

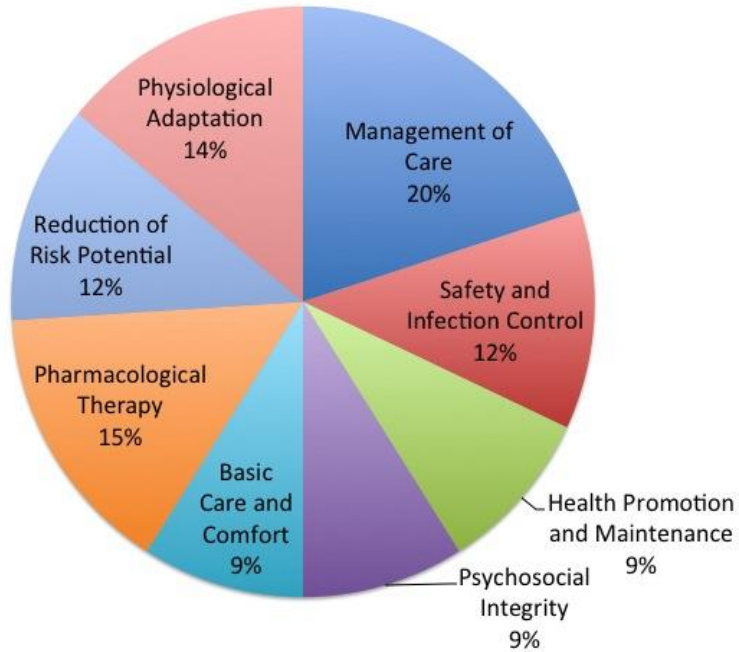
**LUCENT NCLEX REVIEWS**

**TEST TAKING STRATEGIES**

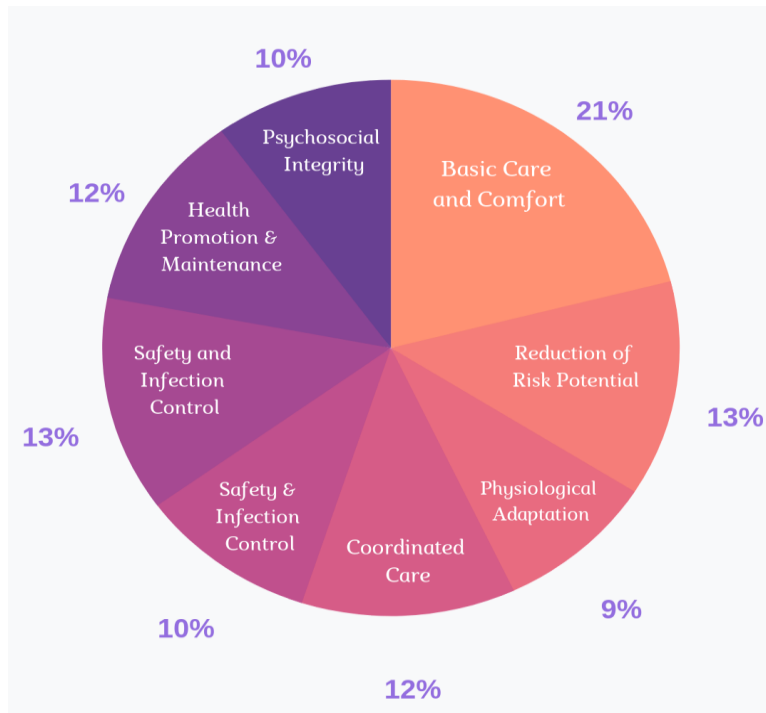
**Dr. Daniel Ampomah**

# NCLEX TEST PLAN

## 1. NCLEX-RN Categorical Distribution



## 2. NCLEX-PN Categorical Distribution



# Test-Taking Strategies

## STRATEGY 1: PLEASE DO NOT READ INTO THE QUESTION

- Read every word in the question and determine specifically what the question is asking.
- Avoid “reading into the question,” the trap of reading beyond the circumstances presented in the question; focus only on the information in the question and avoid asking yourself, “Well, what if ...?”
- Look for the strategic words or phrases in the question (e.g., immediate, initial, first, best, priority, need for further teaching).
- In multiple-choice and multiple-response (select-all-that-apply) questions and questions that require you to number a list of actions in order of priority, read every choice or option before answering.
- Use the process of elimination when options are presented, and reread the question to determine what it is specifically asking before you make your final choice(s).
- With questions that require you to fill in the blank, focus on the information in the question and determine what the question is asking; if the question requires you to calculate a medication dose or intake-and-output amounts, recheck your work to verify the answer.
- Remember to focus on the information in the question—specifically, what the question is asking.

### Practice Question: Please select the correct answer

A client with metastatic cancer is receiving a continuous intravenous infusion of morphine sulfate to alleviate pain. For which adverse effect or sign of toxicity should the nurse monitor the client?

- Nausea
- Sedation
- Dizziness
- Skeletal muscle flaccidity

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### TEST-TAKING STRATEGY:

Read every word in the question and determine specifically what the question is asking about — in this case an adverse or toxic effect of morphine sulfate. Dizziness, sedation, and nausea are side effects of morphine sulfate but not signs of toxicity. Remember to focus on the information in the question and what the question is asking!

# Test-Taking Strategies

## STRATEGY 2: LOOK FOR STRATEGIC WORDS

- Strategic words focus your attention on a specific or critical point to consider as you answer the question and will assist you in eliminating the incorrect options.
- Some strategic words indicate that all of the options are correct to some degree and that it will be necessary for you to prioritize them to identify the correct option.
- As you read the question, look for the strategic words, which make a difference in the focus of the question

Examples are:

- Best, Early or late, effective, Essential, First, Highest priority, Immediate, Initial, Most,
- Most appropriate, Most important, Most likely, Need for further teaching, Next, primary, Vital

### Practice Question: Please select the correct answer

A nurse caring for a client who just returned from the recovery room after undergoing abdominal surgery is monitoring the client for hypovolemic shock. Which sign is an **early** indication of this type of shock?

- Lethargic
- Increased pulse rate
- Increased depth of respiration
- Diminished deep tendon reflexes

3

### TEST-TAKING STRATEGY:

Note the strategic word "**early**." Focus on this strategic word and read each option. Recalling that cardiovascular changes are the earliest clinical signs of hypovolemic shock will direct you to the correct option. Although increased depth of respirations, lethargy, and diminished deep tendon reflexes (or the absence thereof) all occur in hypovolemic shock, these are not early signs. Rather, they occur as the shock progresses. Remember to look for strategic words!

# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

- Questions in the examination may require you to prioritize a list of actions to be taken by the nurse.
- Look for the **strategic words** in the question that indicate the need to prioritize.
- When a multiple-choice question requires prioritization, all options may be correct; you may need to determine the correct order of action.
- Strategies for prioritization include the ABCs (airway, breathing, and circulation), Maslow's Hierarchy of Needs theory, and the steps of the nursing process.

### The ABCs

- Remember the ABCs—airway, breathing, and circulation—when selecting an answer or determining the order of priority of actions.
- Think of the alphabet: airway, breathing, circulation.
- Airway is the first priority! If you are performing CPR, always follow the CAB rule

### Practice Question: Please select the correct answer

A client with a diagnosis of cancer is receiving morphine sulfate for pain. Which action should the nurse include as a **priority** when preparing the plan of care for the client?

- Monitoring stools
- Monitoring urine output
- Encouraging fluid intake
- Encouraging the client to cough and deep-breathe

4

### TEST-TAKING STRATEGY:

Note the strategic word "priority." Use the ABCs—airway, breathing, and circulation—as a guide in selecting the correct option. Recall that morphine sulfate suppresses the cough reflex and the respiratory reflex. Although the incorrect options should be components of the plan of care, the correct option addresses airway. Remember: Use the ABCs to prioritize!

# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### Maslow's Hierarchy of Needs

- In Maslow's Hierarchy of Needs theory, physiological needs are always the priority; therefore you should consider such needs first in selecting an option or determining the order of priority of a set of actions.
- When a physiological need is not addressed in the question or noted in one of the options, continue to use Maslow's Hierarchy of Needs theory as a guide and look next for the option that addresses safety.



- 5th. Self-Actualization
- 4th. Self-Esteem
- 3rd. Love & Belonging
- 2nd Safety & Security
- 1st. Physiological Needs

- **According to Maslow, physiologic needs are the highest priority and must be met first.**
- Physiologic needs are necessary for survival.
- Examples are: Oxygen, Elimination, Fluid, Shelter, Nutrition, Rest, Temperature & Sex

### Safety & Security, Physical and Psychosocial

- Physical safety includes decreasing what is threatening to the patient.
- The threat could be an illness, accidents, or environmental threats.
- Psychological safety states that the client must have adequate knowledge and an understanding about what to expect from others in his environment.

### Love & Belonging

- Client needs to feel loved by family and accepted by others.
- When a client feels self-confident and useful, he will achieve the need of esteem as described by Maslow.

### Self Esteem

- How one feels about himself/herself; Feelings of adequacy or inadequacy

### Self-Actualization

- To achieve this, all of the lower level needs starting with physiologic must first be met.

# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### Practice Question A: Please select the correct answer

A nurse is reviewing the plan of care for a pregnant client with sickle cell disease. Which concern is of the **highest priority** to the nurse?

- Anxiety
- Inability to cope
- Distorted self-image
- Insufficient fluid volume

4

### TEST-TAKING STRATEGY:

Note the strategic words, "highest priority." Use Maslow's Hierarchy of Needs theory to answer this question. The correct option addresses a physiological need. The incorrect options address psychosocial needs. Remember that physiological needs are the priority.

### Practice Question B: Please select the correct answer

A woman is admitted to the hospital with a ruptured ectopic pregnancy. A laparotomy is scheduled. Which preoperative nursing intervention is **most important** for the nurse to consider in this patient's plan of care?

- Respiratory therapy
- Pain relief
- Fluid replacement
- Emotional support

3

### Practice Question C: Please select the correct answer

The nurse plans care for a 14-year old girl admitted with an eating disorder. On admission, the girl weighs 82 Lbs and is 5'4" tall. Lab tests indicate severe hypokalemia, anemia and dehydration. The nurse should give which of the following nursing diagnosis the **highest priority?**

- Body image disturbance related to weight loss
- Self-esteem disturbance related to feelings of inadequacy
- Altered nutrition: less than body requirement related to decreased intake
- Decreased cardiac output related to the potential for dysrhythmias

3

# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### The Nursing Process: Assessment

- Use the steps in the nursing process (ADPIE)

#### Assessment

- Assessment questions address the process of gathering subjective and objective data on the client, confirming that data, and communicating and documenting the data.
- Remember that assessment is the first step in the nursing process.
- When you are asked to select your first (or, in some questions, “initial”) nursing action, follow the steps of the nursing process to prioritize the options.
- If an option contains the concept of assessment or the collection of client data, it is best to select that option.
- If an assessment action is not one of the options, follow the steps of the nursing process to select the initial action.
- Look for strategic words in the options that reflect assessment.
- Possible exception to the guideline: If the question presents an emergency situation, read carefully; in such a situation, an intervention may be the priority.

### Practice Question: Please select the correct answer

An adolescent with juvenile idiopathic arthritis (JIA) is being admitted to the hospital. Which intervention does the nurse plan to implement **first**?

- Providing handheld computer games for diversion
- Assessing the adolescent’s perception of the chronic illness
- Providing puzzles and craft materials to stimulate creativity
- Encouraging participation in competitive board games in the game room

2

#### TEST-TAKING STRATEGY:

Focus on the data in the question and note the strategic word "first." Apply the steps of the nursing process, recalling that assessment is the first step. An adolescent with JIA may be dealing with issues related to body image. To plan care appropriately, the nurse would initially assess the adolescent’s perception of the chronic illness. Although the other options may be appropriate interventions, they do not address assessment, the first step of the nursing process, and are therefore less important, in this situation, than the option that involves assessment.



# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### The Nursing Process: Analysis

- Analysis questions require that you interpret the data presented in the question or case situation.
- In answering an analysis question, you must be able to think critically and use clinical reasoning to make a clinical judgment.
- An analysis question, in addition to necessitating interpretation of data, may require you to address the necessary interventions to meet the client's needs.

### Practice question: Please select the correct answer

A nurse is reviewing laboratory results from an infant with hypertrophic pyloric stenosis. Which laboratory finding would the nurse expect to note in this infant?

- Blood pH of 7.50
- Blood pH of 7.30
- Blood bicarbonate ( $\text{HCO}_3^-$ ) of 22 mEq/L
- Blood  $\text{HCO}_3^-$  of 19 mEq/L

1

### TEST-TAKING STRATEGY:

It is necessary to understand the physiology of hypertrophic pyloric stenosis and to remember that metabolic alkalosis is a likely result of vomiting. Next, it is necessary to know which laboratory findings would be noted in this acid-base condition. Analysis of this data will direct you to the correct option. Remember, analysis is the second step of the nursing process.

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### The Nursing Process: Planning

In answering a planning question, you may need to prioritize health problems, determine goals of care and outcome criteria, develop a plan of care, and communicate and document the plan of care.

With regard to health problems, remember that actual client problems, rather than potential ones, will most likely be the priority.

# Test-Taking Strategies

**Practice question: Please select the correct answer**

A nurse develops a plan of care for a client with a cataract. Which nursing concern is the **priority**?

- Fear related to loss of eyesight
- Risk of injury related to diminished vision
- Diminished eyesight related to ocular lens opacity
- Loneliness related to reduced ability to mobilize in the community

3

TEST-TAKING STRATEGY:

This question, which is related to the planning of nursing care, asks you to identify the priority nursing concern. Use Maslow's Hierarchy of Needs theory to answer the question. Remembering that physiological needs are the priority will direct you to the correct option. Although possibility of injury is a risk rather than an actual problem in this situation, safety is the second priority under Maslow's Hierarchy of Needs theory. Fear and loneliness are psychosocial needs. Remember, planning is the third step of the nursing process.

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### The Nursing Process: Implementation

- In an implementation question, you are asked to address the process of organizing and managing care, counseling and teaching, providing care to achieve established goals, supervising and coordinating care, and communicating and documenting nursing interventions.
- This examination is about nursing, so focus on the nursing action rather than the medical action unless the question is asking you what prescribed medical action is anticipated.

**Practice question: Please select the correct answer**

A nurse is caring for a hospitalized client with angina pectoris who begins to experience chest pain. The nurse administers a sublingual nitroglycerin tablet as prescribed, but the pain is not relieved. What action should the nurse take **next** after checking the client's blood pressure?

- Repositioning the client
- Contacting the primary health care provider
- Calling the client's family
- Administering another nitroglycerin tablet

4

# Test-Taking Strategies

## STRATEGY 3: USE GUIDELINES FOR PRIORITIZING

### The Nursing Process: Evaluation

- In an evaluation question you are asked to compare the actual outcomes of care with the expected outcomes and decide how to monitor or make a judgment regarding a client's response to therapy or a nursing action.
- Watch for negative event queries, which are frequently used in evaluation-type questions.

### Practice question: Please select the correct answer

A client with multiple sclerosis has been taking oxybutynin. About which type of change does the nurse ask the client to determine the degree of effectiveness of the medication?

- Degree of fatigue
- Bowel movements
- Pattern of urination
- Frequency of muscle spasms



### TEST-TAKING STRATEGY:

This is an evaluation question. Note the strategic word "effectiveness." Oxybutynin is an antispasmodic used to relieve symptoms of urinary urgency, frequency, nocturia, and incontinence in clients with uninhibited or reflex neurogenic bladder. Recalling that this medication is used to treat bladder dysfunction will direct you to the correct option. Remember, evaluation is the fifth step of the nursing process.

# Test-Taking Strategies

## STRATEGY 4: DETERMINE WHETHER THE QUESTION REQUIRES YOU TO SELECT A POSITIVE OR NEGATIVE EVENT OPTION

- Positive event queries include strategic words that ask you to select an option that is correct in regard to the information in the question (e.g., "Which statement by a client indicates understanding of the side effects of the prescribed medication?").
- Negative event queries include strategic words that ask you to select an option that is incorrect with regard to the information in the question (e.g., "Which statement by a client indicates a need for further teaching about the side effects of the prescribed medication?").

### Practice question A: Please select the correct answer

Diagnostic tests are being scheduled for a client with suspected meningitis. Which test does the nurse anticipate will be prescribed to confirm the diagnosis?

- Lumbar puncture
- Electromyography
- White blood cell (WBC) count
- Serum electrolyte determinations

1

### Practice question B: Please select the correct answer

Prednisone is prescribed for a client, and the nurse provides instructions to the client in regard to the medication. Which statement by the client indicates a need for further instruction?

- "I need to stop eating so much salt."
- "I'll eat a good breakfast every day."
- "I need to stay away from people with colds."
- "I'll stop the medication when I start feeling better."

4

### TEST-TAKING STRATEGY:

Note the strategic words "need for further instruction," which indicate that you should select the option that is an incorrect statement by the client. Glucocorticoids should not be abruptly discontinued, because this could result in acute adrenal insufficiency. Remember, a negative event question will ask you to select an option that is not accurate with regard to the information in the question.

# Test-Taking Strategies

## STRATEGY 5: FOCUS ON THE SUBJECT OF THE QUESTION

- The subject of the question is the specific topic that the question is asking about.
- Identifying the subject of the question will help you eliminate the incorrect options and direct you to the correct one.

### Practice question A: Please select the correct answer

A nurse is providing instructions to a client experiencing constipation with regard to foods that he should include in his diet. Which food does the nurse tell the client is high in fiber?

- Eggs
- Whole milk
- Black beans
- Chicken breast

3

### TEST-TAKING STRATEGY:

Focus on the subject, foods high in fiber. Thinking about the nutritional components of each food presented and recalling foods that contain fiber will help you answer correctly.

## STRATEGY 6: ELIMINATE QUESTIONS THAT ARE COMPARABLE OR ALIKE

- When answering a question, look for options that are comparable or alike and then use the process of elimination: If several options include the same concept, all of them are usually incorrect and may be eliminated.
- Remember, in questions with only one correct option, the answer to the question is most likely the option that is different from the others.

### Practice question A: Please select the correct answer

A nurse assigned to care for a group of clients reviews the clients' medical records. Which client does the nurse recognize as being at risk for fluid-volume overload?

- The client with chronic kidney disease
- The client with an ileostomy
- The client receiving diuretic medications
- The client in whom gastrointestinal suctioning is being performed

1

# Test-Taking Strategies

## STRATEGY 7: ELIMINATE OPTIONS THAT CONTAIN CLOSED-ENDED WORDS

- As you read each option, look for closed-ended words, those that carry a fixed or extreme connotation.
- Closed-ended words tend to indicate that an option is incorrect; if you note a closed-ended word in an option, eliminate that option.
- Options that contain open-ended words—for instance, **may, usually, normally, commonly, or generally**—should be considered as possible correct options.

### Practice question A: Please select the correct answer

A nurse provides safety instructions to the mother of a child with hemophilia. Which instruction should the nurse give the mother in the interest of promoting a safe environment for the child?

- Allow the child to only play indoors.
- Remove toys with sharp edges from the child's toy box.
- Have the child wear a helmet and elbow pads every day.
- Allow the child to play with toys only when a parent is present.

2

## STRATEGY 7: ABSOLUTES MAKE ANSWERS WRONG

- Look for: ALWAYS, NEVER, ALL, NONE, MUST, ONLY, EVERY, CAN'T, WON'T, NONE. These are usually incorrect statements.
- QUALIFIED ANSWERS such as: USUALLY, FREQUENTLY, OFTEN, GENERALLY, MAY, POSSIBLY, are usually CORRECT.

### Examples of Absolute Words

- **Always** advise clients to eat low sodium foods.
- Drink fluids **only** if they are fat-free.
- Eat **only** foods that have less than 1% fat content
- **Never** use butter for cooking.

### Examples of Tentative Words

- Nursing actions are **usually** in the clients' best interest.
- It is **sometimes** necessary to call for an emergency support team.
- Hot liquids **may** cause skin damage if spilled.

# Test-Taking Strategies

## STRATEGY 8: LOOK FOR THE UMBRELLA OPTION

- An umbrella option is a broad statement.
- In the testing environment an umbrella option may incorporate the concepts of the other options within it.
- If you note that more than one option appears to be correct, look for the umbrella option; it will be the correct answer.

### Practice question A: Please select the correct answer

A nurse in the emergency department (ED) takes a telephone call from emergency medical services and is told that several survivors of a plane crash will be transported to the hospital. Which action does the nurse take **first**?

- Calling the nursing supervisor to activate the agency disaster plan
- Calling the intensive care unit to request that nurses be sent to the ED
- Supplying the trauma rooms with bottles of sterile water and normal saline solution
- Calling the laundry and asking that as many warm blankets as possible be sent to the ED

1

### TEST-TAKING STRATEGY:

The correct option here is the umbrella option. Activating the agency disaster plan will ensure that the interventions in the other options are carried out. Remember, the umbrella option incorporates the concepts of the other options within it.

### Practice question B: Please select the correct answer

A client is admitted and is diagnosed with urethritis caused by chlamydial infection. The nurse assigned to the client understands that what precautions are necessary to prevent contraction of the infection during care?

- Enteric Precautions
- Contact Precautions
- Standard Precautions
- Wearing gloves and a mask

3

### TEST-TAKING STRATEGY:

Recall that this infection is sexually transmitted. Also note that 3 (standard precaution) is the umbrella option. It is correct.

# Test-Taking Strategies

## STRATEGY 9: USE GUIDELINES FOR DELEGATING AND ASSIGNMENT-MAKING

- Determined what task or assignment is to be delegated, consider the client's needs and match these needs with the scope of practice of the healthcare provider(s) identified in the question.
- The nurse practice act and any practice limitations define the aspects of care that may be delegated and which must be performed by the registered nurse.
- Generally, noninvasive interventions (e.g., skin care, range-of-motion exercises, ambulation, grooming, hygiene measures) may be assigned to an assistive personnel (AP).
- A licensed practical nurse may perform the same tasks as an assistive personnel (AP), plus certain invasive tasks (e.g., applying and changing dressings; suctioning; urinary catheterization; administration of oral, subcutaneous, or intramuscular injections; selected intravenous piggyback [secondary] medications).
- The registered nurse may perform the same tasks as a licensed practical nurse and is also responsible for assessment, planning and supervision of care, analysis of client data, implementation and evaluation of client care, initiation of teaching, and intravenous administration of medications.

### Practice question A: Please select the correct answers that apply

A nurse planning client assignments for the day has a licensed practical nurse and an assistive personnel (AP) on the nursing team. Which clients should the nurse assign to the licensed practical nurse? **Select all that apply.**

- A client requiring a dressing change on an ulcer of the lower leg
- A client who is scheduled for an electrocardiogram and chest radiography
- A client with stable congestive heart failure who has early-stage Alzheimer disease
- A client being treated for dehydration who is weak and needs assistance with bathing
- A client with emphysema who is receiving oxygen at a rate of 2 L/min by way of nasal cannula and becomes dyspneic on exertion

2, 5

### TEST-TAKING STRATEGY:

The nurse would assign the client requiring a dressing change and the client with emphysema to the licensed practical nurse. These clients have physiological needs that require care from a licensed nurse. The clients described in the incorrect options may appropriately be cared for by the assistive personnel (AP). Remember, match the client's needs with the scope of practice of the healthcare provider.



# Test-Taking Strategies

## STRATEGY 10: PSYCHOSOCIAL vs PHYSICAL NEEDS

- In general – eliminate the psychosocial choices, then prioritize the physical alternatives.
- Use ABCs (airway, breathing, circulation and safety) to prioritize physical needs
- Psychosocial need...usually will address after the physical needs are met.
- The answer might be pain if
  - Sudden increase in the level of pain (acute, sudden pain)
  - Pain is not controlled by the pain med

### Practice question : Please select the correct answer

A patient is admitted with a diagnosis of ruptured abdominal aortic aneurysm. Preoperatively, which goal is MOST important for the nurse to include in the plan of care?

- Fluid replacement
- Pain relief
- Emotional support
- Aerosol Treatment

1

## STRATEGY 11: OPPOSITES

- When two answers are opposites, such as hypotension and hypertension – the answer is usually one of the two.

### Practice question : Please select the correct answer

An adult is admitted in shock. Which assessment finding would you expect to find?

- Elevate blood pressure
- Low blood pressure
- Slow Pulse
- Flushed color.

2

TEST-TAKING STRATEGY:

Choices 1 and 2 are opposites. The answer will most likely be one of those. The answer is ?

# Test-Taking Strategies

## STRATEGY 12: THE CONCEPT OF “AND” IN THE BODY OF THE QUESTION

- AND is a word that is used to introduce an additional comment or interjection
- Read through the question. When “and’ is used in the sentence, then it connects two parts of the sentence.
- Identify the second part of the sentence that follows the conjunction ‘and”
- Look out for the key words in that second sentence.
- Next, pick the answer that is connected to keywords in the second sentence

### Practice question : Please select the correct answer

A client with cardiac disease turns on his call light **and** tells the nurse he is experiencing chest pain. What is the first nursing action?

- Begin oxygen administration
- Listen to heart sounds for ectopic beats
- Auscultate breath sounds and maintain airway.
- Determine what the client was doing before onset of pain.

1

### Practice question : Please select the correct answer

The nurse is caring for a client who was involuntarily hospitalized to a mental health unit **and** is scheduled for electroconvulsive therapy. The nurse notes that an informed consent has not been obtained for the procedure. Based on this information, what is the nurse's best determination in planning care?

- The informed consent does not need to be obtained.
- The informed consent would be obtained from the family.
- The informed consent needs to be obtained from the client.
- The primary health care provider will provide the informed consent.

3

# Test-Taking Strategies

## Practice question A: Please select the correct answer

A client presents to the emergency department with upper gastrointestinal bleeding **and** is in moderate distress. In planning care, what is the priority nursing action for this client?

- Assessment of vital signs
- Completion of abdominal examination
- Insertion of the prescribed nasogastric tube
- Thorough investigation of precipitating events

1

## Practice question B : Please select the correct answer

The nurse is caring for a client with anorexia nervosa. Which behavior is characteristic of this disorder and reflects anxiety management?

- Engaging in immoral acts
- Always reinforcing self-approval
- Observing rigid rules and regulations
- Having the need always to make the right decision

3

## Practice question C : Please select the correct answer

The nurse reviews the arterial blood gas results of a client with emphysema and notes that the laboratory report indicates a pH of 7.30, Paco<sub>2</sub> of 58 mm Hg, Pao<sub>2</sub> of 80 mm Hg, and Hco<sub>3</sub> of 27 mEq/L. The nurse interprets that the client has which acid–base disturbance?

- Metabolic acidosis
- Metabolic alkalosis
- Respiratory acidosis
- Respiratory alkalosis

3

## Rationale:

The normal pH is 7.35 to 7.45. Normal Paco<sub>2</sub> is 35 to 45 mm Hg. In respiratory acidosis, the pH is low and Paco<sub>2</sub> is elevated. Options 1, 2, and 4 are incorrect interpretations of the values identified in the question.

# Test-Taking Strategies

## STRATEGY 13: VISUALIZATION AS A TEST TAKING STRATEGY

- Visualize the specific information in the case situation in order to answer the question.
- See yourself performing the procedure, assessing the client, delegating the care, etc.
- Remember that clinical practice can vary depending upon where it is practiced and who is performing the care.
- Be certain that you draw upon knowledge and skills which come from nursing textbooks.

### Practice question : Please select the correct answer

A nurse prepares to perform a sterile dressing change on an abdominal incision. The nurse explains the procedure to the patient, washes her hands and sets up the sterile field. The nurse takes which action next?

- Assesses the integrity of the abdominal incision.
- Cleans the wound with Betadine solution as prescribed.
- Dons clean gloves and removes the old dressing.
- Dons sterile gloves and begins the procedure.



### TEST-TAKING STRATEGY:

Form an image of this procedure and visualize the steps that you would take in this procedure. You cannot clean the wound or assess the wound unless you remove the old dressing; therefore, option c is correct.

# Test-Taking Strategies

## STRATEGY 14: PRIORITIZING ORDERED RESPONSE

- Use the ABCs-airway, breathing, and circulation. Use Maslow's Hierarchy of Needs theory.
- Use the steps of the nursing process. Look for strategic words.
- Determine if the question identifies a positive or negative event query. Visualize and form a mental image of the client or clinical event.
- Use teaching and learning principles.
- Hands are always washed before any client contact.
- Treatments and procedures are always explained to the client before implementation. The nurse checks for a signed informed consent before any invasive procedure.
- Documenting a client's condition and response to treatment is done following care and implementation of treatments.

### Practice question : Please select the correct answer

The nurse is preparing to change an abdominal dressing using sterile technique. What is the order of priority that the nurse should take to perform this procedure? Arrange the actions in the order of priority that they should be performed. All options must be used.

<i>Unordered Responses</i>	<i>Ordered Responses</i>
Wash hands.	Explain the procedure to the client.
Set up a sterile field.	Wash hands.
Explain the procedure to the client.	Set up a sterile field.
Document the characteristics of the wound.	Don clean gloves and remove the old dressing.
Don sterile gloves and apply a new dressing.	Don sterile gloves and apply a new dressing.
Don clean gloves and remove the old dressing.	Document the characteristics of the wound.

# Test-Taking Strategies

## Practice question : Please select the correct answer

The nurse is teaching a client how to use a metered dose inhaler and prepares to list the steps and instructions for use of the inhaler. Arrange the steps in the order that they should be performed. All options must be used..

<i>Unordered Responses</i>	<i>Ordered Responses</i>
Insert the medication canister into the plastic holder.	Determine what the client knows about this type of device.
Determine what the client knows about this type of device.	Insert the medication canister into the plastic holder.
Shake the inhaler and remove the cap from the mouthpiece.	Shake the inhaler and remove the cap from the mouthpiece.
Hold the breath for a few seconds, remove the mouthpiece, and exhale slowly.	Breathe out through the mouth then place the mouthpiece into the mouth holding the inhaler upright.
Keep the lips secure around the mouthpiece and inhale and push the top of the canister once.	Keep the lips secure around the mouthpiece and inhale and push the top of the canister once.
Breathe out through the mouth then place the mouthpiece into the mouth holding the inhaler upright.	Hold the breath for a few seconds, remove the mouthpiece, and exhale slowly.

## TEST-TAKING STRATEGY:

Focus on the subject, a prioritizing (ordered response) question that requires you to list in order of priority the steps and instructions in teaching a client how to use a metered dose inhaler. Two strategies are important to consider when answering this question. First, use teaching and learning principles, recalling that it is important to first determine what the client knows about this medication administration system. Second, visualize the procedure and form a mental image as to how this medication system should be used; this will direct you to the correct order for its use.

# Test-Taking Strategies

## STRATEGY 15: FIGURE/ILLUSTRATION

- Read all of the data in the question carefully and focus on the figure/illustration. Think about what the figure/illustration is representing.
- Ask yourself, "What is the question asking?" Focus on the subject of the question.
- Look for strategic words.
- Determine if the question identifies a positive or negative event query. Use nursing knowledge and clinical learning experiences.
- Focus on the question format (fill-in-the-blank, multiple response, prioritizing [ordered response], chart/exhibit) and use the test-taking strategies for answering that type of question.

### Practice question : Please select the correct answer

Biaxin granules (Clarithromycin) oral suspension 250mg twice daily has been prescribed for a client with pharyngitis. How many milliliters (mL) should the nurse prepare to administer dose? Answer: \_\_\_\_\_ mL

Store granules at 15° to 30°C (59° to 86°F).

**CONSTITUING INSTRUCTIONS:**  
**VOLUME OF WATER: 55 mL**  
Measure the required volume of water using a graduated cylinder. Add half the volume of water to the bottle and shake vigorously. Add the remainder of water to the bottle and shake.

Contains 2.5 g clarithromycin. When mixed as directed, each teaspoonful (5 mL) contains: Clarithromycin \_\_\_\_\_ 125 mg in a fruit punch-flavored, aqueous vehicle.

**DOSEAGE MAY BE ADMINISTERED WITHOUT REGARD TO MEALS.**  
Usual dose: Children: 15 mg/kg/day divided in 2 equal doses. See enclosure for adult dose and full prescribing information.  
Abbott Laboratories  
North Chicago, IL 60064, U.S.A.

**NDC 0074-3163-13**  
100 mL (when mixed)

**BIAXIN<sup>®</sup>**  
**GRANULES**  
clarithromycin for oral suspension  
**125 mg per 5 mL**  
when reconstituted  
Flavor change adopted Sept. 1995.

Caution: Federal (U.S.A.) law prohibits dispensing without prescription.

May be taken before, after or with meals. Shake well before each use. Overshake bottle provides shake space. Keep tightly closed. After mixing, store at 15° to 30°C (59° to 86° F) and use within 14 days. **DO NOT REFRIGERATE.**  
NDC 0074-3163-13  
02-7716-95

Exp. Lot

PEEL

0074316313

SPECIMEN

TEAR PREPARATION BETWEEN ARROWS

# Test-Taking Strategies

## STRATEGY 15: FIGURE/ILLUSTRATION

- Focus on the subject, a figure/illustration question in a fill-in-the-blank format.
- you are required to focus on the figure/ illustration of the medication label, perform a calculation to determine the amount of milliliters to administer in 1 dose, and type in the answer.
- Formula:

$$\frac{\text{Desired}}{\text{Available}} \times \text{mL} = \text{mL per dose}$$
$$\frac{250 \text{ mg}}{125 \text{ mg}} \times 5 \text{ mL} = 10 \text{ mL}$$

## STRATEGY 16: WHAT TEST TAKING STRATEGIES ARE HELPFUL FOR ANSWERING CHART/EXHIBIT QUESTIONS

- Read all of the data in each tab in the chart or exhibit.
- Avoid "skimming over" the information presented.
- Focus on the subject of the question.
- Look for strategic words. Determine if the question identifies a positive or negative event query.
- Reread the data provided and use nursing knowledge and clinical learning experiences to answer correctly.
- Identify a relationship between the subject of the question and the data provided.



# Test-Taking Strategies

**Practice question :** Please select the correct answer

Prednisone is prescribed for a hospitalized client with severe rheumatoid arthritis. Which daily laboratory result should the nurse monitor most closely?

History	Medications	Diagnostic tests
<ul style="list-style-type: none"><li>• Diabetes mellitus</li><li>• Gout</li><li>• Hypertension</li></ul>	<ul style="list-style-type: none"><li>• NPH insulin: 16 units subcutaneous daily</li><li>• Allopurinol (Zyloprim): 100 mg PO daily</li><li>• Atorvastatin (Lipitor): 10 mg PO daily</li><li>• Metoprolol tartrate (Toprol XL): 50 mg PO daily</li><li>• Ramipril (Altace): 5 mg PO daily</li></ul>	<ul style="list-style-type: none"><li>• Electrocardiogram: normal</li><li>• Chest x-ray: normal</li></ul>

- Lipase level
- Chloride level
- Uric acid level
- Blood glucose level

4

**TEST-TAKING STRATEGY:**

This chart/exhibit question provides you with a multiple choice question and data from a client's medical chart. Read all of the data in the question and the client's chart. Note the strategic word "most" and focus on the subject of the question, the laboratory test to monitor for the client taking prednisone. Use nursing knowledge about the interactions and effects of prednisone to assist in answering. Recalling that this medication may increase the blood glucose level will direct you to the correct option. Also note the relationship of the client's history of diabetes mellitus and the correct option.

# Test-Taking Strategies

## STRATEGY 17: WHAT TEST TAKING STRATEGIES ARE HELPFUL FOR ANSWERING GRAPHIC ITEM OPTION QUESTIONS

- A graphic item option question will provide you with a written question and images as the options.
- This type of question will most likely be in the multiple choice format.
- An example question may contain normal versus abnormal physical assessment findings, requiring you to discern between them as the question may ask.
- look for strategic words.
- Note the format of the question presented.
- Use nursing knowledge and relate clinical experiences to the subject of the question.
- Once you have determined the subject and identified what the question is asking, examine each graphic option to choose the best answer.

### Practice question : Please select the correct answer

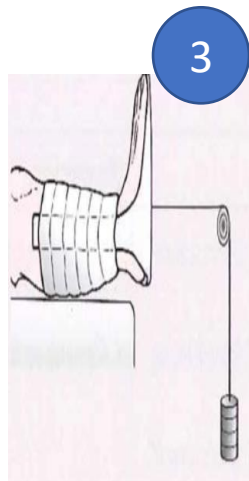
The nurse is told that an assigned client is in Buck's traction. Upon entering the client's room, the nurse should expect to see which device?



1



2



3



4

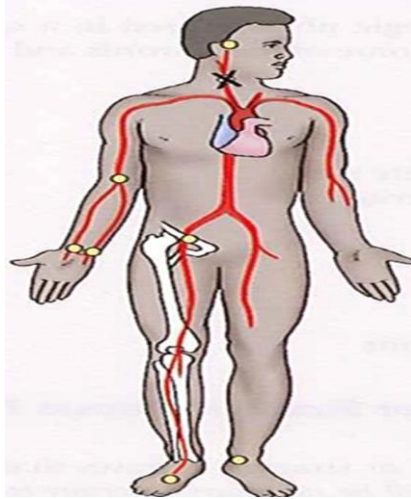
### TEST-TAKING STRATEGY:

Buck's traction is used to immobilize, position, or align a lower extremity. It is most commonly used when a person sustains a hip fracture and is awaiting surgery. It is also used to treat a contracture or disease of the hip or knee. It usually uses ropes, weights, and pulleys, and a frame at the foot of the bed to apply the necessary weight.

# Test-Taking Strategies

**Practice question : Please select the correct answer**

The nurse is checking the arterial pulses on an adult client. Select the area where the nurse would palpate the carotid pulse. Refer to figure.



## STRATEGY 18: WHAT TEST TAKING STRATEGIES ARE HELPFUL FOR ANSWERING AUDIO OR VIDEO QUESTIONS

**Practice question : Please select the correct answer**

The nurse is collecting data from a client with pneumonia. Chest auscultation over areas of consolidation reveals this breath sound. (Refer to audio.) The nurse should interpret this sound to be indicative of which breath sound?

- Pleural friction rub
- Vesicular breath sounds
- Bronchial breadth sounds
- Bronchovesicular breadth sounds

4



Bronchovesicular breath sounds normally are heard over the first and second intercostal spaces at the sternal border anteriorly and at T4 medial to the scapula posteriorly. These sounds are a mixture of bronchial and vesicular breath sounds and are moderately pitched with a medium intensity.

Vesicular breath sounds normally are heard over the lesser bronchi, bronchioles, and lobes (peripheral lung fields). These sounds are soft and low-pitched and resemble a sighing or gentle rustling.

# Test-Taking Strategies

## STRATEGY 19: CASE EVENTS FILL IN THE BLANKS

$$\frac{\text{Volume (mL)}}{\text{Minutes}} \times \text{Drop Factor (gtt/ml)} = \text{Flow Rate (gtt/min.)}$$

### Dimensional Analysis Notes:

1. Start with the number and unit they give you, written as a fraction (put over 1)
2. Cancel out your unit, move it to the bottom so you can divide it out
3. Fill in the conversion factor
4. Multiply top boxes and Divide bottom boxes

Ex: How many inches are in 4.6 feet?

$$\frac{4.6 \text{ ft}}{1} \times \frac{12 \text{ in.}}{1 \text{ ft}} = 55.2 \text{ in.}$$

### Practice question A : Please select the correct answer

The health care provider prescribes an intravenous (IV) antibiotic to be administered in 50ml 0.9% normal saline and to infuse in 30 minutes. The drop factor for the IV tubing is 15 gtt/ml.

#### Question Query:

The nurse should set the flow rate of the infusion at how many drops per minute?

25

### Practice question B: Please select the correct answer

A patient is to receive a 250 mL unit of packed red blood cells to infuse over two hours. The blood administration set has a drip factor of 10gtt/ml.

#### Question Query:

What is the flow rate in drops per minute?

20.8 GTT/MIN

### Practice question C: Please select the correct answer

A heparin drip is being administered at a rate of 18 ml/hour. The bag of fluid has 25,000 units of heparin in 500 ml of saline.

#### Question Query:

How many units of heparin is the client receiving per hour?

900 U/HR