

WELCOME TO THE

NCLEX VIRTUAL TRAINER

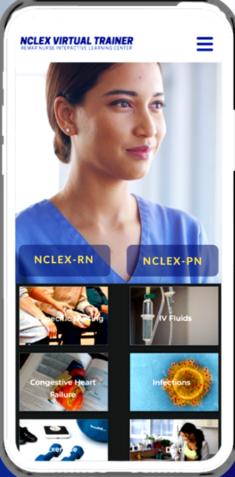


#1NCLEX RN & PN CONTENT REVIEW

THIS NCLEX TRAINING OPPORTUNITY IS SPONSORED BY: **REMAR NCLEX VIRTUAL TRAINER**

Scan QR Code to access FREE Trial

or use your laptop to visit www.ReMarNurse.com/FREENCLEX



REMARKS FROM THE AUTHOR

Each year thousands of nursing students from all over the United States prepare to take their NCLEX. Unfortunately, nearly fifteen percent of fail the first time and nearly forty percent fail as repeat-testers, and it's frustrating.

You know that you need an NCLEX review, but let's be honest, they can be expensive, overwhelming, boring, and may not work for you. Let's not even talk about test anxiety.

My goal is to help you remove the stress from NCLEX by giving you and teaching you the straight to the point core-content that you need to pass NCLEX. Student learn best by breaking down the content into easily digestible bites.

During this FREE Trial, we will create a strong foundation of content. Most live review courses are three to five days long. However, you know it takes a at least three to six weeks to fully prepare for NCLEX because the real work of studying is done AT HOME!

When you sit for NCLEX, it's not group work. You test by yourself. For this reason, I've created the ReMar NCLEX comprehensive core-content review with a six-week daily study calendar so that you can be responsible for your own guided study.

I passed NCLEX with 75 questions on my first try and I was so excited! Since starting ReMar Review over ten years ago I've seen the most amazing stories come from the students with the most difficult circumstances. This is my hope for you. Believe in yourself, because you can pass NCLEX!

Regina M. Callion, MSN, RN

Regina M. Callion

You've Officially Reached the Starting Line!





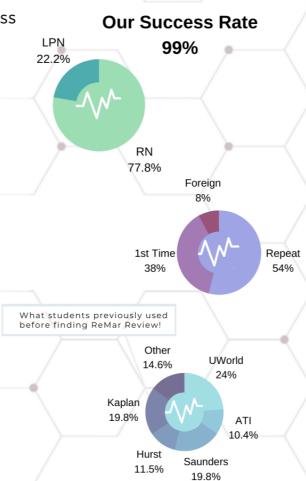
PREPARED FOR SUCCESS!

ReMar Nurses have a 99.2% NCLEX Success Rate Studying Core Nursing Content.

Established in 2010, ReMar Review has become an industry leader and helped more than 300,000 nurses better understand the Core Nursing Content for NCLEX!

With the NCLEX Virtual Trainer we will give you the tools to effectively prepare for the examination. Along with that we provide a community to support you on the journey to becoming a safe nursing professional.

- The NCLEX-RN & LPN test plans and Practice Analysis serve as our guide for content development.
- Our curriculum narrows down the content to emphasize the key topics found on the exam.
- We save time by only teaching the information that a new graduate is expected to know for NCLEX.
- Our streamlined approach to core content builds student's competence and confidence.



SO WHAT'S THE DIFFERENCE?

We asked 5,000 repeat-testers "What resources have you previously used?" Nearly 25% of the nurses questioned that failed NCLEX reported using **UWorld**; and nearly 20% of those students reported using **Kaplan** prior to their failed attempt.

You can literally do a thousand NCLEX questions and learn hundreds of "strategies" but as one student said after passing "When you sit for NCLEX all of those strategies go out the window if you don't KNOW THE CONTENT!" ReMar focuses on the content because when you know your content you are better equipped to answer any question NCLEX gives you! Content is the difference between confidence and anxiety; and passing NCLEX or failing NCLEX. What makes ReMar different? We have better nursing content!

EXPERIENCE THE NEW REMAR NCLEX VIRTUAL TRAINER!

CRITICAL THINKING QUESTIONS

Our researched training model combines the science of nursing with clinical applications to situational awareness and judgement.



INTERACTIVE NCLEX CONTENT

Your virtual training platform contains comprehensive content lectures by Instructor Regina Callion MSN, RN. Each videos is fun, easy to understand and engaging, like watching NetFlix for NCLEX! Students are also able to take interactive quizzes by selecting on screen questions asked by the instructor.



FULLY MOBILE RESPONSIVE

Phone, Tablet, Laptop, Desktop



M DAILY STUDY CALENDAR

Follow our six-week study calendar to take control of your study routine and pass your state board exam with confidence and THREE-MONTHS ONLINE ACCESS!

INSTANT ANALYTIC REPORTING

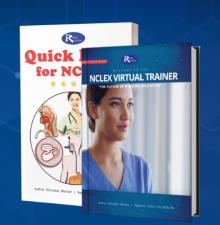
You'll have access to our extensive dashboard with reporting tools, comprehensive analytics, with daily reporting to keep you on track. Your progress reports will demonstrate your readiness for NCLEX!



NCLEX VIRTUAL TRAINER NCLEX-RN

ONE AMAZING EXPERIENCE

The NCLEX VIRTUAL TRAINER is a state of the art online training platform that also includes the NCLEX-VT Student Workbook & Quick Facts for NCLEX to optimize your study experience and deepen your connection with the written content-based material.







| Try it Before you Buy it!

FREE 3-DAY TRIAL



The following content inside of this workbook can only be accessed by creating a NCLEX Virtual Trainer FREE TRIAL Account. You can create your free account by using your smart phone camera to scan the QR Code [the square above] or by visiting (ReMarNurse.com/FREENCLEX) and using the link to create your trial account

You will need a valid credit card to create your account. You will not be charged before, during, or after your trial. If you love the content you can upgrade to the full program with your discounted link from inside of your FREE NCLEX Review Trial.

NCLEX Virtual Trainer Table of Content

FREE 3-DAY TRIAL CONTENT

A MESSAGE FROM YOUR INSTRUCTOR III
HOW TO USE THE NCLEX-VT STUDENT WORKBOOKIV
HOW TO USE YOUR SIX-WEEK NCLEX STUDY CALENDAR4
VIRTUAL TRAINER CALENDAR1 - 6
BEFORE WE START - AFFIRMATION7
PREGNANCY8
COMPLICATIONS OF PREGNANCY
LABOR & DELIVERY OVERVIEW14
FETAL HEART STRIP ORIENTATION
LABOR & DELIVERY OVERVIEW16
CLINICAL JUDGEMENT ACTIVITY #120
CLINICAL JUDGEMENT ACTIVITY #221
FETAL HEART MONITORING21
NORMAL & HIGH RISK NEWBORN22
INFANT HEART DEFECTS25
PEDIATRIC DEVELOPMENTAL MILESTONES27
NCLEX PRACTICE QUESTIONS31
CLINICAL JUDGEMENT ACTIVITY #331
CLINICAL JUDGEMENT ACTIVITY #432
CLINICAL JUDGEMENT ACTIVITY #533
MATERNAL & CHILD HEALTH PROGRESS EXAM34
AGE SPECIFIC NURSING CARE36
EXPECTED CHANGES DURING AGING40
CLINICAL JUDGEMENT ACTIVITY #643
PHYSIOLOGICAL CHANGES HOMEWORK EXAM44
QUICK FACTS FOR NCLEX QUIZ PAGES 1-2047
PHYSIOLOGICAL ASSESSMENT PROGRESS EXAM49
CLINICAL JUDGEMENT ACTIVITY #752
DIETS53
BASIC CARE & COMFORT56
CLINICAL JUDGMENT ACTIVITY #8
ORTHOPEDICS61
BASIC CARE & COMFORT HOMEWORK EXAM66
BASIC CARE & COMFORT PROGRESS EXAM69
MEDICATION ADMINISTRATION71
ANTIBIOTICS
INTRAVENOUS (IV) THERAPY74
IV COMPLICATIONS75
TOTAL PARENTERAL NUTRITION76
PAIN MANAGEMENT77
QUICK FACTS FOR NCLEX 21-40 QUIZ78
SUBSTANCE ABUSE80
IV FLUIDS82
CLINICAL MATH83
CLINICAL MATH PRACTICE QUESTIONS
PHARMACOLOGICAL & PARENTERAL THERAPIES HOMEWORK EXAM88
PHARMACOLOGICAL & PARENTERAL PROGRESS EXAM90
EASY NCLEX LABS92
CLINICAL JUDGEMENT ACTIVITY #994
EASY ELECTROLYTES95
DIABETES INSIPIDUS VS. SYNDROME OF INAPPROPRIATE ANTIDIURETIC
HORMONE SECRETION
POSITIONS
DISASTER MANAGEMENT100

QUICK FACTS FOR NCLEX PAGES 40-66 QUIZ	102
HERBAL MEDICATIONS	104
CLINICAL JUDGEMENT ACTIVITY #11	105
BLOOD GAS INTERPRETATION BY NUMBERS	106
BLOOD GAS INTERPRETATION BY DIAGNOSIS	106
CHEST TUBES	107
VENT ALARMS	110
CONGESTIVE HEART FAILURE	111
CONGESTIVE HEART FAILURE PRACTICE QUESTIONS	112
DIAGNOSTIC PROCEDURES	
LOWERING CHOLESTEROL	115
PHYSIOLOGICAL ADAPTATION HOMEWORK EXAM	
PHYSIOLOGICAL ADAPTATION PROGRESS EXAM	117
EAR SPOTLIGHT	
DIABETES OVERVIEW	
ENDOCRINE REVIEW	
PHYSIOLOGICAL ADAPTATION PROGRESS EXAM	
CLINICAL JUDGEMENT ACTIVITY #12	
"NCLEX NEXT-GEN STYLE QUESTIONS"	
THERAPEUTIC COMMUNICATION	
PSYCHOLOGICAL CONCEPTS	
PSYCH MEDICATIONS	
PSYCHOSOCIAL INTEGRITY HOMEWORK EXAM	
PSYCHOSOCIAL INTEGRITY PROGRESS EXAM	
CLINICAL JUDGEMENT ACTIVITY #13	
ECG OVERVIEW	
ISOLATION PRECAUTIONS	
ISOLATION PRACTICE QUESTIONS	
CLINICAL JUDGEMENT ACTIVITY #14	157
ACCIDENT & ERROR PREVENTION	158
MANAGEMENT OF CARE	160
CLINICAL JUDGEMENT ACTIVITY #15	161
LEGAL ISSUES IN NURSING	162
DELEGATION & ASSIGNMENT	163
DELEGATION PRACTICE QUESTIONS	165
CLINICAL JUDGEMENT ACTIVITY #16	166
CLINICAL JUDGEMENT ACTIVITY #17	166
PRIORITIZATION	167
REVERSE PRIORITY	167
PRIORITY PRACTICE QUESTIONS	167
MANAGEMENT OF CARE HOMEWORK EXAM	168
MANAGEMENT OF CARE PROGRESS EXAM	170
CLINICAL JUDGEMENT ACTIVITY #18	171
TIPS TO MASTER NCLEX	173
TEST DAY TIPS	173
NCLEX- RN PRACTICE EXAMS	174
	174
R	180
Quick Facts	185
NCLEX VIRTUAL TRAINER THE PUTULE OF RIDE SHU CATION"	187
* * * * *	190
1000	193
CEVIANE S	193
	193
BANK GAYD	

Blood Gas Interpretation Numbers

ReMar Review

рН	HCO₃
Below 7.35=	
Above 7.45 =	

THINK R.O.M.E.!

Respiratory Opposite Metabolic Equal

A.) How would you interpret this blood gas? pH 7.53 PaCO2 33 HCO3 33 PaO2 72

B.) How would you interpret this blood gas? pH 7.10 PaCO₂ 24 HCO₃ 45 BE 3

pH 7.10 _____ HCO₃ 45 _____ = ____

C.) How would you interpret this blood gas? pH 7.32 $PaCO_2$ 35 HCO_3 17 PaO_2 89

pH 7.32 _____ HCO₃ 17____ = ____

Blood Gas Interpretation by Diagnosis

ReMarNurse.com

1st question: Is this a breathing problem?

Yes	No
R	М
Respiratory Alkalosis=	Metabolic Alkalosis-
Respiratory Acidosis=	Metabolic Acidosis=

Critically Think:

- 1) Which blood gas value would you expect to see in a client with a pulmonary embolus
- 2) Which blood gas value would you expect to see in a client who has diabetes mellitus type 2?
- 3) Which blood gas value would you expect to see in a client who has chronic obstructive pulmonary disorder?
- 4) Which blood gas value would you expect to see in a client who has a pancreatic fistula and diarrhea?
- 5) Which blood gas value would you expect to see in a client 26 weeks pregnant with hyperemesis gravidarum?

^{*}For NCLEX you do not have to worry about compensated or partially compensated blood gas interpretation.

CHEST TUBES

A.) Chest tube is a	drain that allow fluids or air to
escape the pleural space	
Remember normal breathing wo	orks on
5 ,	humans inhale it is a result of the diaphragm contracting and pout. This causes the lungs to expand. The pressure inside the are that sucks the air in.
Chest tubes are needed whenev	ver thein the
pleural space is disrupted.	



Tension pneumothorax-	is in between	
and	b	_which
can be caused by trauma, surgery	, falls etc. Outside air creates	a one way
valve inside the lung.		

CHEST TUBES ReMarNurse.com

Classic signs of a tension pneumothorax:

Trachea deviation	Yes

This is a medical emergency, client needs treatment right away!

Treatment of tension pneumothorax:

CHEST TUBES

ReMarNurse.com

B.) Chest tube Setup: All chest tube systems have these three chambers

Collection chamber	Water Seal	Suction Control
Purpose is to:	Purpose is to:	Amount of suction applied to the client.
Notify primary healthcare provider 1.	Allow a to exist from pleural space during air to enter the pleural space during	Both water seal and suction control have water in them.
	·	Bubbling/Tidaling
	Bubbling/Tidaling	Continuous-
	Continuous Intermittent	Intermittent-

CHEST TUBES

C.) Care of a client with a chest tube	
1) Assess client for:	
2) Chest tubes should be placed	chest level.
3) Do not milk or strip chest tube without a doctor's order.	
4) Daily x-rays are needed to check	·
5) Clients will have andressing at the ins	sertion site.
6) Never clamp a chest tube without a M.D. order.	
D.) Common NCLEX troubleshooting	
1. Noticed the water seal is broken	
A. Place the distal end of the tube in 2 cm of sterile water.	

2. Pulled the chest tube out

A. Use a	
B. Cover the opening with an	·
C the dressing on	_ sides only so that you can allow:
<u>Critical Think:</u>	
What is the difference between a regular sterile	dressing & occlusive dressing?
3. Complains of pain won't comply-medicated deep breath	and have the client to cough and
Α.	
В.	
For NCLEX you have at the bedside of a client w	ith a chest tube.
1.	
2.	
3	

Critically Think! ReMar Nurses

- 1. What kind of lung sounds would the nurse expect to hear with a client who needs a chest tube? Select all that apply.
- 1. Wheezes
- 2. Crackles
- 3. Stridor
- 4. Diminished
- 5. Pleural friction rub
- 2. When caring for a client with a chest tube what should the nurse do to evaluate the effectiveness of the chest tube?
- 1. Empty chest tube drainage every shift
- 2. Mark chest tube drainage every shift
- 3. Clamp the chest tube when transferring the patient
- 4. Add water to the water seal chamber when she notices it is low
- 3. What should be done once the fluid in the water seal chamber no longer fluctuates with inspiration or expiration?
- 4. After a client has his chest tube removed by the healthcare provider which dressing should the nurse have ready to place over the incision site?
- 1. Transparent film dressing
- 2. Xeroform petroleum dressing
- 3. Seaweed healing dressing
- 4. Sterile cotton dressing

Vent Alarms

ReMarNurse com

ReMar Tip about Ventilator Alarms	High alarm sound =
	Caused by: mucous, blockage, biting
	Low alarm sound =
	Caused by:
If you don't know what to do then:	Disconnect the client and manually resuscitate them.

H.O.L.D. Help

Н	High Alarm
0	Obstruction
L	Low Alarm
D	Disconnection

Congestive Heart Failure

When the	en thecannot pump enough blood and nutrients to me				
the needs of the organs.					
Big Problem:					
Side		Side			
L think	R think				
Signs:	Signs:				
Most clients will have failure _	-				

Congestive Heart Failure

В.) Diagnostic	Tests
----	--------------	-------

- C.) Medications
 - 1.
 - 2.
 - 3.
 - 4.
- D.) Nursing Interventions

Congestive Heart Failure Practice Questions

- 1. Mr. Green is scheduled to receive furosemide 60 mg IV BID for a diagnosis of congestive heart failure. The medication will have which of the following effects? Select all that apply.
 - 1. Decrease blood pressure
 - 2. Increase urine output
 - 3. Increase blood pressure
 - 4. Decrease urine output
 - 5. Decrease pain
 - 6. Increase edema
- 2. A 62-years-old client presents with dyspnea and blue colored nails and lips. The client has a suspected history of congestive heart failure and is admitted to emergency room. The client has not been compliant with his medication regimen and states he has not taken his hydrochlorothiazide for 4 days. The nurse should anticipate a diagnosis of which of the following?
 - 1. Pneumonia
 - 2. Pulmonary edema
 - 3. Pneumothorax
 - 4. Atelectasis
- 3. You are teaching the parents of a child with congestive heart failure about fluid intake. Which statement indicates understanding of monitoring fluid retention?
 - 1. I will calculate all of the fluids that my child drinks as this is the best method to monitor fluid retention.
 - 2. I will weigh each diaper daily as this is the best way to monitor fluid retention.
 - 3. I will weigh the child each day at the same time as this is the best way to determine fluid retention.
 - 4. I will listen to the lungs with my stethoscope as this is the best way to monitor fluid retention.
- 4. A client comes into the wellness clinic after being diagnosed with congestive heart failure. She complains of becoming tired after only very little activity. Which activity suggestion would the nurse give to preserve energy and decrease oxygen demands?
 - 1. Setting a specific time during the day and accomplishing all daily tasks at one time.
 - 2. Eating small frequent meals throughout the day.
 - 3. Removing oxygen therapy during rest to build up a tolerance without it.
 - 4. Exercise shortly after waking up in the morning when energy levels are highest

Diagnostic Procedures

1. Lumbar puncture
Position:
Client Teaching:
2 non-invasive test that uses to
create a detailed picture.
·
Position-
Client Teaching:
3.
J.
Position
Client teaching:
Cheffe teaching.

4. Esophagogastroduodenoscopy
Position-
Client Teaching:
5.
Position -
Client teaching -
Before exam: Do not take anticoagulants and herbal medications.
After exam: What is the most serious complication after a liver biopsy?

Diagnostic Procedures

6.
Position -
Client Teaching:
7 Augineur au Autoria augus (DNI autoria)
7. Angiogram or Arteriogram (RN only topic)
Position
Client education
Before Exam:
bejore Exam.
Medications to hold: Metformin, anticoagulants
After the exam:

*Note: Some references say hold Metformin 24-48 hours before diagnostic study requiring IV iodine contrast media.			

LOWERING CHOLESTEROL

The goal of therapy is to lower
and
Why does cholesterol matter?
Values to know:
LDL (Bad) =
HDL (Good) =
Total Cholesterol =
Triglycerides =
Examples of Dyslipidemias
Simvastatin, Rosuvastatin, Atorvastatin
Drug name ends in: Statin
Side effects of Statins:
What about the B3 vitamin <i>Niacin</i> ?
Side effects of Niacin:

Avoid flushed face by giving aspirin 30 minutes before treatment.
When your client is on a dyslipidemia assess them for?
What are the three types?
Which organ is damaged due to free-flowing muscle fibers?
How will the muscle tissue be excreted?
How to treat:
NCLEX teaching about lowering cholesterol:
Goal of Low Cholesterol diet:
Avoid:
Dairy foods such as cheese, butter, ice cream, egg yolk
Foods to include: avocados- which help raise HDL and lower LDL

Physiological Adaptation Homework Exam

ReMarNurse.com

You will complete this exam in the book and then check your answers inside of your NCLEX Virtual Trainer (VT) account. When you answer these same questions in the VT the answers will be marked correct or incorrect. You must achieve a 95% to move on. You are able to take every exam again if needed.

- 1. A client is experiencing hyperventilation while receiving treatment on a mechanical ventilator. The nurse should monitor the client for:
- A. Hypercapnia
- B. Respiratory acidosis
- C. Respiratory alkalosis
- D. Decreased respiratory rate
- 2. Which position would provide the greatest respiratory capacity during an episode of dyspnea?
- A. Sims' position
- B. Supine position
- C. Orthopneic position
- D. Semi-Fowler's position
- 3. A nurse is caring for a client diagnosed with acute pleuritis. Which of the following is the most important to include in the plan of care?
- A. Administer pain medication frequently
- B. Assess for signs of pneumonia
- C. Administer medications to reduce cough
- D. Restrict fluids to reduce pulmonary edema
- 4. A client has just returned from a bronchoscopy. Which of the following is the best way to assess the return of the gag reflex?
- A. Inserting a tongue depressor to the back of the throat.
- B. Asking the client to say 4 or 5 short words.
- C. Monitoring the client while swallowing 5 ml of water.
- D. Asking the client to cough and deep breathe.
- 5. A client is being discharged from the hospital to complete his tuberculosis treatment at the outpatient clinic. Which of the following diets should the nurse instruct the client to maintain?
- A. A liquid diet with protein supplements
- B. A low calorie, low protein diet
- C. A high calorie, low protein, high carbohydrates diet
- D. A high calorie diet with frequent small meals
- E. A low calorie, low dairy and low carbohydrates diet

- 6. A nurse is caring for a client 10 hours following a left pneumonectomy. The nurse should place the client in which position?
- A. Left side-lying or supine
- B. Right or left side-lying position
- C. High Fowler's or right side-lying
- D. Right side-lying or prone
- 7. A client with lung cell cancer is scheduled for biopsy. Which of the following should be included in the client education?
- A. Take your aspirin as normal.
- B. Eat nothing after midnight.
- C. You will require a chest tube to assist with the procedure.
- D. An iodine contrast may be used to visualize the location of the cancer.
- 8. A nurse is caring for a client scheduled for a thoracentesis. The nurse knows:
- A. A thoracentesis may increase respiratory distress immediately after the procedure.
- B. The thoracentesis is used to remove fluid and blood from the thoracic cavity.
- C. The thoracentesis may negatively affect the client's blood pressure.
- D. The thoracentesis is used to increase the circulating fluid volume.
- 9. A nurse is working in the post-operative unit. Which is the most important action to ensure adequate ventilation?
- A. Administer oxygen while the client is sedated.
- B. Assess the client's lung sounds per doctor's order.
- C. Obtain a pulse oximetry reading if oxygen saturation is less than 95%.
- D. Place the client in the lateral position with the neck extended.
- 10. A client is caring for a client with a chest tube. During ambulation, the client's chest tube becomes separated from the drainage system? Which of the following is the best action by the nurse?
- A. Clamp the chest tube.
- B. Place the client in a high Fowler's position.
- C. Reconnect the chest tube to the drainage system.
- D. Prepare the client for reintubation.

Physiological Adaptation Progress Exam

- 1. A client who has a newly placed percutaneous endoscopic gastrotomy (PEG) tube is requesting a bed bath. Which instruction should be given to unlicensed assistive personnel (UAP)?
- A. Monitor the client for residuals over 500 mL.
- B. Report any redness around the tube insertion site.
- C. Evaluate the client's response to pain medication during the bath.
- D. Check the client's blood glucose level.
- 2. A nurse is caring for a 4-year-old with a diagnosis of congestive heart failure. Which of the following signs would indicate a decrease in cardiac output?
- A. Fever
- B. Increased urine output
- C. Hypertension
- D. Delayed capillary refill
- 3. The school nurse has received a report that a child in the third grade has been diagnosed with cardiac disease. Which of the following symptoms would support a diagnosis of congestive heart failure?
- A. Abdominal pain
- B. Inability to run short distances
- C. Muscle tremors
- D. Dilated pupils
- 4. A twenty-month-old child with congestive heart failure is scheduled to receive digoxin. The nurse should hold the medication if the apical pulse is:
- A. Greater than 60 bpm
- B. Less than 50 bpm
- C. Greater than 100 bpm
- D. Less than 100 bpm
- 5. A nurse is caring for an infant with a heart defect that has a result of left to right shunting. The nurse should expect which diagnosis?
- A. Cardiopulmonary obstructive disease
- B. Tetralogy of Fallot
- C. Congestive heart failure
- D. Atrial septal defect
- 6. A client presents to the emergency department with acute chest trauma and respiratory distress.

Which assessments are of the highest priority?

- A. Respiratory ventilation status and presence of pulses
- B. Blood pressure and the presence of pulses
- C. Level of consciousness and respiratory rate
- D. Respiratory rate and blood pressure
- 7. A client with a misplaced chest tube requires mechanical ventilation. When suctioning the endotracheal tube, the nurse should:
- A. Hyperoxygenate the client with 100% oxygen before and after suctioning
- B. Suction up to four times only during the procedure to expel mucus
- C. Use short thrusting motions to enter the sensitive respiratory passage
- D. Apply suction while gently inserting the catheter
- 8. The nurse is caring for a client in respiratory distress. The client has early indications of respiratory acidosis, which include:
- A. Bradypnea
- B. Restlessness
- C. Nausea
- D. Clubbing of the fingers
- 9. When caring for a client with a chest tube, the nurse observes some skin elevation around the insertion site. When the area is palpated, the nurse hears crackles. How should the nurse document this finding?
- A. Rales
- B. Airway blockage
- C. Pitting edema
- D. Crepitus
- 10. A female client with lung cancer is scheduled for a biopsy. Which of the following should the nurse include in the client education?
- A. This procedure is different from percutaneous needle aspiration.
- B. You will need to remain NPO after midnight.
- C. There will be fluid removed from your abdominal cavity during the procedure.
- D. The procedure will allow the physician to visualize the lungs.

IT'S TIME TO UPGRADE YOU!

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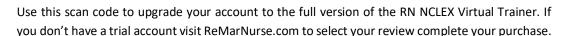
If you've taken the FREE Trial then you know how effective it is to study content with me inside the NCLEX VT! I don't know what you program you may have used in the past but the truth is - it's time for an upgrade!

Every week hundreds of nurses are pass NCLEX with ReMar and my goal is to make sure you have everything you need to pass boards and get your nursing license! give you full VT access, study calendar, and send out your physical workbook!

Scan QR Code to Upgrade to the full NCLEX Virtual Trainer!







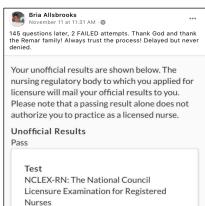




Use this scan code to upgrade your account to the full version of the RN NCLEX Virtual Trainer. If you don't have a trial account visit ReMarNurse.com to select your review complete your purchase.

IS THE REMAR NCLEX VIRTUAL TRAINER WORTH IT?





Language: English









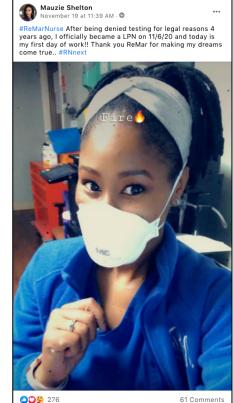
guys posted. It helped me a lot. I also want to thank the ReMar team. I know I passed my exam because of VT, qbank, and especially GOD. Don't ever give up on your dream of becoming a nurse. To God Be The Glory!





Tiffany Williams







It's official! I am a Remar Nurse, RN! After failing more than once, divorce, becoming a single parent and COVID I passed! God has never left my side and guided me every step of the

way. It was not in my time but in HIS time! Thank you to Remar for the awesome study guide. You are blessing to so many!!!!! I CAN, I WILL and I DID PASS NCLEX!

55 Comments

Rashanne Satchell



Hey guys, I have been studying with Remar for the last 6 weeks online and also using the Quick Facts. I sat for my board on 11-19-20... I passed my NClex! I would like to thank Mrs. Regina! I think it was one the last lecture on the Nclex Tips with VT, where you gave me so much courage and inspiration to pass this test! You told me that I was in control and I was going into the test for a license and I should leave with one! That's exactly what I did. I never stop believing that I can, I will, I must pass Nclex! Thank you so much! Best Nclex Prep hands down !!

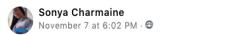


D You and 200 others

65 Comments



I have been out of school for 7 years and I finally passed my boards!! Thanks ReMar!! It really helped me out a lot!!



On August 22nd 2020 I became a REMAR NURSE! ** *** Since passing my NCLEX I've been super busy doing what I LOVE! I was a REPEAT test taker but ALL PRAISES TO THE MOST HIGH & Regina & Mark, I accomplished one of my many goals! The program truly works if you follow Regina's plan! IF I CAN DO IT ANYONE CAN! #NURSESONYA 🧣 💯 💯 💯





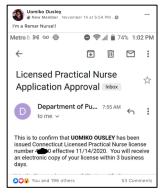
I Finally did it 🙏

I did the VT in 3 weeks and then got the QB (75 questions a day for 2 weeks) and I repeated most of the VT again while doing chores (mainly the ones in the beginning that I've forgotten about) the last 3 days before the exam I focused more on quickfacts. On my way to the testing center I listened to the Sundays service (a great message for me) and I felt at ease, I prayed for those sitting in the car about to test as well. Once I started walking into the building I started to get super anxious and shaky, I knew it was my last chance through FL to pass Nclex. I rushed to the bathroom and dropped onto my knees and prayed for God to take away this anxiety. I also prayed that he would create this exam for me, that it didn't have to be easy and he can take me to the max questions, but to make it for my knowledge. I instantly felt a relief. When I took the Nclex every question that I got I knew the answer, but I didn't ask the lord to make it easy, so he hit me with about 60-70 SATAs 😵

But Knowing my content made me Confident and lowered my anxiety. I got max questions again!

For those who have failed i know the horrible feeling....but after my depression phase, I realized that I wasn't being punished from my fails. I realized God took me through the long route because he wanted me to fix myself, fix all my problems, become closer to him and he wanted me to become more knowledgeable, so that I don't look foolish as a new nurse. I became so much closer to God and even listened to positive church messages even while doing questions.

I'm praying for you future Nurses . I know u will make it. God will bless you not at your time, but at his time. ~Remar Nurse







NCLEX RN Virtual Trainer Study Calendar

WEEK ONE

		-			
	Monday			Tuesday	
	TOPIC/ LOCATION	DONE		TOPIC/LOCATION	DONE
8:00	Your study books will be arriving soon!		8:00	Log into the Virtual Training Center	
	Now is the time to get comfortable in VT. Log-in.			Begin "Before the Books Arrive" Activities	
	Now locate the following sections and explore.			Take notes on downloadable worksheets.	
	Locate the following sections:		9:00	End Study Session	
	Training center- My Notes- File Vault-My Profile-			Mark this task as done	
	Calendar-My Report Card-My Usage Report			Take a Study Break for now.	
	Once you have completed this task make a		12:00	Complete all "Before the Books Arrive" Activities	
	check mark in the done column of this			Take notes on information learned	
	${\sf document} {\rightarrow}$			Mark this task as done \rightarrow	
	Wednesday			Thursday	
	TOPIC/LOCATION	DONE		TOPIC/LOCATION	DONE
8:00	R		8:00	Enter the VT Center & Open "Student Workbook"	
9:00	E		8:05	Watch Pregnancy Overview Lecture/ Take Notes	
10:00	S			Watch Advanced Clinical Topic:	
11:00	Т			Electronic Fetal Heart Monitoring	
			9:00	Watch Labor & Delivery Overview	
	*Think about a potential test date 6 weeks from			Complete Clinical Judgement Activities 1 & 2	
			9:20	Open the "Quick Facts for NCLEX" book Complete Pretest, Planner Page #1, & pages 1-10	
				Study Allergy, Analgesics, Antibiotics, Anticoagulan the pharmacology section in back of the book.	ts in
			11:00	End study session and mark task as done.	
	Friday			Saturday/Sunday	
	TOPIC/LOCATION	DONE		TOPIC/LOCATION	DONE
8:00	Watch Normal & High Risk Newborn		8:00	REST	
8:20	Watch Infant Heart Defects		9:00		
8:35	Watch Pediatric Developmental Milestones				
9:10	Complete Clinical Judgement Activities 3 - 5			The times listed are suggestions.	

9:40 Complete Maternal & Child Health Progress Exam

Study the Pharmacology Section Anticonvulsants, Antidotes, Antineoplastics & Anti-Parkinsons

10:00 Open the "Quick Facts for NCLEX" book

11:00 End study session and mark as done.

*Study times should be changed to fit your daily

life.



NCLEX Mental Preparedness & Grief Form

Regina M. Callion MSN, RN



Dear ReMar Nurse,

If you are experiencing any anxiety in some way and you need to manage it in order to move forward, let me just say, you are normal!

There is no one who doesn't feel anxious at some point in their life, especially perusing something important and meaningful as your nursing career.

Remember you've come too far to leave without you license. I'm so excited to be with you on this journey and I can't wait to see your testimony on the other side of NCLEX. ReMar Nurses trust the process; put Faith-Over-Fear, and move forward.

Finally, if you are not familiar with ReMar Review and the ReMar Nurse Family take some time to do your research! ReMar is the best NCLEX review for core-content with literally thousands of reviews and testimonials from nurses just like you that found the right help and never gave up!

If you have any questions about this personal assessment don't hesitate to email me directly at Support@ReMarReview.com, and I'll be glad to help walk you through the process of passing NCLEX.

Complete the form on the following page to help process your mental preparedness or grief toward NCLEX and let's move past this together!

Directions: You are doing this form because you have failed NCLEX or have a general anxiety or doubts about studying for NCLEX.

If this is correct, you need a healing process. It's time to begin the process of healing by allowing yourself to be open about where you are now and moving past your past.

Answer each question open and honestly and allow the answers to provide insight into your steps toward success. **This is for your eyes only!**

Did you give (or) are you giving NCLEX preparation your all?

How do you know?

If you could go back what things would you do exactly the same?

If you could go back what things would you do differently?

i

I failed (or) may be at risk of failing because? Select all that apply

- I needed to study more
- I had external pressures affecting me (i.e. job, family, deaths,)
- I was overly anxious
- I was unprepared
- I over thought the questions
- I was not confident in my abilities
- I was over confident in my abilities
- I had too many different study resources

If you selected any of the above choices which ones were out of your control? Which ones could you have controlled?

As each question on your NCLEX exam went on how did you feel?

Do you have difficulty talking about the process (or) experience to others?

Have you gone through any of the following emotions? What is it like?

(Guilt - Shame - Defeat - Mistrust - Disconnected - Helplessness)

*If you are experiencing guilt, shame, defeat, mistrust etc. recognize that these are all normal responses however you must choose to identify those thoughts and replace them with a more balanced picture of what actually happened in order to move forward.

What do you feel you need moving forward?

What are your strengths when it comes to learning?

What are your strengths when it comes to overcoming adversity?

Are you willing to give yourself the best opportunity to pass this exam?

What guarantee are you willing to make to yourself?

Before moving forward - You may need some time to reflect on your personal assessment from the previous page. If so, please take the time to do so before coming back to this section!

If you feel the need to do so please feel free to shoot me a quick email to Support@ReMarReview.com about your journey, where you are, and let's see what's best.

NCLEX VIRTUAL TRAINER

I created the ReMar NCLEX Virtual Trainer in part to give you full control over your NCLEX preparation and training experience!

With this **FREE NCLEX Review class,** brought to you by **ReMar NCLEX Virtual Trainer for RN & LPN,** I want you to see how we break down core content and build your confidence in the testing process. This is your best opportunity to pass NCLEX even if you've failed before. This is the content that you need!

The NCLEX Virtual Trainer (VT) has the best NCLEX CONTENT, QUESTIONS, and ACCOUNTABILITY!

It's highly recommend and used by thousands of ReMar Nurses to pass NCLEX every single month!

Sincerely with Love,

Your Favorite NCLEX Instructor, Regina M. Callion MSN, RN



ORDER HERE





YOU'VE COME TOO FAR TO LEAVE WITHOUT YOUR LICENSE!

The Virtual Trainer is the absolute best NCLEX review. Order your ReMar NCLEX Virtual Trainer now with 3-months online access and two NCLEX Workbooks when you order from ReMarNurse.com