

# Next Generation NCLEX (NGN) B Practice Exam (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

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- 1. Which intervention is vital for a nurse to include when caring for a child post-head injury?**
  - A. Monitor vital signs every hour**
  - B. Assess for clear drainage from the nose**
  - C. Ensure the child is NPO until they are alert**
  - D. Provide pain relief immediately**
  
- 2. When receiving report for a group of children, which patient should the nurse assess first?**
  - A. A toddler who has a concussion and an episode of forceful vomiting**
  - B. An adolescent who has ineffective endocarditis and reports having a headache**
  - C. An adolescent who was placed into halo traction 1 hr ago and reports pain as 6 on a scale of 0 to 10**
  - D. A school-age child who has acute glomerulonephritis and brown-colored urine**
  
- 3. Which of the following findings should the nurse report to the provider after reviewing a child's medical record?**
  - A. Arterial blood gases**
  - B. Cardiovascular assessment**
  - C. Hemoglobin**
  - D. Oxygen saturation level**
  
- 4. How should nurses approach clinical decision-making in the NGN?**
  - A. By relying solely on intuition**
  - B. By integrating clinical guidelines and evidence**
  - C. By consulting only personal experience**
  - D. By avoiding collaboration with other professionals**
  
- 5. To elicit the biceps reflex in a school-age child with an acute spinal cord injury, which anatomical area should the nurse tap?**
  - A. Distal phalanx of the index finger**
  - B. Proximal phalanx of the index finger**
  - C. Anterior aspect of the elbow**
  - D. Radial aspect of the forearm**

- 6. What type of data is typically collected through objective measures like vital signs?**
- A. Subjective data**
  - B. Qualitative data**
  - C. Observable data**
  - D. Inferred data**
- 7. Which assessment finding indicates to a nurse that a sodium polystyrene sulfonate enema is effective?**
- A. Soft stools within 15 minutes**
  - B. Normal blood pressure**
  - C. Lower levels of markers for dehydration**
  - D. Serum potassium return to normal range**
- 8. In the context of NGN, what is crucial for making effective clinical decisions?**
- A. Relying on intuition alone**
  - B. Staying updated on current research and best practices in nursing**
  - C. Following established protocols without question**
  - D. Consulting with peers before answering**
- 9. What is the correct way for a nurse to exit a patient's room after an assessment?**
- A. Leave without explanation**
  - B. Ensure the patient is comfortable and summarize the plan**
  - C. Provide no further communication**
  - D. Only inform the patient when they will return later**
- 10. Which medication order should a nurse clarify for a preschooler in congestive heart failure with wide QRS complexes and peaked T waves?**
- A. Furosemide**
  - B. Captopril**
  - C. Regular insulin**
  - D. Potassium chloride**

## Answers

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

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## **Explanations**

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**1. Which intervention is vital for a nurse to include when caring for a child post-head injury?**

- A. Monitor vital signs every hour**
- B. Assess for clear drainage from the nose**
- C. Ensure the child is NPO until they are alert**
- D. Provide pain relief immediately**

Assessing for clear drainage from the nose is a crucial intervention when caring for a child post-head injury because it helps to detect potential cerebrospinal fluid (CSF) leakage, which can indicate significant complications such as a skull fracture. If clear fluid drains from the nose, it may suggest that the protective layers surrounding the brain have been compromised, increasing the risk of infection and other neurological issues. Monitoring vital signs is important but not necessarily the most critical focus; while changes in vital signs can indicate worsening conditions, assessing for CSF leakage directly addresses a specific potential complication associated with head injuries. Ensuring the child is NPO until they are alert is a standard precaution to prevent aspiration if the child requires emergency surgery, but immediate assessment for clear drainage is a more direct response to specific signs of serious injury. Providing pain relief is also important for comfort but should not take precedence over assessing for signs of more serious complications. Thus, checking for clear nasal drainage is the most vital intervention in this context.

**2. When receiving report for a group of children, which patient should the nurse assess first?**

- A. A toddler who has a concussion and an episode of forceful vomiting**
- B. An adolescent who has ineffective endocarditis and reports having a headache**
- C. An adolescent who was placed into halo traction 1 hr ago and reports pain as 6 on a scale of 0 to 10**
- D. A school-age child who has acute glomerulonephritis and brown-colored urine**

The toddler with a concussion who has experienced forceful vomiting should be assessed first due to the potential for increased intracranial pressure and other serious complications associated with head injuries. Vomiting can signify that the child's condition is worsening, and it is crucial to monitor for neurological changes, as these could indicate a deterioration in the child's condition. Children with concussions require careful observation for symptoms such as confusion, lethargy, or worsening headache, all of which could suggest a serious issue. In this scenario, immediacy is essential because a concussion poses significant risks, particularly in a young child whose brain is still developing. Prompt assessment and intervention can be vital in preventing long-term complications. This prioritization underscores the need to evaluate patients with potentially life-threatening conditions or those at risk for rapid deterioration as the highest priority in a healthcare setting.

**3. Which of the following findings should the nurse report to the provider after reviewing a child's medical record?**

- A. Arterial blood gases**
- B. Cardiovascular assessment**
- C. Hemoglobin**
- D. Oxygen saturation level**

In the context of a child's medical record, arterial blood gases are crucial indicators of a patient's respiratory and metabolic function. If there are any abnormal findings in the arterial blood gases, it can signify significant issues such as respiratory failure, metabolic acidosis, or alkalosis, which may require immediate medical intervention. High or low pH levels, elevated carbon dioxide, or low oxygen levels can all present critical situations for the child's health. On the other hand, cardiovascular assessments, hemoglobin levels, and oxygen saturation levels, while still important, typically do not indicate the same immediate level of concern as abnormal arterial blood gases. Each of these assessments provides valuable information regarding a child's overall health and circulation status but may not necessarily warrant urgent reporting unless they are significantly abnormal. Therefore, if the arterial blood gas results indicate any abnormalities, it is essential for the nurse to promptly report those findings to the healthcare provider for further evaluation and management.

**4. How should nurses approach clinical decision-making in the NGN?**

- A. By relying solely on intuition**
- B. By integrating clinical guidelines and evidence**
- C. By consulting only personal experience**
- D. By avoiding collaboration with other professionals**

In the context of Next Generation NCLEX (NGN), effective clinical decision-making involves integrating clinical guidelines and evidence. This approach emphasizes the importance of using a combination of the latest research, established protocols, and best practices to inform patient care decisions. By relying on evidence-based practice, nurses can enhance patient outcomes and increase the effectiveness of interventions. Incorporating clinical guidelines ensures that the actions taken are aligned with the most current knowledge in the field, which is crucial in rapidly evolving healthcare environments. This method fosters a more systematic and objective decision-making process, enabling nurses to support their choices with credible data. Additionally, utilizing evidence-based guidelines encourages collaboration with interdisciplinary teams, as it incorporates insights and expertise from various professionals, enhancing the overall decision-making process for patient care. This comprehensive approach ultimately leads to more informed and safe nursing practices.

5. To elicit the biceps reflex in a school-age child with an acute spinal cord injury, which anatomical area should the nurse tap?

**A. Distal phalanx of the index finger**

**B. Proximal phalanx of the index finger**

**C. Anterior aspect of the elbow**

**D. Radial aspect of the forearm**

To elicit the biceps reflex effectively in a school-age child, the appropriate anatomical area to tap is the distal phalanx of the index finger. The biceps reflex is a deep tendon reflex that tests the integrity of the C5 and C6 segments of the spinal cord, along with the musculocutaneous nerve. When the biceps tendon is stimulated, the response is contraction of the biceps muscle, which can be perceived by placing a finger on the tendon. Tapping on the distal phalanx of the index finger indirectly engages the sensory pathways related to the upper extremity. This allows for a clear evaluation of neurological function in the context of spinal cord injury. The other choices do not effectively elicit the biceps reflex or are not relevant to the specific anatomical pathway associated with this reflex response. Properly tapping the identified area optimizes the chance of accurately assessing the reflex, making it a crucial skill in nursing assessments, particularly in patients with potential spinal cord involvement.

6. What type of data is typically collected through objective measures like vital signs?

**A. Subjective data**

**B. Qualitative data**

**C. Observable data**

**D. Inferred data**

The correct answer is that objective measures like vital signs are categorized as observable data. Observable data refers to information that can be quantified and measured directly through instruments or actions. Vital signs, such as heart rate, blood pressure, respiratory rate, and temperature, are collected through standardized methods and can be observed and recorded without personal interpretation or bias. This type of data is crucial in clinical assessments because it provides concrete, empirical evidence about a patient's physiological status, enabling healthcare professionals to make informed decisions based on measurable characteristics rather than subjective feelings or perceptions. Observable data is foundational in establishing a baseline for patient care and for the ongoing monitoring of changes in health status. In contrast, subjective data pertains to the patient's personal experiences and symptoms, which cannot be quantified directly, while qualitative data focuses on the characteristics and qualities of patients' experiences but may not be measurable in numeric terms. Inferred data involves conclusions drawn based on indirect observations or interpretations, which can lead to potential inaccuracies if not supported by observable evidence.

**7. Which assessment finding indicates to a nurse that a sodium polystyrene sulfonate enema is effective?**

- A. Soft stools within 15 minutes**
- B. Normal blood pressure**
- C. Lower levels of markers for dehydration**
- D. Serum potassium return to normal range**

The effectiveness of a sodium polystyrene sulfonate enema is primarily evaluated by its ability to lower serum potassium levels in patients who are experiencing hyperkalemia. Sodium polystyrene sulfonate works by exchanging sodium ions for potassium ions in the intestines, facilitating the excretion of potassium through the bowel. Therefore, a return of serum potassium to the normal range directly indicates that the treatment is effectively reducing elevated potassium levels in the patient's bloodstream. In this context, while soft stools may be an outcome of the enema, they do not specifically indicate the efficacy of sodium polystyrene sulfonate in lowering potassium. Normal blood pressure and lower levels of markers for dehydration might be important physiological parameters, but they are not direct measures of the drug's effectiveness. The primary goal of administering this medication is to manage hyperkalemia, making the normalization of serum potassium the most relevant assessment finding in determining the treatment's success.

**8. In the context of NGN, what is crucial for making effective clinical decisions?**

- A. Relying on intuition alone**
- B. Staying updated on current research and best practices in nursing**
- C. Following established protocols without question**
- D. Consulting with peers before answering**

Staying updated on current research and best practices in nursing is essential for making effective clinical decisions because it ensures that nurses are informed about the latest evidence-based guidelines and advancements in patient care. Incorporating the most recent findings into practice allows for improved patient outcomes, as nurses can apply knowledge that reflects the current state of medical science. Access to up-to-date information equips nurses with the ability to critically assess patient needs, adapt to changes in clinical settings, and implement strategies that align with proven methods of care. This ongoing education fosters an environment of continuous improvement and innovation, enabling nurses to respond effectively to complex clinical scenarios. While intuition, established protocols, and peer consultation have their places in clinical decision-making, they should complement a foundation rooted in the latest research rather than serve as standalone strategies. The integration of solid evidence with clinical judgment and collaborative discussion ultimately leads to more informed, effective care for patients.

**9. What is the correct way for a nurse to exit a patient's room after an assessment?**

- A. Leave without explanation**
- B. Ensure the patient is comfortable and summarize the plan**
- C. Provide no further communication**
- D. Only inform the patient when they will return later**

The best practice for a nurse when exiting a patient's room after an assessment is to ensure the patient is comfortable and summarize the plan. This approach emphasizes the importance of patient-centered care, which involves clear communication and reassurance for the patient. When summarizing the plan, the nurse not only reinforces what was discussed during the assessment but also helps alleviate any concerns the patient may have. This heightened awareness and attention to the patient's comfort can enhance their sense of security and trust in the healthcare team. Providing a clear plan promotes understanding and engagement, allowing the patient to feel involved in their own care process. It also ensures that necessary follow-up steps are articulated, which can help the patient know what to expect next and encourage them to ask questions if they have any lingering uncertainties. This aspect of communication is crucial in fostering a therapeutic nurse-patient relationship and improving overall patient outcomes.

**10. Which medication order should a nurse clarify for a preschooler in congestive heart failure with wide QRS complexes and peaked T waves?**

- A. Furosemide**
- B. Captopril**
- C. Regular insulin**
- D. Potassium chloride**

In a preschooler with congestive heart failure who presents with wide QRS complexes and peaked T waves, the order for potassium chloride should be clarified. The presence of peaked T waves often indicates hyperkalemia, which is an elevated potassium level in the blood. Wide QRS complexes can also suggest an underlying electrolyte imbalance, particularly related to potassium levels. Since potassium chloride is a medication that increases potassium levels, administering it in this scenario could exacerbate the existing condition, potentially leading to life-threatening cardiac dysrhythmias. Therefore, the nurse must clarify this order to ensure the child's safety and health. While diuretics like furosemide and medications such as captopril are commonly used in the management of heart failure, and regular insulin can be important in the treatment of hyperkalemia by facilitating potassium entry into cells, potassium chloride stands out as inappropriate in this context due to the signs of potential hyperkalemia.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nextgennclxb.examzify.com>**

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

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