

NCLEX Med-Surg Mastery: Critical Thinking Practice Questions

This comprehensive guide presents 15 challenging medical-surgical nursing questions to help you prepare for the NCLEX examination. Each question is followed by the correct answer, rationale, and critical thinking points to strengthen your clinical reasoning skills.

What You'll Learn



Critical Thinking Application

Practice applying nursing knowledge to realistic clinical scenarios that mirror the NCLEX exam format



Priority-Setting Skills

Develop your ability to identify the most important nursing actions in complex patient situations



Core Med-Surg Concepts

Review essential content across cardiovascular, respiratory, renal, endocrine, neurological, and gastrointestinal systems



Rationale Understanding

Learn the "why" behind each correct answer to build your knowledge foundation

Heart Failure Assessment



Question:

A client is admitted with a diagnosis of heart failure. Which of the following is the most important assessment?

- Bowel sounds
- Lung sounds
- Skin turgor
- BUN and creatinine

Correct Answer: Lung sounds

Lung sounds directly assess for pulmonary congestion and fluid overload, the primary concerns in heart failure that can lead to respiratory distress and require immediate intervention.

Postoperative Pulmonary Complications

Question

A postoperative patient reports sudden chest pain and difficulty breathing. What should the nurse do first?

- Notify the healthcare provider
- Perform a focused cardiac assessment
- Apply oxygen via face mask
- Check the patient's oxygen saturation

Correct Answer

Apply oxygen via face mask

Rationale

When a patient presents with acute respiratory distress, establishing adequate oxygenation is the priority intervention before proceeding with assessment and notification. This follows the ABCs (Airway, Breathing, Circulation) of emergency care.



COPD and Oxygen Administration

Question:

A patient with COPD is receiving oxygen at 4 L/min via nasal cannula. What is the nurse's best action?

- Continue with current oxygen
- Lower the oxygen to 2 L/min
- Increase oxygen to 6 L/min
- Switch to a non-rebreather mask

Correct Answer: Lower the oxygen to 2 L/min



Critical Thinking Point:

COPD patients often rely on hypoxic drive for respiration. High oxygen concentrations can suppress this drive, potentially leading to hypoventilation and CO₂ retention. Generally, oxygen should be titrated to maintain SpO₂ between 88-92% in these patients.

Anticoagulant Therapy Monitoring

Question

Which lab value should the nurse monitor when a patient is receiving warfarin?

- PT/INR
- aPTT
- Platelet count
- Hemoglobin

Correct Answer

PT/INR

Prothrombin Time (PT) and International Normalized Ratio (INR) are specific measures of the extrinsic pathway of coagulation, which is affected by warfarin. Therapeutic INR ranges are typically 2.0-3.0 for most indications.

Medication Notes

Warfarin (Coumadin) is a vitamin K antagonist that inhibits the synthesis of clotting factors II, VII, IX, and X. It requires regular monitoring due to its narrow therapeutic index and numerous drug-food interactions.

Nutrition in Chronic Kidney Disease

Question:

Which dietary choice is best for a patient with chronic kidney disease?

- Baked salmon with broccoli
- Ham sandwich with potato chips
- Chicken and cheese quesadilla
- Beef stir fry with soy sauce

Correct Answer: Baked salmon with broccoli



Patients with CKD benefit from diets lower in sodium, potassium, and phosphorus. Baked salmon provides high-quality protein without excessive phosphorus, while broccoli is lower in potassium than many other vegetables. The other options contain processed meats, cheese, or soy sauce, which are high in sodium and phosphorus.

Diabetic Ketoacidosis Recognition

Question

Which finding in a diabetic patient requires immediate intervention?

- Blood glucose 160 mg/dL
- Fruity-smelling breath
- Frequent urination
- Mild fatigue

Correct Answer: Fruity-smelling breath

Fruity-smelling breath indicates ketone production and suggests diabetic ketoacidosis (DKA), a life-threatening emergency requiring immediate medical intervention.

DKA Warning Signs

Other signs of DKA include severe hyperglycemia (typically >250 mg/dL), dehydration, Kussmaul respirations, electrolyte imbalances, and mental status changes.

Treatment includes IV fluids, insulin, and electrolyte replacement.

Tracheostomy Priority Care

Question:

What is the priority nursing diagnosis for a patient with a new tracheostomy?

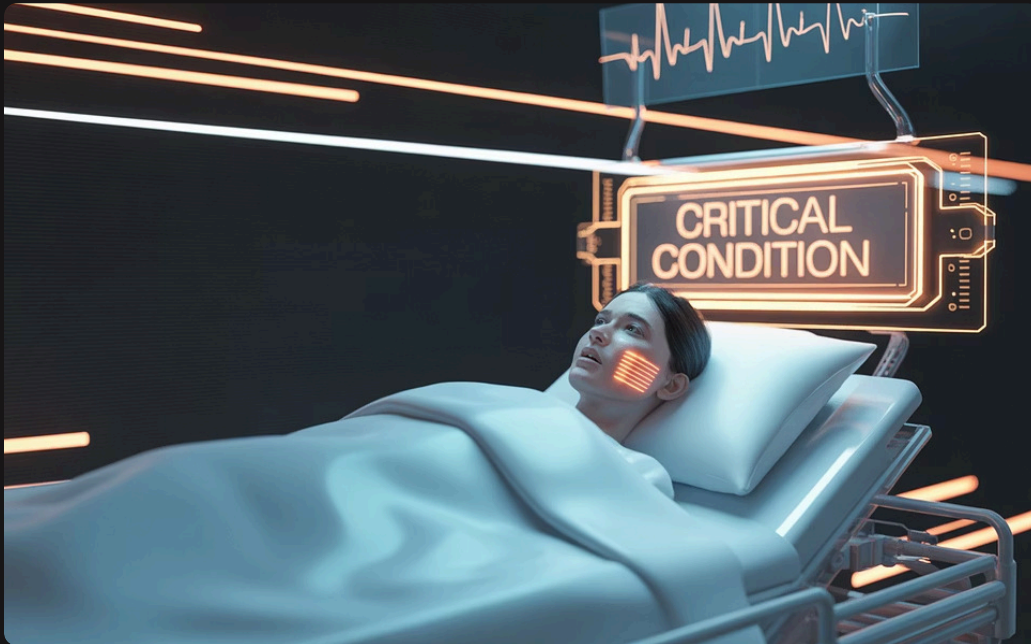
- Impaired verbal communication
- Risk for infection
- Ineffective airway clearance
- Risk for body image disturbance

Correct Answer: Ineffective airway clearance

While all options are valid concerns, maintaining a patent airway is always the highest priority according to Maslow's hierarchy of needs. A tracheostomy bypasses upper airway defenses and requires diligent suctioning and humidification to prevent mucus plugging.



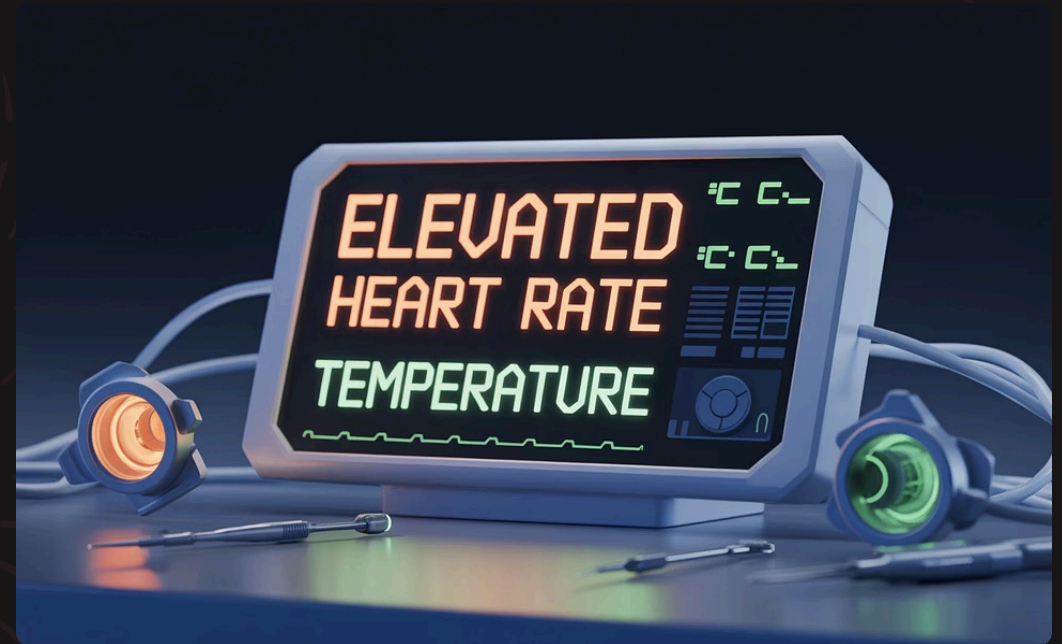
Thyroid Storm Recognition



Question

Which symptom indicates a thyroid storm in a patient with hyperthyroidism?

- Bradycardia
- Lethargy
- Hypothermia
- Fever and tachycardia



Correct Answer

Fever and tachycardia are hallmark signs of thyroid storm, an acute, life-threatening complication of hyperthyroidism characterized by extreme hypermetabolism. Other symptoms include diaphoresis, agitation, tremors, and potentially heart failure or coma.

Liver Cirrhosis Complications

Question

A patient with liver cirrhosis is at highest risk for:

- Hyperkalemia
- Hypoglycemia
- Bleeding tendencies
- Hypertension

Additional Concerns

Other complications include portal hypertension, ascites, hepatic encephalopathy, and esophageal varices. Nutritional deficiencies are also common in advanced cirrhosis.



Correct Answer

Bleeding tendencies

The liver synthesizes most clotting factors. As liver function deteriorates in cirrhosis, production of these factors decreases, leading to coagulopathy and increased bleeding risk.

Nursing Implications

Monitor for bleeding from gums, nose, GI tract, or easy bruising. Check platelet count and coagulation studies. Implement bleeding precautions and educate patients to avoid NSAIDs and use soft toothbrushes.

Nasogastric Tube in Bowel Obstruction



Question:

What is the purpose of inserting an NG tube in a patient with a bowel obstruction?

- To hydrate the patient
- To prevent aspiration
- To decompress the bowel
- To provide nutrition

Correct Answer: To decompress the bowel

NG tube insertion helps relieve pressure by removing accumulated gas and fluid above the obstruction. This reduces distention, vomiting, and the risk of perforation while the underlying cause is being addressed.

Post-Thyroidectomy Nursing Care

Question

The nurse is caring for a patient post-thyroidectomy. What is the priority assessment?

- Temperature
- Calcium level
- Blood pressure
- Heart rate

Correct Answer

Calcium level

Rationale

Parathyroid glands may be damaged during thyroidectomy, resulting in hypocalcemia. Signs include numbness/tingling in extremities, facial spasms, positive Chvostek's or Trousseau's signs, and potentially laryngeal spasm or tetany.



Fat Embolism in Fracture Patients

Question:

A patient with a femur fracture suddenly becomes restless and confused. What should the nurse suspect?

- Pneumothorax
- Fat embolism
- Hemorrhage
- Stroke

Correct Answer: Fat embolism



Clinical Manifestations:

Fat embolism syndrome typically presents 24-72 hours after long bone fracture with the classic triad of respiratory distress, neurological symptoms, and petechial rash. Mental status changes often precede respiratory symptoms. Treatment focuses on supportive care and oxygen therapy.

Digoxin Patient Education

Question

What should the nurse include when teaching a patient about digoxin?

- Hold if HR is above 90 bpm
- It increases potassium levels
- Report yellow vision or halos
- Take with antacids

Correct Answer

Report yellow vision or halos

Visual disturbances (yellow-green halos around lights, blurred vision) are classic signs of digoxin toxicity and require immediate reporting to prevent further complications.

Additional Teaching Points

Instruct patients to check their pulse before taking digoxin and hold if HR < 60 bpm. Monitor for other toxicity signs: nausea, vomiting, confusion, and cardiac arrhythmias. Maintain adequate potassium levels, as hypokalemia increases toxicity risk.

Post-Operative Hypotension Management



Question:

A post-op patient's BP drops to 84/50 and HR is 130 bpm. What is the priority action?

- Increase IV fluids
- Reassess in 15 minutes
- Administer pain meds
- Elevate the legs

Correct Answer: Increase IV fluids

These vital signs suggest hypovolemic shock, likely from blood loss or third-spacing. Immediate fluid resuscitation is needed while simultaneously assessing for bleeding and notifying the provider. This hypotensive, tachycardic presentation requires immediate intervention rather than delayed reassessment.

Increased Intracranial Pressure (ICP)

1 Question

What symptom is a late sign of increased ICP?

- Restlessness
- Headache
- Bradycardia and widened pulse pressure
- Nausea

2 Correct Answer

Bradycardia and widened pulse pressure

These vital sign changes (Cushing's triad: bradycardia, widened pulse pressure, irregular respirations) are late, ominous signs of increased ICP indicating brainstem compression and imminent herniation.

3 Progression of ICP Signs

Early signs include headache, nausea/vomiting, and subtle mental status changes. As ICP increases, watch for pupillary changes, posturing, and declining consciousness. The classic Cushing's triad indicates critical decompensation requiring immediate intervention.

NCLEX Test-Taking Strategies

Prioritization Framework

- ABCs: Airway, Breathing, Circulation first
- Maslow's Hierarchy: Physiologic needs before psychosocial
- Acute before chronic conditions
- Unstable before stable patients

Question Analysis

- Look for keywords: FIRST, BEST, PRIORITY, MOST IMPORTANT
- Identify what the question is truly asking
- Consider all options before selecting an answer



Time Management

The NCLEX-RN exam allows approximately 1-2 minutes per question. Practice pacing yourself during study sessions. Remember that most questions cannot be skipped, so develop a systematic approach to answering each question efficiently.

Critical Thinking in Med-Surg Nursing



Assessment

Collect relevant patient data through physical assessment, lab values, and patient history. Identify abnormal findings and prioritize concerns.



Analysis

Interpret assessment data, recognize patterns, and formulate nursing diagnoses. Consider potential complications and patient risk factors.



Planning

Establish priorities, set measurable goals, and select evidence-based interventions appropriate for the patient's condition.



Implementation

Execute the nursing care plan, perform interventions safely, and document thoroughly. Maintain ongoing assessment during implementation.



Evaluation

Determine effectiveness of interventions, reassess patient status, and modify the care plan as needed based on patient response.

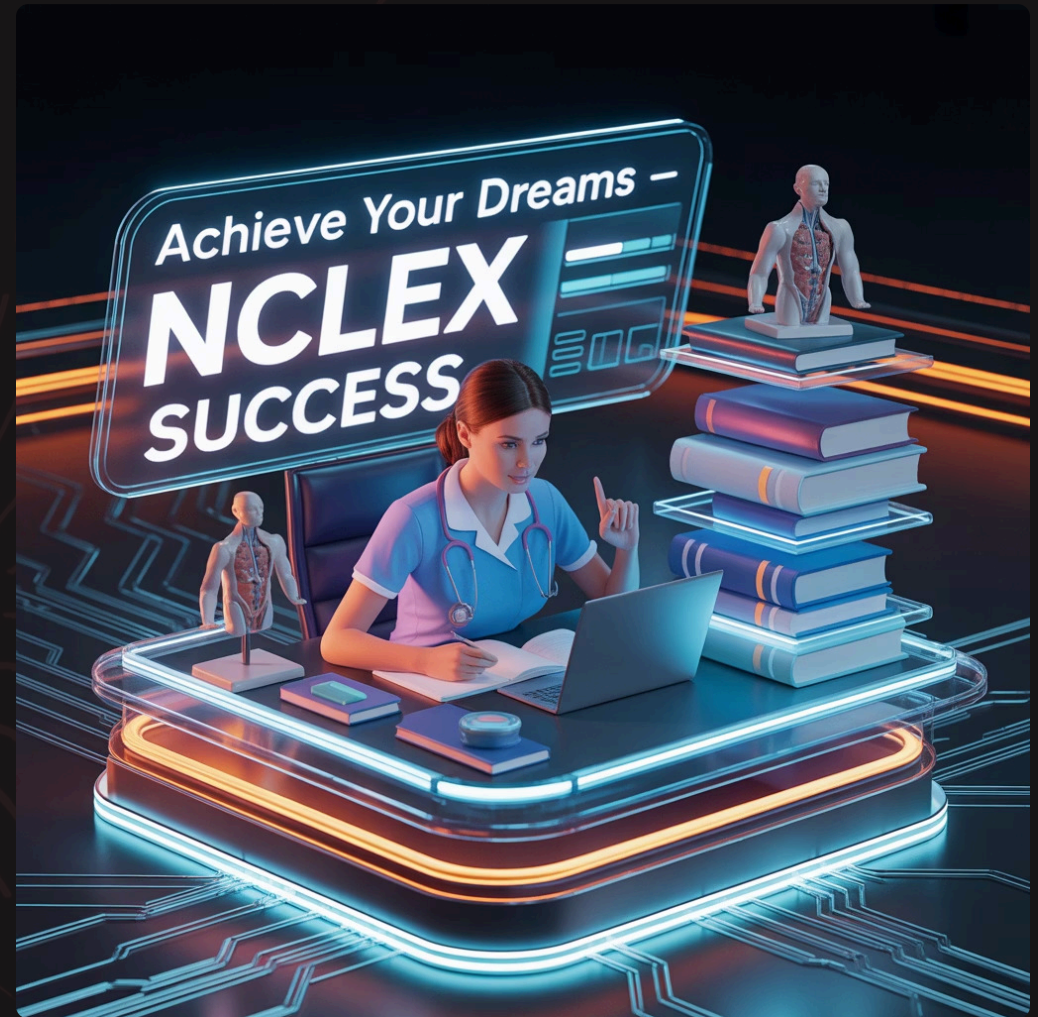
Next Steps in Your NCLEX Preparation

Continue Your Practice

- Complete at least 50-100 practice questions daily
- Review all rationales, even for questions you answer correctly
- Focus on content areas where you consistently struggle
- Take full-length practice exams to build testing endurance

Study Smart

- Create concept maps for complex disease processes
- Use mnemonics for difficult-to-remember content
- Form or join study groups to discuss challenging questions
- Teach concepts to others to solidify your understanding



Test Day Preparation

Get adequate sleep the night before. Eat a balanced breakfast. Arrive early to the testing center. Use deep breathing techniques to manage anxiety. Remember your purpose: to demonstrate your readiness to provide safe, effective patient care.

You've prepared thoroughly—trust your knowledge and critical thinking abilities!