

NCLEX UWORLD PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Levofloxacin (Levaquin) is which type of medication?**
 - A. Antisa-dher
 - B. Antibiotic
 - C. Antihistamine
 - D. Antipsychotic
- 2. When a patient with schizophrenia reports hearing voices, what should the nurse assess first?**
 - A. Content of the voices
 - B. Volume of the voices
 - C. Duration of the voices
 - D. Tone of the voices
- 3. Which age group experiences dehydration more rapidly?**
 - A. Adults
 - B. Elderly
 - C. Infants and Young Children
 - D. Teenagers
- 4. Back pain after catheterization could indicate which complication?**
 - A. Retroperitoneal bleeding
 - B. Urinary tract infection
 - C. Kidney stones
 - D. Appendicitis
- 5. Is it appropriate to post patients' last names on nursing station boards?**
 - A. Yes, it is acceptable.
 - B. No, never allowed.
 - C. Only for rooms with public access.
 - D. Only the initials should be used.
- 6. Late signs of hepatitis B include which of the following?**
 - A. Weight loss and fever
 - B. Nausea and vomiting
 - C. Jaundice, weight loss, clay-colored stools, thrombocytopenia
 - D. Abdominal pain only

7. Untreated long-term hypertension increases risk for which condition?

- A. Decreased stroke risk
- B. Improved renal function
- C. Heart failure
- D. No cardiovascular risk

8. Levodopa primarily improves which motor symptom of Parkinson disease?

- A. Memory loss
- B. Tremor
- C. Bradykinesia
- D. Seizures

9. Ptosis is commonly associated with which condition?

- A. Parkinson's disease
- B. Myasthenia gravis
- C. Guillain-Barré syndrome
- D. Multiple sclerosis

10. Which patients should LR not be given to?

- A. Healthy adults
- B. Patients with dehydration
- C. AKI or chronic kidney disease
- D. Patients with anemia

Answers

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

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Explanations

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1. Levofloxacin (Levaquin) is which type of medication?

- A. Antisa-dher
- B. Antibiotic**
- C. Antihistamine
- D. Antipsychotic

Levofloxacin is an antibiotic, specifically a fluoroquinolone. It works by inhibiting bacterial enzymes needed for DNA replication (DNA gyrase and topoisomerase IV), so bacteria can't multiply and are killed. This makes it effective against many bacterial infections, but it won't treat viral illnesses like colds or the flu. It's not an antihistamine or an antipsychotic, which are used for allergy symptoms or mental health conditions. Safety notes to remember: there is a risk of tendon injury or rupture, especially in older adults or those on steroids; absorption can be reduced if taken with iron or calcium-containing antacids or supplements within a couple hours of the dose; and there is a potential for photosensitivity and C. difficile–related diarrhea.

2. When a patient with schizophrenia reports hearing voices, what should the nurse assess first?

- A. Content of the voices**
- B. Volume of the voices
- C. Duration of the voices
- D. Tone of the voices

Assessing the content of the voices is crucial because it reveals safety risk and guides immediate care. If the voices include commands to harm the patient or others, persecutory messages, or direct instructions to act in dangerous ways, that information flags the need for urgent safety measures, close observation, and a specific plan to protect the patient and others. Understanding what the voices are saying also shapes how you respond therapeutically—acknowledging the experience without affirming it, offering grounding strategies, and encouraging reality testing as appropriate. Volume, duration, and tone provide useful background about distress and symptom burden, but they don't by themselves indicate danger or dictate urgent action. They're important for ongoing assessment, but the content of the voices is what most directly informs safety and immediate nursing interventions.

3. Which age group experiences dehydration more rapidly?

- A. Adults
- B. Elderly
- C. Infants and Young Children**
- D. Teenagers

Infants and young children are most at risk for rapid dehydration because they have a larger percentage of body weight as water and a greater surface area to mass, which leads to more insensible fluid loss through the skin and lungs. Their kidneys are still maturing, so they conserve water and concentrate urine less effectively than adults. They also depend on caregivers for fluids and may not recognize or communicate thirst, so illness that causes vomiting or diarrhea can quickly deplete their small fluid reserves. Because their total body water pool is smaller and their compensatory mechanisms are less robust, even a short period of fluid loss can lead to a rapid decline in hydration. Signs can emerge quickly, underscoring the need for prompt recognition and rehydration.

4. Back pain after catheterization could indicate which complication?

A. Retroperitoneal bleeding

B. Urinary tract infection

C. Kidney stones

D. Appendicitis

Back pain after catheterization points to retroperitoneal bleeding from an arterial puncture during access. The retroperitoneal space can accumulate blood without obvious external signs, so the patient may develop back or flank pain that persists or worsens as bleeding continues. This situation is a medical emergency because ongoing blood loss can lead to hypotension and shock, even if you don't see a large groin hematoma right away. Urinary tract infection would create urinary symptoms like dysuria, frequency, urgency, or suprapubic tenderness, not specifically tied to catheterization. Kidney stones typically cause sudden, severe flank or groin pain that is colicky and often accompanied by hematuria, but not linked to the catheterization event. Appendicitis presents with periumbilical pain migrating to the right lower quadrant, plus possible fever and anorexia, not related to catheterization. So if back pain follows catheterization, retroperitoneal bleeding is the most plausible and urgent explanation to consider.

5. Is it appropriate to post patients' last names on nursing station boards?

A. Yes, it is acceptable.

B. No, never allowed.

C. Only for rooms with public access.

D. Only the initials should be used.

Posting a patient's full last name on a nursing station board is appropriate when the board is in a restricted, staff-only area. In that setting, last names help the care team quickly and accurately identify the correct patient, match orders and charts, and prevent medication or treatment errors, which supports patient safety. Privacy is still protected because access to the board is limited to personnel who need the information to provide care; sensitive details should not be visible to the public. If the board were in a public area, or if there's a risk of exposure to visitors, using de-identified information such as initials or room numbers would be the safer approach.

6. Late signs of hepatitis B include which of the following?

A. Weight loss and fever

B. Nausea and vomiting

C. Jaundice, weight loss, clay-colored stools, thrombocytopenia

D. Abdominal pain only

Late signs reflect advanced liver dysfunction and cholestasis. When hepatitis B progresses, the liver's ability to process and excrete bilirubin diminishes, causing jaundice. Cholestasis blocks bile flow into the intestine, leading to clay-colored stools. Ongoing liver impairment often brings weight loss as metabolism and appetite are affected. As liver disease becomes more severe, thrombopoietin production drops and portal hypertension can cause splenic sequestration, resulting in thrombocytopenia. Abdominal pain can occur but is nonspecific, and fever or nausea/vomiting are more typical of the early or acute phase. This combination—jaundice, pale stools, weight loss, and low platelets—best fits the late signs of hepatitis B.

7. Untreated long-term hypertension increases risk for which condition?

- A. Decreased stroke risk
- B. Improved renal function
- C. Heart failure**
- D. No cardiovascular risk

Chronic untreated hypertension wears the heart and vessels down from relentless high pressure. The heart must pump against greater resistance, prompting left ventricular hypertrophy as an initial adaptation. Over time this remodeling and the persistent pressure increase stiffen the heart and impair its ability to fill or pump effectively, leading to heart failure. Hypertension also damages arteries and accelerates atherosclerosis, raising risk for stroke and kidney disease, but the direct, classic long-term consequence among the options is heart failure. The other statements aren't accurate: hypertension does not lower stroke risk or improve renal function, and it certainly does not eliminate cardiovascular risk.

8. Levodopa primarily improves which motor symptom of Parkinson disease?

- A. Memory loss
- B. Tremor
- C. Bradykinesia**
- D. Seizures

Levodopa replenishes brain dopamine, addressing the dopamine deficit that leads to slowed, difficult movement in Parkinson disease. The symptom that most reliably improves with this dopaminergic restoration is bradykinesia—the slowness and difficulty initiating and executing movements. This is the hallmark motor impairment that often limits daily activities, and it tends to respond best to therapy with levodopa. Tremor and rigidity can also improve, but to a lesser or more variable extent, while memory loss and seizures are not primary motor features of Parkinson disease and are not the main targets of levodopa.

9. Ptosis is commonly associated with which condition?

- A. Parkinson's disease
- B. Myasthenia gravis**
- C. Guillain-Barré syndrome
- D. Multiple sclerosis

Drooping of the eyelid reflects weakness of the eyelid muscles from impaired neuromuscular transmission, especially when the weakness is fatigable and worsens with use. Myasthenia gravis is a classic autoimmune disorder where antibodies attack acetylcholine receptors at the neuromuscular junction, reducing signal transmission to muscles. This causes fluctuating, fatigable weakness that commonly affects the ocular muscles, so ptosis (and diplopia) are typical early signs. The droop often improves with rest or with acetylcholinesterase inhibitors, reinforcing the link to a neuromuscular junction problem. Other conditions can involve the eyes, but the pattern of fatigable ptosis is most characteristic of myasthenia gravis. For example, Parkinson's disease can have eyelid drooping due to facial hypomotility but is not defined by fatigable eyelid weakness; Guillain-Barré syndrome usually presents with rapidly progressive, symmetric weakness and areflexia with possible cranial nerve involvement, not a hallmark fatigable ptosis; multiple sclerosis features optic neuritis or internuclear ophthalmoplegia rather than a classic Ptosis-predominant presentation.

10. Which patients should LR not be given to?

- A. Healthy adults
- B. Patients with dehydration
- C. AKI or chronic kidney disease**
- D. Patients with anemia

Lactated Ringer's is a balanced isotonic fluid that provides electrolytes (including potassium) and lactate. While it helps restore intravascular volume, it can pose problems in kidney impairment because the kidneys are responsible for excreting potassium and for handling the lactate load. In AKI or CKD, the risk of hyperkalemia rises, and excess potassium in the IV fluid can worsen this dangerous electrolyte disturbance. That's why this fluid is typically avoided in patients with significant renal dysfunction. In other situations—like dehydration or in healthy adults—LR can be appropriate, and its lactate component is generally not an issue unless there's severe liver dysfunction. Anemia doesn't contraindicate LR, though it won't treat the anemia itself.

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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!

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