

# ■ NURSING FLASHCARDS

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★ 100 MUST-KNOW QUESTIONS & ANSWERS ★

◆ Fundamentals	◆ Pharmacology
◆ Labs & Values	◆ Cardiac Nursing
◆ Respiratory Nursing	◆ Neurological Nursing
◆ GI & Nutrition	◆ Renal & Urinary
◆ Endocrine	◆ Infection Control

## HOW TO USE THESE FLASHCARDS

① Read the QUESTION card. Cover the answer. Try to recall. ② Flip to check your ANSWER. ③ Mark cards you missed. ④ Repeat until you get 100%. Print double-sided for true flashcard experience.

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## ■ FUNDAMENTALS — Questions 1–10

Q001

Fundamentals

**What is the normal adult heart rate (HR)?**

**ANSWER:**

60–100 bpm

Q002

Fundamentals

**What is the normal adult respiratory rate (RR)?**

**ANSWER:**

12–20 breaths/min

Q003

Fundamentals

**What is normal adult blood pressure?**

**ANSWER:**

Less than 120/80 mmHg

Q004

Fundamentals

**What is normal body temperature (oral)?**

**ANSWER:**

36.1–37.2 °C (97–99 °F)

Q005

Fundamentals

**What is normal SpO<sub>2</sub> (oxygen saturation)?**

**ANSWER:**

95–100%

## ■ FUNDAMENTALS — Questions 6–15

Q006

Fundamentals

**What is the normal adult blood glucose (fasting)?**

**ANSWER:**

70–100 mg/dL

Q007

Fundamentals

**What are the 5 Rights of medication administration?**

**ANSWER:**

Right patient, drug, dose, route, time

Q008

Fundamentals

**What does NPO stand for?**

**ANSWER:**

Nil Per Os – nothing by mouth

Q009

Fundamentals

**What is the Fowler's position angle?**

**ANSWER:**

45–60° (semi-Fowler: 30–45°)

Q010

Fundamentals

**What is a normal urine output per hour?**

**ANSWER:**

0.5–1 mL/kg/hr (approx. 30 mL/hr minimum)

■ *NCLEX TIP: Remember the ABCs — Airway, Breathing, Circulation — always your first priority!*

## ■ PHARMACOLOGY — Questions 11–20

Q011

Pharmacology

**What antidote reverses opioid overdose?**

**ANSWER:**

Naloxone (Narcan)

Q012

Pharmacology

**What antidote reverses benzodiazepine overdose?**

**ANSWER:**

Flumazenil (Romazicon)

Q013

Pharmacology

**What antidote reverses heparin toxicity?**

**ANSWER:**

Protamine sulfate

Q014

Pharmacology

**What antidote reverses warfarin toxicity?**

**ANSWER:**

Vitamin K (phytonadione)

Q015

Pharmacology

**What antidote reverses acetaminophen overdose?**

**ANSWER:**

N-acetylcysteine (Mucomyst)

## ■ PHARMACOLOGY — Questions 16–25

Q016

Pharmacology

**Which electrolyte imbalance is most dangerous with digoxin use?**

**ANSWER:**

Hypokalemia – increases digoxin toxicity

Q017

Pharmacology

**What is the therapeutic INR range for a patient on warfarin for A-fib?**

**ANSWER:**

2.0–3.0

Q018

Pharmacology

**What is a common side effect of ACE inhibitors?**

**ANSWER:**

Persistent dry cough

Q019

Pharmacology

**What lab must be monitored with metformin use?**

**ANSWER:**

Renal function (BUN, creatinine) – risk of lactic acidosis

Q020

Pharmacology

**What is the max daily dose of acetaminophen for adults?**

**ANSWER:**

4,000 mg/day (3,000 mg if liver concerns)

■ *NCLEX TIP: When in doubt, assess before you act. Gather data before interventions.*

## ■ LABS & VALUES — Questions 21–30

Q021

Labs & Values

**What is a normal serum sodium (Na<sup>+</sup>) level?**

**ANSWER:**

135–145 mEq/L

Q022

Labs & Values

**What is a normal serum potassium (K<sup>+</sup>) level?**

**ANSWER:**

3.5–5.0 mEq/L

Q023

Labs & Values

**What is a normal serum calcium (Ca<sup>++</sup>) level?**

**ANSWER:**

8.5–10.5 mg/dL

Q024

Labs & Values

**What is a normal serum magnesium (Mg<sup>++</sup>) level?**

**ANSWER:**

1.5–2.5 mEq/L

Q025

Labs & Values

**What is a normal arterial pH?**

**ANSWER:**

7.35–7.45

## ■ LABS & VALUES — Questions 26–35

Q026

Labs & Values

**What is a normal PaCO<sub>2</sub>?**

**ANSWER:**

35–45 mmHg

Q027

Labs & Values

**What is a normal PaO<sub>2</sub>?**

**ANSWER:**

80–100 mmHg

Q028

Labs & Values

**What is a normal HCO<sub>3</sub><sup>-</sup> (bicarbonate)?**

**ANSWER:**

22–26 mEq/L

Q029

Labs & Values

**What is a normal hemoglobin for adult males/females?**

**ANSWER:**

Male: 13.5–17.5 g/dL; Female: 12–15.5 g/dL

Q030

Labs & Values

**What is a normal platelet count?**

**ANSWER:**

150,000–400,000/mm<sup>3</sup>

■ *NCLEX TIP: For pharmacology, memorize drug classes and their common side effects.*

## ■ CARDIAC NURSING — Questions 31–40

Q031

Cardiac Nursing

**What are classic MI symptoms in men?**

**ANSWER:**

Crushing chest pain, jaw/arm radiation, diaphoresis, SOB, nausea

Q032

Cardiac Nursing

**What ECG change is seen in ST-elevation MI (STEMI)?**

**ANSWER:**

ST-segment elevation in two or more contiguous leads

Q033

Cardiac Nursing

**What is the first-line drug for stable angina?**

**ANSWER:**

Nitroglycerin (sublingual)

Q034

Cardiac Nursing

**What does Troponin elevation indicate?**

**ANSWER:**

Myocardial cell damage/necrosis (MI)

Q035

Cardiac Nursing

**What does BNP elevation indicate?**

**ANSWER:**

Heart failure / ventricular wall stress

## ■ CARDIAC NURSING — Questions 36–45

Q036

Cardiac Nursing

**What position is best for a patient in acute heart failure?**

**ANSWER:**

High-Fowler's (sitting upright) to decrease preload

Q037

Cardiac Nursing

**What is the priority nursing intervention for a STEMI patient?**

**ANSWER:**

Call rapid response / activate cath lab immediately; give aspirin, O<sub>2</sub>, nitroglycerin, morphine as ordered

Q038

Cardiac Nursing

**What is atrial fibrillation?**

**ANSWER:**

Irregular chaotic atrial rhythm; no discernible P-waves; irregular R-R intervals

Q039

Cardiac Nursing

**What is the antidote for a severe lidocaine toxicity?**

**ANSWER:**

Intralipid emulsion therapy

Q040

Cardiac Nursing

**What does Pulmonary Capillary Wedge Pressure (PCWP) reflect?**

**ANSWER:**

Left ventricular end-diastolic pressure / left heart preload

■ *NCLEX TIP: Know your lab normals cold — they appear in nearly every question.*

## ■ RESPIRATORY NURSING — Questions 41–50

Q041

Respiratory Nursing

**What is COPD?**

**ANSWER:**

Chronic obstructive pulmonary disease: emphysema & chronic bronchitis; obstructed airflow

Q042

Respiratory Nursing

**What O<sub>2</sub> flow should a COPD patient typically receive?**

**ANSWER:**

Low-flow O<sub>2</sub> (1–2 L/min) to avoid suppressing hypoxic drive

Q043

Respiratory Nursing

**What is the tripod position in respiratory distress?**

**ANSWER:**

Patient sits leaning forward with hands on knees to maximize lung expansion

Q044

Respiratory Nursing

**What breath sounds are heard with pneumonia?**

**ANSWER:**

Crackles (rales), bronchial breath sounds, dullness to percussion

Q045

Respiratory Nursing

**What is the most common cause of community-acquired pneumonia?**

**ANSWER:**

*Streptococcus pneumoniae*

## ■ RESPIRATORY NURSING — Questions 46–55

Q046

Respiratory Nursing

**What is the priority in anaphylaxis management?**

**ANSWER:**

Epinephrine (0.3–0.5 mg IM into outer thigh), then airway, oxygen

Q047

Respiratory Nursing

**What is a tension pneumothorax?**

**ANSWER:**

Air accumulates in pleural space with no exit, shifts mediastinum, emergency

Q048

Respiratory Nursing

**What does pursed-lip breathing do for COPD patients?**

**ANSWER:**

Slows exhalation, maintains positive airway pressure, reduces air trapping

Q049

Respiratory Nursing

**What is a normal tidal volume (TV)?**

**ANSWER:**

500 mL (6–8 mL/kg ideal body weight)

Q050

Respiratory Nursing

**What is the most common nursing intervention for secretion clearance?**

**ANSWER:**

Encourage coughing and deep breathing; chest physiotherapy; adequate hydration

■ *NCLEX TIP: Infection control: remember the order of donning/doffing PPE.*

## ■ NEUROLOGICAL NURSING — Questions 51–60

Q051

Neurological Nursing

**What does the Glasgow Coma Scale (GCS) assess?**

**ANSWER:**

Eye opening, verbal response, motor response (max score 15, severe  $\leq 8$ )

Q052

Neurological Nursing

**What is the FAST acronym for stroke?**

**ANSWER:**

Face drooping, Arm weakness, Speech difficulty, Time to call 911

Q053

Neurological Nursing

**What is the time window for tPA in ischemic stroke?**

**ANSWER:**

Within 3–4.5 hours of symptom onset

Q054

Neurological Nursing

**What are signs of increased intracranial pressure (ICP)?**

**ANSWER:**

Cushing's triad: hypertension, bradycardia, irregular respirations

Q055

Neurological Nursing

**What position reduces ICP?**

**ANSWER:**

HOB elevated 30°, head midline, avoid hip flexion

## ■ NEUROLOGICAL NURSING — Questions 56–65

Q056

Neurological Nursing

**What is the difference between ischemic and hemorrhagic stroke?**

**ANSWER:**

Ischemic: clot; Hemorrhagic: bleeding into brain. tPA only for ischemic

Q057

Neurological Nursing

**What is decerebrate posturing?**

**ANSWER:**

Rigid extension of arms and legs – indicates severe brainstem injury

Q058

Neurological Nursing

**What is decorticate posturing?**

**ANSWER:**

Flexion of arms to chest – indicates damage above brainstem

**Q059**

*Neurological Nursing*

**What does a fixed and dilated pupil indicate?**

**ANSWER:**

Herniation or CN III compression – medical emergency

**Q060**

*Neurological Nursing*

**What is the nurse's priority after a lumbar puncture?**

**ANSWER:**

Keep patient flat 1–6 hours; increase fluids; monitor for headache/leakage

■ *NCLEX TIP: Maslow's Hierarchy — physiological needs first, then safety, then psychosocial.*

## ■ GI & NUTRITION — Questions 61–70

Q061

GI & Nutrition

**What is the difference between Crohn's disease and ulcerative colitis?**

**ANSWER:**

Crohn: any GI segment, transmural, skip lesions; UC: colon only, mucosal, continuous

Q062

GI & Nutrition

**What does absent bowel sounds suggest?**

**ANSWER:**

Paralytic ileus or intestinal obstruction

Q063

GI & Nutrition

**What is the priority intervention in acute GI bleeding?**

**ANSWER:**

Establish large-bore IV access, fluid resuscitation, monitor vitals, type & crossmatch

Q064

GI & Nutrition

**What electrolyte is lost with vomiting?**

**ANSWER:**

Potassium (K<sup>+</sup>) and hydrochloric acid (HCl) → hypokalemic metabolic alkalosis

Q065

GI & Nutrition

**What electrolyte is lost with diarrhea?**

**ANSWER:**

Bicarbonate (HCO<sub>3</sub><sup>-</sup>) and potassium → metabolic acidosis, hypokalemia

## ■ GI & NUTRITION — Questions 66–75

Q066

GI & Nutrition

**What is hepatic encephalopathy?**

**ANSWER:**

Brain dysfunction caused by liver failure; ammonia buildup; treated with lactulose

Q067

GI & Nutrition

**What lab monitors liver function?**

**ANSWER:**

AST, ALT, alkaline phosphatase, bilirubin, albumin, PT/INR

Q068

GI & Nutrition

**What is the NG tube placement confirmation method?**

**ANSWER:**

X-ray (gold standard); also check pH of aspirate ( $\leq 5.5$  = gastric)

Q069

GI & Nutrition

**What is Cullen's sign?**

**ANSWER:**

Periumbilical bruising – indicates retroperitoneal hemorrhage (e.g., pancreatitis)

Q070

GI & Nutrition

**What is the first nursing action for suspected appendicitis?**

**ANSWER:**

Keep NPO, avoid heat/laxatives, prepare for surgery, monitor pain and vitals

■ *NCLEX TIP: Prioritize patients who are unstable or at risk for deterioration first.*

## ■ RENAL & URINARY — Questions 71–80

Q071

Renal & Urinary

**What is the normal BUN range?**

**ANSWER:**

10–20 mg/dL

Q072

Renal & Urinary

**What is the normal creatinine range?**

**ANSWER:**

0.6–1.2 mg/dL (varies by lab)

Q073

Renal & Urinary

**What are signs of acute kidney injury (AKI)?**

**ANSWER:**

Rising BUN/creatinine, decreased urine output, electrolyte imbalances, fluid overload

Q074

Renal & Urinary

**What is the priority in hyperkalemia?**

**ANSWER:**

Cardiac monitoring; calcium gluconate stabilizes cardiac membrane immediately

Q075

Renal & Urinary

**What is nephrotic syndrome?**

**ANSWER:**

Massive proteinuria, hypoalbuminemia, edema, hyperlipidemia

## ■ RENAL & URINARY — Questions 76–85

Q076

Renal & Urinary

**What position should a patient be in for catheter insertion?**

**ANSWER:**

Supine with legs spread (females); supine with legs extended (males)

Q077

Renal & Urinary

**What does cloudy, foul-smelling urine suggest?**

**ANSWER:**

Urinary tract infection (UTI)

Q078

Renal & Urinary

**What is a clean-catch urine specimen?**

**ANSWER:**

Midstream urine collected after cleansing the meatus to reduce contamination

**Q079**

*Renal & Urinary*

**What is the difference between oliguria and anuria?**

**ANSWER:**

Oliguria: <400 mL/day; Anuria: <100 mL/day

**Q080**

*Renal & Urinary*

**What does a positive Costovertebral Angle (CVA) tenderness indicate?**

**ANSWER:**

Kidney infection (pyelonephritis)

■ *NCLEX TIP: Endocrine: Cold & clammy give candy; hot & dry — insulin is dry.*

## ■ ENDOCRINE — Questions 81–90

Q081

Endocrine

**What are classic symptoms of hypoglycemia?**

**ANSWER:**

Shakiness, diaphoresis, confusion, pallor, tachycardia (Cold & Clammy = give CANDY)

Q082

Endocrine

**What are classic symptoms of hyperglycemia?**

**ANSWER:**

Polyuria, polydipsia, polyphagia, fatigue, blurred vision

Q083

Endocrine

**What is the treatment for severe hypoglycemia in an unconscious patient?**

**ANSWER:**

IV dextrose (D50) or glucagon IM/SQ

Q084

Endocrine

**What is DKA?**

**ANSWER:**

Diabetic ketoacidosis: hyperglycemia, ketones, metabolic acidosis; Type 1 DM

Q085

Endocrine

**What is HHS?**

**ANSWER:**

Hyperosmolar hyperglycemic state: extreme hyperglycemia, no ketosis; Type 2 DM

## ■ ENDOCRINE — Questions 86–95

Q086

Endocrine

**What are signs of hypothyroidism?**

**ANSWER:**

Cold intolerance, weight gain, fatigue, constipation, bradycardia, dry skin

Q087

Endocrine

**What are signs of hyperthyroidism?**

**ANSWER:**

Heat intolerance, weight loss, anxiety, tachycardia, exophthalmos (Graves')

Q088

Endocrine

**What is Addison's disease?**

**ANSWER:**

Primary adrenal insufficiency: low cortisol and aldosterone; hypotension, hyponatremia, hyperkalemia

Q089

Endocrine

**What is Cushing's syndrome?**

**ANSWER:**

Excess cortisol: moon face, buffalo hump, central obesity, hypertension, hyperglycemia

Q090

Endocrine

**What is the insulin that can be given IV?**

**ANSWER:**

Regular insulin (only insulin given IV)

■ *NCLEX TIP: For neuro: assess LOC first using GCS; pupils are key assessment data.*

## ■ INFECTION CONTROL — Questions 91–100

Q091

Infection Control

**What PPE is required for airborne precautions?**

**ANSWER:**

N95 respirator mask, negative pressure room, gown and gloves

Q092

Infection Control

**What diseases require airborne precautions?**

**ANSWER:**

TB, measles (rubeola), varicella (chickenpox), disseminated zoster

Q093

Infection Control

**What PPE is required for droplet precautions?**

**ANSWER:**

Surgical mask, private room or 3 ft separation, gown and gloves

Q094

Infection Control

**What diseases require contact precautions?**

**ANSWER:**

MRSA, C. diff, VRE, wound infections, scabies

Q095

Infection Control

**What is the most effective infection control measure?**

**ANSWER:**

Hand hygiene (handwashing with soap and water or alcohol-based hand rub)

## ■ INFECTION CONTROL — Questions 96–100

Q096

Infection Control

**What is the best hand hygiene agent for C. difficile?**

**ANSWER:**

Soap and water – alcohol-based hand rub is NOT effective against C. diff spores

Q097

Infection Control

**What are signs of sepsis (qSOFA)?**

**ANSWER:**

Altered mental status, RR  $\geq 22$ , SBP  $\leq 100$  mmHg

Q098

Infection Control

**What is the SBAR communication tool?**

**ANSWER:**

Situation, Background, Assessment, Recommendation

**Q099**

*Infection Control*

**What is the chain of infection?**

**ANSWER:**

Agent → Reservoir → Portal of exit → Transmission → Portal of entry → Susceptible host

**Q100**

*Infection Control*

**What is standard precaution?**

**ANSWER:**

Treat all body fluids as potentially infectious; use PPE for contact with blood/body fluids

■ *NCLEX TIP: Renal: always check I&O; urine output is a key perfusion indicator.*

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