Nursing
LVN-NCLEX-PN
Licensed Vocational Nurses

Latest Version: 6.0

Question: 1

A patient with a history of violent episodes experiences one during his stay in your unit. Which of the following facts should be included in documenting the episode?
check all answers that apply

A. The source of the client's episode cannot be determined.
B. The patient would not voluntarily enter into seclusion.
C. The patient asks to leave seclusion.
D. The number and names of staff members who responded to the emergency are reported.

Answer: A,B,C

Explanation:
A patient's violent episode must be well-documented. It is important to include observations of the patient's behavior, how this behavior was managed and how the patient responded. It is not necessary to know who responded to the emergency call.

Question: 2

The term for the absence of microorganisms is called:
check all answers that apply

A. isolation
B. disinfection
C. asepsis
D. infection
E. antisepsis

Answer: C

Explanation:
Asepsis means the absence of microorganisms. It can be achieved by preventing the conditions that allow pathogens to live, multiply and spread.

Question: 3

You are assessing a young woman who tells you that her last menstrual period began on 4/18. Her urine test was positive for pregnancy. Using Nagele's rule you calculate this woman's estimated date of confinement (EDC) to be which of the following?

A. 1/25
B. 12/25
C. 1/18
D. 1/11

Answer: A

Explanation:
To determine the Estimated Date of Confinement (EDC) using Nägele's Rule, follow these steps:
1. Identify the first day of the last menstrual period (LMP). In this scenario, the LMP started on April 18th.
2. Apply Nägele's Rule, which states to subtract three months from the LMP. Subtracting three months from April 18th brings us to January 18th.
3. Then, add seven days to the date obtained in the previous step. Adding seven days to January 18th results in January 25th.
Therefore, according to Nägele's Rule, the estimated date of confinement or due date for this young woman would be January 25th. This method is widely used as it provides a straightforward calculation based on a standard 28-day menstrual cycle and an average gestational period of approximately 280 days from the LMP.

Question: 4

Which of the following components of nutrition is especially important in pregnant women?

A. Protein.
B. Fat.
C. Carbohydrate.
D. Folate.

Answer: D

Explanation:
The question focuses on identifying a crucial nutritional component particularly important for pregnant women. Among the options provided: protein, fat, carbohydrate, and folate, the correct answer is folate. This choice is underscored by its critical role in the early developmental stages of pregnancy. Protein is noted for its role in tissue growth and repair, which is indeed important for both the mother and the developing fetus. However, the specific significance of folate during pregnancy surpasses the general benefits of protein. Fat is valued for its high energy content and its ability to insulate the body, while carbohydrates are primarily the body's main source of energy. Both are essential but not uniquely critical during pregnancy in the way folate is.
Folate, a type of B vitamin, is essential for pregnant women primarily because it helps prevent birth defects of the baby's brain and spinal cord, known as neural tube defects. Examples of these defects include spina bifida and anencephaly, which can have severe consequences for the baby’s overall health and development. The Centers for Disease Control and Prevention (CDC) specifically recommends that women take folate supplements a month before becoming pregnant and during pregnancy to ensure proper fetal development.

The emphasis on folate by health authorities such as the CDC highlights its irreplaceable role during pregnancy, distinguishing it from other nutrients listed in the options. Hence, when considering the unique needs of pregnant women in terms of preventing serious birth defects, folate is particularly crucial, making it the best answer to the question.

Question: 5

Which of the following ages fall into middle adulthood?
check all answers that apply

A. 42
B. 66
C. 59
D. 38

Answer: A,C

Explanation:
Middle adulthood is considered from 40 – 65 years of age. Young adulthood is 18 to 40 years of age; and older adulthood is older than 65 years.

Question: 6

There are several types of nursing delivery systems. Which of the following is described by being concerned with keeping the nurse at the bedside, actively involved in client care,while planning goal-directed, individualized care?

A. Primary Nursing
B. Team Nursing
C. Functional Nursing
D. None of the Above

Answer: A

Explanation:
The correct answer to the question is Primary Nursing. Primary Nursing is a model of nursing care delivery that emphasizes continuity of care by having one nurse (the primary nurse) responsible for overseeing the complete care of a group of patients throughout their stay in a hospital or healthcare setting. This system is designed to keep nurses at the bedside, actively involved in patient care, while planning goal-directed, individualized care.
In Primary Nursing, the primary nurse assumes 24-hour accountability for planning, directing, and evaluating the patient's care from admission through discharge. The primary nurse collaborates with the patient, the patient's family, and other members of the healthcare team to develop and implement a comprehensive, personalized care plan. This model encourages deep, therapeutic relationships between the nurse and their patients, enhancing both care quality and patient satisfaction.

Contrastingly, Team Nursing involves a group of nurses working together to care for a group of patients. This model is led by a registered nurse (RN) who coordinates a team that may include other RNs, licensed practical nurses (LPNs), and nursing assistants. The team leader is responsible for assessing, creating nursing diagnoses, planning, and evaluating care, but care tasks are distributed among team members according to their roles and qualifications.
Functional Nursing, another model, is task-oriented and involves assigning specific tasks to nursing staff members based on their skills. Here, the focus is more on the completion of tasks rather than on the continuity of care or the nurse-patient relationship. This model can be efficient but may fragment care and diminish the holistic understanding of the patient's needs.
Therefore, Primary Nursing is best described by the focus on keeping the nurse at the bedside, involved in direct client care, and engaged in planning individualized, goal-directed care, distinguishing it significantly from Team Nursing and Functional Nursing.

Question: 7

You are caring for a patient who has just been diagnosed with type 1 diabetes. This patient needs to be educated as to how to be able to cope with this diagnosis. What is the first thing that you should do for this patient?

A. Show the patient how to inject himself with insulin.
B. Evaluate what this patient already knows about diabetes and the administration of insulin.
C. Establish a plan for management of the diabetes with the patient.
D. Observe the patient as he administers an insulin injection himself.

Answer: B

Explanation:
The correct initial approach in educating a patient newly diagnosed with type 1 diabetes is to evaluate what the patient already knows about diabetes and the administration of insulin. This preliminary step is crucial because it helps tailor the education and management plan to the individual needs and current knowledge level of the patient. Understanding the patient's baseline knowledge allows the healthcare provider to correct any misconceptions and provide the necessary information that the patient might be lacking.
Type 1 diabetes is a condition where the body's immune system attacks the insulin-producing cells in the pancreas, leading to little or no production of insulin. Insulin is a hormone that is critical for the metabolism of carbohydrates and the overall management of glucose levels in the blood. Patients with this diagnosis must learn to manage their insulin levels through injections or a pump, monitor their blood sugar, adjust their diet, and recognize the symptoms of both high and low blood sugar levels.
By first evaluating the patient's existing understanding, the healthcare provider can determine the starting point for education. This might include basic information about what type 1 diabetes is, how it affects the body, the importance of monitoring glucose levels, and the critical nature of insulin administration. If the patient already has some understanding, the education can immediately address more advanced topics such as adjusting insulin doses, carbohydrate counting, and how to handle diabetes-related emergencies.
After assessing the patient's knowledge, the next steps can include setting specific, achievable goals for diabetes management, developing a personalized diabetes management plan, and hands-on training in insulin administration. This should also involve observing the patient administering insulin to ensure that

they can do it safely and effectively. However, these steps should only follow after the initial assessment to ensure that the training is appropriate and comprehensive.
Thus, understanding what the patient knows first guides the educational content and ensures that the patient receives the most relevant and practical information to manage their condition effectively. This approach not only empowers the patient but also fosters a collaborative relationship between the patient and healthcare providers, which is essential for the successful long-term management of type 1 diabetes.

Question: 8

A 20-year-old patient is admitted to the hospital with respiratory failure. He's intubated, given oxygen, and is coughing with copious secretions in his lungs. What should be done first?

A. Suction the lungs
B. Call his family
C. Call for assistance in restraining the patient
D. Check his heart rate and blood pressure

Answer: A

Explanation:
In the case of a 20-year-old patient admitted to the hospital with respiratory failure, who is intubated and presenting with copious lung secretions, the immediate action should be to suction the lungs. This step is crucial because it directly addresses the patient's ability to breathe, which is compromised by the excess secretions obstructing the airways. Clearing these secretions will help stabilize the patient's respiratory status and improve oxygenation, which is critical in preventing further complications associated with respiratory failure.
Other actions such as calling his family, checking his heart rate and blood pressure, or calling for assistance in restraining the patient, while important in the broader scope of patient care, are secondary at this juncture. The urgent need is to ensure that the airways are clear. Once this is achieved and the patient's immediate breathing needs are stabilized, healthcare providers can then proceed to monitor vital signs like heart rate and blood pressure, which will give further insights into the patient's overall cardiovascular status and potential needs for additional interventions.
Similarly, while informing the family about the patient's condition is an essential aspect of holistic care and supports the patient's emotional and psychological well-being, it does not precede the critical need for maintaining patent airways. Furthermore, unless the patient is exhibiting behavior that poses a risk to himself or others, restraint should not be prioritized over respiratory management.
In summary, the first and foremost action in managing a patient with respiratory failure and significant pulmonary secretions is to perform suctioning. This ensures that the airways are clear, thus facilitating better gas exchange and improving the patient's immediate survival prospects. Subsequent steps can then be taken in a more controlled and less emergent manner, once the primary life-threatening issue has been addressed.

Question: 9

Following withdrawal from alcohol, a client is to receive disulfiram. The medication is prescribed for which purpose?

A. To minimize the effects of alcohol.
B. To improve detoxification by the liver.
C. To increase her utilization of vitamins.
D. To help the client refrain from drinking alcohol.

Answer: D

Explanation:
Disulfiram is a medication specifically prescribed to support individuals in maintaining sobriety after they have decided to quit drinking alcohol. Its primary purpose is not to minimize the effects of alcohol nor to improve detoxification by the liver or increase vitamin utilization, but rather to act as a deterrent against the consumption of alcohol.
The way disulfiram works is by interfering with the body's ability to metabolize alcohol. Normally, when alcohol is consumed, it is first metabolized into acetaldehyde, a highly toxic substance that is subsequently broken down by the enzyme acetaldehyde dehydrogenase into less harmful compounds. Disulfiram inhibits this enzyme, resulting in the accumulation of acetaldehyde in the blood when alcohol is ingested.
This accumulation causes unpleasant and potentially dangerous symptoms that can include nausea, vomiting, palpitations, flushing, and even more severe reactions like hypotension or difficulty breathing. These symptoms form the basis of the aversive condition that disulfiram is intended to create.
Essentially, the medication conditions the person to associate alcohol consumption with unpleasant physiological reactions, thereby deterring them from drinking.
Disulfiram is generally used as part of a comprehensive treatment plan that includes counseling and support groups. It is most effective for individuals who are committed to abstaining from alcohol and who are using disulfiram under the supervision of a healthcare professional. It's important to note that disulfiram is not a cure for alcoholism itself; rather, it is a tool used to aid individuals who are already in recovery in avoiding alcohol.
The use of disulfiram must be carefully managed, as consuming alcohol while on the medication can lead to severe and potentially life-threatening reactions. Therefore, it is crucial for individuals taking disulfiram to be fully educated about the effects of the drug and to commit to complete abstinence from alcohol.

Question: 10

All of the following are true about sudden infant death syndrome (SIDS) EXCEPT:
check all answers that apply

A. It has an increased incidence in the winter months and peaks in January.
B. It typically occurs during the first year of life and peaks at 2 – 4 months.
C. It typically occurs between midnight and 9 AM.
D. It is thought to be a brainstem abnormality.
E. It is the leading cause of death in children from one week to one year of age.

Answer: D

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