NCLEX-RN Flashcards — 60 High-Yield Cards

Printable flashcard deck: 60 cards, generated from the TemplateForge concept list for this guide.

HOW TO PRINT:
1. Print this file double-sided on Letter, flip on SHORT edge.
2. Front pages show the Terms; each back page shows that same page's answers in the identical grid layout.
3. Cut along the grid lines. The card number in the top-right corner matches each front to its back.

STUDY TIP: quiz yourself with the Anki deck (import the CSV into Anki — it's free — note type Basic, fields by comma). Review daily; space your reviews instead of cramming.

Source: TemplateForge study guide concept list. Facts are the guide's own verified content — always confirm exam details at the official testing organization's website.

#1

Beta Blocker (-lol)

#2

ACE Inhibitor (-pril)

#3

Calcium Channel Blocker (-dipine)

#4

Statin (-statin)

#5

Anticoagulant

#6

Warfarin (Coumadin)

#1

Beta Blocker (-lol)

Blocks beta-adrenergic receptors, reducing heart rate, contractility, and blood pressure
Tip: Monitor HR and BP before administering — hold if HR <60. NCLEX likes: metoprolol — check apical pulse for 1 full minute before giving.

#2

ACE Inhibitor (-pril)

Inhibits angiotensin-converting enzyme, lowering BP by reducing angiotensin II
Tip: Monitor for dry cough (common side effect), hyperkalemia, and angioedema. If the patient develops a persistent dry cough on lisinopril — it's the ACE inhibitor. Don't discontinue without contacting provider.

#3

Calcium Channel Blocker (-dipine)

Blocks calcium entry into cardiac and smooth muscle cells, causing vasodilation
Tip: Used for hypertension and angina. Monitor for peripheral edema and constipation. Amlodipine causes ankle swelling — reversible, not an allergy. Educate patient.

#4

Statin (-statin)

HMG-CoA reductase inhibitor — lowers LDL cholesterol
Tip: Monitor liver enzymes and for muscle pain (rhabdomyolysis risk). Give at bedtime. Atorvastatin — ask about muscle tenderness and dark urine. Check CK levels.

#5

Anticoagulant

Prevents blood clot formation through various mechanisms
Tip: Examples: warfarin (Coumadin), heparin, enoxaparin (Lovenox), apixaban (Eliquis). Warfarin = check PT/INR. Heparin = check aPTT. Different labs for different anticoagulants — NCLEX favorite.

#6

Warfarin (Coumadin)

Vitamin K antagonist — oral anticoagulant
Tip: Therapeutic INR: 2-3 for most indications. Antidote: Vitamin K. Patient teaching: consistent vitamin K intake, avoid cranberry, report bleeding. Many drug interactions.

#7

Heparin

#8

Enoxaparin (Lovenox)

#9

Insulin (Rapid-Acting)

#10

Metformin

#11

Opioid Analgesic

#12

Benzodiazepine

#7

Heparin

Parenteral anticoagulant — activates antithrombin III
Tip: Monitor aPTT (1.5-2.5x normal). Antidote: protamine sulfate. IV heparin = aPTT. SubQ heparin (prophylaxis) = no monitoring needed. Don't confuse the two.

#8

Enoxaparin (Lovenox)

Low molecular weight heparin — more predictable anticoagulation
Tip: SubQ injection. No routine lab monitoring. Rotate injection sites. Do NOT aspirate or massage after Lovenox injection — increases bruising risk.

#9

Insulin (Rapid-Acting)

Lispro, Aspart, Glulisine — onset 15 min, peak 1 hr
Tip: Give 15 min before meals. Only insulin safe for IV use (regular insulin). Lispro = 'listen' — onset is so fast you need the meal ready NOW. Check blood glucose before giving.

#10

Metformin

Biguanide — first-line oral agent for type 2 diabetes
Tip: Decreases hepatic glucose production. Hold before contrast dye (48 hrs). Metformin + IV contrast = lactic acidosis risk. Hold and check renal function before restarting.

#11

Opioid Analgesic

Binds mu opioid receptors — pain relief, sedation, respiratory depression
Tip: Examples: morphine, hydromorphone, fentanyl, oxycodone. Antidote: naloxone. ABC priority: respiratory depression is the life-threatening adverse effect. Check RR before and after administration.

#12

Benzodiazepine

Enhances GABA — anxiolytic, sedative, anticonvulsant
Tip: Examples: lorazepam, diazepam, midazolam. Antidote: flumazenil. Flumazenil can precipitate seizures — only use in controlled settings. Monitor respiratory status.

#13

SSRI (Selective Serotonin Reuptake Inhibitor)

#14

Diuretic (Loop)

#15

Potassium-Sparing Diuretic

#16

Digoxin

#17

Nitroglycerin

#18

Albuterol

#13

SSRI (Selective Serotonin Reuptake Inhibitor)

First-line antidepressant — increases serotonin availability
Tip: Examples: fluoxetine, sertraline, escitalopram. Onset: 2-4 weeks. Serotonin syndrome risk when combined with other serotonergic drugs. Never abruptly discontinue — taper.

#14

Diuretic (Loop)

Inhibits Na/K/Cl reabsorption in loop of Henle — potent diuresis
Tip: Example: furosemide (Lasix). Monitor K+ (hypokalemia), BP, daily weight, I&O. Furosemide = 'furo-squeeze-mide' — watch potassium drop. Give in morning to avoid nocturia.

#15

Potassium-Sparing Diuretic

Blocks aldosterone — spares potassium while causing diuresis
Tip: Example: spironolactone. Monitor for hyperkalemia. Contraindicated with K+ supplements. Spironolactone saves K+ — don't also give K+ supplements. Don't confuse with loop diuretics that waste K+.

#16

Digoxin

Cardiac glycoside — increases contractility, decreases conduction
Tip: Narrow therapeutic range: 0.5-2.0 ng/mL. Check apical pulse 1 min before. Digoxin toxicity: N/V, vision changes (yellow-green halos), bradycardia. Hold if pulse <60.

#17

Nitroglycerin

Vasodilator — reduces preload and afterload
Tip: Used for angina. Sublingual q5min up to 3 doses. Store in dark glass. If pain unrelieved after 1 nitro dose — call 911. May cause headache and hypotension.

#18

Albuterol

Beta-2 agonist — bronchodilator
Tip: Used for asthma/COPD exacerbation. Monitor for tachycardia and tremors. Rescue inhaler = albuterol. If using more than twice weekly for asthma — not well-controlled.

#19

Antibiotic (Broad Spectrum)

#20

Vancomycin

#21

Aminoglycoside

#22

Insulin (Long-Acting)

#23

Levothyroxine

#24

Prednisone

#19

Antibiotic (Broad Spectrum)

Kills or inhibits bacteria across multiple classes
Tip: Always check culture & sensitivity and allergies before administering. Complete the full course even if feeling better. Monitor for C. diff (watery diarrhea). Superinfection risk.

#20

Vancomycin

Glycopeptide antibiotic — treats MRSA and serious gram-positive infections
Tip: Monitor trough levels (10-20 mcg/mL). Red man syndrome with rapid infusion. 'Vanco-man' gets a red neck if you push too fast. Infuse over at least 60 minutes.

#21

Aminoglycoside

Bactericidal antibiotic — treats gram-negative infections
Tip: Examples: gentamicin, tobramycin. Monitor peak/trough. Ototoxicity and nephrotoxicity. Aminoglycosides = 'a-mean-o' — peak and trough levels are critical. Monitor BUN/Cr and hearing.

#22

Insulin (Long-Acting)

Glargine, Detemir — basal insulin with no peak
Tip: Given once daily. Do NOT mix with other insulins in same syringe. Glargine = 'clear' insulin. Only insulin that is clear and long-acting. Provides 24-hour basal coverage.

#23

Levothyroxine

Synthetic T4 — thyroid hormone replacement
Tip: Take on empty stomach 30-60 min before breakfast. Lifelong therapy. Dose may need adjustment with pregnancy, weight change. Morning administration. Report palpitations.

#24

Prednisone

Corticosteroid — anti-inflammatory, immunosuppressant
Tip: Taper, never abruptly stop. Monitor blood glucose, weight, mood. Long-term use → Cushing's syndrome, osteoporosis, hyperglycemia, infection risk. TAPER — adrenal suppression.

#25

Proton Pump Inhibitor (-prazole)

#26

Epinephrine

#27

Naloxone (Narcan)

#28

Potassium Chloride (KCl)

#29

Magnesium Sulfate

#30

Haloperidol (Haldol)

#25

Proton Pump Inhibitor (-prazole)

Irreversibly inhibits H+/K+ ATPase — reduces gastric acid
Tip: Examples: omeprazole, pantoprazole. Take 30-60 min before first meal. PPIs increase risk of C. diff, pneumonia, and fractures with long-term use. Shortest duration possible.

#26

Epinephrine

Sympathomimetic — vasoconstrictor, bronchodilator, increases HR/contractility
Tip: First-line for anaphylaxis (IM) and cardiac arrest (IV). 1:1000 for IM (anaphylaxis), 1:10,000 for IV (code). Know the difference — NCLEX tests concentration.

#27

Naloxone (Narcan)

Opioid antagonist — reverses respiratory depression
Tip: Give IV/IM/IN. May require repeat doses (short half-life). Patient will wake up in withdrawal — anticipate combative behavior. Re-dose if respiratory depression returns.

#28

Potassium Chloride (KCl)

Electrolyte replacement for hypokalemia
Tip: NEVER push IV — must be diluted and infused slowly. Max rate 10 mEq/hr peripheral. KCl IV push = fatal dysrhythmia. Always on an infusion pump. Monitor cardiac rhythm during infusion.

#29

Magnesium Sulfate

Electrolyte — used for hypomagnesemia, torsades, preterm labor, eclampsia
Tip: Monitor deep tendon reflexes, respiratory rate, urine output. MgSO4 toxicity: absent DTRs, RR <12, decreased LOC. Antidote: calcium gluconate.

#30

Haloperidol (Haldol)

First-generation antipsychotic — dopamine antagonist
Tip: Monitor for extrapyramidal symptoms (EPS), QT prolongation, neuroleptic malignant syndrome. Haldol + EPS = treat with benztropine or diphenhydramine. NMS is a medical emergency — stop drug, cool patient.

#31

CBC (Complete Blood Count)

#32

Hemoglobin (Hgb)

#33

WBC (White Blood Count)

#34

Platelets

#35

BMP (Basic Metabolic Panel)

#36

Sodium (Na+)

#31

CBC (Complete Blood Count)

Panel measuring RBCs, WBCs, hemoglobin, hematocrit, platelets
Tip: WBC: infection/inflammation. Hgb/Hct: anemia or polycythemia. Platelets: bleeding risk. NCLEX: Know trends, not just single values. Neutropenic precautions if ANC <500.

#32

Hemoglobin (Hgb)

Oxygen-carrying protein in RBCs — normal: M 13.5-17.5, F 12-16 g/dL
Tip: Low = anemia, hemorrhage, fluid overload. High = polycythemia, dehydration. Transfusion usually considered at Hgb <7-8 in stable patients. Check after each unit.

#33

WBC (White Blood Count)

Measures immune cells — normal: 4,500-11,000/mcL
Tip: Elevated = infection, inflammation, leukemia. Low = immunosuppression, chemo. 'Left shift' = increased bands = active bacterial infection. Neutropenic precautions when ANC <500.

#34

Platelets

Cell fragments essential for clotting — normal: 150,000-400,000/mcL
Tip: Low = bleeding risk (ITP, chemo, HIT). High = clotting risk. <50K = bleeding precautions. <20K = spontaneous bleeding risk. Check before invasive procedures.

#35

BMP (Basic Metabolic Panel)

Measures glucose, calcium, electrolytes, BUN, creatinine
Tip: Screens kidney function, electrolyte balance, glucose. BMP = 8 tests. CMP = BMP + liver function + protein. Know which is which.

#36

Sodium (Na+)

Major extracellular cation — normal: 135-145 mEq/L
Tip: Hyponatremia: confusion, seizures. Hypernatremia: thirst, restlessness. Correct sodium slowly — rapid correction of hyponatremia causes osmotic demyelination syndrome.

#37

Potassium (K+)

#38

Creatinine (Cr)

#39

BUN (Blood Urea Nitrogen)

#40

ABG (Arterial Blood Gas)

#41

Troponin

#42

BNP (B-Type Natriuretic Peptide)

#37

Potassium (K+)

Major intracellular cation — normal: 3.5-5.0 mEq/L
Tip: Hypokalemia: weakness, U-waves, arrhythmias. Hyperkalemia: peaked T-waves, muscle weakness. Hyperkalemia ECG changes = peaked T → lost P → wide QRS. Calcium gluconate stabilizes cardiac membrane.

#38

Creatinine (Cr)

Waste product of muscle metabolism — normal: 0.6-1.2 mg/dL
Tip: Elevated = decreased kidney function. Used to calculate eGFR. Contrast dye and nephrotoxic drugs require baseline Cr. Rising Cr = acute kidney injury until proven otherwise.

#39

BUN (Blood Urea Nitrogen)

Waste product of protein metabolism — normal: 7-20 mg/dL
Tip: Elevated in dehydration, renal failure, high-protein diet, GI bleed. BUN:Cr ratio >20:1 = pre-renal cause (dehydration). Ratio normal = intrinsic renal.

#40

ABG (Arterial Blood Gas)

Measures oxygenation (PaO2), ventilation (PaCO2), acid-base (pH, HCO3)
Tip: pH 7.35-7.45, PaCO2 35-45, HCO3 22-26. ROME method: Respiratory Opposite, Metabolic Equal. pH and PaCO2 opposite directions = respiratory problem.

#41

Troponin

Cardiac biomarker — elevated with myocardial injury
Tip: Normal: <0.04 ng/mL. Trend over 3-6 hours. Troponin elevation ≠ always MI. Can be elevated in CHF, PE, sepsis, renal failure. Know the clinical context.

#42

BNP (B-Type Natriuretic Peptide)

Released when ventricles are stretched — marker for heart failure
Tip: Normal: <100 pg/mL. >400 suggests CHF. BNP helps differentiate CHF vs COPD exacerbation causing dyspnea. High BNP = heart failure.

#43

PT/INR

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aPTT

#45

HbA1c

#46

Lipid Panel

#47

Liver Enzymes (ALT, AST)

#48

Blood Culture & Sensitivity

#43

PT/INR

Measures extrinsic coagulation pathway — monitors warfarin
Tip: Normal PT: 11-13.5 sec. Therapeutic INR: 2-3 (most), 2.5-3.5 (mechanical valves). High INR = bleeding risk. Antidote: vitamin K (slow), FFP (fast). Patient teaching: consistent vitamin K intake.

#44

aPTT

Partial Thromboplastin Time — monitors heparin therapy
Tip: Normal: 25-35 sec. Therapeutic: 1.5-2.5x normal. aPTT for Heparin (both have PTT in name — association trick). Protamine sulfate is antidote.

#45

HbA1c

Glycosylated hemoglobin — average blood glucose over 2-3 months
Tip: Normal: <5.7%. Prediabetes: 5.7-6.4%. Diabetes: ≥6.5%. Goal for most diabetics: <7%. Reflects long-term control, not a single-day reading.

#46

Lipid Panel

Measures total cholesterol, LDL, HDL, triglycerides
Tip: High LDL = atherosclerosis risk. High HDL = protective. Fasting 9-12 hours before draw. Statins primarily target LDL reduction.

#47

Liver Enzymes (ALT, AST)

ALT (liver-specific), AST (liver, heart, muscle) — markers of hepatocyte injury
Tip: ALT > AST = viral hepatitis. AST > ALT = alcoholic liver disease. Hepatotoxic drugs (acetaminophen, statins) require baseline and periodic LFT monitoring.

#48

Blood Culture & Sensitivity

Identifies bacteria in bloodstream and which antibiotics will work
Tip: Draw BEFORE starting antibiotics when possible. Two sets from different sites. Never delay antibiotics for septic patient just to get cultures — but try to draw them first.

#49

Urinalysis (UA)

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Glucose (Fasting)

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Calcium (Ca2+)

#52

Magnesium (Mg2+)

#53

D-Dimer

#54

CRP (C-Reactive Protein)

#49

Urinalysis (UA)

Screens for UTI, kidney disease, diabetes
Tip: Leukocyte esterase + nitrites = likely UTI. Ketones + glucose = DKA. Clean-catch midstream for culture. Straight cath if patient cannot provide clean catch.

#50

Glucose (Fasting)

Blood sugar after 8-hour fast — normal: 70-100 mg/dL
Tip: Fasting >126 on 2 occasions = diabetes. Bedside glucose checks guide insulin administration. Treat hypoglycemia (<70) with 15g fast-acting carbs.

#51

Calcium (Ca2+)

Essential for bones, muscle contraction, nerve function — normal: 8.5-10.5 mg/dL
Tip: Hypocalcemia: Chvostek/Trousseau signs. Hypercalcemia: 'bones, stones, groans, psychiatric overtones.' Ionized calcium is the active form. Albumin affects total Ca — correct if albumin is low.

#52

Magnesium (Mg2+)

Cofactor for 300+ enzymes — normal: 1.7-2.2 mg/dL
Tip: Low: hyperreflexia, tetany, torsades. High: absent DTRs, respiratory depression. Mg and K+ are linked — you can't correct hypokalemia until hypomagnesemia is fixed.

#53

D-Dimer

Fibrin degradation product — elevated with clot formation/breakdown
Tip: Very sensitive but not specific for DVT/PE. Elevated in pregnancy, surgery, inflammation. Negative D-dimer = effectively rules out DVT/PE in low-risk patients. Positive = need imaging.

#54

CRP (C-Reactive Protein)

Inflammatory marker — elevated with infection, inflammation, autoimmune disease
Tip: High-sensitivity CRP used for cardiovascular risk assessment. CRP is non-specific — doesn't tell you WHERE the inflammation is, only that it's present.

#55

Lactic Acid

#56

Myocardial Infarction (MI)

#57

Congestive Heart Failure (CHF)

#58

Atrial Fibrillation (AFib)

#59

Ventricular Fibrillation (VFib)

#60

Ventricular Tachycardia (VTach)

#55

Lactic Acid

Byproduct of anaerobic metabolism — marker of tissue hypoperfusion
Tip: Normal: <2 mmol/L. Elevated in sepsis, shock, tissue hypoxia. Elevated lactate in sepsis = tissue is not getting enough oxygen. Clearance is a resuscitation endpoint.

#56

Myocardial Infarction (MI)

Death of myocardial tissue from prolonged ischemia
Tip: Chest pain (pressure/crushing), diaphoresis, N/V, radiation to jaw/left arm. MONA is outdated — current priority: O2 if hypoxic, aspirin, nitro, morphine for pain. 12-lead ECG within 10 minutes.

#57

Congestive Heart Failure (CHF)

Heart's inability to pump adequately → fluid backup
Tip: Left-sided: pulmonary congestion (crackles, SOB). Right-sided: peripheral edema, JVD, ascites. 'L=Lungs, R=Rest of body.' Daily weights — 1kg gain in 24hrs = fluid retention. Low sodium diet.

#58

Atrial Fibrillation (AFib)

Chaotic atrial electrical activity — irregularly irregular rhythm
Tip: Risk: stroke from atrial clot formation. Rate control vs rhythm control. Irregularly irregular + no P waves. Priority: stroke prevention (anticoagulation, CHA_2DS_2-VASc score).

#59

Ventricular Fibrillation (VFib)

Chaotic ventricular electrical activity — NO cardiac output
Tip: Pulseless, unresponsive. Immediate CPR and defibrillation. Coarse VFib = shockable. Fine VFib may look like asystole — when in doubt, check in 2 leads.

#60

Ventricular Tachycardia (VTach)

Rapid ventricular rhythm >100 bpm
Tip: With pulse: cardioversion or antiarrhythmics. Without pulse: CPR and defibrillation. Sustained VTach = emergency. Monomorphic = same shape. Polymorphic (Torsades) = MgSO4.