Board Exam Desk

Nursing Reviewer

BS Nursing | NLE | 120 original questions

2026 Edition | Updated November 2026

Practice all five Nursing Practice subjects, from community health to psychiatric nursing.

Practice questions

Nursing Practice I: Foundations and Community Health

1. Which measure describes new cases in a population over a defined period?

A. Prevalence
B. Incidence
C. Median age
D. Case count at a single point in time

2. Which measure describes the proportion of a population that has a condition on a specific date?

A. Point prevalence
B. Incidence rate
C. Birth rate
D. Average duration

3. A town reports 24 new cases among 1,200 people initially at risk over one year. What is the cumulative incidence?

A. 0.2%
B. 2%
C. 12%
D. 20%

4. A clinic finds 30 existing cases among 600 people screened on one day. What is the point prevalence?

A. 0.5%
B. 2%
C. 5%
D. 20%

5. What does person-time combine in an incidence rate?

A. Severity and symptoms
B. Number of cases and number of tests
C. Age and sex
D. Number of people at risk and their observation time

6. Which of these measures uses existing cases in its numerator?

A. Point prevalence
B. Incidence rate
C. Cumulative incidence
D. Attack rate

7. Why can prevalence rise while the rate of new cases stays steady?

A. Cases are excluded from the survey
B. People remain in the affected group for longer
C. The study stops measuring duration
D. Every new case recovers immediately

8. What should a denominator represent when calculating a risk over a fixed period?

A. All people who recovered before the period
B. All reports ever filed
C. The population at risk at the start
D. The number of laboratory results

9. Which Philippine law is known as the Philippine Nursing Act of 2002?

A. Republic Act 9173
B. Republic Act 7164
C. Republic Act 9288
D. Republic Act 10354

14. Under the Philippine Nursing Act, which body supervises the nursing licensure examination and regulates the practice of nursing?

A. Philippine Nurses Association council
B. Commission on Higher Education nursing panel
C. Department of Health Bureau of Licensing
D. Professional Regulatory Board of Nursing under the PRC

19. Before giving a scheduled medication, how should the nurse most reliably confirm the client's identity?

A. Rely on recognizing the client from the previous shift
B. Ask the client, "Are you Mr. Santos?" and wait for a reply
C. Ask the client to state full name and birth date and compare with the wristband
D. Check the room and bed number against the medication record

24. After providing care to a client with Clostridioides difficile diarrhea, which hand hygiene method should the nurse use?

A. Remove gloves and use hand sanitizer gel
B. Wipe hands with a disinfectant towelette
C. Apply an alcohol-based hand rub
D. Wash hands with soap and running water

29. A nurse must lift a heavy box of supplies from the floor. Which technique best protects the nurse's back?

A. Twist the trunk while lifting to save steps
B. Keep the legs straight and bend at the waist
C. Hold the load at arm's length to keep balance
D. Hold the load close to the body and lift by bending the knees

34. The nurse enters a room and finds an elderly client lying on the floor beside the bed. What should the nurse do first?

A. Lift the client back into bed immediately
B. Raise all side rails on the empty bed
C. Complete an incident report at the station
D. Assess the client for injury before moving

39. A nurse discovers a small fire in a client's room. Following the RACE sequence, what is the first action?

A. Close all doors to contain the fire
B. Remove the client from immediate danger
C. Activate the fire alarm system
D. Extinguish the fire with the nearest extinguisher

44. Which practice maintains the sterility of a sterile field?

A. Turning away from the field to answer a question
B. Reaching across the field to pass instruments
C. Keeping sterile items above waist level and in view
D. Placing items within the outer one-inch border

49. An IV order is for 1,000 mL of D5LR to infuse over 8 hours. The drop factor is 15 gtt/mL. What is the flow rate?

A. 125 gtt/min
B. 42 gtt/min
C. 31 gtt/min
D. 21 gtt/min

54. A rural health unit offers Pap smear screening to women in the barangay. Which level of prevention does this represent?

A. Health promotion only
B. Primary prevention
C. Secondary prevention
D. Tertiary prevention

59. Which route is used to give the BCG vaccine to a newborn?

A. Intradermal
B. Subcutaneous
C. Intramuscular
D. Oral

64. During a home visit, the public health nurse learns that the father smokes two packs of cigarettes daily inside the house. In the family nursing process, how is this classified?

A. Wellness state
B. Health deficit
C. Foreseeable crisis
D. Health threat

69. Which international declaration established primary health care as the key strategy for achieving health for all?

A. Ottawa Charter of 1986
B. Alma-Ata Declaration of 1978
C. Jakarta Declaration of 1997
D. Bangkok Charter of 2005

74. After a barangay fiesta, 45 of the 150 guests who ate the pancit developed vomiting and diarrhea. What is the attack rate among those who ate the pancit?

A. 3%
B. 45%
C. 15%
D. 30%

79. A municipality with a midyear population of 40,000 recorded 600 live births in a year. What is the crude birth rate?

A. 15 per 1,000 population
B. 67 per 1,000 population
C. 1.5 per 1,000 population
D. 6 per 1,000 population

84. What is the denominator when computing the infant mortality rate?

A. Total number of children under five
B. Total live births in the same year
C. Total number of pregnancies
D. Total midyear population

89. Which vaccine may be safely kept in the freezer compartment in the cold chain?

A. Pentavalent vaccine
B. Oral polio vaccine
C. Tetanus-diphtheria vaccine
D. Hepatitis B vaccine

94. Which of the following is subjective data?

A. The client says, "My stomach feels like it is burning."
B. The client vomited 200 mL of greenish fluid.
C. The client's abdomen is firm on palpation.
D. The client's blood pressure is 150/90 mm Hg.

99. Which statement is a correctly written nursing diagnosis?

A. Needs frequent turning due to pressure ulcer
B. Impaired skin integrity related to prolonged immobility
C. Impaired skin integrity related to stage 2 ulcer
D. Pneumonia related to bacterial infection

104. Which temperature route should the nurse avoid in a client with severe neutropenia?

A. Tympanic
B. Oral
C. Rectal
D. Temporal artery

109. A client scheduled for surgery asks the nurse about the risks of the procedure just before signing the consent form. What is the most appropriate action?

A. Tell the client the risks are rare and not to worry
B. Notify the surgeon so the client's questions can be answered
C. Have the client sign and ask the surgeon later
D. Explain the risks so the client can sign right away

114. A tuberculosis patient enrolled in the national TB program takes each dose while a treatment partner watches. What is the main purpose of this practice?

A. To ensure adherence and prevent drug resistance
B. To shorten the total treatment period
C. To allow the partner to adjust the dose
D. To replace the need for sputum follow-up

Nursing Practice II: Maternal and Child Health

10. A pregnant client's last menstrual period began on February 10, 2026. Using Naegele's rule, what is the estimated date of birth?

A. October 17, 2026
B. November 3, 2026
C. December 10, 2026
D. November 17, 2026

15. A client who is currently pregnant had twins at 36 weeks, a son born at 39 weeks, and a miscarriage at 10 weeks. All three children are alive. What is her GTPAL?

A. G4 T1 P2 A1 L3
B. G4 T1 P1 A1 L3
C. G5 T1 P1 A1 L3
D. G3 T2 P1 A1 L3

20. At about how many weeks of gestation is the fundus normally palpable at the level of the umbilicus?

A. 12 weeks
B. 28 weeks
C. 16 weeks
D. 20 weeks

25. One hour after delivery, the nurse finds the client's fundus boggy and displaced above the umbilicus, with heavy lochia. What should the nurse do first?

A. Notify the physician and wait for orders
B. Place the client in Trendelenburg position
C. Massage the fundus until it becomes firm
D. Increase the client's oral fluid intake

30. A laboring client receiving an oxytocin infusion shows repeated late decelerations on the fetal monitor. What is the nurse's priority action?

A. Prepare to rupture the membranes
B. Discontinue the oxytocin infusion
C. Increase the oxytocin rate
D. Place the client flat on her back

35. The fetal monitor shows abrupt decelerations that vary in shape and timing with contractions. What is the most likely cause?

A. Umbilical cord compression
B. Uteroplacental insufficiency
C. Normal fetal sleep cycle
D. Fetal head compression

40. A client with preeclampsia is receiving magnesium sulfate. Which finding should prompt the nurse to stop the infusion and notify the physician?

A. Absent patellar reflexes
B. Respiratory rate of 18/min
C. Mild facial flushing
D. Urine output of 50 mL/hr

45. Which medication should be readily available at the bedside of a client receiving magnesium sulfate?

A. Protamine sulfate
B. Naloxone hydrochloride
C. Calcium gluconate
D. Potassium chloride

50. A client at 34 weeks of gestation with preeclampsia reports a severe headache and seeing spots. What does this indicate?

A. An expected discomfort of late pregnancy
B. A side effect of prenatal vitamins
C. Worsening disease with risk of eclampsia
D. Dehydration from reduced fluid intake

55. A client at 32 weeks of gestation arrives with painless, bright red vaginal bleeding. Which action should the nurse avoid?

A. Placing the client on bed rest
B. Monitoring fetal heart tones
C. Performing a digital vaginal examination
D. Measuring the amount of bleeding

60. Which assessment finding is most consistent with abruptio placentae?

A. Clear fluid leaking with no contractions
B. Spotting after intercourse with no pain
C. Dark red bleeding with a rigid, painful uterus
D. Painless bright red bleeding with a soft uterus

65. An Rh-negative mother has just delivered an Rh-positive newborn. Within what time should Rh immune globulin be given to the mother?

A. Only at the 6-week postpartum visit
B. Before the next pregnancy begins
C. Within 72 hours after delivery
D. Within 7 days after delivery

70. At one minute, a newborn has a heart rate of 110, slow irregular breathing, some flexion of the limbs, a grimace when suctioned, and blue hands and feet. What is the Apgar score?

A. 5
B. 7
C. 6
D. 8

75. Why is vitamin K given intramuscularly to newborns?

A. To prevent bleeding due to low clotting factors
B. To prevent jaundice in the first week
C. To boost immunity against hepatitis B
D. To protect the eyes from infection

80. Under the DOH Essential Intrapartum and Newborn Care protocol, what is the first step immediately after the baby is delivered?

A. Clamp and cut the cord at once
B. Suction the mouth and nose routinely
C. Bathe the baby to remove vernix
D. Thoroughly dry the baby

85. For how long is exclusive breastfeeding recommended for infants?

A. The first 6 months of life
B. The first 3 months of life
C. The first 4 months of life
D. The first 12 months of life

90. When is the ideal time to collect the blood sample for newborn screening?

A. At least 24 hours after birth
B. Within the first hour after birth
C. At the 6-week immunization visit
D. Only after the baby is 2 weeks old

95. A 15-kg child is ordered amoxicillin 40 mg/kg/day divided every 8 hours. The suspension contains 250 mg per 5 mL. How many mL should be given per dose?

A. 4 mL
B. 12 mL
C. 2 mL
D. 6 mL

100. Using IMCI guidelines, a child with diarrhea is irritable, has sunken eyes, drinks eagerly, and has a skin pinch that goes back slowly. How is the child classified?

A. Some dehydration
B. No dehydration
C. Severe persistent diarrhea
D. Severe dehydration

105. A 2-year-old with cough has a respiratory rate of 44 breaths per minute and no chest indrawing or danger signs. Under IMCI, how is this child classified?

A. Cough or cold
B. Severe pneumonia
C. Pneumonia
D. Very severe disease

110. According to Erikson, which psychosocial task is central for a 2-year-old toddler?

A. Autonomy versus shame and doubt
B. Trust versus mistrust
C. Industry versus inferiority
D. Initiative versus guilt

115. A child with tetralogy of Fallot becomes suddenly cyanotic and irritable during crying. Which position should the nurse place the child in?

A. Supine with legs flat
B. High Fowler's with legs down
C. Prone with head turned
D. Knee-chest position

119. A child with sudden high fever, drooling and difficulty swallowing is suspected to have epiglottitis. Which action should the nurse avoid?

A. Having airway equipment at the bedside
B. Allowing the parent to stay close
C. Examining the throat with a tongue depressor
D. Keeping the child upright and calm

Nursing Practice III: Medical-Surgical Nursing (Part A)

11. A client's serum potassium is 6.3 mEq/L. Which ECG change should the nurse expect?

A. Tall, peaked T waves
B. Prominent U waves
C. Flattened T waves
D. Shortened PR interval

16. A client taking furosemide has a serum potassium of 3.0 mEq/L. Which finding is the nurse most likely to observe?

A. Hyperactive deep tendon reflexes
B. Muscle weakness and leg cramps
C. Positive Trousseau sign
D. Tall, peaked T waves on ECG

21. A client has just arrived in the post-anesthesia care unit after abdominal surgery. What is the nurse's first priority?

A. Check the abdominal dressing
B. Assess the pain score
C. Measure urine output
D. Assess airway patency and breathing

26. A client who had abdominal surgery coughs and says something gave way. The nurse sees loops of bowel protruding through the incision. What should the nurse do first?

A. Push the bowel gently back into the abdomen
B. Have the client sit up and cough again
C. Cover the wound with sterile saline-moistened dressings
D. Apply a dry gauze dressing and tape it firmly

31. What is the main purpose of teaching a postoperative client to use an incentive spirometer?

A. To measure the client's oxygen saturation
B. To promote lung expansion and prevent atelectasis
C. To strengthen the abdominal muscles
D. To deliver bronchodilator medication

36. A client with chronic obstructive pulmonary disease and long-standing CO_2 retention is short of breath. Which oxygen order is most appropriate?

A. Nasal cannula at 1 to 2 L/min
B. Simple face mask at 10 L/min
C. Non-rebreather mask at 15 L/min
D. No oxygen until ABG results return

41. The chest drainage tubing becomes disconnected from the collection device. What should the nurse do immediately?

A. Clamp the tube near the drainage unit for an hour
B. Leave it open and call the physician
C. Remove the chest tube from the client
D. Submerge the tube end in sterile water

46. Which inhaled medication should a client with asthma use first during an acute attack?

A. Tiotropium
B. Salbutamol
C. Fluticasone
D. Montelukast

51. Which laboratory test is the most specific indicator of myocardial injury?

A. Serum myoglobin
B. Lactate dehydrogenase
C. Total creatine kinase
D. Cardiac troponin

56. Which assessment finding most suggests left-sided heart failure?

A. Distended neck veins
B. Crackles in both lung bases
C. Bilateral ankle edema
D. Enlarged, tender liver

61. Before giving digoxin, the nurse counts an apical pulse of 52 beats per minute in an adult client. What should the nurse do?

A. Give the dose and recheck in one hour
B. Give half the dose and document
C. Withhold the dose and notify the physician
D. Give the dose with a glass of milk

66. Which medication reverses an overdose of unfractionated heparin?

A. Calcium gluconate
B. Flumazenil
C. Protamine sulfate
D. Vitamin K

71. Fifteen minutes into a blood transfusion, the client develops chills, back pain and a fever. What should the nurse do first?

A. Slow the transfusion rate
B. Give paracetamol as ordered
C. Recheck vital signs in 30 minutes
D. Stop the transfusion

76. A client starting oral ferrous sulfate asks how to take it. Which instruction is most appropriate?

A. Take it with milk to protect the stomach
B. Take it with orange juice and expect dark stools
C. Stop it if stools become dark
D. Take it with tea to reduce nausea

81. A client receiving chemotherapy has severe neutropenia. Which item should the nurse remove from the room?

A. A portable radio
B. A personal prayer book
C. A vase of fresh flowers
D. A family photograph

86. An adult has partial-thickness burns of the entire right arm and the whole front of the trunk. Using the rule of nines, what percentage of body surface is burned?

A. 18%
B. 36%
C. 45%
D. 27%

91. A 70-kg client has burns over 30% of the body. Using the Parkland formula, how much fluid should be given in the first 8 hours?

A. 8,400 mL
B. 4,200 mL
C. 2,100 mL
D. 6,300 mL

96. A client has a confirmed deep vein thrombosis in the left calf. Which action should the nurse avoid?

A. Giving anticoagulants as ordered
B. Massaging the affected calf
C. Elevating the affected leg
D. Monitoring for chest pain

101. A client started on enalapril for hypertension reports a persistent dry cough. What is the most likely cause?

A. An early sign of pulmonary edema
B. A symptom of rising blood pressure
C. An allergy to the tablet coating
D. A known side effect of ACE inhibitors

106. A client receiving external beam radiation asks about the ink markings on the chest. What should the nurse tell the client?

A. Do not wash off the markings
B. Cover them with lotion every day
C. Scrub them off after each session
D. Apply heat to keep the skin soft

111. A client's arterial blood gas shows pH 7.30, PaCO2 55 mm Hg and HCO3 26 mEq/L. How should the nurse interpret this?

A. Uncompensated metabolic alkalosis
B. Uncompensated metabolic acidosis
C. Compensated respiratory alkalosis
D. Uncompensated respiratory acidosis

116. A client's IV site is red, warm and tender, with a red streak along the vein. What is the most appropriate action?

A. Apply a tighter dressing over the site
B. Increase the infusion rate
C. Remove the cannula and restart the IV at another site
D. Flush the cannula to restore flow

Nursing Practice IV: Medical-Surgical Nursing (Part B)

12. Which type of insulin can be given intravenously?

A. Regular insulin
B. NPH insulin
C. Insulin glargine
D. Premixed 70/30 insulin

17. A client with diabetes is shaky, sweaty and alert, with a blood glucose of 55 mg/dL. What should the nurse give first?

A. 15 g of fast-acting carbohydrate, such as half a cup of juice
B. A dose of regular insulin
C. A full meal with rice and meat
D. Nothing until the glucose is rechecked

22. A client with type 1 diabetes has deep, rapid respirations and a fruity breath odor. What condition do these findings suggest?

A. Respiratory alkalosis
B. Hyperosmolar hyperglycemic state
C. Hypoglycemic reaction
D. Diabetic ketoacidosis

27. When mixing regular and NPH insulin in one syringe, what should the nurse do?

A. Draw up the NPH insulin before the regular
B. Shake both vials vigorously before drawing
C. Inject air only into the regular vial
D. Draw up the regular insulin before the NPH

32. A heparin infusion contains 25,000 units in 500 mL of D5W. The order is 1,000 units per hour. At what rate should the pump be set?

A. 50 mL/hr
B. 10 mL/hr
C. 20 mL/hr
D. 25 mL/hr

37. Which group of findings is most consistent with Graves disease?

A. Bronze skin, low blood pressure and fatigue
B. Heat intolerance, weight loss and bulging eyes
C. Cold intolerance, weight gain and dry skin
D. Moon face, buffalo hump and thin skin

42. The day after a thyroidectomy, a client reports tingling around the mouth and in the fingers. Which complication should the nurse suspect?

A. Hypoglycemia from fasting
B. Hyperkalemia from tissue damage
C. Hypocalcemia from parathyroid injury
D. Thyroid storm from manipulation

47. Which finding is typical of Cushing syndrome?

A. Exophthalmos with heat intolerance
B. Round face, truncal obesity and high blood glucose
C. Weight loss, low blood pressure and darkened skin
D. Excessive thirst with very dilute urine

52. A client with a head injury develops SIADH. Which finding and intervention should the nurse expect?

A. Low blood glucose, given dextrose infusion
B. Low serum sodium, managed with fluid restriction
C. Large volumes of dilute urine, given desmopressin
D. High serum sodium, managed with extra fluids

57. After pituitary surgery, a client passes large volumes of very dilute urine and is constantly thirsty. Which medication does the nurse anticipate?

A. Furosemide
B. Desmopressin
C. Levothyroxine
D. Hydrocortisone

62. Which set of vital sign changes indicates rising intracranial pressure?

A. Widening pulse pressure, bradycardia and irregular breathing
B. Narrow pulse pressure, tachycardia and rapid breathing
C. Low blood pressure, tachycardia and fever
D. Normal blood pressure, bradycardia and deep regular breathing

67. A client has had an ischemic stroke affecting the left cerebral hemisphere. Which findings should the nurse expect?

A. Right-sided weakness with no speech problems
B. Left-sided weakness and neglect of the left side
C. Bilateral leg weakness only
D. Right-sided weakness and difficulty with speech

72. A client begins having a generalized tonic-clonic seizure while sitting in a chair. What should the nurse do?

A. Give oral water once jerking slows down
B. Ease the client to the floor and turn onto the side
C. Insert a padded tongue blade between the teeth
D. Hold the arms and legs firmly to stop movement

77. A client opens the eyes only to painful stimulus, uses inappropriate words, and withdraws from pain. What is the Glasgow Coma Scale score?

A. 8
B. 9
C. 7
D. 11

82. A client with a T4 spinal cord injury suddenly has a pounding headache, flushing above the injury and a blood pressure of 200/110 mm Hg. What should the nurse do first?

A. Give an oral fluid bolus
B. Sit the client upright
C. Apply a warm blanket
D. Place the client flat in bed

87. A client with cirrhosis is confused and has an elevated serum ammonia. Which medication is expected?

A. Ferrous sulfate
B. Lactulose
C. Ranitidine
D. Loperamide

92. A client with suspected appendicitis has right lower quadrant pain. Which order should the nurse question?

A. Keep the client nothing by mouth
B. Apply a heating pad to the abdomen
C. Start an IV infusion
D. Monitor vital signs every 2 hours

97. A client with chronic kidney disease is planning meals. Which food should the client limit because of its high potassium content?

A. Bananas
B. Apples
C. Cabbage
D. White rice

102. Which action is appropriate for a client with an arteriovenous fistula in the left arm for hemodialysis?

A. Feel for a thrill and listen for a bruit
B. Draw blood samples from the fistula arm
C. Take blood pressure on the left arm
D. Apply a tight bandage over the fistula

107. A client on peritoneal dialysis notices that the drained fluid is cloudy. What does this most likely indicate?

A. Peritonitis
B. Catheter displacement
C. Fluid overload
D. Normal effluent

112. A client with a casted forearm fracture reports severe pain unrelieved by opioids that worsens when the nurse moves the fingers. Which complication should the nurse suspect?

A. Compartment syndrome
B. Normal fracture pain
C. Osteomyelitis
D. Fat embolism syndrome

117. A client with dengue fever has a high temperature and body aches. Which medication should the nurse expect for fever?

A. Mefenamic acid
B. Aspirin
C. Ibuprofen
D. Paracetamol

120. A client who was bitten by a stray dog comes to the animal bite center. What first aid should the client have done at once?

A. Wash the wound with soap and running water
B. Cover the wound tightly with a dressing
C. Suck the wound to draw out the saliva
D. Apply garlic or herbs to the wound

Nursing Practice V: Psychiatric and Mental Health Nursing

13. A client with depression says, "I am useless to my family." Which response by the nurse is most therapeutic?

A. "That's not true; your family loves you."
B. "Let's talk about something more cheerful."
C. "Why would you think something like that?"
D. "You feel you are not of use to your family?"

18. A severely depressed client suddenly appears calm and begins giving away personal belongings. What should the nurse conclude?

A. The client is ready for discharge
B. The antidepressant is working well
C. The client is being generous with peers
D. The client may have decided on a suicide plan

23. The nurse suspects a client may be suicidal. What is the most appropriate way to assess this?

A. Wait for the client to raise the topic
B. Avoid the topic so as not to suggest it
C. Ask directly, "Are you thinking of killing yourself?"
D. Ask the family whether the client is suicidal

28. A client taking lithium has vomiting, diarrhea and a coarse hand tremor. The lithium level is 2.0 mEq/L. What should the nurse do?

A. Reassure the client these effects are expected
B. Give the dose with food to reduce nausea
C. Encourage the client to restrict salt
D. Hold the next dose and notify the physician

33. Which instruction should the nurse include when teaching a client who is starting lithium?

A. Keep salt and fluid intake consistent each day
B. Take extra doses on stressful days
C. Limit fluids to about 1 liter a day
D. Follow a strict low-sodium diet

38. A client taking phenelzine, an MAO inhibitor, should avoid which food?

A. Boiled rice
B. Steamed fish
C. Fresh milk
D. Aged cheese

43. A client on haloperidol develops a temperature of 40 C, severe muscle rigidity and confusion. Which condition should the nurse suspect?

A. Acute dystonic reaction
B. Tardive dyskinesia
C. Anticholinergic toxicity
D. Neuroleptic malignant syndrome

48. A client receiving clozapine reports a sore throat and fever. Why is this significant?

A. It shows the dose is too low
B. It is an expected early side effect
C. It may signal agranulocytosis
D. It is a sign of drug tolerance

53. A client who has taken chlorpromazine for many years shows lip smacking and tongue thrusting. What is this called?

A. Akathisia
B. Tardive dyskinesia
C. Pseudoparkinsonism
D. Acute dystonia

58. Why is thiamine given to clients being treated for alcohol withdrawal?

A. To prevent withdrawal seizures
B. To prevent Wernicke encephalopathy
C. To reduce the craving for alcohol
D. To speed the elimination of alcohol

63. A man who was scolded by his supervisor at work goes home and shouts at his son. Which defense mechanism is he using?

A. Sublimation
B. Reaction formation
C. Projection
D. Displacement

68. A client with schizophrenia says, "The voices are telling me I am evil." Which response is most appropriate?

A. "Tell the voices to stop talking to you right now."
B. "The voices are not real, so just ignore them."
C. "I don't hear the voices, but I can see they are upsetting you."
D. "What else are the voices telling you about yourself?"

73. A client believes the hospital food is poisoned and refuses to eat. What is the best nursing approach?

A. Tell the client that not eating means a feeding tube
B. Have the client eat with the other clients
C. Offer food in sealed packages
D. Explain that the food is tested and safe

78. A client in an acute manic episode will not sit down for meals. What is the most appropriate nursing intervention?

A. Serve three large meals at set times
B. Offer high-calorie finger foods to eat while moving
C. Wait until the client asks for food
D. Insist the client sit at the table until done

83. A client is having a panic attack, breathing rapidly and pacing. What should the nurse do first?

A. Teach the client a new relaxation technique
B. Ask the client to explain what caused the attack
C. Leave the client alone to calm down
D. Stay with the client and give brief, simple directions

88. A newly admitted client with obsessive-compulsive disorder washes hands repeatedly before breakfast. What is the most appropriate initial approach?

A. Allow time for the ritual and gradually set limits
B. Stop the client from washing at once
C. Tell the client the ritual is pointless
D. Lock the bathroom during meal times

93. A client with anorexia nervosa has the following laboratory results. Which one requires the most immediate attention?

A. Serum potassium of 2.8 mEq/L
B. Serum albumin of 3.3 g/dL
C. Fasting glucose of 70 mg/dL
D. Hemoglobin of 11.5 g/dL

98. A client started on sertraline a week ago says it is not helping. What should the nurse explain?

A. The drug should be stopped and changed
B. The dose should be doubled right away
C. The full effect usually takes several weeks
D. The drug works only when taken with alcohol

103. A client with borderline personality disorder praises one nurse and criticizes all the others. What is the best staff response?

A. Let the client choose new rules each shift
B. Assign only the praised nurse to the client
C. Maintain consistent rules among all staff members
D. Confront the client in front of peers

108. In Peplau's interpersonal relations theory, during which phase are the nurse-client contract and goals first established?

A. Pre-interaction phase
B. Termination phase
C. Working phase
D. Orientation phase

113. What is the main goal of crisis intervention?

A. Return the client to the pre-crisis level of functioning
B. Reshape the client's personality structure
C. Begin long-term group psychotherapy
D. Uncover unconscious childhood conflicts

118. Which Philippine law is the Mental Health Act that protects the rights of persons who use mental health services?

A. Republic Act 10354
B. Republic Act 11223
C. Republic Act 11036
D. Republic Act 9173

Answer key

Nursing

1. B. Incidence

Incidence tracks new cases over time. Prevalence includes existing cases.

2. A. Point prevalence

Point prevalence measures existing cases at one specified point in time.

3. B. 2%

Divide new cases by the population initially at risk: 24 ÷ 1,200 = 2%.

4. C. 5%

Divide existing cases by people screened on that day: 30 ÷ 600 = 5%.

5. D. Number of people at risk and their observation time

Person-time adds the time each person was observed while at risk.

6. A. Point prevalence

Point prevalence counts people with the condition at the specified time.

7. B. People remain in the affected group for longer

Longer duration can increase the number of existing cases even when incidence stays steady.

8. C. The population at risk at the start

Cumulative incidence compares new cases with the population initially at risk.

9. A. Republic Act 9173

RA 9173 is the Philippine Nursing Act of 2002; it replaced RA 7164, the earlier 1991 nursing law.

10. D. November 17, 2026

Naegele's rule: add 7 days and subtract 3 months from the first day of the LMP, then add 1 year: February 10 becomes November 17.

11. A. Tall, peaked T waves

Hyperkalemia produces tall, peaked T waves; U waves and flattened T waves are seen in hypokalemia.

12. A. Regular insulin

Regular (short-acting) insulin is clear and can be given IV, as in DKA; intermediate and long-acting insulins cannot.

13. D. "You feel you are not of use to your family?"

Reflecting the feeling invites the client to explore it; reassurance, "why" questions and changing the subject block communication.

14. D. Professional Regulatory Board of Nursing under the PRC

The law vests regulation of the profession and the licensure examination in the Board of Nursing under the Professional Regulation Commission.

15. B. G4 T1 P1 A1 L3

She has had four pregnancies including the current one; one term birth, one preterm birth (twins count once), one abortion, and three living children.

16. B. Muscle weakness and leg cramps

Loop diuretics cause potassium loss; hypokalemia commonly produces weakness, cramps and U waves.

17. A. 15 g of fast-acting carbohydrate, such as half a cup of juice

A conscious client with hypoglycemia should receive about 15 g of simple carbohydrate, with the glucose rechecked in 15 minutes.

18. D. The client may have decided on a suicide plan

A sudden lift in mood and giving away possessions can mean the client has made a decision to end life.

19. C. Ask the client to state full name and birth date and compare with the wristband

Using two client-specific identifiers stated by the client and matched to the wristband is the safest check; room numbers are not identifiers and leading questions invite false agreement.

20. D. 20 weeks

The fundus reaches the symphysis pubis at about 12 weeks and the umbilicus at about 20 weeks.

21. D. Assess airway patency and breathing

Airway and breathing come first because anesthesia and opioids can cause airway obstruction and respiratory depression.

22. D. Diabetic ketoacidosis

Kussmaul breathing and acetone breath reflect the metabolic acidosis and ketones of DKA.

23. C. Ask directly, "Are you thinking of killing yourself?"

Asking directly does not plant the idea and gives the most accurate information about risk.

24. D. Wash hands with soap and running water

Alcohol does not reliably destroy C. difficile spores, so mechanical washing with soap and water is required.

25. C. Massage the fundus until it becomes firm

A boggy uterus is the most common cause of postpartum hemorrhage; fundal massage stimulates contraction immediately.

26. C. Cover the wound with sterile saline-moistened dressings

Evisceration is an emergency; moist sterile dressings protect the exposed organs from drying and contamination while the surgeon is notified.

27. D. Draw up the regular insulin before the NPH

Clear regular insulin is drawn first so the regular vial is not contaminated with the intermediate-acting insulin.

28. D. Hold the next dose and notify the physician

A level of 2.0 mEq/L is well above the therapeutic range, and these findings signal lithium toxicity.

29. D. Hold the load close to the body and lift by bending the knees

Keeping the load near the center of gravity and using the large leg muscles reduces strain on the back.

30. B. Discontinue the oxytocin infusion

Late decelerations reflect uteroplacental insufficiency; stopping oxytocin reduces contraction stress on placental blood flow.

31. B. To promote lung expansion and prevent atelectasis

Slow, deep inspirations held at the top keep the alveoli open and prevent postoperative atelectasis and pneumonia.

32. C. 20 mL/hr

The concentration is 25,000 / 500 = 50 units/mL; 1,000 units/hr / 50 units/mL = 20 mL/hr.

33. A. Keep salt and fluid intake consistent each day

Low sodium or dehydration causes the kidneys to retain lithium, raising the risk of toxicity.

34. D. Assess the client for injury before moving

Moving a client before assessment may worsen an unrecognized fracture or spinal injury; documentation comes later.

35. A. Umbilical cord compression

Variable decelerations are caused by cord compression; early decelerations are from head compression and late ones from placental insufficiency.

36. A. Nasal cannula at 1 to 2 L/min

Low-flow oxygen targeting about 88 to 92% saturation relieves hypoxemia while reducing the risk of worsening CO2 retention.

37. B. Heat intolerance, weight loss and bulging eyes

Graves disease causes hyperthyroidism with a high metabolic rate and exophthalmos.

38. D. Aged cheese

Aged cheese is high in tyramine, which can cause a hypertensive crisis in clients on MAO inhibitors.

39. B. Remove the client from immediate danger

RACE stands for Rescue, Alarm, Contain, Extinguish; rescuing anyone in immediate danger comes first.

40. A. Absent patellar reflexes

Loss of deep tendon reflexes is an early sign of magnesium toxicity, which can progress to respiratory depression.

41. D. Submerge the tube end in sterile water

Placing the end in sterile water creates a temporary water seal and prevents air from entering the pleural space.

42. C. Hypocalcemia from parathyroid injury

Accidental removal or injury of the parathyroid glands lowers calcium, causing tingling, Chvostek and Trousseau signs, and tetany.

43. D. Neuroleptic malignant syndrome

High fever, lead-pipe rigidity, altered consciousness and autonomic instability are typical of neuroleptic malignant syndrome, a medical emergency.

44. C. Keeping sterile items above waist level and in view

Items below the waist or out of sight are considered contaminated, as are the border and areas reached across.

45. C. Calcium gluconate

Calcium gluconate is the antidote that reverses magnesium toxicity.

46. B. Salbutamol

Salbutamol is a short-acting beta-2 agonist that relieves bronchospasm within minutes; the others are maintenance drugs.

47. B. Round face, truncal obesity and high blood glucose

Excess cortisol causes a moon face, central fat, hyperglycemia and thin, easily bruised skin.

48. C. It may signal agranulocytosis

Clozapine can cause a dangerous drop in white blood cells, so signs of infection need urgent blood count checks.

49. C. 31 gtt/min

Flow rate = (1,000 mL x 15 gtt/mL) / 480 min = 31.25, or about 31 gtt/min.

50. C. Worsening disease with risk of eclampsia

Severe headache and visual disturbances are signs of cerebral involvement in preeclampsia and may precede seizures.

51. D. Cardiac troponin

Troponin is specific to heart muscle and remains elevated for days; CK, LDH and myoglobin also come from skeletal muscle.

52. B. Low serum sodium, managed with fluid restriction

Excess ADH causes water retention and dilutional hyponatremia, so fluids are restricted.

53. B. Tardive dyskinesia

Tardive dyskinesia is a late, often irreversible movement disorder of the mouth, face and limbs from long-term antipsychotic use.

54. C. Secondary prevention

Screening detects disease early, before symptoms, which is secondary prevention; immunization would be primary.

55. C. Performing a digital vaginal examination

Painless bright red bleeding suggests placenta previa, and a vaginal examination could cause massive hemorrhage.

56. B. Crackles in both lung bases

Left ventricular failure backs blood into the pulmonary circulation, causing crackles and dyspnea; the other findings reflect right-sided failure.

57. B. Desmopressin

These are signs of diabetes insipidus from lack of ADH; desmopressin replaces the hormone.

58. B. To prevent Wernicke encephalopathy

Chronic alcohol use depletes thiamine; replacement prevents Wernicke encephalopathy and Korsakoff syndrome.

59. A. Intradermal

BCG is injected intradermally, usually on the right deltoid area, raising a small wheal.

60. C. Dark red bleeding with a rigid, painful uterus

Premature separation of the placenta typically causes pain and a board-like uterus, with dark bleeding that may be concealed.

61. C. Withhold the dose and notify the physician

Digoxin slows the heart; it is generally withheld when the adult apical pulse is below 60 per minute.

62. A. Widening pulse pressure, bradycardia and irregular breathing

Cushing's triad is a late sign of increased ICP and impending brain herniation.

63. D. Displacement

Displacement redirects feelings from a threatening target to a safer one.

64. D. Health threat

Health threats are conditions conducive to disease or injury, such as smoking; deficits are existing failures in health, and crises are anticipated stress points.

65. C. Within 72 hours after delivery

Rh immune globulin given within 72 hours prevents the mother from forming antibodies against fetal Rh-positive cells.

66. C. Protamine sulfate

Protamine sulfate neutralizes heparin; vitamin K reverses warfarin.

67. D. Right-sided weakness and difficulty with speech

Motor pathways cross, so a left-hemisphere stroke weakens the right side, and the left hemisphere usually controls language.

68. C. "I don't hear the voices, but I can see they are upsetting you."

The nurse presents reality without arguing and acknowledges the client's feelings, without exploring the content of the hallucination.

69. B. Alma-Ata Declaration of 1978

The 1978 Alma-Ata conference adopted primary health care; the Philippines adopted it through Letter of Instruction 949 in 1979.

70. C. 6

Heart rate above 100 scores 2; slow irregular breathing 1; some flexion 1; grimace 1; acrocyanosis 1, for a total of 6.

71. D. Stop the transfusion

A suspected transfusion reaction requires stopping the blood at once, keeping the line open with normal saline, and notifying the physician.

72. B. Ease the client to the floor and turn onto the side

Lowering the client and turning to the side protects from injury and aspiration; nothing should be forced into the mouth or used to restrain movement.

73. C. Offer food in sealed packages

Arguing does not change a delusion; sealed foods meet nutritional needs while respecting the client's fear.

74. D. 30%

Attack rate = ill persons / persons exposed = 45 / 150 = 0.30, or 30%.

75. A. To prevent bleeding due to low clotting factors

Newborns lack the gut bacteria that make vitamin K, so a dose prevents vitamin K deficiency bleeding.

76. B. Take it with orange juice and expect dark stools

Vitamin C improves iron absorption, while milk and tea reduce it; dark green or black stools are an expected effect.

77. B. 9

Eye opening to pain is 2, inappropriate words is 3, and withdrawal from pain is 4, totaling 9.

78. B. Offer high-calorie finger foods to eat while moving

Portable, high-calorie foods help a hyperactive client meet increased energy needs.

79. A. 15 per 1,000 population

Crude birth rate = (600 / 40,000) x 1,000 = 15 live births per 1,000 population.

80. D. Thoroughly dry the baby

The EINC sequence begins with immediate thorough drying, followed by skin-to-skin contact, properly timed cord clamping and early breastfeeding.

81. C. A vase of fresh flowers

Standing water and fresh flowers can harbor bacteria and fungi that are dangerous to a neutropenic client.

82. B. Sit the client upright

This is autonomic dysreflexia; raising the head lowers blood pressure while the nurse looks for the trigger, such as a full bladder.

83. D. Stay with the client and give brief, simple directions

In panic, the client cannot process complex information; a calm presence and short directions provide safety.

84. B. Total live births in the same year

Infant mortality rate divides deaths of infants under one year by the live births in the same year, times 1,000.

85. A. The first 6 months of life

Exclusive breastfeeding for 6 months, then continued breastfeeding with complementary foods, is the DOH and WHO recommendation.

86. D. 27%

Each arm is 9% and the anterior trunk is 18%, so 9% + 18% = 27%.

87. B. Lactulose

Lactulose traps ammonia in the bowel and promotes its excretion, improving hepatic encephalopathy.

88. A. Allow time for the ritual and gradually set limits

Abruptly preventing the ritual raises anxiety; the nurse first allows it, then helps the client reduce it over time.

89. B. Oral polio vaccine

OPV tolerates freezing, while hepatitis B, pentavalent and tetanus-containing vaccines are damaged by freezing.

90. A. At least 24 hours after birth

Sampling after 24 hours allows metabolic markers to build up after feeding begins, reducing false-negative results.

91. B. 4,200 mL

Parkland: 4 mL x 70 kg x 30 = 8,400 mL in 24 hours; half, or 4,200 mL, is given in the first 8 hours from the time of the burn.

92. B. Apply a heating pad to the abdomen

Heat can increase inflammation and hasten rupture of the appendix.

93. A. Serum potassium of 2.8 mEq/L

Severe hypokalemia can cause fatal cardiac dysrhythmias, making it the most urgent problem.

94. A. The client says, "My stomach feels like it is burning."

Subjective data are what the client reports and only the client can describe; the others are observed or measured.

95. A. 4 mL

40 mg x 15 kg = 600 mg/day; divided into 3 doses = 200 mg per dose; 200 mg / 250 mg x 5 mL = 4 mL.

96. B. Massaging the affected calf

Massage can dislodge the clot and cause pulmonary embolism.

97. A. Bananas

Damaged kidneys cannot excrete potassium well, and bananas are among the richest sources of potassium.

98. C. The full effect usually takes several weeks

SSRIs commonly take several weeks to produce full antidepressant effect, so the client should continue as prescribed.

99. B. Impaired skin integrity related to prolonged immobility

A nursing diagnosis names a client response and a related factor the nurse can treat; it should not be a medical diagnosis or restate the problem as its cause.

100. A. Some dehydration

Two or more of restlessness, sunken eyes, drinking eagerly and a slow skin pinch indicate some dehydration, treated with ORS under Plan B.

101. D. A known side effect of ACE inhibitors

ACE inhibitors allow bradykinin to build up, which commonly causes a dry, nonproductive cough.

102. A. Feel for a thrill and listen for a bruit

A palpable thrill and audible bruit confirm the fistula is patent; the arm should be protected from pressure and needle sticks.

103. C. Maintain consistent rules among all staff members

Splitting is managed by consistent limits and communication among staff.

104. C. Rectal

Rectal thermometers can injure the mucosa and introduce bacteria, a serious risk for a client who cannot fight infection.

105. C. Pneumonia

For children aged 12 months up to 5 years, 40 breaths per minute or more is fast breathing, classified as pneumonia without chest indrawing or danger signs.

106. A. Do not wash off the markings

The markings guide accurate positioning for each treatment and must stay until therapy ends.

107. A. Peritonitis

Cloudy effluent is a hallmark of peritoneal infection; normal drainage is clear and pale yellow.

108. D. Orientation phase

In the orientation phase the nurse and client meet, set the contract, and identify the problem.

109. B. Notify the surgeon so the client's questions can be answered

Explaining the procedure and its risks is the surgeon's responsibility; consent is not informed until the client's questions are answered.

110. A. Autonomy versus shame and doubt

Toddlers develop autonomy by doing things for themselves; trust is the infant task and initiative the preschool task.

111. D. Uncompensated respiratory acidosis

The pH is low and the PaCO2 is high, while bicarbonate is normal, so the acidosis is respiratory and not yet compensated.

112. A. Compartment syndrome

Pain out of proportion to the injury and pain on passive stretch are early signs of compartment syndrome, which needs prompt relief.

113. A. Return the client to the pre-crisis level of functioning

Crisis intervention is short-term and focused on the immediate problem, aiming to restore at least the previous level of functioning.

114. A. To ensure adherence and prevent drug resistance

Directly observed treatment makes sure every dose is taken, which improves cure rates and prevents multidrug-resistant TB.

115. D. Knee-chest position

The knee-chest position increases systemic vascular resistance, reducing right-to-left shunting and improving oxygenation.

116. C. Remove the cannula and restart the IV at another site

These are signs of phlebitis; the cannula should be removed, a warm compress applied, and a new line started elsewhere.

117. D. Paracetamol

Aspirin and NSAIDs increase bleeding risk in dengue, so paracetamol is used for fever and pain.

118. C. Republic Act 11036

RA 11036, the Mental Health Act of 2018, sets the national mental health policy and the rights of service users.

119. C. Examining the throat with a tongue depressor

Inspecting the throat can trigger laryngospasm and complete airway obstruction in epiglottitis.

120. A. Wash the wound with soap and running water

Immediate thorough washing with soap and water greatly reduces the rabies virus at the wound.

Topics to review

- Prioritization and safety in adult care
- Maternal, newborn and child nursing
- Community health and prevention
- Medication calculations and infection control

Online question banks and study resources

Nursing - Pass Harbor (Question bank)

Population Health for Nurses - OpenStax (Open textbook)

Official PRC board information

Current PRC exam programs

Independent study material prepared by Board Exam Desk.