

NCLEX-PN®  
DETAILED  
TEST PLAN

Effective | April 2005



## NCLEX-PN® Examination

Detailed Test Plan for the  
National Council Licensure  
Examination for Licensed  
Practical/Vocational Nurses

**Mission Statement**

The National Council of State Boards of Nursing, composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

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The major functions of NCSBN include developing the NCLEX-RN® and the NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to NCSBN's purpose, and serving as a forum for information exchange for NCSBN members.

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**National Council of  
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Detailed Test Plan  
for the NCLEX-PN® Examination**

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Examination Committee

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AW, LH



# I. Background

The *Detailed Test Plan for the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®)* was developed by the National Council of State Boards of Nursing, Inc. (NCSBN). The purpose of this document is to provide more detailed information about the content areas tested in the NCLEX-PN examination than is provided in the *NCLEX-PN® Test Plan*.

This booklet contains the following:

- *NCLEX-PN® Test Plan* (test plan)
- *NCLEX-PN® Detailed Test Plan* (detailed test plan)
- Information on testing requirements and sample exam questions (items)
- Bibliography

## **About the *NCLEX-PN® Test Plan* (Section II)**

The test plan is reviewed and approved by the NCSBN Examination Committee every three years. Resources reflecting changes in practice are used to support the rationale for each revision to the test plan. Multiple resources are used, including the recent practice analysis of practical/vocational nurses, surveys of entry-level practice trends, and expert opinions of the Examination Committee, NCSBN NCLEX® content staff, boards of nursing (also referred to as member boards), and content development staff of the contracted test service. Following endorsement of proposed revisions by the Examination Committee, the test plan document is presented for approval to the NCSBN Delegate Assembly, which is the decision-making body of NCSBN.

## **About the *NCLEX-PN® Detailed Test Plan* (Section III)**

The detailed test plan serves a variety of purposes. It is used to guide candidates preparing for the exam, to direct item developers in the design of test questions and to facilitate the coding of exam items by the Examination Committee. The detailed test plan provides a more thorough and comprehensive listing of content for each Client Needs category and subcategory outlined in the test plan. The practice analysis activity statements used in developing the percentage of exam items allocated to a category or subcategory are listed at the end of each section.

For up-to-date information on the NCLEX-PN examination, access the NCSBN Web site at [www.ncsbn.org](http://www.ncsbn.org).



## II. NCLEX-PN® Test Plan

### Test Plan for the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination)

#### Introduction

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to practice safely and effectively as a newly licensed, entry-level practical/vocational nurse. The National Council of State Boards of Nursing, Inc. (NCSBN), develops a licensure examination, the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination), which is used by state and territorial boards of nursing to assist in making licensure decisions.

Several steps occur in the development of the *NCLEX-PN® Test Plan*. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level practical/vocational nurses (*Report of Findings from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* [Smith & Crawford, 2003]). Newly licensed practical/vocational nurses are asked about the frequency and priority of performing more than 150 nursing care activities. The activity statements are then analyzed in relation to the frequency of performance and the impact on maintaining client safety. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes that are fundamental to the practice of nursing. The next step is writing the *NCLEX-PN® Test Plan*, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

The *NCLEX-PN® Test Plan* provides a concise summary of the content and scope of the examination. It serves as a guide for examination development as well as candidate preparation. Each NCLEX-PN examination is based on the test plan. Each examination assesses the knowledge, skills and abilities that are essential for the entry-level practical/vocational nurse to meet the needs of clients who require the promotion, maintenance or restoration of health. The following sections describe beliefs about people, nursing and clients that are integral to the examination, cognitive abilities that will be tested in the examination, and the categories and specific parts of the *NCLEX-PN® Test Plan*.

#### Beliefs

Beliefs about people and nursing influence the *NCLEX-PN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs. The profession of nursing makes a unique contribution in helping clients (individuals, families and significant others) achieve an optimal level of health in a variety of settings.

Nursing is both an art and a science. It is a learned profession based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. The nature of nursing is continually evolving. Nursing practice is founded on a professional body of knowledge that integrates concepts from the biological, behavioral and social sciences. The goal of nursing is to promote comfort and quality health care. The nurse assists individuals throughout their life spans to attain optimal levels of functioning by responding to the needs, conditions and events that result from actual or potential health problems.

The practical/vocational nurse uses “specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals” (NFLPN, 2003). The practical/vocational nurse uses a clinical problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client’s life span and contribute to the interdisciplinary team in a variety of settings. The entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have predictable outcomes. “Competency implies knowledge, understanding and skills that transcend specific tasks and is guided by a commitment to ethical/legal principles” (NAPNES, 2003).

## Classification of Cognitive Levels

The examination consists of items that use Bloom’s taxonomy for the cognitive domain as a basis for writing and coding items (Bloom et al., 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires the application of all levels of cognitive ability. The majority of items are written at the application or higher levels of cognitive abilities.

## Test Plan Structure

The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and competencies for a variety of clients across all settings and is congruent with state laws/rules.

### Client Needs

The content of the *NCLEX-PN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are further divided into a total of six subcategories:

#### Safe and Effective Care Environment

- Coordinated Care
- Safety and Infection Control

#### Health Promotion and Maintenance

#### Psychosocial Integrity

#### Physiological Integrity

- Basic Care and Comfort
- Pharmacological Therapies
- Reduction of Risk Potential
- Physiological Adaptation

## Integrated Processes

The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs categories and subcategories:

- *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection, planning, implementation and evaluation.
- *Caring* – interaction of the practical/vocational nurse and clients, families, and significant others in an atmosphere of mutual respect and trust. In this collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired therapeutic outcomes.
- *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and clients, families, significant others and members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting positive changes in behavior.

## Distribution of Content

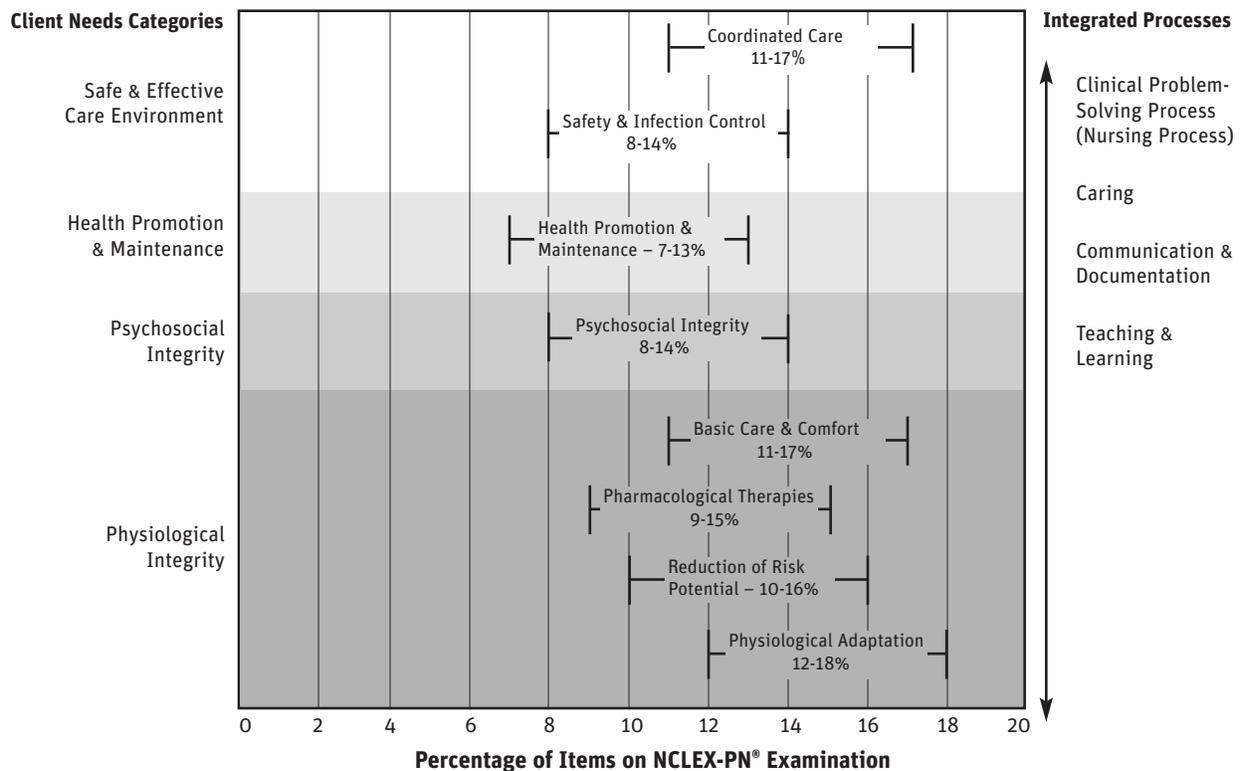
The percentage of test items assigned to each Client Needs category and subcategory in the *NCLEX-PN® Test Plan* is based on the results of the study entitled *Report of Findings from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (Smith & Crawford, 2003), and expert judgment provided by members of the NCSBN Examination Committee.

### Client Needs

### Percentage of Items from each Category/Subcategory

Safe and Effective Care Environment	
■ Coordinated Care	11-17%
■ Safety and Infection Control	8-14%
Health Promotion and Maintenance	7-13%
Psychosocial Integrity	8-14%
Physiological Integrity	
■ Basic Care and Comfort	11-17%
■ Pharmacological Therapies	9-15%
■ Reduction of Risk Potential	10-16%
■ Physiological Adaptation	12-18%

## Distribution of Content for the NCLEX-PN® Test Plan



### Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

#### Safe and Effective Care Environment

The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients\* and health care personnel.

- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care

Related content includes but is **not limited to**:

- |                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| ■ Advance Directives                                | ■ Continuity of Care                          |
| ■ Advocacy                                          | ■ Establishing Priorities                     |
| ■ Client Care Assignments                           | ■ Ethical Practice                            |
| ■ Client Rights                                     | ■ Informed Consent                            |
| ■ Concepts of Management and Supervision            | ■ Legal Responsibilities                      |
| ■ Confidentiality                                   | ■ Performance Improvement (Quality Assurance) |
| ■ Consultation with Members of the Health Care Team | ■ Referral Process                            |
|                                                     | ■ Resource Management                         |

\* Clients are defined as individuals, families and significant others.

- *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes but is **not limited** to:

- Accident/Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Internal and External Disaster Plans
- Medical and Surgical Asepsis
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plans
- Standard/Transmission-Based/Other Precautions
- Use of Restraints/Safety Devices

**Health Promotion and Maintenance**

The practical/vocational nurse provides nursing care for clients that incorporates knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

Related content includes but is **not limited** to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Data Collection Techniques
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Interaction Patterns
- Family Planning
- Health Promotion/Screening Programs
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Self-Care

**Psychosocial Integrity**

The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

Related content includes but is **not limited** to:

- Abuse or Neglect
- Behavioral Interventions
- Behavioral Management
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Mental Illness Concepts
- Religious or Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Substance-Related Disorders
- Suicide/Violence Precautions
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
- Unexpected Body Image Changes

## Physiological Integrity

The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients, and assisting them with the management of health alterations.

- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of their activities of daily living.

Related content includes but is **not limited** to:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes but is **not limited** to:

- Adverse Effects
- Expected Effects
- Medication Administration
- Pharmacological Actions
- Pharmacological Agents
- Side-Effects

- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited** to:

- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures/Surgery or Health Alterations
- Therapeutic Procedures
- Vital Signs

- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited** to:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Radiation Therapy
- Unexpected Response to Therapies

### III. NCLEX-PN® Detailed Test Plan

#### Detailed Test Plan for the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination)

The *NCLEX-PN® Test Plan* in the previous section provides the general outline of the categories and subcategories of the examination. This document, the *NCLEX-PN® Detailed Test Plan*, is used both as a guide for NCLEX item development and by candidates preparing to take the examination. Definitions applied to all content descriptions include:

Client:	Individuals, families and significant others
Nursing Diagnosis:	A classification of client needs and/or problems according to presumed natural relationships, i.e., use of North American Nursing Diagnoses Association (NANDA)-approved nursing diagnoses
Prescription:	Orders, interventions, remedies or treatments ordered or directed by an authorized health care provider

#### Content Categories of the NCLEX-PN® Detailed Test Plan

Content explanations may include specific examples, which are noted by (e.g.,\_). The examples provided do not include the entire listing of what may apply, but instead are samples of ideas about that nursing activity.

Practice analysis findings related to the activities performed by newly licensed LPN/VNs are linked to the test plan content categories.

#### Safe and Effective Care Environment

The practical/vocational nurse provides nursing care that contributes to the delivery of client care and assists in the protection of health care personnel.

- 1. Coordinated Care** – The practical/vocational nurse collaborates with team members to facilitate effective client care.

Related content includes but is **not limited** to:

##### Advance Directives

- Provide information to client on advance directives (e.g., living will, health care proxy, durable power of attorney for health care)
- Review client's understanding of advance directives (e.g., living will, health care proxy, durable power of attorney for health care)
- Verify the client's advance directives status

**Advocacy**

- Act/serve as advocate for client
- Contribute to treatment options discussions with client and support decisions made
- Promote client self-advocacy

**Client Care Assignments**

- Assign client's care to assistive personnel
- Compare needs of clients to knowledge, skills and abilities of assistive personnel prior to making client care assignments
- Organize client information needed for care assignments
- Provide information to supervisor when client care assignments may need to be changed (e.g., change in client's status)

**Client Rights**

- Determine client's understanding of client's rights
- Inform client of individual rights (e.g., advance directives, confidentiality, informed consent)
- Intervene appropriately if client's rights are violated
- Recognize client's right to refuse treatment/procedure
- Reinforce treatment options/decisions with client

**Concepts of Management and Supervision**

- Assist in resolving conflicts with client and/or staff members
- Identify roles/responsibilities of health care members
- Intervene in unsafe client care situations
- Participate in staff education
- Provide input for performance evaluation of other staff
- Review effectiveness of care provided by others (e.g., assistive personnel)
- Serve as resource person to other staff
- Supervise client care tasks performed by assistive personnel
- Support decisions made to solve staff conflict through appropriate use of chain of command
- Understand knowledge, skills and abilities of assistive personnel
- Use effective time management skills
- Verify abilities of staff members to perform assigned tasks (e.g., job description, scope of practice, training, experience)

**Confidentiality**

- Identify staff actions that impact client confidentiality and intervene as needed (e.g., access to medical records, discussions at nurses' station, change-of-shift reports)
- Maintain confidentiality (e.g., oral, non-verbal, written and electronic communications)

- Provide for client's privacy (e.g., draw curtain around bed, private area for interviewing, promote confidentiality)
- Recognize staff member and client's understanding of client confidentiality requirements

**Consultation with Members of the Health Care Team**

- Identify need for consultation with members of health care team
- Participate in consultation with members of health care team

**Continuity of Care**

- Contribute to client's admission, transfer to another facility or discharge to home
- Contribute to development and revision of client's plan of care
- Contribute to planning interdisciplinary client care conferences
- Contribute to transfer of client to another setting/unit
- Follow up with client after discharge
- Identify need for nursing or interdisciplinary client care conference
- Provide follow-up for unresolved client care issues
- Provide shift report on client care
- Record client information (e.g., medical record, referral/transfer form)
- Review client's plan of care and recommend revisions as needed (e.g., change in client's status)
- Use clinical pathways/care maps/care plans to guide and review client's care

**Establishing Priorities**

- Consider priorities of care according to current condition of client
- Decide which client to see first among a group of clients
- Include the client in decisions on priorities for care
- Notify staff of change in client's status (e.g., health care team, shift report, post-op report)
- Participate in planning client's care based upon client's needs (e.g., diagnosis, abilities, prescribed treatments)
- Prioritize the care assignments of multiple clients
- Provide input and respond to reports on multiple clients

**Ethical Practice**

- Identify ethical issues affecting staff or client
- Inform client and/or staff members of ethical issues affecting client's care
- Intervene to promote ethical practice

**Informed Consent**

- Describe informed consent requirements (e.g., purpose for procedure, risks of procedure)
- Identify appropriate person to provide informed consent for client (e.g., client, parent, legal guardian)

- Participate in obtaining informed consent
- Recognize that informed consent was obtained (e.g., completed consent form, client understanding of procedure)

**Legal Responsibilities**

- Document client's care
- Follow agency policy for reportable client problems (e.g., abuse, injury, communicable disease)
- Follow appropriate agency procedures to report treatment errors
- Follow procedures to get verbal, telephone and written prescriptions for client
- Identify and manage client's valuables according to facility/agency policy
- Identify illegible prescription, then obtain correction
- Identify legal issues affecting staff and client (e.g., refusing treatment)
- Identify own professional practice limitations (e.g., refuse to perform tasks outside scope of practice)
- Inform client and/or staff members of legal issues affecting client's care
- Intervene if a staff member uses unsafe practice when caring for client
- Recognize/question client's prescriptions that may increase risk of accident/error (e.g., physical therapy)
- Report client abuse, neglect, injury
- Report client with a communicable disease
- Report unsafe practice by a health care provider (e.g., improper care, substance abuse)
- Review client's and staff members' knowledge of legal and ethical issues affecting client's care
- Review medication prescriptions for completeness
- Take/transcribe verbal and telephone prescriptions
- Transcribe client's prescriptions correctly

**Performance Improvement (Quality Assurance)**

- Document performance improvement/quality assurance activities according to facility policy
- Identify impact of performance improvement/quality assurance activities on client care outcomes
- Participate in performance improvement/quality assurance activity (e.g., collecting data, serving on performance improvement committee)
- Report identified client care issues/quality of care problems to appropriate personnel (e.g., nurse manager, risk manager)

**Referral Process**

- Communicate need to change client's referral based upon new information
- Identify community resources for client (e.g., respite care, social services, shelters)
- Participate in obtaining referral for client (e.g., to diabetes educational group)

- Recognize need for client’s referral for assistance with actual or potential problems (e.g., physical therapy, speech therapy)
- Use appropriate documents to contribute information needed for client’s referral (e.g., medical record, referral form)

**Resource Management**

- Recognize client’s need for and correct use of materials and equipment (e.g., oxygen, suction machine, wound care supplies)
- Review effective use of client care materials by assistive personnel (e.g., supplies)
- Use cost effective measures when providing nursing care (e.g., supplies, interventions)
- Use effective time management skills

**Coordinated Care**

**Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice**

- 1 Use data from various sources in making clinical decisions
- 3 Contribute to the development of client’s plan of care
- 5 Contribute to change made in client’s plan of care
- 6 Make client care or related task assignment
- 8 Organize and prioritize care for assigned group of clients
- 9 Provide input for performance evaluations of other staff
- 10 Recognize and resolve staff conflict through appropriate use of chain of command
- 11 Advocate for client rights or needs
- 12 Promote client/family self-advocacy
- 13 Participate in quality improvement (QI) activity such as collecting data or serving on QI committee
- 14 Include client in client care decision-making
- 17 Follow up with client/family after discharge
- 18 Participate in education of staff
- 19 Participate in orientation of new employee
- 20 Recognize task/assignment you are not prepared to perform and seek assistance
- 21 Report or intervene to prevent unsafe practice of health care provider
- 22 Discharge client to home or transfer client to another facility
- 24 Take verbal or phone order
- 25 Transcribe physician order
- 27 Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease
- 28 Obtain client’s signature on consent form
- 29 Maintain client confidentiality
- 30 Provide for privacy needs
- 31 Provide information about advance directives

**2. Safety and Infection Control** – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes but is **not limited** to:

**Accident/Error/Injury Prevention**

- Determine client/staff member knowledge of safety procedures
- Follow plan for client to avoid accident/error/injury related to diagnosis and/or prescribed treatments
- Identify and determine outcome of actions to prevent accident/error/injury
- Identify and facilitate correct use of infant and child car seats by client
- Identify client factors that influence accident/error/injury prevention (e.g., age, developmental stage, lifestyle)
- Identify client's allergies and potential for error and/or injury (e.g., latex, food/medications/vaccines/environmental factors)
- Identify fire exits
- Monitor client care environment for safety hazards, reporting problems
- Participate in fire drills
- Participate in relocation of clients in the event of a fire
- Protect client from accident/error/injury (e.g., protect from another individual, falls, environmental hazards, burns)
- Provide client with appropriate methods to signal/call staff members
- Provide for client's safety (e.g., bed alarms, medical alert bracelet)
- Recognize client's potential for accident/error/injury (e.g., confusion, altered thought processes, diagnosis)
- Record and report client's allergies (e.g., food, pollen, materials)
- Reinforce client teaching on safe use of infant and child car seats
- Remove fire hazards from client care areas
- Report environmental hazards
- Review and follow policies/procedures used to prevent accidents/errors/injury
- Use facility/agency forms correctly
- Utilize facility/agency client identification procedures (e.g., client's name bands, allergy bands)
- Verify the identity of client prior to starting care

**Handling Hazardous and Infectious Materials**

- Demonstrate knowledge of facility/agency protocols for handling biohazards and infectious waste
- Follow procedures for handling biohazardous materials (e.g., chemotherapeutic agents, radiation sources)

- Identify and employ methods to control or eliminate infectious agents (e.g., cleaning with appropriate solutions, handwashing)
- Identify and implement actions to control the spread of infections according to facility/agency policies
- Identify biohazardous, flammable and infectious materials
- Report hazardous work environment conditions (e.g., chemical or blood spill, smoking by staff or clients)

**Home Safety**

- Assist in adapting home environment to meet client's safety needs (e.g., lighting, handrails, kitchen safety)
- Check home client care environment for fire or environmental safety hazards
- Determine client's understanding of home safety needs (e.g., fall prevention)
- Identify environmental hazards (e.g., frayed electrical cords, footwear, small area rugs)
- Provide client with information on home safety
- Reinforce client's education on home safety precautions, including client's use of protective equipment to avoid injury (e.g., home disposal of syringes, lighting, handrails, kitchen safety)

**Internal and External Disaster Plans**

- Assist in evacuation of client according to agency protocol
- Contribute to selection of client(s) to recommend for discharge in a disaster situation
- Demonstrate knowledge of appropriate evacuation plan
- Follow agency policies/procedures for internal and external disasters
- Identify nursing and assistive personnel roles during internal and external disasters
- Participate in activities to prepare for response to internal and external disasters

**Medical and Surgical Asepsis**

- Monitor client care area for sources of infection
- Set up a sterile field
- Use appropriate supplies to maintain asepsis (e.g., gloves, mask, sterile supplies)
- Use correct aseptic/sterile technique
- Use correct techniques to apply and remove mask, gloves, gown, protective eyewear
- Use methods to control or eliminate infectious agents (e.g., use of appropriate solutions, handwashing)

**Reporting of Incident/Event/Irregular Occurrence/Variance**

- Complete incident/event/irregular occurrence/variance report according to facility/agency policy
- Identify situations requiring completion of incident/event/irregular occurrence/variance report (e.g., medication administration error, client fall)

**Safe Use of Equipment**

- Check equipment for safe functioning/safety hazards (e.g., frayed electrical cords, loose/missing parts, working CPM device, oxygen, mobility aids)
- Follow facility protocols/procedures for safe use of equipment
- Provide safe equipment use for client care (e.g., CPM device, oxygen, mobility aids)
- Remove non-working equipment from client care area and report the problem to appropriate personnel

**Security Plans**

- Follow security plans
- Monitor effectiveness of security plans
- Participate in security plan
- Use principles of triage and evacuation procedures/protocols

**Standard/Transmission-Based/Other Precautions**

- Apply infection control principles to client care (e.g., isolation, aseptic technique, universal/standard precautions)
- Demonstrate knowledge of facility/agency infection control procedures
- Discuss appropriate infection control procedures with client and staff members
- Follow specific precautions appropriate for client and environmental requirements
- Identify client's knowledge of infection control procedures
- Identify communicable diseases and the modes of organism transmission (e.g., airborne, droplet, contact)
- Monitor use of infection control precautions by other staff members
- Prevent environmental spread of infectious diseases through correct use of equipment
- Protect immunocompromised clients from exposure to infectious diseases/organisms
- Use correct handwashing techniques

**Use of Restraints/Safety Devices**

- Apply and maintain client's restraints/bed alarms/safety devices according to facility/agency policy
- Check for proper functioning of restraints/safety devices
- Check, recheck the need for client's restraints/safety devices (e.g., failure of least restrictive devices, self-injurious behavior)
- Demonstrate knowledge of appropriate application of restraints/safety devices
- Document use of restraints/safety devices and client's response
- Follow agency procedures to check restraints/safety devices of physically confined client
- Identify and use least restrictive restraint/safety device for client

## Safety and Infection Control

### Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- |    |                                                                                                                                                                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32 | Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment                                                                               |
| 33 | Evaluate the appropriateness of order for client                                                                                                                                          |
| 34 | Verify the identity of client                                                                                                                                                             |
| 36 | Use universal/standard precautions                                                                                                                                                        |
| 37 | Identify client allergies                                                                                                                                                                 |
| 38 | Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan |
| 39 | Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients                                                                           |
| 40 | Apply and/or monitor use of least restrictive restraints or seclusion                                                                                                                     |
| 41 | Use aseptic/sterile technique                                                                                                                                                             |
| 42 | Follow protocol for timed client monitoring such as suicide precautions, restraint/seclusion check or safety checks                                                                       |
| 44 | Assist in or reinforce education to client/family about safety precautions                                                                                                                |

**3. Health Promotion and Maintenance** – The practical/vocational nurse provides nursing care for clients that incorporates knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

Related content includes but is **not limited to**:

#### **Aging Process**

- Consider client's age (from birth to advanced old age) when providing care
- Identify client's attitudes on aging and assist in reinforcing teaching on expected changes related to aging (e.g., developmental stages)
- Identify client's expected physiological changes
- Identify client's reactions to client's age-related changes
- Identify physiological changes of older adult client (65 years of age or older) and compare to expected aging process (e.g., sensory, circulatory, cold or heat sensitivity)
- Provide care to meet age-related needs of client, including those 65 years of age or older

#### **Ante/Intra/Postpartum and Newborn Care**

- Assist in checking client in labor (e.g., typical physiological, psychological, behavioral changes across the phases of labor)
- Assist in performing client's non-stress test
- Contribute to newborn care plan

- Monitor client for postpartum complications (e.g., hemorrhage, infection)
- Monitor client's abilities to care for infant
- Monitor physiological status of pregnant and postpartum clients
- Perform care of postpartum client (e.g., perineal care, assistance with infant feeding)
- Provide assistance to client's labor coach
- Provide care to newborn (e.g., cord care, weights, thermoregulation)
- Reinforce client teaching on infant care skills (e.g., feeding, bathing, positioning)
- Reinforce client teaching on relaxation techniques during labor
- Reinforce teaching of client for infant care following circumcision
- Review client's emotional preparation for pregnancy (e.g., support systems, perception of pregnancy, coping mechanisms)

**Data Collection Techniques**

- Collect data for client's admission and health history
- Collect data on client's baseline/admission physical condition
- Perform aspects of client's complete physical examination (e.g., aspect of a head-to-toe examination, nursing admission physical examination)
- Prepare client for physical examination (e.g., reinforce explanation of procedure, provide privacy and comfort)
- Report client's physical examination results to health care provider and document findings according to agency/facility policies/procedures

**Developmental Stages and Transitions**

- Assist client to select age-appropriate activities
- Assist with activities related to client's developmental stages/transitions (e.g., attachment to newborn, parenting, puberty, retirement)
- Compare client's psychosocial/behavioral/physical development to norm for age/stage (e.g., separation anxiety)
- Consider client's age and developmental stage when discussing procedures/surgery with client
- Identify and report client's deviations from expected growth and development
- Identify client's expected stages of development (e.g., physical, cognitive, psychosocial, moral)
- Identify client's understanding of needs according to client's developmental stage
- Provide age-appropriate explanations to client (e.g., medications, treatment)
- Provide physical care appropriate to client's developmental stage (e.g., newborn, child, young adult, older adult)
- Suggest another approach for care according to client's developmental stage

**Disease Prevention**

- Assist client in disease prevention activities
- Check client care delivery plan for compliance with agency disease prevention standards/policies (e.g., Pap test chart requirements)

- Gather data on client's health history and risk for disease (e.g., lifestyle, family and genetic history, medical conditions, allergies, precancerous skin change)
- Identify risk factors for disease/illness (e.g., age, gender, ethnicity, lifestyle, family history)
- Monitor client's actions to maintain health and prevent disease (e.g., smoking cessation, healthy diet, exercise, stress management)
- Provide information (pamphlets) on disease prevention (e.g., smoking related to lung cancer)
- Review client's disease prevention behaviors (e.g., screening exams)

**Expected Body Image Changes**

- Check client for expected body image changes
- Determine client's acceptance of expected body image change (e.g., aging, pregnancy, menopause)
- Determine impact of expected body image changes on client (e.g., temperament)

**Family Interaction Patterns**

- Assist client in bringing new infant into family structure
- Identify family structure and roles of family members
- Identify stressors that may impact client's family functioning
- Support parental roles

**Family Planning**

- Identify client's preference for contraceptive method
- Identify factors that may influence outcomes of client's chosen contraceptive method (e.g., smoking, compliance, medical condition)
- Recognize client's need/desire for information on contraception
- Recognize expected outcomes for client's family planning methods
- Reinforce information on genetic counseling for client as needed
- Support client during infertility assessment
- Support client in family planning decisions

**Health Promotion/Screening Programs**

- Check results of client's health screening tests (e.g., Pap, occult blood)
- Contribute to selecting teaching strategy to use in reviewing health promotion teaching with client (e.g., demonstration, written information, classes, videotapes)
- Discuss client's use of complementary and alternative medicine for health promotion (e.g., acupressure, yoga, meditation, journaling)
- Encourage client's participation in health promotion/screening programs (e.g., blood pressure screening, health fairs, tobacco cessation, stress prevention)
- Identify client's health seeking behaviors (e.g., breast and testicular self-exams)
- Provide assistance for screening exams, considering client's risk factors for disease conditions (e.g., scoliosis, risky behaviors, breast self-exam, blood pressure checks, skin tests, testicular self-exam)

- Reinforce client's understanding of health promotion behaviors/activities
- Reinforce teaching with client about health risks and health promotion
- Verify client's participation in health promotion/screening programs

**High Risk Behaviors**

- Assist client to identify high risk behaviors (e.g., resulting from fatigue or calcium deficiency)
- Counsel client on expected outcomes of high risk behaviors
- Identify client's lifestyle and high risk behaviors (e.g., excessive sun exposure, lack of regular exercise)
- Reinforce client teaching related to client's high risk behaviors (e.g., unprotected sexual relations, needle sharing)

**Human Sexuality**

- Identify client's perspective on human sexuality
- Respect client's sexual identity (e.g., sexual orientation)

**Immunizations**

- Administer client's immunizations correctly
- Assist with client teaching on immunization schedules
- Check client's immunization status
- Identify contraindications to immunizations for client
- Recognize client's unexpected response to immunization
- Review client's knowledge of immunization needs

**Lifestyle Choices**

- Assist client in identifying lifestyle choices that may result in health problems (e.g., smoking)
- Identify client's lifestyle practices that may have an impact on health
- Identify client's use of alternative health care practices (e.g., home remedy, diet)
- Recognize client's lifestyle choices (e.g., no children, home-schooling, rural or urban living, recycling)
- Reinforce teaching with client on healthy lifestyle choices (e.g., exercise regimen, tobacco cessation: smoking, chewing)
- Respect client's lifestyle choices

**Self-Care**

- Consider client's self-care needs before developing or revising the care plan
- Determine client's ability and support for performing self-care (e.g., feeding, dressing, hygiene, adequate resources)
- Plan with client to meet client's self-care needs
- Promote client's self-care activities (e.g., feeding, dressing, adequate resources)

## Health Promotion and Maintenance

### Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- 45 Provide resources for end-of-life and/or beginning-of-life issues and choices
- 46 Perform fetal heart monitoring for client during pregnancy, before labor
- 47 Provide care that meets the special needs of the newborn – less than 1 month old
- 48 Provide care that meets the special needs of infants or children aged 1 month to 12 years
- 49 Provide care that meets the special needs of adolescents aged 13 to 18 years
- 50 Provide care that meets the special needs of young adults aged 19 to 30 years
- 51 Provide care that meets the special needs of adults aged 31 to 64 years
- 52 Provide care that meets the special needs of clients aged 65 to 85 years of age
- 53 Provide care that meets the special needs of clients older than 85 years of age
- 54 Monitor a client in labor
- 55 Monitor a client’s postpartum recovery
- 56 Compare a client’s development to norms
- 57 Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement
- 58 Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction
- 59 Participate in a health screening or health promotion program such as blood pressure screening or health fair
- 60 Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use
- 61 Recognize barriers to communication or learning
- 62 Collect data for initial or admission health history
- 64 Collect baseline physical data on admission of client

**4. Psychosocial Integrity** – The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

Related content includes but is not limited to:

#### Abuse or Neglect

- Identify client’s risk factors for abusing or neglecting others
- Identify signs/symptoms of abuse or neglect in client, including physical, psychological or financial (e.g., family involvement, inadequate weight gain, poor hygiene)
- Promote safe environment for the abused or neglected client
- Provide emotional care for abused or neglected client
- Provide physical care, as needed, for abused or neglected client following policy and procedure of facility
- Recognize and check abused or neglected client’s response to care
- Recognize client’s risk of being abused or neglected

- Reinforce client teaching on coping strategies to prevent abuse or neglect
- Support victims/suspected victims of abuse or neglect and their families

#### **Behavioral Interventions/Behavioral Management**

- Assist client in using behavioral strategies to decrease anxiety
- Assist client with acute or chronic mental illness to participate in therapy
- Encourage client to use appropriate interventions to correct inappropriate behavior
- Identify client's stressors that may interfere with using behavioral interventions (e.g., environment, family dynamics)
- Identify inappropriate/abnormal client behavior and compare to norm
- Monitor client responses to behavioral management interventions
- Monitor client's changes in appearance, mood and psychomotor behavior
- Monitor effectiveness of behavioral/therapeutic interventions
- Orient client to reality
- Participate in client's behavioral management program
- Promote appropriate independence for client with impaired cognition (e.g., dementia, Alzheimer's disease)
- Recognize and document client's response to behavioral management interventions
- Reinforce client's participation in group/family therapy
- Reinforce education of family/caregivers on behavioral management techniques
- Set limits on client's inappropriate behaviors (e.g., dangerous or threatening behaviors)
- Use behavioral interventions to assist client in controlling behavior (e.g., contract, behavior modification)
- Use therapeutic interventions to increase client's understanding of own behavior

#### **Coping Mechanisms**

- Collect data/document client's coping mechanisms (e.g., use of effective and ineffective methods)
- Discuss actions to help client cope with illness
- Identify client's coping mechanisms and compare to norm
- Recognize client's emotional response to illness (e.g., hopefulness, anger)
- Recognize client's use of support systems/resources for coping
- Recognize family's emotional reaction to client's illness
- Use therapeutic techniques to assist client with coping

#### **Crisis Intervention**

- Determine client's orientation to reality
- Identify client in crisis
- Provide opportunities for client to express feelings about crisis
- Reinforce teaching of client on resources for recovery from crisis (e.g., social supports)
- Report client's changes indicating a developing crisis to supervisor

- Use crisis intervention techniques to assist client in coping

**Cultural Awareness**

- Consider client's culture in providing nursing care to client who has died or is dying
- Consider client's culture in relationship to client care setting expectations (e.g., age, education, communication needs)
- Document how client's language needs are met
- Identify importance of client's culture/ethnicity when contributing to planning/providing/evaluating care
- Provide sensitivity to client's cultural practices when reinforcing teaching
- Recognize client's cultural practices that affect interventions for procedure/surgery (e.g., direct eye contact during care)
- Recognize cultural differences contributing to client's potential for complications following diagnostic tests/treatments/procedures/surgery or health alterations (e.g., folk remedies, interventions for blood loss)
- Recognize cultural differences in childbearing and childrearing practices (e.g., desire for female caregiver, discipline, toilet training methods)
- Recognize cultural differences in client's perception of and response to pain
- Recognize cultural differences when contributing to planning and providing care (e.g., make appropriate adjustments)
- Recognize cultural differences that may influence client's functioning
- Recognize cultural issues related to client's understanding/acceptance of psychiatric diagnosis
- Recognize cultural practices that affect grieving process
- Recognize when clients do not understand English
- Recognize when impact of role change on client is related to cultural expectations
- Respect client's cultural background/practices
- Use appropriate interpreters to assist client in understanding health care needs and interventions

**End-of-Life Concepts**

- Assist client to understand purpose of end-of-life interventions
- Assist client in resolution of end-of-life issues
- Identify client's end-of-life needs (e.g., financial concerns, fear, loss of control, role changes)
- Perform post-mortem care of client
- Provide end-of-life interventions for client

**Grief and Loss**

- Assist client with resolution of suffering, grief, loss, dying, bereavement issues (e.g., death of child, loss of limb)
- Assist in client referral to resources for coping with grief and loss (e.g., individual counseling, support group, pastoral care)
- Collect data on client's reaction to loss (e.g., death of infant)

- Encourage client to reminisce
- Identify client's abilities to understand grief and loss
- Identify client's fears related to grief and loss
- Identify client's reaction to loss (e.g., denial, fear, death, worsening health state)
- Provide client with resources to help adjust to loss/bereavement (e.g., individual counseling, support groups)
- Reinforce client teaching on expected client reactions to grief and loss (e.g., denial, fear)
- Support client in anticipatory grieving

**Mental Health Concepts**

- Assist in promoting client's independence
- Assist in promoting client's sense of hope, when appropriate
- Demonstrate knowledge of expected behaviors of client with independent or dependent personality
- Discuss client's refusal to follow the client treatment plan
- Establish trusting nurse-client relationship
- Identify abnormal interactions of client
- Identify client's barriers to compliance with treatment plan
- Identify/recognize differences between client's views/feelings and health care provider's views/feelings
- Promote client's positive self-esteem and sense of hope
- Recognize client's symptoms of relapse
- Recognize client's use of defense mechanisms
- Support appropriate client involvement in health care decision-making process

**Mental Illness Concepts**

- Assist family to plan care for client with impaired cognition (e.g., dementia, Alzheimer's disease)
- Assist in teaching client about client's diagnosis and signs and symptoms of mental illness
- Recognize changes in client's mental status
- Recognize client's abilities to follow treatment plan
- Recognize client's abnormalities in mood, judgment, cognition and reasoning
- Recognize client's alterations in mood, judgment, cognition and reasoning
- Recognize client's reactions to mental illness diagnosis (e.g., anxiety, depression)
- Recognize client's signs/symptoms of acute or chronic mental illness (e.g., schizophrenia, depression, bipolar disorder)
- Recognize client's signs/symptoms of impaired cognition (e.g., memory loss, poor hygiene)
- Reinforce information for client on diagnosis/signs/symptoms of mental illness
- Verify client's adherence to treatment plan (e.g., medication compliance)

**Religious or Spiritual Influences on Health**

- Assist client to meet religious/spiritual needs (e.g., referral to pastoral care)
- Assist in evaluation of client's religious/spiritual needs related to necessary nursing interventions
- Consider client's emotional problems and behaviors related to religious/spiritual beliefs (e.g., spiritual distress, conflict between recommended treatment and beliefs)
- Recognize effect of client's religious/spiritual beliefs on client's plan of care
- Respect client's religious and spiritual beliefs

**Sensory/Perceptual Alterations**

- Assist client in compensating for sensory/perceptual impairments (e.g., hearing, vision, touch, smell)
- Document and report client's sensory/perceptual alterations according to setting/agency standards
- Identify client's actual/potential communication problem (e.g., is hearing-impaired, non-English speaking, not able to understand, intubated, unable to articulate)
- Identify health care needs of client with a hearing, vision or speech problem
- Provide client with alternative methods of communication as appropriate (e.g., translation services, touch pad, sign board, writing materials)
- Verify client's ability to effectively communicate needs

**Situational Role Changes**

- Assist client to adjust to temporary role changes
- Identify situations which may result in client role change and impact client's recovery (e.g., spouse with chronic illness, death of parent)
- Listen to client's concerns about role changes
- Recognize abilities of client to adapt to temporary/permanent role changes
- Recognize when client has successfully adapted to situational role changes

**Stress Management**

- Identify actual/potential stressors for client (e.g., fear, lack of information)
- Identify changes in client's stress levels (e.g., increased or decreased)
- Identify client's response to stress management interventions
- Identify client's use of stress management techniques (e.g., relaxation)
- Recognize what is stressful for client, including environmental reasons (e.g., noise, fear, uncertainty, change, lack of knowledge)
- Reinforce client teaching on stress management techniques (e.g., relaxation exercises, exercise, meditation)
- Reinforce client's stress management techniques (e.g., relaxation techniques)

**Substance-Related Disorders**

- Assist in management of client's signs and symptoms of substance abuse
- Document client's substance abuse

- Encourage client's participation in support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
- Encourage counseling for client with drug/alcohol dependency
- Identify client's reactions to chemical dependency diagnosis
- Identify client's signs and symptoms of intoxication/alcohol/drug dependency/withdrawal
- Identify unhealthy client behaviors that reinforce chemical dependency (e.g., stressors, family dynamics)
- Monitor client's responses to substance-related disorder treatment plan and contribute to revision of plan as needed
- Provide care and support for client with nonsubstance-related dependency (e.g., gambling, pedophilia, pornography)
- Provide care to client experiencing alcohol/drug withdrawal/toxicity

**Suicide/Violence Precautions**

- Collect data/document client's potential for suicide/violence
- Identify client's risk for self injury and/or violence (e.g., suicide or violence precaution)
- Reinforce client teaching on suicide/violence prevention

**Support Systems**

- Determine family/significant others' abilities to provide appropriate client support
- Identify client's support systems/resources
- Identify family dynamics
- Identify family's response to client's illness (e.g., acute episodes, chronic disorder, terminal illness)

**Therapeutic Communication**

- Assist client in communicating needs to health care staff
- Communicate respect of client
- Develop and maintain therapeutic relationships with client
- Encourage client's appropriate verbal and non-verbal communications
- Encourage client's verbalization of feelings and ideas
- Identify client-family dynamics, reporting changes
- Identify/recognize differences between client's views/feelings and health care provider's views/feelings
- Listen to client's concerns
- Monitor effectiveness of communications with client
- Provide emotional support to client
- Use active listening skills to communicate with client

**Therapeutic Environment**

- Contribute to maintaining a safe and supportive environment for client (e.g., structured environment)

- Participate in community meetings
- Recognize client’s response to therapeutic environment

**Unexpected Body Image Changes**

- Assist client in maintaining level of independence as appropriate, after unexpected body image changes (e.g., amputation, mastectomy, paralysis)
- Identify client’s difficulty with unexpected body image changes and compare to norm (e.g., amputation, colostomy, tracheostomy, burns)
- Monitor client’s progress toward achieving improved body image status (e.g., acceptance of loss, effective coping)
- Monitor client’s reactions to unexpected body image changes that affect client’s recovery (e.g., loss of vision, paralysis, colostomy, amputation)
- Provide support to client with unexpected body image changes (e.g., mastectomy, amputation, alopecia)

**Psychosocial Integrity**

**Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice**

- 66 Provide emotional support to client/family
- 67 Collect data on client’s psychological status and ability to cope
- 69 Identify client’s use of effective and ineffective coping mechanisms
- 70 Provide client/family information about condition, expected prognosis and outcomes
- 71 Promote client’s positive self-esteem
- 72 Identify significant lifestyle change that may affect recovery
- 73 Identify significant body change that may affect recovery
- 75 Collect data on client’s potential for violence
- 77 Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity
- 78 Explore cause of client’s behavior
- 80 Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders
- 81 Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography
- 82 Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment
- 83 Explore why client is refusing or not following treatment plan
- 85 Participate in client group session
- 86 Assist with coping related to grief and loss
- 87 Make adjustment to care with consideration of client’s spiritual or cultural beliefs
- 93 Provide care or support for client/family at end of life

## Physiological Integrity

The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients, and assisting them with the management of health alterations.

**5. Basic Care and Comfort** – The practical/vocational nurse provides comfort to clients and assistance in the performance of their activities of daily living.

Related content includes but is **not limited** to:

### Assistive Devices

- Assist client to ambulate/move using assistive devices (e.g., gait belt, lift, transfer board, crutches, walker, cane)
- Contribute to care of client using assistive device/prosthesis (e.g., feeding devices, crutches, telecommunications devices, dentures, limbs)
- Identify appropriate use of assistive devices (e.g., prosthetic limbs, cane, walker, prosthetic eyes, crutches)
- Reinforce teaching for client using assistive device or prosthesis (e.g., eating utensils, telecommunications devices, dentures)
- Review correct use of assistive devices with client and staff members
- Use client transfer assistance device (e.g., t-belt, slide board, mechanical lift)

### Elimination

- Assist with and promote client's individualized bowel/bladder retraining program
- Assist with teaching ostomy care to client (e.g., ileostomy, colostomy, urostomy)
- Discontinue client's urinary catheter
- Insert client's urethral catheter
- Intervene with client who has altered bowel elimination (e.g., give enema, remove fecal impaction)
- Irrigate client's urinary catheter
- Measure client's output
- Provide client's ostomy care (e.g., ileostomy, colostomy, urostomy)
- Provide skin care for incontinent client (e.g., wash frequently, barrier creams/ointments)
- Recognize what may interfere with client's elimination (e.g., fluid restriction, medications)
- Record client's elimination output (e.g., NG, emesis, stools, urine)
- Reinforce client teaching on methods to prevent constipation and incontinence
- Reinforce client teaching on specific techniques for care (e.g., measuring output)
- Use alternative methods to promote client's voiding (e.g., turn sink faucet on)

### Mobility/Immobility

- Apply or remove client's immobilizing equipment (e.g., splint, brace, boots)

- Assist in teaching client to change position frequently, considering client's mobility level
- Check client for mobility, gait, strength, motor skills
- Maintain client's correct body alignment
- Monitor client's recovery from complications of immobility (e.g., skin breakdown, contractures)
- Monitor client's response to immobility (e.g., client in traction)
- Provide measures to prevent complications from client's immobility (e.g., range of motion, ambulation and use of adaptive equipment)
- Reinforce client teaching on changing position
- Reinforce instructions/check technique/assist client with exercises to increase/maintain mobility (e.g., range of motion, strengthening, isometric)
- Use correct body mechanics to lift, transfer, transport, position and assist client
- Use measures to protect/maintain client's skin (e.g., skin care, turn client, alternating pressure mattress)

#### **Non-Pharmacological Comfort Interventions**

- Apply client's heat/cold treatments for comfort
- Assist in planning comfort interventions for client with anticipated or actual impaired comfort
- Monitor client's non-verbal signs of pain/discomfort (e.g., grimacing, restlessness)
- Monitor client's response to non-pharmacological interventions (e.g., pain rating scale, verbal report on effectiveness, non-verbal grimacing, restlessness)
- Incorporate aspects of complementary and alternative medicine into client's care according to practice setting guidelines (e.g., massage therapy, music therapy, relaxation therapy)
- Provide client's non-pharmacological interventions for pain relief (e.g., repositioning, distraction)
- Recognize client's initial discomfort and pain level (e.g., severity, specific type, associated symptoms)
- Respect client's rating of response to comfort interventions

#### **Nutrition and Oral Hydration**

- Check client's feeding tube placement and patency
- Collect data for and review client's diet history
- Consider client's preferences and reinforce teaching on dietary restrictions (e.g., low sodium, low fat diet)
- Determine client's nutritional status (e.g., skin turgor, diet history, calorie count)
- Determine hydration status of client (e.g., I & O, edema, symptoms of dehydration)
- Monitor client's ability to eat (e.g., chew, swallow)
- Monitor client's actual/potential food and medication interactions
- Monitor client's side effects to tube feedings and intervene as needed (e.g., gastrointestinal symptoms, dehydration)
- Monitor client's weight in relationship to nutritional goals

- Monitor impact of disease/illness on client's nutritional status
- Identify side effects of client's tube feedings and intervene as needed (e.g., diarrhea, dehydration)
- Initiate, maintain and discontinue tube feedings (e.g., g-tube, NG tube)
- Perform calorie counts
- Promote client's independence in eating (e.g., food placement on meal tray, positioning)
- Provide client's nutritional supplements as needed (e.g., high protein drinks)
- Provide/maintain special diets based on the client's diagnosis/nutritional needs (e.g., low sodium, high protein, calorie restrictions)
- Reinforce client teaching on foods and necessary dietary changes based on client's health problem
- Use measures to improve client's nutritional intake (e.g., small feedings, tube feedings, feed client, preferred foods)
- Weigh client

**Palliative/Comfort Care**

- Identify client's need for palliative/comfort care
- Monitor client's response to palliative/comfort care interventions
- Monitor client's symptoms related to palliative/comfort care (e.g., breathing, fatigue)
- Provide palliative/comfort care interventions to client
- Reinforce client teaching on palliative/comfort care
- Respect client's response to palliative/comfort care outcomes

**Personal Hygiene**

- Assist client in performing basic hygiene and grooming as needed
- Determine client's ability to perform activities of daily living
- Provide client with basic hygiene and grooming care as needed
- Reinforce client's understanding of equipment needed for personal hygiene (e.g., shower chair, handrails)

**Rest and Sleep**

- Identify client's usual rest and sleep patterns (e.g., usual bedtime, bedtime rituals)
- Plan nursing interventions to promote client's sleep and rest
- Schedule client care activities to promote adequate rest and sleep (e.g., promote rest for client receiving continuous feedings)

**Basic Care and Comfort**

**Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice**

35	Use proper body mechanics when lifting
88	Use transfer assistance device such as t-belt, slide board or mechanical lift
89	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care
90	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment
91	Provide feeding through and/or care for client’s gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual, or check for placement)
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids, or monitoring intake and output (I & O)
94	Provide non-pharmacological measures for pain relief such as imagery, massage or repositioning
96	Assist with activities of daily living such as dressing, grooming or bathing
98	Intervene to improve client’s elimination by instituting bowel or bladder management
99	Assess pain utilizing rating scale
100	Provide measures to promote sleep/rest
101	Use measures to maintain client’s skin integrity such as skin care, turning or use of a special mattress
125	Insert urinary catheter
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter or other line or tube
130	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye
138	Collect data on client’s nutrition or hydration status
141	Provide care to client in traction
149	Apply or remove immobilizing equipment such as a splint or brace

**6. Pharmacological Therapies** – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes but is **not limited** to:

**Adverse Effects**

- Document client’s adverse effects to medications/parenteral therapy
- Follow procedures to counteract adverse effects of client’s medications
- Identify and document client’s response to actions taken to counteract adverse effects of medications
- Identify symptoms/evidence of client’s adverse effect of medications related to allergic reaction
- Monitor client for actual and potential adverse effects of medications (e.g., prescribed, over-the-counter and/or herbal supplements)

- Notify primary health care provider about actual/potential adverse effects of client's medications/parenteral therapy
- Observe client for adverse effects of medications/parenteral therapy
- Recognize if client experiences adverse reaction to a medication/parenteral therapy
- Reinforce client teaching on possible adverse effects of medications (e.g., common side effects, when to notify primary health care provider)
- Withhold medication dose if client experiences adverse reaction to the medication

**Expected Effects**

- Identify client's expected response to medication
- Reinforce client teaching on expected effects of prescribed medications (e.g., review formulary, consult pharmacist)
- Verify effects on client's recovery in response to prescription and over-the-counter medications, home remedies (e.g., client's weight, vital signs)

**Medication Administration**

- Administer client's ear, eye, nose drops
- Administer client's medications as prescribed (e.g., oral, intradermal, subcutaneous, intramuscular, topical, enteral)
- Assist in preparing client for insertion of central line
- Calculate/check client's medication dose
- Discontinue client's IV line
- Dispose of client's unused medications according to facility/agency policy
- Document client's medication administration according to facility/agency policy
- Identify client's need for PRN medications
- Inform client of actions and therapeutic effects of medications
- Maintain client's medication administration schedule and record (e.g., opioid/controlled substance count)
- Maintain controlled substances according to legal statutes and facility/agency policy
- Mix client's medications from two vials as necessary (e.g., insulin)
- Monitor client's condition during blood transfusions and intravenous administrations
- Monitor client's IV site and flow rate
- Phone prescriptions to client's pharmacy
- Reinforce client teaching on client's self administration of medications (e.g., insulin, subcutaneous insulin pump)
- Review chart regularly for medication prescription changes
- Use resources as needed for medication administration
- Use the five "rights" when administering medications (i.e., right drug, right dose, right client, right time, right route)

**Pharmacological Actions/Pharmacological Agents**

- Identify actual and potential incompatibilities of client’s medications
- Identify client’s contraindication to administration of over-the-counter medications
- Monitor client for determined interactions/incompatibilities of prescribed medications
- Recognize and report client’s responses to pharmacological agents, including over-the-counter medications
- Reinforce client teaching on actions and therapeutic effects of medications and pharmacological interactions
- Use resources to check on purposes and actions of pharmacological agents

**Side Effects**

- Document client’s side effects to medications/parenteral therapy
- Implement procedures to counteract client’s side effects to medication/parenteral therapy
- Monitor client’s responses to management of medication side effects including prescribed, over-the-counter and herbal supplements
- Notify primary health care provider about actual/potential side effects of client’s medications
- Review client teaching on management of possible side effects of medications

**Pharmacological Therapies**  
**Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice**

102	Follow the rights of medication administration
103	Maintain current, accurate medication list or medication administration record (MAR)
104	Monitor transfusion of blood product
106	Assess client’s intravenous (IV) site and flow rate
107	Provide medication by oral route
108	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube or j-tube
109	Give a subcutaneous (SQ), intradermal or intramuscular (IM) medication
110	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose, or topical
118	Phone in client prescriptions to pharmacy
119	Count narcotics/controlled substances

**7. Reduction of Risk Potential** – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited** to:

**Diagnostic Tests**

- Determine if client is prepared for diagnostic test
- Monitor client’s diagnostic test results (e.g., blood glucose, pulse oximeter)

- Monitor client's status during and after diagnostic test
- Perform diagnostic tests (e.g., blood glucose, pulse oximeter)
- Prepare client for diagnostic test
- Recognize if client understands purpose of test
- Reinforce client teaching about diagnostic test
- Review pacemaker functioning with the client

**Laboratory Values**

- Collect client's laboratory test specimens (e.g., blood, body fluids)
- Compare client's laboratory values to normal laboratory values specific to facility/agency
- Explain procedure for specimen collection to client (e.g., blood tests, urine for culture, NPO)
- Monitor client's laboratory values that are deviations from normal ABGs: pH, PO<sub>2</sub>, PCO<sub>2</sub>, SaO<sub>2</sub>, and HCO<sub>3</sub>; BUN, cholesterol (total), glucose, hematocrit, hemoglobin, hemoglobin A<sub>1c</sub> (HBA<sub>1c</sub>), platelets, potassium, RBC, sodium, urine (specific gravity), WBC for the values of albumin (blood), ALT (SGPT), ammonia, AST (SGOT), bilirubin, bleeding time, calcium (total), cholesterol (HDL and LDL), creatinine, digoxin, ESR, lithium, magnesium, PTT and APTT, INR, phosphorous/phosphate, protein (total), PT, urine (alb, pH, WBC and % T lymphocytes)
- Notify primary health care provider about client's laboratory test results
- Reinforce client teaching on purposes of client's laboratory tests

**Potential for Alterations in Body Systems**

- Collect client's specimens (e.g., urine, stool, sputum)
- Compare client's current clinical data to the client's baseline (e.g., symptoms of illness/disease)
- Identify client with increased risk for insufficient blood circulation (e.g., immobilized limb, post surgery, diabetes)
- Identify client's potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties)
- Identify client's skin breakdown potential (e.g., immobility, nutritional status, incontinence)
- Identify factors that may interfere with client's wound healing (e.g., check circulation and respiratory status)
- Identify interventions to prevent client from complications associated with client's health problem (e.g., foot care for client with diabetes mellitus)
- Identify signs/symptoms of client's potential prenatal complications (e.g., bleeding, contractions, hypertension)
- Monitor client for peripheral edema
- Monitor client for signs of hypoglycemia or hyperglycemia
- Monitor client's bowel sounds
- Monitor client's output for changes from baseline (e.g., NG, emesis, stools, urine)
- Monitor client's peripheral pulses
- Perform bladder scan
- Perform client's neurological check

- Recognize changes in client's neurological status (e.g., level of consciousness, muscle strength, mobility)
- Reinforce client teaching on methods to prevent complications from health problem, including decreased activity level (e.g., contractures, foot care for client with diabetes mellitus)

**Potential for Complications of Diagnostic Tests/Treatments/Procedures/Surgery or Health Alterations**

- Identify client's response to diagnostic tests/treatments/procedures/surgery or health alterations
- Identify client's signs/symptoms and intervene to prevent aspiration (e.g., feed client slowly, check NG tube placement, client's positioning)
- Identify client's signs/symptoms and intervene to prevent potential neurological complications (e.g., foot drop, numbness, tingling)
- Identify client's signs/symptoms and intervene to promote venous return (e.g., elastic stockings, sequential compression device)
- Identify signs/symptoms and intervene to manage client's potential circulatory complications (e.g., hemorrhage, embolus, shock)
- Intervene to control client's symptoms of hypoglycemia or hyperglycemia
- Maintain client's tube patency (e.g., nasogastric tube for decompression, chest tubes, tracheostomy tube)
- Monitor client during recovery from conscious sedation
- Monitor client for signs of bleeding
- Monitor client's wounds for signs and symptoms of infection
- Notify health care provider if client has signs of potential complications (e.g., fever, hypotension, limb pain, thrombus formation, check circulation of casted extremity)
- Provide care for client receiving electroconvulsive therapy
- Recognize client's response to interventions to check for or prevent complications of diagnostic tests/treatments/procedures/surgery or health alterations (e.g., check breath sounds, pulse oximeter, bowel sounds; prevent aspiration; promote venous return; check mobility)
- Reinforce measures to minimize known effects for client of diagnostic tests/treatments/procedures/surgery or health alterations (e.g., vision changes after eye surgery)
- Reinforce teaching to prevent complications due to client's diagnostic tests/treatments/procedures/surgery or health alterations (e.g., cough and deep breathing to prevent respiratory complications, elastic stockings to prevent blood clots)
- Review client's physiological responses to interventions to prevent complications to diagnostic tests/treatments/procedures/surgery or health alterations (e.g., decreased fever, normal blood pressure)
- Review verbal and non-verbal client responses to diagnostic tests/treatments/procedures/surgery or health alterations
- Suggest change in interventions based on client's response to diagnostic tests/treatments/procedures/surgery or health alterations

### Therapeutic Procedures

- Determine if client is prepared for procedure/surgery
- Identify and document client's response to procedure/surgery
- Monitor client before, during and after procedure/surgery (e.g., casted extremity)
- Monitor effective functioning of client's therapeutic devices during procedure/surgery (e.g., chest tube, drainage tubes, wound drainage devices, continuous bladder irrigation)
- Perform client's EKG/ECG
- Prepare client for procedure/surgery (e.g., maintain NPO status)
- Provide client's intraoperative/perioperative care (e.g., client positioning, maintain sterile field)
- Provide observation during client's procedure/surgery and document client's response
- Recognize client's recovery from local, regional or general anesthesia
- Recognize client's understanding of reason for procedure/surgery
- Reinforce client teaching on activities to reduce risk for complications before and after procedure/surgery (e.g., wearing eye patch for double vision, instilling mineral oil before ear irrigation)

### Vital Signs

- Compare current vital signs of client to baseline vital signs
- Document client's vital signs
- Reinforce client teaching about normal and abnormal vital signs (e.g., hypertension, tachypnea, bradycardia, fever)
- Take client's vital signs (e.g., temperature, pulse, blood pressure, respiration)

## Reduction of Risk Potential

### Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

120	Perform risk assessment including sensory impairment, potential for falls and level of mobility
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error
123	Perform bladder scan
128	Collect specimen such as urine, stool or sputum for diagnostic testing
129	Monitor continuous or intermittent suction of nasogastric (NG) tube
132	Monitor diagnostic or laboratory test results
133	Insert nasogastric (NG) tube
134	Identify signs or symptoms of potential prenatal complication
135	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)
136	Perform neurological or circulatory check
140	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder
143	Provide intraoperative care such as positioning client for surgery, maintaining sterile field or providing operative observation

145	Evaluate client's respiratory status by measuring oxygen (O <sub>2</sub> ) saturation
150	Perform an electrocardiogram (EKG/ECG)
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance
158	Perform check of client's pacemaker
160	Perform care for client before or after surgical procedure

**8. Physiological Adaptation** – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited to**:

**Alterations in Body Systems/Basic Pathophysiology**

- Consider general principles of client's disease condition when providing care (e.g., injury and repair, immunity, cellular structure)
- Document client's response to interventions for alteration in body systems (e.g., pacemaker, prototyping, chest tube)
- Identify client's signs and symptoms of infection (e.g., temperature changes, swelling, redness, mental confusion, fever, redness, odor)
- Intervene to improve client's respiratory status (e.g., teach breathing techniques, provide suctioning)
- Maintain care of client with impaired skin integrity (e.g., pressure ulcer, rash, incision, fistula, skin graft)
- Maintain/correct adjustment of client's traction device (e.g., external fixation device, halo traction, skeletal traction)
- Maintain desired body temperature for client with an alteration in body systems (e.g., hypothermia unit, blankets, cold pack)
- Monitor client's tube drainage/closed wound drainage system during the time the client has an alteration in body system (e.g., amount, color)
- Notify primary health care provider of a change in client's status
- Promote client's progress toward recovery from an alteration in body systems
- Promote client's wound healing (e.g., turning, dressing application, hydration, nutrition, skin care, irrigation, wound suction)
- Provide care for client experiencing complications of pregnancy/labor and/or delivery (e.g., eclampsia, precipitous labor, hemorrhage)
- Provide care for client experiencing increased intracranial pressure
- Provide care for client with drainage device (e.g., chest tube, wound drain)
- Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula)
- Provide care for client's physiological problem (e.g., hypoglycemia or hyperglycemia)

- Provide care of client who had a seizure
- Provide care to client on a ventilator
- Provide care to correct client's alteration in body system (e.g., administer phototherapy to newborn)
- Provide peritoneal dialysis to client according to practice setting protocols
- Provide wound care for client (e.g., irrigation, application of dressings, wound suction devices)
- Recognize adaptation of client to health alteration/problem
- Recognize and document signs and symptoms of client's health problem that resulted in alteration in body systems
- Reinforce client teaching on management of health problems (e.g., AIDS, chronic illnesses)
- Reinforce client's understanding of care needs for client with impaired tissue perfusion (e.g., decubitus ulcer, incision, fistula, skin graft)

**Fluid and Electrolyte Imbalances**

- Monitor client's response to interventions to correct fluid and/or electrolyte imbalance
- Provide interventions to restore client's fluid and/or electrolyte balance (e.g., encourage fluids as appropriate)
- Recognize signs and symptoms of client's fluid and/or electrolyte imbalance (e.g., dehydration)

**Medical Emergencies**

- Explain emergency interventions to client
- Follow newborn/infant/child/adult cardiopulmonary resuscitation (CPR) guidelines
- Identify and intervene in life-threatening situations for client (e.g., perform CPR, perform Heimlich/abdominal thrust, respond to fetal distress, pacemaker malfunction)
- Notify primary health care provider of client's emergency situation
- Provide emergency care for client's wound disruption (e.g., evisceration, dehiscence)
- Provide follow-up after client's medical emergency (e.g., reinforce information provided to client, document according to facility policy)
- Recognize client's signs/symptoms of medical emergency (e.g., increased intracranial pressure, hemorrhage)
- Recommend change in emergency treatment based upon client's response to interventions
- Review and document client's response to emergency interventions (e.g., restoration of breathing, pulse)

**Radiation Therapy**

- Document client's response to radiation therapy (e.g., skin condition)
- Provide interventions for client's side effects to radiation therapy (e.g., avoid sun, small/frequent meals for nausea)
- Recognize client's signs/symptoms of side/adverse effects of radiation therapy (e.g., skin condition)
- Reinforce instructions for management of client's side/adverse effects of radiation therapy (e.g., avoid sun, small/frequent meals for nausea)

**Unexpected Response to Therapies**

- Document client’s unexpected response to therapy
- Identify client’s unexpected negative response to therapy (e.g., increased intracranial pressure, hemorrhage)
- Intervene in response to client’s unexpected negative response to therapy (e.g., unexpected bleeding)
- Promote recovery from client’s unexpected negative response to therapy (e.g., urinary tract infection)

<b>Physiological Adaptation</b>	
<b>Related Activity Statements from the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice</b>	
95	Provide care for a client’s drainage device such as wound drain or chest tube
97	Remove a client’s drain such as hemovac, Jackson Pratt or penrose
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia
124	Provide cooling measures for elevated temperature
127	Perform wound care and/or dressing change
142	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration
144	Intervene to improve client’s respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning
146	Provide care for a client’s tracheostomy
147	Identify and treat a client’s intravenous (IV) line infiltration
148	Remove a client’s wound sutures or staples
157	Provide care to client on ventilator
159	Administer phototherapy treatment to newborn
161	Identify abnormalities on a client’s cardiac monitor strip
163	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine



## IV. Administration of the NCLEX-PN® Examination

### Examination Length

The NCLEX-PN examination is a variable-length computerized adaptive test that can be anywhere from 85-205 items long. Of these items, 25 are pretest items that are not scored. The time limit for the exam is specified in the candidate bulletin. It is important to note that the time allotted for the examination includes the tutorial, the sample items, all breaks (restroom, stretching, etc.) and the examination. All breaks are optional. The examination is not given in paper and pencil or oral examination formats.

The length of the examination is determined by the candidate's responses to the items. Once the minimum number of items has been taken, testing stops when the candidate's ability is determined to be either above or below the passing standard with 95% certainty. Depending upon the particular pattern of correct and incorrect responses, different candidates will take different numbers of items and therefore use varying amounts of time. Of course, the examination will stop when the maximum number of items has been taken or when the time limit has been reached. It is in the candidate's best interest to maintain a steady pace of spending approximately one minute on each item. That pace will allow the candidate to complete the examination within the allotted time should the maximum number of items be necessary to make a pass or fail decision.

The number of items answered is not related to a pass or fail decision. A candidate with a relatively short examination may pass or fail just as the candidate with a long examination may pass or fail. Regardless of the length of the examination, each candidate is given an examination that conforms to the *NCLEX-PN® Test Plan* and has ample opportunity to demonstrate his/her ability.

### The Passing Standard

The NCSBN Board of Directors reevaluates the passing standard once every three years. The criterion that the Board uses to set the standard is the minimum amount of knowledge, skills and abilities required for safe and effective entry-level nursing practice.

To assist the Board of Directors in making this decision, the Board is provided with information on 1) the results of a standard-setting exercise performed by a panel of experts with the assistance of professional psychometricians; 2) the historical record of the passing standard with summaries of the candidate performance associated with those standards; 3) the results of a standard-setting survey sent to educators and employers; and 4) information describing the educational readiness of high school graduates who express an interest in nursing.

Once the passing standard is set, it is imposed uniformly on every test record according to the procedures laid out in the Scoring the NCLEX Examination section (detailed on page 46). To pass an NCLEX examination, a candidate must exceed the passing standard. There is no fixed percentage of candidates that pass or fail each examination.

### Similar Items

Occasionally, a candidate may receive an item that seems to be very similar to an item he/she received earlier in the examination. This could happen for a variety of reasons. For example, several items could be about similar

symptoms, diseases or disorders, yet address different areas of the nursing process. Alternatively, a pretest (unscored) item could be about content similar to an operational (scored) item. It is **incorrect** to assume that a second item, which is similar in content to a previously administered item, is administered because the candidate answered the first item incorrectly. The candidate is instructed to always select the answer believed to be correct for each item administered. All examinations conform to the test plan.

## Reviewing Answers and Guessing

The items are presented to the candidate one at a time on a computer screen. Each item can be viewed as long as the candidate likes, but it is not possible to go back to a previous item once the answer is **selected** and **confirmed** by pressing the <NEXT> button. Every item must be answered even if the candidate is not sure of the right answer. The computer will not allow the candidate to go on to the next item without answering the one on the screen. If the candidate is unsure of the correct answer, the best guess is made and the candidate moves on to the next item. After an answer to an item is **selected**, the candidate has a chance to think about the answer and change it as is necessary. However, once the candidate **confirms** the answer and goes on to the next item, the candidate will not be allowed to go back to any previous item on the examination.

Please note that **rapid guessing can drastically lower a candidate's score**. Some test preparation companies have realized that on certain pencil and paper tests, unanswered items are marked as wrong. To improve the candidate's score when they are running out of time, these companies sometimes advocate rapid guessing (perhaps without even reading the item) in the hope that the candidate will get at least a few items correct. On any adaptive test, this can be disastrous! It has the effect of giving the candidate easier items, which they also get wrong. The best advice is to 1) maintain a reasonable pace, perhaps one item every minute or two, and 2) carefully read and consider each item before answering. It is better to run out of time than to engage in rapid guessing.

## Scoring the NCLEX® Examination

### Computerized Adaptive Testing (CAT)

The NCLEX examination is different than a traditional pencil and paper examination. Typically, pencil and paper examinations administer the same items to every candidate, thus ensuring that the difficulty of the examination is the same across the board. Because the difficulty of the examination is constant, the percentage correct is the indicator of the candidate's ability. One disadvantage of this approach is that it is inefficient. It requires the high ability candidates to answer all the easy items on the examination. Obviously, asking high ability candidates easy items provides very little information about their ability. Another disadvantage is that guessing can artificially inflate the scores of low ability candidates. This happens because low ability candidates will be given some difficult items. In the case of multiple-choice items, candidates can answer these items correctly 25% of the time for reasons that have nothing to do with their abilities. (There are four choices and only one of them is correct.)

Instead, the NCLEX examination uses computerized adaptive testing (CAT) to administer the items. CAT is able to produce test results that are more stable using fewer items by targeting items to the candidate's ability. Although everyone's first item is relatively easy, subsequent items are better targeted. This is accomplished by reestimating the candidate's ability every time an item is answered. Using the candidate's most current ability estimate,

the computer searches the item bank for an item that has a degree of difficulty that is approximately equal to that ability estimate. As a result, the candidate should have a 50-50 chance of answering this item correctly. After the candidate answers this item, the computer reestimates the candidate's ability and selects the next item using the same procedures. This process continues until it is clear (with 95% certainty) that the candidate's ability is above or below the passing standard. Be aware that both candidates passing the examination and candidates failing the examination tend to answer approximately 50% of the items correctly. This is because the computer presents all candidates with items that are matched to their individual ability.

The candidate's ability estimate is based upon **both** the percentage that the candidate answered correctly (approximately 50% in most cases) and the difficulty of the items that were administered. Imagine the items lined up, from easiest to most difficult. If the easiest items are administered to candidates, they would answer most of the items correctly. If the most difficult items are administered to candidates, they would probably answer most of the items incorrectly. Somewhere between those two extremes is a point at which each candidate goes from getting more answers right than wrong. This is the point at which each candidate answers 50% correctly. Items harder than that would probably be answered incorrectly; items easier than that would probably be answered correctly. CAT procedures permit that point to be found for each candidate without having to ask all the items in the extremes.

### Pretest Items

Of course, for CAT to work, the difficulty of each item must be known in advance. The degree of difficulty is determined by administering the items as "pretest items" to a large sample of NCLEX candidates. Because the difficulty of these pretest items is not known in advance, these items are not included when estimating the candidate's ability or making pass-fail decisions. When enough responses are collected, the pretest items are statistically analyzed and calibrated. If they meet the NCLEX statistical standards, they can be administered in future examinations as scored items. There are 25 pretest items on every NCLEX-PN examination. It is impossible to distinguish operational items from pretest items, so candidates are asked to do their best on every item.

### Additional Constraints

In addition to targeting items to the candidate's ability, the computer implements two additional constraints. First, it prevents a candidate from receiving for a second time any item that he/she have seen within the last year (on a previous attempt). Second, it ensures that the items administered to the candidate meet the test plan specifications with regard to the proportion of items that must be from the different Client Needs categories and subcategories. Every test must meet the test plan specifications.

### Passing and Failing

As mentioned earlier, to pass the NCLEX, the candidate's performance on the examination must exceed the passing standard. Ideally, NCSBN wants to be at least 95% certain of pass-fail decisions. Therefore, after the minimum number of items has been answered, the computer will stop when it is 95% certain that the candidate's ability is above or below the passing standard. If a candidate is above the standard, he/she passes; if a candidate is below the standard, he/she fails. Candidates with very high or very low abilities tend to receive minimum length tests.

However, some candidates will have a true ability that is so close to the passing standard that even 1,000 items would not be enough to arrive at a decision with 95% confidence or certainty. It would also be impractical to administer 1,000 items. Therefore, a maximum number of items has been established (see Examination Length on page 45). When these candidates answer the maximum number of items, their ability estimates are rather precise, but not enough to make a decision with 95% certainty. Because in these cases the precision is quite good, the 95% certainty requirement is waived. If their ability estimate is above the passing standard, they pass; if it is at or below the passing standard, they fail.

If the examination ends because time runs out, it means that the candidate has not demonstrated with 95% certainty that he/she is clearly above or below the passing standard, nor has the candidate answered the maximum number of items. Because the primary mission of boards of nursing is to protect the public, it can be argued that candidates should not pass when they have not demonstrated that they are competent. However, the response patterns for some of these people have indicated that there are candidates that appeared to have a “true ability” that is above passing and who have been performing consistently above the passing standard. A mechanism is provided for these candidates to pass. The key word here is “consistently.” If a candidate’s performance has been consistently above the passing standard, then he or she will pass, despite having run out of time.

### **Scoring Items**

The majority of items in the NCLEX examination are multiple-choice, but there are other formats as well. Items are scored as either right or wrong. There is no “partial credit.” If the answer to an item is a number that requires rounding, instructions will be provided with the item. The candidate must follow the instructions to round (e.g., round to one decimal point) or to perform a conversion (e.g., 1 ounce = 30 milliliters; 1 kilogram = 2.2 pounds). For updated information on the administration of the test plan, access the NCSBN Web site ([www.ncsbn.org](http://www.ncsbn.org)).

## Tutorial

Each NCLEX-PN candidate is provided information on how to answer exam items. A tutorial is given at the beginning of the exam. If the answer to the item requires the rounding of a number, the number of decimal places for rounding as well as rounding rules will be provided with the instructions for answering the item.

To receive updated information, access [www.ncsbn.org](http://www.ncsbn.org).

The following are examples of how screens in the tutorial may appear. Examples of possible item formats include:

Pearson VUE [000-000]

Time Remaining 4:52:54

**Practice Item Type #1: Multiple-Choice Item**

In this item type, you will be presented with a question and asked to select the best answer from four options. The options are preceded by circles. You can select only one option as your answer. You may use either the mouse or the number keypad to select your answer. To use the number keypad on your computer, press the appropriate number on your keyboard, either 1, 2, 3, or 4.

For the practice item below, the correct answer is option 3. Select option 3 now. If you selected a different answer, change it by selecting option 3. Note that your previous choice is deselected and that you can select only one option.

Click **Next (N)** to confirm your answer and move to the next practice item.

What color is an orange?

- 1. Blue
- 2. Brown
- 3. Orange
- 4. Pink

Select the best response. Click the Next (N) button or the Enter key to confirm answer and proceed.

Item 1 of 5

Next (N) Calculator (O)

## Pearson VUE [000-000]

Time Remaining 4:53:21

**Practice Item Type #2: Multiple-Response Item**

In this item type, you will be presented with a question and a list of options and asked to select all the options that apply. Note that there may be one or more correct answers. So, you must select all options that apply.

Note how this item type differs from the single-response multiple-choice item you saw earlier. In this item type, the options are preceded by square boxes and you can check more than one box. In the previous item type, the options are circles and you can only select one option.

For the practice item below, the correct options are *Apple* and *Banana* (options 1 and 2). Please use your mouse to check *Apple* and *Banana* now. The check mark indicates that you have selected that response option. To deselect the response, click on the box again. The check mark will disappear, indicating that you have deselected that response.

Click **Next (N)** to confirm your answer and move to the next practice item.

Which of the following are names of fruits?

Select all that apply.

- 1. Apple
- 2. Banana
- 3. Cow
- 4. Dog
- 5. Elephant

Select all that apply. Click the Next (N) button or the Enter key to confirm answer and proceed.

Item 2 of 5

Previous (P)

Next (N)

Calculator (O)

## Pearson VUE [000-000]

Time Remaining 4:56:59

**Practice Item Type #3: Fill-in-the-Blank Item**

In this item type, you will be presented with a question and asked to calculate and type in your answer. Type only a number as your answer, including a decimal point if appropriate. To change your answer, use the backspace key to delete the number and type another number. **Note that you will not be permitted to enter any characters other than those needed to form a number. If you try to type any other characters, you will be presented with a message box asking you to try again.**

To use the Calculator, click on the Calculator button on the bottom right hand corner of the screen. To enter numbers in the calculator, you can use the mouse to click on the calculator's buttons or use the number keypad on your keyboard. Enter the numbers slowly. If you double click too quickly to enter a number like "33", the calculator may not register that second "3". When you are finished with the calculator, you can close the calculator by clicking on the X in the top right corner of the calculator.

For the practice item below, first open the calculator. Second, compute a total weight by adding the weight of four pumpkins. Third, compute the average by dividing the total weight by the number of pumpkins (4). The division symbols is /. Your calculator should now read 3.775.

Note that you do not have to type in the unit of measurement, "kilograms" in this example. **Also, should rounding be necessary, perform the rounding at the end of the calculation.** Please type 3.8 as your answer.

Click **Next (N)** to confirm your answer and move to the next practice item.

The weights of four pumpkins in kilograms are: 4.22, 4.15, 3.40, 3.33. What is the average (mean) of the pumpkins' weight? **Round your answer to one decimal place.**

Answer:  kilograms

Click the Next (N) button or the Enter key to confirm answer and proceed.

Item 3 of 5

Previous (P)

Next (N)

Calculator (O)

Pearson VUE [000-000]

Time Remaining 4:56:35

**Practice Item Type #4: Hot Spot Item**

In this item type, you will be presented with a problem and a figure. You will be asked to use the mouse to select an area of the figure. To select an area, place the cursor on the area you want to select, then click on the left mouse button. An X will appear to show your answer. To deselect your answer, place the cursor on the X and click again. Your answer will be deselected. To change your answer, point the cursor to another area and click.

For the practice item below, the correct answer is Box 1. Use the mouse to select Box 1.

Click **Next (N)** to confirm your answer and proceed.

The following figure contains four boxes. Which box is in the upper-left hand corner?

Box 1	Box 2
Box 3	Box 4

Click in the figure to indicate your selection. Click the Next (N) button or the Enter key to confirm answer and proceed. Item 4 of 5

Previous (P)

Next (N)

Calculator (O)

Pearson VUE [000-000]

Time Remaining 4:58:49

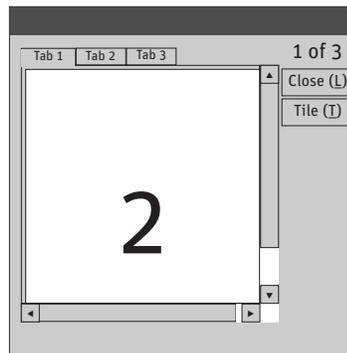
**Practice Item Type #5: Chart/Exhibit Item**

In this item type, you will be presented with a problem and a chart/exhibit. You will need to read the information in the exhibit to answer the problem. Click on the Exhibit button on the bottom of the screen. Then click on each tab to read the information presented.

For the practice item below, you should see the number “2” in Tab 1, the number “3” in Tab 2, and the number “4” in Tab 3. The sum of these three numbers is 9. Therefore, the correct answer to this item is option 3. Select option 3 now. If you selected a different answer, change it by selecting option 3.

What is the sum of the numbers in the Exhibit? (Select the Tab buttons to see the numbers.)

- 1. seven
- 2. eight
- 3. nine
- 4. ten



Select the best response. Click the Next (N) button or the Enter key to confirm answer and proceed. Item 5 of 5

Previous (P)

Next (N)

Exhibit (X)

Calculator (O)



## V. Bibliography

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