

# EXAM✓CRAM

## The NCLEX-RN® Cram Sheet

This cram sheet contains the distilled, key facts about the licensure exam. Review this information just before you enter the testing center, paying special attention to those areas where you feel you need the most review. You can transfer any of these facts from your head onto a blank sheet provided by the testing center. We also recommend reading the glossary as a last-minute cram tool before entering the testing center. Good luck.

### GENERAL TEST INFORMATION

- Maximum 75/maximum 260**—The maximum time allotted for the test is 8 hours. Don't get frustrated if you need to take the entire number of items or take the entire allotted time. Get up and move around and take breaks if you need a time-out.
- Take deep breaths and imagine yourself studying in your favorite location**—Take a small item with you that you have had with you during your study time.
- Read the question and all answers carefully**—Don't jump to conclusions or make wild guesses.
- Look for keywords**—Avoid answers that include always, never, all, every, only, must, no, except, or none.
- Watch for specific details**—Avoid vague answers. Look for adjectives and adverbs.
- Eliminate answers that are clearly wrong or incorrect**—Eliminating any incorrect answer increases the probability of selecting the correct answer to 25%.
- Look for information given within the question and the answers**—For example, the phrase "client with diabetic retinopathy" should bring to mind the range of 7.35–7.45 or normal pH.
- Look for the same or similar wording in the question and the answers.**
- Watch for grammatical inconsistencies**—Subjects and verbs should agree, meaning singular subject, singular verb or plural subject, plural verb. If the question is an incomplete sentence, the correct answer should complete the question in a grammatically correct manner.
- Don't read into questions**—Reading into the question can create errors in judgment. If the question asks for an immediate response or prioritization of action, choose the answer that is critical to the life and safety of the client.

- Make an educated guess**—If you are unsure after carefully reading the question and all the answers, choose C as the answer with the most information.
- Don't hurry, you are not penalized for running out of time.** If you run out of time the computer calculates the last 60 items for consistency above or below the pass-point.
- Serum electrolytes**—It is important for you to remember these normal lab values because they might be included in questions throughout the test.
  - Sodium: 135–145 mEq/L
  - Potassium: 3.5–5.3 mEq/L
  - Calcium: 8.5–10.0 mg/L
  - Chloride: 95–105 m Eq/L
  - Magnesium: 1.5–2.5 mEq/L
  - Phosphorus: 2.5–4.5 mg/dL
- Hematology values**
  - RBC: 4.5–5.8 million
  - WBC: 5,000–10,000
  - PL: 200,000–400,000
  - Hgb: 12–16 gms women, 14–18 gms men
- ABG values**
  - $\text{HCO}_3^-$ : 24–26 mEq/L
  - $\text{CO}_2$ : 35–45 mEq/L
  - $\text{PO}_2$ : 80%–100%
  - $\text{SaO}_2$ : 88%
- Chemistry values**
  - Glucose: 70–110 mg/dL
  - Specific gravity: 1.010–1.030
  - BUN: 7–20 mg/dL
  - Serum creatinine: 0.6–1.25 mg/dL (x 2 in older adults)

Information included in laboratory test may vary slightly according to methods used

- LDH: 100–190 U/L
- CPK: 21–232 U/L
- Uric acid: 2.5–7.5 mg/dL
- Triglyceride: <150 mg/dL
- Total cholesterol: 130–200 mg/dL
- Bilirubin: <1.0 mg/dL
- Protein: 6.3–8.1 g/dL
- Albumin: 3.4–5.0 g/dL

### 17. Therapeutic drug levels

- Digoxin: 0.5–2.0 ng/mL
- Lithium: 0.6–1.5 mEq/L
- Warfarin: 10–20 mg/dL
- Theophylline: 10–20 mg/dL

### 18. Vital signs (adult)

- Heart rate: 60–100
- Respiratory rate: 12–20
- Blood pressure: 110–120 (systolic) 60–90 (diastolic)
- Temperature: 98.6° ±1

### 19. Maternity specials

- FHR: 120–160 BPM
- Variability: 6–10 BPM
- Contractions: normal frequency 2–3 minutes apart, normal duration = 90 sec.; intensity = 100 mmHg
- Amniotic fluid: 500–1200 mL (estimate with nitrous paper green/yellow; fluid: nitrous paper blue)
- Apgar scoring: A = appearance, P = pulse, G = grimace, S = activity, R = reflex (Done at 1 and 5 minutes with a score of 3 for absent, 1 for decreased, and 2 for strongly positive.)
- Apg. The umbilical cord has two arteries and one vein. Arteries carry deoxygenated blood. The vein carries oxygenated blood.

- ABG 9**—Lactic acid + BS. Note: 8 stands for brain decreases the incidence of neural tube defects; the client should begin taking BS three months prior to becoming pregnant.

### 21. Abnormalities in the laboring obstetric client—

- Decelerations are abnormal findings on the fetal monitoring strip. Decelerations are classified as
- Early decelerations**—Begin prior to the peak of the contraction and end by the end of the contraction. They are caused by head compression. There is no need for intervention if the variability is within normal range (that is, there is a rapid return to the baseline fetal heart rate) and the fetal heart rate is within normal range.

- Variable decelerations**—Are noted as V-shaped on the monitoring strip. Variable decelerations can occur anytime during monitoring of the fetus. They are caused by cord compression. The intervention is to change the mother's position; if placenta is infusing, stop the infusion, apply oxygen, and increase the rate of IV fluids. Contact the doctor if the problem persists.

- Late decelerations**—Occur after the peak of the contraction and mirror the contraction in length and intensity. These are caused by uteroplacental insufficiency. The intervention is to change the mother's position; if placenta is infusing, stop the infusion, apply oxygen, and increase the rate of IV fluids. Contact the doctor if the problem persists.

- TORCH syndrome in the neonate**—This is a combination of diseases. These include toxoplasmosis, rubella (German measles), cytomegalovirus, herpes, and syphilis. Pregnant nurses should not be assigned to care for the client with toxoplasmosis or cytomegalovirus.

- ETOP**—This is the treatment for maternal hypotension after an epidural anesthetic:

- Stop placenta if infusing.
- Turn the client on the left side.
- Administer oxygen.
- If hypotension is present, push IV fluids.

### 24. Anticoagulant therapy and monitoring

- Coumadin (sodium warfarin) PT: 10–12 sec. control
- Arbitide: The antidote for Coumadin is vitamin K.
- Heparin/Lovenox/Cathepins PT: 30–45 sec. control
- Arbitide: The antidote for heparin is protamine sulfate
- Therapeutic level: It is important to maintain a bleeding time that is slightly prolonged so that clotting will not occur; therefore, the bleeding time with medication should be 1 1/2–2 times the control.

\*The control is the premedication bleeding time.

### 25. Rule of nines for calculating TBSA for burns

- Head = 9%
- Arms = 18% (9% each)
- Back = 18%
- Legs = 36% (18% each)
- Genitals = 1%

# Exam Cram Rn

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