

NCLEX RNSG-2130 LICENSURE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. At 12-15 months, which vaccines are typically started?**
 - A. MMR and Varicella.
 - B. DTaP and Hep B.
 - C. Polio only.
 - D. HPV.
- 2. For chronic kidney disease with hyperphosphatemia, when should phosphate binders be taken?**
 - A. On an empty stomach
 - B. After exercise
 - C. In the morning
 - D. With meals
- 3. Which laboratory change is most suggestive of renal allograft rejection?**
 - A. Decreasing creatinine level
 - B. Rising creatinine with decreased urine output
 - C. Dehydration with low urine volume
 - D. High potassium with normal creatinine
- 4. A hospitalized patient with agitation and IV lines is at risk for pulling lines. What is the first action the nurse should take to ensure safety?**
 - A. Call security and restrain the patient.
 - B. Remove IV lines immediately.
 - C. Administer a sedative to calm the patient.
 - D. Assess reversible causes and implement safety measures.
- 5. A patient on penicillin develops hives and facial swelling. What is the immediate action?**
 - A. Stop penicillin; assess for anaphylaxis; administer epinephrine if signs of anaphylaxis; summon help.
 - B. Continue penicillin and monitor for worsening symptoms.
 - C. Administer antihistamines and resume penicillin.
 - D. Switch to a different antibiotic without allergy testing.

- 6. Which non-surgical method is used to reduce intussusception?**
- A. Pneumatic Enema (air)
 - B. Surgical reduction
 - C. Antibiotics
 - D. Observation and hydration
- 7. A pregnant patient with hypertension and proteinuria after 20 weeks gestation has preeclampsia. What is the priority management?**
- A. Increase protein intake
 - B. Ignore symptoms
 - C. Monitor maternal-fetal status and prepare for potential delivery; administer magnesium sulfate to prevent seizures if indicated
 - D. Immediately induce delivery regardless
- 8. What constitutes a reactive NST?**
- A. Two accelerations of 15 bpm for 15 seconds within 20 minutes
 - B. One accelerations of 10 bpm for 10 seconds
 - C. No accelerations within 40 minutes
 - D. Three accelerations of 20 bpm for 30 seconds
- 9. In diabetic ketoacidosis, which electrolyte abnormality is commonly seen?**
- A. Normal anion gap metabolic acidosis.
 - B. Metabolic alkalosis.
 - C. Respiratory alkalosis.
 - D. Elevated anion gap metabolic acidosis with low bicarbonate.
- 10. During phototherapy, how often should the newborn be repositioned?**
- A. Every 2 hours
 - B. Every hour
 - C. Every 4 hours
 - D. Every 6 hours

Answers

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

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Explanations

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1. At 12-15 months, which vaccines are typically started?

A. MMR and Varicella.

B. DTaP and Hep B.

C. Polio only.

D. HPV.

Starting around 12 to 15 months, two vaccines are commonly given for the first time: measles, mumps, and rubella (MMR) and varicella (chickenpox). These are live attenuated vaccines, and they're timed to follow the earlier infancy vaccines so that immunity to these viruses can develop after the child is past one year old. The usual immune plan already includes vaccines given in the first year—DTaP, Hib, PCV, Hep B, polio (IPV), and rotavirus—with MMR and varicella introduced at this 12–15 month window. HPV isn't started until around ages 11–12, and the polio vaccine is part of the early primary series rather than a first-time dose at this age. DTaP is typically completed in infancy with a booster around 15–18 months, not started anew at 12–15 months.

2. For chronic kidney disease with hyperphosphatemia, when should phosphate binders be taken?

A. On an empty stomach

B. After exercise

C. In the morning

D. With meals

Phosphate binders must be taken with meals because they work in the gut to trap the phosphate that's in the food you eat. They bind dietary phosphate during digestion, forming an insoluble complex that is excreted in stool. If you take the binder on an empty stomach, there's little or no dietary phosphate present to bind, so the medication won't effectively reduce serum phosphate. Timing with meals ensures the binder is present exactly when phosphate from the meal is in the gut, making the treatment effective. This is why taking with meals is essential, rather than after exercise or only in the morning.

3. Which laboratory change is most suggestive of renal allograft rejection?

A. Decreasing creatinine level

B. Rising creatinine with decreased urine output

C. Dehydration with low urine volume

D. High potassium with normal creatinine

When a renal allograft is rejected, the transplanted kidney's ability to filter blood declines, so the glomerular filtration rate drops. That means waste products build up in the blood, with creatinine rising, and the kidney produces less urine, leading to oliguria. So the combination of a rising serum creatinine with decreased urine output is the most telling sign of graft rejection. Other patterns can occur for different reasons—decreasing creatinine suggests improving function, dehydration can lower urine output without indicating rejection, and a high potassium level with a normal creatinine points to other issues—so they're not as specific to rejection. In clinical practice, rising creatinine over time in a transplant patient triggers evaluation for rejection and possible changes in immunosuppressive therapy, sometimes with a biopsy to confirm.

4. A hospitalized patient with agitation and IV lines is at risk for pulling lines. What is the first action the nurse should take to ensure safety?

- A. Call security and restrain the patient.
- B. Remove IV lines immediately.
- C. Administer a sedative to calm the patient.

D. Assess reversible causes and implement safety measures.

When a hospitalized patient is agitated and at risk for pulling lines, the first priority is to identify reversible causes and put safety measures in place. Agitation can stem from many correctable factors such as pain, hypoxia or hypoxemia, hypoglycemia, dehydration or electrolyte imbalances, delirium, infection, withdrawal, or side effects of medications. Quickly assessing these possibilities (checking vital signs and oxygenation, reviewing meds, evaluating pain, mental status, and potential withdrawal) helps you address the underlying problem rather than just masking the symptoms. Alongside this assessment, implement safety measures to protect the patient and the IV lines. This includes securing lines and tubing, keeping the patient within sight or near the nurse's station, using bed alarms or additional monitoring, keeping the environment calm and low-stimulation, and arranging for closer observation or a sitter if needed. Use a reassuring, nonthreatening approach to de-escalate, and involve the patient in explanations of what you're doing to reduce agitation. Restraints or sedatives are not first-line actions. Restraints require specific orders and policy compliance and should be considered only after less restrictive measures fail or immediate danger persists. Sedation without evaluating underlying causes can worsen outcomes by masking a treatable problem or causing respiratory or cardiorespiratory compromise. So, the best initial step is to assess reversible causes and implement safety measures to prevent harm while you determine the appropriate treatment.

5. A patient on penicillin develops hives and facial swelling. What is the immediate action?

- A. Stop penicillin; assess for anaphylaxis; administer epinephrine if signs of anaphylaxis; summon help.**
- B. Continue penicillin and monitor for worsening symptoms.
- C. Administer antihistamines and resume penicillin.
- D. Switch to a different antibiotic without allergy testing.

Recognizing a possible anaphylactic reaction to penicillin and acting immediately is the key idea here. When hives and facial swelling appear after antibiotic exposure, there's a real risk of progression to airway obstruction and shock, so the first steps are to stop the offending drug and assess the patient's airway, breathing, and circulation. If there are signs of anaphylaxis, epinephrine is the essential treatment and should be given right away—typically an intramuscular injection into the mid-outer thigh (0.3–0.5 mg of a 1:1000 solution for adults), with the dose repeatable every 5–15 minutes as needed. While this is being done, summon help and arrange for emergency care. Keep the patient in a position that supports breathing (usually supine with legs elevated unless there is severe breathing difficulty), provide oxygen if available, and continuously monitor vital signs. Do not continue penicillin or switch to another antibiotic without allergy assessment, and antihistamines alone do not treat anaphylaxis adequately. After stability is achieved, document the reaction, advise avoidance of penicillin-family drugs, and consider formal allergy testing.

6. 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.

7. A pregnant patient with hypertension and proteinuria after 20 weeks gestation has preeclampsia. What is the priority management?

- A. Increase protein intake
- B. Ignore symptoms
- C. Monitor maternal-fetal status and prepare for potential delivery; administer magnesium sulfate to prevent seizures if indicated**
- D. Immediately induce delivery regardless

In preeclampsia, the priority is to protect the mother from progression to seizures and organ damage while planning for delivery. The strategy centers on stabilizing the mother and closely monitoring both maternal and fetal status, so delivery can be timed safely. Administering magnesium sulfate is used to prevent seizures in women with preeclampsia who have severe features or are at high risk, serving as a key protective measure during stabilization and before delivery if indicated. Delivering the baby is the definitive treatment, but the timing depends on how severe the condition is and how far along the pregnancy is, balancing maternal safety with fetal maturity. Increasing protein intake does not address the underlying pathology, and ignoring symptoms or delivering immediately without stabilization are not appropriate.

8. What constitutes a reactive NST?

- A. Two accelerations of 15 bpm for 15 seconds within 20 minutes**
- B. One accelerations of 10 bpm for 10 seconds
- C. No accelerations within 40 minutes
- D. Three accelerations of 20 bpm for 30 seconds

A reactive NST is shown when the fetal heart rate accelerates in response to fetal movements, indicating a healthy autonomic nervous system and adequate oxygenation. The standard criterion is two or more accelerations, each at least 15 beats per minute above baseline and lasting at least 15 seconds, occurring within a 20-minute window. The option with two accelerations meeting those thresholds within the 20-minute period fits this pattern precisely, making it the correct example of a reactive NST. It demonstrates the necessary two distinct accelerations that confirm fetal well-being.

9. In diabetic ketoacidosis, which electrolyte abnormality is commonly seen?

- A. Normal anion gap metabolic acidosis.
- B. Metabolic alkalosis.
- C. Respiratory alkalosis.
- D. Elevated anion gap metabolic acidosis with low bicarbonate.**

Ketoacidosis in diabetes drives production of ketoacids that accumulate in the blood. These unmeasured anions raise the anion gap, and the increased hydrogen ions are buffered by bicarbonate, which falls as buffering occurs. The result is an elevated anion gap metabolic acidosis with low bicarbonate—the central acid-base disturbance in diabetic ketoacidosis. Other patterns like normal anion gap acidosis or alkalosis do not fit this scenario. (For completeness, serum potassium may be high initially, but total body potassium is usually depleted due to diuresis and losses.)

10. 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.

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!

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