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**

1. **Minimum 75/maximum 265**—The maximum time allotted for the test is 6 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.

2. **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.

3. **Read the question and all answers carefully**—Don’t jump to conclusions or make wild guesses.

4. **Look for keywords**—Avoid answers that include always, never, all, every, only, must, no, except, or none.

5. **Watch for specific details**—Avoid vague answers. Look for adjectives and adverbs.

6. **Eliminate answers that are clearly wrong or incorrect**—Eliminating any incorrect answer increases the probability of selecting the correct answer by 25%.

7. **Look for information given within the question and the answers**—For example, the phrase “client with diabetic ketoacidosis” should bring to mind the range of 7.35–7.45 or normal pH.

8. **Look for the same or similar wording in the question and the answers**.

9. **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.

10. **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.

11. **Make an educated guess**—If you are unsure after carefully reading the question and all the answers, choose C or the answer with the most information.

12. **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.

13. **Serum electrolytes**—It is important for you to remember these normal lab values because they might be included in questions throughout the test.

14. **Hematology values**

15. **ABG values**

16. **Chemistry values**

17. **Therapeutic drug levels**

18. **Vital signs**

19. **Maternity normals**


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

22. **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.

23. **STOP**—This is the treatment for maternal hypotension after an epidural anesthesia:

24. **Anticoagulant therapy and monitoring**

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

*Information included in laboratory test may vary slightly according to methods used*
CULTURAL AND RELIGIOUS CONSIDERATIONS IN HEALTH CARE

26. Arab American cultural attributes—Females avoid eye contact with males; touch is accepted if done by same-sex healthcare providers; most decisions are made by males; Muslims (Sunni), refuse organ donation; most Arabs do not eat pork; they avoid iced drinks when sick or hot/cold drinks together; colostrum is considered harmful to the newborn.

27. Asian American cultural attributes—They avoid direct eye contact; feet are considered dirty (the feet should be touched last during assessment); males make most of the decisions; they usually refuse organ donation; they generally do not prefer cold drinks, believe in the “hot-cold” theory of illness.

28. Native American cultural attributes—they sustain eye contact; blood and organ donation is generally refused; they might refuse circumcision; may prefer care from the tribal shaman rather than using western medicine.

29. Mexican American cultural attributes—they might avoid direct eye contact with authorities; they might refuse organ donation; most are very emotional during bereavement; believe in the “hot-cold” theory of illness.

30. Religious beliefs
   - Jehovah’s Witness—No blood products should be used
   - Hindu—No beef or fruits containing gelatin
   - Jewish—Special dietary restrictions, use of kosher foods

31. Therapeutic diets
   - Renal diet—High calorie, high carbohydrate, low protein, low potassium, low sodium, and fluid restricted to intake = output + 500 ml
   - Gout diet—Low purine; “cold chicken” medication for acute episodes: Colchicine; maintenance medication: Zafirlukast
   - Heart healthy diet—Low fat (less than 30% of calories should be from fat)

32. Acid/base balance
   - ROME (respiratory opposite/metabolic equal) is a quick way of remembering that in respiratory acid/base disorders the pH is opposite to the other components. For example, in respiratory acidosis, the pH is below normal and the CO₂ is increased, as is the HCO₃⁻ (respiratory opposite). In metabolic disorders, the components of the lab values are the same. An example of this is metabolic acido- sis. In metabolic acidosis, the pH is below normal and the CO₂ is decreased, as is the HCO₃⁻. This is true in a compensated situation.
   - pH down, CO₂ up, and HCO₃⁻ up = respiratory acido- sis
   - pH up, CO₂ down, and HCO₃⁻ down = metabolic acido- sis
   - pH up, CO₂ up, and HCO₃⁻ up = respiratory alkalosis
   - pH up, CO₂ down, and HCO₃⁻ down = metabolic alkalosis

33. Addison’s versus Cushing’s—Addison’s and Cushing’s are diseases of the endocrine system involving either overproduction or inadequate production of cortisol:
   - Treatment for the client with Addison’s: increase sodium intake; medications include cortisone preparations.
   - Treatment for the client with Cushing’s: restrict sodium; observe for signs of infection.

34. Treatment for spider bites/bleeding—RICE (rest, ice, compression, and elevate extremity)

35. Treatment for sickle cell crises—HHOP (heat, hydration, oxygen, pain medications)

36. Five Ps of fractures and compartment syndrome—These are symptoms of fractures and compartment syndrome:
   - Pain
   - Pallor
   - Pulselessness
   - Paresis
   - Polar (cold)

37. Hip fractures—Hip fractures commonly hemorrhage, whereas femur fractures are at risk for fat emboli.

38. Profile of gallbladder disease—Fair, fat, forty, five pregnancies, flatulent (actually gallbladder disease can occur in all ages and both sexes).

TIPS FOR ASSIGNING STAFF DUTIES

39. Management and delegation
   - Delegate sterile skills such as dressing changes to the RN or LPN. Where nonskilled care is required, you can delegate the stable client to the nursing assistant. Choose the most critical client to assign to the RN, such as the client who has recently returned from chest surgery. Clients who are being discharged should have final assessments done by the RN.
   - The PN, like the RN, can monitor clients with IV therapy, insert urinary catheters and feeding tubes, apply restraints, discontinues IVs, drains, and sutures.
   - For room assignments, do not assign the post-operative client with clients who have vomiting, diarrhea, open wounds, or chest tube drainage. Remember the A, B, Cs (airway, breathing, circulation) when answering questions choices that ask who would you see first. For hospital triage, care for the client with a life-threatening illness or injury first. For disaster triage, choose to triage first those clients who can be saved with the least use of resources.

LEGAL ISSUES IN NURSING

Review common legal terms: tort, negligence, malpractice, slander, assault, battery.

Legalities—The RN and the physician institute exclusion protection.

40. Examples of types of drugs
   - The generic name is listed first with the trade name in parentheses.
   - Angiotensin-converting agents: Benazepril (Lotensin), lisinopril (Zestril), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), moexipril (Univis), quinapril (Acupril), ramipril (Altace)
   - Beta adrenergic blockers: Acebutolol (Monitor, Rhotar, Sectral), atenolol (Tenormin, Atenol, Novo-Atenol), esmolol (Brevibloc), metoprolol (Alupent, Metaproloten), propranolol (Inderal)
   - Anti-inflammatory drugs: Diclofenac, Indomethacin, Ketoprofen, Naproxen, ibuprofen (Bragel), celecoxib (Celebrex), ketorolac (Toradol), meloxicam (Mobic), naproxen 
   - Benzodiazepine drugs: Clonazepam (Klonopin), diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), flurazepam (Dalmane)
   - Phenothiazine drugs: Chlorpromazine (Thorazine), prochlorperazine (Compazine), trifluoperazine (Stelazine), promethazine (Phenergan), hydroxyzine (Vistaril), phenytoin (Dilantin)
   - Glucocorticoid drugs: Prednisone (Delta-Cortef, Prednisol, Prednisone), prednisolone (Apo-Prednisone), dexamethasone (Celestone, Solu-Steroid, Betnesol), dexamethasone (Decadron, Dexamet, Dexamethasone, Dalalone), cortisone (Cortone), hydrocortisone (Cortef, Hydrocortone Phosphate, Cortifoam), methylprednisolone (Solu-Cortef, Depo-Medrol, Depomed, Medrol, Temprog, triamcinolone (Amcort, Aristocort, Atolone, Kenalog, Triamolone)
   - Antivirals: Acyclovir (Zovirax), ivermectin (Norvir), saquinavir (Invirase, Fortovase), indinavir (Crixivan), abacavir (Ziagen), cidofo- vir (Vistide, ganciclovir (Cytoxan, Vira-soft)
   - Cholesterol-lowering drugs: Atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), rosuvastatin (Crestor)
   - Angiotensin receptor blocker drugs: Valsartan (Diovan), candesartan (Altacand), losartan (Cozaar), telmisartan (Micardis)
   - Histamine 2 antagonist drugs: Cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), ranitidine (Zantac)
   - Proton pump inhibitors: Esomeprazole (Nexium), lansoprazole (Prevacid), pantoprazole (Protonix), rabeprazole (AcipHex)
   - Anticoagulant drugs: Heparin sodium (Heparale), enoxaparin sodium (Lovenox), dalteparin sodium (Fragmin)

41. Drug schedules
   - Schedule I—Use only in research (example LSD)
   - Schedule II—Requires a written prescription (example Ritalin)
   - Schedule III—Requires a written prescription after six months or five refills (example codeine)
   - Schedule IV—Requires a new prescription after six months (example Darvon)
   - Schedule V—Dispensed as any other prescription or without prescription if state law allows (example antihistamines)

42. Medication classifications commonly used in a medical/surgical setting
   - Antacids—Reduce hydrochloric acid in the stomach
   - Antinametics—Increase red blood cell production
   - Anticholinergics—Decrease oral secretions
   - Anticoagulants—Prevent clot formation
   - Anticonvulsants—Used for management of seizures/bipolar disorder
   - Antibiotics—Decrease gastric motility and reduce water in bowel
   - Antihistamines—Block the release of histamine
   - Antihypertensives—Lower blood pressure and increase blood flow
   - Anti-infectives—Used for the treatment of infections
   - Bronchodilators—Dilate large air passages in asthma/lung disease
   - Diuretics—Decrease water/sodium from the Loop of Henle
   - Laxatives—Promote the passage of stool
   - Miotics—Constrict the pupils
   - Mydriatics—Dilate the pupils
   - Narcotics/analogues—Relieve moderate to severe pain