

# I am an RN!!! NCLEX Tips and Tricks Just For You!!

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*I am officially an RN, and it feels so good. I had 75 questions and out! Most of the questions were priority questions, lots of SATA 30+ no meds, math, or put in order, or pictures. I did not touch any notes about medications. I did not study medications at all!!*

I know that many of you are freaking out about this important exam that determines your future, I know because I was constantly thinking about it and I was constantly on this website reading success stories.



I was inspired by many people who posted about their nclex experience and I like to share my experience with you, and also share some of my notes that helped me. I did about 5000 questions, I went over the content a couple of times. Honestly, the most important thing is doing questions and reading EVERY single rationale.

Virtual ATI was my primary source. I am totally a visual and tactile person so I used a book with lots of pictures. Example: CHF, CF, pulmonary edema, left and right sided heart failure, copd, etc).

While in school, I HATED ATI, it was really hard and some questions were completely wrong and the rationales were not that clear and specific. I also hated the virtual ATI, but I had to take it.

2 weeks before the NCLEX, I started to like ATI and I was getting pretty high scores. I felt confident, now that I passed the NCLEX, I can honestly say ATI was 1000000 times harder than the actual NCLEX. NCLEX test style questions were so so so similar to ATI. I did not tell anyone when I was going to take my NCLEX, so no one could pray for me.

I posted here and asked everyone to pray for me and reading the comments had therapy effects on me lol, I felt so good and confident. A special thank you goes to those who prayed for me, I really really really appreciate it. I did not do anything the day before the exam (I mean studying). However, I got a massage, which I loved every second of it, I got mani and pedi, I went shopping, watched a movie and I went to bed at 9:30.

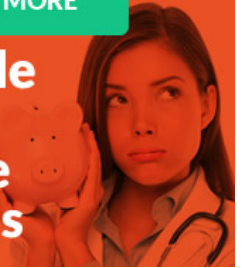
Anyway, I feel like I'm writing a book and I know that many of you don't have the time or patience to read posts so let's just get straight to the nclex tips and tricks!

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## Tips & Tricks

Priority questions: this is the most important information make sure you read it 1 or 2 days before the test and I guarantee that you will answer all the priority questions correctly!!! Remember: NCLEX does not want you to kill any patients or damage any of their organs or parts of their body. This is what determines competency.

Ex: if you have to administer medication and you have no freaking idea if the med is given with food or without food, and you get that question wrong...you will NOT kill the patient \*and NCLEX doesn't take those questions seriously. But if you miss a blood clot, stroke, heart attack s/s, blood and medication reactions and anything that can lead to death or loss of body function...that question will weigh a lot on your score, it will drop you from the top of the graph to the bottom. \*Memorize: Lab values ABGs Cranial nerves Normal changes of aging Child development Math formulas In disaster: help the ones who are most likely to live Most likely to be sequential order: (anything that has a lot of steps is likely to be a sequential order)\*Examples:\*Urine culture Starting a new iv \*Administering meds via g tube Drawing insulins (clear or cloudy) Inserting foley catheters (males and females) Sterile field Personal protective equipment( what would you wear and how you would take the off) Abdominal assessment: always start with RLQ\*Performing exams such as breast and testicular exam Administering ear and eye drops.

**Delegation:** remember that the RN can only delegate stable pts to NA and LPNs. In NCLEX, you are one nurse (no other nurse is available to help you). You have only one patient. All the orders you need are written (no need to call a doctor). The only time the nurse needs to call the doctor is after she has intervened and there's nothing else the nurse can do! When you call MD about concerns: never call about something that is expected with the disease process. Such as: the pt has voided 20 cc/hr instead of 30 cc/ hr but the pt has chronic renal failure. The doctor is going to say, "Are you stupid?" Duhh!

Only call MD for something that is not expected with the disease process, in order to know what is expected and not expected you need to know signs and symptoms of the disease. The nurse assistant CANNOT do these: Position hip replacement Total knee replacement ICP Acute CVA Above or below knee amputations

**Priority Patients :** These are the conditions/patients you would see first: Compartment syndrome Central line with s/s SOB Epiglottitis (pt is dying, MD). Autonomic dysreflexia Epigastric pain (in pregnant woman) = preeclampsia\*\*, Pain in LLQ= diverticulosis, Pain in RLQ= appendix ... Must see the above patients firsts, severe conditions can lead to death or loss of body function. Remember: acute problems comes first, chronic later In case of a disaster and need to make room in ED for new pts. These are the patients you would send home: Copd and CF laparoscopy w chest pain or shoulder pain (it is expected) Chronic conditions Meniers disease Bloody urine Kidney and gallbladder stones. These people can survive they are not dying, they can always wait a couple of days. Not priority: Teaching Sending/ drawing \*lab values Pain Bleeding (unless it is coming from a major artery) \*Increased/ decreased BS Documentation I personally summarized this information from my ATI books and class online.

Unfortunately, we cannot share questions from NCLEX because it is against the law and you will read all about it before you get to sit. I studied all the common conditions and procedures that are common and we hear about it everyday, everything I wrote helped me a ton!!! The priority tips alone helped me answer 30 questions or more.\*I have more notes to post I just do not have time to type them all at this time.\*I hope you find these notes helpful and good luck, and believe in your inner strength. \*If you have any questions about anything, feel free to send me a message or comment in the page. Peace and love! DO NOT KILL PATIENTS or their organs or their body parts and you will PASS! Notes: to be continued

