



NCLEX-RN® Test Plan

Effective April 2023



Mission Statement

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Purpose and Function

The purpose of NCSBN is to provide an organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

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

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I. Background



in helping clients (individual, family or group) achieve an optimal level of health in a variety of settings. For the individual, family, and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on knowledge of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continuously evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications; protecting, promoting, restoring and facilitating comfort; health; and dignity in dying.

The RN provides a unique, comprehensive assessment of the health status of the client, applying principles of ethics, client safety, health promotion and the nursing process. The RN then develops and implements an explicit plan of care considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations. The RN assists clients to promote health, cope with health problems, adapt to change, and maintain health. The RN is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

Bloom's Taxonomy

Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills, abilities and clinical judgment, the majority of items are written at the application or higher levels of cognitive ability, which require more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structure for the examination.

Client Needs

The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories.

Safe and Effective Care Environment

- Management of Care
- Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

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

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN Test Plan is based on the results of the Report of Findings from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2022) and expert judgment provided by members of the NCLEX Examination Committee (NEC). In addition to the Client Needs categories and subcategories listed below, clinical judgment processes are explicitly measured by 18 case study items (i.e., three item sets) and approximately 10% stand-alone items, which will be selected depending on exam length.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
, Management of Care	15–21%
, Safety and Infection Control	10–16%
Health Promotion and Maintenance	6–12%
Psychosocial Integrity	6–12%
Pca9ty	

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The activity statements used in the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice | V y V• V T V V § Ä Ò § · Ä Ä § · Ò Ò & Ò Ä Ä Ý Ó Ò & · ú & Ä ú & · § & Ä Ó Ý Ä § ú ½ § & Ä & ò § ú ¶ A § ú § & Ä Ý i! • § š V y V Ä Ò ù § ú § ú § ò A Ý Ò & Ò Ä § · & Ý : Ý & Ý as important by entry-level nurses to ensure client safety. This is called a practice analysis; it provides data to support the NCLEX as a reliable, valid measure of competent, entry-level nursing practice. The practice analysis is conducted every three years. Due to COVID-19, the practice analysis was delayed from 2020 to 2021.

In addition to the practice analysis, NCSBN conducts a knowledge, skills and abilities (KSA) survey. The primary purpose of this study is to identify the knowledge needed by newly licensed registered nurses (RNs) in order to practice safe and effective care. Findings from both the 2021 RN Practice Analysis and the 2021 RN KSA survey can be found at: www.ncsbn.org/1235.htm. Both documents are used in the development of the NCLEX-RN Test Plan as well as to inform item development.

All task statements in the 2023 NCLEX-RN® Test Plan require the nurse to apply the fundamental principles of clinical decision-making and critical thinking to nursing practice. The test plan also assumes that the nurse integrates concepts from the following bodies of knowledge:

- , Social sciences (psychology and sociology)
- , Biological sciences (anatomy, physiology, biology and microbiology)
- , Physical sciences (chemistry and physics)

In addition, the following concepts are applied throughout the four major Client Needs categories and subcategories of the test plan:

- , Caring
- , Clinical judgment
- , Communication and documentation
- , Culture and spirituality
- , Nursing process
- , Teaching/learning

Appendix A of this document includes detailed examples of content for each NCLEX-RN Test Plan category.

Please note: There are certain inconsistencies throughout this document related to word usage and punctuation. Sentences or phrases marked by an asterisk (*) are activity statements taken directly from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice. In order to provide proper § & & Ý ¶ , & Ý ú & & Ò Ä Ý Ó Ý ú § ò , : Ä A • & Ò Ä Ä & § & Ä ù Ä ú & Ò § : Ä ú & ¶ Ä Ä ú § ò & style of this document. In addition, the term “client” refers to the individual, family or group, which includes Ý Ó ú Ý L · § ú & & Ò Ä § ú ½ , ò § & Ý ú š ³³ ò Ý Ä ú & ² § Ä & Ò Ä § ù Ä § ³³ Ä Ý ½ Ä ú & age category of the client is not stated in an item, it can be understood that the client is an adult. Any ethnicity or cultural or spiritual belief attributed to a client should be considered self-reported by that client. NCLEX items are developed based on a variety of practice settings such as acute care, long-term care/rehabilitation care, outpatient care and community-based/home care settings.

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The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients and health care personnel.

Management of Care

- , Providing and directing nursing care that enhances the care delivery setting to protect the client and health care personnel.

Management of Care Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Integrate advance directives into client plan of care , Delegate and supervise care of client provided by others (e.g., LPN/VN, assistive personnel, other RNs) , Organize workload to manage time effectively , Practice and advocate for cost effective care , Initiate, evaluate and update client plan of care , Provide education to clients and staff about client rights and responsibilities , Advocate for client rights and needs , Collaborate with multi-disciplinary team members when providing client care (e.g., physical therapist, nutritionist, social worker) , U § ú § Ó Ä · ú M Ý · & § ù ú Ó · ò Ý Ä ú & § ú ½ Ù Ä § ò & Ù · § Ä & § Ò Ò , U § Ý ú & § Ý ú · ò Ý Ä ú & · ú L ½ Ä ú & Ý § ò Ý & A § ú ½ Ý : § · A , Provide and receive hand off of care (report) on assigned clients , Use approved terminology when documenting care , Perform procedures necessary to safely admit, transfer and/or discharge a client , Prioritize the delivery of client care based on acuity , Recognize and report ethical dilemmas , Practice in a manner consistent with the nurses' code of ethics , Verify the client receives education and client consents for care and procedures , Receive, verify and implement health care provider orders , Utilize resources to promote quality client care (e.g., evidence-based research, information technology, policies and procedures) , Recognize limitations of self and others and utilize resources , Report client conditions as required by law (e.g., abuse/neglect and communicable diseases) , Provide care within the legal scope of practice , Participate in performance improvement projects and quality improvement processes , Assess the need for referrals and obtain necessary orders

Safety and Infection Control

, Protecting clients and health care personnel from health and environmental hazards.

Safety and Infection Control

Related Activity Statements from the 2021 RN Practice Analysis:
Linking the NCLEX-RN® Examination to Practice

- , Assess client for allergies and intervene as needed
- , Assess client care environment
- , Promote staff safety
- , Protect client from injury
- ,

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.

Health Promotion and Maintenance Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none">, Provide care and education for the newborn, infant, and toddler client from birth through 2 years, Provide care and education for the preschool, school age and adolescent client ages 3 through 17 years, Provide care and education for the adult client ages 18 through 64 years, Provide care and education for the adult client ages 65 years and over, Provide prenatal care and education, Provide care and education to an antepartum client or a client in labor, Provide post-partum care and education, Assess and educate clients about health risks based on family, population, and community, Assess client's readiness to learn, learning preferences, and barriers to learning, Plan and/or participate in community health education, Educate client about preventative care and health maintenance recommendations, Provide resources to minimize communication barriers, Perform targeted screening assessments (e.g., vision, nutrition, depression), Educate client about prevention and treatment of high risk health behaviors, Assess client ability to manage care in home environment and plan care accordingly, Perform comprehensive health assessments

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and

Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

Basic Care and Comfort

- , Providing comfort and assistance in the performance of activities of daily living.

Basic Care and Comfort Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Assist client to compensate for a physical or sensory impairment (e.g., assistive devices, positioning) , Assess and manage client with an alteration in bowel and bladder elimination , Perform irrigations (e.g., of bladder, ear, eye) , Perform skin assessment and implement measures to maintain skin integrity , Apply, maintain, or remove orthopedic devices , Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization) , Assess client for pain and intervene as appropriate , Perform skin care , Perform skin care

Pharmacological and Parenteral Therapies

- , Providing care related to the administration of medications and parenteral therapies.

Pharmacological and Parenteral Therapies Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none">, Administer blood products and evaluate client response, Access and/or maintain central venous access devices, Perform calculations needed for medication administration, Evaluate client response to medication, Educate client about medications, Prepare and administer medications using rights of medication administration, Review pertinent data prior to medication administration (e.g., contraindications, lab results, allergies, potential interactions), Participate in medication reconciliation process, Titrate dosage of medication based on assessment and ordered parameters, Dispose of medications safely, Handle and maintain medication in a safe and controlled environment, Evaluate appropriateness and accuracy of medication order for client, Handle and administer high-risk medications safely,

Reduction of Risk Potential

- , Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

Reduction of Risk Potential Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none">, Assess and respond to changes and trends in client vital signs, Perform testing within scope of practice (e.g., electrocardiogram, glucose monitoring), Monitor the results of diagnostic testing and intervene as needed, Obtain blood specimens, Obtain specimens other than blood for diagnostic testing, Insert, maintain, or remove a nasal/oral gastrointestinal tube, Insert, maintain, or remove a urinary catheter, Insert, maintain, or remove a peripheral intravenous line, Maintain percutaneous feeding tube, Apply and/or maintain devices used to promote venous return (e.g., anti-embolic stockings, sequential compression devices), Use precautions to prevent injury and/or complications associated with a procedure or diagnosis, Evaluate client responses to procedures and treatments, Recognize trends and changes in client condition and intervene as needed, Perform focused assessments, Educate client about treatments and procedures, Provide preoperative and postoperative education, Provide preoperative care, Manage client during a procedure with moderate sedation, Manage client following a procedure with moderate sedation

Physiological Adaptation

, Managing and providing care for clients with acute, chronic or life-threatening physical health conditions.

Physiological Adaptation Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy) , Implement and monitor phototherapy , Maintain optimal temperature of client , Monitor and care for clients on a ventilator , Monitor and maintain devices and equipment used for drainage (e.g., surgical wound drains, chest tube suction, negative pressure wound therapy) , Perform and manage care of client receiving peritoneal dialysis , Perform suctioning , Perform wound care and dressing change , Provide ostomy care and education (e.g., tracheal, enteral) , Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry) , Provide postoperative care , U § ú § Ó Ä & Ù Ä · § Ä Ò & Ù Ä · ò Ý Ä ú & ; Ý & Ù § M , Ý ½ á A · § Ä û 0 « p î º o Practice

III. Administration of the NCLEX-RN®

The NCLEX-RN® is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items that match the candidate's ability. The items, which are stored in a large item pool, are selected based on the candidate's ability. As the candidate answers an item, the computer calculates an ability estimate based on all of the candidate's previous answers. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category. This process is repeated for each item, creating an examination tailored to

Once the passing standard is set, it is applied uniformly to every examination according to the procedures laid out in the Scoring the NCLEX section. To pass the NCLEX, a candidate must perform at or above the passing

Similar Items

Occasionally, a candidate may receive an item that seems to be very similar to an item received earlier in the examination. This may happen for a variety of reasons. Items may contain content pertaining to similar symptoms, diseases or disorders, yet address different phases of the nursing process. Alternatively, a pretest (unscored) item may contain content similar to an operational (scored) item. Candidates should not assume they received a second item similar in content to a previously administered item because the candidate

Examination items are presented to the candidate one at a time on a computer screen. There is no time limit for a candidate to spend on each individual item. Once an answer to an item is selected, the candidate is able

proceeds to the next item by pressing the <NEXT> button, the candidate will no longer be able to return to a previous item. Every item must be answered even if the candidate is not sure of the correct answer. If the candidate is unsure of the correct answer, the candidate should consider all response options and provide their best answer in order to proceed to the next item. The computer will not allow the candidate to proceed to the next item without answering the current item on the screen. The best advice is to maintain a reasonable pace (one item every minute or two) and carefully read and consider each item before answering.

Scoring the NCLEX®

candidate; therefore, the percentage correct is the indicator of the candidate's ability. This approach requires high-ability candidates to answer all easy items on the examination and low-ability candidates to guess on

Appendix A

Sample Content

This section includes sample content and items for each of the eight test plan categories. To view additional sample items and item types, visit [NCLEX.com](https://www.nclex.com).

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Related content includes but is not limited to:

1/2: § 1. A. 1. Assess client and/or staff member knowledge of advance directives (e.g., living will,

health care agent/proxy, power of attorney for health care)

, Integrate advance directives into client plan of care*

, Provide client with information about advance directives, self-care determination, life planning

1/2: § 1. A

, Provide information on advocacy to staff members

, Act in the role of client advocate

, Use advocacy resources appropriately (e.g., social worker, chain of command, interpreter)

, Use advocacy resources appropriately (e.g., social worker, chain of command, interpreter)

1. Identify tasks for assignment or delegation based on client needs

, Identify tasks for assignment or delegation based on client needs

, Delegate and assign appropriate tasks based on client needs to personnel with competency to perform tasks

, Delegate and supervise care of client provided by others (e.g., LPN/VN, assistive personnel, other RNs)*

, Communicate tasks to be completed and report client concerns immediately

, Organize workload to manage time effectively*

, Utilize the rights of delegation (e.g., right task, right circumstances, right person, right direction/communication, right supervision/evaluation)

, Evaluate delegated tasks to ensure correct completion of activity

, Evaluate ability of staff members to perform assigned tasks considering personnel's allowable tasks/duties, competency and ability to use sound judgment and decision-making

, Evaluate effectiveness of staff members' time management skills

Case Management

, Explore resources available to assist client with achieving or maintaining independence

, Assess client's need for materials and equipment (e.g., oxygen, suction machine, wound care supplies)

, Practice and advocate for cost effective care*

, Plan individualized care for client based on need (e.g., client diagnosis, self-care ability, prescribed treatments)

, Provide client with information on discharge procedures to home or community setting

, Initiate, evaluate and update client plan of care*

*Activity statement used in the 2021 RN practice analysis

Client Rights

- , Recognize client's right to refuse treatment/procedures
- , Discuss treatment options/decisions with client
- , Provide education to clients and staff about client rights and responsibilities*
- , Evaluate client and staff understanding of client rights
- , Advocate for client rights and needs*

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- , Identify the need for interdisciplinary conferences
- , ; ½ Ä ú & Ý Ò A Ý Ó ú Ý L · § ú & Ý ú Ò ù § & Ý ú & Ä & & & Ù Ä ½ Ý · Ý ò Ý ú Ä ! Ä š Ó
social worker, respiratory therapist)
- , Review plan of care to ensure continuity across disciplines
- , Collaborate with multi-disciplinary team members when providing client care (e.g., physical therapist, nutritionist, social worker)*
- , Serve as resource person to other staff

Concepts of Management

- , Identify roles and responsibilities of health care team members
- , Plan overall strategies to address client problems
- , Act as liaison between client and others (e.g., coordinate or manage care)
- , U § ú § Ó Ä · ú M Ý · & § ù ú Ó · ò Ý Ä ú & § ú ½ Ù Ä § ò & Ù · § Ä & § Ò Ò •
- , Evaluate management outcomes

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- , Ä & § Ò Ò ù Ä ù ¶ Ä § ú ½ · ò Ý Ä ú & , ú ½ Ä & § ú ½ Ý ú Ó Ò · ú L ½ Ä ú & Ý § ò Ý & A Ä
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Continuity of Care

- , Provide and receive hand off of care (renTpB)
- , SUse docuent sto oecerdiaand romemuncale mlient ainfo rmaioni(e.g., cmedcal te erdi necferall/ratnsfero rm
- , SUse appropriate terminology when pdocuent ng clre
- , SPearfe rmprobeduess nceissaryto osaferyadmit, rotnsfere camlient
- , SFolelow up n bunessole dtissuss esgadinagmlient alre (e.g., claboate ryresults,mlient ae qussts

*Activity statement used in the 2021 RN practice analysis

Establishing Priorities

- , Apply knowledge of pathophysiology when establishing priorities for interventions with multiple clients
- , Prioritize the delivery of client care based on acuity*
- , Evaluate plan of care for multiple clients and revise plan of care as needed

Ethical Practice

- , Recognize and report ethical dilemmas*
- , Inform client and staff members of ethical issues affecting client care
- , Practice in a manner consistent with the nurses' code of ethics*
- , Evaluate outcomes of interventions to promote ethical practice

Informed Consent

,

*Activity statement used in the 2021 RN practice analysis

- o Participate in performance improvement projects and quality improvement processes*
- o Utilize research and other references for performance improvement actions
- o Evaluate the impact of performance improvement measures on client care and resource use

Referrals

- o Assess the need to refer clients for assistance with existing or potential problems (e.g., physical therapy, speech therapy)
- o Assess the need for referrals and obtain necessary orders*
- o Identify community resources for the client (e.g., respite care, social services, shelters)
- o Identify which documents to include when referring a client (e.g., medical record, referral form)

Sample Item

The nurse has been made aware of the following client situations. The nurse should **L** & assess the client

1. with diverticulitis who is reporting left lower quadrant (LLQ) pain
2. with chronic obstructive pulmonary disease (COPD) who is reporting hemoptysis
3. who had an evacuation of a subdural hematoma 8 hours ago and has become agitated (**key**)
4. who had a total knee replacement 8 hours ago and whose affected extremity is internally rotated

(**Key**) is used throughout this document to denote the correct answer(s) for the exam item.

Visit [NCLEX.com](https://www.nclex.com) for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

*Activity statement used in the 2021 RN practice analysis

Safety and Infection Control

, Protecting clients and health care personnel from health and environmental hazards.

Safety and Infection Control

Related Activity Statements from the 2021 RN Practice Analysis:
Linking the NCLEX-RN® Examination to Practice

- , Assess client for allergies and intervene as needed
- , Assess client care environment
- , Promote staff safety
- , Protect client from injury
- , Properly identify client when providing care
- , Verify appropriateness and accuracy of a treatment order
- , Participate in emergency planning and response
- , Use ergonomic principles when providing care
- ,

*Activity statement used in the 2021 RN practice analysis

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- , Identify and verify orders for treatments that may contribute to an accident or injury (does not include medication)
- , Identify and facilitate correct use of infant and child car seats
- , Promote staff safety*
- , Provide client with appropriate method to signal staff members
- , Protect client from injury*
- , r Ä : Ý Ä ; ú Ä · Ä § A ù ½ Ý L · § & Ý ú ; Ý & Ù · ò Ý Ä ú & & Ä ½ , · Ä & Ä ú Ä · Ý L · ù ! Ä š Ó š • Ò Ä , Ä ú & · Ù § ú Ó Ý ú Ó Ò Ý & Ý ú Ý , & Ý ú Ä & Ä & · Ù Ý ú Ó Ò & Ù Ä Ù
- ,

*Activity statement used in the 2021 RN practice analysis

Home Safety

- , Apply knowledge of client pathophysiology to home safety interventions
- , Educate client on safety issues*
- , Encourage client to use protective equipment when using devices that can cause injury
- , Identify need/situation where reporting of incident/event/irregular occurrence/variance is appropriate
- , Acknowledge and document practice errors and near misses*
- , Evaluate response to error/event/occurrence
- , Report, intervene, and/or escalate unsafe practice of health care personnel (e.g., substance abuse,

Safe Use of Equipment

- , Inspect equipment for safety hazards (e.g., frayed electrical cords, loose/missing parts)
- , Teach client about safe use of equipment needed for health care
- , Facilitate appropriate and safe use of equipment*
- , Remove malfunctioning equipment from client care area and report the problem to appropriate personnel

Security Plan

- , Use clinical decision-making/critical thinking in situations related to security planning
- , Apply principles of triage and evacuation procedures and protocols
- , Follow security plan and procedures (e.g., newborn security, violence, controlled access)*
- , Assess client care area for sources of infection
- , Understand communicable diseases and the modes of organism transmission (e.g., airborne, droplet, contact)
- , Apply principles of infection prevention (e.g., hand hygiene, aseptic technique, isolation, sterile technique, universal/standard enhanced barrier precautions)*
- , Follow correct policy and procedures when reporting a client with a communicable disease
- , Educate client and staff regarding infection prevention measures*
- , Use appropriate precautions for immunocompromised clients
- , Evaluate infection control precautions implemented by staff members
- , Evaluate whether aseptic technique is performed correctly

*Activity statement used in the 2021 RN practice analysis

‡ Assess appropriateness of the type of restraint/safety device used

, Assess appropriateness of the type of restraint/safety device used

, Follow requirements when using restraints*

, Monitor/evaluate client response to restraints/safety device

Sample Item

The nurse is assigning unlicensed assistive personnel (UAP) to assist the following clients to ambulate. It would be most important for the nurse to review safety precautions with the UAP prior to ambulating the

1. 44-year-old client with Ménière's disease (**key**)
2. 59-year-old client with a unilateral cataract
3. 62-year-old client with presbycusis
4. 65-year-old client with sinusitis

Visit [NCLEX.com](https://www.nclex.com) for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

*Activity statement used in the 2021 RN practice analysis

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.

Health Promotion and Maintenance Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Provide care and education for the newborn, infant, and toddler client from birth through 2 years , Provide care and education for the preschool, school age and adolescent client ages 3 through 17 years , Provide care and education for the adult client ages 18 through 64 years , Provide care and education for the adult client ages 65 years and over , Provide prenatal care and education , Provide care and education to an antepartum client or a client in labor , Provide post-partum care and education , Assess and educate clients about health risks based on family, population, and community , Assess client's readiness to learn, learning preferences, and barriers to learning , Plan and/or participate in community health education , Educate client about preventative care and health maintenance recommendations , Provide resources to minimize communication barriers , Perform targeted screening assessments (e.g., vision, nutrition, depression) , Educate client about prevention and treatment of high risk health behaviors , Assess client ability to manage care in home environment and plan care accordingly , Perform comprehensive health assessments

*Activity statement used in the 2021 RN practice analysis

Related content includes but is not limited to:

Aging Process

- , Assess client's reactions to expected age-related changes
- , Provide care and education for the newborn, infant, and toddler client from birth through 2 years*
- , Provide care and education for the preschool, school age and adolescent client ages 3 through 17 years*
- , Provide care and education for the adult client ages 18 through 64 years*
- , Provide care and education for the adult client ages 65 years and over*

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- , Assess client's psychosocial response to pregnancy (e.g., support systems, perception of pregnancy, coping mechanisms)
- , Assess client for symptoms of postpartum complications (e.g., hemorrhage, infection)
- , Calculate expected delivery date
- , Check fetal heart rate during routine prenatal exams
- , Assist client with learning and performing newborn care (e.g., feeding)
- , Provide prenatal care and education*
- ,

*Activity statement used in the 2021 RN practice analysis

7. Assess and educate clients about health risks based on family, population, and community*

- , Assess client's readiness to learn, learning preferences, and barriers to learning*
- , Plan and/or participate in community health education*
- , Educate client on actions to promote and maintain health and prevent disease (e.g., smoking cessation, diet, weight loss)
- , Integrate complementary therapies into health promotion activities for the well client
- , Educate client about preventative care and health maintenance recommendations*
- , Provide follow-up to client following participation in health promotion program (e.g., diet counseling)
- , Provide resources to minimize communication barriers*
- , Assist client in maintaining an optimal level of health
- , Evaluate client understanding of health promotion behaviors/activities (e.g., weight control, exercise actions)

Health Screening

- , Apply knowledge of pathophysiology to health screening
- , Perform health history/health and risk assessments (e.g., lifestyle, family and genetic history)
- , Perform targeted screening assessments (e.g., vision, nutrition, depression)*
- , Use appropriate procedures and interviewing techniques when taking client health history

7. Assess client lifestyle practice risks that may impact health (e.g., excessive sun exposure, lack of regular exercise)

- , Assist client to identify behaviors/risks that may impact health
- , Educate client about prevention and treatment of high risk health behaviors*

Lifestyle Choices

- , Assess client's lifestyle choices
- , Assess client's attitudes/perceptions on sexuality
- , Assess client's need/desire for contraception
- , Identify contraindications to chosen contraceptive method (e.g., smoking, adherence, medical conditions)
- , Identify expected outcomes for family planning methods
- , Recognize client who is socially or environmentally isolated
- , Educate client on sexuality issues (e.g., family planning, safer sex practices, menopause, impotence)
- , Evaluate client alternative or homeopathic health care practices (e.g., massage therapy, acupuncture, herbal medicine and minerals)

*Activity statement used in the 2021 RN practice analysis

Self-Care

- , Assess client ability to manage care in home environment and plan care accordingly*
- , Consider client self-care needs before developing or revising care plan
- , Assist primary caregivers working with the client to meet self-care goals

Techniques of Physical Assessment

- , Apply knowledge of nursing procedures and psychomotor skills to techniques of physical assessment
- , Choose physical assessment equipment and technique appropriate for the client (e.g., age of client, measurement of vital signs)
- , Perform comprehensive health assessments*

Sample Item

The nurse is teaching clients at a community health fair about risk factors for developing cancer. The nurse should recognize that at highest risk is the

1. 30-year-old client who consumes a diet high in selenium and has a history of an ovarian cyst
2. 49-year-old client who drinks 2 or 3 cups of coffee daily and has
3. 51-year-old client who has hypertension and teaches an aerobic exercise program
4. 62-year-old client who consumes 5 or 6 alcoholic beverages daily and is an opera singer (key)

Visit [NCLEX.com](https://www.nclex.com) for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

*Activity statement used in the 2021 RN practice analysis

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events as well as clients with acute or chronic mental illness.

Psychosocial Integrity Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Assess client for abuse or neglect and report, intervene, and/or escalate , Incorporate behavioral management techniques when caring for a client , Assess client for substance abuse and/or toxicities and intervene as appropriate (e.g., dependency, withdrawal) , Assess client's ability to cope with life changes and provide support , Assess the potential for violence and use safety precautions , Incorporate client cultural practices and beliefs when planning and providing care , Provide end-of-life care and education to clients , Assess client support system to aid in plan of care , Provide care for a client experiencing grief or loss , Provide care and education for acute and chronic psychosocial health issues (e.g., addictions/dependencies, depression, dementia, eating disorders) , Provide appropriate care for a client experiencing visual, auditory, and/or cognitive alterations , Recognize non-verbal cues to physical and/or psychological stressors , Use therapeutic communication techniques , Promote a therapeutic environment

Related content includes but is not limited to:

Abuse or Neglect

- , Assess client for abuse or neglect and report, intervene and/or escalate*
- , Identify risk factors for domestic, child and elder abuse or neglect and sexual abuse
- , Plan interventions for victims/suspected victims of abuse
- , Counsel victims/suspected victims of abuse and their families on coping strategies

*Activity statement used in the 2021 RN practice analysis

- , Provide a safe environment for the abused or neglected client
- , Evaluate client response to interventions

Assess client's appearance, mood and psychomotor behavior and identify/respond to inappropriate/abnormal behavior

- , Assist client to develop and use strategies to decrease anxiety
- , Orient the client to reality
- , Participate in group sessions (e.g., support groups)
- , Incorporate behavioral management techniques when caring for a client*
- , Evaluate client's response to treatment plan

Assess client's reactions to the diagnosis and treatment of substance-related disorder

- , Assess client for substance abuse and/or toxicities and intervene as appropriate (e.g., dependency, withdrawal)*
- , Plan and provide care to clients experiencing substance-related withdrawal or toxicity (e.g., nicotine, opioid, sedative)
- , Educate client on substance use diagnosis and treatment plan
- , Provide care and/or support for a client with non-substance-related dependencies (e.g., gambling, sex addiction)
- , Provide symptom management for clients experiencing withdrawal or toxicity
- , Encourage client to participate in support groups
- , Evaluate client's response to a treatment plan and revise as needed

Coping Mechanisms

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*Activity statement used in the 2021 RN practice analysis

Mental Health Concepts

- , Identify signs and symptoms of impaired cognition (e.g., memory loss, poor hygiene)
- , Recognize signs and symptoms of acute and chronic mental illness (e.g., schizophrenia, depression, bipolar disorder)
- , Recognize client use of defense mechanisms
- , Assess client adherence to treatment plan
- , Assess client for alterations in mood, judgment, cognition and reasoning
- , Apply knowledge of client psychopathology to mental health concepts applied in individual/group/family therapy
- , Provide care and education for acute and chronic psychosocial health issues (e.g., addictions/dependencies, depression, dementia, eating disorders)*
- , Evaluate client's ability to adhere to treatment plan
- , Evaluate client's abnormal response to the aging process (e.g., depression)

Religious and Spiritual Beliefs

- , Identify the client emotional problems or needs that are related to self-reported religious/spiritual beliefs
- , Assess and plan interventions that meet client emotional and self-reported spiritual needs
- , Evaluate whether client's self-reported religious/spiritual needs are met

Sensory and Thought Disturbances

- , Identify time, place and stimuli surrounding the appearance of symptoms
- , Assist client to develop strategies for dealing with sensory and thought disturbances
- , Provide appropriate care for a client experiencing visual, auditory and/or cognitive alterations*
- , Provide care in a nonthreatening and nonjudgmental manner
- , Provide reality-based diversions

Stress Management

- , Recognize non-verbal cues to physical and/or psychological stressors*
- , Assess stressors, including environmental, that affect client care (e.g., noise, fear, uncertainty, change, lack of knowledge)
- , Implement measures to reduce environmental stressors (e.g., noise, temperature)
- , Provide information to client on stress management techniques (e.g., relaxation techniques, exercise, meditation)
- , Evaluate client's use of stress management techniques

*Activity statement used in the 2021 RN practice analysis

Support Systems

- , Assist family to plan care for client with impaired cognition (e.g., Alzheimer's disease)
- , Encourage client's involvement in the health care decision-making process
- , Evaluate client's feelings about the diagnosis and treatment plan

Therapeutic Communication

- , Assess verbal and nonverbal client communication needs
- , Respect the client's personal values and beliefs
- , Allow time to communicate with the client
- , Use therapeutic communication techniques*
- , Encourage client to verbalize feelings (e.g., fear, discomfort)
- , Evaluate the effectiveness of communications with the client

• Identify external factors that may interfere with client recovery (e.g., stressors, family dynamics)

- , Identify external factors that may interfere with client recovery (e.g., stressors, family dynamics)
- , Make client room assignments that support the therapeutic milieu
- , Promote a therapeutic environment*

Sample Item

The nurse is talking with a client who had a colostomy created 2 days ago. Which of the following statements by the client would indicate ineffective coping? Select all that apply.

1. "I am not touching that disgusting bag." (key)
2. "I am glad I can still go to the gym just as I used to."
3. "I really like raw vegetables, and it will be hard for me to limit them."
4. "I understand the need for the colostomy, but I am afraid that the bag will leak."
5. "I do not understand why I cannot have a nurse perform the colostomy bag changes for me." (key)

Visit [NCLEX.com](https://www.nclex.com)

*Activity statement used in the 2021 RN practice analysis

Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

Basic Care and Comfort

- , Providing comfort and assistance in the performance of activities of daily living.

Basic Care and Comfort
Related Activity Statements from the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice
<ul style="list-style-type: none"> , Assist client to compensate for a physical or sensory impairment (e.g., assistive devices, positioning) , Assess and manage client with an alteration in bowel and bladder elimination , Perform irrigations (e.g., of bladder, ear, eye) , Perform skin assessment and implement measures to maintain skin integrity , Apply, maintain, or remove orthopedic devices , Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization) , Assess client for pain and intervene as appropriate , Identify contraindications (e.g., aromatherapy, acupressure, supplements) , Provide non-pharmacological comfort measures , Evaluate the client's nutritional status and intervene as needed , Provide client nutrition through tube feedings , Evaluate client intake and output and intervene as needed , Assess client performance of activities of daily living and assist when needed , Perform post-mortem care , Assess client sleep/rest pattern and intervene as needed

Related content includes but is not limited to:

- , Assess client's use of assistive devices (e.g., prosthetic limbs, hearing aid)
- , Assist client to compensate for a physical or sensory impairment (e.g., assistive devices, positioning)*
- , Manage client who uses assistive devices or prostheses (e.g., eating utensils, telecommunication devices, dentures)
- , Evaluate the correct use of assistive devices by client

*Activity statement used in the 2021 RN practice analysis

Elimination

- , Assess and manage client with an alteration in bowel and bladder elimination*
- , Perform irrigations (e.g., of bladder, ear, eye)*
- , Provide skin care to clients who are incontinent (e.g., wash frequently, barrier creams/ointments)
- , Use alternative methods to promote voiding
- , Evaluate whether client's ability to eliminate is restored/maintained

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- , Identify complications of immobility (e.g., skin breakdown, contractures)
- , Assess the client for mobility, gait, strength and motor skills
- , Perform skin assessment and implement measures to maintain skin integrity*
- , Apply knowledge of nursing procedures and psychomotor skills when providing care to clients with immobility
- , Apply, maintain, or remove orthopedic devices*
- , Educate immobilized client regarding proper methods used when being repositioned
- , Maintain client's correct body alignment
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- , Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization)*
- , Evaluate client's response to interventions to prevent complications from immobility

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- , Assess client's need for alternative and/or complementary therapy
- , Assess client's need for palliative care/symptom management or noncurative treatments
- , Assess client for pain and intervene as appropriate*
- , Recognize differences in client perception and response to pain
- , Apply knowledge of pathophysiology to nonpharmacological comfort/palliative care interventions
- , Incorporate alternative/complementary therapies into client plan of care (e.g., music therapy, relaxation therapy)
- , r Ä · Ó ú Ý G Ä · ù ò Ä ù Ä ú & § A & Ù Ä § Ý Ä § ú ½ Ý ½ Ä ú & Ý Ò A & Ä ú & Ý § ò ¶ Ä ú Ä L & (e.g., aromatherapy, acupressure, supplements)*
- , Counsel client regarding palliative care/symptom management and noncurative treatments
- , Respect client palliative care/symptom management or noncurative treatment choices
- , Assist client in receiving appropriate end-of-life physical symptom management
- , Plan measures to provide comfort interventions to client with anticipated or actual impaired comfort
- , Provide non-pharmacological comfort measures*

*Activity statement used in the 2021 RN practice analysis

- , Evaluate the client's response to nonpharmacological interventions (e.g., pain rating scale, verbal reports)
- , Evaluate outcomes of alternative and/or complementary therapy practices
- , Evaluate outcomes of palliative care/symptom management or noncurative treatments

Nutrition and Oral Hydration

- , Assess client ability to eat (e.g., chew, swallow)
- , Consider client choices regarding meeting nutritional requirements and/or maintaining dietary
- , Monitor client hydration status (e.g., edema, signs and symptoms of dehydration)
- , Initiate calorie counts for client
- , Apply knowledge of mathematics to client nutrition (e.g., body mass index)
- , Evaluate the client's nutritional status and intervene as needed*
- , Promote client's independence in eating
- , Provide and maintain special diets based on client diagnosis/nutritional needs and self-reported cultural considerations (e.g., low sodium, high protein, calorie restrictions)
- , Provide nutritional supplements as needed (e.g., high-protein drinks)
- , Provide client nutrition through tube feedings*

*Activity statement used in the 2021 RN practice analysis

Sample Item

The nurse is teaching a client who had a subtotal gastrectomy about ways to prevent dumping syndrome. Which of the following foods would be appropriate for the nurse to recommend eliminating from the client's diet?

1. cheese
2. red meat
3. ice cream (key)
4. yellow vegetables

Visit [NCLEX.com](https://www.nclex.com) for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

*Activity statement used in the 2021 RN practice analysis

Pharmacological and Parenteral Therapies

, Providing care related to the administration of medications and parenteral therapies.

Pharmacological and Parenteral Therapies Related Activity Statements from the 2021 RN Practice Analysis:

*Activity statement used in the 2021 RN practice analysis

, Notify primary health care provider of side effects, adverse effects and contraindications of medications and parenteral therapy

, Document side effects and adverse effects of medications and parenteral therapy

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subcutaneous, intramuscular, intravenous)

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*Activity statement used in the 2021 RN practice analysis

- , Administer and document medications given by parenteral routes (e.g., intravenous, intramuscular, subcutaneous)
- , Participate in medication reconciliation process*
- , Titrate dosage of medication based on assessment and ordered parameters*
- , Dispose of medications safely*
- , Handle and maintain medication in a safe and controlled environment*
- , Evaluate appropriateness and accuracy of medication order for client*
- , Handle and administer high-risk medications safely*

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- , Identify appropriate veins that should be accessed for various therapies
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- , Apply knowledge and concepts of mathematics/nursing procedures/psychomotor skills when caring for a client receiving intravenous therapy
- , Prepare client for intravenous catheter insertion
- , Monitor the use of an infusion pump (e.g., intravenous, patient-controlled analgesia device)
- , Monitor intravenous infusion and maintain site*
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Pharmacological Pain Management

- , Assess client need for administration of a PRN pain medication (e.g., oral, topical, subcutaneous, intramuscular, intravenous)
- , Administer and document pharmacologic pain management appropriate for client age and diagnoses (e.g., pregnancy, children, older adults)
- , Administer medications for pain management*
- , Handle and administer controlled substances within regulatory guidelines*
- , Evaluate and document client's use and response to pain medications

Total Parenteral Nutrition

- , Identify side effects and adverse events related to total parenteral nutrition (TPN) and intervene as § Ý § & Ä ! Ä š Ó š • Ù A Ä Ó ò A · Ä ù Ý § • M , Ý ½ Ý ù ¶ § ò § ú · Ä • Ý ú Ò Ä · & Ý ú §
- , Educate client on the need for and use of TPN
- , Apply knowledge of nursing procedures and psychomotor skills when caring for a client receiving TPN
- , Apply knowledge of client pathophysiology and mathematics to TPN interventions
- , Administer parenteral nutrition and evaluate client response*

*Activity statement used in the 2021 RN practice analysis

Sample Item

The nurse is preparing to administer prescribed otic drops to a 1-year-old client. Which of the following actions should the nurse take?

1. Gently pull the pinna upward and straight back to straighten the auditory canal.
2. Administer the drops immediately after removing them from the refrigerator to minimize the risk of bacterial growth.
3. Direct the drops along the side of the ear canal to avoid instilling the medication directly onto the eardrum. (key)
4. Gently massage the area immediately posterior to the ear after instilling the drops to facilitate distribution of the medication.

Visit [NCLEX.com](https://www.nclex.com) for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

*Activity statement used in the 2021 RN practice analysis

Diagnostic Tests

- , Apply knowledge of related nursing procedures and psychomotor skills when caring for clients undergoing diagnostic testing
- , Perform testing within scope of practice (e.g., electrocardiogram, glucose monitoring)*
- , Perform fetal heart monitoring
- , Monitor results of maternal and fetal diagnostic tests (e.g., nonstress test, amniocentesis, ultrasound)
- , Monitor the results of diagnostic testing and intervene as needed*

Monitor Laboratory Values

- , Compare client laboratory values to normal laboratory values
- , Educate client about the purpose and procedure of ordered laboratory tests
- , Obtain blood specimens*
- , Obtain specimens other than blood for diagnostic testing*
- , Monitor client laboratory values (e.g., glucose testing results for client with diabetes)
- , Notify primary health care provider about laboratory test results

Potential for Alterations in Body Systems

- , Identify client potential for skin breakdown (e.g., immobility, nutritional status, incontinence)
- , Educate client on methods to prevent complications associated with activity level/diagnosed illness/disease (e.g., contractures, foot care for client with diabetes)
- , Compare current client data to baseline client data (e.g., symptoms of illness/disease)
- , Monitor client output for changes from baseline (e.g., nasogastric tube, emesis, stool, urine)

Assess Client for Complications

- , Assess client for an abnormal response following a diagnostic test/procedure (e.g., dysrhythmia following cardiac catheterization)
- , Apply knowledge of nursing procedures and psychomotor skills when caring for a client with potential for complications
- , Monitor client for signs of bleeding
- , Position client to prevent complications following tests/treatments/procedures (e.g., elevate head of bed, immobilize extremity)
- , Insert, maintain, or remove a nasal/oral gastrointestinal tube*
- , Insert, maintain, or remove a urinary catheter*
- , Insert, maintain, or remove a peripheral intravenous line*

*Activity statement used in the 2021 RN practice analysis

- , Maintain tube patency (e.g., nasogastric tube for decompression, chest tubes)
- , Maintain percutaneous feeding tube*
- , Apply and/or maintain devices used to promote venous return (e.g., anti-embolic stockings, sequential compression devices)*
- , Use precautions to prevent injury and/or complications associated with a procedure or diagnosis*
- , Provide care for client undergoing electroconvulsive therapy (e.g., monitor airway, assess for side effects, teach client about procedure)
- , Intervene to manage potential circulatory complications (e.g., hemorrhage, embolus, shock)
- , Intervene to prevent aspiration (e.g., check nasogastric tube placement)
- , Intervene to prevent potential neurologic complications (e.g., foot drop, numbness, tingling)
- , Evaluate client responses to procedures and treatments*

Potential for Complications from Surgical Procedures and Health Alterations

- , Apply knowledge of pathophysiology to monitoring for complications (e.g., recognize signs of thrombocytopenia)
- , Evaluate client's response to postoperative interventions to prevent complications (e.g., prevent aspiration, promote venous return, promote mobility)

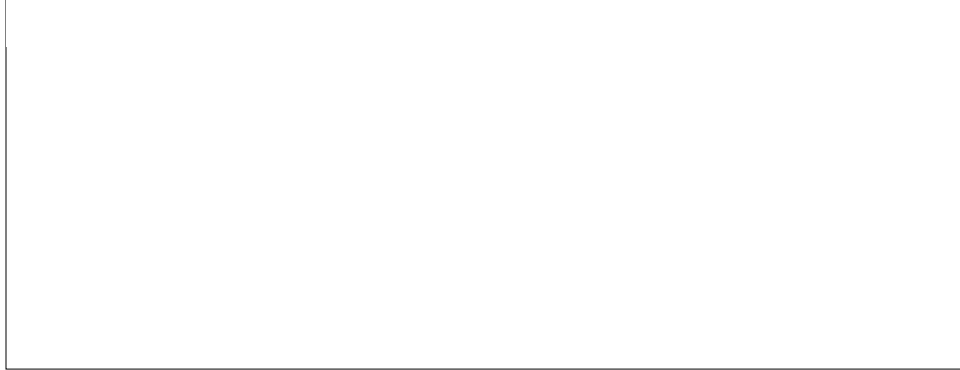
Assess Client for Complications

- , Assess client for abnormal peripheral pulses after a procedure or treatment
- , Assess client for abnormal neurologic status (e.g., level of consciousness, muscle strength, mobility)
- , Assess client for peripheral edema
- , Assess client for signs of hypoglycemia or hyperglycemia
- , Identify factors that result in delayed wound healing
- , Recognize trends and changes in client condition and intervene as needed*
- , Perform a risk assessment (e.g., sensory impairment, potential for falls, level of mobility, skin integrity)
- , Perform focused assessments*

Therapeutic Procedures

- , Assess client response to recovery from local, regional or general anesthesia
- , Apply knowledge of related nursing procedures and psychomotor skills when caring for clients undergoing therapeutic procedures
- , Educate client about treatments and procedures*
- , Educate client about home management of care
- , Use precautions to prevent further injury when moving a client with a musculoskeletal condition (e.g., log-rolling, abduction pillow)
- , Monitor client before and after a procedure/surgery (e.g., casted extremity)

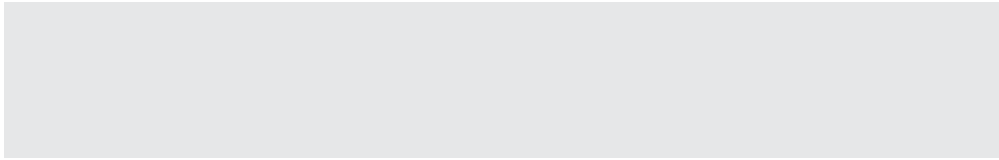
*Activity statement used in the 2021 RN practice analysis



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Physiological Adaptation

, Managing and providing care for clients with acute, chronic or life-threatening physical health conditions.



*Activity statement used in the 2021 RN practice analysis

Related content includes but is not limited to:

Alterations in Body Systems

- , Assess adaptation of a client to health alteration, illness and/or disease
- , Assess tube drainage during the time client has an alteration in body systems (e.g., amount, color)
- , Assess client for signs and symptoms of adverse effects of radiation therapy
- , Identify signs of potential prenatal complications
- , Identify signs, symptoms and incubation periods of infectious diseases
- , Apply knowledge of nursing procedures, pathophysiology and psychomotor skills when caring for a client with an alteration in body systems
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*Activity statement used in the 2021 RN practice analysis

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 syndrome [AIDS], tuberculosis [TB])

, Evaluate and monitor client response to radiation therapy

Fluid and Electrolyte Imbalances

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Hemodynamics

, Assess client for decreased cardiac output (e.g., diminished peripheral pulses, hypotension)
 , Identify cardiac rhythm strip abnormalities (e.g., sinus bradycardia, premature ventricular contractions,
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 , Apply knowledge of pathophysiology to interventions in response to client abnormal hemodynamics
 , Provide client with strategies to manage decreased cardiac output (e.g., frequent rest periods,
 limit activities)
 , Intervene to improve client cardiovascular status (e.g., initiate protocol to manage cardiac arrhythmias,
 monitor pacemaker functions)
 , Monitor and maintain arterial lines*
 , Manage the care of a client with a pacing device*
 , Manage the care of a client on telemetry*
 , Manage the care of a client receiving hemodialysis or continuous renal replacement therapy*
 , Manage the care of a client with alteration in hemodynamics, tissue perfusion, and hemostasis*

Illness Management

, Identify client data that needs to be reported immediately
 , Apply knowledge of client pathophysiology to illness management
 , Educate client regarding an acute or chronic condition*
 , Educate client about managing illness
 , Implement interventions to manage client's recovery from an illness
 , Perform gastric lavage
 , Promote and provide continuity of care in illness management activities
 , Manage the care of a client with impaired ventilation/oxygenation*
 , Evaluate the effectiveness of the treatment plan for a client with an acute or chronic diagnosis*

*Activity statement used in the 2021 RN practice analysis

Medical Emergencies

- , Apply knowledge of pathophysiology when caring for a client experiencing a medical emergency
- , Apply knowledge of nursing procedures and psychomotor skills when caring for a client experiencing

*Activity statement used in the 2021 RN practice analysis

Appendix B

Item Writing Tips

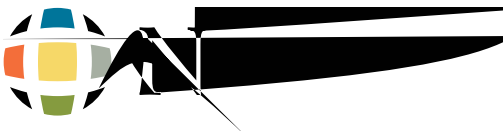
The following tips are designed to provide nurse educators with information on writing NCLEX-style items. Refer to [NCLEX.com](https://www.nclex.com) for answers to frequently asked questions and for additional information on item formats and sample items.

NCSBN has created a repository of resources related to Next Generation NCLEX development. For information on developing clinical judgment items, be sure to access [NCSBN.org](https://www.ncsbn.org) for newsletters and articles, particularly the newsletters on the NGN Clinical Judgment Measurement Model and Action Model, the NGN Case Study and Stand-alone Items.

Steps to Item Writing

A well-designed item or case study consists of four main components: client data (clinical scenario/exhibits such as vital signs), a stem (asks a question or poses a statement that requires completion), key(s) (the correct answer/s) and distractors (incorrect options). The following steps are provided to assist in creating a well-designed item or case study.

- Step 1. Select a nursing concept for focus of the item or case study (test plan category or integrated process).
- Step 2. Use the concept to build the client data (clinical scenario/exhibits) and stem.
- Step 3. Write a key or keys to represent important information the entry-level nurse should know.
- Step 4. Identify common errors, misconceptions or irrelevant information.
- Step 5. Use the previous information and write the distractors.
- Step 6. Complete the item using the client data (clinical scenario/exhibits), stem, key(s) and distractors.
- Step 7. Write a rationale supporting the keys and distractors.



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