WATHIM

GCC exam prep

PRACTICE PACK

DHA | DOH | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB | Kuwait MOH

Registered Nurse (RN) Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 1052 questions · 3 papers

1052	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Registered Nurse (RN) Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

1052	3	23	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 222 easier, 610 standard and 220 harder questions, marked on each one.

Maternity and newborn 175 · Paediatrics 78 · Fundamentals of nursing 73 · Community and public health 71 · Ethics and professional practice 53 · Mental health 50 · Pharmacology and medication safety 44 · Management and leadership 42 · Health assessment 39 · Safety and infection control 38 · Cardiovascular 37 · Respiratory 34 · Neurological 34 · Gastrointestinal and hepatic 34 · Emergency and critical care 32 · Endocrine and diabetes 31 · Evidence-based practice and research 31 · Haematology and oncology 30 · Fluids, electrolytes and acid-base 28 · Renal and urinary 26 · Musculoskeletal 26 · Perioperative 24 · Skin, wounds and burns 22

The exam you are sitting

DHA: DHA exam for nurses (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DOH: DOH licensing exam (Abu Dhabi)	Pass mark: Not published by DOH *Wathim guide, checked 2026-11-15*
MOHAP: MOHAP exam (Northern Emirates)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
SCFHS: SNLE, Saudi Nursing Licensure Exam	Questions: 200, in 2 parts of 120 min. Pass mark: 500 (scale 200-800) *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric exam for nurses (DHP)	Questions: 150 MCQs. Pass mark: 50% *Wathim guide, checked 2026-11-20*
Bahrain NHRA: NHRA exam for nurses	Pass mark: 50% *Wathim guide, checked 2026-11-20*
Oman OMSB: Oman Prometric exam for nurses (OEN)	Questions: 100 MCQs, 2.5 hours. Pass mark: BSN exam (OEN): 60% *Wathim guide, checked 2026-11-20*
Kuwait MOH: Kuwait MOH Prometric exam	Questions: 150 MCQs. Pass mark: 60% *Wathim guide, checked 2026-11-15*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf nursing licensing exams differ in length and scoring: the DHA exam is a computer test at Prometric with 150 multiple choice questions in 3 hours (DHA CBT guideline, September 2026) and the Saudi SNLE has 200 questions and a scaled pass score. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core nursing knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Maternity and newborn	**175**	17%
Paediatrics	**78**	7%
Fundamentals of nursing	**73**	7%
Community and public health	**71**	7%
Ethics and professional practice	**53**	5%
Mental health	**50**	5%
Pharmacology and medication safety	**44**	4%
Management and leadership	**42**	4%
Health assessment	**39**	4%
Safety and infection control	**38**	4%
Cardiovascular	**37**	4%
Respiratory	**34**	3%
Neurological	**34**	3%
Gastrointestinal and hepatic	**34**	3%
Emergency and critical care	**32**	3%
Endocrine and diabetes	**31**	3%
Evidence-based practice and research	**31**	3%
Haematology and oncology	**30**	3%
Fluids, electrolytes and acid-base	**28**	3%
Renal and urinary	**26**	2%
Musculoskeletal	**26**	2%
Perioperative	**24**	2%
Skin, wounds and burns	**22**	2%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.

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Score out of 60	Percentage	What it means
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.
2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.
3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.
4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.
5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.
6. **Keep the revision bank for the last few days**
   872 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Registered Nurse (RN) Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	872 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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REGISTERED NURSE (RN) EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Maternity and newborn EASY

At which point does the second stage of labour begin?

A. When regular painful contractions begin
B. When the cervix is fully dilated
C. When the membranes rupture spontaneously
D. When the placenta has been delivered

Q2 Maternity and newborn HARD

A woman receiving an oxytocin infusion has a fetal heart rate trace showing repeated late decelerations after each contraction. What is the nurse's first action?

A. Stop the oxytocin infusion and turn her onto her left side
B. Increase the infusion rate to shorten the length of the labour
C. Continue the infusion and reassess the trace in 30 minutes
D. Ask her to start pushing with the next contraction

Q3 Maternity and newborn STANDARD

A nurse observes a newborn breastfeeding. Which sign shows a good latch?

A. The baby's lips are pursed and tucked in against the breast tissue
B. The baby's mouth is wide open with the chin against the breast
C. Only the nipple is held inside the baby's mouth during the feed
D. The baby's cheeks dimple inwards with each suck and clicking is heard

Q4 Maternity and newborn STANDARD

A woman at 35 weeks of gestation has a severe headache, blurred vision and pain in the upper abdomen. Her blood pressure is 168/112 mmHg and a urine test shows 2+ protein. What should the nurse do first?

A. Give paracetamol and recheck her blood pressure in four hours
B. Ask her to lie flat on her back to rest and repeat the reading in an hour
C. Stay with her and escalate at once to the obstetric team
D. Send a urine culture and wait for the result before calling anyone

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Q5 Maternity and newborn EASY

A woman at 32 weeks of gestation says she has noticed that her baby is moving much less than usual over the last day. What is the most appropriate advice from the nurse?

A. Wait until the next routine antenatal visit in two weeks

B. Drink a cold drink and count movements again tomorrow

C. Attend the maternity unit today for fetal assessment

D. Rest at home for two days and then reassess movements

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	2	3	4	5
B	A	B	C	C

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B When the cervix is fully dilated**

The second stage of labour begins at full cervical dilatation (10 cm) and ends with the birth of the baby. Regular contractions mark the start of the first stage. Rupture of membranes can happen at any stage and does not define a stage. The delivery of the placenta ends the third stage. Knowing the stages guides nursing care, since the second stage is when the woman feels the urge to push and monitoring becomes more frequent.

Source: Ricci, Essentials of Maternity, Newborn and Women's Health Nursing

Q2 Answer: **A Stop the oxytocin infusion and turn her onto her left side**

Repeated late decelerations suggest uteroplacental insufficiency. Stopping oxytocin reduces uterine activity, and left lateral positioning improves placental perfusion. Oxygen and a call to the provider follow. Increasing oxytocin would worsen hypoxia. Waiting 30 minutes delays treatment of a possible emergency. Pushing is inappropriate without confirmed full dilatation and would add further stress to the fetus. Oxygen may be given and the provider is informed so that fetal wellbeing can be reassessed and the need for urgent birth considered.

Source: Lowdermilk and Perry, Maternity and Women's Health Care

Q3 Answer: **B The baby's mouth is wide open with the chin against the breast**

A good latch has the baby's mouth wide open, the chin against the breast, the lower lip turned outwards and more areola visible above the top lip than below. This allows effective milk transfer without nipple pain. Pursed, tucked lips and sucking on the nipple alone damage tissue. Dimpling of the baby's cheeks with clicking noises shows a poor seal and loss of suction, so the baby should be taken off and repositioned.

Source: World Health Organization, infant and young child feeding guidance

Q4 Answer: **C Stay with her and escalate at once to the obstetric team**

A woman at 35 weeks with severe headache, blurred vision, epigastric pain and a blood pressure of 168/112 mmHg with protein in the urine has pre-eclampsia with severe features, which can progress rapidly to eclampsia, stroke and HELLP syndrome. The nurse stays with her, escalates immediately to the obstetric team and prepares for blood pressure control, magnesium sulfate and fetal assessment as ordered. Analgesia with a delayed recheck, a rest on her back and waiting for a urine culture all postpone treatment of an emergency.

Source: National Institute for Health and Care Excellence guideline on hypertension in pregnancy

Q5 Answer: **C Attend the maternity unit today for fetal assessment**

A clear reduction in fetal movements can be an early sign of fetal compromise and needs same-day assessment, usually with fetal heart monitoring. Delaying until a routine visit or waiting days may miss a treatable problem. Cold drinks or rest at home may be tried by some women, but they must not replace urgent assessment when movements have clearly decreased over a day.

Source: Lowdermilk and Perry, Maternity and Women's Health Care

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	872 more questions by topic with the answer under each, and the night-before list
Total	1052 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/registered-nurse-practice**

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