

# ***KillTest***

Higher Quality, Better Service!



## **Q&A**

<http://www.killtest.com>

We offer free update service for one year.

**Exam** : **NCLEX-RN**

**Title** : National Council Licensure  
Examination(NCLEX-RN)

**Version** : Demo

1. A 25-year-old client believes she may be pregnant with her first child. She schedules an obstetric examination with the nurse practitioner to determine the status of her possible pregnancy. Her last menstrual period began May 20, and her estimated date of confinement using Nagele's rule is:

- A. March 27
- B. February 1
- C. February 27
- D. January 3

**Answer: C**

**Explanation:**

(A) March 27 is a miscalculation.

(B) February 1 is a miscalculation.

(C) February 27 is the correct answer. To calculate the estimated date of confinement using Nagele's rule, subtract 3 months from the date that the last menstrual cycle began and then add 7 days to the result.

(D) January 3 is a miscalculation.

2. The nurse practitioner determines that a client is approximately 9 weeks' gestation.

During the visit, the practitioner informs the client about symptoms of physical changes that she will experience during her first trimester, such as:

- A. Nausea and vomiting
- B. Quickening
- C. A 6–8 lb weight gain
- D. Abdominal enlargement

**Answer: A**

**Explanation:**

(A) Nausea and vomiting are experienced by almost half of all pregnant women during the first 3 months of pregnancy as a result of elevated human chorionic gonadotropin levels and changed carbohydrate metabolism.

(B) Quickening is the mother's perception of fetal movement and generally does not occur until 18–20 weeks after the last menstrual period in primigravidas, but it may occur as early as 16 weeks in multigravidas.

(C) During the first trimester there should be only a modest weight gain of 2–4 lb. It is not uncommon for women to lose weight during the first trimester owing to nausea and/or vomiting.

(D) Physical changes are not apparent until the second trimester, when the uterus rises out of the pelvis.

3. A client is 6 weeks pregnant. During her first prenatal visit, she asks, "How much alcohol is safe to drink during pregnancy?"

The nurse's response is:

- A. Up to 1 oz daily
- B. Up to 2 oz daily
- C. Up to 4 oz weekly
- D. No alcohol

**Answer: D**

**Explanation:**

(A, B, C) No amount of alcohol has been determined safe for pregnant women. Alcohol should be avoided owing to the risk of fetal alcohol syndrome.

(D) The recommended safe dosage of alcohol consumption during pregnancy is none.

4.A 38-year-old pregnant woman visits her nurse practitioner for her regular prenatal checkup. She is 30 weeks' gestation.

The nurse should be alert to which condition related to her age?

- A. Iron-deficiency anemia
- B. Sexually transmitted disease (STD)
- C. Intrauterine growth retardation
- D. Pregnancy-induced hypertension (PIH)

**Answer: D**

**Explanation:**

(A) Iron-deficiency anemia can occur throughout pregnancy and is not age related.

(B) STDs can occur prior to or during pregnancy and are not age related.

(C) Intrauterine growth retardation is an abnormal process where fetal development and maturation are delayed. It is not age related.

(D) Physical risks for the pregnant client older than 35 include increased risk for PIH, cesarean delivery, fetal and neonatal mortality, and trisomy.

5.A client returns for her 6-month prenatal checkup and has gained 10 lb in 2 months. The results of her physical examination are normal.

How does the nurse interpret the effectiveness of the instruction about diet and weight control?

- A. She is compliant with her diet as previously taught.
- B. She needs further instruction and reinforcement.
- C. She needs to increase her caloric intake.
- D. She needs to be placed on a restrictive diet immediately.

**Answer: B**

**Explanation:**

(A) She is probably not compliant with her diet and exercise program. Recommended weight gain during second and third trimesters is approximately 12 lb.

(B) Because of her excessive weight gain of 10 lb in 2 months, she needs re-evaluation of her eating habits and reinforcement of proper dietary habits for pregnancy. A 2200-calorie diet is recommended for most pregnant women with a weight gain of 27–30 lb over the 9-month period. With rapid and excessive weightgain, PIH should also be suspected.

(C) She does not need to increase her caloric intake, but she does need to re-evaluate dietary habits. Ten pounds in 2 months is excessive weight gain during pregnancy, and health teaching is warranted.

(D) Restrictive dieting is not recommended during pregnancy.