

NCLEX-RN CGFNS



考试学习指南

夏锡华 主编

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内 容 提 要

NCLEX-RN 及 CGFNS 均为其他国家的护士在进入美国之前需要取得的资格考试。护理人员通过了这样的考试并拿到证书，劳务输出到美国等国家，这样才能取得就业的资格。因此，该书是出国护士考试的必备书。本书是精选了上述两种考试的权威性资料后编写而成的，有较强的针对性，是一本具有很强实用价值的考试辅导用书。

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前 言

NCLEX-RN (National Council Licensure Examination for Registered Nurses) 指美国国家政务会签证注册护士考试以及 CGFNS (Commission on Graduates of Foreign Nursing Schools) 外国护士学校毕业生审查委员会,前者是美国各州护士取得注册执照的考试,后者是美国国外护校毕业生审查委员会举办的资格考试的合格证书,本考试证书成为美国移民劳动部要求外国护校毕业生必须持有的证件,并可取得职业优惠签证,被称为护理专业毕业生进入美国、英国、加拿大、澳大利亚等国家的“托福”考试,其重要之程度无需赘言。

自 1985 年在全国重点卫校,原武汉市卫生学校(现武汉市江汉大学卫生技术学院)首创英语护理专业以来,培养既懂得护理知识,又有着较为扎实的护理专业知识技能,并通过 1000 学时左右的英语各科培训,掌握了较好的英语听、说、读、写、译技能的专门人才工作,迅速在全国普及,各类培训机构、经营海外劳务市场的公司也都纷纷涉足这一培训领域,其市场前景之广阔显而易见。

NCLEX-RN 和 CGFNS 两种考试的资料国内很难见到,通过同美国、新西兰、新加坡等国相关院校机构的合作,我们积累了较为丰富的、权威性强的学习、培训原版资料,同时也培养了一批具有教学和培训经验较为丰富的教学人员,为英语护理专业的

扩大与发展打下了基础,同时也成为武汉市乃至全国英语护理专业人才培养及出国护士培训的龙头单位。

本书资料来源权威,针对性强,覆盖面广,从内、外、妇、儿到精神科,从老年护理到社区健康管理等均包括在所编写的摸底考试、模拟试题、实用练习试题、复习测试题以及考前模拟题中。通过这些针对性强的学习和训练,可以为学员、学生参加各种出国护士选拔考试打下良好的基础。同时,由于每一道试题都给出了详细的答案和解释,又便于学生及学员的自学。本书为英语护理专业学生及有志于从事出国护理工作的学生及学员提供了很好的训练材料。学生及学员通过举一反三,刻苦训练,精心准备,一定会在 NCLEX-RN, CGFNS 考试以及各种出国护士选拔考试中取得好成绩。

本书在编写过程中得到了江汉大学卫生技术学院领导及相关部门的大力支持和肯定;同时也得到了外语教研室教师的配合。

重庆万州卫生学校江晓东老师除承担编写任务外,还打印了部分书稿,李迎、皮慧兰女士也承担了部分打印工作,孙国棟、李敏女士承担了部分校对工作,全书由夏锡华副教授统稿,华中科技大学出版社孟筱康副编审为本书的付梓付出了大量的心血,在此一并感谢!

愿本书的出版能为武汉市以及国内护士出国英语培训、英语护理专业的建设和武汉市对外交流与合作做出一点贡献。

夏锡华

2004 年 5 月

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— 考试样卷及考试样卷答案

1. 考试样卷

Directions: Read carefully each question and all the possible answers before choosing the *one correct answer*.

- 1) Cyanosis means _____.
 - a. a bluish color to the skin
 - b. difficulty breathing
 - c. a colorless, odorless gas
 - d. abnormally high blood pressure
- 2) Body temperature can be increased by _____.
 - a. dehydration
 - b. cold environment
 - c. medications
 - d. shock
- 3) The first step in any procedure is to _____.
 - a. gather your supplies
 - b. wash your hands
 - c. explain what you will do
 - d. lower the side rail
- 4) When moving and lifting a patient, the nurse assistant should _____.
 - a. plan all moves
 - b. be alert to safety
 - c. let the patient help if possible
 - d. all of the above
- 5) The best definition of the word “emergency” is _____.
 - a. an unusual event or occurrence
 - b. a source of potential danger
 - c. an event that calls for immediate action
 - d. none of the above
- 6) Pathogens can be destroyed by _____.
 - a. sterilization

- b. handwashing
 - c. disinfection
 - d. careful handling
- 7) You can maintain your own good health by _____.
- a. getting enough rest and sleep
 - b. eating properly
 - c. washing your hands frequently
 - d. all of the above
- 8) Select the example of a barrier to conversation.
- a. Speaking slowly and clearly.
 - b. Avoiding eye contact.
 - c. Identifying yourself.
 - d. Calling the patient by name.
- 9) Elderly persons do not need a complete bath or shower every day because _____.
- a. they might become chilled
 - b. their skin has less oil and is drier
 - c. they are too tired
 - d. none of the above
- 10) You find a small blister on the buttock of your patient; your first action should be to _____.
- a. apply a hot compress
 - b. report it to the nurse
 - c. massage the area
 - d. apply a bandage
- 11) The brachial pulse is found _____.
- a. inside the elbow
 - b. on the top of the foot
 - c. inside the wrist
 - d. behind the knee
- 12) In caring for a hearing aid you should _____.
- a. rinse with water daily
 - b. never remove it from the ear
 - c. avoid dropping it
 - d. keep the volume on high
- 13) Your first action in case of a fire is to _____.
- a. learn to use the fire extinguisher
 - b. rescue the patient
 - c. call for help
 - d. pull the fire alarm

- 14) Which statement is true about physical restraints?
- They do not require a doctor's order.
 - They must be removed every half hour.
 - They can cause injury to a patient.
 - They can be left on for up to four hours at a time.
- 15) The longest and strongest muscles in your body are _____.
- in your buttocks
 - in your back
 - in your abdomen
 - in your thighs
- 16) The proper positioning of a patient's body is called _____.
- body mechanics
 - body alignment
 - range of motion
 - positioning
- 17) Pressure ulcers are _____.
- also called bedsores
 - always infected
 - prevented by frequent baths
 - only found in elderly people
- 18) The term "ad lib" means _____.
- immediately
 - as desired
 - only once
 - as necessary
- 19) Miss Taylor's orders state "May have juice ac and hs"; You would give the juice _____.
- morning and evening
 - whenever she asked for it
 - before meals and at bedtime
 - twice a day
- 20) You find a resident who has fallen on the floor; your first action is to _____.
- assist the resident to a chair
 - call for help
 - find someone to help lift her
 - call the doctor
- 21) Another word for high blood pressure is _____.
- hypotension
 - hypothyroid

- c. hypertension
 - d. systolic pressure
- 22) Elderly people may eat less because _____.
- a. they have poorly fitting dentures
 - b. their sense of smell is decreased
 - c. they may be depressed
 - d. all of the above
- 23) An example of an objective statement would be _____.
- a. "Mr. Smith has a fever"
 - b. "Miss Godfrey is in a bad mood"
 - c. "Mr. Smith's temperature is 101"
 - d. "Mrs. Davis is tired"
- 24) An example of meeting patients spiritual needs is _____.
- a. taking them to church with you
 - b. providing privacy when their clergyman visits
 - c. talking to them about your religion
 - d. telling them their beliefs are old fashioned
- 25) What equipment would you expect to find in a nursing home resident's unit?
- a. A bed, over-bed table, and nightstand.
 - b. A blood pressure cuff, oxygen tank, and sink.
 - c. A clock, calendar, and bulletin board.
 - d. A stretcher, bed, and mechanical lift.

2. 考试样卷答案

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) a | 2) a | 3) b | 4) d | 5) c |
| 6) a | 7) d | 8) b | 9) b | 10) b |
| 11) a | 12) c | 13) b | 14) c | 15) d |
| 16) c | 17) a | 18) b | 19) b | 20) b |
| 21) c | 22) d | 23) c | 24) b | 25) a |

二 模 拟 题

1. A 60-year-old male client with a history of angina has been taking nitroglycerin. He states that “everything is fine, except that I get chest pain while having sex with my wife”. Which of these responses by the nurse would be best?
 1. “Have you thought of seeing a sexual therapist for counseling?”
 2. “You’ll have to limit your sexual activity.”
 3. “You should expect that intercourse at your age may pose some problems.”
 4. “You may be helped by taking a nitroglycerin tablet just before intercourse.”
2. A client has been placed on a low-cholesterol diet. The nurse should advise the client to reduce intake of which of these foods?
 1. Cottage cheese.
 2. Eggs.
 3. Veal.
 4. Chicken.
3. A client is admitted to a psychiatric hospital for treatment of agoraphobia. For the past 3 months, she has been afraid to leave her home, and she and her husband have agreed that hospitalization is necessary. When the staff nurse introduces herself, the client starts to cry and says, “I am so afraid to be here. I am not crazy. I just want to go home.” Which response by the nurse would be most appropriate?
 1. “Try not to be so upset now. Let’s get busy helping you.”
 2. “You seem upset. I will sit here with you.”
 3. “You can’t go home until we’ve helped you with your fears.”
 4. “Is there some way I can help you?”
4. A nursing assistant asks the nurse why a client’s physician doesn’t just force an agoraphobic client to get out of the house to help her get over her fears. Which understanding of the treatment of phobias should the nurse’s response include?
 1. People must gain a sense of control over the feared object—they cannot be forced when they’re not ready.
 2. People use their fears to consciously avoid taking responsibility for their lives.
 3. The treatment approach is intentionally slow to help lull the client into a sense of fearlessness.
 4. Forcing people into fearful situations can cause acute psychosis.
5. The nurse finds an agoraphobic client standing in front of a sign-up sheet for a field trip to a shopping mall. The client says, “If I had any guts, I’d sign up for this trip. What do you think I should do?” Which comment by the nurse would help the client make an appropriate decision?

1. "You have plenty of guts! Why not sign up now?"
 2. "I'm not here to tell you what to do, but if I were you, I'd go."
 3. "It surely is a great trip. I think you'd enjoy it."
 4. "Let's discuss what you're thinking about this trip."
6. A 15-year-old female client with bulimia nervosa tells the nurse she does not like the other teenagers on the ward. The nurse senses the client's disdain toward her peers. Which nursing action would best help the teenager with peer relationships?
 1. Point out to the client how she affects others.
 2. Ask the client why she doesn't like her peers.
 3. Carefully select same-age peers to include in an activity with the client.
 4. Have the client choose an activity that would include herself, the nurse, and some peers as participants.
 7. A client is diagnosed with prostate cancer. Initial treatment will include diethylstilbestrol. When teaching the client about the medication, the nurse should tell him he probably will experience which side effects?
 1. Priapism and increased libido.
 2. Hoarseness and muscular hypertrophy.
 3. Hirsutism and increased abdominal girth.
 4. Gynecomastia and a high-pitched voice.
 8. Which is the best way to deal with a toddler who is having a temper tantrum?
 1. Reason with the child.
 2. Threaten the child.
 3. Spank the child.
 4. Ignore the child's outburst.
 9. A client visits the prenatal clinic for the first time after missing two menstrual periods. She suspects she may be pregnant, and tells the nurse that the first day of her last menstrual period was June 30, 1997. According to Nagele's rule, which of these dates is the client's expected date of confinement?
 1. March 14, 1998.
 2. March 30, 1998.
 3. April 6, 1998.
 4. April 13, 1998.
 10. A client has a positive pregnancy test. Which hormone is related to this finding?
 1. Luteinizing hormone (LH).
 2. Follicle-stimulating hormone (FSH).
 3. Human chorionic somatomammotropin (hCS).
 4. Human chorionic gonadotropin (hCG).
 11. Besides the hormonal changes indicated by a positive pregnancy test, which physiologic change would have occurred by the time a client had missed two menstrual periods?
 1. Diastasis recti.
 2. Decreased glomerular filtration rate.
 3. Bluish discoloration of the vaginal vault.
 4. 50% increase in blood volume.

12. A pregnant client who received dietary instructions during her first visit to the prenatal clinic returns for a follow-up. The nurse asks her what she had for lunch that day. Which response would indicate that the client followed the dietary instructions?
1. Cheeseburger, salad, fruit, and milk.
 2. Bouillon, crackers, fruit, and milk.
 3. Ham sandwich, pickles, pie, and iced tea.
 4. Cottage cheese, tomatoes, crackers, and coffee with cream.
13. A client has questions about exercise during pregnancy. Which approach would be the most appropriate for the nurse to take?
1. Recommend that the client follow an exercise routine.
 2. Assure the client that her pregnancy is normal and she need not adjust her usual activities.
 3. Give the client a pamphlet explaining recommended exercises.
 4. Explore the amount and type of exercise the client is doing.
14. The physician has ordered ferrous sulfate 100mg t.i.d. for a pregnant client. Which instruction should the client be given?
1. Take the medication just before meals and with plenty of fluid.
 2. Take the medication with milk at meal times.
 3. Take the medication with an antacid after meals.
 4. Take the medication with orange juice between meals.
15. At 28 weeks' gestation, a pregnant client's laboratory values include the following: Blood: hemoglobin, 11g/dl; hematocrit, 36%; Urine: glucose, trace; acetone, negative; albumin, negative. These results probably indicate which of the following?
1. Anemia.
 2. Preeclampsia.
 3. Diabetes mellitus.
 4. Pseudoanemia of pregnancy.
16. A male client is receiving an antihypertensive agent. Which of these potential side effects would be most important for the nurse to discuss with him?
1. Impotence.
 2. Nausea and vomiting.
 3. Nasal stuffiness.
 4. Postural hypotension.
17. Infants achieve structural control of the head before the trunk and extremities. Which of these universal principles of development does this reflect?
1. Development proceeds in a cephalocaudal direction.
 2. Development proceeds in a proximal-distal fashion.
 3. The sequence of development is from simple to complex.
 4. The sequence of development is from general to specific.
18. A male client has been on glucocorticoid therapy for the past year. He calls the nurse to report that he has been vomiting for the past two days and has not taken his "hormone" pills. Which potential effect of glucocorticoids should the nurse plan the client's care based on?
1. The client may develop adrenal insufficiency.
 2. The client is at the risk of developing pituitary syndrome.

3. The client's own adrenal glands will start to produce more glucocorticoids immediately.
 4. The client's pituitary gland will increase production of corticotropin immediately.
19. A divorced computer programmer is admitted after taking 15 secobarbital sodium (seconal) capsules. Three days later, the client is transferred from the intensive care unit to the psychiatric unit. Quiet and withdrawn, the client refuses to get out of bed for breakfast. Which response by the nurse would be **most** appropriate?
1. "It's a beautiful day today. It's time to get up."
 2. "It's time to get up. I'll help you get ready for breakfast."
 3. "It's time to get up for breakfast. Let's get ready."
 4. "It's the policy on this unit to be up and dressed for breakfast."
20. The nurse has been working with a depressed male client for one week. This morning, the client comes to the dining room with hair uncombed and shirt unbuttoned. Which of these actions should the nurse take **first**?
1. Approach the client and offer to help him finish getting dressed.
 2. Ignore the client's appearance and help him find his place at the table.
 3. Sit with the client and help him eat the food.
 4. Walk with the client until he notices that his shirt is unbuttoned.
21. Which statement by a depressed client most clearly indicates a high suicide potential?
1. "The future looks bleak for me."
 2. "Don't worry about me. I'll be all right."
 3. "A handful of my red pills will cure me."
 4. "Life's a drag, I'm thinking about curing this."
22. A depressed client participates in unit activities and meets regularly with a nurse. One morning, the client asks the nurse to get the comb from the bedside table. Next to the comb, the nurse finds 10 secobarbital capsules. After confiscating the capsules, what should the nurse do next?
1. Report the finding to the other team members.
 2. Tell the client about finding the capsules and ask if the client was planning to commit suicide.
 3. Sit with the client for the rest of the day and increase suicide precautions.
 4. Give the client the comb; then suggest that the client and nurse go for a walk.
23. Which measure should the nurse take when providing care to a client in Buck's traction?
1. Maintain the head of the bed at a 45-degree angle.
 2. Ensure that the client's right heel touches the bed.
 3. Remove the weights when bathing the client's lower extremities.
 4. Allow the weights to hang freely at the foot of the bed.
24. A client admitted with pulmonary edema improves. The physician's current orders include digoxin 0.25mg daily, furosemide 40mg daily, and nasal oxygen at 2 liters/minute. To evaluate the effectiveness of digoxin, the nurse should observe for _____.

1. increased urine output
 2. increased pulse rate
 3. decreased respiratory rate
 4. lowed blood pressure
25. A client with pulmonary edema is receiving digoxin and furosemide. When planning the client's care, the nurse would include three of the following observations. Which observation is **not** indicated?
1. Note changes in appetite.
 2. Note changes in the respiratory rate.
 3. Observe urine output.
 4. Assess for neurologic intention tremor.
26. A client with pulmonary edema is receiving continuous oxygen therapy and daily doses of furosemide and digoxin. When the client complains of no appetite and asks to have the food tray removed, the nurse's best action should be based on knowledge that _____.
1. many clients dislike hospital food
 2. anorexia is common in clients receiving oxygen
 3. furosemide causes decreased appetite in many clients
 4. anorexia may be an early sing of digoxin toxicity
27. A boy, age 7, recently was diagnosed with juvenile-onset diabetes mellitus. He takes NPH and regular insulin. His mother asks the nurse if he can go on an afternoon hike during an upcoming weekend camp-out. Which response by the nurse would be the best?
1. "He should have a snack, such as a cheese sandwich and a glass of milk, an hour before the hike and should carry a fast-acting source of glucose."
 2. "He should not go on the hike. The possible effects of extraordinary activities are just too unpredictable."
 3. "He should increase his morning dosage of NPH insulin by approximately one-third to cover his increased metabolic rate during the hike."
 4. "Do you feel it's really appropriate for him to participate in a weekend camp-out when he has physical limitations?"
28. A client with hypertension is receiving chlorothiazide (diuril) to reduce blood pressure. Which of these foods should the nurse regularly instruct the client to eat?
1. Apples.
 2. Liver.
 3. Low-fat milk.
 4. Dried fruits.
29. A client visits the company nurse for treatment of a minor paper cut on her right arm. The nurse is aware that the client had a right mastectomy five years ago. Which understanding should further action by the nurse be based on?
1. Previous removal of lymph nodes places the client at increased risk for complications.
 2. After five years, the client is no longer at the risk of complications.
 3. Only underlying psychological problems could cause someone to be concerned with a

minor paper cut.

4. On-the-job stress is probably the real cause of the client's visit.

30. Laboratory results for a client who is receiving chemotherapy include the following: hematocrit, 34%; hemoglobin, 11g/dl; platelet count, 48 000/mm³; and white blood cell count, 4 000/mm³. All of the following goals are indicated in the care plan. Which one should take priority?

1. To prevent infection.

2. To prevent bleeding.

3. To prevent anemia.

4. To prevent alopecia.

31. A client is told that a tuberculin skin test is positive. Which statement would indicate that the client understands the test results?

1. "I have had previous exposure to tuberculosis."

2. "I have immunity and cannot develop the disease."

3. "I currently have active tuberculosis."

4. "I have a reactivation of a healed primary lesion."

32. A client, age 14, has been sexually abused by her father in the past two years. Now she is eight weeks pregnant. And she asks the nurse what should do about the pregnancy. Which reply would be **best**?

1. "Because you are so young, you stand a good chance of having a miscarriage."

2. "That's a decision only you and your mother can make."

3. "I think it would be all right for you to have an abortion. Is that what you'd like to do?"

4. "Making a sound decision is not always easy. What are your thoughts about the pregnancy?"

33. A 15-month-old boy is admitted to the pediatric unit with a diagnosis of bilateral serous otitis media and bacterial meningitis. All of the following rooms are available on the pediatric unit. In which one should the nurse plan to put the client?

1. An isolation room off the main hallway.

2. A private room two doors away from the nurses' station.

3. A semiprivate room with a 15-month-old child who has meningitis.

4. A four-bed room with two toddlers who have croup.

34. To best meet the developmental needs of a 15-month-old hospitalized boy, which measure should the nurse take?

1. Ask his mother to room in with him.

2. Turn the television to his favorite cartoons.

3. Arrange for other staff to visit him at regular intervals throughout the day.

4. Tape a bright red punching balloon onto the side of his crib.

35. Which of these statements by the mother of a 15-month-old boy with bacterial meningitis would indicate that she understands the nurse's discharge teaching?

1. "I wish I had brought my child to the doctor sooner. The next time, I'll be more careful."

2. "We'll need to see the doctor every week or so until we're sure everything is all right."