

THE COMPLETE STUDY GUIDE

NCLEX-RN

FULL STUDY GUIDE

COMPLETE EDITION

Build clinical judgment. Make safer decisions.
Prepare with clear teaching and original practice.



2026 TEST PLAN • VISUAL LEARNING • RATIONALES

Your guide at a glance

Complete edition • all 26 sections

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THE COMPLETE LEARNING COMPANION

473 teaching/navigation pages, followed by one consolidated bibliography (474-507). All contents entries and numbered citations are linked. Use Chapter 25 for mixed practice and Chapter 26 for rapid retrieval.

Recognize and analyze cues

Notice the pattern, not just the abnormal number

Recognize: collect the evidence that matters

Cues include symptoms, vital signs, assessment findings, recent procedures, medication timing, and the patient's baseline. An isolated value can be misleading. Ask whether the measurement is reliable and whether it has changed. A new change from baseline may matter even when a value lies within a common reference range. [8, 9]

Analyze: explain how findings fit together

Cluster related cues and compare plausible explanations. Avoid anchoring on the first diagnosis named in the chart. Identify information that supports your concern, findings that argue against it, and missing data that would change your action.

Cue in an original scenario	Reasoning it should trigger
Patient newly difficult to awaken after an opioid	Consider sedation and impaired ventilation; check breathing immediately.
Respiratory rate falls from 16 to 8/min	The trend strengthens concern about hypoventilation.
Oxygen saturation is 96% on supplemental oxygen	A reassuring saturation alone does not rule out poor ventilation. [37]
No respiratory assessment documented after dose	Obtain current bedside data rather than relying on an old value.

VERIFY WITHOUT DELAYING RESCUE

An unexpected reading may need confirmation, but obvious respiratory distress or reduced responsiveness warrants urgent bedside assessment and help. Do not spend several minutes troubleshooting a monitor while the patient worsens.

Try it: Cover the second column. State the concern in plain language, identify the strongest cue, and explain which missing information you would obtain first. The goal is a justified action, not an elaborate list of possible diagnoses.

Sources: [8] [9] [37]

Verify; then collaborate

Medication care visual: checking and clarifying

Two identifiers, allergy assessment, order verification, appropriate preparation, and patient-specific assessment work together. Technology supports these checks; it does not replace clinical judgment. [42, 57]



Check the actual product

Compare the medication and formulation with the current order and administration record. Confirm dose, route, time, indication, expiration, and relevant assessments. Barcode alerts and discrepancies require resolution. The illustrated closed chart and unmarked blister pack are conceptual, not usable drug labels. [57]



Resolve uncertainty before use

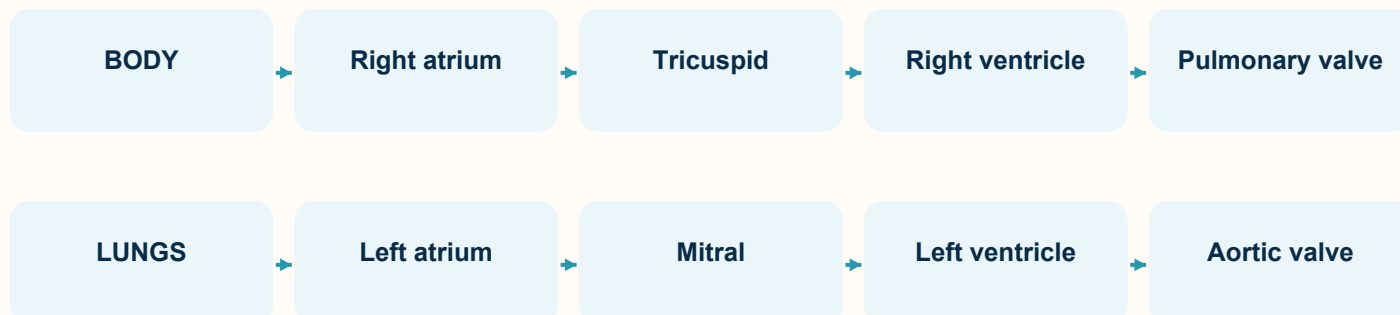
Clarify an unclear order, concentration, interaction, compatibility, or formulation with the prescriber and pharmacist. Verify unusual doses through reliable drug references. Do not administer first and seek clarification later when the uncertainty creates risk. Use approved high-alert safeguards. [31, 57]

APPLY THE VISUAL

Explain why the patient needs the medication, what finding would make you pause, and how you will judge its benefit and harm.

Blood flow, pressure, and pumping

Two linked circulations and one continuous pathway



Right ventricle > pulmonary arteries > lungs; lungs > pulmonary veins > left atrium.

Left ventricle > aorta > body; body > venae cavae > right atrium.

The right side receives systemic venous blood and pumps it to the lungs. The left side receives oxygenated pulmonary venous blood and pumps it through the aorta to the body. Pulmonary arteries carry blood toward the lungs; pulmonary veins return blood to the heart. "Artery" and "vein" describe direction relative to the heart, not oxygen content. [90]

Concept	Clinical meaning
Cardiac output = heart rate x stroke volume	A very slow or very fast rate can reduce effective output.
Preload	Filling/stretch before contraction; more filling is not always beneficial.
Afterload	Resistance the ventricle must overcome to eject blood.
Contractility	Strength of contraction independent of filling conditions.
Coronary circulation	Supplies myocardium; systemic blood in heart chambers does not replace coronary blood flow.

CONNECT MECHANISM TO CARE

A patient can have a visible rhythm but inadequate circulation. Evaluate pulses, blood pressure, consciousness, and perfusion; treat the patient's condition, not only the tracing.