



Saudi Nurse SNLE Exam Prep

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Practice Questions

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1. A patient with hypothyroidism is prescribed levothyroxine (Synthroid). Which instruction is correct?

- A. Take it at bedtime with a glass of milk
- B. Take it with iron supplements for better absorption
- C. Take it with antacids to reduce GI upset
- D. Take it on an empty stomach 30-60 minutes before breakfast

2. The body mass index (BMI) range for normal weight in adults is:

- A. < 18.5 kg/m²
- B. 18.5–24.9 kg/m²
- C. 25–29.9 kg/m²
- D. ≥ 30 kg/m²

3. A nurse in Saudi Arabia is asked to perform a procedure that they have not been trained to perform. What is the appropriate response?

- A. Attempt the procedure carefully, learning on the job
- B. Perform the procedure if a senior nurse supervises remotely by phone
- C. Decline and explain they have not received training or demonstrated competency for this procedure, then seek appropriate supervision or escalate
- D. Perform it since all nurses should know all procedures

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4. SBAR stands for:

- A. Symptoms, Background, Assessment, Response
- B. Situation, Background, Assessment, Recommendation
- C. Status, Brief, Action, Result
- D. Signs, Background, Advice, Report



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5. Proper documentation of care should be:

- A. Written in pencil for easy correction
- B. Done at the end of the shift to compile all information
- C. Completed as soon as possible after care is provided
- D. Completed by any available nurse

6. Ordered: morphine 2 mg IV. Available: morphine 4 mg/mL. How many mL is administered?

- A. 0.25 mL
- B. 0.5 mL
- C. 1 mL
- D. 2 mL

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7. A patient is prescribed digoxin 0.25 mg orally daily. The available tablet strength is 0.125 mg. How many tablets should the nurse administer?

- A. 0.5 tablet
- B. 1 tablet
- C. 3 tablets
- D. 2 tablets

8. A patient with asthma requires both a short-acting beta-agonist (SABA) and an inhaled corticosteroid (ICS). In which order should the inhalers be used?

- A. ICS first, then wait 5 minutes, then SABA
- B. Use both simultaneously
- C. SABA first (to open airways), wait several minutes, then ICS
- D. ICS and SABA can be used in any order

9. Which is the CORRECT technique for measuring blood pressure?

- A. Cuff should cover 40% of the arm circumference and 80% of the arm length
- B. Cuff inflated to 20 mmHg above the point where the radial pulse disappears
- C. Take reading immediately after exercise
- D. Patient arm should be above heart level

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10. Which position is SAFEST for a newborn after feeding to reduce the risk of SIDS?

- A. Prone
- B. Side-lying
- C. Supine (on back)
- D. Lateral with pillow support

11. Which of the following is a classic sign of compartment syndrome following a long-bone fracture?

- A. Severe pain disproportionate to injury, pain with passive stretch, tense swelling, paresthesias
- B. Mild intermittent aching pain only
- C. Improvement with elevation of the limb
- D. Absent pain sensation indicating healing

12. The antidote for opioid overdose is:

- A. Flumazenil
- B. Naloxone
- C. Atropine
- D. Protamine sulfate

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13. Ordered: furosemide 40 mg IV. Available: furosemide 10 mg/mL. How many mL should the nurse draw up?

- A. 2 mL
- B. 4 mL
- C. 8 mL
- D. 10 mL

14. A patient with myasthenia gravis develops sudden increased weakness, dyspnea, and inability to swallow. What is the priority nursing action?

- A. Administer neostigmine immediately
- B. Ensure airway, call rapid response team, prepare for possible intubation
- C. Reassure patient this is expected and document
- D. Position patient supine and increase oxygen to 6 L



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15. Which nursing intervention is most appropriate for a patient experiencing acute alcohol withdrawal with a CIWA-Ar score of 20?

- A. Discharge the patient if vitals are stable
- B. Monitor without medications — withdrawal is self-limiting
- C. Administer prescribed benzodiazepines (e.g., lorazepam), monitor vital signs frequently, and ensure safety
- D. Administer antipsychotics as the first-line treatment

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16. A patient is prescribed potassium chloride 40 mEq IV. What is the safest administration practice?

- A. Administer as an IV bolus over 2 minutes
- B. Mix in 50 mL and infuse over 15 minutes
- C. Dilute in 100-250 mL and infuse at no faster than 10-20 mEq/hour via infusion pump
- D. Administer undiluted via peripheral line

17. A patient with chronic pain asks about using NSAIDs long-term. What is the most important adverse effect the nurse should educate about?

- A. Respiratory depression
- B. Gastrointestinal bleeding and peptic ulceration
- C. Dependency and addiction
- D. Liver failure with standard doses

18. A patient is diagnosed with low serum potassium. Which of the following foods should the nurse encourage the patient to consume?

- A. Bananas
- B. White bread
- C. Rice
- D. Chicken breast

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19. A patient is scheduled for a colonoscopy. Which bowel preparation instruction is correct?

- A. Eat a high-fiber diet the day before the procedure
- B. Stop all oral fluids 24 hours before the procedure
- C. Avoid only solid foods; dairy products are fine
- D. Follow a clear liquid diet the day before and complete the prescribed bowel prep solution

20. Which dietary modification is MOST important for a patient with chronic kidney disease (CKD) Stage 4?

- A. High-protein, high-potassium diet
- B. Low-protein, low-phosphorus, low-potassium diet
- C. High-protein, low-sodium diet
- D. No dietary restrictions needed

21. A patient receiving IV potassium chloride (KCl) complains of burning at the IV site. The nurse should:

- A. Stop the infusion and discontinue the IV
- B. Slow the infusion rate and assess the IV site for infiltration
- C. Apply a warm compress and continue infusion
- D. Increase the infusion rate

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22. Normal fasting blood glucose is:

- A. < 60 mg/dL
- B. 70–99 mg/dL
- C. 100–125 mg/dL
- D. 126–140 mg/dL

23. Which of the following is a major non-communicable disease (NCD) with particularly high prevalence in Saudi Arabia compared to global averages?

- A. Malaria
- B. Type 2 diabetes mellitus (prevalence ~25-30% in adults)
- C. Dengue fever
- D. Schistosomiasis



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24. Which intervention is the nurse's first priority when a patient is found in ventricular fibrillation (VF)?

- A. Administer epinephrine 1 mg IV
- B. Begin chest compressions only
- C. Establish IV access
- D. Call for help and deliver immediate defibrillation

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25. Which is an example of a SMART nursing outcome goal?

- A. 'Patient will walk 30 meters unassisted by discharge on Day 3 post-hip replacement'
- B. 'Patient will feel better'
- C. 'Patient will understand their medication'
- D. 'Patient will be healthy when they leave'

26. Ordered: ceftriaxone 1 g IV in 100 mL NS over 30 minutes. Using a pump, what is the infusion rate (mL/hr)?

- A. 100 mL/hr
- B. 200 mL/hr
- C. 50 mL/hr
- D. 400 mL/hr

27. What is the purpose of the Saudi Hajj Health Program operated by MOH during the annual pilgrimage season?

- A. To provide comprehensive healthcare services for millions of pilgrims, prevent disease outbreaks, and manage mass casualty events during Hajj
- B. To provide luxury medical tourism for international pilgrims only
- C. To only treat Saudi national pilgrims
- D. To administer religious ceremonies in hospitals

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28. Normal serum potassium range is:

- A. 2.5–3.5 mEq/L
- B. 3.5–5.0 mEq/L
- C. 5.0–6.5 mEq/L
- D. 6.5–8.0 mEq/L

29. A nurse is educating a community on hand hygiene. When is handwashing with soap and water (rather than hand sanitizer) absolutely required?

- A. After every patient contact
- B. When hands are visibly soiled or after exposure to *Clostridioides difficile* (C. diff)
- C. Only before invasive procedures
- D. Only after removing gloves

30. A child with epiglottitis should NOT have the throat examined with a tongue depressor because it may cause:

- A. Vomiting
- B. Laryngospasm and complete airway obstruction
- C. Bleeding
- D. Increased fever



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Answer Key & Explanations

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1. D — Take it on an empty stomach 30-60 minutes before breakfast

Levothyroxine absorption is significantly reduced by food, calcium, iron, antacids, and proton pump inhibitors. It must be taken on an empty stomach 30-60 minutes before breakfast for optimal absorption.

2. B — 18.5–24.9 kg/m²

3. C — Decline and explain they have not received training or demonstrated competency for this procedure, then seek appropriate supervision or escalate

[Saudi-specific] SCFHS scope of practice requires nurses to only perform procedures for which they have demonstrated competency. Performing procedures outside one's competence is a patient safety risk and a professional violation. Nurses have the right and obligation to decline unsafe practice and escalate appropriately.

4. B — Situation, Background, Assessment, Recommendation

5. C — Completed as soon as possible after care is provided

6. B — 0.5 mL

7. D — 2 tablets

Dose calculation: Desired dose ÷ Available dose = Number of tablets. $0.25 \text{ mg} \div 0.125 \text{ mg} = 2$ tablets. Always double-check digoxin calculations and assess apical pulse for 1 full minute before administration.

8. C — SABA first (to open airways), wait several minutes, then ICS

The bronchodilator (SABA, e.g., salbutamol) is used first to open the airways, then the corticosteroid inhaler (ICS) is used to deliver the anti-inflammatory medication deeper into the now-dilated airways for maximum effect.

9. B — Cuff inflated to 20 mmHg above the point where the radial pulse disappears

10. C — Supine (on back)

11. A — Severe pain disproportionate to injury, pain with passive stretch, tense swelling, paresthesias

Compartment syndrome: 6 Ps — Pain (severe, disproportionate), Pain with passive stretch, Pressure (tense compartment), Paresthesia, Pallor, and Pulselessness (late sign). Elevation does NOT relieve compartment syndrome pain — it may worsen it. Emergency fasciotomy is required.

12. B — Naloxone

13. B — 4 mL

14. B — Ensure airway, call rapid response team, prepare for possible intubation

Myasthenic crisis is a life-threatening complication involving respiratory muscle weakness that can cause respiratory failure. Airway management and rapid response activation are the immediate priorities before any



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pharmacological intervention.

15. C — Administer prescribed benzodiazepines (e.g., lorazepam), monitor vital signs frequently, and ensure safety

CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol) score $\geq 15-20$ indicates severe withdrawal requiring pharmacological treatment. Benzodiazepines are first-line — they reduce seizure risk and mortality. Antipsychotics alone do not prevent withdrawal seizures.

16. C — Dilute in 100-250 mL and infuse at no faster than 10-20 mEq/hour via infusion pump

IV potassium must always be diluted and given slowly (max 10-20 mEq/hr peripheral, 40 mEq/hr central with monitoring). Rapid IV potassium can cause fatal cardiac arrest. Never administer as IV push.

17. B — Gastrointestinal bleeding and peptic ulceration

NSAIDs inhibit prostaglandin synthesis, which normally protects the gastric mucosa. Long-term use causes GI irritation, ulceration, and bleeding. Risk is reduced by taking with food, using the lowest effective dose, or adding a PPI.

18. A — Bananas

Bananas are rich in potassium (~422 mg per medium banana). Other high-potassium foods include oranges, potatoes, and spinach. White bread, rice, and chicken breast are low in potassium.

19. D — Follow a clear liquid diet the day before and complete the prescribed bowel prep solution

Colonoscopy requires complete bowel cleansing for adequate visualization. The patient follows a clear liquid diet the day before (no red or purple liquids) and drinks the prescribed polyethylene glycol (PEG) solution for bowel preparation.

20. B — Low-protein, low-phosphorus, low-potassium diet

21. B — Slow the infusion rate and assess the IV site for infiltration

22. B — 70–99 mg/dL

23. B — Type 2 diabetes mellitus (prevalence ~25-30% in adults)

[Saudi-specific] Saudi Arabia has one of the highest rates of type 2 diabetes in the world (estimated 25-30% of adults), driven by dietary habits (high sugar and fat intake), physical inactivity, obesity, and genetic factors. Managing diabetes is a major priority in Saudi primary care.

24. D — Call for help and deliver immediate defibrillation

Ventricular fibrillation is a shockable rhythm and defibrillation is the definitive treatment. Early defibrillation dramatically improves survival. Call for help and defibrillate immediately; CPR continues until the defibrillator is ready.

25. A — 'Patient will walk 30 meters unassisted by discharge on Day 3 post-hip replacement'

SMART goals are: Specific, Measurable, Achievable, Relevant, and Time-bound. 'Walk 30 meters unassisted by discharge on Day 3' meets all criteria. Vague goals like 'feel better' cannot be objectively evaluated.

26. B — 200 mL/hr

27. A — To provide comprehensive healthcare services for millions of pilgrims, prevent disease outbreaks, and manage mass casualty events during Hajj

[Saudi-specific] Saudi MOH mobilizes a massive Hajj Health Program annually deploying thousands of



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healthcare workers, field hospitals, ambulance services, and mobile clinics to care for up to 2-3 million pilgrims. Priority areas: heatstroke, stampede injuries, respiratory infections, and chronic disease management.

28. B — 3.5–5.0 mEq/L

29. B — When hands are visibly soiled or after exposure to *Clostridioides difficile* (C. diff)

Soap and water is mandatory when hands are visibly soiled and after caring for patients with *C. difficile*, as alcohol-based hand rubs are ineffective against *C. diff* spores. Otherwise, ABHR is preferred for healthcare settings.

30. B — Laryngospasm and complete airway obstruction



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