

NCLEX Substance Abuse Practice Test (Sample)

Study Guide



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Questions

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- 1. What is the most appropriate question for a nurse to ask to determine if a client who abuses heroin has any drug-related problems?**
 - A. "When did your spouse become aware of your use of heroin?"**
 - B. "Do you have a probation officer that you report to periodically?"**
 - C. "Have you experienced any legal violations while being intoxicated?"**
 - D. "Do you have a history of frequent visits with the employee assistance program manager?"**
- 2. What is a common route of administration for heroin?**
 - A. Inhalation**
 - B. Intravenous injection**
 - C. Oral ingestion**
 - D. Nasal spray**
- 3. A client with a history of chronic alcoholism is at risk for which complication?**
 - A. Arteriosclerosis**
 - B. Heart failure**
 - C. Heart valve damage**
 - D. Pericarditis**
- 4. Which substance is associated with the risk of developing Korsakoff syndrome?**
 - A. Cocaine**
 - B. Alcohol**
 - C. Heroin**
 - D. Marijuana**
- 5. The nurse is caring for a client struggling with alcohol dependence. It is most important for the nurse to do which of the following?**
 - A. Speak briefly and directly.**
 - B. Avoid blaming or preaching to the client.**
 - C. Confront feelings and examples of perfectionism.**
 - D. Determine if nonverbal communication will be more effective.**

- 6. A recovering alcoholic seeks advice on discussing the impact of addiction with children. What should the nurse recommend?**
- A. Try to limit references to the addiction and focus on the present.**
 - B. Talk about all the hardships you've had in working to remain sober.**
 - C. Tell them you're sorry and emphasize that you're doing so much better now.**
 - D. Talk to them by acknowledging the difficulties and pain your drinking caused.**
- 7. When is the need for chlordiazepoxide (Librium) indicated in a client undergoing alcohol withdrawal?**
- A. Mild tremors, hypertension, tachycardia.**
 - B. Bradycardia, hyperthermia, sedation.**
 - C. Hypotension, decreased reflexes, drowsiness.**
 - D. Hypothermia, mild tremors, slurred speech.**
- 8. What should a nurse prioritize when a client exhibits signs of withdrawal?**
- A. Encouraging physical exercises.**
 - B. Ensuring an environment that promotes safety.**
 - C. Discussing future care plans.**
 - D. Providing information on gradual drug cessation.**
- 9. In assessing a client with chronic alcohol intake, which finding should the nurse expect?**
- A. Enlarged liver**
 - B. Nasal irritation**
 - C. Muscle wasting**
 - D. Limb paresthesia**

10. What condition is characterized by repeated self-administration of a substance despite harmful consequences?

- A. Substance Use Disorder**
- B. Intermittent Explosive Disorder**
- C. Social Anxiety Disorder**
- D. Oppositional Defiant Disorder**

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Answers

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

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Explanations

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1. What is the most appropriate question for a nurse to ask to determine if a client who abuses heroin has any drug-related problems?

A. "When did your spouse become aware of your use of heroin?"

B. "Do you have a probation officer that you report to periodically?"

C. "Have you experienced any legal violations while being intoxicated?"

D. "Do you have a history of frequent visits with the employee assistance program manager?"

Asking if the client has experienced any legal violations while being intoxicated directly addresses one of the significant consequences of substance abuse, particularly with heroin. This question helps to assess whether the client's drug use has led to behaviors that can result in criminal charges or legal issues, which is a common problem among those who struggle with addiction. Understanding the legal implications of their drug use can provide insights into the severity of their addiction and the potential need for intervention. Engaging with this question allows the nurse to gather critical information about how heroin use might be impacting the client's life, especially concerning their social, legal, and occupational responsibilities. The resulting information can be essential for planning appropriate treatment options or referrals to help the client address their substance abuse issues effectively.

2. What is a common route of administration for heroin?

A. Inhalation

B. Intravenous injection

C. Oral ingestion

D. Nasal spray

The most common route of administration for heroin is through intravenous injection. This method allows the drug to enter the bloodstream rapidly, leading to an intense and immediate euphoric effect, which is particularly sought after by users. Intravenous use bypasses the gastrointestinal system, resulting in quicker and more potent effects compared to other methods of administration. Inhalation, while also a recognized method for consuming heroin (often referred to as "smoking" it), does not provide the rapid and strong effects that intravenous injection offers, making it less common among users looking for a powerful high. Oral ingestion is typically associated with a slower onset of effects due to the processes involved in digestion, and it is not a prevalent method for heroin use. Nasal spray is not a standard route for heroin administration and is generally more associated with other substances or medications. Thus, intravenous injection is the preferred and most common method for heroin consumption.

3. A client with a history of chronic alcoholism is at risk for which complication?

- A. Arteriosclerosis**
- B. Heart failure**
- C. Heart valve damage**
- D. Pericarditis**

Clients with a history of chronic alcoholism are particularly at risk for heart failure due to several interconnected factors. Chronic alcohol consumption can lead to the development of cardiomyopathy, a condition where the heart muscle weakens, primarily due to the toxic effects of alcohol on myocardial cells and the nutritional deficiencies often associated with chronic alcohol use, particularly thiamine deficiency. Additionally, alcohol can lead to hypertension, arrhythmias, and overall poor cardiac function, all of which contribute to the heart's inability to pump effectively, resulting in heart failure. Given these aspects, heart failure is a significant concern in individuals with a long-term history of alcohol abuse. While other complications related to chronic alcoholism, such as arteriosclerosis and pericarditis, may be relevant, heart failure is a more direct and frequent consequence due to the effects of alcohol on the cardiac system. Understanding the specific impact of chronic alcoholism on heart health helps clarify why heart failure emerges as the primary concern in such patients.

4. Which substance is associated with the risk of developing Korsakoff syndrome?

- A. Cocaine**
- B. Alcohol**
- C. Heroin**
- D. Marijuana**

Korsakoff syndrome is predominantly associated with alcohol use, particularly in individuals with chronic alcoholism. This neurological disorder is a result of thiamine (vitamin B1) deficiency, which is often seen in those who consume excessive amounts of alcohol over long periods. Alcohol can impair nutritional absorption and lead to deficiencies in essential vitamins, including thiamine. Individuals with Korsakoff syndrome may present with confusion, memory disturbances, and confabulation, among other cognitive impairments. The condition often develops as a complication of Wernicke's encephalopathy, which is an acute condition precipitated by the same deficiency. Therefore, the connection between heavy alcohol consumption and the development of Korsakoff syndrome is well established in medical literature. The other substances listed do not have the same implications for thiamine deficiency and subsequent neurological disorders as alcohol does, making them less relevant in the context of Korsakoff syndrome.

5. The nurse is caring for a client struggling with alcohol dependence. It is most important for the nurse to do which of the following?

A. Speak briefly and directly.

B. Avoid blaming or preaching to the client.

C. Confront feelings and examples of perfectionism.

D. Determine if nonverbal communication will be more effective.

In caring for a client with alcohol dependence, it is crucial for the nurse to create a non-judgmental and supportive environment. By avoiding blaming or preaching to the client, the nurse fosters trust and safety, which are essential for effective communication and treatment. Clients dealing with substance use disorders often experience feelings of shame, guilt, and low self-esteem. A blaming or critical approach could lead to defensiveness and further withdrawal, making it harder for the client to engage in their treatment process. This supportive approach encourages open dialogue and helps the client feel accepted and understood. It also allows the nurse to facilitate discussions about the client's feelings, challenges, and motivations for change without the client feeling attacked or less than valued. Establishing a therapeutic relationship is foundational for supporting the client on their path toward recovery. While speaking directly, confronting feelings of perfectionism, and using nonverbal communication may all be valuable strategies in certain circumstances, the primary focus should be on creating an accepting atmosphere that prioritizes the client's emotional safety. This makes avoiding blame and preaching the most important action in this scenario.

6. A recovering alcoholic seeks advice on discussing the impact of addiction with children. What should the nurse recommend?

A. Try to limit references to the addiction and focus on the present.

B. Talk about all the hardships you've had in working to remain sober.

C. Tell them you're sorry and emphasize that you're doing so much better now.

D. Talk to them by acknowledging the difficulties and pain your drinking caused.

Acknowledging the difficulties and pain caused by drinking is a crucial step in open and honest communication with children about the impact of addiction. This approach not only validates the children's feelings but also fosters trust and understanding. It allows the recovering alcoholic to teach children that acknowledging past mistakes is vital for personal growth and healing. By discussing the challenges faced during addiction and the resultant emotional or physical pain, the recovering individual can provide context for their behavior, helping children grasp the seriousness of addiction while also illustrating the journey toward recovery. This candid dialogue can promote awareness, empathy, and resilience in children, equipping them with knowledge that may help them navigate their own challenges in the future. Additionally, discussing these aspects with a focus on lessons learned and changes made can empower children to understand that recovery is possible and that it's okay to talk about difficult subjects. This kind of honest conversation can contribute significantly to their emotional development and help create a supportive family environment.

7. When is the need for chlordiazepoxide (Librium) indicated in a client undergoing alcohol withdrawal?

- A. Mild tremors, hypertension, tachycardia.**
- B. Bradycardia, hyperthermia, sedation.**
- C. Hypotension, decreased reflexes, drowsiness.**
- D. Hypothermia, mild tremors, slurred speech.**

Chlordiazepoxide (Librium) is a benzodiazepine commonly used in the management of alcohol withdrawal symptoms. The correct answer highlights the typical symptoms indicating the need for this medication, specifically the presence of mild tremors, hypertension, and tachycardia. When a person is experiencing alcohol withdrawal, they may exhibit a range of physiological and psychological symptoms due to the absence of alcohol, which the body has become dependent on. Mild tremors are common as the nervous system begins to stabilize after reducing alcohol intake. Along with tremors, elevated blood pressure (hypertension) and increased heart rate (tachycardia) are typical signs of autonomic hyperactivity during withdrawal. These symptoms reflect the body's stress response as it attempts to restore homeostasis. Chlordiazepoxide acts as a central nervous system depressant, helping to alleviate these withdrawal symptoms by providing sedation and reducing anxiety, which ultimately helps to prevent the progression to more severe withdrawal symptoms such as seizures or delirium tremens. The other options list symptoms that are either not indicative of the early stages of alcohol withdrawal or involve an opposite physiological response, which would not require the use of chlordiazepoxide. Hence, understanding the correct indicators for the use of this medication

8. What should a nurse prioritize when a client exhibits signs of withdrawal?

- A. Encouraging physical exercises.**
- B. Ensuring an environment that promotes safety.**
- C. Discussing future care plans.**
- D. Providing information on gradual drug cessation.**

When a client exhibits signs of withdrawal, the highest priority for a nurse is to ensure an environment that promotes safety. Withdrawal symptoms can lead to various physical and psychological complications, and clients may experience agitation, confusion, seizures, or other severe reactions that could endanger their well-being. A safe environment minimizes risks of injury or self-harm and provides the necessary support as the client navigates this challenging period. While encouraging physical exercises might be beneficial for long-term recovery and improving overall health, it is not a priority during acute withdrawal when the client might be unstable. Similarly, discussing future care plans is essential for ongoing treatment but should occur once the immediate safety needs are met. Providing information on gradual drug cessation is relevant and important in the context of substance use treatment, but the immediate focus during withdrawal should be on the client's safety and stabilization. Prioritizing safety helps set the foundation for further interventions and discussions related to the client's recovery.

9. In assessing a client with chronic alcohol intake, which finding should the nurse expect?

- A. Enlarged liver**
- B. Nasal irritation**
- C. Muscle wasting**
- D. Limb paresthesia**

The expectation of finding an enlarged liver in a client with chronic alcohol intake is grounded in the physiological effects of prolonged alcohol consumption on the liver. Chronic alcohol use can lead to liver conditions such as fatty liver, alcoholic hepatitis, and ultimately cirrhosis. These conditions cause progressive inflammation and fibrosis of liver tissues, resulting in hepatomegaly, or an enlarged liver. The presence of an enlarged liver serves as a significant indicator of liver strain and damage due to excessive alcohol intake. Health care providers commonly assess the liver size during a physical examination, as this can correlate with the degree of liver dysfunction and severity of underlying alcoholic liver disease. Other findings, while they may be related to substance use or deficiencies, are not as directly correlated with chronic alcohol use specifically. For example, nasal irritation may occur from inhalation of substances or allergens but does not typically arise from alcohol consumption. Muscle wasting can occur due to malnutrition or chronic diseases but is not a primary finding directly associated with alcohol use alone. Limb paresthesia may result from various conditions, including vitamin deficiencies or neuropathy, but it is also not a typical finding specific to chronic alcohol intake. Thus, the enlarged liver is the most characteristic and relevant finding in this context.

10. What condition is characterized by repeated self-administration of a substance despite harmful consequences?

- A. Substance Use Disorder**
- B. Intermittent Explosive Disorder**
- C. Social Anxiety Disorder**
- D. Oppositional Defiant Disorder**

The condition characterized by repeated self-administration of a substance despite harmful consequences is identified as Substance Use Disorder. This disorder involves a range of behavioral and physiological symptoms that indicate a person's continued use of a substance, such as drugs or alcohol, despite experiencing negative impacts on their personal, social, occupational, or physical health. Substance Use Disorder is defined by criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These criteria include the inability to control use, neglect of personal responsibilities, tolerance and withdrawal symptoms, and continued use despite knowledge of its harmful effects. Understanding this pattern of behavior is essential for recognizing the impact of substance abuse and the need for intervention and treatment. In contrast, the other options—Intermittent Explosive Disorder, Social Anxiety Disorder, and Oppositional Defiant Disorder—describe different conditions. Intermittent Explosive Disorder involves episodes of impulsive aggression, Social Anxiety Disorder focuses on significant anxiety in social situations, and Oppositional Defiant Disorder is characterized by a pattern of disobedient and defiant behavior. None of these conditions specifically centers around the self-administration of substances and the resultant consequences, which makes Substance Use Disorder the most accurate choice.