



# NCLEX Med-Surg Practice Questions

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

A. Bowel sounds B. Lung sounds C. Skin turgor D. BUN and creatinine

✔ Answer: B. Lung sounds Rationale: Lung sounds assess fluid overload and pulmonary congestion, common in heart failure.

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

A. Notify the healthcare provider B. Perform a focused cardiac assessment C. Apply oxygen via face mask D. Check the patient's oxygen saturation

✔ Answer: C. Apply oxygen via face mask Rationale: Immediate oxygenation is critical in potential pulmonary embolism cases. Then assess and notify the provider.

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

A. Continue with current oxygen B. Lower the oxygen to 2 L/min C. Increase oxygen to 6 L/min D. Switch to a non-rebreather mask

✔ Answer: B. Lower the oxygen to 2 L/min Rationale: High oxygen can suppress the respiratory drive in COPD patients.

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

A. PT/INR B. aPTT C. Platelet count D. Hemoglobin

✔ Answer: A. PT/INR Rationale: PT/INR monitors the effectiveness and safety of warfarin therapy.

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

A. Baked salmon with broccoli B. Ham sandwich with potato chips C. Chicken and cheese quesadilla D. Beef stir fry with soy sauce

✔ Answer: A. Baked salmon with broccoli Rationale: This choice is lower in sodium and potassium, which are restricted in CKD.

1. Which finding in a diabetic patient requires immediate intervention?

A. Blood glucose 160 mg/dL B. Fruity-smelling breath C. Frequent urination D. Mild fatigue

✔ Answer: B. Fruity-smelling breath Rationale: This suggests ketoacidosis, a life-threatening complication.

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

A. Impaired verbal communication B. Risk for infection C. Ineffective airway clearance D. Risk for body image disturbance

✔ Answer: C. Ineffective airway clearance Rationale: Maintaining a patent airway is always the priority.

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

A. Bradycardia B. Lethargy C. Hypothermia D. Fever and tachycardia

✔ Answer: D. Fever and tachycardia Rationale: These are hallmark signs of a thyroid storm—a medical emergency.

1. A patient with liver cirrhosis is at highest risk for:

A. Hyperkalemia B. Hypoglycemia C. Bleeding tendencies D. Hypertension

✔ Answer: C. Bleeding tendencies Rationale: Liver dysfunction reduces clotting factor production.

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

A. To hydrate the patient B. To prevent aspiration C. To decompress the bowel D. To provide nutrition

✔ Answer: C. To decompress the bowel Rationale: NG tube helps relieve pressure and reduce vomiting.

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

A. Temperature B. Calcium level C. Blood pressure D. Heart rate

✔ Answer: B. Calcium level Rationale: Hypocalcemia can result from parathyroid gland injury during surgery.

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

A. Pneumothorax B. Fat embolism C. Hemorrhage D. Stroke

✔ Answer: B. Fat embolism Rationale: Classic signs of fat embolism include altered mental status and respiratory distress.

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

A. Hold if HR is above 90 bpm B. It increases potassium levels C. Report yellow vision or halos D. Take with antacids

✔ Answer: C. Report yellow vision or halos Rationale: Visual changes are signs of digoxin toxicity.

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

A. Increase IV fluids B. Reassess in 15 minutes C. Administer pain meds D. Elevate the legs

✔ Answer: A. Increase IV fluids Rationale: This may indicate hypovolemia or shock; fluids are priority.

1. What symptom is a late sign of increased ICP?

A. Restlessness B. Headache C. Bradycardia and widened pulse pressure D. Nausea

✔ Answer: C. Bradycardia and widened pulse pressure Rationale: These are late, ominous signs of increased intracranial pressure.

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