

PreRN

Review Course

2008 First Edition

Publisher

Michael D. Frost, PhD

Director, PreRN Review Course

Robert C. Treas, BA

Seminar Coordinator

John K. Goodman, MA

Nursing Editors

Linda M. Booth, RN, MS
 Cheryl Martin, RNC, PhD, WHNP, CNE
 Susan Pfister RN, BC, PhD

Manuscript Editors

Jean Harris, BS
 Gary Haupt, AA
 Mitchell Jarvis, BSM, BSCS

Contributors

Sharon Bator, MS, CPNP, RN
 Susan Bobek, RN, MSN, PhD
 Judy B. Campbell, ARNP, EdD
 Joseph Catalano, RN, MSN, PhD, CCRN
 Janice C. Dunwell, RN, EdD
 Teresa Jodway, RN, MSN, CPNP
 Pamela King, RNC, MSN, FNP
 Cheryl Martin, RNC, PhD, WHNP, CNE
 Donna Mohl, BSN, MSN, APRN, BC, PhD
 Brenda Morris, EdD, RN
 Susan Pfister, RN, BC, PhD
 Virginia Richardson, RN, MSN, DNS, CPNP
 Teresa Rittenbach, RN, BAN, MSN, CANP
 Larry Simmons, RN, BSN, MSN, PhD
 Gina Schaar, RN, MSN
 Katharine Smith, RN, CS, MN, PhD
 Ann Straughn, BSN, MSN, RNP
 Sandra Underwood, RN, MSN, PhD
 Barbara E. Vickers, RN, MS, CCRN
 Peggy Ward-Smith, RN, PhD
 Robin Webb-Corbett, PhD, RNC
 Ann White, RN, PhD
 Jacki Witt, JD, MSN, RN, WHNP



Copyright © 2008 (First Edition) by Educational Resources, Inc. Printed in the United States of America. All rights reserved.
 No part of the PreRN Review Course Manual may be reproduced, stored in a retrieval system or transmitted in any form or by any means,
 electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

Publisher: Educational Resources, Inc. 8910 W. 62nd Terrace Shawnee Mission, KS 66202 · 913-362-4600

Table of Contents

TEST-TAKING WORKSHOP

I.	The NCLEX-RN® (National Council Licensure Examination)	7
II.	Computer Adaptive Testing	7
III.	The Licensure Examination Measures Nursing Knowledge	7
IV.	Components of the Test Blueprint	7
V.	Component One – Integrated Processes	7
VI.	Component Two - Client Needs.....	10
VII.	Component Three - Licensure Examination Test Blueprint.....	10
VIII.	Structure of the Licensure Examination CAT (Computer Adaptive Testing)	11
IX.	Passing your Licensure Examination.....	13
X.	Licensure Examination Tests Minimum Standards	13

GUIDELINES TO TEST-TAKING

I.	Test-Taking Strategies.....	14
II.	Other Study Suggestions	17

SAFE, EFFECTIVE CARE ENVIRONMENT - PART I

I.	Nurse Management Role.....	20
II.	Quality Assurance	28
III.	Principles of Teaching	31
IV.	Principles of the Change Proces	32
V.	Legal Issues in Nursing	32
VI.	Use of Information Technology	35
VII.	Disaster Planning	35
VIII.	Diagnostic Tests	36
IX.	Nutrition	41
X.	Administration of Blood Products	42
XI.	Use of Conscious Sedation	43
XII.	Special Concerns	43
XIII.	Basic Nursing Care.....	45
XIV.	Medication and Administration	46

PSYCHOSOCIAL INTEGRITY

I.	Characteristics of Mental Health Nursing	49
II.	Assessment - Collection of Data	49
III.	Communication.....	50
IV.	Common Treatment Modalities	53
V.	Anxiety Disorders	57
VI.	Somatoform Disorders	63
VII.	Dissociative Disorders	64
VIII.	Personality Disorders	65
IX.	Substance Use Disorders.....	66
X.	Affective Disorders	68
XI.	Suicide.....	72
XII.	Schizophrenic Disorders	74
XIII.	Eating Disorders	77
XIV.	Cognitive Disorders	80

APPENDICES

I.	Psychological Assessment	82
II.	Psychotropic Drugs	84
III.	Nutrition.....	86
IV.	Psychosocial Case Study	89
V.	Answers and Rationale for Psychosocial Case Study.....	90
VI.	Answers and Rationales for Questions in Section I	93

PHYSIOLOGICAL INTEGRITY OF ADULTS

I.	Surgery and the Physiological Effects	100
II.	Gastrointestinal System	102
III.	Endocrine System.....	109
IV.	Human Immunodeficiency Virus (HIV).....	118
V.	Cardiovascular System.....	119
VI.	Respiratory System.....	130
VII.	Urinary System	138
VIII.	Musculoskeletal System	143
IX.	Neurological System.....	147

APPENDICES

I.	Responses of the Body to Injury	157
II.	Electrolytes	158
III.	Major Chronic Complications of Diabetes	159
IV.	Effects of Trauma	161
V.	Common Pharmacologic Agents Used in Adult Nursing	162
VI.	General Considerations for Medication Therapy – Geriatric Client	166
VII.	Adult Case Studies	167
VIII.	Answers for Adult Case Studies	171
VII.	Answers and Rationales for Questions in Section 2.....	177

DEVELOPMENTAL NEEDS THROUGHOUT THE LIFESPAN

I.	Nursing Care of the Infant.....	180
II.	Nursing Care of the Toddler	182
III.	Nursing Care of the Preschool Child	185
IV.	Nursing Care of the School-Age Child.....	187
V.	Nursing Care of the Adolescent.....	188
VI.	Growth and Development in the Adult Years	189

PHYSIOLOGICAL INTEGRITY OF CHILDREN

I.	Pediatric Safety.....	193
II.	Immune System.....	194
III.	Integumentary System.....	197
IV.	Neurologic System.....	200
V.	Cardiovascular System.....	210
VI.	Respiratory System.....	220
VII.	Gastrointestinal System.....	228
VIII.	Genitourinary System	236
IX.	Musculoskeletal System	240

APPENDICES

I.	Severity of Clinical Dehydration	247
II.	Lead Poisoning in Children	247
III.	Sickle Cell Disease (Anemia)	248
IV.	Acute Leukemia	249
V.	Summary of Common Chemotherapeutic Agents for Leukemia	250
VI.	Nephrotic Syndrome	251
VII.	Pediatric Assessment Guidelines	252
VIII.	Common Pharmacologic Agents Used in Pediatrics	254
IX.	Nursing of Children Case Studies.....	262
X.	Answers and Rationales for Nursing of Children Case Studies	263
XI.	Answers and Rationales for Questions in Section 3.....	269

SAFE, EFFECTIVE CARE ENVIRONMENT - PART II

I.	Blood Tests	274
II.	Genitourinary	275
III.	Endocrine	277
IV.	Culture and Sensitivities	278
V.	Radiological Procedures	278
VI.	Women’s Health Diagnostic Tests	279
VII.	Menstrual Cycle	281
VIII.	Abnormalities of the Menstrual Cycle	282
IX.	Infertility	284
X.	Infectious Disorders	285
XI.	Common Cancers Affecting Women	290
XII.	Family and Social Issues	293

PHYSIOLOGICAL INTEGRITY OF THE CHILDBEARING FAMILY

I.	Antepartum	295
II.	Intrapartum.....	314
III.	Postpartum.....	326
IV.	Nursing Care of the Newborn	333

APPENDICES

I.	Station	341
II.	Intrauterine Circulation.....	341
III.	Physical Assessment of the Newborn	342
IV.	Common Pharmacologic Agents Used in Maternity Nursing.....	345
V.	Maternity Case Study.....	346
VI.	Answers and Rationale for Maternity Case Study	347
VII.	Answers and Rationale for Questions in Section 4	352
VIII.	Online Resource List	355

Suggestions for Using PreRN Review Course Manual

Welcome to the PreRN Review Course. We hope you find this review of nursing content by question and answer to be helpful as you prepare to take the licensure examination. This course has incorporated the new NCLEX© test plan that goes into effect April, 2007. Several new sections have been added to reflect the new material. Here are a few suggestions to help you make the most of this four-day review.

- 1.** Watch for areas where you remember the material very well. You should not need to study these areas as much as some other areas.
- 2.** Watch for areas that seem less familiar. These are areas you should mark for indepth study prior to taking the licensure examination.
- 3.** Take notes during the review course, especially in the areas where the knowledge seems less familiar.
- 4.** Within 2 to 3 days after completing the review course, take the PRE RN Form S examination. (see page 356 in this manual) This will give additional information regarding your areas of strength and weakness.
- 5.** Use this manual as well as your textbooks and class notes when studying.
- 6.** Additional lecture materials are provided through links on the ERI website. Follow the links to the materials you need for review.
- 7.** If you were part of a nursing program that used the ERI Total Testing Program®, you should have access to the coaching materials and practice tests you had previously. You may want to return to that material in the areas where the material seems less familiar.

☞ Example Assessment Question #1

Identify the signs and symptoms most indicative of a deterioration of the client's respiratory status.

- * A. Increased restlessness and changes in level of consciousness
- B. Bradycardia and increases in blood pressure
- C. Complaints of chest pain and shortness of breath
- D. Rapidly dropping PCO₂ and pH

The brain is one of the first organs to be affected by a decrease in oxygenation. Restlessness and changes in the level of consciousness indicate this decrease. All the other choices are assessments for other conditions.

Other Examples of Assessment Questions

- A client is admitted with appendicitis. What information might the nurse expect the client to reveal in the history?
- You are the charge nurse. What information would you need before making client assignments?
- To determine a client's ability to provide self-care, what should the nurse ask?

2. Analyzing

☞ Example Analysis Question #2

A client is admitted to the unit with a diagnosis of bronchitis, congestive heart failure and fever. The nurse assesses the client to be very nervous, have a temperature of 101.1°F (38.4 °C), peripheral edema, dyspnea and rhonchi. Which nursing diagnosis has the highest priority?

- A. Anxiety related to fear of hospitalization
- * B. Ineffective airway clearance related to retained secretions
- C. Fluid volume excess related to third spacing of fluid (edema)
- D. Ineffective thermoregulation related to fever

Nursing diagnoses that deal with the airway always have highest priority.

Other Examples of Analysis Type Questions

- The physician orders erythromycin 250 mg for a client who is 18-months-old and weighs 22 pounds. What should be done by the nurse before transcribing this order?
- What should be done if the nurse suspects that a coworker is ingesting alcohol while on duty?
- A client has a blood pressure of 190/110 and a pulse of 64. What is a possible nursing diagnosis for this client?

3. Planning

☞ Example Planning Question #3

A client is diagnosed with respiratory failure and is placed on oxygen. Select the highest priority goal for this client.

- A. Ambulate the client twice per shift down the length of the hall
- B. Complete a bath and morning care before breakfast
- * C. Maintain an oxygen saturation of 90% throughout the shift
- D. Keep the head of the bed elevated to promote proper ventilation

Choice A is unrealistic for this client. Choice B is not client centered, and choice D is a nursing intervention, not a goal. Maintaining an oxygen saturation of 90% is realistic and within normal limits.