FREE SAMPLE

NCLEX Content Review Guide 2026 (Gold Book)

You are reading 5 pages of a 131-page guide.
These are real pages, not a mock-up.

The full guide is an instant PDF download.
Yours to keep, print and annotate. Nothing ships.

TABLE OF CONTENTS *the whole book, mapped*

Contents.

Twenty chapters. Four units. One vault. Ordered by what the exam weighs most.

START HERE *find the unit costing you the most*

The Content Diagnostic.

Sixteen questions. Four per unit.

Answer all sixteen on instinct, then score on page 05. Missing items here is expected and says nothing bad about you. **This page exists to name the unit you open first.**

UNIT I · STRATEGY & MANAGEMENT OF CARE

questions 1 to 4

Question 1

Four clients. Who does the nurse see first?

A. Post-op day two, pain 7/10. B. Dementia, confused and calling out.
C. Post-thyroidectomy, now hoarse with a high-pitched cough. D. Heart failure, chronic 2+ ankle oedema.

Question 2

Which task may the nurse delegate to a UAP?

A. Reinforcing teaching on a new inhaler. B. Vital signs on a stable client awaiting discharge.
C. Assessing a new admission's abdominal pain. D. Evaluating whether pain medication worked.

Question 3

In a mass-casualty event, which client is tagged red?

A. Full-thickness burns over 90%, unresponsive. B. Sucking chest wound, severe respiratory distress.
C. Open forearm fracture, bleeding controlled. D. Superficial lacerations, walking and crying.

Question 4

A matrix scores each row on its own. You are unsure of row three. What do you do?

A. Leave it blank so a wrong answer cannot cost you. B. Choose your best judgement and move on.
C. Change row one to match it. D. Skip the item and return at the end.

UNIT II · PHARMACOLOGY & SAFE CARE

questions 5 to 8

Question 5

Digoxin and furosemide. Potassium 3.1, digoxin level 1.4. Priority?

A. Give the digoxin; the level is therapeutic. B. Hold the digoxin and report the potassium.
C. Offer potassium-rich foods and give the dose. D. Recheck the digoxin level in six hours.

Question 6

Which action is correct for a client with C. difficile?

A. Alcohol rub after removing gloves. B. Droplet precautions and a surgical mask.
C. Soap-and-water handwashing, bleach cleaning. D. Negative-pressure room and an N95.

Question 7

ABG: pH 7.28, CO_2 58, HCO_3 25. This is:

A. Respiratory acidosis. B. Respiratory alkalosis. C. Metabolic acidosis. D. Metabolic alkalosis.

Question 8

Ten minutes into a transfusion: back pain, chills, dark urine. First action?

A. Slow the transfusion and reassess. B. Stop it, saline with new tubing. C. Give the prescribed antipyretic.
D. Raise the head of the bed, give oxygen.

START HERE *pick a lane, then hold it*

Study Schedules.

The 60-day and 30-day plans.

CARRY THIS

Pair every chapter with questions the same day.
Reading builds recognition. Questions build recall, and the exam tests recall.

A SAMPLE, NOT A RULE **Both plans are examples.** Move the days to fit your life and your weak areas. **Keep the order, and keep the daily questions.**

60-DAY PLAN	BOOK, AND VIDEO	Exam ASAP DAILY
Days 1 – 4	**Pink Book** + videos, then Gold Ch 1 and 2. **NCLEX Ultimate Mastery** for orientation	25 to 50, mixed
Days 5 – 9	Gold Ch 3 **+ video.** Management of care	50, management focus
Days 10 – 21	Gold Ch 4 to 8 **+ videos,** about two days each	50, pharmacology heavy
Days 22 – 45	Gold Ch 9 to 16 **+ videos,** about three days each	75 to 100, by system
Days 46 – 53	Gold Ch 17 to 20 **+ videos,** two days each	75 to 100, mixed
Days 54 – 58	**Both review courses** and their notes. Unit Sheets. Rework every miss	**100 to 150,** fully mixed
Day 59	The Vault, and the **NCLEX Crash Course** for a last pass	50, easy pace
Day 60	**Rest.** No studying	None

30-DAY PLAN	BOOK, AND VIDEO	Exam ASAP DAILY
Days 1 – 3	**Pink Book,** then Gold Ch 1 to 3 **+ videos. NCLEX Ultimate Mastery** to orient	50
Days 4 – 9	Gold Ch 4 to 8 **+ videos**	75
Days 10 – 21	Gold Ch 9 to 16 **+ videos,** about 1.5 days each	75 to 100
Days 22 – 25	Gold Ch 17 to 20 **+ videos**	75 to 100
Days 26 – 28	**Both review courses** and their notes. Unit Sheets and every miss	**100 to 150,** mixed
Day 29	The Vault, and the **NCLEX Crash Course** for a last pass	50, easy pace
Day 30	**Rest.** No studying	None

KEY RULE · REWORK EVERY MISS

A missed question is worth more than five correct ones. **Write down why you missed it: content gap, misread stem, or wrong tool.** Three of the same reason is your real weakness.

CHAPTER 07 · SECTION 3

3 · Reading Arterial Blood Gases

A four-step method that works on any ABG.

READ AN ABG IN FOUR STEPS

1 — pH
Under 7.35 acid. Over 7.45 alkaline.

2 — CO_2
Normal 35 to 45. This is the lungs.

3 — HCO_3
Normal 22 to 26. This is the kidneys.

4 — MATCH
Whichever moves with the pH is the cause.

ROME

Respiratory Opposite → pH and CO_2 move in opposite directions.
Metabolic Equal → pH and HCO_3 move in the same direction.

FROM THE PINK BOOK · THE READ

ROME is The Read applied to a picture instead of a number. You are not asked to memorize compensation tables; you are asked which way two values moved against each other. **Direction first, then whether it is past a trigger, then what this client should have.** The Pink Book runs the same three reads on rhythms and fetal strips, which is why a strip you have never seen is still readable.

DISORDER	PATTERN	TYPICAL CAUSE
Respiratory acidosis	Low pH, **high CO_2**	Hypoventilation. COPD, oversedation, respiratory depression.
Respiratory alkalosis	High pH, **low CO_2**	Hyperventilation. Anxiety, pain, early sepsis.
Metabolic acidosis	Low pH, **low HCO_3**	DKA, severe diarrhea, kidney failure, shock.
Metabolic alkalosis	High pH, **high HCO_3**	Vomiting, prolonged suction, excess antacids.

WORKED EXAMPLE

pH **7.28**, CO_2 **58**, HCO_3 **25.**

Step 1: pH 7.28 is acidic.

Step 2: CO_2 58 is high, so the lungs are the problem.

Step 3: HCO_3 25 is normal, so the kidneys are not involved yet.

Answer: uncompensated respiratory acidosis.

Acid pH with high CO_2 means the client is **not blowing off carbon dioxide.** Look for oversedation, COPD, or a failing respiratory drive.

CHAPTER 18 · SECTION 5

5 · Practice Questions

Three questions with full rationales.

QUESTION 1

A client at 34 weeks arrives with bright red vaginal bleeding and no pain. The uterus is soft. What should the nurse do?

A. Perform a vaginal examination to assess dilation.
B. Withhold vaginal examination and notify the provider.
C. Encourage ambulation to promote labor.
D. Place the client flat on her back.

Answer: B.

Painless bright red bleeding with a soft uterus is **placenta previa.** A vaginal examination can tear the placenta and cause fatal hemorrhage. D also risks supine hypotension.

QUESTION 2

Two hours postpartum the fundus is boggy and displaced to the right. What is the nurse's **first** action?

A. Notify the provider immediately.
B. Massage the fundus.
C. Assist the client to empty her bladder.
D. Increase the oxytocin infusion.

Answer: B.

Massage comes first because a boggy uterus is actively bleeding. C addresses the displacement and follows immediately after. A and D come after the nursing action that stops the loss.

QUESTION 3

A client receiving magnesium sulfate has absent deep tendon reflexes, a respiratory rate of 10, and urine output of 20 mL/hr. What does the nurse do **first**?

A. Give calcium gluconate.
B. Stop the magnesium infusion.
C. Increase the IV fluid rate.
D. Reassess reflexes in 15 minutes.

Answer: B.

All three findings signal **magnesium toxicity.** Stop the drug that is causing it before treating the effect. Calcium gluconate is the antidote and follows immediately, but the infusion keeps running while it is drawn up.

THAT WAS THE SAMPLE

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