Career Employer

NCLEX PN Cheat Sheet

NCLEX-PN INFORMATION

To work as a Practical Nurse, it's necessary to pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN) exam.

Once achieved, a license to practice is obtained with the main idea of the exam being to test if those writing it are indeed able to provide safe and effective enter-level nursing care.

While nursing school exams are more knowledge based, the NCLEX-PN is application based.

Here the test is more of critical-thinking skills that form part of making judgments as a nurse. The exam includes cognitive-level questions to not only test knowledge but also analysis, comprehension, and application of how to meet the needs of a patient.

The NCLEX-PN includes integrated content, unlike many other nursing programs that are based on medical models and students take separate exams, for example, surgical, pediatric, obstetric, and more.

REGISTRATION INFORMATION FOR THE NCLEX-PN EXAM

For exact directions as to how to register for the NCLEX-PN exam, the NCLEX Examination Bulletin is a necessity.

Any application for the exam must be submitted in the state or territory you hope to be licensed in and to the board of nursing there.

The registration fee is \$200.00 while there may be other fees applicable depending on the board of nursing in your state or territory.

Candidates receive an "Authorization to Test" once their application is approved and then you can set up an exam at a test center.

Note, there are registration time limits in play here with all effective for 365 days. As soon

as the board of nursing has the candidate's registration for the test service, this time limit begins.

The registration fee is forfeited, along with registration if the candidates are not made eligible to take the NCLEX-PN within the 365 day period.

NCLEX-PN ADMINISTRATION

The test can be taken at a number of test centers found across the United States and its territories.

The testing procedure in use is that of Computerized Adaptive Testing (CAT), so overall competence is not measured by how many questions your answer.

- It is by category and level of difficulty that test questions are classified.
- By pre-testing thousands of NCLEX candidates in the past, the overall level of difficulty was established.
- Each candidate faces a unique mix of exam questions. From the answer to their previous question, the next question is determined.
- The questions start off relatively easy, and as the candidate answers them, they will get progressively more difficult.
- When the candidate answers incorrectly, the questions start to get easier again.
- A pass or fail is determined once enough questions have been answered in this zigzagging manner.
- The pass or fail decision is not only based on the right answers but also on the level of difficulty of the questions that the candidate got right.
- A minimum number of questions (85) must be answered. At this point, the testing process determines the standard for passing against how the candidate performed.
- If their level is below the standard, that's not an immediate fail. Instead, up to 205 questions can be asked to

clearly distinguish the candidate's ability level.

 Candidates have a maximum time of 5 hours to complete the NCLEX-PN exam.

EXAM CONTENT OVERVIEW

For the NCLEX-PN there are various formats for questions and these can include:

- Single-response multiple choice questions.
- More than one response multiple choice questions.
- Question where the candidate has to fill in the blanks.

Questions can also include graphics such as tables, charts, or drawings.

Here's a breakdown of the various categories as well as the percentage of questions in each.

Effective, safe care environment

- Coordinated care: 6 to 12%
- Infection control and safety: 7 to 13%

Health maintenance and promotion

- Development and growth through life span: 4 to 10%
- Early detection and prevention of disease: 4 to 10%

Psychosocial integrity (part 1)

- Coping and adaptation: 6 to 12%
- Psychosocial adaptation: 4 to 19%

Psychosocial (part 2)

- Basic comfort and care: 10 to 16%
- Pharmacological therapies: 5 to 11%
- Risk potential reduction: 11 to 17%
- Physiological adaptation: 13 to 19%

the operative statement along with the Let's look at those sections in greater detail, patient. specifically with the critical information that you need to know from each in mind. Infection control and safety We will also provide some sample questions Not only should patients be protected from and answers. healthcare hazards, but medical personnel too. **EFFECTIVE, SAFE CARE ENVIRONMENT** Content related to this includes the following (but is not only limited to this): With coordinated care, there is collaboration Error prevention with other members of the healthcare team Accident prevention so that effective care of the patient is Planning for disasters • possible. Handling hazardous material • Handling infectious material Content related to this includes the following Surgical/medical asepsis (but is not only limited to this): Universal/other precautions Using restraints Advance directives Advocacy Here's an example of a question related to Client care assignments this. Rights of clients Management and supervision concepts In monitoring IV therapy, the primary Confidentiality responsibility of the LVN is to: Continuity of care Continuous quality improvement Based on the amount ordered, check 1. Consultation with healthcare team that the flow of the solution is checked members frequently. Ensure that the IV remains open by 2. Initiating priorities Ethical practices monitoring frequently. For their shift, record the IV intake 3. Occurrence/variance reports for accurately. incidents To stop the vein collapsing, the IV site 4. Legal responsibilities should be changed every 24 hours. Process of referral Management of resources right. Here's an example of a question related to this. An operative permit must be signed before at all times. any patient goes to surgery. From the options below, choose the most appropriate sequence to have this completed. When the patient is admitted, the 1.

PROMOTION

development through the life span as well as the early detection of diseases, health is maintained.

During the normal expected stages of growth and development from conception through old age, the client and their significant others are assisted.

Content related to this includes the following (but is not only limited to this):

- Process of aging
- Newborn, ante/intra/postpartum

- · Developmental stages and transitions
- Expected body image changes •
- Family interaction patterns
- Family planning •
- Human sexuality

Early detection and prevention of disease

Client care is provided in line with the early detection and prevention of health problems.

Content related to this includes the following (but is not only limited to this):

- Techniques for collecting data
- **Disease** prevention
- Health promotion programs
- Health screening
- Immunizations
- Lifestyle choices

Here's an example of some questions related to this.

Her LMP date is not known by a woman that is pregnant. To calculate her EDC which of these below would be the most useful sign?

- 1. Linea nigra appearance
- Using ultrasound to detect the fetal size 2.
- 3. 12 week measurement of estriol level
- Goodell's sign detection 4.

The answer is 2. This is because ultrasound is often used to determine fetal age. Quickening can also be used. This is between 17 and 19 weeks gestation and is the first perceived movement of the baby.

What behaviors would a nurse be on the lookout for in a person that is experiencing severe stress?

- 1. Anxiety and restlessness
- Upset demeanor, crying 2.
- 3. Amusement and laughing
- Determination and assertiveness 4

The answer is 2. Someone that is upset and crying shows that they are under stress. There might also be an indication of anxiety and restlessness. Amusement and laughing can help to relieve stress, but assertiveness and determination is not a correct answer at all.

PYSCHOSOCIAL INTEGRITY (part 1)

Nursing care that supports the social, mental, and emotional well-being of not only patients example) is provided in line with coping and adaption and psychosocial adaptation.

Related to stressful events, disabilities, and illness, this deals with the ability of the patient

Coordinated care

- operative permit should be signed and witnessed as soon as possible. In this way, they know what surgery they will receive.
- 2. The patient should be first prepared for surgery, including giving them the necessary pre-operative narcotics. Just before they drift off to sleep, they should sign the operative permit.
- The patient should have the surgeon 3. meet them to explain exactly what surgery will have. The patient has a chance to ask questions before they sign the operative permit.
- 4. The patient signs the operative permit and then the physician is notified.

The answer is 3. The patient should always have the surgery explained to them but also be in a mentally competent state. Also note that there is no need to have a witness sign

In this example, two answers (1 and 3) are

For answer 1, checking the flow situation frequently will also ensure that the IV is open

For answer 3, it's not totally the responsibility of the LVN to record everything, although this is of critical importance. Also, remember that IV sites are only changed every 48 hours.

HEALTH MAINTENANCE AND

By including knowledge of growth and

but those connected to them (family, for

Adaptation and coping

Development and growth through lifespan

and their significant others to cope, adapt, and problem solve these situations.

Content related to this includes the following (but is not only limited to this):

- Management of behavior
- Mechanisms for coping
- Issues related to end of life
- Loss and grief
- Concepts related to mental health
- Spiritual influences on health
- Religious influences on health
- Perceptual/sensory alterations
- Role changes related to situations
- Management of stress
- Support systems
- Therapeutic communications
- Body image changes that are unexpected

Psychosocial adaption

When patients have acute and/or chronic mental illness, disturbances of a cognitive psychosocial nature, and maladaptive behavior, this deals with healthcare professionals in providing care for and assisting them.

Here are some sample questions related to this:

If a teenager comes to the school nurse just to hang around during lunch break, eventually mentioning that they want to be a nurse one day and that if people feel bad, nurses can help, what should the best response be?

- 1. "Are you feeling bad?"
- 2. "Any particularl reason you've come to my office to see me?"
- 3. "Have you been feeling bad? Take a seat and let's chat about it"
- "I am glad that you are looking to become a nurse because they certainly are helpful"

Answer 3 is the best option because the nurse is picking up on unspoken communication and the signals that the teenager is sending. Her response also paves a way for open communication to take place

Yes and no responses will likely result from answers 1 and 2, while a tangential response is supplied by answer 4.

PYSCHOSOCIAL INTEGRITY (part 2)

By providing comfort and care, reducing overall risk potential to a patient, and assisting to manage their health alterations, their well-being and physical health are promoted.

Basic comfort and care

Gives comfort and assistance in carrying out daily living activities.

Content related to this includes the following (but is not only limited to this):

- Assistive devices
- Elimination
- Mobility/immobility
- Non-pharmacological
- Nutrition
- Oral hydration
- Palliative care
- Personal hygiene
- Sleep and rest

Physiological adaptation

Takes part in ensuring clients received proper care when it comes to acute, chronic, or lifethreatening physical conditions.

Content related to this includes the following (but is not only limited to this):

- Body system alterations
- Basic pathophysiology
- Electrolyte and fluid intake
- Emergencies of a medical nature
- Radiation therapy
- Respiration care
- Imbalance therapies and any unexpected responses to them

Risk potential reduction

The potential of a patient developing any health problems or complications connected to any treatments, procedures, or existing conditions that they may be suffering from.

Content related to this includes the following (but is not only limited to this):

- Diagnostic tests
- Laboratory values
- Diagnostic tests, procedures, surgery, and health alterations and any potential complications from them
- Body system alteration potential
- Therapeutic procedures

Here are some sample questions related to what we have covered above:

It is critical to record a patient's baseline vital signs before an operation to:

- 1. Work out a postoperative baseline.
- 2. Provide information to the anesthetist who then devises their preanesthesia medication from the information.
- 3. Help with judgment when it comes to taking postoperative vital signs and judging the surgical and anesthesia effects.
- 4. Operative hypotension prevention

The correct answer is 3. To ensure that the patient's condition post operation is stable, establishing presurgery vital signs is a must.

Which of the following answers describes the primary action of acetylsalicylic acid, which is helpful to osteoarthritis sufferers?

- 1. Anti-spasmodic
- 2. Antipyretic
- 3. Adrenergic blocker
- 4. Anti-inflammatory

The correct answer is 4. This is because it helps relieve pain and inflammation. When a patient is suffering from arthritis, the pain they have is mostly caused by joints that are severely inflamed.

Which of the following psychological issues below does Erikson's theory of personality say a child who has never functioned autonomously is likely to experience?

- 1. Shame and doubt
- 2. Guilt
- 3. Inferiority
- 4. Mistrust

The correct answer is 1.

According to Erikson's theory, individuals, at every age will go through a period of psychological crisis, which is then followed by a period of development.

Should the child be allowed to function autonomously, in later life, they won't experience shame and doubt.

They won't mistrust if they develop trust in their maternal figure, while they won't feel inferior if they are industrious as a school-age child. A young child that shows initiative won't experience guilt in later life.

FINAL PREPARATION FOR THE NCLEX-PN EXAM

General tips

- To take away the stress of traveling beforehand, scheduled the exam at a testing center close to you.
- Always make sure you have your exam admission ticket as well as identification with you.
- Always take practice tests before you try the NCLEX-PN exam for the first time. This will give you a good indication of whether you are ready or not.
- Before trying to answer a question, make sure you have read it thoroughly. If the answer you have in your head can be found in one of the multiple choice options, then you likely have the right answer.

- Many questions will ask for a course of action in a particular situation. Remember this when studying for the exam and apply it instead of just memorizing.
- Don't think specifically, but instead, think on a conceptual level. As an example, knowing how various class of drugs work, or how side effects relate to actions isn't necessary.
- Any response to a situation should always be what you as a nurse should do.
- Note who the subject is in a question. This is critical because many responses relating to medical conditions in children will vary if the subject is a child instead an adult.
- Look at the question and identify the client, the problem, and then the specific nursing process it addresses.
 For example, giving an answer that deals with an intervention to a question that is about assessment would be incorrect.
- Look for italicized words as they can provide you with clues to the correct answer. These words can include the likes of *first* and *not*, for example.

Final preparation

Evening before the exam

- As specified by the instruction you would have received, make sure you have all the material you need for the exam.
- There's no point in staying up and trying to cram, so make sure you get a good night's sleep.
- Try not to use any stimulates to keep you away, or anti-depressants either
- If you've prepared well, you can be confident that you will do well. Always keep positive thoughts in mind.

Day of the exam

- It's best to avoid sugary foods before you write the exam, as they may raise your blood sugar but it will crash later and you don't want that during the five hours that you are writing for. Instead, eat a high-protein breakfast.
- Make sure you leave for the testing site early enough. You don't want to be rushed and you simply don't know what could happen on the day in terms of transport and getting to the venue (a traffic jam, for example).
- Bring along some bottled water and a snack you can eat that won't disturb other students.
- Try to choose a testing cubicle where other students won't be likely to cause a distraction to you.

If you don't pass...

- There is a three month waiting period before you can take the NCLEX-PN exam again should you fail it.
- You should receive a report in which your weak areas are shown. While this won't show your scores, it will list percentages in these areas.