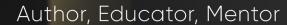
* WELCOME TO THE NCLEX VIRTUAL TRAINER







Regina M. Callion, MSN, RN

A MESSAGE FROM YOUR INSTRUCTOR

I don't know where I'd be without nursing. When I was in high school, my grandmother became a double amputee. She lost her legs and vision to diabetes. My grandfather had a stroke and couldn't talk, swallow or walk. Some people might think that a teenage girl would feel helpless but I was empowered to provide care. It was the home health nurse Linda who taught me nursing in simple, straight to the point terms and turned my challenge into the opportunity of a lifetime!

Hi, my name is Regina M. Callion MSN, RN and I will be your instructor for the next seven-days and together we're going to turn your challenge of NCLEX into the moment that changes your life!

She wasn't afraid of my lack of experience. Nurse Linda believed in me, just like I believe in you.

As we begin our journey together I want you to see the challenge of passing NCLEX as the opportunity of your lifetime.

Your success in nursing will be determined by your ability to think, plan, decide, and act. The actions you take will be based upon your core content knowledge of the fundamental practice of nursing.

These same skills are necessary as you prepare to take NCLEX[®]. The stronger you are with the fundamentals, the faster you will learn how to critically think and make the right decisions.

During this event my goal is to help you make the right decision when it comes to choosing the best review for your NCLEX prep – because passing NCLEX is standing in the way of your nursing license!

I'm Going to Make You a Bold Promise!

I beat the odds and as a ReMar Nurse I'm going to help you to do the same. Whether this is your first time taking NCLEX or you've tested 10 times or more, I want to encourage you to stay focused on this one goal and believe in yourself because if you study this content you'll pass NCLEX.

I know that you can pass NCLEX because I've seen it done so many times before. All you need to do follow the instructions, stay with the schedule, and don't give up.

During this Black Friday event you'll be able to get everything you need to pass NCLEX. I'm going to take what's in my head and put it in yours.

Stay focused; put FAITH over fear and invest in yourself - YOU CAN, YOU WILL, and YOU MUST Pass NCLEX!





Scan the code to subscribe to my Youtube channel for more weekly nursing content - stay connected!

BLACK FRIDAY DEALS

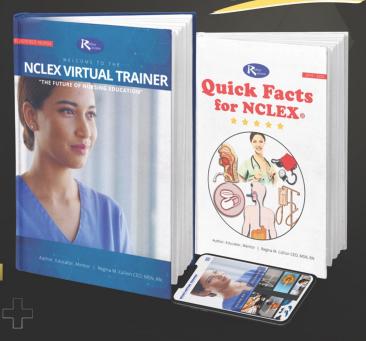
BIGGEST SALE OF THE YEAR! + FREE US SHIPPING

SHOP NOW AND SAVE AT REMARNURSE.COM/BLACKFRIDAY

RECOMMENDED BEST VALUE

SAVE \$200 OFF

NOW \$169





NCLEX VIRTUAL TRAINER for RN and PN

- Three Month Online Access
- Physical NCLEX Workbooks
- Core-Content Video Lectures
 - Critical Thinking Questions
 - Daily Study Calender
- Timed Practice Quizzes
- Low Monthly Renewal
 - 99% Student Success
- Created by #1 Regina MSN, RN

ReMarNurse.com/BlackFriday



Quick Facts for NCLEX \$49.95

NOW **\$20**



Dominate Your Career \$45.95

NOW **\$15**



Quick Facts for TEAS \$39.50

NOW **\$20**









PREPARED FOR SUCCESS!

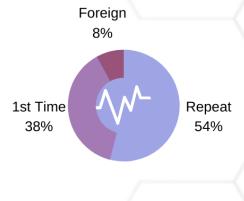
ReMar Nurses have a **99.2**% Success Rate Studying our Core Nursing Content.

Established in 2010, ReMar Review has become an industry leader and helped more than 300,000 nurses prepare for NCLEX with the core nursing content!

The NCLEX Virtual Trainer we will give you the tools to effectively prepare for your exam to pass NCLEX the very next time you sit for it.

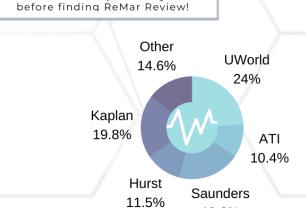
Along with amazing content you will also become a part of a winning community of support to help encourage you on your nursing journey to passing NCLEX!

- 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.



What students previously used





19.8%

SO WHAT'S THE DIFFERENCE?

We asked more than 15,000 repeat-testers **"What resources have you previously used?"** Nearly 25% of the nurses that failed NCLEX reported using **UWorld**; nearly another 20% reported using **Kaplan** prior to their failed NCLEX attempts.

Questions are necessary and "strategies" can be helpful 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!" We'll help you focus on the content because when you know the content you'll be able to answer any question NCLEX gives you!

Content is the difference between confidence and anxiety; and passing or failing.

What makes ReMar different? We give you the exact content you need to pass NCLEX!



YOU ARE ONE STEP CLOSER TO YOUR LICENSE!

INTERACTIVE CONTENT

Your virtual training platform contains comprehensive content lectures by the #1 Instructor Regina Callion MSN, RN. Students can access each lecture individually or follow the recommended six-week calendar.



CRITICAL THINKING QUESTIONS

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

PRINTED WORKBOOKS

The NCLEX VIRTUAL TRAINER 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.





FULLY MOBILE RESPONSIVE





PARTY OU STUDY CALLE LAND TO stay on track and take control of your daily study routine and pass your state board exam with confidence and eight weeks of online access! O3-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 NCLEXI





3-MONTHS ACCESS (a \$369 MSRP)



REMARNURSE.COM





BEGIN TRAINING TODAY WITH 3-MONTH ACCESS

I created the NCLEX Virtual Trainer to give nursing students full control over NCLEX preparation. We're talking you inside of the VT to see how Regina MSN, RN breaks down the core nursing content for NCLEX while also helping students build their confidence to test.

Students receive valuable insights from our analytics dashboard to see how they are progressing with their content and questions as they review the content following the six-week study calendar.

If you need better CONTENT, better QUESTIONS, and more ACCOUNTABILITY to Pass NCLEX we highly recommend the

ReMar NCLEX Virtual Trainer to support your nursing goals! Sign up today, train today and I'll see you on the inside.

Your Favorite NCLEX Instructor.

Regina M. Callion MSN, RN



The Virtual Trainer (a \$474 value) is the absolute best NCLEX review for questions, content, and accountability! Order now to save with 3-month access. **Scan your code to join the Virtual Trainer today!**

We Can, We Will, We Must, Pass NCLEX!

Email: Support@ReMarReview.com Site: www.ReMarNurse.com







HOW TO USE THIS NCLEX-VIRTUAL TRAINER SAMPLE WORKBOOK

This workbook is designed to be used in combination with the ReMar NCLEX Black Friday Review as a demonstration of the ReMar Nurse NCLEX Virtual Trainer online platform. When you're ready to begin your complete NCLEX Review you can place your order directly at ReMarNurse.com/BlackFriday

You will need this complete workbook to fill in your lectures as you study directly with Regina MSN, RN as you join live via Facebook and YouTube! The purpose of this course is to take you into the NCLEX Virtual Trainer with high-quality training lectures to build your confidence as we go.

Be sure to follow the workbook on the following pages to make sure that you don't miss anything!

It takes approximately four to six weeks to effectively study for NCLEX! During the "Black Friday Review" we're going to study about a week's worth of material in just one day following our core-content study method.

Take advantage of the Black Friday special \$200 off discount now and you'll be three to five weeks away from having your licenses!

Before we start I need you to do me a favor – take a moment to clear your head, say a prayer or do whatever you need to do to mark THIS special moment.

You have the ability to be an amazing nurse so I need you to be committed to this process of learning the content that you need to get your nursing license in the next six to eight weeks! If you're ready to go repeat after me, and say...
"I CAN, I WILL, I MUST, PASS NCLEX!"

Lets' get started!

Regina M. Callion

BLACK FRIDAY NCLEX STUDY SCHEDULE

4 (HR) NCLEX REVIEW VIA FACEBOOK.COM/REMARREVIEW OR YOUTUBE.COM/REMARREVIEW

Want more content? CHECK OUT THE FREE TRIAL FOR THE NCLEX VIRTUAL TRAINER ON PAGES 35 - 53!!!!

NCLEX-VT SALE	NCLEX VIRTUAL TRAINER SALE BEGINS – NOW
12:00 PM EST	REMAR NURSE WELCOME & INTRODUCTION O Regina M. Callion MSN, RN
12:10 PM EST	DIETS - (Page 8)
12:25 PM EST	BASIC CARE & COMFORT - (Page 11)
12:45 PM EST	ORTHOPEDICS - (Page 15)
1:20 PM EST	HOMEWORK BASIC CARE & COMFORT - (Page 20)
1:35 PM EST	PROGRESS EXAM BASIC CARE & COMFORT - (Page 23)
1:50 PM EST	THE KEY PASS NCLEX (CORE-CONTENT)
2:00 PM EST	MED ADMINISTRATION - (Page 25)
2:15 PM EST	ANTIBIOTICS - (Page 27)
0.05.014.507	W (T) T (T)
2:35 PM EST	IV THERAPY - (Page 28)
2:35 PM EST	BETTER NCLEX PASSING RATE - 99.2%
	, ,
2:50 PM EST	BETTER NCLEX PASSING RATE - 99.2%
2:50 PM EST 3:00 PM EST	BETTER NCLEX PASSING RATE - 99.2% TOTAL PARENTERAL NUTRITION - (Page 30)
2:50 PM EST 3:00 PM EST 3:15 PM EST	BETTER NCLEX PASSING RATE - 99.2% TOTAL PARENTERAL NUTRITION - (Page 30) PAIN MANAGEMENT - (Page 31) QUICK FACTS FOR NCLEX QUIZ - (Page 32) YOU CAN, YOU WILL, & YOU MUST PASS NCLEX!
2:50 PM EST 3:00 PM EST 3:15 PM EST 3:30 PM EST	BETTER NCLEX PASSING RATE - 99.2% TOTAL PARENTERAL NUTRITION - (Page 30) PAIN MANAGEMENT - (Page 31) QUICK FACTS FOR NCLEX QUIZ - (Page 32)
2:50 PM EST 3:00 PM EST 3:15 PM EST 3:30 PM EST 4:00 PM EST	BETTER NCLEX PASSING RATE - 99.2% TOTAL PARENTERAL NUTRITION - (Page 30) PAIN MANAGEMENT - (Page 31) QUICK FACTS FOR NCLEX QUIZ - (Page 32) YOU CAN, YOU WILL, & YOU MUST PASS NCLEX! O Your Questions Answered PRAYER & SPIRITUAL DEVELOPMENT

DIETS FOR NCLEX

Diet	Indication	Food
	1.	
	Or	
	2.	
	1.	Water, juices, see through- broth,
	1.	
	1.	
		How should the foods be placed
	2.	when feeding?
Pureed		

	1.	Any food that can be easily broken down
Mechanical Soft		
		Can not nave:
	1.	
		Avoid CAP
	1.	Avoid:
		Why should renal clients avoid protein?
Protein		

	1.	
Restricted	82 grams or 1 gram heart healthy	
	1.	
	1.	Avoid Purine
High Protein	1. 2.	
	1.	Meal percentages
Celiac	1.	Avoid BROW Bread?
Cenac		Spaghetti? Pie? Cookies? Waffles? Pancakes?

BASIC CARE & COMFORT

A. Hygiene

When bathing clients always start with

1. Elderly Care	The Skin Is:
2	and dry feet daily
	Do not
Care	Do not cut:
	Do not use between the toes
	Check for:
Who should be delegated to give the client a bath?	

R.	Rest

A 1 1 1 1	
Adequate sleep supports	

Age	NCLEX Notes on Sleep Patterns
Infants 0-1	to hours each day Place infant back to reduce: Do not place object (pillows, blankets, toys) in crib
Children 2-8	to hours each day Naps may be required
Adults	tohours each day
Elderly 65+	Decline in: Establish:

NCLEX VIRTUAL TRAINER SAMPLE WORKBOOK FOR RN & LPN | SHOP NOW @ REMARNURSE.COM/BLACKFRIDAY

C. Hydration

To know hydration, you have to be able	to properly assess dehydration.
is a flu	uid imbalance.
Signs:	
Cardiac Changes:	
In dehydration urine levels may drop be	low the normal:
Common causes of dehydration:	
Treatment: Rehydration	
ReMar's Tip: Oral hydration ca	an be just as effective as IV hydration if started early enough.
NCLEX TIPS:	
 Start with: Do not force	
3. If oral fluids are not tolerated the ne	
D. Bladder & Bowel Elimination	
E. Urine	
How much urine is produced each day?	
Odor?	
Specific gravity	1.016 - 1.022

рΗ

Critical Thinking Question: Why are UTIs more common in women than men? Alteration in normal urine pattern matching

Anuria		A. glucose in the urine	
Glycosuria		B. involuntary urination at night	
Hematuria		C. no kidney function	
Pyuria		D. blood in the urine	
Enuresis		E. Pus in urine	
NEED TO KNOW NCLEX SKILL:			
Start with an			
Ask patient to void then: throw away.			
All must be kept in	container.		
If one urine sample missed:			
Keep on	·		
Critical Thinking Question			
Which of the following is the correct order for the regi	stered nurse to perform a	n abdominal assessment?	
 Auscultation, percussion, inspection, and palpation. Inspection, auscultation, percussion, and palpation. Inspection, palpation, percussion, and auscultation. Percussion, inspection, auscultation, palpation. 			
F. Bowel			
Handling Normal Stool	Which Precaution:		

Factors Affecting	Bowel Patterns
1. Privacy	
2.	
3.	
4.	
5.	
Definition of cons	ipation
Definition of diarr	nea
Sowel Tests to know	
1.	Screens for:
2.	
IOLEV CLUB O	
	on: ng an enema to a client knows that the tip of the tubing should be inserted into the rect sitting position, as on the toilet. True or false?
. True	

B. False

ORTHOPEDICS

OKTHOPEDICS	
1. Canes The cane moves with the follows.	
2. Casts	
Use of our hands to handle during first 24 hours.	
Do not use	
Do not get the cast	
What about scratching underneath cast?	
Always remember to do	·

	This is an:
NCLEX Emergency:	Assess for 6 P's
	1.
	2.
	3.
	4.
	5.
	6.
	Nursing Interventions:
	1. Cast or restricted bandages:
	2. Do not the
	3.
	*Fasciotomy-surgical decompression is also a possible treatment.
	Why is the urine output so important?

NCLEX VIRTUAL TRAINER SAMPLE WORKBOOK FOR RN & LPN | SHOP NOW @ REMARNURSE.COM/BLACKFRIDAY

ORTHOPEDICS

3. Crutches-Measurements need to be: Top of crutches should be _____below _____ The handgrips should be: Gaits Three Point Gait Move left crutch with right foot then right crutch with left foot. 2 Point Move crutches and weaker leg, then strong leg. 3 Point Move left crutch, then right foot, then right crutch and then follow with the left foot. 4 Point Move both crutches forward then bear all weight on crutches and swing legs forward at the **Swing Through** same time. Stair walking with Crutches Going up the stairs Going down the stairs 4. Walkers-Never try to use: Elbows flexed at:

LEX VIR I UAL TRAINER SAMPLE WORKBOOK FOR RN & LPN | SHOP NOW @ REMARNURSE.COM/BLACKFRIDAY

Step first with _____ leg then follow with _____ leg.

Do not pick:

Promoting Circulation	1. Need
Thromboembolic Compression Stockings (TED)	A. Put them on while client is
	Time Limit:
2. (SCD)	Monitor for:
Clients are not allowed to: a. Cross their b for long: c. Put behind the	
Advanced Clinical Topic:	to limbs, bones, or tissue.
There are 2 types of	

Indications: 1. Femoral fractures	The is applied over a		
1. Femoral fractures			
2.			
3.	are used to exert a pulling force.		
	Examples:		
	Heels should be: Time Limit:		
2			
	Metal pins or wires surgically applied.		
Indications:	inserted to		
1. Fractures of	Avoid		
2. Fractures of	Damage in		
	Notify the healthcare provider if:		
	1.		
	2.		

Items Needed for Successful Traction

- A.
- B. Overhead frame
- C. Bars and ropes
- D.

Critical Thinking Questions:

- 1. A client was hit by a motor vehicle 12 hours ago and is being discharged with a Plaster of Paris cast of the right leg. Which of the following statements need follow-up teaching?
 - 1. "I will not scratch the skin under my cast."
 - 2. "I will use the palms of my hands to handle the cast for the next 8 hours."
 - 3. "I will not get my leg cast wet during basin baths."
 - 4. "I will notify the healthcare provider if I feel numbness in my leg."
- 2. A nurse is caring for a client in skeletal traction. Which of the following are expected findings? Select all that apply.
 - 1. Redness and inflammation at the pin site.
 - 2. Purulent drainage at the pin site.
 - 3. Serous drainage at the pin site.
 - 4. Chest pain due to immobilization.
 - 5. Loosening of the pin with frequent movement.
- 3. A nurse is caring for a client with signs of acute compartment syndrome. The client is reporting numbness and tingling in the left lower extremity. Which is the **priority** action of the registered nurse?
 - 1. Notify the healthcare provider.
 - 2. Obtain baseline vital signs.
 - 3. Assess respiratory status.
 - 4. Assess pedal pulses.

BASIC CARE & COMFORT HOMEWORK EXAM

Directions:

These are your progress exam questions. Please do the items inside the book and enter your answers in your virtual trainer for a score. Once your test is complete, you will not be able to view your exam again. Mark your answers in the book. You will need an 95% to pass the exam.

- 1. A new nurse has just received Mr. Brown to the medical-surgical unit. After the assessment, the nurse notices the client has difficulty speaking, chewing, or swallowing. Which is the best type of diet for Mr. Brown?
 - A. Low residue
 - B. Clear liquid
 - C. Full liquid
 - D. Bland
 - E. Mechanical soft
 - F. High residue
- 2. The first step in performing any procedure is to:
 - A. Obtaining verbal and written consent.
 - B. Gathering necessary equipment.
 - C. Reviewing the physician's progress report.
 - D. Washing the hands.
- 3. A nurse is feeding an elderly client. The client has a delusion that he is doing karate. He hits the nurse. Which is the **most** appropriate action of the nurse?
 - A. Assess the client for delusions.
 - B. Call for help.
 - C. Administer the prescribed sedative.
 - D. Reorient the client to time, place, and situation.
- 4. A client presents to the emergency department. Which symptom should be reported to the healthcare provider **first**?
 - A. Skin that feels hot to the touch.
 - B. No bowel movement in the last seven days.
 - C. A bluish tint to lips and skin.
 - D. Temperature-101. 4, Pulse-88, Respirations-26
- 5. Mr. Jones, a 60-year-old postoperative client, has his door closed. The registered nurse needs to take a set of routine vital signs. The nurse should do which of the following?
 - A. Knock on the door and wait for the client to respond.
 - B. Come back in 10 minutes to give the client privacy.
 - C. Open the door immediately, as doors should not be closed.
 - D. Knock and enter without waiting for a response in case the client is in danger.

- 6. Which vitamin is most effective in preventing neural tube defects in babies?
 - A. Vitamin D
 - B. Vitamin C
 - C. Niacin
 - D. Folic acid
- 7. A nurse has just received a newly born infant and knows to prevent heat loss from evaporation by which of the following methods?
 - A. Placing the baby in a warmer after a bath.
 - B. Drying the baby with a soft towel after a bath.
 - C. Monitoring the temperature frequently.
 - D. Placing the crib in the center of the room.
- 8. A nurse is caring for a newborn baby diagnosed with jaundice. The mother asks the nurse about breastfeeding this baby. The **best** response by the nurse is to tell the mother which of the following?
 - A. The baby should be bottle feed until further testing is done.
 - B. The baby may need to switch to formula while the jaundice is present.
 - C. The baby will need to be fed every 4-6 hours to help rest the stomach.
 - D. The baby should be breastfed every 2-3 hours.
- 9. At which age will a child not receive the DTap immunization if started on a regular schedule?
 - A. Birth
 - B. 2 months
 - C. 4 months
 - D. 6 months
- 10. A 4-year-old child refuses to take acetaminophen for a fever. Which nursing strategy would be most appropriate?
 - A. Mixing the medication in applesauce so the child is not aware of it.
 - B. Explaining the medication's effects in detail to ensure cooperation.
 - C. Making the child feel ashamed for not cooperating.
 - D. Showing trust in the child's ability to cooperate even with an unpleasant procedure.
- 11. What is the priority nursing intervention in the immediate phase after a seizure?
 - A. Assess the client's breathing pattern.
 - B. Position the client comfortably.
 - C. Assess the client's vital signs.
 - D. Reorient the client to time, person, and place.
- 12. A nurse is teaching a client about seizures. Further teaching is needed if the client makes which of the following statements?
 - A. Seizures can be caused by low blood sugar.
 - B. My mother had seizures because of a large tumor growing in her muscles.
 - C. Seizures may be caused by inflammation of the brain, low blood sugar, and head injuries.
 - D. Seizures involved my nervous system and require monitoring.

- 13. A 5-month-old infant is admitted. Upon admission, the nurse assesses her developmental status as appropriate for age. Which of the following is the child **most** likely to be able to do?
 - A. Smile in response to mother's face.
 - B. Sit with slight support.
 - C. Wave bye-bye.
 - D. Reach for shiny objects but miss them.
- 14. The mother of a 2-year-old child asks the nurse how to cope with the child's frequent temper tantrums when he does not get what he wants immediately. What information should the nurse include when responding?
 - A. Spanking the child gently.
 - B. Explaining to the child why their behavior is wrong.
 - C. Ignore the child as long as they are safe.
 - D. Giving the child a delicious snack.
- 15. A school nurse is orienting parents to the daycare unit. A parent asks the nurse "When is an infant's first word typically spoken?" The **best** response by the nurse is:
 - A. By ten months.
 - B. Between 11 and 13 months.
 - C. Between 15-16 months.
 - D. After 26 months.
- 16. A nurse is orienting on a nursery unit. She should be aware newborns show preference for sounds:
 - A. That match their native language.
 - B. That are always musical in nature.
 - C. That is high in pitch.
 - D. That matches the normal rhythms of speech.
- 17. A 27 years old pregnant client is admitted with premature rupture of membranes (PROM). The nurse is aware of the function of the amniotic sac:
 - A. It helps the developing fetus maintain an even temperature.
 - B. It provides nutrients to the developing fetus.
 - C. Filters germs and drugs away from the developing fetus.
 - D. The function is not developed until the third trimester.
- 18. Which of the following is a stage of cognitive development, according to Piaget?
 - A. Hypothetical
 - B. Preoperational
 - C. Fictional
 - D. Conceptual
 - E. Sensory physical

BASIC CARE & COMFORT PROGRESS EXAM

- 1. In providing care for a client being treated for dehydration, which of the following interventions would be **best** delegated to an experienced unlicensed assistive personnel UAP?
 - A. Monitor EKG readings.
 - B. Obtain vital signs every 30 minutes.
 - C. Check for the presence of pedal edema.
 - D. Insert an IV line.
- 2. The nurse on an orthopedic unit receives report on four clients. Who should the nurse assess first?
 - A. The client who had a total hip replacement 10 hours ago and has had 100 ml of bloody drainage.
 - B. The client who had an external fixation device due to a fractured femur and is requesting pain medication.
 - C. The client who had an open reduction of a fractured femur 12 hours ago and has developed a rash on the upper arms and abdomen.
 - D. The client who had a total hip replacement 4 hours ago with a temperature of 102 degrees.
- 3. The registered nurse is teaching a client about crutch walking. Which of the following statements if made by the client, indicates a need for further teaching?
 - A. "My elbows should be flexed 20 -30 degrees while walking."
 - B. "When I climb stairs, I advance my affected leg first, with my crutches."
 - C. "I do not apply pressure under my arm when I use my crutches."
 - D. "When I am going to sit in a chair I put both crutches in the hand on my unaffected side."
- 4. A client with end-stage renal disease (ESRD) is scheduled for hemodialysis in one hour. The nurse should notify the primary health care provider that the client has a:
 - A. BUN of 65 mg/dl
 - B. Creatinine 3.5 mg/dl
 - C. Sodium 146 mEq/L
 - D. Potassium 6.8 mEq/L
- 5. A nurse is teaching a new employee class on infant nutrition. The nurse should instruct parents to introduce:
 - A. Pureed beef at seven months.
 - B. Fruit juices at four months.
 - C. Honey-sweet liquids at six months.
 - D. Whole milk at ten months.
- 6. The middle school nurse is talking with the parent of a child with celiac disease. Which of the following statements would require follow-up by the nurse for additional teaching?
 - A. We are able to take our child to a soul food restaurant.
 - B. My child likes to eat oatmeal and toast for breakfast.
 - C. It is fine for my child to continue to eat chicken and rice.
 - D. We are able to eat duck and corn for dinner.
- 7. What should be used to clean the insertion site of an indwelling catheter:
 - A. 10 percent bleach solution
 - B. Sterile saline
 - C. Clean soapy water
 - D. Half strength peroxide with water

	to receive bethanechol chloride for the treatment of chronic acid reflux. The nurse knows an adverse effect of this is which of the following:
A.	Hypotension, diarrhea, urinary frequency.
R	Fungal infections, skin rash, swollen glands

9. Which of the following is seen in clients with acid reflux?

C. Liver failure, proteinuria, edema.

A. Backflow of gastric contents into the esophagus

D. Premature ventricular contractions, angina, hypertension.

- B. Ascites
- C. Pyloric stenosis
- D. Incompetent rectal sphincter
- 10. How much urine should a client produce each hour?
 - A. 15 ml
 - B. 30 ml
 - C. 60 ml
 - D. 80 ml
- 11. A nurse is assessing the development of a child for a yearly physical exam. The nurse is aware the child should have complete control of her bladder and not experience any incontinence at which of the following age?
 - A. 11 months to 1 year-old
 - B. 2-3 year-old
 - C. 4-6 year-old
 - D. 7-8 year-old
- 12. The nurse is evaluating the tibia of a client who had a cast placed three days ago. The cast over the ankle feels warm to the touch, and the pain is not relieved when the client changes position. The nurse's priority action should be which of the following?
 - A. Obtain an order for new pain medication.
 - B. Administer the prescribed pain medication.
 - C. Document the finding as expected.
 - D. Report the findings to the healthcare provider.
- 13. The nurse recognizes that a client understands crutch walking with a three-point gait when the client places weight on the:
 - A. Axillary regions
 - B. Palms of the hands
 - C. Feet that are apart
 - D. Palms of the hands and axillary regions
- 14. When teaching the client with gout about dietary control, the nurse should inform the client to avoid which of the following?
 - A. Eggs
 - B. Shellfish
 - C. Fried poultry
 - D. Cottage cheese
- 15. A nurse is caring for a client who says she eats a pescatarian diet. Which of the following should not be included in this client's diet?
 - A. Clams
 - B. Fish
 - C. Cheese
 - D. Beef brot

MEDICATION ADMINISTRATION

Before you give medications check the rights there are many.

1.	2.	3. Do	ose	4. Route		
5. Time	6. Docum	entation.	7. Allei	rgies & Many more		
Verify				_ Before Administra	ation	
РО	PO- Do n	ot crush medic	cations th	at end in:		
PO means by EC						
mouth	ER					
NPO nothing by mouth						
	SR					
	Liquid-					
Ear			urse wait l	 pefore administration	on drops?	
Rectal	Use a 3 types o 1. 2. 3.Kayexa	ve to or ba of oral enemas late (polystyreknow the gene	ased lubrio	ate)	ration.	

	Avoid the		
	Tell client to look up or down?		
	Place medication in lower conjunctiva sac		
Eye	If eye drops and eye ointments are both prescribed which should be given first?		
	Check initial placement with		
	Assess for		
Gastric Tube	Delayed gastric emptying.		
	Greater than 500 hold medication. Medications should be given via		
	Do not mix medications give them separately.		
	Maximum medication in adult muscle:		
	Maximum medication in child:		
Intramuscular	*Do not aspirate for vaccines.		
(IM)	Do not give IM injections:		
	Inject at degree angle.		
	Applied directly to body surfaces:		
	Is Shampoo a topical medication?		
	Wash skin daily		
Topical			

ANTIBIOTICS

1.

2.

	Examples	How They Help	How They Harm
2.	*Vancomycin is not an aminoglycoside but often added because of the similar side effects		Lab draw to know: Peak Draw Time PO: IV: Trough: Antidote: Can you administer during pregnancy? Check first for ——— Signs of allergic reactions?
			Antidote: Safe during pregnancy?
3.		*Acne	Children Precaution under 12: Food Interactions: Safe during pregnancy?

ANTIBIOTICS

Clinical Judgement Practice Questions

1. A client is scheduled to receive clindamycin at 9:00 am, at which time should the trough level be drawn by the nurse?
1. 07:30 2. 08:00 3. 08:45 4. 09:00
2. A teenage client has been prescribed a tetracycline for moderate acne. Which of the following statements is the highest priority in the client education about the medication?
 "Use sunscreen when you are exposed to direct sunlight." "Monitor the teeth for color changes." "Report any signs of hearing loss to the healthcare provider." "Reduce the amount of fat in your diet to decrease the presence of ketones."
3. A nurse is caring for an elderly client who has pneumonia. The healthcare provider prescribes penicillin PO for 14 days. When the nurse asks the client if she has a penicillin allergy the client states she does not know as she has never taken the medication. Which of the following is the best response by the nurse?
 "I will administer this medication and stay with you for monitoring after you take it." "I will hold the medication and clarify the order with the healthcare provider." "I will notify the healthcare provider and suggest a different antibiotic." "I will notify the pharmacist and discuss other alternatives.
INTRAVENOUS (IV) THERAPY
IV therapy is used to provide:
Devices used for IV administration
1.
 2.
2.
2. Peripheral catheters cannulas have sizes:
2. Peripheral catheters cannulas have sizes: The smaller the number:
2.Peripheral catheters cannulas have sizes:The smaller the number:IV tubing care

IV COMPLICATIONS

Complications	Signs	Nursing Interventions
1.		1. Stop Infusion Immediately
		2.
		3. Elevate extremity.
		4.
		5. Warm compress is more than 30 minutes ago.
		6.
		7.Restart the IV 8. Document
2.		 Stop IV infusion. 3. Elevate extremity 5. Notify healthcare provider 7. Document *Some references may say heat is also an acceptable treatment option.

NCLEX Emergency	Air
	1.
Signs	2.
Signs	3.
	4.
	1.
Nursing Interventions	2.
	3.

Critical Thinking Question:

1. A client presents to the emergency room after a hit and run accident. The client has sustained massive trauma and is in a hypotensive crisis situation. Which of the following intravenous cannulas will be **most** beneficial for fluid resuscitation?

- 1. 22 gauge
- 2. 20 gauge
- 3. 18 gauge
- 4. 14 gaug

NCLEX VIRTUAL TRAINER SAMPLE WORKBOOK FOR RN & LPN | SHOP NOW @ REMARNURSE.COM/BLACKFRIDAY



What are the nutrients going through?
Who needs TPN?
Examples
The goal of TPN is to
What labs to monitor?
What electrolyte imbalances can TPN cause?
What is your emergency substitute for TPN?
How do you stop TPN?

NCLEX Note: How often does the nurse change the tubing?

PAIN MANAGEMENT

Pain is	It can feel differer	It can feel different from client to client.	
Pain can be	or	·	
Rating		Technique	
Adults			
Babies/Children			
Non-verbal cues of p	pain		
Pain is experienced diff	ferently because of:		
Routes for pain medica	ition:		
Patient controlled anal	gesia (PCA) Pump		
	NCLEX notes a	bout PCA Pumps.	
Uses a pump, that deli	vers medication when the clier	nts wants.	
Use for cancer and pos	t-surgical patients.		
Critical thinking question	on:		
Should the nurse teach	about PCA pump before or af	ter surgery?	
	2 Things	to Monitor	
1.			
2.			
ReMar Tip: This is a lot	of information to learn but yo	u are doing great!	

QUICK FACTS FOR NCLEX 21-40 QUIZ

$PLEASE\ ENTER\ YOUR\ EXAM\ ANSWERS\ IN\ THE\ VIRTUAL\ TRAINER\ AND\ MARK\ THEM\ HERE\ IN\ YOUR\ WORKBOOK\ FOR\ YOUR\ RECORD.$

- 1. The nurse is caring for a client who has a triglyceride level of 400 and a cholesterol level of 230. Which foods would the nurse encourage in the dietary choices?
 - A. Wheat toast and sugar-free ielly.
 - B. Grilled salmon seasoned with herbs.
 - C. Fried chicken with steamed vegetables
 - D. Natural honey from a local farmer's market
- 2. A nurse is caring for a 22 years old female client who has recently begun dialysis. She asks which types of foods she should avoid into her diet because they are high in potassium. Which of the following should the client be advised to avoid?
 - A. cabbage
 - B. lean red meat
 - C. cooked carrots
 - D. avocados
- 3. A nurse is receiving dietary orders for a newly admitted client. She needs to write for medication to be given "after a meal." Which medical abbreviation should be documented to represent "after a meal?"
 - A. AC
 - B. PC
 - C. TID
 - D. HC
- 4. Dietary recommendations for the client with heart failure include which of the following?
 - A. potassium restrictions
 - B. protein increase
 - C. monitoring fluid intake
 - D. addition of salt substitutions
- 5. The nurse is caring for a client with renal failure. The nurse has an order to consult the dietitian. The dietitian calculates the client's body mass index (BMI) to be 26.9, which of the following categories of weight status would be appropriate to document?
 - A. underweight
 - B. normal weight
 - C. overweight
 - D. obese
- 6. The dietitian is asked to consult with a client who has chronic anemia. This consultation is an example of which of these functions of an inter-professional team?
 - A. Standardizing dietary prescriptions.
 - B. Individualizing client care.
 - C. Utilizing a qualitative descriptive approach.
 - D. Ensuring patient adherence to the treatment plan.
- 7. The nurse is managing a client who is having difficulty following his dietary plan. When preparing to educate the client, the nurse should **first** assess the client's:
 - A. medical history.
 - B. education level.
 - C. learning style.
 - D. readiness to learn.

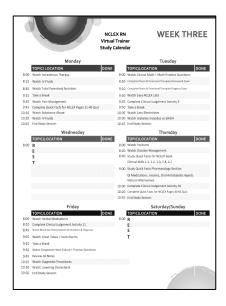
- 8. During an acute exacerbation of cirrhosis, a client reports ascites. Which of these dietary changes should the nurse expect to be made?
 - A. Increased protein.
 - B. Increased fat.
 - C. Decreased sodium.
 - D. Increased protein.
- 9. The nurse is administering medication to 4 clients. Which client will need dietary instructions along with their medication?
 - A. The client taking tofranil.
 - B. The client taking senequan.
 - C. The client taking afinitor.
 - D. The client taking phenelzine.
- 10. A nurse is teaching a client prescribed a monoamine oxidase inhibitor (MAOI). Which foods should be avoided in dietary choices?
 - A. Red wine and pepperoni rolls
 - B. Nacho chips and soda
 - C. Apple pie and strawberry jam
 - D. Orange juice and eggs
- 11. A client undergoing chemotherapy has frequent episodes of diarrhea. The nurse is aware this is an expected side effect and should encourage which diet?
 - A. A high-protein, high-calorie diet.
 - B. A diet high in fresh fruits and vegetables.
 - C. A diet emphasizing whole and organic foods.
 - D. A bland, low-fiber diet.
- 12. The nurse is caring for a client with gout. Which of the following dietary selections should the nurse include in the nutritional instructions?
 - A. liver
 - B. sardines
 - C. tuna
 - D. macaroni and cheese
 - E. deer meat
- 13. A nurse is doing a home health visit for a client with osteoporosis. The nurse should provide which dietary instruction?
 - A. Include dairy products in your planned meals.
 - B. Avoid seeds and nuts.
 - C. Fruits and vegetables will decrease the bone pain.
 - D. Avoid fish foods and shrimp.
- 14. The student nurse is teaching the family of a client diagnosed with liver failure. She should instruct them to limit which foods in the client's diet?
 - A. Cookies and cakes
 - B. Meats and beans
 - C. Potatoes and pasta
 - D. Butters and dairy
- 15. The **most** appropriate diet for the client with Meniere's disease is:
 - A. Restricted in sodium
 - B. Restricted in animal fat
 - C. Restricted in protein
 - D. Restricted in gluten

NCLEX Virtual Trainer Weekly Calendars

(Adjust the start times to fit your daily schedule while keeping to the recommended length of study for best results)

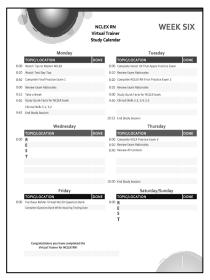












You Can Have Your License in Six-Weeks or Less! What are you waiting for?

Shop this week to Save 50% off the NCLEX-VT at ReMarNurse.com/BLACKFRIDAY





Sign up for your FREE NCLEX-VT Trial to review the content lectures for the remaining portion of this workbook. Create your free account by using your smart phone camera to scan the QR Code [above] or by visiting ReMarNurse.com/FREENCLEX 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

NCLEX Virtual Trainer Table of Content

CONTENT INSIDE FREE TRIAL

A MESSAGE FROM TOUR INSTRUCTOR
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 PREGNANCY12
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 CARE
EXPECTED CHANGES DURING AGING
CLINICAL JUDGEMENT ACTIVITY #6
PHYSIOLOGICAL CHANGES HOMEWORK EXAM
QUICK FACTS FOR NCLEX QUIZ PAGES 1-2047
PHYSIOLOGICAL ASSESSMENT PROGRESS EXAM
CLINICAL JUDGEMENT ACTIVITY #7
DIETS
BASIC CARE & COMFORT56
CLINICAL JUDGMENT ACTIVITY #8
ORTHOPEDICS
BASIC CARE & COMFORT HOMEWORK EXAM
BASIC CARE & COMFORT PROGRESS EXAM
MEDICATION ADMINISTRATION71
ANTIBIOTICS
INTRAVENOUS (IV) THERAPY74
IV COMPLICATIONS
TOTAL PARENTERAL NUTRITION
PAIN MANAGEMENT77
QUICK FACTS FOR NCLEX 21-40 QUIZ78
SUBSTANCE ABUSE
IV FLUIDS
CLINICAL MATH
CLINICAL MATH PRACTICE QUESTIONS
PHARMACOLOGICAL & PARENTERAL THERAPIES HOMEWORK EXAM88
PHARMACOLOGICAL & PARENTERAL PROGRESS EXAM
EASY NCLEX LABS
CLINICAL JUDGEMENT ACTIVITY #9
EASY ELECTROLYTES
DIABETES INSIPIDUS VS. SYNDROME OF INAPPROPRIATE ANTIDIURETIC
HORMONE SECRETION
Positions 98
DISASTER MANAGEMENT
CLINICAL JUDGEMENT ACTIVITY #10

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	113
LOWERING CHOLESTEROL	115
PHYSIOLOGICAL ADAPTATION HOMEWORK EXAM	116
PHYSIOLOGICAL ADAPTATION PROGRESS EXAM	117
EAR SPOTLIGHT	119
DIABETES OVERVIEW	120
ENDOCRINE REVIEW	127
PHYSIOLOGICAL ADAPTATION PROGRESS EXAM	130
CLINICAL JUDGEMENT ACTIVITY #12	131
"NCLEX NEXT-GEN STYLE QUESTIONS"	131
THERAPEUTIC COMMUNICATION	132
PSYCHOLOGICAL CONCEPTS	134
PSYCH MEDICATIONS	138
PSYCHOSOCIAL INTEGRITY HOMEWORK EXAM	144
PSYCHOSOCIAL INTEGRITY PROGRESS EXAM	145
CLINICAL JUDGEMENT ACTIVITY #13	147
ECG OVERVIEW	
ISOLATION PRECAUTIONS	154
ISOLATION PRACTICE QUESTIONS	156
CLINICAL JUDGEMENT ACTIVITY #14	157
ACCIDENT & ERROR PREVENTION	158
MANAGEMENT OF CARE	
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



BLOOD GAS INTERPRETATION NUMBERS

ReMarNurse.com

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? $pH 7.10 PaCO_2 24 HCO_3 45 BE 3$

C.) How would you interpret this blood gas? pH $7.32\ PaCO_2\ 35\ HCO_317\ PaO_2\ 89$

BLOOD GAS INTERPRETATION BY DIAGNOSIS

ReMarNurse.com

1st question: Is this a breathing problem?

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

ReMarNurse.com

A.) Chest tube is a dr	ain that allow fluids or air to escape the pleural space
Remember normal breathing works on	·
Negative pressure is the idea that when hun contracting and moving down and the rib m	nans inhale it is a result of the diaphragm uscles move out. This causes the lungs to expand.
The pressure inside the lungs drops. And it is the Chest tubes are needed whenever the	negative pressure that sucks the air inin the pleural space is disrupted.
Tension pneumothoraxis in betweenandwhich can be caused by trauma, surgery, fall	s atc
Outside air creates a one way valve inside the lung. Classic signs of a tension pneumothor	
	T
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.
	space during 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 inse	ertion 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 sides only so sides only sides only so sides only sides	o that you can allow
What is the difference between a regular sterile dressing & o	cclusive dressing?
3. Complains of pain won't comply-medicated and have the deep breath	client to cough and
A. B.	

Cr	itically Think! ReMar Nurses
	What kind of lung sounds would the nurse expect to hear with a client who needs a chest be? Select all that apply.
	Wheezes
	Crackles
	Stridor
_	
	Diminished
5.	Pleural friction rub
	When caring for a client with a chest tube what should the nurse do to evaluate the fectiveness 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
	What should be done once the fluid in the water seal chamber no longer fluctuates with spiration or expiration?
	After a client has his chest tube removed by the healthcare provider which dressing should e nurse have ready to place over the incision site?
	. Transparent film dressing
	. Xeroform petroleum dressing
	. Seaweed healing dressing
	Storilo cotton drossing

For NCLEX you have at the bedside of a client with a chest tube.

2.
 3.

VENT ALARMS

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	

10.12.5.116.6	
Н	High Alarm
0	Obstruction
L	Low Alarm
D	Disconnection

CONGESTIVE HEART FAILURE

When thecanr	not pump enough blood and nutrients	s to me
he needs of the organs.		
Big Problem:		
Side	Side	
L think	R think	
Signs:	Signs:	
1ost clients will have failure		
.) Diagnostic Tests		
.) Medications 1.		
2.		
3. 4.		
.) 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
 - 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

REMARNURSE.COM

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

REMARNURSE.COM

6.
Position -
Client Teaching:
7. Angiogram or Arteriogram (RN only topic)
Position
Client education
Before Exam:
Medications to hold: Metformin, anticoagulants
After the exam:
1. Assess the:
2. Bedrest for to hours.
*Note: Some references say hold Metformin 24-48 hours before diagnostic study requiring IV iodine contrast media.

LOWERING CHOLESTEROL

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 1q2g'; 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

ReMarNurse.com

- 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.

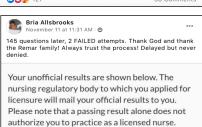
Which assessments are of the highest priority?

- 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.

BELIEVE IN YOURSELF! YOU CAN. YOU WILL. YOU MUST PASS NCLEX!!!





NCLEX-RN: The National Council Licensure Examination for Registered Nurses

Language: English

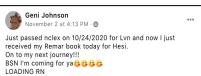


Unofficial Results

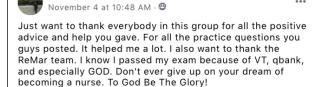
Pass

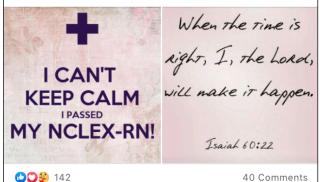
50 Comments



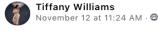












Rianne Colmenares

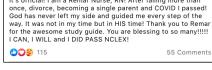
All glory to the most high!!! God is beyond good!

8 years later, I am a Registered Nurse!

I've been a silent follower, but today I must share. I graduated in December 2012, but didn't rush to sit for my exam due to working in a position a license wasn't required. My first time sitting for NCLEX wasn't until August 2017, which of course due to lack of focus and dedication to reviewing I failed, made a 2nd attempt in December 2017 since the Pearson vue site charged me when doing the trick (of course didn't study) but I still was determined to eventually pass..... So when Covid hit, I said God has given me the time to focus and removed most distractions so I got serious, created a daily routine and stuck with it. I just want to say thank you to ReMar for NCLEX and to all of you for the encouraging stories posted that kept me focused... If I did it, I know all of you can too♥..... #stavclosetoGod!







K Denise Jefferson

