FREE SAMPLE

2026 NCLEX Ultimate Mastery Notes

You are reading 5 pages of a 92-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.

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NCLEX STUDY PLANNER

STEP 1

CHOOSE THE TIMELINE (4, 6, 8, 10, 12, 16 WEEKS?)

STEP 2

STUDY BREAKDOWN (CHOOSE RESOURCES AND HOW LONG YOU WOULD FOCUS ON FOLLOWING:)

- CONTENTS REVIEW
- PRACTICE QUESTIONS

STEP 3

MAKE REALISTIC CALENDAR

Let's Plan!

STEP 1: How many weeks are you going to prepare?

_____

STEP 2: Choose resources to use and allocate time for using each of them

- **Content review: _____ - ____ weeks**
- **Question Bank: _____ - ____ weeks**

STEP 3: Make a realistic Calendar based on this!

example

STEP 1: How many weeks are you going to prepare?

8 weeks

STEP 2: Choose resources to use and allocate time for using each of them

- **Content review: NCLEX ultimate book (by YNS) - 4 weeks**
- **Question Bank: QBANK (by YNS)* - 8 weeks (50 questions for 4 weeks, 100 questions for 4 weeks)**

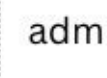
STEP 3: Make a realistic Calendar based on this!

Chapter 2: NCLEX Test-Taking Strategies

HOW TO ANSWER SATA & NEXT-GEN NCLEX QUESTIONS

SATA (Select All That Apply) Strategies

- **Read the Stem Carefully**: Determine exactly what the question asks—e.g., correct actions, incorrect actions, or symptoms present. Misinterpreting the stem leads to errors.
- **Evaluate Each Option Independently**: Treat each answer choice as a standalone true/false statement relative to the stem. Don't assume one choice affects another unless explicitly stated.
  - Example: For "Select all that apply: Signs of dehydration," evaluate "dry mucous membranes" (true), "increased urine output" (false), etc., separately.
- **Trust Your First Instinct**: Overthinking often leads to changing correct answers to incorrect ones. If an option aligns with your knowledge, select it unless you're certain it's wrong.



Practice Tip: SATA questions may have 2-6 correct answers, so don't stop at one—keep analyzing all options.

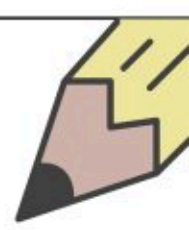
Next-Gen Strategies

The Next Generation NCLEX (NGN) incorporates case studies, unfolding scenarios, and alternate formats to assess clinical judgment.

- **Recognize Key Words**: Words like "acute" (sudden, severe) versus "chronic" (long-term) or "stable" versus "unstable" signal priority. An "acute" condition often trumps a "chronic" one.
- **Track Trends Over Time**: In case studies, note changes in vital signs, symptoms, or labs. A rising temperature or dropping oxygen saturation indicates worsening status.
- **Use Clinical Judgment**: Justify your answers by mentally walking through the nursing process (ADPIE). For example, in a scenario, assess data, identify the problem, and choose interventions that align.

Example: A patient's oxygen saturation drops from 95% to 88% over 4 hours—prioritize oxygen administration over a routine med pass.

ELIMINATING WRONG ANSWERS & AVOIDING TRAPS



NCLEX questions often include distractors. Here's how to spot and eliminate them:

- **Eliminate Answers That Introduce New Information**: If an option mentions details not in the stem (e.g., a medication or symptom not referenced), it's likely irrelevant and incorrect.
  - Example: If the stem discusses chest pain and an option mentions "fever," discard it unless fever was noted.
- **Avoid Absolute Terms:** Answers with "**always**," "**never**," or "**only**" are often wrong because healthcare rarely deals in absolutes—exceptions exist.
  - Example: "The nurse should always check pulses first" is likely false; ABCs prioritize airway.
- **Watch for Opposite Answers**: When two options contradict (e.g., "increase fluids" vs. "restrict fluids"), one is often correct, and the other is a distractor. Use the stem to decide.
- **Prioritization Traps**: Don't mix up acute (immediate threat) and chronic (ongoing) conditions. Acute issues, like sudden dyspnea, take precedence over chronic pain management.
- **Keywords** to Watch: Words like "**first**" (initial action), "**best**" (optimal choice), "**most**" (highest priority), or "**next**" (sequence) shift the focus. Read them carefully to align your answer.

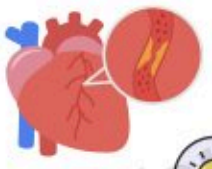
Chapter 10: Cardiovascular System

CORONARY ARTERY DISEASE & MYOCARDIAL INFARCTION (MI)

CORONARY ARTERY DISEASE (CAD)

: NARROWING OF CORONARY ARTERIES DUE TO ATHEROSCLEROSIS, REDUCING BLOOD FLOW TO THE HEART

- RISK FACTORS: HTN, HYPERLIPIDEMIA, SMOKING, OBESITY, DIABETES, SEDENTARY LIFESTYLE
- SYMPTOMS: ANGINA (STABLE VS. UNSTABLE), SOB, DIAPHORESIS, FATIGUE
- DIAGNOSIS: ECG, STRESS TEST, CARDIAC CATHETERIZATION, LIPID PROFILE
- TREATMENT: LIFESTYLE CHANGES, STATINS, ASPIRIN, BETA-BLOCKERS, NITROGLYCERIN



NCLEX TIPS

- STABLE ANGINA: RELIEVED WITH REST & NITROGLYCERIN
- UNSTABLE ANGINA: OCCURS AT REST, NOT RELIEVED BY NITROGLYCERIN (MEDICAL EMERGENCY)

MYOCARDIAL INFARCTION (MI) (HEART ATTACK)

: COMPLETE BLOCKAGE OF CORONARY ARTERIES, CAUSING ISCHEMIA & NECROSIS

- CAUSES: ATHEROSCLEROSIS, THROMBOSIS, VASOSPASM
- SYMPTOMS: CRUSHING CHEST PAIN (RADIATES TO JAW, LEFT ARM, BACK), DIAPHORESIS, SOB, N/V, ANXIETY
- DIAGNOSIS: ECG (ST ELEVATION IN STEMI, ST DEPRESSION IN NSTEMI), CARDIAC MARKERS (TROPONIN, CK-MB)
- TREATMENT: MONA (MORPHINE, OXYGEN, NITROGLYCERIN, ASPIRIN), THROMBOLYTICS, PCI, CABG

NCLEX TIPS

- TROPONIN I & T: MOST SPECIFIC CARDIAC MARKERS (IN 3-6 HRS, PEAK 12-24 HRS)
- ORDER OF MONA: OXYGEN FIRST, THEN ASPIRIN, NITROGLYCERIN, AND MORPHINE
- STEMI VS. NSTEMI: STEMI = COMPLETE BLOCKAGE (NEEDS PCI OR FIBRINOLYTICS), NSTEMI = PARTIAL BLOCKAGE

HEART FAILURE (LEFT VS. RIGHT-SIDED)

	LEFT-SIDED HF (L FOR LUNGS)	RIGHT-SIDED HF (R FOR REST OF THE BODY)
CAUSE	HTN, CAD, MI	LEFT-SIDED HF, LUNG DISEASE (COPD, PULMONARY HTN)
SYMPTOMS	PULMONARY CONGESTION (CRACKLES, DYSPNEA, ORTHOPNEA, PINK FROTHY SPUTUM)	PERIPHERAL EDEMA, JVD, WEIGHT GAIN, ASCITES, HEPATOMEGALY
DIAGNOSIS	BNP (›100 = HF), ECHOCARDIOGRAM, CHEST X-RAY	
TREATMENT	(ADHF): ACE INHIBITORS, DIURETICS, DIGOXIN (IF NEEDED), HEART RATE CONTROL (BETA-BLOCKERS), FLUID RESTRICTION	
COMPLICATIONS	PULMONARY EDEMA, RENAL FAILURE.	
NCLEX TIPS	DAILY WEIGHTS ARE THE MOST ACCURATE INDICATOR OF FLUID OVERLOADFLUID RESTRICTION & LOW SODIUM DIET TO PREVENT RETENTIONMONITOR POTASSIUM LEVELS IF ON DIURETICS (LOOP DIURETICS HYPOKALEMIA; SPIRONOLACTONE HYPERKALEMIA)	

Chapter 13: Neurological System

SEIZURES & STATUS EPILEPTICUS

Abnormal electrical activity in the brain; status epilepticus is prolonged/repetitive seizures.

SEIZURE

- TYPES: GENERALIZED (TONIC-CLONIC), PARTIAL (FOCAL).
- PHASES: AURA (WARNING), ICTAL (ACTIVE), POSTICTAL (RECOVERY).
- SYMPTOMS: CONVULSIONS, LOC, CONFUSION POST-SEIZURE.
- MANAGEMENT: ANTICONVULSANTS (E.G., LORAZEPAM, PHENYTOIN), SAFETY (SIDE-LYING, PROTECT HEAD, NO RESTRAINT, NOTHING IN MOUTH), TIME THE SEIZURE.

STATUS EPILEPTICUS

- DEFINITION: ›5 MIN OF SEIZURES OR RECURRENT WITHOUT RECOVERY = MEDICAL EMERGENCY!
- MANAGEMENT:
  - 1ST LINE: IV LORAZEPAM (2-4 MG)
  - 2ND LINE: IV ANTISEIZURE MEDS (PHENYTOIN, LEVETIRACETAM)
  - AIRWAY PROTECTION, GLUCOSE CHECK.

SEIZURE PRECAUTIONS

IMPORTANT

✅ PADDED BEDRAILS, SUCTION & OXYGEN AT BEDSIDE
✅ IV ACCESS FOR EMERGENCY MEDS
✅ REMOVE RESTRICTIVE CLOTHING
✅ PLACE PATIENT SIDE-LYING (AIRWAY PROTECTION)

IMPORTANT **safety is key!**

- DURING: PROTECT HEAD, CLEAR AREA, TIME SEIZURE.
- AFTER: O2, NEURO CHECKS, SIDE-LYING (ASPIRATION RISK).
- COMPLICATIONS: BRAIN DAMAGE, RESPIRATORY FAILURE.

NCLEX TIPS

- PRIORITY: AIRWAY + SAFETY = TURN TO SIDE, NO TONGUE STICKS!
- TRICK: "STATUS = STUCK SEIZING ›5 MIN STAT MEDS."
- TIMING: NCLEX LOVES "HOW LONG?" – ALWAYS DOCUMENT DURATION.
- TEACHING: NO DRIVING UNTIL SEIZURE-FREE (PER STATE LAW).

MENINGITIS

: A DISEASE CAUSED BY AN INFLAMMATION OF THE MENINGES

CAUSES: BACTERIAL (DEADLY, NEEDS ANTIBIOTICS) VS. VIRAL (SELF-LIMITING).

KEY SYMPTOMS (RED FLAGS)

- FEVER + NUCHAL RIGIDITY (STIFF NECK) + ALTERED MENTAL STATUS
- BRUDZINSKI'S SIGN NECK FLEXION = KNEE FLEXION
- KERNIG'S SIGN LEG EXTENSION = PAIN

DIAGNOSIS

- LUMBAR PUNCTURE (CSF ANALYSIS)
- BACTERIAL: CLOUDY, WBC/PROTEIN, GLUCOSE
- VIRAL: CLEAR, WBC, NORMAL GLUCOSE
- 🚨 NO LP IF SIGNS OF ICP!

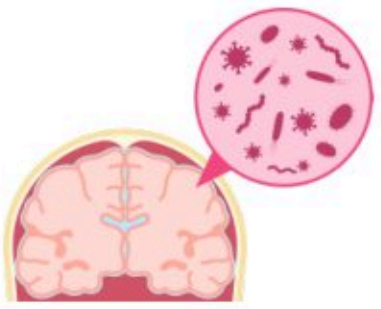
TREATMENT

- BACTERIAL: IV ANTIBIOTICS ASAP (CEFTRIAXONE + VANCOMYCIN)
- VIRAL: SUPPORTIVE CARE
- DEXAMETHASONE (REDUCES BRAIN SWELLING)
- DROPLET PRECAUTIONS FOR BACTERIAL (24H AFTER ANTIBIOTICS).

COMPLICATIONS & NCLEX PRIORITIES

- ICP MONITOR LOC, HOB 30°, SEIZURE PRECAUTIONS
- SEPTIC SHOCK (BACTERIAL)
- HEARING LOSS, COGNITIVE IMPAIRMENT

🚨 NCLEX TIP
FEVER + STIFF NECK + AMS = EMERGENCY! START ANTIBIOTICS ASAP!



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