NCLEX UWORLD PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which mood-related symptom is associated with hypothyroidism?

A. Depression and lethargy

B. Hyperactivity

C. Euphoria

D. Anxiety with insomnia

2. Which intervention best prevents abdominal wound dehiscence?

A. Stool softeners

B. Antiemetics

C. Abdominal binder

D. Monitor blood sugar

3. Presbyopia is defined as which of the following?

A. Inability to See Things Far Away

B. Color Vision Defect

C. Inability to See Things Close Up

D. Peripheral Vision Loss

4. How often should ostomy bags be changed?

A. Every 5-10 days

B. Every 1-2 days

C. Every 2 weeks

D. Every 3-4 days

5. What is one of the earliest signs of hypocalcemia?

A. Numbness and tingling of the lips.

B. Fever.

C. Coughing.

D. Bradycardia

6. Which of the following best describes the hemodynamic profile of neurogenic shock?

A. Hypotension with bradycardia

B. Hypertension with tachycardia

C. Hypotension with tachycardia

D. Hypertension with bradycardia

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7. Which task is commonly delegated to a UAP?

A. Administer IV antibiotics

B. Evaluate a patient's condition

C. Document changes in the patient's chart

D. Transport the body to the morgue

8. What is the most important action to prevent a stroke in a patient with hypertension?

A. Lipid-lowering therapy.

B. Adherence to antihypertensive medications.

C. Increase physical activity only.

D. Strict sodium restriction alone.

9. Methotrexate is best described as which of the following?

A. Antibiotic used to treat pneumonia.

B. Antineoplastic and immunosuppressant used for malignancies, rheumatoid arthritis, psoriasis, and abortions.

C. Short-acting analgesic for pain control.

D. Antiviral agent used for influenza.

10. Which medication class can contribute to falls in older adults?

A. Antihistamines

B. Diuretics

C. Sedatives

D. Beta blockers

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Answers

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1. A
2. C
3. C
4. A
5. A
6. A
7. D
8. B
9. B
10. C

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Explanations

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1. Which mood-related symptom is associated with hypothyroidism?

A. Depression and lethargy

B. Hyperactivity

C. Euphoria

D. Anxiety with insomnia

The mood-related symptom associated with hypothyroidism is depression and lethargy. When thyroid hormone levels are low, the body's metabolism slows down, and this affects brain chemistry as well. Neurotransmitters like serotonin and norepinephrine can be disrupted, leading to a depressed mood, slower thinking, and reduced energy. People may seem tired, withdrawn, and less motivated, with sluggish speech and mental processes. This contrasts with other mood states such as hyperactivity or euphoria, which are more typical of hyperthyroidism or manic episodes, and with anxiety-related symptoms like insomnia, which are common in anxiety disorders or hyperthyroid states. Treating the thyroid deficiency with appropriate hormone replacement often improves mood and energy as metabolic and neurotransmitter balance are restored.

2. Which intervention best prevents abdominal wound dehiscence?

A. Stool softeners

B. Antiemetics

C. Abdominal binder

D. Monitor blood sugar

Preventing abdominal wound dehiscence hinges on reducing mechanical stress on the healing incision. An abdominal binder provides direct external support to the wound, helping distribute intra-abdominal pressure and decrease the strain the abdominal muscles must bear during coughing, movement, or deep breathing. This stabilization keeps the wound edges approximated and lowers the risk that sutures will pull apart during the critical healing period. While stool softeners and antiemetics can help minimize straining and vomiting, and good glucose control supports healing, none offer the same immediate, localized protection as an abdominal binder in preventing wound separation after abdominal surgery.

3. Presbyopia is defined as which of the following?

A. Inability to See Things Far Away

B. Color Vision Defect

C. Inability to See Things Close Up

D. Peripheral Vision Loss

Presbyopia is the decline in the eye's ability to focus on close objects as we age. The lens normally changes shape to focus near things, but with aging it becomes stiffer and the muscles around it can't increase curvature as well. That reduces accommodation, making close tasks like reading or threading a needle blurry while distance vision often remains acceptable. So the best description is an inability to see things close up, which is why reading glasses or progressive lenses are commonly needed. Color vision defects involve trouble with distinguishing colors, not focusing near objects. Peripheral vision loss affects the side field of view and is unrelated to near focusing. Difficulty seeing far away points to myopia, not presbyopia.

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4. How often should ostomy bags be changed?

A. Every 5-10 days

B. Every 1-2 days

C. Every 2 weeks

D. Every 3-4 days

Ostomy care focuses on protecting the skin around the stoma and keeping the appliance sealed for as long as it remains intact. When the barrier and pouch fit well and there is minimal irritation or leakage, the entire setup can stay in place for several days rather than being changed daily. That's why changing the bag about every five to ten days is considered appropriate in a stable situation—the emphasis is on a secure seal and good skin condition. You would still check the skin daily and change sooner if you notice leakage, skin irritation, odor, or the seal coming loose. Also, empty the bag when it's about half full to prevent pressure on the seal and reduce the risk of leakage.

5. What is one of the earliest signs of hypocalcemia?

A. Numbness and tingling of the lips.

B. Fever.

C. Coughing.

D. Bradycardia

Paresthesias around the lips and in the fingertips and toes are among the earliest signs of hypocalcemia. When calcium levels drop, nerves become more excitable because the threshold for triggering action potentials is lowered. That increased neuronal irritability manifests as tingling and numbness in areas supplied by nerves, especially around the mouth and in the hands and feet. As calcium deficiency progresses, you might also see muscle cramps or tetany, and signs like Chvostek's or Trousseau's can appear. Fever, coughing, and bradycardia are not early signs of low calcium. Fever points to infection or inflammatory processes, coughing isn't a specific early sign of electrolyte imbalance, and bradycardia can occur in various conditions but isn't typically an early indicator of hypocalcemia.

6. Which of the following best describes the hemodynamic profile of neurogenic shock?

A. Hypotension with bradycardia

B. Hypertension with tachycardia

C. Hypotension with tachycardia

D. Hypertension with bradycardia

Neurogenic shock is defined by loss of sympathetic nervous system tone after a high spinal cord injury or other disruption, which causes widespread vasodilation and pooling of blood in the venous system. With the sympathetic input to the heart impaired, the heart loses its usual stimulatory drive and the parasympathetic (vagal) influence remains, so heart rate tends to be slow. This combination produces hypotension from reduced systemic vascular resistance and decreased venous return, along with bradycardia from unopposed vagal activity. So the best description of its hemodynamic profile is low blood pressure coupled with a slow heart rate. The other patterns—high blood pressure with rapid heart rate, or low blood pressure with a fast heart rate, or high blood pressure with slow heart rate—don't fit the typical loss of sympathetic tone and unopposed parasympathetic activity seen in neurogenic shock.

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7. Which task is commonly delegated to a UAP?

A. Administer IV antibiotics

B. Evaluate a patient's condition

C. Document changes in the patient's chart

D. Transport the body to the morgue

Understanding what tasks can be delegated to a UAP hinges on whether the task requires clinical assessment, interpretation, or invasive procedures. Transporting the body to the morgue is a straightforward, nonclinical task that involves physical movement and coordination, not medical decision-making, and is routinely delegated to UAPs. Administering IV antibiotics involves giving medication via IV, which requires a licensed clinician and appropriate orders; that's outside the UAP scope. Evaluating a patient's condition requires nursing assessment and clinical judgment, which only a licensed nurse would perform. Documenting changes in the chart may seem routine, but it often requires accurate interpretation of a patient's status and collaboration with the nurse; while UAPs may record objective data, significant status changes should be documented by a nurse. Therefore, the task most appropriate for delegation is transporting the body to the morgue.

8. What is the most important action to prevent a stroke in a patient with hypertension?

A. Lipid-lowering therapy.

B. Adherence to antihypertensive medications.

C. Increase physical activity only.

D. Strict sodium restriction alone.

Keeping blood pressure consistently within goal ranges is the key to lowering stroke risk in hypertension. The most impactful action is adherence to antihypertensive medications because taking them as prescribed directly maintains BP at target levels over time. Without consistent medication use, blood pressure can rise again, undoing other risk-reducing efforts. Lipid-lowering therapy helps reduce vascular risk from cholesterol, and lifestyle changes like increased physical activity or sodium restriction are beneficial, but they don't guarantee sustained BP control. Even with these measures, poor medication adherence often leaves BP uncontrolled, leaving stroke risk elevated. Therefore, ensuring the patient takes antihypertensive medications as prescribed is the most effective way to prevent a stroke.

9. Methotrexate is best described as which of the following?

A. Antibiotic used to treat pneumonia.

B. Antineoplastic and immunosuppressant used for malignancies, rheumatoid arthritis, psoriasis, and abortions.

C. Short-acting analgesic for pain control.

D. Antiviral agent used for influenza.

Methotrexate is best described as an antineoplastic and immunosuppressant. It acts as a folate antagonist, inhibiting dihydrofolate reductase and blocking DNA synthesis, which explains its use against certain cancers. At lower doses, it dampens immune system activity by reducing lymphocyte proliferation, making it effective for autoimmune conditions like rheumatoid arthritis and psoriasis, and it can be used in medical abortion contexts to halt rapidly dividing trophoblastic tissue. It is not an antibiotic, analgesic, or antiviral, so those categories don't apply to its primary actions.

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10. Which medication class can contribute to falls in older adults?

A. Antihistamines

B. Diuretics

C. Sedatives

D. Beta blockers

Sedatives directly depress the central nervous system, which can lead to slowed reflexes, impaired balance, drowsiness, and reduced coordination. In older adults, these effects are more pronounced and longer lasting because of age-related changes in drug metabolism and sensitivity. That combination makes it easier to lose balance, stumble, or fall, even with what might be considered a typical dose. While other drug classes listed can contribute to falls—antihistamines with their drowsiness, diuretics with possible dehydration and orthostatic hypotension, beta blockers with dizziness—the strongest and most direct link to falls is the CNS depression caused by sedatives.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexuworld.examzify.com

We wish you the very best on your exam journey. You've got this!

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