NCLEX Uworld 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. Which statement about duloxetine is correct?

A. It is an SNRI that relieves pain and treats depression

B. It is a stimulant similar to amphetamine

C. It is a benzodiazepine

D. It decreases serotonin levels

2. Hyperkalemia is a side effect associated with which class of antihypertensive medications?

A. ACE inhibitors

B. Beta blockers

C. Diuretics

D. Calcium channel blockers

3. Which vein is NOT a typical site for a central venous catheter?

A. Cephalic vein

B. Subclavian vein

C. Internal jugular vein

D. Femoral vein

4. What is a common treatment for acute pericarditis?

A. NSAIDs and Colchicine

B. Antibiotics only

C. Surgery

D. Steroids as sole therapy

5. CPR and defibrillation should be initiated in VT only when?

A. There is no pulse

B. There is a pulse

C. The patient demands it

D. After one dose of medication

6. Which daily fluid limit is typical for SIADH management?

A. Less than 500 mL per day

B. 1000-1500 mL per day

C. 2000 mL per day

D. Less than 1000 mL per day

7. Which symptom may indicate a urinary tract infection in the elderly?

A. Fever

B. Flank pain

C. Dysuria

D. Confusion

8. Morphine can do what to urine output?

A. Increase

B. No change

C. Decrease

D. Variable

9. For parent teaching in Kawasaki disease, which practice is important to monitor?

A. Check for fever

B. Limit fluids to prevent edema

C. Monitor blood glucose daily

D. Avoid fever monitoring

10. What is the classic sign of a tension pneumothorax?

A. Mediastinal shift and tracheal deviation

B. Chest pain only

C. Hyperresonant percussion

D. Decreased breath sounds unilaterally

Answers

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

Explanations

1. Which statement about duloxetine is correct?

A. It is an SNRI that relieves pain and treats depression

B. It is a stimulant similar to amphetamine

C. It is a benzodiazepine

D. It decreases serotonin levels

Duloxetine works by inhibiting the reuptake of serotonin and norepinephrine, increasing their levels in the synaptic cleft. This dual action helps improve mood in depression and also reduces pain perception, which is why it's used for both depressive disorders and certain chronic pain conditions. It is not a stimulant like amphetamine, nor a benzodiazepine. It does not decrease serotonin levels; it increases them by blocking reabsorption. Common considerations include potential side effects such as nausea, dry mouth, dizziness, and possible blood pressure elevation, plus caution with other serotonergic drugs due to the risk of serotonin syndrome.

2. Hyperkalemia is a side effect associated with which class of antihypertensive medications?

A. ACE inhibitors

B. Beta blockers

C. Diuretics

D. Calcium channel blockers

Understanding how ACE inhibitors affect potassium balance helps explain the association with hyperkalemia. These drugs block the conversion of angiotensin I to angiotensin II, which lowers angiotensin II levels. Reduced angiotensin II leads to decreased aldosterone secretion from the adrenal glands. Aldosterone promotes potassium excretion in the distal tubule of the kidney; with less aldosterone, potassium is retained more, raising serum potassium levels. That's why hyperkalemia can occur after starting an ACE inhibitor. Monitor potassium after initiation or dose changes, and be alert for symptoms like muscle weakness, fatigue, or palpitations that could reflect elevated potassium. The other common antihypertensive classes don't typically cause hyperkalemia—diuretics usually cause potassium loss, beta blockers don't directly raise potassium, and calcium channel blockers have little effect on potassium. If a patient is on a potassium-sparing diuretic or has kidney impairment, the risk of hyperkalemia increases.

3. Which vein is NOT a typical site for a central venous catheter?

A. Cephalic vein

B. Subclavian vein

C. Internal jugular vein

D. Femoral vein

Central venous catheters are placed into central veins that drain into the right atrium, providing reliable, large-diameter access for medications and hemodynamic monitoring. The internal jugular and subclavian veins are common upper-body options, and the femoral vein is used when upper-body access isn't possible. The cephalic vein is a superficial peripheral vein in the arm; it does not provide direct, central access and is not a typical site for a central venous catheter. In practice, a central line aims for a central vein with a stable, sizable lumen, whereas the cephalic vein is considered peripheral and not ideal for a central line.

4. What is a common treatment for acute pericarditis?

A. NSAIDs and Colchicine

B. Antibiotics only

C. Surgery

D. Steroids as sole therapy

Treating acute pericarditis centers on reducing inflammation and pain. The most common approach is NSAIDs for symptom relief, often with colchicine added to shorten the illness and lower the risk of recurrence. Antibiotics are only used if there is a bacterial infection, and surgery is not part of standard management for uncomplicated cases. Steroids are not used as sole therapy because they can increase recurrence and are reserved for specific situations where NSAIDs and colchicine aren't suitable or effective.

5. CPR and defibrillation should be initiated in VT only when?

A. There is no pulse

B. There is a pulse

C. The patient demands it

D. After one dose of medication

In ventricular tachycardia, management hinges on whether the patient has a pulse. If there is no pulse, the patient is in cardiac arrest, and high-quality CPR should be started immediately while the defibrillator is prepared to deliver a defibrillating shock as soon as possible. This unsynchronized shock is used to try to halt the chaotic electrical activity and restore a perfusing rhythm. If a pulse is present, you are not in cardiac arrest, so CPR and defibrillation aren't the immediate steps. Instead, assess stability and treat appropriately—often with synchronized cardioversion if unstable, or medications if stable. So the scenario where CPR and defibrillation belong is when there is no pulse.

6. Which daily fluid limit is typical for SIADH management?

A. Less than 500 mL per day

B. 1000-1500 mL per day

C. 2000 mL per day

D. Less than 1000 mL per day

In SIADH, the body holds onto too much water due to excess ADH, which dilutes blood sodium. The main way to address this is to restrict free water intake so the serum sodium can rise gradually as the kidneys excrete the extra water. A typical daily fluid limit used in management is a strict restriction to about one liter of free water per day or less. This small intake reduces ongoing dilution without causing abrupt changes, helping correct hyponatremia safely. While fluid restriction is the cornerstone, patients are monitored closely for sodium levels to avoid too rapid correction, which can risk osmotic demyelination. In more severe or non-responsive cases, additional therapies may be considered under careful supervision, but the usual target is keeping daily intake to a low, limited amount.

7. Which symptom may indicate a urinary tract infection in the elderly?

A. Fever

B. Flank pain

C. Dysuria

D. Confusion

In older adults, urinary tract infections often show up as non-specific neuropsychiatric changes rather than the classic urinary symptoms. Acute confusion or delirium can be the first sign of infection because aging blunts the typical fever response and urinary symptoms may be difficult to notice or report. This makes confusion the most helpful hint among the options for recognizing a UTI in the elderly. Fever may be absent or minimal in older individuals with infections, flank pain points more toward upper urinary tract involvement and isn't as common in frail elders with a lower UTI, and dysuria can be underreported due to sensory changes or cognitive impairment. So when you see sudden confusion in an elderly patient, it should prompt evaluation for possible infections like a UTI, along with appropriate testing.

8. Morphine can do what to urine output?

A. Increase

B. No change

C. Decrease

D. Variable

Morphine reduces urine output. As an opioid, it can promote the release of antidiuretic hormone (vasopressin), which makes the kidneys reabsorb more water in the distal tubules and collecting ducts. This water retention decreases the volume of urine produced. Opioids can also contribute to urinary retention by dampening the micturition reflex, which further lowers voiding. In practice, monitor intake and output and assess for urinary retention in patients receiving morphine.

9. For parent teaching in Kawasaki disease, which practice is important to monitor?

A. Check for fever

B. Limit fluids to prevent edema

C. Monitor blood glucose daily

D. Avoid fever monitoring

Monitoring fever after Kawasaki disease is crucial because fever reflects ongoing inflammation and how well treatment is working. After IVIG therapy, fever usually goes away within about 24 to 48 hours. If fever persists or returns, it can indicate continued inflammation or IVIG resistance, which raises the risk of heart-related complications like coronary artery aneurysms. Therefore, parents should regularly check and record the child's temperature for several days after treatment and contact a clinician if the fever lasts more than a day after treatment or recurs. Hydration is important, so fluids should be maintained rather than limited, and routine daily glucose monitoring isn't a standard home care practice for Kawasaki disease.

10. What is the classic sign of a tension pneumothorax?

A. Mediastinal shift and tracheal deviation

B. Chest pain only

C. Hyperresonant percussion

D. Decreased breath sounds unilaterally

When air under pressure builds in the pleural space, it pushes the mediastinal structures away from the affected side, causing the trachea to deviate to the opposite side. That movement of the mediastinum and trachea is the classic sign because it directly reflects the serious, pressure-driven shift that characterizes a tension pneumothorax and the resulting compromised venous return to the heart. Other findings like hyperresonant percussion or unilateral decreased breath sounds can occur with pneumothorax in general, but they aren't specific to the tension physiology. Chest pain alone is nonspecific and doesn't convey the life-threatening shift happening in tension pneumothorax.

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://nclexuworld.examzify.com

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