

NCLEX Yellow Book Klimek's Version (KV) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What advice should a 24-year-old female on oral contraceptives follow if she missed her last 2 pills?**
 - A. Continue without additional precautions**
 - B. Double today's dose and use a barrier method for the rest of the month**
 - C. Stop taking the pills until her next cycle**
 - D. Take a single dose and consult a doctor**
- 2. What describes a patient exhibiting signs of distress or unrest?**
 - A. Calm Client**
 - B. Agitated Client**
 - C. Withdrawn Client**
 - D. Content Client**
- 3. What is the primary treatment for scabies?**
 - A. Oral antihistamines and topical steroids**
 - B. Permethrin and good hygiene**
 - C. Antibiotics and corticosteroid creams**
 - D. Insect repellents and home cleaning solutions**
- 4. Polymyalgia rheumatica is most commonly seen in which demographic?**
 - A. Younger adults**
 - B. Children**
 - C. Older adults**
 - D. Middle-aged adults**
- 5. Which psychosocial stage is characterized by challenges in forming intimate relationships and occurs from ages 21 to 39 years?**
 - A. Generativity vs. stagnation**
 - B. Intimacy vs. isolation**
 - C. Identity vs. role confusion**
 - D. Ego integrity vs. despair**

- 6. What condition is indicated by discomfort in the rectal area, often accompanied by bleeding?**
- A. Hemorrhoids**
 - B. Rectal pain**
 - C. Colon cancer**
 - D. Inflammatory bowel disease**
- 7. How does a decrease in blood pH affect sickling in sickle cell anemia?**
- A. Reduces the sickling process**
 - B. Increases the rate and degree of sickling**
 - C. Has no effect**
 - D. Improves oxygen delivery**
- 8. Edema is commonly visible in conditions such as heart failure and nephrotic syndrome. What type of fluid retention does this indicate?**
- A. Intravascular fluid retention**
 - B. Extravascular fluid retention**
 - C. Interstitial fluid retention**
 - D. Intra-abdominal fluid retention**
- 9. What is the most likely diagnosis for an 8-month-old male presenting with hemarthrosis and hematuria?**
- A. Von Willebrand disease**
 - B. Hemorrhagic disease of the newborn**
 - C. Thrombocytopenia**
 - D. Type of hemophilia**
- 10. What is a significant indication of successful treatment in magnesium sulfate therapy?**
- A. Pulmonary Edema**
 - B. Decreased Urination**
 - C. Increased Reflexes**
 - D. Increased Urinary Output**

Answers

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

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Explanations

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1. What advice should a 24-year-old female on oral contraceptives follow if she missed her last 2 pills?
 - A. Continue without additional precautions
 - B. Double today's dose and use a barrier method for the rest of the month**
 - C. Stop taking the pills until her next cycle
 - D. Take a single dose and consult a doctor

If a 24-year-old female on oral contraceptives misses her last two pills, the most appropriate guidance is to double today's dose and use a barrier method for the rest of the month. This instruction is consistent with the general recommendation for missed oral contraceptive pills: when two pills are missed in a row, it is vital to take the most recent missed pill as soon as remembered, and to take the next pill at the regular time even if it means taking two tablets in one day. Additionally, using a barrier method, such as condoms, ensures extra protection against unintended pregnancy during this time of potential decreased contraceptive efficacy. When pills are missed, the hormonal balance can be disrupted, raising the risk for ovulation. Therefore, reinforcing the use of additional contraception is essential to maintain effective protection until the hormonal levels are stabilized. This approach maximizes protection and helps to ensure that the contraceptive method continues to be effective throughout the cycle, addressing the risk associated with missing doses.

2. What describes a patient exhibiting signs of distress or unrest?
 - A. Calm Client
 - B. Agitated Client**
 - C. Withdrawn Client
 - D. Content Client

A patient exhibiting signs of distress or unrest is best described as an agitated client. This state often manifests through restlessness, anxiety, or emotional upset, which signals that the individual is experiencing discomfort or a heightened sense of tension. In clinical practice, agitation can reflect various underlying issues, such as pain, anxiety, or an adverse reaction to medication, indicating the need for immediate assessment and intervention. In contrast, a calm client, withdrawn client, and content client typically do not display signs of distress or unrest. The calm client appears stable and relaxed, while the withdrawn client may be disengaged or less responsive but does not necessarily indicate distress. A content client, on the other hand, shows satisfaction and well-being, opposite of agitation. Understanding the nuances of these behaviors is crucial for effective patient assessment and management.

3. What is the primary treatment for scabies?

- A. Oral antihistamines and topical steroids
- B. Permethrin and good hygiene**
- C. Antibiotics and corticosteroid creams
- D. Insect repellents and home cleaning solutions

The primary treatment for scabies is permethrin and good hygiene, which is focused on eliminating the scabies mites and preventing re-infestation. Permethrin is a topical scabicide that works by disrupting the nervous system of the mites, leading to their death. This medication is applied to the entire body, from the neck down in adults, and it is particularly effective when applied properly and left on for the recommended duration. In addition to permethrin, good hygiene practices are essential to treat and prevent scabies. This includes washing all clothing, bedding, and towels in hot water to kill any mites or eggs that may be present and ensuring that close contacts are treated simultaneously to prevent reinfection. This combination of a scabicide and thorough hygiene measures makes it the most effective approach to managing a scabies infestation. Other options mentioned may not address the root cause of the condition or may be supportive treatments rather than direct therapeutic measures for scabies.

4. Polymyalgia rheumatica is most commonly seen in which demographic?

- A. Younger adults
- B. Children
- C. Older adults**
- D. Middle-aged adults

Polymyalgia rheumatica is predominantly observed in older adults, typically affecting individuals over the age of 50. The condition is characterized by muscle pain and stiffness, particularly in the shoulders, neck, and hips, and it is associated with systemic symptoms such as fatigue and malaise. The exact cause of polymyalgia rheumatica is not fully understood, but it is thought to be related to inflammatory processes, and its prevalence increases with age. In contrast, younger adults and children are less likely to develop this condition, as it is not commonly associated with those age groups. Middle-aged adults may experience some musculoskeletal issues, but they do not have the same incidence rates for this specific inflammatory disorder as older adults do. Consequently, recognizing that polymyalgia rheumatica is primarily a condition affecting older individuals helps in understanding the demographic characteristics associated with it.

5. Which psychosocial stage is characterized by challenges in forming intimate relationships and occurs from ages 21 to 39 years?

A. Generativity vs. stagnation

B. Intimacy vs. isolation

C. Identity vs. role confusion

D. Ego integrity vs. despair

The stage referred to in the question is indeed characterized by the challenges of forming intimate relationships, and it aligns with Erik Erikson's psychosocial development theory. Specifically, the stage of intimacy versus isolation takes place during young adulthood, roughly from ages 21 to 39. During this period, individuals work to establish intimate relationships with others, which can lead to fulfilling partnerships and deep connections. Success in this stage fosters the ability to create meaningful relationships, while failure can result in feelings of isolation and loneliness. This stage emphasizes the importance of developing strong interpersonal bonds and the capacity to share oneself with others. Individuals navigating this stage may experience anxiety about closeness and vulnerability, influencing their ability to connect with loved ones and peers. Recognizing the significance of intimacy in this timeframe helps highlight the role it plays in overall emotional and social development.

6. What condition is indicated by discomfort in the rectal area, often accompanied by bleeding?

A. Hemorrhoids

B. Rectal pain

C. Colon cancer

D. Inflammatory bowel disease

Discomfort in the rectal area, particularly when associated with bleeding, is most commonly indicative of hemorrhoids. Hemorrhoids, which can be external or internal, arise from swollen blood vessels in the rectal area and are known to cause symptoms such as discomfort, pain, and bleeding during bowel movements. This condition is prevalent and can result from various factors, including straining during bowel movements, prolonged sitting, or constipation. Rectal pain, while it may describe a symptom of many rectal conditions, is a broader term and does not specifically indicate the presence of bleeding, which is a hallmarked symptom of hemorrhoids. Other conditions such as colon cancer or inflammatory bowel disease could also present with similar symptoms, but the association of rectal discomfort with bleeding aligns most closely with hemorrhoids as the primary concern.

7. How does a decrease in blood pH affect sickling in sickle cell anemia?

- A. Reduces the sickling process**
- B. Increases the rate and degree of sickling**
- C. Has no effect**
- D. Improves oxygen delivery**

A decrease in blood pH, also referred to as acidosis, can significantly influence the sickling process in individuals with sickle cell anemia. When the blood becomes more acidic, the oxygen-carrying capacity of hemoglobin is altered. In sickle cell anemia, hemoglobin S (the variant form of hemoglobin) is prone to polymerization or clumping together under low oxygen conditions or in acidic environments. This polymerization causes the red blood cells to deform into a sickle shape. As the pH decreases, the surrounding environment becomes more conducive to this change. The sickling process is exacerbated due to the increased likelihood of hemoglobin S molecules sticking together, leading to the characteristic sickle-shaped cells that can obstruct blood flow and cause pain and potential organ damage. Therefore, a decrease in blood pH directly correlates with an increase in both the rate and degree of sickling in affected individuals. This understanding is critical in managing symptoms and complications associated with sickle cell anemia.

8. Edema is commonly visible in conditions such as heart failure and nephrotic syndrome. What type of fluid retention does this indicate?

- A. Intravascular fluid retention**
- B. Extravascular fluid retention**
- C. Interstitial fluid retention**
- D. Intra-abdominal fluid retention**

The situation described in the question points to extravascular fluid retention, which is characterized by the accumulation of fluid outside of the blood vessels, particularly in the interstitial spaces and tissues. Conditions such as heart failure and nephrotic syndrome lead to this type of fluid retention because they disrupt the body's normal mechanisms for fluid balance. In heart failure, the heart is unable to pump blood effectively, leading to increased hydrostatic pressure in the blood vessels. This pressure causes fluid to leak into the interstitial spaces, resulting in visible edema in the extremities, abdomen, or lungs. Similarly, nephrotic syndrome involves damage to the kidney's filtering units, leading to protein loss in urine. When proteins are lost, the oncotic pressure in the blood decreases, which also allows fluid to escape from the vascular space into the surrounding tissues, contributing to edema. Extravascular fluid retention is important to recognize in these conditions, as addressing edema often involves managing the underlying issues causing fluid imbalance, such as treating heart failure or controlling the effects of nephrotic syndrome.

9. What is the most likely diagnosis for an 8-month-old male presenting with hemarthrosis and hematuria?

- A. Von Willebrand disease**
- B. Hemorrhagic disease of the newborn**
- C. Thrombocytopenia**
- D. Type of hemophilia**

The presence of hemarthrosis (bleeding into the joint) and hematuria (blood in urine) in an 8-month-old male strongly suggests a bleeding disorder, particularly one that is hereditary and associated with deficiencies in clotting factors. In this context, hemophilia is characterized by a deficiency in specific clotting factors, most commonly factor VIII (hemophilia A) or factor IX (hemophilia B). These deficiencies lead to prolonged bleeding episodes, which can manifest as spontaneous bleeding into joints, known as hemarthrosis, and bleeding from the urinary tract, resulting in hematuria. The age of the child and the symptoms presented support the diagnosis of hemophilia, as it typically appears in males due to its X-linked recessive inheritance pattern. In contrast, conditions like von Willebrand disease, while they can lead to bleeding, typically manifest with mucosal bleeding and are less likely to present solely with the severe manifestations seen here. Likewise, hemorrhagic disease of the newborn primarily affects neonates within the first few days of life, and thrombocytopenia does not directly correlate with the specific symptoms of hemarthrosis and hematuria. Thus, given the child's age and the distinctive symptoms of joint and

10. What is a significant indication of successful treatment in magnesium sulfate therapy?

- A. Pulmonary Edema**
- B. Decreased Urination**
- C. Increased Reflexes**
- D. Increased Urinary Output**

In magnesium sulfate therapy, particularly when administered for conditions like eclampsia or severe preeclampsia, a significant indication of successful treatment is increased urinary output. This outcome suggests that the kidneys are functioning properly and that the magnesium sulfate is not causing adverse effects like renal impairment. Magnesium sulfate acts as a neuroprotectant and is also used to prevent seizures in pregnant women. Monitoring urinary output is crucial because it reflects the patient's fluid status and kidney function. If the treatment is effective, the patient should have a regulated output, signaling that the therapy is not inducing toxicity or compromising renal function. In the context of the other options, pulmonary edema indicates fluid overload, which can be a complication of magnesium sulfate therapy rather than a sign of success. Decreased urination could suggest that the kidneys are not processing fluids effectively, potentially indicating toxicity. Increased reflexes are often seen in magnesium deficiency or may indicate a lack of adequate magnesium levels, hence not aligning with success in therapy. Thus, increased urinary output is the most reliable and significant indicator of successful therapy with magnesium sulfate.

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://nclexyellowbookkv.examzify.com>

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