

Contents



UNIT I NCLEX-RN® PREPARATION

Chapter 1	Clinical Judgment and the NCLEX-RN® Examination	2
Chapter 2	Profiles to Success	12
Chapter 3	The NCLEX-RN® Examination: A Graduate's Perspective	15
Chapter 4	Clinical Judgment and Test-Taking Strategies	17

UNIT II CLIENT NEEDS

Chapter 5	Client Needs and the NCLEX-RN® Test Plan	30
Chapter 6	Physiological Integrity Practice Questions	34
Chapter 7	Safe and Effective Care Environment Practice Questions	219
Chapter 8	Health Promotion and Maintenance Practice Questions	316
Chapter 9	Psychosocial Integrity Practice Questions	412

UNIT III INTEGRATED PROCESSES

Chapter 10	Integrated Processes and the NCLEX-RN® Test Plan	520
Chapter 11	Integrated Processes Practice Questions	525

UNIT IV COMPREHENSIVE TEST

Chapter 12	Comprehensive Test	640
References		748



CHAPTER 1

Clinical Judgment and the NCLEX-RN® Examination

The Pyramid to Success

Welcome to *Saunders Q&A Review for the NCLEX-RN® Examination*, the second component of the Pyramid to Success! At this time, you have completed your first path toward the peak of the pyramid with *Saunders Comprehensive Review for the NCLEX-RN® Examination*. Now it is time to continue that journey to become a registered nurse with *Saunders Q&A Review for the NCLEX-RN® Examination*.

As you begin your journey through this book, you will be introduced to all of the important points regarding the NCLEX-RN examination and the process of testing, as well as the unique and special tips regarding how to prepare yourself both academically and nonacademically for this important examination. You will read what a nursing graduate who recently passed the NCLEX-RN examination has to say about the test. Important test-taking strategies are detailed, which will guide you in selecting the correct option or assist you in making an educated guess to arrive at an answer.

About This Resource

Saunders Q&A Review for the NCLEX-RN® Examination contains more than 6000 NCLEX-style practice questions. Question types include multiple choice; multiple response (select all that apply [SATA]); fill in the blank; prioritizing (ordered response), also known as drag and drop; image ("hot spot") questions; chart/exhibit questions; graphic options; testlets (case studies); and audio questions. The Evolve site also includes audios for review on test-taking strategies for pharmacology, fluids and electrolytes, and acid-base balance. Next Generation NCLEX® (NGN)-style questions are also included on the Evolve site. The chapters in the book have been developed to provide a description of the components of the NCLEX-RN test plan, including Client Needs and the Integrated Processes. In addition, chapters have been prepared to contain practice questions specific to each category of Client Needs and the Integrated Processes.

A rationale, priority nursing tip, test-taking strategy, and reference source containing a page number are provided with each question. Each question is coded on the basis of the Level of Cognitive Ability, Client Needs category, Integrated Process, Content Area being tested, Health Problem if applicable, and the Cognitive Skills/Processes of the National Council of State Boards of Nursing (NCSBN) Clinical Judgment Measurement Model (NCJMM). In addition, two Priority Concepts that relate to the content of the question are identified. This code is helpful specifically for students whose curriculum is concept-based. The rationale contains significant information regarding both the correct and incorrect options. The priority

nursing tip provides you with key information about a nursing point to remember. The test-taking strategy maps out a logical path for selecting the correct option, if necessary. The reference source and page number provide easy access to the information that you need to review.

Other Resources in the Saunders Pyramid to Success

There are several other resources in the Saunders Pyramid to Success program. These include the following: *The Saunders Comprehensive Review for the NCLEX-RN® Examination*, *The HESI/Saunders Online Review for the NCLEX-RN® Examination*, *Saunders Strategies for Test Success: Passing Nursing School and the NCLEX® Exam*, *Saunders Q&A Review Cards for the NCLEX-RN® Exam*, and *Saunders RNtertainment for the NCLEX-RN® Examination Review Game*.

All of these resources in the Saunders Pyramid to Success are described in the preface of this book and can be obtained online by visiting <http://elsevierhealth.com> or by calling 1-800-545-2522.

Let's begin our journey through the Pyramid to Success.

Clinical Judgment

Clinical judgment is the observed outcome of critical thinking and decision-making (Dickison, Haerling, & Lasater, 2019). There is heightened attention being paid to clinical judgment, as a means of teaching, learning, and testing. The NCLEX-RN examination requires candidates to demonstrate the ability to use clinical judgment in client care. Clinical judgment should also be used as a test-taking strategy to answer test questions. The National Council of State Boards of Nursing (NCSBN) has created a Clinical Judgment Measurement Model (NCJMM). It consists of applying 6 cognitive skills or processes: (1) recognizing cues; (2) analyzing cues; (3) prioritizing hypotheses; (4) generating solutions; (5) taking action; and (6) evaluating outcomes (Dickison, et al., 2019). **Box 1-1** provides a description of these six cognitive skills/processes. This model also serves as a guide for the NCSBN to create NGN® questions. The model continues to evolve as do the NGN® item types. It is expected that the NGN® test items will be scored items in the new test plan implemented in 2023. Some of these NGN® item types can be found on the Evolve site accompanying this book. We highly encourage you to frequently access the NCSBN website at <http://www.ncsbn.org> for updates.

The Examination Process

An important step in the Pyramid to Success is to become as familiar as possible with the examination process. Candidates

BOX 1-1 Cognitive Skills/Processes and Descriptions

- Recognize cues – Identifying significant data from many sources (assessment)
- Analyze cues – Connecting data to the client's clinical presentation – is the data expected? Unexpected? What are the concerns? (analysis)
- Prioritize hypotheses – Ranking hypotheses; concerns, client needs (analysis, diagnosis)
- Generate solutions – Using hypotheses to determine interventions for an expected outcome (planning)
- Take actions – Implementing the generated solutions addressing the highest priorities or hypotheses (implementation)
- Evaluate outcomes – Comparing observed outcomes with expected ones (evaluation)

Reference: Dickison P, Haerling KA, Lasater K (2019). Integrating the National Council of State Boards of Nursing Clinical Judgment Model into nursing educational frameworks. *Journal of Nursing Education*, 58(2), 72-78.

facing the challenge of this examination can experience significant anxiety. Knowing what the examination is all about and knowing what you will encounter during the process of testing will assist in alleviating fear and anxiety. The information contained in this chapter was obtained from the National Council of State Boards of Nursing (NCSBN) Web site (<http://www.ncsbn.org>) and from the NCSBN 2019 test plan for the NCLEX-RN® and includes some procedures related to registering for the examination, testing procedures, and the answers to the questions most commonly asked by nursing students and graduates preparing to take the NCLEX®. You can obtain additional information regarding the test and its development by accessing the NCSBN Web site and clicking on the NCLEX® & Other Exams tab or by writing to the National Council of State Boards of Nursing, 111 East Wacker Drive, Suite 2900, Chicago, IL 60601. You are encouraged to access the NCSBN Web site because this site provides you with valuable information about the NCLEX, the test plan, and other resources available to an NCLEX® candidate, such as the NCLEX® Candidate Bulletin.

Computer Adaptive Testing

The acronym *CAT* stands for computerized adaptive test, which means that the examination is created as the test-taker answers each question. All the test questions are categorized on the basis of the test plan structure and the level of difficulty of the question. As you answer a question, the computer determines your competency based on the answer you selected. If you selected a correct answer, the computer scans the question bank and selects a more difficult question. If you selected an incorrect answer, the computer scans the question bank and selects an easier question. This process continues until all test plan requirements are met and a reliable pass-or-fail decision is made.

When taking a CAT, once an answer is recorded, all subsequent questions administered depend, to an extent, on the answer selected for that question. Skipping and returning to earlier questions are not compatible with the logical

methodology of a CAT. The inability to skip questions or go back to change previous answers will not be a disadvantage to you; you will not fall into that “trap” of changing a correct answer to an incorrect one with the CAT system.

If you are faced with a question that contains unfamiliar content, you may need to guess at the answer. Although guessing is discouraged when taking any examination, there is no penalty for guessing on the NCLEX®. Remember, in almost all of the questions, the answer will be right there in front of you. If you need to guess, use your nursing knowledge, clinical experiences, and clinical judgment skills to their fullest extent and all of the test-taking strategies you have practiced in this review program. Refer to [Chapter 4](#) for information on clinical judgment and test-taking strategies.

You do not need any computer experience to take this examination. A keyboard tutorial is provided and administered to all test-takers at the start of the examination. The tutorial provides instructions on the use of the on-screen optional calculator, the use of the mouse, and how to record an answer. The tutorial provides instructions on how to respond to all question types on this examination. This tutorial is on the NCSBN Web site, and you are encouraged to view the tutorial when you are preparing for the NCLEX® examination. In addition, at the testing site, a test administrator is present to assist in explaining the use of the computer to ensure your full understanding of how to proceed.

Development of the Test Plan

The test plan for the NCLEX-RN® examination is developed by the NCSBN. The examination is a national examination; the NCSBN considers the legal scope of nursing practice as governed by state laws and regulations, including the Nurse Practice Act, and uses these laws to define the areas on the examination that will assess the competence of the test-taker for licensure.

The NCSBN also conducts an important study every 3 years, known as a practice analysis study, to determine the framework for the test plan for the examination. The participants in this study include newly licensed registered nurses from all types of basic nursing education programs. From a list of nursing care activities provided, the participants are asked about the frequency and importance of performing them in relation to client safety and the setting in which they are performed. A panel of content experts at the NCSBN analyzes the results of the study and makes decisions regarding the test plan framework. The results of this recently conducted study provided the structure for the test plan implemented in April 2019.

The Test Plan

The content of the NCLEX-RN® examination reflects the activities identified in the practice analysis study conducted by the NCSBN. The questions are written to address Level of Cognitive Ability, Client Needs, and Integrated Processes as identified in the test plan developed by the NCSBN.

Level of Cognitive Ability

Levels of cognitive ability include remembering, understanding, applying, analyzing, evaluating, and creating (synthesizing).

TABLE 1-1 Levels of Cognitive Ability: Descriptions and Examples

Level	Description and Example
Remembering	Recalling information from memorizing Example: A normal blood glucose level is 70-99 mg/dL (3.9-5.5 mmol/L).
Understanding	Recognizing the meaning of information Example: A blood glucose level of 60 mg/dL (3.34 mmol/L) is lower than the normal reference range.
Applying	Carrying out an appropriate action based on information Example: Administering 10-15 g of carbohydrate such as a ½ glass of fruit juice to treat mild hypoglycemia
Analyzing	Examining a broad concept and breaking it down into smaller parts Example: The broad concept is mild hypoglycemia and the smaller concepts are the signs and symptoms of mild hypoglycemia, such as hunger, irritability, weakness, headache, and blood glucose level lower than 70 mg/dL (3.9 mmol/L).
Evaluating	Making judgments, conclusions, or validations based on evidence; comparing observed outcomes with expected ones Example: Determining that treatment for mild hypoglycemia was effective if the blood glucose level returned to a normal level at 70 mg/dL (3.9 mmol/L)
Synthesizing/Creating	Generating or producing a new outcome or plan by putting parts of information together Example: Manifestations such as polyuria, polydipsia, polyphagia, vomiting, abdominal pain, weakness, confusion, and Kussmaul's respirations indicate diabetic ketoacidosis. Thus, the nurse designs a safe and individualized plan of care with the interprofessional health care team for a client with diabetes mellitus that meets the client's physiological, psychosocial, safety, and health maintenance needs

Adapted from: Understanding Bloom's (and Anderson and Krathwohl's) Taxonomy, 2015, ProEdit, Inc.
<http://www.proedit.com/understanding-blooms-and-anderson-and-krathwohls-taxonomy/>

The practice of nursing requires critical thinking and decision-making when making clinical judgments. Therefore, you will not encounter any knowledge or understanding questions on the NCLEX®. Questions on this examination are written at the applying level or at higher levels of cognitive ability. Table 1-1 provides descriptions and examples of each level of cognitive ability. Box 1-2 presents an example of an applying question.

Client Needs

In the test plan implemented in April 2019, the NCSBN applied a test plan framework based on Client Needs. The NCSBN identifies four major categories of Client Needs, which are Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Integrity. Some of these categories are further divided into subcategories. Refer to Chapter 5 for a detailed description of the categories of Client Needs and the NCLEX-RN examination, and refer to Table 1-2 for the percentages of questions from each Client Needs category.

Integrated Processes

The NCSBN identifies five processes in the test plan that are foundational to the practice of nursing. These processes are incorporated throughout the major categories of Client Needs. The Integrated Process subcategories are Caring, Communication and Documentation, Culture and Spirituality, Nursing Process (Assessment, Analysis, Planning, Implementation, and Evaluation), and Teaching and Learning. Refer to Chapter 10 for a detailed description of the Integrated Processes and the NCLEX-RN® examination.

Types of Questions on the Examination

The types of questions that may be administered on the examination include multiple choice; fill in the blank; multiple

BOX 1-2 Level of Cognitive Ability: Applying

A woman at 32 weeks' gestation is brought into the emergency department after an automobile crash. The client is bleeding vaginally and fetal assessment indicates moderate fetal distress. Which action would the nurse take **first** in an attempt to reduce the stress on the fetus?

1. Start intravenous (IV) fluids at a keep open rate.
2. Set up for an immediate cesarean section delivery.
3. Elevate the head of the bed to a semi-Fowler's position.
4. Administer oxygen via a face mask at 7 to 10 liters per minute.

Answer:

Note the **strategic word**, *first*. This question requires you to identify the *first* nursing action that you will take. Also use the **ABCs—airway, breathing, and circulation**—to answer correctly. Administering oxygen will increase the amount of oxygen for transport to the fetus, partially compensating for the loss of circulating blood volume. This action is essential regardless of the cause or amount of bleeding. IV fluids will also be initiated. Although a cesarean delivery may be needed, there are no data that indicate it is necessary at this time. The client will be positioned per health care provider's prescription.

Level of Cognitive Ability:
Applying

response (select all that apply); ordered response (also known as drag and drop); questions that contain a figure, chart/exhibit, or graphic option item; and audio item formats. Depending on when you take your examination, you may also encounter case study item formats. Some questions on the NCLEX® may require you to use the mouse and cursor on the computer.

TABLE 1-2 Client Needs Categories and Percentage of Questions on the NCLEX-RN® Examination

Client Needs Category	Percentage of Questions
Safe and Effective Care Environment	
Management of Care	17-23
Safety and Infection Control	9-15
Health Promotion and Maintenance	6-12
Psychosocial Integrity	6-12
Physiological Integrity	
Basic Care and Comfort	6-12
Pharmacological and Parenteral Therapies	12-18
Reduction of Risk Potential	9-15
Physiological Adaptation	11-17

From: National Council of State Boards of Nursing: 2019 NCLEX-RN® detailed test plan, Chicago, 2018, National Council of State Boards of Nursing, Inc.

For example, you may be presented with a visual that displays the heart of an adult client. In this visual, you may be asked to “point and click” (using the mouse) on the area where you would place the stethoscope to count the apical heart rate. In all types of questions, the answer is scored as either right or wrong. Credit is not given for a partially correct answer. However, in the future, there may be a scoring method used that allows for partial credit for NGN®-style item types. In addition, all question types may include pictures, graphics, tables, charts, or sound. The NCSBN provides specific directions for you to follow with all question types to guide you in your process of testing. Be sure to read these directions as they appear on the computer screen. Examples of some of these types of questions are noted in this chapter. Most question types are placed in this book, and all types, including case studies, also known as testlets, and NGN® item types, are on the accompanying Evolve site.

Multiple-Choice Questions

Many of the questions that you will be asked to answer will be in the multiple-choice format. These questions provide you with data about a client situation and four answers, or options.

Fill-in-the-Blank Questions

Fill-in-the-blank questions may ask you to perform a medication calculation, determine an intravenous flow rate, or calculate an intake or output record on a client. You will need to type only a number (your answer) in the answer box. If the question requires rounding the answer, this needs to be performed at the end of the calculation. The rules for rounding an answer are described in the tutorial provided by the NCSBN, and are also provided in the specific question on the computer screen. In addition, you must type in a decimal point if necessary and noted in the question directions. See [Box 1-3](#) for an example.

Multiple-Response Questions

For a multiple-response question, you will be asked to select or check all of the options, such as nursing interventions, that relate to the information in the question. In this question type, there may be one or more correct answers. No partial credit is given for correct selections. You need to do exactly as the

BOX 1-3 Fill-in-the-Blank Question

The health care provider prescribes 12 mEq of liquid potassium chloride. The medication label reads 20 mEq/15 mL. The nurse needs to administer how many milliliters (mL) to the client?

Answer: 9 mL

Focus on the **subject**, the amount of mL to be administered, and on the **data in the question**. For this fill-in-the-blank question, use the formula for calculating medication doses. Once the dose is determined, you will need to type your numeric answer in the answer box. Always follow the specific directions noted on the computer screen when answering a question. Also, remember that there will be an on-screen calculator on the computer for your use to confirm your answer.

Formula:

$$\frac{\text{Desired}}{\text{Available}} \times \text{mL} = \text{mL per dose}$$

$$\frac{12 \text{ mEq}}{20 \text{ mEq}} \times 15 \text{ mL} = 9 \text{ mL}$$

BOX 1-4 Multiple-Response Question

The nurse is caring for a client with a terminal condition who is dying. Which respiratory assessment findings would indicate to the nurse that death is imminent? **Select all that apply.**

- ☒ 1. Dyspnea
- ☒ 2. Cyanosis
- ☐ 3. Kussmaul's respiration
- ☐ 4. Tachypnea without apnea
- ☒ 5. Irregular respiratory pattern
- ☐ 6. Adventitious bubbling lung sounds

Answer: 1, 2, 5, 6

Focus on the **subject**, assessment findings in a client who is dying. In a multiple-response question, you will be asked to select or check all the options, such as signs and symptoms or interventions that relate to the information in the question. Be sure to follow the specific directions given on the computer screen. To answer this question, think about the respiratory assessment findings that indicate death is imminent. These include altered patterns of respiration, such as slow, labored, irregular, or Cheyne-Stokes pattern (alternating periods of apnea and deep, rapid breathing); increased respiratory secretions and adventitious bubbling lung sounds (death rattle); irritation of the tracheobronchial airway as evidenced by hiccups, chest pain, respiratory fatigue, or exhaustion; and poor gas exchange as evidenced by hypoxia, dyspnea, or cyanosis. Kussmaul's respirations are abnormally deep, very rapid sighing respirations characteristic of diabetic ketoacidosis.

question asks, which will be to select all of the options that apply. See [Box 1-4](#) for an example.

Ordered-Response (Prioritizing) Questions

In this type of question, you will be asked to use the computer mouse to drag and drop your nursing actions in order of priority. Information will be presented in a question and, based on the data, you need to determine what you will do first, second, third, and so forth. The unordered options will be located in boxes on

SAUNDERS Q&A REVIEW For The NCLEX-RN® EXAMINATION 7TH EDITION Silvestri

Home History Study Mode Calculator Help

Question 14 of 20 < 14 Go > Bookmark Stop

A unit of packed red blood cells has been prescribed for a client with low hemoglobin and hematocrit levels. The nurse notifies the blood bank of the prescription, and a blood specimen is drawn from the client for typing and cross-matching. The nurse receives a telephone call from the blood bank and is informed that the unit of blood is ready for administration. In what **priority** order should the nurse perform the actions necessary to administer the blood? **Arrange the actions in the order that they should be performed. All options must be used.**

Drag the text in the left column to the correct order in the right column.

Document that the blood was administered.	1	
Obtain the unit of blood from the blood bank.	2	
Ensure that an informed consent has been signed.	3	
Insert an 18- or 19-gauge intravenous (IV) catheter into the client.	4	
Check the health care provider's prescription for administering blood.	5	
Ask a licensed nurse to assist in confirming blood compatibility and verifying client identity.	6	

Rationale Strategy Nursing Tip Reference Submit Reset

FIGURE 1-1 Example of an ordered-response question.

the left side of the screen, and you need to move all options in order of priority to ordered-response boxes on the right side of the screen. Specific directions for moving the options are provided with the question. See Fig. 1-1 for an example. Examples of this question type are located on the accompanying Evolve site.

Figure Questions

A question with a picture or graphic will ask you to answer the question based on the picture or graphic. The question could contain a chart, a table, or a figure or illustration. You also may be asked to use the computer mouse to point and click on a specific area in the visual. A figure or illustration may appear in any type of question, including a multiple-choice question. See Box 1-5 for an example.

Chart/Exhibit Questions

In this type of question, you will be presented with a problem and a chart or exhibit. You will be provided with three or more tabs or buttons that you need to click to obtain the information needed to answer the question. A prompt or message will appear that will indicate the need to click on a tab or button. See Box 1-6 for an example.

Graphic Option Questions

In this type of question, the option selections will be pictures rather than text. Each option will be preceded by a circle, and you will need to use the computer mouse to click in the circle that represents your answer choice. See Box 1-7 for an example.

Audio Questions

Audio questions will require listening to a sound to answer the question. These questions will prompt you to use the headset

provided and to click on the sound icon. You will be able to click on the volume button to adjust the volume to your comfort level, and you will be able to listen to the sound as many times as necessary. Content examples include, but are not limited to, various lung sounds, heart sounds, or bowel sounds. Examples of this question type are located on the accompanying Evolve site (Fig. 1-2).

Case Study Questions

Case study questions are the expected format for the NGN®-style items. These case studies may be single-episode, focusing on one point in time, or unfolding, focusing on multiple time points in client care. The single episode case studies will be accompanied by one NGN style question and the unfolding case studies will be accompanied by 6 questions in NGN style. Each type of case study is aimed at testing one or more of the cognitive skills or processes associated with the NCSBN Clinical Judgment Measurement Model (see Box 1-1). Currently, the NGN item types include enhanced hot spot/highlighting, extended drag and drop, extended multiple response, cloze (drop down), and matrix (grid). Examples of these NGN item types can be located on the Evolve site accompanying this book.

Registering to Take the Examination

It is important to obtain an NCLEX® Examination Candidate Bulletin from the NCSBN Web site at <http://www.ncsbn.org>, because this bulletin provides all of the information you need to register for and schedule your examination. It also provides you with Web site and telephone information for NCLEX® examination contacts. The initial step in the registration

BOX 1-5 Figure Question

The nurse performs client rounds and notes that a client with a respiratory disorder is wearing this oxygen device (refer to figure). The nurse would document that the client is receiving oxygen by which type of low-flow oxygen delivery system? **Refer to figure.**



(Figure from Potter P, Perry A, Stockert P, Hall A: *Fundamentals of nursing*, ed 9, St. Louis, 2017, Mosby.)

1. Venturi mask
2. Nasal cannula
3. Simple face mask
4. Partial rebreather mask

Answer: 3

Focus on the **subject**, the type of face mask that the client is wearing. For some of these question types, you need to use the computer mouse and point and click at a designated area to answer the question. For this question, use of the computer mouse is not necessary. A simple face mask is used to deliver low-flow oxygen concentrations of 40% to 60% for short-term oxygen therapy. It also may be used in an emergency. A minimum flow rate of 5 L/min is needed to prevent the rebreathing of exhaled air. The simple face mask fits over the nose and mouth, has exhalation ports, and has a tube that connects to the oxygen source. A Venturi mask is a high-flow oxygen delivery system that delivers an accurate oxygen concentration. An adaptor is located between the bottom of the mask and the oxygen source. The adaptor contains holes of different sizes that allow specific amounts of air to mix with the oxygen. The nasal cannula contains nasal prongs that are used to deliver oxygen flow rates at 1 to 6 L/min. A partial rebreather mask is a mask with a reservoir bag without flaps. It provides oxygen concentrations of 60% to 75% with flow rates of 6 to 11 L/min.

BOX 1-6 Chart/Exhibit Question

Oral prednisone is prescribed for a hospitalized client. The nurse reviews the client's medical record and is **most** concerned about this prescription because of which documented item? **Refer to chart.**

CHART/EXHIBIT

CLIENT'S CHART

History: Diabetes mellitus
Hypertension

Medications: Furosemide 40 mg oral daily

Diagnostic Tests: Electrocardiogram: normal

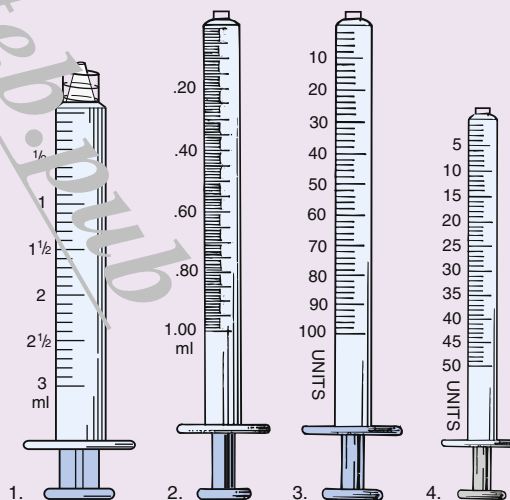
1. Furosemide
2. Hypertension
3. Diabetes mellitus
4. Normal electrocardiogram

Answer: 3

Note the **strategic word**, *most*. This chart/exhibit question provides you with data from a client's medical chart, identifies a prescribed medication, and asks about a concern related to this medication. Read all the **data in the question** and the client's chart. Use nursing knowledge about the interactions and effects of prednisone, and recall that this medication may increase the blood glucose level. This will assist in directing you to option 3. For these question types, be certain to read all of the data in the client's chart before selecting the answer. Remember you will be provided with tabs to click to read information.

BOX 1-7 Graphic Options Question

The primary health care provider prescribes a tuberculin skin test to be done on a client. Which syringe would the nurse select to perform the test? **Refer to Figures 1 to 4.**



(Figure from Potter P, Perry A, Stockert P, Hall A: *Fundamentals of nursing*, ed 9, St. Louis, 2017, Mosby.)

Answer: 2

Focus on the **subject**, the procedure for administering a tuberculin skin test. This question requires you to select the picture that represents your answer choice. To perform a tuberculin skin test, the nurse would use a tuberculin syringe that is marked in 0.01 (hundredths) because the dose for administration is less than 1 mL. Option 1 is a 3-mL syringe and is marked in 0.1 (tenths) and is used for most subcutaneous or intramuscular injections. Insulin syringes are available in 50 and 100 units and are used to administer insulin.

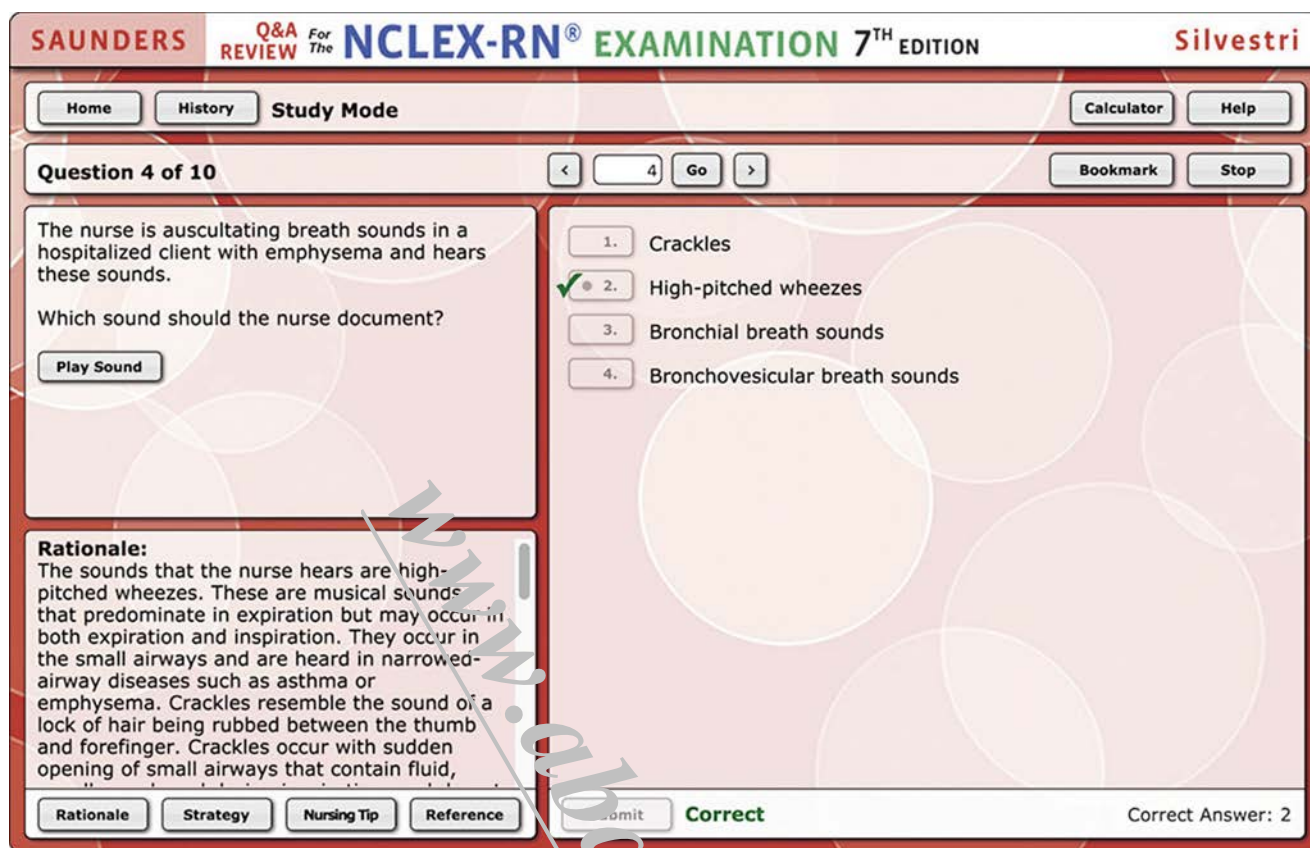


FIGURE 1-2 Example of an audio question.

process is to submit an application to the state board of nursing in the state in which you intend to obtain licensure. You need to obtain information from the board of nursing regarding the specific registration process because the process may vary from state to state. Then, use the NCLEX® Examination Candidate Bulletin as your guide to complete the registration process.

Following the registration instructions and completing the registration forms precisely and accurately are important. Registration forms not properly completed or not accompanied by the proper fees in the required method of payment will be returned to you and will delay testing. You must pay a fee for taking the examination; you also may have to pay additional fees to the board of nursing in the state in which you are applying.

Authorization to Test Form and Scheduling an Appointment

Once you are eligible to test, you will receive an Authorization to Test (ATT) form. You cannot make an appointment until you receive an ATT form. Note the validity dates on the ATT form, and schedule a testing date and time before the expiration date on the ATT form. The NCLEX® Examination Candidate Bulletin provides you with the directions for scheduling an appointment and you do not have to take the examination in the same state in which you are seeking licensure.

The ATT form contains important information, including your test authorization number, candidate identification (ID)

number, and validity date. You need to take your ATT form to the testing center on the day of your examination. You will not be admitted to the examination if you do not have it.

Changing Your Appointment

If for any reason you need to change your appointment to test, you can make the change on the candidate Web site or by calling candidate services. Refer to the NCLEX® Examination Candidate Bulletin for this contact information and other important procedures for canceling and changing an appointment. If you fail to arrive for the examination or fail to cancel your appointment to test without providing appropriate notice, you will forfeit your examination fee and your ATT form will be invalidated. This information will be reported to the board of nursing in the state in which you have applied for licensure, and you will be required to register and pay the testing fees again.

The Day of the Examination

It is important that you arrive at the testing center at least 30 minutes before the test is scheduled. If you arrive late for the scheduled testing appointment, you may be required to forfeit your examination appointment. If it is necessary to forfeit your appointment, you will need to reregister for the examination and pay an additional fee. The board of nursing will be notified that you did not take the test. A few days before your

scheduled date of testing, take the time to drive to the testing center to determine its exact location, the length of time required to arrive at that destination, and any potential obstacles that might delay you, such as road construction, traffic, or parking sites.

In addition to the ATT form, you must have proper identification such as a U.S. driver's license, passport, U.S. state ID, or U.S. military ID to be admitted to take the examination. All acceptable ID must be valid and not expired and contain a photograph and signature (in English). In addition, the first and last names on the ID must match the ATT form. According to the NCSBN guidelines, any name discrepancies require legal documentation, such as a marriage license, divorce decree, or court action legal name change.

Testing Accommodations

If you require testing accommodations, you should contact the board of nursing before submitting a registration form. The board of nursing will provide the procedures for the request. The board of nursing must authorize testing accommodations. After board of nursing approval, the NCSBN reviews the requested accommodations and must approve the request. If the request is approved, the candidate will be notified and provided the procedure for registering for and scheduling the examination.

The Testing Center

The testing center is designed to ensure complete security of the testing process. Strict candidate ID requirements have been established. You will be asked to read the rules related to testing. A digital fingerprint and palm vein print will be taken. A digital signature and photograph will also be taken at the testing center. These identity confirmations will accompany the NCLEX® examination results. In addition, if you leave the testing room for any reason, you may be required to perform these identity confirmation procedures again to be readmitted to the room.

Personal belongings are not allowed in the testing room; all electronic devices must be placed in a sealable bag provided by the test administrator and kept in a locker. Any evidence of tampering with the bag could result in a written incident report and dismissal from the test center with no exam refund. A locker and locker key will be provided for you; however, storage space is limited, so you must plan accordingly. In addition, the testing center will not assume responsibility for your personal belongings. The testing waiting areas are generally small; friends or family members who accompany you are not permitted to wait in the testing center while you are taking the examination.

Once you have completed the admission process, the test administrator will escort you to the assigned computer. You will be seated at an individual workspace area that includes computer equipment, appropriate lighting, an erasable note board, and a marker. No items, including unauthorized scratch paper, are allowed into the testing room. Eating, drinking, or the use of tobacco is not allowed in the testing room. You will be observed at all times by the test administrator while taking the examination. In addition, video and audio recordings of

all test sessions are made. The testing center has no control over the sounds made by typing on the computer by others. If these sounds are distracting, raise your hand to summon the test administrator. Earplugs are available upon request.

You must follow the directions given by the testing center staff and must remain seated during the test except when authorized to leave. If you think that you have a problem with the computer, need a clean note board, need to take a break, or need the test administrator for any reason, you must raise your hand. You are also encouraged to access the NCSBN candidate Web site to obtain additional information about the physical environment of the testing center and to view a virtual tour of the testing center.

Testing Time

The maximum testing time is 6 hours; this period includes the tutorial, the sample items, all breaks, and the examination. All breaks are optional. The first optional break will be offered after 2 hours of testing. The second optional break is offered after 3.5 hours of testing. Remember that all breaks count against testing time. If you take a break, you must leave the testing room and, when you return, you may be required to perform identity confirmation procedures to be readmitted.

Length of the Examination

The minimum number of questions that you will need to answer is 75. Of these 75 questions, 60 will be operational (scored) questions and 15 will be pretest (unscored) questions. The maximum number of questions in the test is 265. Fifteen of the total number of questions that you need to answer will be pretest (unscored) questions.

The pretest questions are questions that may be presented as scored questions on future examinations. These pretest questions are not identified as such. In other words, you do not know which questions are the pretest (unscored) questions; however, these pretest (unscored) questions will be administered among the first 75 questions in the test.

Pass-or-Fail Decisions

All examination questions are categorized by test plan area and level of difficulty. This is an important point to keep in mind when you consider how the computer makes a pass-or-fail decision because a pass-or-fail decision is not based on a percentage of correctly answered questions.

The NCSBN indicates that a pass-or-fail decision is governed by three different scenarios. The first scenario is referred to as the 95% Confidence Interval Rule. In this scenario the computer stops administering test questions when it is 95% mathematically certain that the test-taker's ability is either clearly above or below the passing standard. The second scenario is known as the Maximum-Length Exam Rule and it is in this scenario that the final ability estimate of the test-taker is considered. If the final ability estimate is above the passing standard, the test-taker passes; if it is below the passing standard, the test-taker fails.

The third scenario is known as the Run-Out-Of-Time (R.O.O.T.) Rule. If the examination ends because the test-taker ran out of time, the computer may not have enough information with 95% certainty to make a clear pass-or-fail decision. If this is the case, the computer will review the test-taker's performance during testing. If the test-taker has not answered the minimum number of required questions, the test-taker fails. If the test-taker's ability estimate was consistently above the passing standard on the last 60 questions, the test-taker passes. If the test-taker's ability estimate falls below the passing standard, even once, the test-taker fails. Additional information about pass-or-fail decisions can be found in the NCLEX® Examination Candidate Bulletin located at <http://www.ncsbn.org>.

Completing the Examination

When the examination has ended, you will complete a brief computer-delivered questionnaire about your testing experience. After you complete this questionnaire, you need to raise your hand to summon the test administrator. The test administrator will collect and inventory all note boards and then permit you to leave.

Following completion of the NCLEX, you may be asked to participate in the NCSBN's research study on NGN-style questions. If you agree to participate you will be asked to answer NGN type questions.

Processing Results

Every computerized examination is scored twice, once by the computer at the testing center and again after the examination is transmitted to the test scoring center. No results are released at the testing center; testing center staff do not have access to examination results. The board of nursing receives your result and your result will be mailed to you approximately 1 month after you take the examination. In some states, an unofficial result can be obtained via the Quick Results Service two business days after taking the examination. There is a fee for this service and information about obtaining your NCLEX® result by this method can be obtained on the NCSBN Web site under candidate services.

Candidate Performance Report

A candidate performance report is provided to a test-taker who failed the examination. This report provides the test-taker with information about his or her strengths and weaknesses in relation to the test plan framework and provides a guide for studying and retaking the examination. If a retake is necessary, the candidate must wait at least 45 days between examination administrations, depending on state procedures. Test-takers should refer to the state board of nursing in the state in which licensure is sought for procedures regarding when the examination can be taken again.

Interstate Endorsement

Because the NCLEX-RN® examination is a national examination, you can take the examination in any state. Your original license, however, will come from the state in which you

BOX 1-8 Foreign-Educated Nurse: Some Documents Needed to Obtain Licensure

1. Proof of citizenship or lawful alien status
2. Work visa
3. VisaScreen certificate
4. Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate
5. Criminal background check documents
6. Official transcripts of educational credentials sent directly to credentialing agency or board of nursing from home country school of nursing
7. Validation of a comparable nursing education as that provided in U.S. nursing programs; this may include theoretical instruction and clinical practice in a variety of nursing areas, including, but not limited to, medical nursing, surgical nursing, pediatric nursing, maternity and newborn nursing, community and public health nursing, and mental health nursing.
8. Validation of safe professional nursing practice in home country
9. Copy of nursing license or diploma or both
10. Proof of proficiency in the English language
11. Photograph(s)
12. Social security number
13. Application and fees

applied for licensure. When licensure is received, you can apply for interstate endorsement, which is obtaining a license in another state to practice nursing in that state. The procedures and requirements for interstate endorsement may vary from state to state, and these procedures can be obtained from the state board of nursing in the state in which endorsement is sought.

Nurse Licensure Compact

It may be possible to practice nursing in another state under the mutual recognition model of nursing licensure if the state has enacted a Nurse Licensure Compact. To obtain information about the Nurse Licensure Compact and the states that are part of this interstate compact, access the NCSBN Web site at <http://www.ncsbn.org>.

The Foreign-Educated Nurse

An important first step in the process of obtaining information about becoming a registered nurse in the United States is to access the NCSBN website at <http://www.ncsbn.org> and obtain information provided for international nurses in the NCLEX Web site link. The NCSBN provides information about some of the documents you need to obtain as an international nurse seeking licensure in the United States and about credentialing agencies. Refer to Box 1-8 for a listing of some of these documents. The NCSBN also provides information regarding the requirements for education and English proficiency, and immigration requirements such as visas and VisaScreen. You are encouraged to access the NCSBN Web site to obtain the most current information about seeking licensure as a registered nurse in the United States.

An important factor to consider as you pursue this process is that some requirements may vary from state to state. You need to contact the board of nursing in the state in which you are planning to obtain licensure to determine the specific requirements and documents that you need to submit.

Boards of nursing can decide either to use a credentialing agency to evaluate your documents or to review your documents at the specific state board, known as in-house evaluation. When you contact the board of nursing in the state in which you intend to work as a nurse, inform them that you were educated outside of the United States and ask

that they send you an application to apply for licensure by examination. Be sure to specify that you are applying for registered nurse (RN) licensure. You should also ask about the specific documents needed to become eligible to take the NCLEX examination. You can obtain contact information for each state board of nursing through the NCSBN Web site at <http://www.ncsbn.org>. In addition, you can write to the NCSBN regarding the NCLEX® examination. The address is 111 East Wacker Drive, Suite 2900, Chicago, IL 60601. The telephone number for the NCSBN is 1-866-293-9600; the international telephone is 011-1-312-525-3600; the fax number is 1-312-279-1032.

www.abadisteb.pub