

NCLEX UWORLD PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 statement best describes proper elbow sling placement after an arm injury?**
 - A. Elbow sling placement
 - B. 90 deg
 - C. Hand above elbow
 - D. Bottom of sling ends in middle of palm with fingers visible
- 2. Which step is included in home burn care?**
 - A. Soak in cool water to stop burning
 - B. Remove clothing around burn
 - C. Cover with a clean dry cloth
 - D. Dont put any meds or anything on the wound
- 3. Which medication administration routes are typically within the scope of practice for Licensed Practical Nurses (LPNs)?**
 - A. Oral, Subcutaneous, and Intramuscular
 - B. Intravenous
 - C. Intrathecal
 - D. Epidural
- 4. Which medication is used to treat skin and arthritis manifestations of lupus?**
 - A. Prednisone
 - B. Hydroxychloroquine
 - C. Methotrexate
 - D. Azathioprine
- 5. Which medication should be discontinued on the day of IV iodinated contrast exposure?**
 - A. Metformin
 - B. Amlodipine
 - C. Gabapentin
 - D. Phenytoin

- 6. In the event of a venous air embolism during a central line procedure, which immediate action is recommended?**
- A. Administer 100% oxygen
 - B. Clamp tubing and place patient in Trendelenburg
 - C. Call the physician
 - D. Raise the head of the bed
- 7. Post TURP nursing care primarily focuses on which aspect?**
- A. Eradicating infection with antibiotics only
 - B. Maintaining urine outflow and preventing bladder outlet obstruction through irrigation
 - C. Eliminating urinary catheter soon after procedure
 - D. Avoiding any irrigation to prevent bleeding
- 8. The TIPS procedure is used to treat which condition?**
- A. Peptic ulcers
 - B. Esophageal varices
 - C. Bowel obstruction
 - D. Gallstones
- 9. Ulcerative colitis primarily involves which part of the gastrointestinal tract?**
- A. Small intestine
 - B. Stomach
 - C. Liver
 - D. Large intestine
- 10. Which statement correctly describes radiation of chest pain during myocardial infarction?**
- A. Chest pain can radiate to left arm, neck, jaw, or epigastric area
 - B. Chest pain always worsens with rest
 - C. Chest pain only in left arm
 - D. Chest pain never accompanied by sweating

Answers

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

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Explanations

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1. Which statement best describes proper elbow sling placement after an arm injury?

A. Elbow sling placement

B. 90 deg

C. Hand above elbow

D. Bottom of sling ends in middle of palm with fingers visible

Immobilizing the injured arm with a properly positioned elbow sling is what protects the injury and reduces pain. A sling designed for this purpose should cradle the forearm and support the elbow so that movement at the elbow is minimized. When the sling is placed correctly, the elbow remains held in a stable position and the forearm and hand are supported together, limiting further strain or displacement of tissues. This option highlights applying the sling correctly as the key action. Other details—such as aiming for a specific elbow angle or the exact height of the hand relative to the elbow, or how the sling ends at the palm—are important components of proper technique, but they do not by themselves guarantee the elbow is immobilized. The central idea is secure elbow sling placement to stabilize the injured limb.

2. Which step is included in home burn care?

A. Soak in cool water to stop burning

B. Remove clothing around burn

C. Cover with a clean dry cloth

D. Dont put any meds or anything on the wound

The key idea here is to avoid putting anything on a burn wound at home. Introducing meds, ointments, oils, butter, or other substances can trap heat, contaminate the wound, or irritate tissue, which can hinder healing and make it harder for a clinician to assess the burn later. The safer approach is to lightly cool the area with cool running water and protect it with a clean, dry cloth while monitoring for severity. Seek medical care if the burn is large or involves the face, hands, feet, joints, or genitals, or if signs of infection appear.

3. Which medication administration routes are typically within the scope of practice for Licensed Practical Nurses (LPNs)?

A. Oral, Subcutaneous, and Intramuscular

B. Intravenous

C. Intrathecal

D. Epidural

LPNs typically administer medications through routes that are straightforward and commonly delegated, namely oral, subcutaneous, and intramuscular. Oral medications are the most common and simplest to administer, requiring basic dosing checks and patient guidance. Subcutaneous injections are given into the fatty tissue under the skin and are a routine method for certain vaccines and medications with slower absorption. Intramuscular injections deliver meds into muscle tissue for quicker absorption and are also commonly handled by LPNs under proper orders and policies. Routes that involve intravenous access, intrathecal delivery, or epidural administration require higher levels of licensure and specialized training because they carry higher risk, require more intensive monitoring, and are typically performed by RNs, anesthesia providers, or other advanced clinicians. Therefore, the option that lists oral, subcutaneous, and intramuscular routes is the one aligned with typical LPN scope. Always follow your facility's policies and the written orders, and monitor the patient for adverse effects or complications, escalating as needed.

4. Which medication is used to treat skin and arthritis manifestations of lupus?

- A. Prednisone
- B. Hydroxychloroquine**
- C. Methotrexate
- D. Azathioprine

Hydroxychloroquine is favored for treating the skin and joint manifestations of lupus because it modulates the immune response in a way that reduces both skin rashes and joint inflammation without the broad, rapid suppression seen with steroids. It helps control mucocutaneous lupus (rash, photosensitivity) and lupus arthropathy over time and also lowers the frequency of disease flares, making it a cornerstone of long-term management. Mechanistically, it dampens immune signaling that drives inflammation, which translates into better skin and joint symptoms while generally having a more favorable safety profile than sustained high-dose corticosteroids or other immunosuppressants. Prednisone may quickly quell inflammation during a flare but isn't the long-term solution for skin and arthritis. Methotrexate and azathioprine can be used for arthritis or more severe organ involvement, but they're not the first-line choices specifically for skin and joint symptoms in lupus. Hydroxychloroquine stands out for these manifestations and is commonly continued as maintenance therapy. If used, it requires regular eye exams due to the risk of retinal toxicity.

5. Which medication should be discontinued on the day of IV iodinated contrast exposure?

- A. Metformin**
- B. Amlodipine
- C. Gabapentin
- D. Phenytoin

Holding metformin around IV iodinated contrast is essential because the contrast can temporarily impair kidney function, reducing metformin's excretion. If metformin accumulates when renal function is affected, there's a risk of lactic acidosis, a serious complication. That's why it's stopped on the day of contrast exposure and for a period afterward (commonly 24–48 hours, then resumed once renal function is stable). The other medications listed don't carry the same acute risk with contrast and don't require discontinuation solely for a contrast study.

6. In the event of a venous air embolism during a central line procedure, which immediate action is recommended?

- A. Administer 100% oxygen
- B. Clamp tubing and place patient in Trendelenburg**
- C. Call the physician
- D. Raise the head of the bed

Venous air embolism during a central line is an urgent, life-threatening event where air can travel to the right heart and lungs. The priority is to stop more air from entering the circulation and prevent it from reaching the lungs. Clamping the catheter tubing at the insertion site immediately stops the source of air. Placing the patient in Trendelenburg, ideally with a left lateral tilt, helps keep any air in the right atrium and away from the pulmonary circulation, reducing the risk of a large pulmonary embolism. After securing the source and positioning, give 100% oxygen to promote rapid absorption of the air and improve oxygenation, and notify the physician for further management, which may include hyperbaric therapy if indicated. Raising the head of the bed is not helpful and can worsen the embolism.

7. Post TURP nursing care primarily focuses on which aspect?

- A. Eradicating infection with antibiotics only
- B. Maintaining urine outflow and preventing bladder outlet obstruction through irrigation**
- C. Eliminating urinary catheter soon after procedure
- D. Avoiding any irrigation to prevent bleeding

After TURP, the main goal is to keep urine flowing and prevent bladder outlet obstruction. This is achieved through continuous bladder irrigation to flush out blood clots and debris, maintaining the catheter's patency so drainage remains uninterrupted. Keeping the catheter patent and urine flowing reduces the risk of retention, distention, and re-occlusion, supporting proper healing. The catheter typically stays in place for several days and is irrigated as prescribed, with close monitoring of urine color, output, and system patency. While antibiotics and eventually catheter removal play roles in care, they do not address the immediate priority of preserving urine drainage and preventing obstruction through irrigation.

8. The TIPS procedure is used to treat which condition?

- A. Peptic ulcers
- B. Esophageal varices**
- C. Bowel obstruction
- D. Gallstones

TIPS lowers portal venous pressure to prevent or control bleeding from esophageal varices. It does this by creating a channel inside the liver that connects a branch of the portal vein to a hepatic vein, effectively diverting blood away from the high-pressure portal system into the systemic circulation. By decompressing the varices, the risk of hemorrhage decreases, and it can also help with refractory ascites. This procedure isn't used for peptic ulcers, bowel obstruction, or gallstones, which are treated with other medical or surgical approaches.

9. Ulcerative colitis primarily involves which part of the gastrointestinal tract?

- A. Small intestine
- B. Stomach
- C. Liver
- D. Large intestine**

Ulcerative colitis is defined by inflammation that stays in the large intestine, specifically the colon and rectum, with a continuous pattern starting at the rectum. This location explains the classic symptoms of UC, such as frequent diarrhea with blood and abdominal cramps, because the disease affects the mucosal lining of the colon. The inflammation is limited to the colon and does not typically involve the small intestine or other organs as the primary site, which is why the large intestine is the correct choice. In contrast, Crohn's disease can affect the small intestine and other parts of the GI tract and often has skip lesions, helping to distinguish it from UC.

10. Which statement correctly describes radiation of chest pain during myocardial infarction?

A. Chest pain can radiate to left arm, neck, jaw, or epigastric area

B. Chest pain always worsens with rest

C. Chest pain only in left arm

D. Chest pain never accompanied by sweating

Radiation of chest pain in myocardial infarction happens because the heart's ischemic signals travel along nerve pathways shared with areas like the left arm, neck, jaw, and upper abdomen. That's why many people feel pressure or squeezing in the chest that can radiate to the left arm, the neck, the jaw, or the epigastric region. This radiation pattern is a typical feature of ischemic chest pain and helps distinguish it from other causes. Also, sweating is a common accompaniment due to sympathetic activation, so saying chest pain is never accompanied by sweating isn't accurate. Additionally, MI pain isn't reliably relieved by rest; unlike stable angina—where rest often eases symptoms—MI pain can occur at rest and may not improve with rest, and it isn't limited to the left arm.

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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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