Comprehensive Test taking strategies study guide for NCLEX and exams !!!
Learn Data, ACTION, RESPONSE and WWW method as seen on simplenursing.com

How to avoid “reading into the question”.
- Avoid the forbidden words (what if?, this could, well this)
- Read every response before choosing an answer
- Focus only on the info in the question do not add scenarios to the question, read every word. use the WWW method as outlined on the simple nursing test taking strategies videos (WHO who is the question talking about? WHAT, what is the question talking about? WHERE/WHEN where are you what's the background. Don't forget to recall three things about the subject for example

Look for strategic wording, these make a difference in what the question is asking
- Immediate, priority, toxic effect, initial, first, adverse effect.
- Always use process of elimination, after eliminating two choices reread the question before selecting your final answer.

Ingredients of a question (DAR)
- Event (DATA) The nurse caring for a client with terminal cancer
- Event question (ACTION) the nurse should consider which factor when planning opioid pain relief?
- ANSWER (response)
  - A). not all pain is real.
  - B). opioid analgesics are highly addictive.
  - C) opioid analgesics can cause tachycardia.
  - D) Around the clock dosing gives better pain relief than PRN doses.

The correct answer is D because: the focus is on the subject and the client's diagnosis, around the clock dosage decreases the pt's pain, anxiety, and stress. Pain is what the pt states it is, not all opioids cause tachycardia, opioids may be addictive but this is not the primary concern for a client with terminal cancer.

1. Subject of the question
   - The specific topic the question is asking about
   - This assists in eliminating the incorrects answers

2. Positive event questions
   - Uses strategic words that ask you to select an option that is correct for example “which statement made by the nurse demonstrates understanding of the topic”
3. Negative event questions
   - Uses words that ask you to identify the incorrect answer/option. For example “which statement by the client demonstrates a need for further education”.

Prioritization questions
   - Strategic words such as: First, most important, best, early, immediate, initial, next, most appropriate, least appropriate ect...indicate a need to prioritize.

   - **To determine the correct order of action use** : ABC’s (airway breathing, circulation)
     1. Airway is always the first priority, except in the need of CPR(circulation, airway, breathing).

   - **Maslow's hierarchy of needs, physiological needs always come first**
     1. Physiological needs
     2. 2. Safety and security
     3. 3. Love and belonging
     4. 4. Self esteem
     5. 5. Self actualization needs

   - **Nursing process to determine priority**
     1. **Assessment** (gather data, this is usually the first or immediate response) if the option suggests assessment or data collection, choose this answer.
     2. **Analysis**, may address the formulation of a nursing dx and require critical thinking. For example interpreting ABG results would be analysis.
     3. **Planning** questions require prioritization, determining goals and developing a plan of care, documenting the outcome. Actual client problems will take priority over risks of client problems
     4. **Implementation** questions assess the process of organizing and managing care
       - Focus on a nursing action rather than a medical action
       - On the NCLEX the only client you need to worry about is the one in the question! Do not make up scenarios, do not add info, do not read into the question YOU ARE NOT Dr. House!!!
       - Go from a textbook point of view, you have enough time, you have the orders, you have the supplies, this is always implied. you will never have to obtain supplies are beg for time. If meds are a choice it is implied you already have an order.

5. Evaluation
   - Compare expected outcomes w/ actual outcomes.
   - These questions focus on the client's response to the interventions and factors that may interfere with a favorable outcome
   - Keep an eye out for negative event questions, these are common!!
Client needs

1. **Safe and effective care**, these are all over NCLEX and exams.
   - These questions test the concepts of nursing care, collaboration, protection of clients and family (advocacy) from care and environmental hazards.
   - The focus with these questions is SAFETY, handwashing, call bells, beds locked and lowest positions, appropriate use of side rails, PPE, precautions, triage, emergency medical management.

2. **Physiological integrity**
   - Comfort and assistance in the performance of ADLS
   - Safely and carefully administers medications and parenteral therapies.
   - These questions also assess the nurses ability to decrease the client's risk for complications r/t hospital stay, procedures, and operations. Providing care to clients with acute and chronic or life threatening physical disorders.
   - The focus is on maslow's hierarchy of needs. Physiological needs are the highest priority (breathing, elimination, etc)
   - Use ABC's and the nursing process to address physiological integrity.

3. **Psychosocial integrity**
   - Assess the nurses ability to care for the client on a psychological level emotionally, mentally, spiritually. As well as family members of the client
   - Content relates to supporting, and promoting the clients or family's ability to cope, assessing caregiver roles strain, ability to provide referrals for emotional help, social worker consult etc...
   - You may be asked communication type questions that relate to how you would respond (therapeutic communication)
   - Select the answer that focuses on the thoughts, feelings, concerns, anxieties or fears of the client and family members

4. **Health promotion and maintenance**
   - Provides and assists in directing nursing care to promote and maintain health.
   - Content relates to assisting the client with normal phases of growth and development, providing primary care focused on prevention and early detection of health issues (wellness checks)
   - Use of teaching and learning, client education, assess the willing or readiness for the client to learn and change habits is the #1 priority in these questions (ex: smoking cessation)
   - Negative event questions are common in these types of question scenarios
Eliminating comparable or alike options
When reading questions that have comparable or alike answers you can eliminate both! It is impossible to have two correct answers unless they are SATA.

- Practice question eliminating alike options
  1. The nurse is caring for a group of clients. On review of the client's medical record, the nurse determines which client is at risk for fluid volume excess?
     A.) the client taking HCTZ diuretics
     B.) the client with kidney disease
     C.) the client with colostomy
     D.) the client with GI suctioning orders

     Correct answer B. think about the patho associated with each condition. The only client that retains fluid is the client with kidney disease. The client with diuretics, ileostomy, and gi suction all loose fluids , these answers are comparable and alike.

Eliminate questions that have close ended wording
Some close ended words include: all, always, every, must, none, never, and only.
These infer a fixed or extreme meaning.
Answers with open ended wording such as: some, possible, maybe, usually, normally, commonly, or generally should be considered as these are usually the correct answer!

Example question
A client is to undergo a barium swallow study, and the nurse provides pre procedure instructions. The nurse instructs the client to take which actions prior to the procedure.

A.) avoid eating or drinking after midnight before the test
B.) limit self to only two cigarettes on the morning of the exam
C.) have a clear liquid breakfast only in the morning of the test
D.) take all routine medications with a glass of water before the procedure.

Correct answer is A. the word only, and all are close ended and can immediately be eliminated. These are also like answers.
Look for umbrella options
- The umbrella option is the option that is a broad universal statement that contains the concepts of the other options with it
- The umbrella option will be the correct answer.

Example:
A client admitted to the hospital is diagnosed with urethritis caused by chlamydial infection. The nurse should implement which precaution to prevention contraction of the infection during care.

A.) Enteric precautions
B.) contact precautions
C.) standard precautions
D.) wearing gloves and mask

Correct answer: C, this is umbrella option, recall this infection is transmitted via sexual contact.

Use of guidelines for delegating and making decisions
- Focus on the information given in these types of questions and what task is to be delegated. (see nurse management study guide on simple nursing.com)
- Second consider the client's needs, and match with the appropriate scope of practice
- The nurse practice act and any practice limitations define which aspects of care can be delegated or must be performed by the RN/ LPN
- In general non invasive interventions such as vitals, skin care, ROM, ambulation, grooming, and hygiene can be delegated to the UAP
- An LPN/ LVN can perform the UAP tasks and certain invasive tasks such as wound care, suctioning, urinary catheterization, admin of PO, SUBQ, IM medications. Certain IVP drugs as well depending on state.
- RN can perform tasks of a LVN/LPN is responsible for assessment and planning care, analyzing data, implementing and evaluation of client care, pt teaching, and IV meds.

Example question
The nurse in charge of a long term care facility is planning the client assignments for the day. Which client should be assigned to the UAP?

A.) A client on strict bed rest
B.) A client with dyspnea that is on strict bed rest
C.) A client scheduled for transfer to the hospital for surgery
D.) A client with a gastronomy tube the needs tube feeding Q4h
Answer: A. when asked questions about delegation think about the role description of the employee. A client with dyspnea needs 02, client that needs transferred, client with g tube all need physical and psychosocial care that needs to be taken care of by a licensed nurse.

**Answering pharmacology questions**

- If you are familiar with the med use your nursing knowledge
- The question will identify the generic name on NCLEX
- If the question identifies the medical dx try to form al relationship between the med and the dx.
- Determine the class, recognize the common side effects, focus on what the question is asking (intended effect, toxic effect, adverse effects)
- Learn the meds that belong to classifications (olol = beta blocker)
- Look at medical terminology, example lopressor (lo= lower, pressor = pressure)

**Pharmacology general thoughts**

- In general meds should not be taken with antacids as this will affect the absorption of the med
- Enteric coated and sustained release meds should not be crushed and caps should never be opened.
- Client should never adjust, change, or abruptly stop medication without talking to the PCP
- The nurse never adjusts or changes dosage. And never discontinues meds.
- Have the client avoid taking otc meds to reduce the risk of interactions
- Asses for herbal preps
- The client needs to avoid consuming alcohol.