rupture of membranes

PPROM means the membranes rupture before labor begins and before 37 weeks of gestation. This combination—rupture occurring prelabor and preterm—distinguishes it from rupture of membranes at any gestational age (PROM) and from artificial rupture of membranes, which is a deliberate procedure. It's also not describing rupture after delivery. So the statement that PPROM is rupture of membranes before labor occurring less than 37 weeks is the correct description.

**7. In GBS prophylaxis, intrapartum antibiotics should be administered for at least how many hours before delivery?**

- A. 1 hour
- B. 2 hours
- C. 4 hours**
- D. 6 hours

The main idea is that giving intrapartum antibiotics long enough before birth allows the drug to reach protective levels in the mother and fetus, reducing the chance of transmitting Group B Streptococcus to the newborn. The minimum time needed is four hours before delivery, so that penicillin G achieves effective concentrations by the time of birth. Shorter windows like one or two hours may not provide adequate protection, while six hours would still be protective but exceeds the minimum. The standard choice is penicillin G, with alternatives used if there's a true allergy.

**8. 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.

**9. How long does betamethasone take to be effective?**

- A. 6 hours
- B. 12 hours
- C. 24 hours**
- D. 48 hours

Betamethasone works by altering gene expression to decrease inflammatory mediators, so its effect isn't immediate. You typically see the first noticeable anti-inflammatory response about 24 hours after starting therapy, with continued improvement over the following days. That's why 24 hours is the best estimate. Shorter times like 6 or 12 hours are unlikely to reflect the initial onset, and while some improvement may continue to evolve beyond 24 hours, the expected onset is around a day.

**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](mailto: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!**

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