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Next Generation NCLEX

About the Exam

- How many question?
 - 70-135 questions
- How long do I have to take the exam?
 - 5 hours





What's New

- Case studies
- Extended multiple response
- Matrix/Grid
- Drag and drop
- Drop down
- Hot spot or highlight
- Bowtie
- Trend
- Partial credit

Case Studies

- 3 case studies on the exam
- About 6 questions per case study
- About 18 questions all together

Health History	Nurses' Notes	Vital Signs	Laboratory Results
<p>Daughter reports client was awake much of last night (first night after surgery). Client is not oriented to time or place, frequently indicating she is in her own home. Occasionally, she asks for her husband, who has been dead for several years. Client is restless and agitated, trying to rub her dressing on her left hip. Dressing dry and intact. When asked if she is in pain, client, nods her head yes, but then says "No" in a soft voice.</p> <p>Post-op orders include:</p> <ul style="list-style-type: none"> • Pain control via a Patient Controlled Administration (PCA) delivering Morphine • Ibuprofen 2 tabs q 4 hours for mild pain 			

Extended Multiple Response – Select All That Apply

Extended Multiple Response

The nurse is providing care to a 60-year-old male. The patient arrived to the Emergency Room with a sudden onset of weakness and numbness on the right side of the body. Below is the patient's electronic health record. Use the information in this record to answer the questions in this case study.

Health History	Nurses' Notes	Vital Signs	Laboratory Results
<p>The patient and his spouse were walking their dog around the neighborhood at 0945. The spouse states around 1000 during the walk the patient suddenly started to report a headache and dizziness along with slurred speech. Then right-sided hemiplegia and confused developed. The spouse called 911. The patient arrived to the ER at 1045. The patient is alert and presents with right-sided facial drooping with dysarthria, mild aphasia, no vision changes, and right-sided hemiplegia. NIHSS score is 16. Health history includes hypertension, smoker for 30 years, hyperlipidemia, diabetes Type 2, no head trauma or recent surgeries, and BMI 32.</p>			

✦ The nurse receives an order to prepare for the administration of tPA (tissue plasminogen activator). Which of the following findings would exclude this patient from receiving this medication? Select all that apply.

- ☐ Diagnosis of ischemia stroke
- ☐ Blood pressure 210/116
- ☐ Onset of symptoms presented 8 hours ago
- ☐ Negative CT scan of the head form hemorrhage
- ☐ Blood glucose level 120 mg/dL
- ☐ Warfarin usage with INR 2

* Sample question and graphical user interface for illustration purposes only - not an actual Next Generation NCLEX question.

Extended Multiple Response – Select N

➤ Select the 4 findings that require **immediate** follow-up.

- ☐ Vital signs
- ☐ Lung sounds
- ☐ Capillary refill
- ☐ Client orientation
- ☐ Radial pulse characteristics
- ☐ Characteristic of the cough

Extended Multiple Response – Multiple Response Grouping

➤ Select the anticipated physician orders from each of the following categories.

Category	Orders
Imaging	<input type="checkbox"/> chest x-ray <input type="checkbox"/> echocardiogram <input type="checkbox"/> abdominal ultrasound <input type="checkbox"/> upper gastrointestinal series
Monitoring	<input type="checkbox"/> continuous cardiac monitor <input type="checkbox"/> serial serum phosphorus levels <input type="checkbox"/> continuous pulse oximetry monitor <input type="checkbox"/> neurologic exam every 15 minutes
Medications	<input type="checkbox"/> niacin <input type="checkbox"/> aspirin <input type="checkbox"/> lisinopril <input type="checkbox"/> atropine

NOTE: Each category must have at least 1 response option selected.

Matrix/Grid – Multiple Response

➤ For each client finding below, click to specify if the finding is consistent with the disease process of pneumonia, a UTI, or influenza. Each finding may support more than 1 disease process.

Client Findings	Pneumonia	UTI	Influenza
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough and sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Each column must have at least 1 response option selected.

Matrix/Grid – Multiple Choice

- For each potential nursing intervention, click to specify whether the intervention is indicated, nonessential, or contraindicated for the care of the client.

Potential Intervention	Indicated	Nonessential	Contraindicated
Prepare the client for defibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place client in a semi-Fowler's position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Request an order to increase the oxygen flow rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Request an order to administer an intravenous fluid bolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Request an order to insert an additional peripheral venous access device (VAD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Extended Drag and Drop

The nurse is providing care to a 60-year-old male. The patient arrived to the Emergency Room with a sudden onset of weakness and numbness on the right side of the body. Below is the patient's electronic health record. Use the information in this record to answer the questions in this case study.

Health History	Nurses' Notes	Vital Signs	Laboratory Results
<p>The patient and his spouse were walking their dog around the neighborhood at 0945. The spouse states around 1000 during the walk the patient suddenly started to report a headache and dizziness along with slurred speech. Then right-sided hemiplegia and confused developed. The spouse called 911. The patient arrived to the ER at 1045. The patient is alert and presents with right-sided facial drooping with dysarthria, mild aphasia, no vision changes, and right-sided hemiplegia. NIHSS score is 16. Health history includes hypertension, smoker for 30 years, hyperlipidemia, diabetes Type 2, no head trauma or recent surgeries, and BMI 32.</p>			

✦ Drag the patient's modifiable risk factors for an ischemic stroke to the box on the right.

Risk Factors	Modifiable Risk Factors
BMI 32	
Male	
60 years old	
Hypertension	
Smoker for 30 years	
Hyperlipidemia	
Diabetes Type 2	

Case Study Screen 3 of 6

The nurse is caring for a 67-year-old male client in the emergency department (ED).

History and Physical

Client arrived to ED complaining of light-headedness and a severe headache for the past 5 hours. He is oriented to person, place, and time. Client reports nausea and states his vision is blurred. His skin is flushed and diaphoretic. He denies having chest pain, shortness of breath and abdominal discomfort. Vital signs: P 100, RR 18, BP 225/143, T 37.3° C (99.1° F), pulse oximetry reading 97% on room air. The client has a history of chronic hypertension for 5 years. He takes amlodipine but reports he has not taken his medication for the past two weeks due to work stress and busy arranging the funeral for his mother who recently passed away. Primary health care provider has been notified about client's hypertensive crisis.

The client has been diagnosed with hypertensive emergency with evidence of retinopathy.

➤ Complete the following sentences by choosing from the list of options.

The goal of treatment is to reduce blood pressure by no more than within the first .

Blood pressure should then be stabilized to within the next .

Choose...

 Choose...

☒ 6-12 hours
☐ 12-24 hours

*Sample question and graphical user interface for illustration purposes only - not an actual Next Generation NCLEX question.

Drag and Drop

Cloze (Drop Down)

CLOZE item

Read the following case study then refer to it to answer the question.
A nurse is preparing to administer medications to a client who is 2 hr post-op following an open-reduction internal fixation of an ankle fracture. The nurse has the following data:

Diagnosis:	Ankle fracture
Current vital signs:	Blood pressure 99/70 mm Hg Temperature 37.2° C (99° F) Heart rate 54/min Respiratory rate 16/min
Allergies:	Peanuts
Medical history:	Migraines Hypertension Hyperlipidemia Cholecystectomy 3 years ago
Laboratory tests:	Creatinine 1 mg/dL Hgb 8 g/dL Sodium 140 mEq/L Potassium 3.2 mEq/L Platelets 250,000/mm ³
Diet:	2 g sodium diet
Scheduled procedures:	Physical therapy in 1 hr

Which three medications require clarification prior to administration? (Complete the following sentences by choosing from the dropdown lists. Do not use the same medication selection more than once.)

The nurse should not administer the because

The nurse should not administer the because

The nurse should not administer the because

Rationale

RATIONALE SCORING

✦ Complete the sentence below by choosing from the lists of options.

The patient is not a candidate for tPA at this time because of as evidenced by

blood glucose 120 mg/dL
 blood pressure 210/116
 speech impairment

history of diabetes
 hypertension
 aphasia

(NOTE: Both options must be selected correctly to earn 1 point. If either (or both) options are incorrect, 0 points will be awarded.)

* Sample question and graphical user interface for illustration purposes only - not an actual Next Generation NCLEX question.

Highlight – In Text

Enhanced Hot Spot (or Highlighting)

The nurse is reviewing the patient's electronic health record to determine the patient's health status. Click to highlight the information in the record that would indicate to the nurse the patient is experiencing a stroke.

The patient and his spouse were walking their dog around the neighborhood around 0945. The spouse states around 1000 during the walk the patient suddenly started to report a headache and dizziness, along with slurred speech. Right-sided hemiplegia and confusion developed. The spouse called 911. The patient arrived to the ER at 1045. The patient is alert and presents right-sided facial drooping with dysarthria, mild aphasia, no vision changes, and right-sided hemiplegia. Vital signs are Heart Rate 99, Blood pressure 210/116, Oxygen Saturation 98% on Room Air, Respiratory Rate 15, and Temperature 98.8. Health history includes hypertension, smoker for 30 years, hyperlipidemia, diabetes Type 2, no head trauma or recent surgeries, and BMI 32.

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Highlight- In Table

Patient Data

History & Physical Nurses' Notes

Laboratory Results

1200: The client is an 11-year-old child brought into the emergency department after being found at home unconscious by her parent. The parent states the child has been drinking an excessive amount of fluids and has been frequently urinating, even throughout the night. Earlier in the day the child had reported abdominal pain and had one episode of vomiting before losing consciousness. Over the last week the child has lost weight, even though her appetite has increased tremendously. Upon assessment, dry mucous membranes, poor skin turgor, and soft and sunken eyes are noted. Assessment findings also reveal the child to have Kussmaul respirations.

Vital signs

- Temperature: 98.6°F (37°C)
- Heart rate: 128 beats/min
- Respiratory rate: 28 breaths/min
- Blood pressure: 80/50 mm Hg
- Pulse oximetry reading: 95%

The client was diagnosed with diabetic ketoacidosis and treatments were started.

Click to highlight the laboratory results in the table that indicate improvement in the client's condition from the treatment for diabetic ketoacidosis.

Laboratory Parameter	Result 1200	Result 1600	Result 2000	Reference Range
Red blood cells (RBC)	5.0 million/ μ L	4.6 million/ μ L	4.3 million/ μ L	Females: 4.2-5.4 million/ μ L Males: 4.7-6.1 million/ μ L
Hemoglobin (Hgb)	14 g/dL	12.8 g/dL	12.5 g/dL	Females: 12-16 million/ μ L Males: 4.7-6.1 million/ μ L
Hematocrit (Hct)	41%	38.2%	38%	Females: 37%-47% Males: 42%-52%
White blood cell count	12,000/mm ³	12,500/mm ³	12,000/mm ³	5000-10,000/mm ³
Glucose	480 mg/dL	300 mg/dL	180 mg/dL	<126 mg/dL
Blood urea nitrogen	40 mg/dL	28 mg/dL	18 mg/dL	7-20 mg/dL
Arterial pH	7.26	7.30	7.36	7.35-7.45
Bicarbonate (HCO ₃)	13 mEq/L	18 mEq/L	21 mEq/L	22-28 mEq/L
Urine ketones	Positive	Positive	Negative	Negative

✓ Correct Word(s) highlighted

Correct

Not Sure

✓ That's Correct!

Hotspot

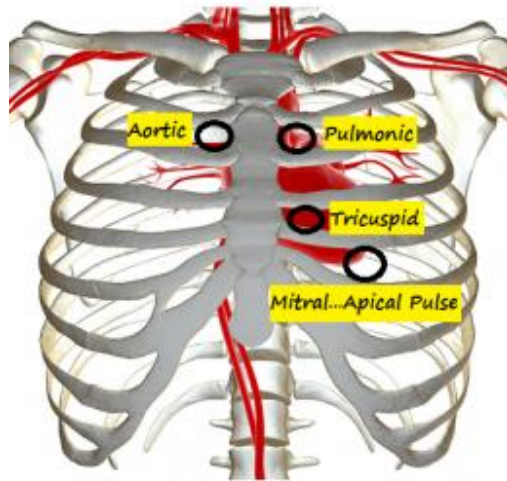
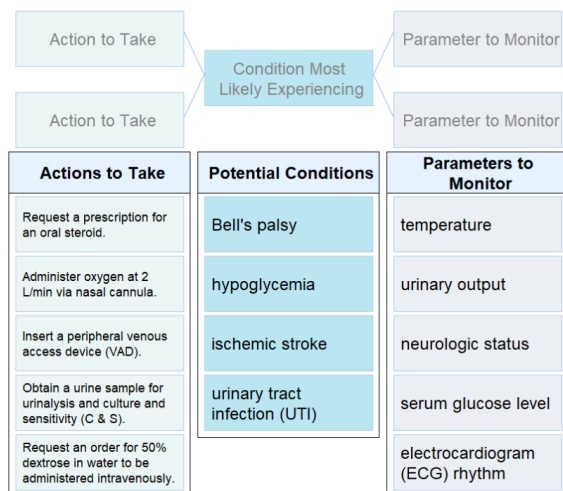


Photo Credit: Ancroft/Shutterstock.com
Additions: RegisteredNurseRN.com

Bowtie

The nurse is reviewing the client's assessment data to prepare the client's plan of care.

- Complete the diagram by dragging from the choices below to specify what condition the client is most likely experiencing, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.



Trend

For each client need, click to specify the potential nursing intervention that would be appropriate for the care of the client.

Each client need may support more than one potential nursing intervention. Each category must have at least one response option selected.

Client Need	Potential Nursing Intervention
Nutritional	<input type="checkbox"/> Offer bland, low-residue foods <input type="checkbox"/> Avoid gas-producing foods <input type="checkbox"/> Offer orange juice
Elimination	<input type="checkbox"/> Obtain a bedside commode <input type="checkbox"/> Apply skin barrier ointment <input type="checkbox"/> Keep head of the bed flat when on the bedpan
Fluid and Electrolytes	<input type="checkbox"/> Request an intravenous (IV) infusion <input type="checkbox"/> Reduce fluid intake <input type="checkbox"/> Monitor for dehydration
Infection Control	<input type="checkbox"/> Test stool for blood and parasites <input type="checkbox"/> Wash hands with soap and water <input type="checkbox"/> Place on contact isolation precautions

Let's Practice

<https://www.nursing.umaryland.edu/mnwc/mnwc-initiatives/>