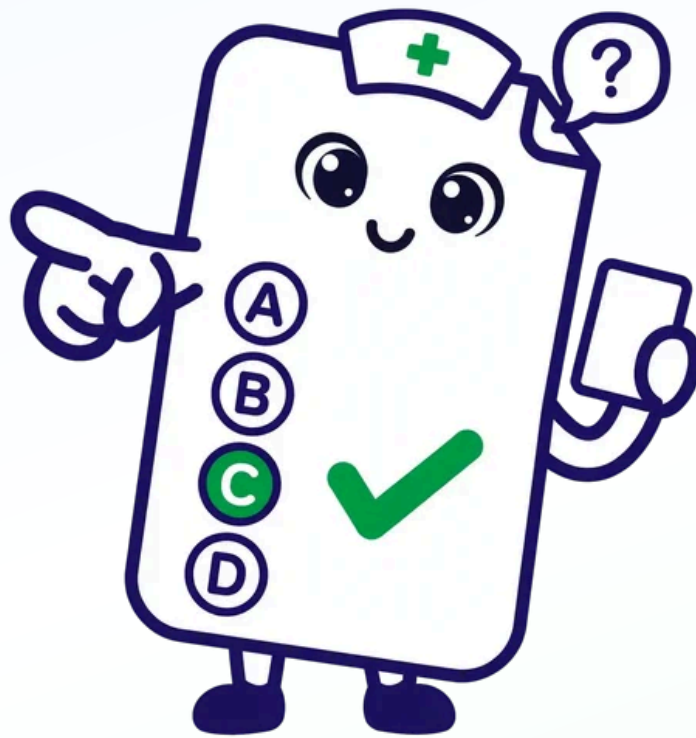




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2 full model papers in the real NCLEX-RN pattern, with answer key



170 MCQs

Real NCLEX-RN subject split

Answer key + online explanations

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What is in this book

170 MCQs across 2 papers, each drawn in the same subject split as the real NCLEX-RN paper:

- Medical Surgical Nursing: 20 MCQs per paper
- Fundamentals of Nursing: 14 MCQs per paper
- Nursing Pharmacology: 13 MCQs per paper
- International Nursing Practice: 12 MCQs per paper
- Mental Health Nursing: 7 MCQs per paper
- Paediatric Nursing: 7 MCQs per paper
- Midwifery and Obstetric Nursing: 6 MCQs per paper
- Community Health Nursing: 6 MCQs per paper



MODEL PAPER 1 OF 2

NCLEX-RN

85 MCQs · 300 minutes · answer key at the back



Medical Surgical Nursing

20 MCQs

1. A patient with severe hypothyroidism is drowsy, hypothermic and breathing slowly. Which assessment is the priority?

- ☐ A Assess airway patency and respiratory effectiveness
- ☐ B Measure the patient's usual daily calorie intake
- ☐ C Inspect the skin for changes in pigmentation
- ☐ D Ask about the patient's recent bowel pattern

2. A patient with open-angle glaucoma is prescribed latanoprost eye drops. Which finding should the nurse include in the teaching?

- ☐ A The treated iris may gradually become darker
- ☐ B The medication commonly causes severe hearing loss
- ☐ C The drops should be stopped when vision improves
- ☐ D The patient should expect complete loss of night vision

3. A patient with multiple sclerosis asks how to reduce fatigue during daily activities. Which advice is most appropriate?

- ☐ A Schedule demanding tasks during peak fatigue
- ☐ B Alternate activity with planned rest periods
- ☐ C Exercise until severe weakness develops
- ☐ D Use hot baths before every activity

4. A patient with acute pulmonary oedema from heart failure is receiving oxygen and intravenous furosemide. Which position best supports breathing while treatment begins?

- ☐ A Flat supine with the legs elevated
- ☐ B High Fowler position with the legs dependent
- ☐ C Prone position with the head turned sideways
- ☐ D Left lateral position with the knees flexed

5. A patient with cirrhosis and hepatic encephalopathy becomes increasingly sleepy. The blood glucose level is 42 mg/dL. Which action should the nurse take first?

- ☐ A Treat the hypoglycaemia according to protocol
- ☐ B Restrict all oral and intravenous fluids
- ☐ C Administer a sedative for agitation
- ☐ D Place the patient in a dark room only

6. Which technique is correct when suctioning a patient through an endotracheal tube?

- ☐ A Apply suction while inserting the catheter
- ☐ B Apply suction while withdrawing the catheter
- ☐ C Keep suction applied for 30 seconds
- ☐ D Instil saline before every suction pass

7. Which finding should the nurse expect in a patient with untreated hypothyroidism?

- ☐ A Heat intolerance and frequent diarrhoea
- ☐ B Weight loss and marked exophthalmos
- ☐ C Cold intolerance and slowed heart rate
- ☐ D Tremor and increased bowel movements

8. A patient with laryngectomy asks how to protect the permanent stoma at home. Which statement shows correct understanding?

- ☐ A I will cover the stoma loosely with a clean cloth
- ☐ B I will breathe through my nose during dusty activities
- ☐ C I will pour water into the stoma to loosen mucus
- ☐ D I will use powder around the stoma to absorb moisture

9. Which instruction is most appropriate for a patient taking levodopa for Parkinson disease?

- ☐ A Take each dose at consistent times as prescribed
- ☐ B Stop each dose when involuntary movements first appear
- ☐ C Take extra doses before walking to prevent all symptoms
- ☐ D Change the dose independently when symptoms fluctuate

10. A patient with hypertension is prescribed amlodipine. Which adverse effect should the nurse include in the teaching?

- ☐ A Ankle oedema
- ☐ B Severe hypoglycaemia
- ☐ C Green-yellow visual halos
- ☐ D Persistent dry cough

11. A patient with cirrhosis suddenly vomits a large amount of fresh blood. Which action is the priority?

- ☐ A Give oral water to clear the taste of blood
- ☐ B Position the patient safely and assess the airway
- ☐ C Insert a rectal thermometer to assess perfusion
- ☐ D Encourage ambulation to prevent venous stasis

12. A patient taking rifampicin for pulmonary tuberculosis asks about orange-red staining of urine and tears. Which response by the nurse is correct?

- ☐ A This is an expected effect of the medicine
- ☐ B This indicates severe kidney injury
- ☐ C This proves the tuberculosis is worsening
- ☐ D This means the next dose should be stopped

13. A patient with type 1 diabetes is taught to exercise safely. Which statement shows correct understanding?

- ☐ A I should exercise even when urine ketones are positive
- ☐ B I will carry a fast source of glucose during exercise
- ☐ C I can skip glucose monitoring on exercise days
- ☐ D I should inject insulin into the exercising muscle before activity

14. A patient is one day after retinal surgery with a gas bubble placed in the eye. Which statement shows correct understanding of the discharge teaching?

- ☐ A I can fly in an aircraft if my vision feels clear
- ☐ B I should tell every healthcare worker about the eye gas bubble
- ☐ C I can rub the eye when the dressing is removed
- ☐ D I should stop wearing the prescribed eye shield at night

15. A patient with suspected bacterial meningitis is admitted to the hospital. Which nursing action is most appropriate initially?

- ☐ A Use droplet precautions according to facility policy
- ☐ B Encourage visitors to share personal eating utensils
- ☐ C Place the patient in a brightly lit room
- ☐ D Delay antibiotics until neck stiffness resolves

16. A patient with suspected myocardial infarction receives morphine for persistent severe pain. Which assessment is the priority after administration?

- ☐ A Respiratory rate and level of consciousness
- ☐ B Bowel sounds and abdominal tenderness
- ☐ C Skin turgor and oral temperature
- ☐ D Visual acuity and pupil colour

17. A patient with an intestinal obstruction has severe colicky pain followed by a sudden decrease in pain. The abdomen remains distended, and the pulse is increasing. Which interpretation is most appropriate?

- ☐ A The obstruction is resolving
- ☐ B The bowel may have perforated
- ☐ C The patient is becoming comfortable
- ☐ D The nasogastric tube is working

18. An arterial blood gas sample shows pH 7.36, PaCO₂ 50 mmHg and HCO₃ 28 mEq/L. How should the nurse interpret these results?

- ☐ A Uncompensated respiratory alkalosis
- ☐ B Partially compensated metabolic acidosis
- ☐ C Compensated respiratory acidosis
- ☐ D Uncompensated metabolic alkalosis

19. Which statement best describes the usual underlying problem in type 1 diabetes mellitus?

- ☐ A Progressive autoimmune destruction of pancreatic beta cells
- ☐ B Peripheral insulin resistance with gradual beta-cell failure
- ☐ C Excess cortisol causing persistent insulin resistance
- ☐ D Reduced thyroid hormone causing slow glucose absorption

20. Six hours after tonsillectomy, a child repeatedly swallows and becomes restless. Which action should the nurse take first?

- ☐ A Offer red-coloured juice to soothe the throat
- ☐ B Inspect for bleeding and notify the surgeon promptly
- ☐ C Encourage vigorous coughing to clear the throat
- ☐ D Place the child flat and leave the room briefly



Fundamentals of Nursing

14 MCQs

21. A patient with suspected spinal injury must be turned in bed. Which technique should the nurse use?

- ☐ A Turn the patient as one unit while maintaining alignment
- ☐ B Ask the patient to twist the trunk during the turn
- ☐ C Pull the shoulders first and then move the legs
- ☐ D Raise the head and turn the patient into a sitting position

22. Which action is appropriate when caring for a patient with an indwelling urinary catheter during routine hygiene?

- ☐ A Clean the meatus and catheter from the urethra outward
- ☐ B Pull the catheter gently while cleaning the meatus
- ☐ C Clean from the drainage bag toward the urethral opening
- ☐ D Disconnect the catheter from the bag before cleaning the area

23. During CPR on a 6-year-old child, where should the rescuer place the compressing hand or hands?

- ☐ A On the lower half of the sternum
- ☐ B Over the left side of the chest
- ☐ C On the upper end of the sternum
- ☐ D Directly over the lower ribs

24. Which statement is a nursing diagnosis rather than a medical diagnosis?

- ☐ A Pneumonia caused by bacterial infection
- ☐ B Acute appendicitis with abdominal inflammation
- ☐ C Impaired gas exchange related to alveolar changes
- ☐ D Type 2 diabetes mellitus with hyperglycaemia

25. A child with severe acute malnutrition is admitted with poor appetite, lethargy and bilateral pitting oedema. Which therapeutic feed is used during the initial stabilisation phase?

- ☐ A F-75 therapeutic milk
- ☐ B F-100 therapeutic milk
- ☐ C High-protein adult formula
- ☐ D Undiluted oral rehydration solution

26. Which finding best indicates that a patient has performed active range-of-motion exercise?

- ☐ A The nurse moves the patient's elbow
- ☐ B The patient moves the elbow independently
- ☐ C The nurse supports the limb throughout
- ☐ D The patient's limb is moved without effort

27. A patient with a new ileostomy asks why the nurse stresses adequate fluid intake. Which response is best?

- ☐ A The ileostomy usually produces little fluid loss
- ☐ B Watery output can cause dehydration and electrolyte loss
- ☐ C Extra fluids prevent all episodes of bowel obstruction
- ☐ D Fluids make the stoma permanently smaller

28. A patient has a deep wound with a large piece of glass firmly embedded in it. What should the first aider do?

- ☐ A Pull out the glass and apply direct pressure
- ☐ B Push the glass farther in to stop movement
- ☐ C Apply pressure around the object and support it
- ☐ D Wash the wound vigorously before dressing it

29. During evaluation, a patient remains short of breath despite the planned positioning and prescribed treatment. What should the nurse do next?

- ☐ A Continue the same plan without further assessment
- ☐ B Reassess the patient and revise the plan if needed
- ☐ C Mark the outcome as achieved because treatment was given
- ☐ D Remove the nursing diagnosis from the care plan

30. A patient has repeated vomiting, muscle weakness and a serum potassium level of 2.8 mmol/L. Which nursing action is correct?

- ☐ A Administer prescribed potassium by slow diluted infusion
- ☐ B Give potassium chloride by rapid intravenous push
- ☐ C Restrict all potassium-containing foods and fluids
- ☐ D Place the patient on fluid restriction without monitoring

31. Which foot-care instruction is most appropriate for a patient with diabetes?

- ☐ A Inspect the feet daily and dry carefully between the toes
- ☐ B Soak the feet in very hot water each evening
- ☐ C Cut the toenails deeply into the corners
- ☐ D Walk barefoot indoors to strengthen the feet

32. A nurse assesses a patient who has constipation. Which finding most strongly suggests faecal impaction?

- ☐ A A small amount of liquid stool leaking around hard stool
- ☐ B Soft formed stool passed every morning
- ☐ C Mild abdominal sounds after eating a meal
- ☐ D One day without a bowel movement in an adult

33. A patient with a serious burn has singed facial hair and a hoarse voice but is still alert. Which finding requires the most urgent action?

- ☐ A Pain at the burned area
- ☐ B Small intact blisters on the hand
- ☐ C Hoarseness with singed facial hair
- ☐ D Redness over a limited area of the arm

34. A patient refuses a prescribed dressing change. Which documentation is most appropriate?

- ☐ A Patient is difficult and refuses necessary care
- ☐ B Patient refuses dressing change and states, "It is too painful"
- ☐ C Patient is noncompliant and does not understand treatment
- ☐ D Dressing change was omitted because the patient was uncooperative



Nursing Pharmacology

13 MCQs

35. A patient taking long-term prednisolone reports severe muscle weakness, vomiting and dizziness after several days of diarrhoea. Which complication should the nurse suspect?

- ☐ A Acute adrenal insufficiency
- ☐ B Excess thyroid hormone activity
- ☐ C Acute iron toxicity
- ☐ D Uncomplicated drug tolerance

36. A nurse receives a prescription for a sustained-release tablet, but the patient cannot swallow it. Which action is safest?

- ☐ A Contact the prescriber or pharmacist for a suitable alternative form
- ☐ B Crush the tablet and mix it with a small amount of water
- ☐ C Split the tablet and administer both pieces separately
- ☐ D Dissolve the tablet in warm water before giving it

37. A patient is given a local anaesthetic for dental treatment. Which instruction is safest until normal sensation returns?

- ☐ A Chew food on the numb side
- ☐ B Test hot drinks before swallowing
- ☐ C Avoid biting the cheek or tongue
- ☐ D Massage the numb area firmly

38. A patient receiving intravenous vancomycin develops flushing and itching of the face and upper body during the infusion. Which action is most appropriate?

- ☐ A Increase the infusion rate to complete the dose quickly
- ☐ B Stop or slow the infusion and notify the prescriber
- ☐ C Give the next dose by the intramuscular route
- ☐ D Tell the patient that the reaction proves treatment failure

39. A patient with chronic heart failure begins carvedilol. Which finding requires the nurse to assess promptly before giving the next dose?

- ☐ A A pulse of 52 beats per minute with dizziness
- ☐ B A respiratory rate of 18 breaths per minute
- ☐ C A warm hand with mild sweating
- ☐ D A blood pressure of 138/84 mmHg

40. A patient with suspected cyanide poisoning receives hydroxocobalamin. Which expected effect should the nurse recognise and report to the laboratory team?

- ☐ A Red discoloration of skin and body fluids
- ☐ B Blue discoloration of the lips
- ☐ C Permanent pupil constriction
- ☐ D Severe salivation and diarrhoea

41. A vial contains 2,000 units of a medicine in 4 mL. The prescription is for 650 units. What volume should the nurse withdraw?

- ☐ A 0.65 mL
- ☐ B 1.0 mL
- ☐ C 1.3 mL
- ☐ D 2.6 mL

42. Which statement best describes pharmacodynamics?

- ☐ A It describes the movement of drugs through the body
- ☐ B It describes the breakdown of drugs in the liver
- ☐ C It describes the effects and actions of drugs
- ☐ D It describes the removal of drugs by the kidneys

43. A patient receives an isotonic crystalloid for dehydration. Which finding best suggests that circulating volume is improving?

- ☐ A The pulse becomes faster and weaker
- ☐ B Urine output increases and mentation improves
- ☐ C Thirst becomes stronger and the mouth is dry
- ☐ D Postural dizziness becomes more pronounced

44. A patient receiving oestrogen therapy develops unilateral calf swelling and tenderness. Which action should the nurse take first?

- ☐ A Massage the affected calf gently
- ☐ B Encourage vigorous walking
- ☐ C Report the finding promptly
- ☐ D Apply a tight elastic bandage

45. A patient is prescribed 15 mL of an oral liquid medication. Which equipment gives the most accurate measurement?

- ☐ A A calibrated oral syringe marked in millilitres
- ☐ B A household teaspoon filled to the rim
- ☐ C A medicine cup estimated at the 15 mL line
- ☐ D A tablespoon used after checking its usual size

46. A patient is prescribed phenobarbital as an anticonvulsant. Which teaching point is most important?

- ☐ A Avoid alcohol and other sedatives unless approved
- ☐ B Stop the drug once seizures have been absent for one week
- ☐ C Take extra tablets whenever mild anxiety occurs
- ☐ D Expect the drug to improve alertness during the day

47. A patient taking pyrazinamide for tuberculosis reports severe pain and swelling in the great toe. Which adverse effect should the nurse suspect?

- ☐ A Hyperuricaemia with gout-like pain
- ☐ B Severe hypoglycaemia from insulin release
- ☐ C Ototoxicity with vestibular damage
- ☐ D Aplastic anaemia from marrow failure



International Nursing Practice

12 MCQs

48. A patient with a new ileostomy becomes dizzy when standing. The stoma output has increased greatly during the last shift, and the mucous membranes are dry. What should the nurse do first?

- ☐ A Assess vital signs and notify the nurse in charge promptly
- ☐ B Ask the patient to walk slowly to improve circulation
- ☐ C Restrict fluids until the stoma output decreases
- ☐ D Give an antidiarrhoeal medicine without further assessment

49. A registered nurse delegates a bed bath to unlicensed assistive personnel for a stable client. During the bath, the client says, "I feel short of breath." What is the most appropriate action by the unlicensed assistive personnel?

- ☐ A Finish the bath before reporting the symptom
- ☐ B Give the client a prescribed rescue medication
- ☐ C Stop the activity and report the symptom immediately
- ☐ D Record the symptom after completing the assigned care

50. A registered nurse in the United States is asked to share a patient's diagnosis with a nurse who is not involved in the patient's care. The nurse wants the information for personal interest. What should the nurse do?

- ☐ A Share the diagnosis because both people are nurses
- ☐ B Share only the diagnosis and not the treatment plan
- ☐ C Decline because the disclosure is unrelated to patient care
- ☐ D Ask the patient later whether the disclosure was acceptable

51. A patient two days after abdominal surgery suddenly reports that the incision has opened, and loops of bowel are visible. Which action should the nurse take first?

- ☐ A Cover the exposed organs with sterile saline dressings
- ☐ B Place the patient in a high-Fowler position
- ☐ C Attempt to gently replace the organs into the abdomen
- ☐ D Offer oral fluids to prevent dehydration

52. A registered nurse is delegating care for a stable client. Which instruction best demonstrates effective delegation?

- ☐ A Take care of the client and tell me if anything seems wrong
- ☐ B Measure the urine output for eight hours and report it if it is below the ordered limit
- ☐ C Use your usual judgment about whether the client needs assistance
- ☐ D Check the client regularly and report any concerns when convenient

53. A registered nurse in the United States believes a staffing decision is creating an immediate risk of serious harm to patients. The charge nurse dismisses the concern. What should the nurse do next?

- ☐ A Discuss the concern only with friends after the shift
- ☐ B Use the facility's chain of command and document the safety concern
- ☐ C Refuse all care until staffing levels improve
- ☐ D Post the staffing problem on a public website

54. A patient receiving continuous bladder irrigation reports severe suprapubic pressure, and no drainage has entered the collection bag for 30 minutes. What should the nurse do first?

- ☐ A Check the tubing for kinks or dependent loops
- ☐ B Increase the irrigation rate to its maximum setting
- ☐ C Remove the catheter and insert a new one
- ☐ D Administer an opioid and reassess in one hour

55. A registered nurse is supervising an unlicensed assistive person who is helping a client use a bedside commode. The client suddenly becomes pale and unsteady. Which instruction should the nurse give?

- ☐ A Help the client walk back to the bed quickly
- ☐ B Leave the client briefly to obtain a wheelchair
- ☐ C Support the client safely and call the nurse
- ☐ D Ask the client to continue while holding the rail

56. A registered nurse in the United States is caring for a competent adult who refuses a recommended blood transfusion for religious reasons. Which action best supports the patient's legal and ethical rights?

- ☐ A Ask the family to persuade the patient
- ☐ B Arrange the transfusion before the patient changes position
- ☐ C Assess the refusal and document the informed decision
- ☐ D Request a court order for immediate treatment

57. A patient develops new atrial fibrillation with a ventricular rate of 160 per minute, chest discomfort, and a blood pressure of 84/50 mmHg. Which action is the priority?

- ☐ A Activate the emergency response system for urgent review
- ☐ B Ask the patient to perform slow breathing exercises
- ☐ C Offer oral fluids and repeat the blood pressure later
- ☐ D Record the rhythm and continue the scheduled observations

58. A registered nurse delegates a routine task to an unlicensed assistive person. Which statement by the nurse best supports safe delegation?

- ☐ A Complete the task whenever the unit becomes less busy
- ☐ B Call the nurse only if the client asks for help
- ☐ C Report the client's response and any unexpected finding
- ☐ D Use your usual method because the task is familiar

59. A registered nurse in the United States notices that a patient's protected health information is visible on a computer screen in a public waiting area. What should the nurse do first?

- ☐ A Leave it visible because no one has complained
- ☐ B Close or secure the screen and report the privacy concern
- ☐ C Photograph the screen for personal documentation
- ☐ D Announce the patient's name so visitors can identify the record



Mental Health Nursing

7 MCQs

60. A malnourished patient with long-term alcohol use has confusion, unsteady gait, and abnormal eye movements. Which treatment should the nurse anticipate first?

- ☐ A Intravenous thiamine administration
- ☐ B Oral iron supplementation
- ☐ C Intramuscular vitamin K administration
- ☐ D Increased dietary calcium intake

61. A patient taking an antipsychotic becomes drowsy and unsteady while walking. Which nursing action is the priority?

- ☐ A Encourage the patient to walk alone
- ☐ B Place the patient near the nursing station
- ☐ C Offer an extra dose at bedtime
- ☐ D Limit oral fluids throughout the shift

62. A client with depression is unable to make simple decisions and reports feeling worthless. Which communication technique is most helpful?

- ☐ A Ask several complex questions at once
- ☐ B Use brief, clear questions and allow extra response time
- ☐ C Tell the client to think more positively
- ☐ D Change the subject whenever sadness is mentioned

63. A patient who has cut the forearm during a self-harm episode has a spurting wound and pale, cool skin. The patient is awake and breathing normally. Which action should the nurse take first?

- ☐ A Apply firm direct pressure to the wound
- ☐ B Ask the patient to describe the reason for self-harm
- ☐ C Search the patient's room for sharp objects
- ☐ D Arrange a routine psychiatric interview

64. A patient completing treatment for opioid use disorder identifies stress at work as a trigger for drug use. Which statement shows effective relapse-prevention planning?

- ☐ A I will avoid all people and activities until cravings disappear
- ☐ B I will handle future cravings alone so I do not burden others
- ☐ C I will identify a support person and use a planned coping strategy during stress
- ☐ D I will keep a small supply of the drug in case withdrawal returns

65. A patient with psychosis says, "I cannot control my thoughts because they keep repeating the same word." Which thought-process abnormality should the nurse document?

- ☐ A Perseveration
- ☐ B Neologism
- ☐ C Flight of ideas
- ☐ D Thought blocking

66. A client is prescribed clonazepam for short-term anxiety relief. Which teaching point is most important regarding daily activities?

- ☐ A Drive normally because the drug improves alertness
- ☐ B Avoid alcohol and use caution with activities requiring alertness
- ☐ C Stop the medicine abruptly when anxiety improves
- ☐ D Take extra doses before operating machinery



Paediatric Nursing

7 MCQs

67. A caregiver prepares complementary food in the morning and leaves it uncovered at room temperature until evening. Which teaching is the priority?

- ☐ A Prepare small fresh portions and cover them safely
- ☐ B Add extra water so the food remains soft
- ☐ C Store the food uncovered to allow cooling
- ☐ D Reheat the same food repeatedly throughout the day

68. A 14-month-old child has normal length and head growth but a progressive decline in weight percentile. Which assessment should the nurse perform first?

- ☐ A Observe the child during a usual feeding
- ☐ B Measure the child's chest circumference
- ☐ C Test the child's deep tendon reflexes
- ☐ D Assess the child's ability to copy a circle

69. Which action is appropriate when suctioning secretions from a newborn who has visible airway obstruction?

- ☐ A Suction the mouth before the nose
- ☐ B Suction the nose before the mouth
- ☐ C Use deep forceful suctioning first
- ☐ D Continue suctioning until the infant cries

70. A child with a severe asthma attack becomes exhausted and has a falling level of consciousness. Which finding most strongly suggests impending respiratory failure?

- ☐ A Mild wheezing with normal speech
- ☐ B Increasing drowsiness with poor air entry
- ☐ C Fast breathing with loud bilateral wheezing
- ☐ D Anxiety with a slightly raised heart rate

71. A child with measles has fever, cough, conjunctivitis and a widespread rash. Which additional nursing measure is important to reduce complications?

- ☐ A Maintain adequate fluids and monitor for pneumonia
- ☐ B Apply antibiotic ointment to every skin lesion
- ☐ C Keep the child fasting until the rash disappears
- ☐ D Give aspirin regularly to control the fever

72. A newborn receives ready-made antibodies through an injection of immunoglobulin after exposure to hepatitis B. Which type of immunity does this provide?

- ☐ A Natural active immunity
- ☐ B Natural passive immunity
- ☐ C Artificial active immunity
- ☐ D Artificial passive immunity

73. Before discharge, the nurse teaches the parent how to give an antibiotic at home. Which statement shows that teaching is understood?

- ☐ A I will stop the medicine when my child feels better
- ☐ B I will use the household spoon for each dose
- ☐ C I will give each dose as prescribed and complete the course
- ☐ D I will share the remaining medicine with a sibling



Midwifery and Obstetric Nursing

6 MCQs

74. A newborn is placed in skin-to-skin contact with the mother. Which position is safest during this care?

- ☐ A Prone with the face covered by a blanket
- ☐ B Upright with the head turned and airway visible
- ☐ C Supine with the chin pressed against the chest
- ☐ D Side-lying with the neck flexed forward

75. A pregnant woman reports a recent flu-like illness with a mild rash. Ultrasound later shows fetal hydrops. Which infection is a recognised cause of this fetal complication?

- ☐ A Parvovirus B19 infection
- ☐ B Candidal vulvovaginitis
- ☐ C Uncomplicated bacterial vaginosis
- ☐ D Maternal hepatitis A infection

76. A woman is four days after an uncomplicated vaginal birth. Which postnatal assessment finding is most reassuring?

- ☐ A Lochia has a mild fleshy odour
- ☐ B The uterus is becoming firmer each day
- ☐ C The pulse remains above 100 beats per minute
- ☐ D The perineal wound has increasing tenderness

77. After an uncomplicated vaginal birth, the mother is stable and the placenta is delivered. Which ongoing observation is most appropriate during the immediate postpartum period?

- ☐ A Assess uterine tone and vaginal blood loss regularly
- ☐ B Measure cervical dilatation every fifteen minutes
- ☐ C Check fetal lie and presentation repeatedly
- ☐ D Assess for increasing contractions before discharge

78. Which situation places a woman at increased risk of umbilical cord prolapse after rupture of the membranes?

- ☐ A A well-engaged vertex
- ☐ B An unengaged presenting part
- ☐ C A low fetal station
- ☐ D A fully dilated cervix with descent

79. Which dietary advice is most appropriate for a pregnant woman with a low intake of calcium-rich foods?

- ☐ A Avoid milk because calcium increases fetal weight excessively
- ☐ B Include milk, yoghurt, cheese or other calcium-rich foods regularly
- ☐ C Replace calcium-rich foods with tea at every meal
- ☐ D Take high-dose calcium tablets without discussing them with a nurse



Community Health Nursing

6 MCQs

80. A Lady Health Worker finds several children in a village who have missed routine preventive services. Which action is most appropriate?

- ☐ A Wait until the families attend the hospital
- ☐ B Record the children and arrange follow-up with the health facility
- ☐ C Give every child an antibiotic without assessment
- ☐ D Remove the children from the community register

81. A three-year-old child has acute diarrhoea but is alert and able to drink. Which advice is most appropriate?

- ☐ A Give oral rehydration solution and continue feeding
- ☐ B Stop all fluids until the diarrhoea completely stops
- ☐ C Give an antidiarrhoeal drug without assessment
- ☐ D Give only clear tea for the next twenty-four hours

82. A patient with an infectious disease is being discharged from a ward. Which instruction best reduces spread to household members?

- ☐ A Stop hand hygiene once symptoms improve
- ☐ B Use separate personal towels and perform regular hand hygiene
- ☐ C Allow young children to share eating utensils
- ☐ D Keep all windows closed throughout the day

83. Which measure describes the number of new cases of a disease occurring in a population during a specified period?

- ☐ A Prevalence
- ☐ B Incidence
- ☐ C Case-fatality rate
- ☐ D Proportionate mortality

84. Which primary health care activity best promotes early detection of poor growth in young children?

- ☐ A Measuring weight regularly and plotting it on a growth chart
- ☐ B Giving antibiotics to every child at each visit
- ☐ C Waiting for severe wasting before assessing nutrition
- ☐ D Recording only the child's immunization history

85. Which meal is the best example of a nutrient-dense complementary food for a child aged 9 months?

- ☐ A Thin rice water served without other food
- ☐ B Mashed lentils with rice, oil, and soft vegetables
- ☐ C Sweetened tea with a small piece of bread
- ☐ D Clear fruit juice given instead of a meal



MODEL PAPER 2 OF 2

NCLEX-RN

85 MCQs · 300 minutes · answer key at the back



Medical Surgical Nursing

20 MCQs

86. A nurse assesses a patient with reduced kidney function. Which measurement is the most reliable indicator of day-to-day fluid gain or loss?

- ☐ A Daily weight at the same time
- ☐ B Urine colour once per shift
- ☐ C Blood pressure after meals
- ☐ D Oral intake recorded at bedtime

87. A patient using a patient-controlled analgesia pump after surgery says, 'My spouse can press the button when I am asleep.' Which response is best?

- ☐ A That is safe if the prescribed dose is small
- ☐ B Only the patient should press the button
- ☐ C The spouse should press it every four hours
- ☐ D The nurse should disable the dose-limit setting

88. A patient with a head injury is stable but has a suspected increase in intracranial pressure. Which positioning action is appropriate?

- ☐ A Keep the neck flexed to improve venous return
- ☐ B Elevate the head about 30 degrees with the neck midline
- ☐ C Place the patient flat with the hips sharply flexed
- ☐ D Turn the head fully to one side against the pillow

89. A patient has been on bed rest for two weeks after a spinal injury. Which intervention best helps prevent joint contractures?

- ☐ A Keep the joints in one comfortable position
- ☐ B Perform prescribed passive range-of-motion exercises
- ☐ C Massage reddened areas over bony prominences
- ☐ D Restrict fluid intake before physiotherapy

90. A patient who took a large amount of amitriptyline is drowsy, hypotensive and has a widened QRS complex on the ECG. Which treatment should the nurse expect to prepare?

- ☐ A Intravenous sodium bicarbonate
- ☐ B Intravenous calcium gluconate
- ☐ C Nebulised salbutamol
- ☐ D Intramuscular vitamin K

91. A patient receiving chemotherapy has a platelet count of $18,000/\text{mm}^3$. Which nursing intervention is most appropriate?

- (A) Use a soft toothbrush and avoid rectal procedures
- (B) Encourage flossing after every meal
- (C) Give intramuscular injections as prescribed
- (D) Use a firm-bristled brush for gum cleaning

92. A patient with chronic kidney disease is prescribed epoetin alfa. Which laboratory result is most important for evaluating the treatment response?

- (A) Hemoglobin level
- (B) Serum amylase level
- (C) Urine ketone level
- (D) Total bilirubin level

93. On the first postoperative day, a patient reports new calf tenderness and one lower leg is swollen and warmer than the other. Which action should the nurse take?

- (A) Massage the painful calf gently
- (B) Encourage vigorous walking
- (C) Keep the patient in bed and notify the provider
- (D) Apply a tight elastic bandage immediately

94. A patient arrives after a chemical spill, with liquid chemical on the forearm and clothing. Which action should the nurse take first?

- (A) Apply an occlusive dressing over the area
- (B) Remove contaminated clothing and irrigate the skin
- (C) Neutralise the chemical with another chemical
- (D) Apply antibiotic ointment before washing

95. A patient with a fractured femur is receiving bed rest. Which intervention best helps prevent deep vein thrombosis?

- (A) Keeping the affected leg completely still
- (B) Encouraging ankle-pumping exercises as prescribed
- (C) Placing a pillow directly behind the knee
- (D) Massaging the calf every four hours

96. A patient with diabetes is sweaty, trembling and confused. The bedside blood glucose is 2.4 mmol/L, and the patient is awake and able to swallow safely. What should the nurse do first?

- (A) Give a rapidly absorbed oral glucose source
- (B) Administer the prescribed long-acting insulin
- (C) Restrict oral intake until the glucose is repeated
- (D) Give a high-protein meal without checking again

97. A patient taking oral capecitabine at home asks how to handle the tablets safely. Which instruction should the nurse give?

- ☐ A Crush the tablets before taking them with juice
- ☐ B Handle the tablets with bare hands if they look intact
- ☐ C Wash hands before and after handling the tablets
- ☐ D Store the tablets loose in a kitchen container

98. A patient with a ureteric stone is being discharged after pain control. Which statement shows correct understanding of prevention teaching?

- ☐ A I will drink enough fluid to keep my urine pale
- ☐ B I will remain in bed to prevent stone movement
- ☐ C I will avoid all calcium-containing foods
- ☐ D I will take antibiotics whenever flank pain starts

99. A patient in the postanaesthesia care unit has a temperature of 35.4°C, shivering and cool skin. Which intervention is most appropriate?

- ☐ A Apply warm blankets and monitor the temperature
- ☐ B Give an extra opioid to suppress the shivering
- ☐ C Expose the patient to cool air for observation
- ☐ D Restrict oxygen until the shivering stops

100. A patient with a pelvic fracture is pale, restless and tachycardic after a road traffic collision. Which intervention is most appropriate while awaiting definitive treatment?

- ☐ A Place the patient in a sitting position
- ☐ B Apply a pelvic binder according to protocol
- ☐ C Encourage walking to assess stability
- ☐ D Massage the lower abdomen to reduce pain

101. A patient with a plaster cast reports severe itching under the cast. Which instruction should the nurse give?

- ☐ A Insert a ruler carefully under the cast
- ☐ B Use a cool hair dryer on the lowest setting
- ☐ C Pour talcum powder inside the cast
- ☐ D Scratch the skin with a sterile needle

102. A patient suddenly develops noisy inspiratory breathing, difficulty speaking and central cyanosis after choking on food. Which action should the nurse take first?

- ☐ A Encourage the patient to drink warm water
- ☐ B Assess the airway and call for emergency help
- ☐ C Place the patient flat and elevate the legs
- ☐ D Administer a prescribed oral bronchodilator

103. A patient with metastatic cancer says, "I do not want more chemotherapy, but I want to remain comfortable at home with my family." Which nursing response is most appropriate?

- ☐ A Explore the patient's goals and discuss palliative support
- ☐ B Explain that all chemotherapy must continue until death
- ☐ C Tell the family to decide because the patient is distressed
- ☐ D Avoid discussing prognosis to prevent further anxiety

104. A patient with nephrotic syndrome has severe hypoalbuminemia and generalized edema. Which mechanism best explains the edema?

- ☐ A Increased plasma oncotic pressure draws fluid into vessels
- ☐ B Reduced plasma oncotic pressure allows fluid into tissues
- ☐ C Increased renal filtration removes excess tissue fluid
- ☐ D Reduced capillary permeability prevents fluid reabsorption

105. Before transferring a patient to the operating room, which assessment finding requires the nurse to notify the surgical team?

- ☐ A The patient reports mild anxiety about surgery
- ☐ B The patient has removed jewellery and nail polish
- ☐ C The patient has a temperature of 38.5°C
- ☐ D The patient has completed the prescribed skin preparation



Fundamentals of Nursing

14 MCQs

106. Which safety measure is essential for a patient receiving oxygen in the ward?

- ☐ A Keep oxygen equipment away from flames and avoid smoking nearby
- ☐ B Place alcohol-based hand rub beside the oxygen cylinder
- ☐ C Cover the oxygen outlet with a cotton cloth
- ☐ D Use petroleum ointment on dry lips and nostrils

107. During wound assessment, the nurse suspects a narrow tunnel extending from the wound cavity. Which action provides the most accurate assessment?

- ☐ A Gently assess the tract with a sterile applicator and document its direction
- ☐ B Insert a finger forcefully until resistance is felt
- ☐ C Pack the tract tightly before recording its length
- ☐ D Estimate the tract from the amount of drainage present

108. In focus charting using the DAR format, what does the letter R represent?

- ☐ A The response of the patient to care
- ☐ B The reason for the patient's admission
- ☐ C The record of the patient's diagnosis
- ☐ D The referral made to another department

109. A nurse is cleaning a bedside table used by a patient with an infection. Which practice is safest?

- ☐ A Use the same cleaning cloth for the table and nearby clean equipment
- ☐ B Wear appropriate protective equipment and use an approved disinfectant
- ☐ C Spray disinfectant into the air around the table
- ☐ D Move the table to another patient's bedside before cleaning

110. A patient with a respiratory rate of 28 per minute is anxious but has clear speech and an oxygen saturation of 98% on room air. Which assessment is most appropriate next?

- ☐ A Assess pain, anxiety and recent activity
- ☐ B Apply oxygen immediately at a high flow rate
- ☐ C Ask the patient to hold the breath briefly
- ☐ D Document tachypnoea without reassessment

111. A patient with a tracheostomy suddenly develops increased work of breathing, absent air movement through the tube and no visible secretion. Which action should the nurse take first?

- ☐ A Call for emergency assistance and assess airway patency
- ☐ B Offer oral fluids to loosen the obstruction
- ☐ C Place a speaking valve over the tracheostomy
- ☐ D Remove the oxygen source from the bedside

112. Which event occurs during the hemostasis phase immediately after a wound occurs?

- ☐ A Platelets aggregate and a fibrin clot forms
- ☐ B Fibroblasts deposit collagen into the wound
- ☐ C Epithelial cells migrate across the wound
- ☐ D Scar tissue gradually increases its strength

113. Which documentation entry is most appropriate after a patient falls?

- ☐ A Patient fell because she is careless and confused.
- ☐ B Patient found sitting on the floor beside the bed at 10:15 am.
- ☐ C Patient had an accident and was probably frightened.
- ☐ D Patient fell safely, so no further action was required.

114. Which practice is safest when disposing of a used needle after an injection?

- ☐ A Recap it using both hands
- ☐ B Break it before discarding it
- ☐ C Place it directly into a puncture-resistant sharps container
- ☐ D Carry it to the treatment room for later disposal

115. A patient's oxygen saturation is 93% on room air, down from 98% yesterday, but the patient is comfortable and speaking normally. What should the nurse do first?

- ☐ A Check the probe position and repeat the reading
- ☐ B Start emergency resuscitation measures
- ☐ C Document the lower value without comparison
- ☐ D Ask the patient to breathe into a paper bag

116. When teaching a postoperative patient to cough effectively, which instruction should the nurse give?

- ☐ A Take a shallow breath and cough once
- ☐ B Take a deep breath, then cough two or three times
- ☐ C Breathe rapidly before coughing forcefully
- ☐ D Suppress the cough to reduce wound discomfort

117. A patient has a pressure injury with full-thickness skin loss. Adipose tissue and granulation tissue are visible, but fascia, muscle, tendon, cartilage, and bone are not exposed. How should the injury be classified?

- ☐ A Stage 1 pressure injury
- ☐ B Stage 2 pressure injury
- ☐ C Stage 3 pressure injury
- ☐ D Stage 4 pressure injury

118. A nurse teaches a patient how to use a peak-flow meter. Which documentation best demonstrates that the teaching was effective?

- ☐ A The patient correctly demonstrates the steps and explains when to use it
- ☐ B The patient receives written instructions about the peak-flow meter
- ☐ C The nurse explains the procedure slowly and answers questions
- ☐ D The patient says that the instructions appear easy to understand

119. Which hand hygiene practice is most effective for reducing microorganisms on the hands during routine care?

- ☐ A Rinsing fingertips briefly under running water
- ☐ B Rubbing all hand surfaces for the recommended time
- ☐ C Wearing clean gloves instead of cleaning the hands
- ☐ D Wiping the palms with a dry disposable towel



Nursing Pharmacology

13 MCQs

120. A patient with severe hypoglycaemia is unconscious but has a functioning intravenous line. Which treatment provides rapidly available glucose?

- ☐ A Intravenous dextrose
- ☐ B Intramuscular vitamin K
- ☐ C Oral glucose tablets
- ☐ D Subcutaneous insulin

121. A solution is labelled 0.9% w/v. How much drug is present in a 500 mL bag?

- ☐ A 0.45 g
- ☐ B 4.5 g
- ☐ C 9 g
- ☐ D 45 g

122. The half-life of a drug is best defined as the time required for the drug concentration in the blood to:

- ☐ A Reach its maximum therapeutic level
- ☐ B Begin producing its first therapeutic effect
- ☐ C Fall to one half of its original level
- ☐ D Become completely removed from the body

123. A blood unit arrives from the blood bank with unusual cloudiness and visible clumps. Which action should the nurse take?

- ☐ A Warm the unit and begin it slowly
- ☐ B Shake the unit gently before administration
- ☐ C Do not use it and notify the blood bank
- ☐ D Remove the clumps with a sterile needle

124. A patient taking liraglutide reports severe, persistent upper abdominal pain that radiates to the back. Which action should the nurse take?

- ☐ A Hold the medicine and report possible pancreatitis
- ☐ B Give the medicine with extra food to reduce irritation
- ☐ C Reassure the patient that this is expected appetite loss
- ☐ D Administer an additional dose to improve glucose control

125. A patient uses an inhaled corticosteroid. Which instruction helps prevent a common local adverse effect?

- ☐ A Rinse the mouth with water after each use
- ☐ B Drink grapefruit juice immediately after each dose
- ☐ C Lie flat for 30 minutes after inhalation
- ☐ D Repeat the dose whenever the mouth feels dry

126. A patient taking clozapine develops fever, sore throat and mouth ulcers. Which finding should the nurse report urgently?

- ☐ A Possible neutropenia requiring an urgent blood count
- ☐ B Mild increased appetite requiring a dietary record
- ☐ C Temporary dry mouth requiring frequent oral fluids
- ☐ D Occasional drowsiness requiring a later bedtime

127. A patient beginning combination antiretroviral therapy for HIV says, "I will take the medicines only when I feel sick." Which response by the nurse is best?

- ☐ A That plan prevents all adverse effects from the medicines
- ☐ B These medicines work best when taken consistently as prescribed
- ☐ C Missing doses is safe if the viral load was once low
- ☐ D The medicines can be stopped after symptoms improve

128. A patient with asthma is prescribed tiotropium for long-term maintenance. Which statement shows correct understanding?

- ☐ A I use it regularly, not for sudden severe breathlessness
- ☐ B I use it only after an acute attack has already started
- ☐ C I stop it whenever my breathing feels normal for one day
- ☐ D I swallow the capsule so the medicine works throughout my body

129. A patient with prolonged vomiting has a potassium level of 7.0 mmol/L and peaked T waves on the ECG. Which emergency medicine helps protect the cardiac membrane while other treatment lowers potassium?

- ☐ A Calcium gluconate
- ☐ B Sodium bicarbonate
- ☐ C Furosemide
- ☐ D Oral potassium chloride

130. A patient needs 220 mL of oral fluid. The measuring cup is marked in 10 mL divisions. Which level should the nurse measure?

- ☐ A 20 mL
- ☐ B 22 mL
- ☐ C 200 mL
- ☐ D 220 mL

131. Which dosage form is designed to dissolve under the tongue for rapid absorption?

- ☐ A Enteric-coated tablet
- ☐ B Sublingual tablet
- ☐ C Sustained-release capsule
- ☐ D Scored oral tablet

132. Which IV solution is classified as a hypotonic crystalloid?

- ☐ A 0.45% sodium chloride
- ☐ B 0.9% sodium chloride
- ☐ C 3% sodium chloride
- ☐ D 5% human albumin



International Nursing Practice

12 MCQs

133. A registered nurse in the United States is reviewing a possible negligence claim. Which finding best supports the element of breach of duty?

- ☐ A The patient experiences an unexpected complication
- ☐ B The nurse fails to follow an applicable safety standard
- ☐ C The patient requires additional treatment costs
- ☐ D The patient reports being dissatisfied with care

134. A patient who had thyroid surgery reports perioral tingling and develops carpopedal spasm. The patient is awake and breathing normally. What should the nurse do first?

- ☐ A Assess the airway and place the patient on cardiac monitoring
- ☐ B Encourage the patient to walk to reduce muscle stiffness
- ☐ C Give oral calcium without checking the prescription
- ☐ D Document the symptoms and reassess after the next meal

135. A registered nurse asks an unlicensed assistive person to obtain a routine sputum specimen from a stable client. Which instruction is most appropriate?

- ☐ A Ask the client to cough deeply into the labelled container
- ☐ B Tell the client which antibiotic the specimen will identify
- ☐ C Decide whether the specimen appears clinically adequate
- ☐ D Explain what the laboratory result will mean

136. A registered nurse in the United States receives a telephone call from a patient's adult child asking for an update. The child is not listed in the patient's permission for disclosure. What is the nurse's best response?

- ☐ A Provide only the patient's current temperature
- ☐ B Confirm that the patient is receiving hospital care
- ☐ C Ask the child to obtain information from another relative
- ☐ D Explain that information cannot be shared without authorization

137. A patient begins having a generalised tonic-clonic seizure while sitting in a chair. What should the nurse do first?

- ☐ A Protect the patient from injury and lower them safely
- ☐ B Insert a padded tongue blade between the teeth
- ☐ C Restrain the arms and legs to stop the movements
- ☐ D Give oral water when the movements begin to slow

138. A registered nurse delegates positioning to unlicensed assistive personnel for a client at risk for pressure injury. Which instruction is most appropriate?

- ☐ A Reposition the client and report any nonblanching redness
- ☐ B Choose a position that seems comfortable at each round
- ☐ C Massage any reddened area until the skin appears normal
- ☐ D Decide whether the client's risk has improved

139. A registered nurse in the United States receives a verbal medication order that is difficult to hear and could be interpreted in two different ways. What should the nurse do?

- ☐ A Choose the interpretation used most often
- ☐ B Ask another nurse to guess the intended order
- ☐ C Clarify the order and read it back before implementing
- ☐ D Give the lower amount to reduce the risk of harm

140. A patient with a new tracheostomy becomes restless and has noisy breathing. The oxygen saturation is 91%, and the nurse sees thick secretions at the tracheostomy opening. What should the nurse do first?

- ☐ A Assess the airway and suction the tracheostomy as indicated
- ☐ B Offer oral fluids and reassess the oxygen saturation later
- ☐ C Remove the tracheostomy tube to inspect the airway
- ☐ D Ask the patient to lie flat and breathe slowly

141. A licensed practical nurse tells the registered nurse that a stable client has declined a scheduled bath. What should the registered nurse do first?

- ☐ A Ask the practical nurse to document the refusal and leave
- ☐ B Assess the client's reason for declining the bath
- ☐ C Tell the practical nurse to provide the bath later
- ☐ D Notify the health care provider about the refusal

142. A registered nurse in the United States is asked by a colleague to cosign the wasting of a controlled medication. The nurse did not see the medication being wasted. What should the nurse do?

- ☐ A Refuse to cosign and explain that witnessing is required
- ☐ B Cosign because the colleague reports that wasting occurred
- ☐ C Ask another nurse to cosign without further discussion
- ☐ D Cosign after documenting that the wasting was reported

143. A patient with a recent stroke coughs repeatedly while drinking water and develops a wet, gurgling voice. What should the nurse do first?

- ☐ A Stop oral intake and assess the patient's airway
- ☐ B Encourage smaller sips of water through a straw
- ☐ C Continue the drink while documenting the coughing
- ☐ D Place food at the bedside for the patient to try later

144. A registered nurse plans to delegate care of a stable client to unlicensed assistive personnel. Which task is appropriate?

- ☐ A Determine whether the client is ready to walk independently
- ☐ B Measure and record the client's fluid intake and urine output
- ☐ C Teach the client how to use a walker safely
- ☐ D Assess the client's gait after a medication change



Mental Health Nursing

7 MCQs

145. A patient taking phenelzine develops a severe headache, palpitations, and a blood pressure of 210/118 mmHg after eating at a restaurant. Which action should the nurse take first?

- ☐ A Place the patient in a quiet room and reassess later
- ☐ B Hold the next antidepressant dose and notify the prescriber urgently
- ☐ C Encourage the patient to drink water and walk slowly
- ☐ D Administer the next dose with an antacid

146. Which nursing action best promotes accurate mental health assessment of an older adult with possible cognitive impairment?

- ☐ A Rely only on the family member's description of behaviour.
- ☐ B Use a quiet setting, speak clearly, and assess hearing and vision.
- ☐ C Assume confusion is a normal part of growing older.
- ☐ D Complete the interview quickly before the patient becomes tired.

147. A patient becomes silent after discussing the death of a spouse. What is the most therapeutic nursing action?

- ☐ A Ask several questions to keep the conversation moving.
- ☐ B Remain quietly present and allow time for the patient to respond.
- ☐ C Tell the patient that grieving will become easier soon.
- ☐ D Change the subject to the patient's discharge arrangements.

148. A patient says, "I cannot decide whether to continue my treatment." Which nurse response best uses clarification?

- ☐ A "You should continue because it is prescribed."
- ☐ B "You seem unsure about continuing the treatment."
- ☐ C "Your family probably knows what is best."
- ☐ D "You will feel better if you stop discussing it."

149. A patient taking phenelzine asks which food should be avoided. Which choice should the nurse identify?

- ☐ A Fresh apples
- ☐ B Aged cheese
- ☐ C Boiled rice
- ☐ D Steamed carrots

150. A child with autism spectrum disorder becomes distressed when the ward routine changes. Which nursing action is most appropriate?

- ☐ A Provide a clear explanation and visual preparation for the change
- ☐ B Use loud verbal instructions to gain the child's attention
- ☐ C Remove all familiar objects from the child's environment
- ☐ D Change activities frequently to improve adaptability

151. A patient with depression says, "I do not want to take this medicine because it changes me." Which nurse response is most therapeutic?

- ☐ A "You should take it because the doctor prescribed it."
- ☐ B "Tell me more about how you feel it changes you."
- ☐ C "Do you dislike the colour or size of the tablet?"
- ☐ D "Many patients feel better after taking this medicine."



Paediatric Nursing

7 MCQs

152. Which finding is most consistent with some dehydration in a child with acute diarrhoea?

- ☐ A Alert child with moist eyes and normal thirst
- ☐ B Lethargic child unable to drink normally
- ☐ C Restless child with sunken eyes and eager drinking
- ☐ D Child with normal skin pinch and no change in behaviour

153. A mother asks whether an antibiotic can replace vaccination against polio for her healthy infant. Which teaching point is correct?

- ☐ A Antibiotics create immune memory against polio
- ☐ B Vaccination helps prevent infection by stimulating immunity
- ☐ C Antibiotics permanently neutralise polio vaccine reactions
- ☐ D Vaccination treats paralysis after polio infection develops

154. A nurse notices that a child is prescribed two medicines containing paracetamol. What should the nurse do first?

- ☐ A Administer both medicines at different times
- ☐ B Give the medicine with the larger dose
- ☐ C Hold the medicines and clarify the prescriptions
- ☐ D Ask the parent which medicine seems stronger

155. During monthly growth monitoring at a BHU, a child's weight remains unchanged for three consecutive visits. What should the nurse do first?

- ☐ A Reassure the caregiver because the child has no fever
- ☐ B Review feeding, illness history, and the growth trend
- ☐ C Start an iron injection without further assessment
- ☐ D Advise stopping breastfeeding until weight improves

156. During a routine visit, a 15-month-old child cannot stand or take steps, does not use meaningful words, and has lost previously acquired babbling. What is the priority nursing action?

- ☐ A Arrange prompt developmental assessment and referral
- ☐ B Advise the parents to wait until the child is three years old
- ☐ C Tell the parents that all children develop at the same rate
- ☐ D Begin intensive speech training before assessing the child

157. A newborn has a soft swelling over the parietal bone that does not cross the skull suture lines. Which condition does this finding suggest?

- ☐ A Caput succedaneum
- ☐ B Cephalohaematoma
- ☐ C Subgaleal haemorrhage
- ☐ D Moulding of the skull bones

158. A child with severe chest trauma has marked respiratory distress, absent breath sounds on the right, and worsening cyanosis. Which action should the nurse take immediately?

- ☐ A Give high-concentration oxygen and summon the emergency team
- ☐ B Place the child flat and wait for a routine chest radiograph
- ☐ C Encourage coughing to remove fluid from the injured side
- ☐ D Apply a tight bandage around the entire chest



Midwifery and Obstetric Nursing

6 MCQs

159. At which period is a detailed fetal structural ultrasound commonly performed in an uncomplicated pregnancy?

- ☐ A Between 6 and 8 weeks of pregnancy
- ☐ B Between 11 and 13 weeks of pregnancy
- ☐ C Between 18 and 22 weeks of pregnancy
- ☐ D Between 32 and 36 weeks of pregnancy

160. During early embryonic development, which process produces the three primary germ layers?

- ☐ A Cleavage
- ☐ B Gastrulation
- ☐ C Ovulation
- ☐ D Implantation

161. A woman with infertility is using a urinary ovulation predictor kit at home. A positive result most commonly indicates which event?

- ☐ A Menstruation will begin within one hour
- ☐ B An increase in luteinising hormone has occurred
- ☐ C Implantation has already occurred in the uterus
- ☐ D Ovarian reserve has been permanently exhausted

162. A woman using a contraceptive implant begins rifampicin treatment for pulmonary tuberculosis. Which advice is most appropriate?

- ☐ A Continue the implant without any additional method
- ☐ B Use a nonhormonal method or another suitable method during treatment
- ☐ C Double the implant dose to overcome the interaction
- ☐ D Remove the implant because it causes tuberculosis treatment failure

163. A vigorous term newborn is placed on the mother's abdomen immediately after birth. Which action best prevents heat loss?

- ☐ A Dry the newborn thoroughly and cover the head
- ☐ B Bathe the newborn and place it under a fan
- ☐ C Leave the newborn uncovered for observation
- ☐ D Apply cold compresses to the newborn's skin

164. Which long-term health problem is a woman more likely to develop after having gestational diabetes mellitus?

- ☐ A Type 2 diabetes mellitus
- ☐ B Chronic iron deficiency
- ☐ C Rheumatic heart disease
- ☐ D Primary hypothyroidism



Community Health Nursing

6 MCQs

165. What does a large standard deviation indicate in a set of patient measurements?

- ☐ A Values are widely spread around the mean
- ☐ B Values are closely grouped around the mean
- ☐ C The sample contains no unusual values
- ☐ D The mean is equal to the median

166. How should a used needle be disposed of immediately after an injection?

- ☐ A Place it in a puncture-resistant safety box without recapping
- ☐ B Recap it with two hands and place it in general waste
- ☐ C Break the needle before placing it in a covered container
- ☐ D Put it on the procedure tray for disposal at the end of the shift

167. A patient with hypertension says, "My blood pressure is normal today, so I can skip my medicine." Which response is best?

- ☐ A A normal reading may show that the medicine is controlling your pressure
- ☐ B You should take the medicine only when symptoms appear
- ☐ C You can stop treatment once readings improve for one week
- ☐ D Missing doses is safe if you avoid salty food that day

168. Which characteristic makes a health education message more likely to motivate behavior change?

- ☐ A It relates to the person's felt need
- ☐ B It uses complex professional language
- ☐ C It gives identical advice to every person
- ☐ D It focuses only on distant benefits

169. Which epidemiological measure expresses the number of deaths in a population during a specified period?

- ☐ A Mortality rate
- ☐ B Case-fatality rate
- ☐ C Attack rate
- ☐ D Survival rate

170. Which household practice best prevents recontamination of treated drinking water?

- ☐ A Store it in a covered container with a narrow opening
- ☐ B Keep it in an uncovered bucket for easy access
- ☐ C Pour it into a wide bowl before each use
- ☐ D Add more chlorine whenever the water looks cloudy

Answer key

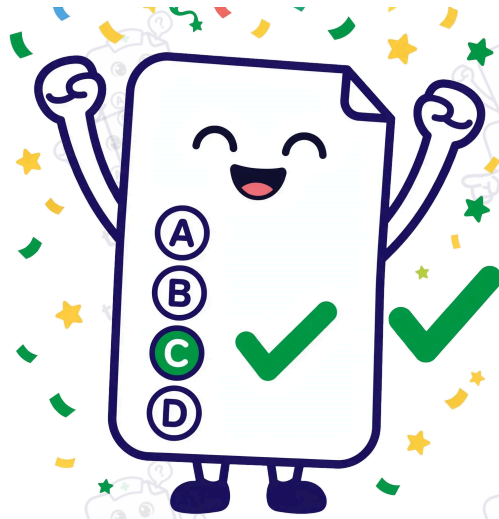
Tap any answer to open its full explanation on TestUstad.

Model Paper 1

1	A	2	A	3	B	4	B	5	A	6	B	7	C	8	A	9	A	10	A
11	B	12	A	13	B	14	B	15	A	16	A	17	B	18	C	19	A	20	B
21	A	22	A	23	A	24	C	25	A	26	B	27	B	28	C	29	B	30	A
31	A	32	A	33	C	34	B	35	A	36	A	37	C	38	B	39	A	40	A
41	C	42	C	43	B	44	C	45	A	46	A	47	A	48	A	49	C	50	C
51	A	52	B	53	B	54	A	55	C	56	C	57	A	58	C	59	B	60	A
61	B	62	B	63	A	64	C	65	A	66	B	67	A	68	A	69	A	70	B
71	A	72	D	73	C	74	B	75	A	76	B	77	A	78	B	79	B	80	B
81	A	82	B	83	B	84	A	85	B										

Model Paper 2

86	A	87	B	88	B	89	B	90	A	91	A	92	A	93	C	94	B	95	B
96	A	97	C	98	A	99	A	100	B	101	B	102	B	103	A	104	B	105	C
106	A	107	A	108	A	109	B	110	A	111	A	112	A	113	B	114	C	115	A
116	B	117	C	118	A	119	B	120	A	121	B	122	C	123	C	124	A	125	A
126	A	127	B	128	A	129	A	130	D	131	B	132	A	133	B	134	A	135	A
136	D	137	A	138	A	139	C	140	A	141	B	142	A	143	A	144	B	145	B
146	B	147	B	148	B	149	B	150	A	151	B	152	C	153	B	154	C	155	B
156	A	157	B	158	A	159	C	160	B	161	B	162	B	163	A	164	A	165	A
166	A	167	A	168	A	169	A	170	A										



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