



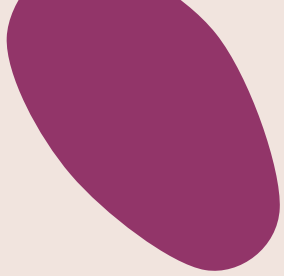
Test-Taking Strategies

Let's Crush the NCLEX



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By the time you sit for the NCLEX...

Try to complete **3,000 questions** with specific focus on rationales.
Pay particular attention to the clues within as well as the wording

Let's Look at Some Strategies:

Approach each question like an escape room. We will give you the clues to get to the answer we are seeking.

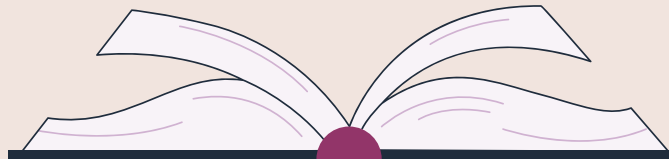
If you are narrowing it down to two answers, you're doing a great job!

Try to stay calm and maintain focus on **just one question** – read carefully and remember to BREATHE



Reword the Question

- 01 | Carefully read the question – do not skip or read too quickly
- 02 | Look for hints in the question to establish **priorities**
 - most, first, best, primary, initial
- 03 | Reword the question in your own words.
Begin with what, when, or why
- 04 | If you can't do #3, read the answers for clues





Reword the Question Practice

A preschooler with a fractured femur is brought to the emergency room by her parents. When asked how the injury occurred, the child's parents state that she fell off the sofa. On examination, the nurse finds old and new lesions on the child's buttocks. Which of the following statements most appropriately reflects how the nurse should document these findings?

Read the stem → “most appropriately” means to “best answer → Reword the question:

“What is the best charting for this situation?”





Reword the Question Practice

A construction worker is admitted to the hospital for treatment of active tuberculosis (TB). The nurse teaches the client about TB. Which of the following statements by the client indicates to the nurse that further teaching is necessary?

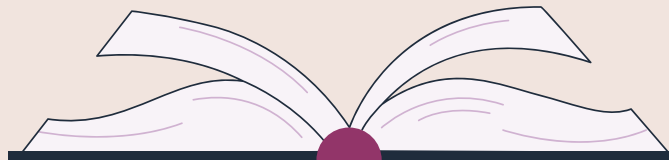
Read the stem → Pay attention to “further teaching is necessary.” This means you are looking for a negative answer → Reword the question:

“What is incorrect information about TB?”



Eliminate Incorrect Answers

- 01 | Focus on ***one*** answer choice only
- 02 | Read that answer choice carefully. Ask yourself, “Does this answer the Reworded Question?” If no, eliminate it.
- 03 | If you’re not sure, leave it as a possibility, then move to the next answer and repeat steps 1 & 2 above.
- 04 | Finally, reread the question. “Which answer best answers the question?”





Eliminate the Incorrect Practice

A preschooler with a fractured femur is brought to the emergency room by her parents. When asked how the injury occurred, the child's parents state that she fell off the sofa. On examination, the nurse finds old and new lesions on the child's buttocks. Which of the following statements most appropriately reflects how the nurse should document these findings?

1. "Six lesions on buttocks at various stages of healing."
2. "Multiple lesions on buttocks due to unknown causes."
3. "Lesions on buttocks due to unknown causes."
4. "Several lesions on buttocks caused by cigarettes."





Reword the Question Practice

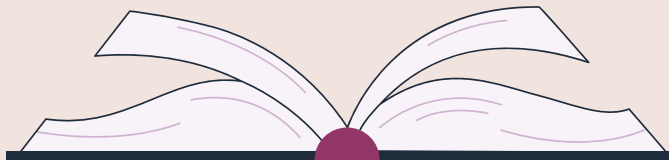
A construction worker is admitted to the hospital for treatment of active tuberculosis (TB). The nurse teaches the client about TB. Which of the following statements by the client indicates to the nurse that further teaching is necessary?

1. "I will have to take medication for 6 months."
2. "I should cover my nose and mouth when coughing or sneezing."
3. "I will remain in isolation for at least 6 weeks."
4. "I will always have a positive skin test for TB."



Do Not Predict the Answers

- 01 | If you eliminated the answer, don't revisit
- 02 | Often, the "ideal" answer choice is not there.
Don't dwell on that – move along
- 03 | Reword the question
- 04 | Select the best answer



Don't Predict Practice

The nurse describes the procedure to a male client for collecting a clean-catch urine specimen for culture and sensitivity testing. Which of the following explanations by the nurse would be most accurate?

1. "The urinary meatus is cleansed with an iodine solution and then a urinary drainage catheter is inserted to obtain urine."
2. "You will be asked to empty your bladder one-half hour before the test; you will then be asked to void into a container."
3. "Before voiding, the urinary meatus is cleansed with an iodine solution and urine is voided into a sterile container, the container must not touch the penis."
4. "You must void a few drops of urine, then stop; then void the remaining urine into a clean container, which should be immediately covered."

Reworded: "What is true about a clean-catch for C&S?"

Recognize Expected Outcomes

We teach you what might go wrong and write test questions that focus on how to deal with problems and illnesses. In NCLEX world, you need to demonstrate appropriate nursing judgment.

This means identifying expected and unexpected behaviors and outcomes.

Look at the question → Identify key words → Reword → Is this expected or not?





Expected Outcomes Practice

The physician orders an arterial blood gas (ABG) for a client receiving oxygen at 6 L/min. Results show pH 7.37, HCO_3^- 26 mm Hg, pCO_2 42 mm Hg, pO_2 90 mm Hg. Which of the following should the nurse do first?

Reworded: “What should you do with a client with these ABGs?”

1. Increase the rate of oxygen flow the client is receiving.
2. Elevate the head of the bed.
3. Document the results in the chart.
4. Instruct the client to cough and deep-breathe.





Expected Outcomes Practice

A client is brought to the emergency room complaining of pressure in her chest. Her blood pressure is 150/90, pulse 88, respirations 20. The nurse administers nitroglycerin 0.4 mg sublingually as ordered. After five minutes her blood pressure is 100/60, pulse 96, respirations 20. Which of the following should the nurse do next?

Reworded: "What should you do for this client?"

1. Notify the physician that the client has become hypotensive and obtain an order to administer IV fluids.
2. Place the client in semi-Fowler's position, and administer O₂ at 4 L.
3. Administer a second dose of nitroglycerin.
4. Document the results and continue to monitor the client.

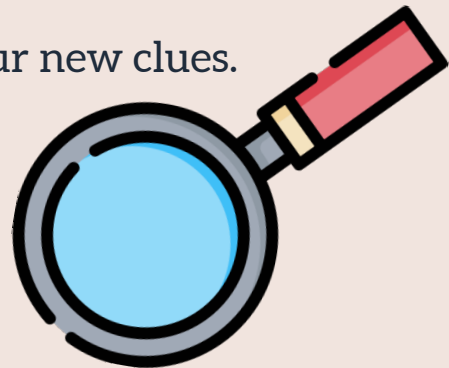




Clueless About the Answer?

Even the smartest, most prepared person will run into a question to which you simply do not know the answer. Don't freak out, there's a plan:

1. Resist the impulse to read/reread the question.
2. Read the answer choices, not to select the correct answer, but to understand "What is the topic?" or "What should I be thinking?" Search for clues!
3. After reading answer choices, reword the question using your new clues.
4. Use your prior strategies to answer the reworded question



Clueless Practice

A client contacts his home care nurse with complains of nausea and abdominal pain. He has type 1 diabetes. The nurse should advise the client to do which of the following?

1. “Hold your regular dose of insulin.”
2. “Check your blood glucose level every 3–4 hours.”
3. “Increase your consumption of foods containing simple sugars.”
4. “Increase your activity level.”

Read the stem → No easy topic, the nurse is telling the client to do something
→ read for clues and then reword

“What does the nurse teach the client about ‘sick day rules?’

Clueless Practice

A client with a history of heart failure visits the clinic. He states, “I have not been feeling like my old self for about 2 weeks.” It would be most important for the nurse to ask which of the following questions?

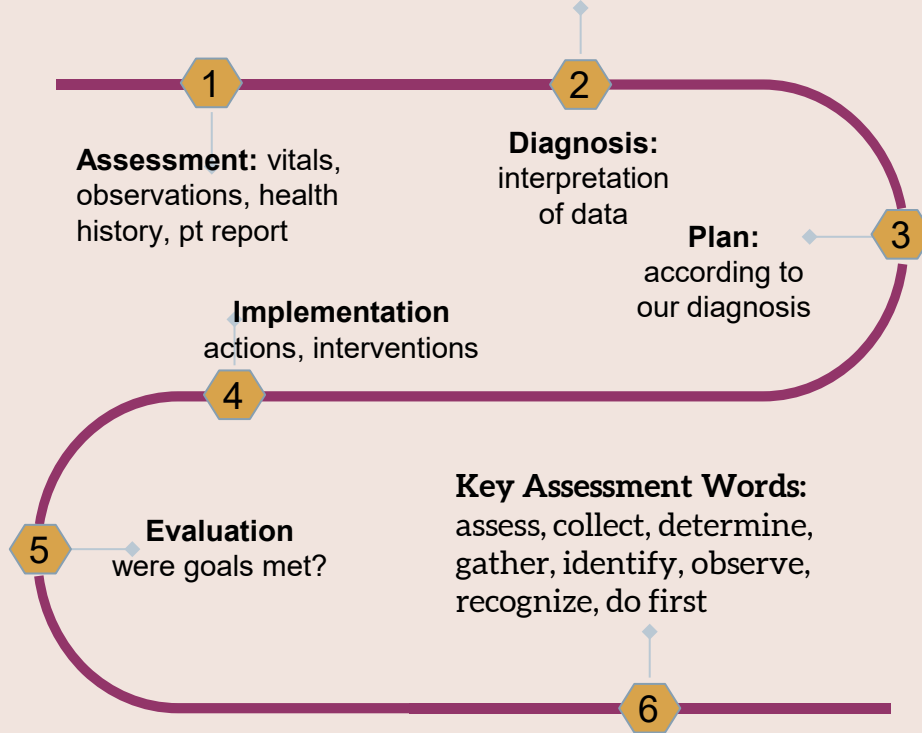
1. “Do your ankles swell at the end of the day?”
2. “Where do you sleep at night?”
3. “How do you feel after you eat dinner?”
4. “Do you have chest pain when you inhale?”

Read the stem → No easy topic, the nurse is asking the client for clues

→ read for clues and then reword

“What is a priority for a client with HF?”

The Nursing Process



82-year-old female was admitted to the hospital with pneumonia. She has been too weak to get out of bed for the past three days. The nurse notices some new redness over her sacrum. What should the nurse do first?

1. Use finger to press on the reddened area
2. Notify physician
3. Apply a dressing to the area
4. Document your observations

The Nursing Process

Key Word for Implementation:

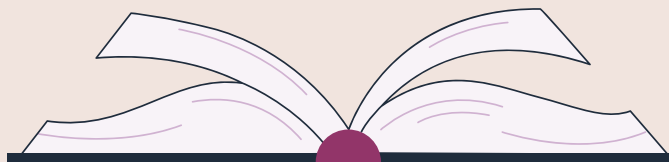
action, next,
implement,
interventions

The nurse is assessing a 32-year-old client who delivered a newborn three hours ago and notes that the client's temperature is 100.7 degrees F. What is the nurse's priority action?

Key Word for Evaluation:

evaluation,
interpretation,
which statement
indicates...

1. Notify the physician
2. Document the findings
3. Retake the temperature in half an hour
4. Increase hydration and encourage oral fluids



Always Remember

This should always be in the back of your mind, but if you completely blank on all your strategies...



HOW MANY

