

# Next Generation NCLEX (NGN) B Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. How should a nurse respond when a patient experiences a seizure?**
  - A. Stop the patient from moving at all costs**
  - B. Ensure patient safety by moving objects away**
  - C. Try to restrain the patient to prevent injury**
  - D. Administer medications during the seizure**
- 2. What does the 'Select All That Apply' (SATA) question format require from test-takers?**
  - A. Identifying all correct options from a list that pertain to a patient situation**
  - B. Choosing only the most relevant option from a limited list**
  - C. Ranking options in order of importance**
  - D. Eliminating incorrect answers based on understandings**
- 3. Which statement by a faculty member indicates a correct understanding of how to support students with ADHD during instruction?**
  - A. I will plan to increase the amount of homework I assign to students who have ADHD**
  - B. I will give students who have ADHD the same amount of time as other students to complete tests**
  - C. I will allow students who have ADHD one rest break throughout the day**
  - D. I will teach challenging academic subjects to students who have ADHD in the morning**
- 4. In children, which of these is a common complication of Kawasaki disease?**
  - A. Bradycardia**
  - B. Coronary artery aneurysm**
  - C. Anemia**
  - D. Diabetes mellitus**

- 5. In a toddler diagnosed with Kawasaki disease, which finding is expected regarding vital signs?**
- A. Increased temperature**
  - B. Gingival hyperplasia**
  - C. Xerophthalmia**
  - D. Bradycardia**
- 6. What does prioritizing care based on urgency demonstrate in the NGN exam?**
- A. It showcases the ability to handle only non-emergency scenarios**
  - B. It mimics real-time decision-making in various nursing situations**
  - C. It focuses exclusively on routine tasks**
  - D. It emphasizes technical skills over decision-making abilities**
- 7. What is a common treatment goal when managing patients with anxiety?**
- A. To eliminate all forms of stress**
  - B. To minimize the patient's expression of feelings**
  - C. To help patients cope with symptoms effectively**
  - D. To encourage dependence on medication**
- 8. What is the significance of interpreting lab results in NGN questions?**
- A. The interpretation is optional and can be ignored**
  - B. Correct interpretation impacts clinical decision-making and prioritization of care**
  - C. Lab results are not usually included in NGN questions**
  - D. They serve as filler information to confuse test-takers**
- 9. What is the appropriate initial action for a nurse to take when an infant experiences a hypercyanotic spell due to Tetralogy of Fallot?**
- A. Place the infant in a knee-chest position**
  - B. Administer a dose of meperidine IV**
  - C. Discontinue administration of IV fluids**
  - D. Apply oxygen at 2L/min via nasal cannula**

**10. Which nursing theories are relevant to the Next Generation NCLEX exam?**

- A. Theories focusing solely on medication administration.**
- B. Theories related to patient-centered care, holistic approaches, and evidence-based practice.**
- C. Theories that emphasize hospital policies over patient care.**
- D. Only traditional nursing education theories are relevant.**

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## **Answers**

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

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## **Explanations**

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**1. How should a nurse respond when a patient experiences a seizure?**

- A. Stop the patient from moving at all costs**
- B. Ensure patient safety by moving objects away**
- C. Try to restrain the patient to prevent injury**
- D. Administer medications during the seizure**

When a patient experiences a seizure, ensuring patient safety is the primary nursing responsibility. Moving objects away from the patient helps to prevent injury from any surrounding hazards. It allows for a safer environment during the seizure, reducing the risk of the patient hitting their head or coming into contact with sharp or dangerous objects. Additionally, ensuring a clear space around the patient helps caregivers provide adequate monitoring and care without obstructing the seizure's natural progression. This approach focuses on supporting the patient rather than restricting their movements or attempting to intervene physically in ways that could cause harm or escalate the situation. The actions of restraining the patient or administering medications during the seizure are not appropriate responses. Restraining can increase the risk of injury and add distress for the patient. Medications should only be administered as per the healthcare provider's guidelines, typically after the seizure has concluded, unless otherwise directed for specific emergency situations.

**2. What does the 'Select All That Apply' (SATA) question format require from test-takers?**

- A. Identifying all correct options from a list that pertain to a patient situation**
- B. Choosing only the most relevant option from a limited list**
- C. Ranking options in order of importance**
- D. Eliminating incorrect answers based on understandings**

The 'Select All That Apply' (SATA) question format requires test-takers to identify all correct options from a list that pertain to a specific patient situation. This format aims to assess a test-taker's ability to recognize multiple relevant responses to a clinical scenario. It reflects real-life situations where nurses must consider various aspects of patient care simultaneously, making comprehensive and informed decisions. In this context, selecting all applicable answers is crucial because patient care often involves multiple factors that contribute to a holistic understanding of the situation. This format encourages critical thinking and the ability to synthesize information from various perspectives rather than just identifying a single, most relevant option. By engaging with SATA questions, nursing candidates can demonstrate their knowledge of multifaceted nursing interventions, treatments, or potential complications, thereby showcasing their readiness to handle complex clinical tasks in the real world.

**3. Which statement by a faculty member indicates a correct understanding of how to support students with ADHD during instruction?**

- A. I will plan to increase the amount of homework I assign to students who have ADHD**
- B. I will give students who have ADHD the same amount of time as other students to complete tests**
- C. I will allow students who have ADHD one rest break throughout the day**
- D. I will teach challenging academic subjects to students who have ADHD in the morning**

The correct statement about supporting students with ADHD during instruction emphasizes the timing of when challenging academic subjects should be taught. Research indicates that students with ADHD often perform better when engaging in complex or demanding tasks during times of the day when they are most alert and focused. Typically, many students experience increased concentration and cognitive performance in the morning, making it an ideal time to introduce challenging material. This approach aligns with best practices in educational settings, where understanding the individual learning needs and patterns of energy among students is crucial. Teaching demanding subjects when students are at their cognitive peak can lead to better retention and understanding of the material, ultimately supporting their academic success. The focus on managing energy levels and maximizing engagement through strategic scheduling reflects an understanding of ADHD beyond just accommodations—it's about enhancing overall learning experiences for students with this condition.

**4. In children, which of these is a common complication of Kawasaki disease?**

- A. Bradycardia**
- B. Coronary artery aneurysm**
- C. Anemia**
- D. Diabetes mellitus**

Kawasaki disease is a pediatric inflammatory condition that primarily affects the blood vessels, particularly those supplying the heart, and is characterized by prolonged fever, rash, conjunctivitis, and other systemic symptoms. One of the most significant complications associated with Kawasaki disease is the development of coronary artery aneurysms. This occurs due to inflammation of the arterial walls, which can weaken them and lead to the formation of aneurysms, or bulges, in the coronary arteries. These aneurysms can cause serious cardiovascular problems, including ischemia, myocardial infarction, and increased risks of sudden cardiac events later in life. Recognizing the potential for coronary artery complications is crucial in the management of patients with Kawasaki disease, as it influences treatment strategies and monitoring. In contrast, bradycardia, anemia, and diabetes mellitus are not commonly associated complications of Kawasaki disease. While bradycardia can occur in various medical conditions, it is not a direct result of Kawasaki disease. Similarly, while anemia may occur due to other underlying conditions or chronic illness, it is not a specific complication linked to Kawasaki disease. Diabetes mellitus is unrelated to Kawasaki disease, as it is a metabolic disorder and not a direct consequence of the inflammatory processes involved in this condition.

**5. In a toddler diagnosed with Kawasaki disease, which finding is expected regarding vital signs?**

**A. Increased temperature**

**B. Gingival hyperplasia**

**C. Xerophthalmia**

**D. Bradycardia**

In a toddler diagnosed with Kawasaki disease, an increased temperature is a hallmark finding. Kawasaki disease is characterized by prolonged fever lasting more than five days, often exceeding 39°C (102.2°F). This elevated temperature is one of the key diagnostic criteria for the disease, along with other symptoms such as rash, conjunctivitis, lymphadenopathy, and changes in the lips and oral cavity. The presence of fever in Kawasaki disease is indicative of the inflammatory process occurring in the body as a result of the disease affecting the blood vessels and is a crucial sign for healthcare providers to monitor. The fever typically does not respond well to conventional antipyretics, which can also be a distinguishing factor. Other choices do not represent expected vital sign findings in this condition. For instance, gingival hyperplasia is not generally associated with Kawasaki disease. Xerophthalmia refers to dry eyes, which is also not related to Kawasaki disease. Bradycardia, which means a slower than normal heart rate, would not be a typical finding in Kawasaki disease, as the disease is more commonly associated with tachycardia due to fever and systemic inflammation.

**6. What does prioritizing care based on urgency demonstrate in the NGN exam?**

**A. It showcases the ability to handle only non-emergency scenarios**

**B. It mimics real-time decision-making in various nursing situations**

**C. It focuses exclusively on routine tasks**

**D. It emphasizes technical skills over decision-making abilities**

Prioritizing care based on urgency demonstrates the ability to mimic real-time decision-making in various nursing situations. In a clinical setting, nurses frequently encounter scenarios where they must assess multiple patients or situations and determine the most critical needs. This requires a deep understanding of patient conditions, the potential consequences of delays in care, and the dynamics of teamwork and resource allocation. By reflecting real-time decision-making, the prioritization of urgent care supports the principle of providing timely interventions, which are essential for patient safety and positive outcomes. It requires applying clinical judgment to identify which conditions necessitate immediate attention and which can be addressed later, closely aligning with the complexities and unpredictability often faced in nursing practice. This skill is fundamental in ensuring that patients receive care based on their immediate needs, ultimately improving health outcomes and demonstrating the nurse's capability to navigate multifaceted clinical environments effectively.

**7. What is a common treatment goal when managing patients with anxiety?**

- A. To eliminate all forms of stress**
- B. To minimize the patient's expression of feelings**
- C. To help patients cope with symptoms effectively**
- D. To encourage dependence on medication**

The goal of managing patients with anxiety is fundamentally oriented toward helping them cope with their symptoms effectively. This approach recognizes that while it may not be possible to eliminate anxiety altogether or avoid all sources of stress, it is crucial to equip patients with coping strategies that allow them to function better in their daily lives. Effective management includes teaching relaxation techniques, cognitive-behavioral strategies, and lifestyle adjustments that empower patients to handle anxiety when it arises. Focusing on coping mechanisms can also enhance a patient's resilience and improve their overall quality of life, allowing them to manage their anxiety in healthier, more constructive ways. This supportive approach fosters patient autonomy and encourages them to engage in their treatment process, which is vital for long-term success in managing anxiety disorders.

**8. What is the significance of interpreting lab results in NGN questions?**

- A. The interpretation is optional and can be ignored**
- B. Correct interpretation impacts clinical decision-making and prioritization of care**
- C. Lab results are not usually included in NGN questions**
- D. They serve as filler information to confuse test-takers**

Interpreting lab results in Next Generation NCLEX (NGN) questions is crucial because it directly influences clinical decision-making and the prioritization of patient care. Accurate interpretation allows nurses to identify potential issues, understand a patient's condition better, and make informed choices regarding interventions and treatments. In clinical practice, lab values provide essential information about a patient's health status and can indicate worsening conditions or guide necessary changes in care plans. By analyzing these results effectively, nurses can prioritize interventions that may be life-saving or necessary to promote patient recovery. Therefore, recognizing the significance of lab results and their implications in a clinical context is a fundamental skill for nursing professionals.

**9. What is the appropriate initial action for a nurse to take when an infant experiences a hypercyanotic spell due to Tetralogy of Fallot?**

- A. Place the infant in a knee-chest position**
- B. Administer a dose of meperidine IV**
- C. Discontinue administration of IV fluids**
- D. Apply oxygen at 2L/min via nasal cannula**

The initial action of placing the infant in a knee-chest position during a hypercyanotic spell due to Tetralogy of Fallot is appropriate because this position helps to increase systemic vascular resistance, which can improve blood flow to the lungs and decrease the degree of cyanosis. By flexing the knees towards the chest, the infant effectively reduces the right-to-left shunting of blood across the ventricular septal defect that occurs during these spells. This maneuver aids in directing more blood flow through the pulmonary artery, facilitating oxygenation and stabilizing the infant's condition. In this context, prioritizing the knee-chest position is critical as it is a non-invasive intervention that can provide immediate support until further medical treatment, such as oxygen or medications, can be administered. Hence, understanding the physiological rationale behind positioning is essential for responding effectively during a hypercyanotic spell.

**10. Which nursing theories are relevant to the Next Generation NCLEX exam?**

- A. Theories focusing solely on medication administration.**
- B. Theories related to patient-centered care, holistic approaches, and evidence-based practice.**
- C. Theories that emphasize hospital policies over patient care.**
- D. Only traditional nursing education theories are relevant.**

The selection is accurate because nursing theories that prioritize patient-centered care, holistic approaches, and evidence-based practice are essential to nursing practice and directly align with the principles being assessed in the Next Generation NCLEX exam. These theories promote an understanding of the whole person, considering physical, emotional, social, and environmental factors that contribute to health and healing. Additionally, by incorporating evidence-based practices, these theories ensure that nursing interventions are grounded in the most recent and relevant research, fostering better patient outcomes. This comprehensive approach is crucial for preparing future nurses to effectively navigate complex clinical situations, communicate with patients, and make informed decisions in their practice. The other options do not capture the breadth of contemporary nursing practice that the Next Generation NCLEX aims to evaluate, focusing instead on narrower or outdated concepts that do not reflect the current emphasis on holistic care and evidence-based methods.