LAWSON STATE COMMUNITY COLLEGE

Department of Health Professions

Student Handbook

Committed To A Program of Excellence

2015-2016

Dr. Perry W. Ward, President
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**Accrediting Agencies**

The ADN and LPN Programs are approved by the Alabama Board of Nursing and accredited by the Accreditation Commission for Education in Nursing to prepare individuals to be eligible to write the National Licensure Council Examination for Licensure as a RN (NCLEX-RN) or LPN (NCLEX-PN) and for nursing practice.

The nursing programs meet minimal standards as defined by the Alabama Board of Nursing.

ACEN accreditation means peer review has been used to determine that the academic programs meet public confidence. For more information, you may contact:

- **T.A. Lawson State Community College** is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Associate Degrees. Contact the Commission on Colleges at 1866 Southern Lane; Decatur, Georgia, 30033-4097 or call 404-679-4500 for questions about the accreditation of T. A. Lawson State Community College.

- Normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to T.A. Lawson State Community College and not the Commission's office. The Commission is to be contacted **only** if there is evidence that appears to support significant non-compliance with a requirement or standard.

Alabama Board of Nursing
RSA Plaza, Suite 250
770 Washington Avenue
Montgomery, AL 36130
(334) 242-4060

Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road NE
Suite 500
Atlanta, GA 30326
404.975.5000
August 17, 2015

WELCOME:

We are most delighted that you have chosen to enroll in Lawson State Community College Nursing Programs. For more than three decades, our programs have been committed to providing a high tech, high touch education in a creative, advanced, and engaged learning environment. As we move throughout the 21st Century, we continue to “Engage, Equip, and Empower Students for Life”

The faculty is here to facilitate your learning and assist in achieving your goals to enter the nursing profession as a licensed practical nurse or registered nurse. However, remember that learning is an active process and nursing education requires active learning to meet the Nursing Student Learning Outcomes and Programs Outcomes that we have set forth.

Your nursing education experience will go by quickly. We challenge you to take advantage of every learning opportunity that will be presented, recognize your strength and limitations and seek assistance when in doubt. Focus on your studies and be conscious of your academic status and progress.

We wish success to each of you!

Sincerely,

Shelia P. Marable, RN, Ph.D
Associate Dean & Interim ADN Chair

Katrina C. Swain, RN, Ed.D
Practical Nursing Department Chair
INTRODUCTION

Because of the continuous process of student assessment, dialogue between advisor/student and the excellent support of the academic departments, the Department of Health Professions and Lawson State Community College feel that we have committed ourselves to universally strong Nursing Programs, without losing sight of the needs of our students. We, therefore, solicit your energy and cooperation in building and maintaining the Nursing Programs that you, as a graduate, can point to with pride.

Nursing students are expected to adhere to the policies related to the Nursing Programs and clinical facilities. Clinical facilities in which learning experiences will be obtained have the right, by contract, to request the removal of a student who is unacceptable to the facility for reasons of health, performance, behavior, background checks, positive substance abuse screenings, or other reasonable causes (see Disciplinary Actions).

To promote the development of high professional standards within students and to expedite the matriculation of students through the Nursing Programs into nursing practice, the following policies have been developed. The nursing faculty, with approval of the President, Vice President, and Academic Dean, reserve the right to add, change, and/or delete any policy in the Nursing Student Handbook. Policies become effective at the time the change is enacted.

MISSION STATEMENT

The mission of the Nursing Programs within the Department of Health Professions is to prepare individuals in the art of caring in a high touch, high technology, learning environment to be employed in the community as registered nurses and licensed practical nurses. Students are facilitated in the development of knowledge, skills, and attitude necessary for successful practice and are encouraged to pursue advanced education.

NURSING PROGRAMS’ PHILOSOPHY

The Philosophy of Nursing Programs
The Alabama Community College System

The philosophy of the nursing programs is consistent with the mission, goals and objectives of The Alabama Community College System. The programs provide curricula to develop the knowledge, skills, and abilities necessary for entry level employment in practical and professional nursing. The nursing faculty endorses the following beliefs:

Maslow’s theory is the foundation for the program of learning. According to Maslow, all individuals have similar needs arranged in a hierarchy with higher needs emerging as basic physiological needs are met. Individuals are unique biological, psychosocial and spiritual beings who strive to meet holistic needs. Each individual has the right to make informed decisions about one’s health in a technologically changing society. Society, a complex system that influences culture, values, and beliefs, provides direction and meaning to an individual’s experiences throughout the lifespan.

Health, which is individually perceived, exists when needs are met. Ranging on a continuum from highest level wellness to death, health is a dynamic state. The goals of health care are to promote, maintain, and restore health.

Nursing is an art, as well as, a science in which the holistic needs of the individual are met through utilization of the nursing process in a variety of settings. The nursing process incorporates scientific principles, interpersonal and psychomotor skills. The practice of nursing takes place in an ever changing health care system and requires caring, critical thinking, competency, legal/ethical accountability, dedication to an evolving body of knowledge, life long learning and client advocacy.
The teaching-learning process is a shared responsibility between faculty and students where faculty serve as facilitators of learning. The successful teaching-learning process requires an environment that promotes learning, considers the needs of the individual, and provides opportunities for student participation and educational goal attainment. The learning process is based on principles of critical thinking and is enhanced by the presentation of information from simple to complex. Learning is achieved when there is evidence of a change in behavior within the cognitive, affective, and/or psychomotor domains. Individuals have the right to achieve self-actualization and society provides educational opportunities.

Nursing education is a learner-centered process which combines general education and nursing courses to prepare the individual for the practice of nursing. Incorporating a program of learning, a variety of instructional methodologies, and available resources, nursing education fosters competency, accountability and continued professional development. Learning is a lifelong process which promotes professionalism and is beneficial for the learner and society.

**Threads Integrated Throughout Curriculum**

- Critical Thinking
- Communication
- Nutrition
- Pharmacology
- Cultural Diversity
- Lifespan
- Pathophysiology
- Technology
- Teaching / Learning
- Legal / Ethical
- Roles of the Nurse

**Faculty Beliefs**

The beliefs of the faculty are reflected in the standardized philosophy/mission and give consideration to the development of the student as a person, practitioner, and citizen. LSCC’s nursing faculty enhances the standardized philosophy/mission with these further beliefs and definitions of nursing concepts and curriculum threads.

**Individuals** are unique with basic needs which are influenced by the internal and external environment. Individuals proceed through sequential stages of development, and strive to attain and/or maintain health through gratification of the basic needs.

**Society** is a structured social system. Within this system exists cultural values, beliefs and mores that influence man in his pursuit of needs gratification that are communicated through interpersonal relationships.

**Health** is viewed on a continuum with no single point designed as wellness or illness. Health is a positive state of well-being, encompassing man’s ability to gratify his basic needs; thus allowing him to function at his optimum level. Illness is an altered state which threatens man’s ability to gratify his basic needs, thus preventing him functioning at his optimum level.
**Nursing** is an art and science which utilizes the nursing process as the framework for critical thinking in practice. The nursing process is interpersonal in nature and includes establishing and analyzing data to identify actual/potential health alterations based on assessment; setting goals to meet the individuals or group of individual’s basic needs; planning and implementing care to achieve expected outcomes; and determining the extent to which goals have been achieved. The primary focus of nursing is to promote health, to maintain health, to restore health, to prevent alterations in health, and to enable a peaceful death. Nursing from its unique perspective integrates knowledge from the humanities, the biological, social and behavioral sciences with humanistic care to provide health care.

**Education** is the process of changing behavior through the development of cognitive, affective, and psychomotor abilities inherent in the individual. It is a purposeful activity which builds on previous learning experiences.

**Teaching/Learning** is an active process and is mutually shared between the teacher and the learner. Teaching is the process whereby learners are engaged in situations from which they acquire new or modified ways of behaving. Learning is viewed as a dynamic life long process of gaining new insights reflecting behavioral changes. Learning is a highly individual experience which proceeds at varying rates. Learning implies goal directed activities. We believe that students are responsible for their own learning through active participation in the teaching/learning process. The degree of active involvement in the learning process greatly influences the educational outcomes. The teacher guides and facilitates learning; creates an environment of mutual trust, caring, and respect; and acts as a resource person in the process.

**Nursing Education** is comprised of both general education and nursing courses. We believe that nursing education, through planned experiences, provides the student with the knowledge and technical skills necessary for competent practice. These experiences are planned so that they progress from the simple to complex. The emphasis of the educational program is based upon the acquisition of skills and the application of scientific principles necessary in caring for individuals/groups of individuals who are located along the health-illness continuum and who are at various stages in the developmental process. The goal of nursing education is to prepare a registered nurse who functions as a self-directed individual or a practical nurse who functions under the supervision of a registered nurse, physician, or dentist each of whom accepts responsibility and accountability for his/her personal and professional behavior. Nursing education provides the opportunity for students to build upon their previous relevant education and experiences.

Through an organized sequence of planned guided learning experiences, students are provided a solid foundation upon which to develop cognitive, psychomotor, and affective abilities necessary to make sound nursing decisions and to practice competently as either a registered nurse or a practical nurse. The curriculum provides for the acquisition of knowledge, skills and attitudes inherent in the roles basic to associate degree nursing practice and the practical nursing including the roles of provider of care; manager of care; and member within the disciple of nursing.

Nursing education is best achieved in institutions of higher education whereby the student is afforded the opportunity to interact with other students in the various cultural, academic, and extracurricular activities. Graduates of both the ADN program and the PN program are strongly encouraged to pursue advanced professional degrees.

**The scope of nursing practice** includes several categories of health care providers who differ in functional levels ranging from simple to complex and are provided by individuals with varying skills and competencies gained from different nursing education preparations. Within this spectrum, the unlicensed assistive personnel assists with simple nursing tasks under the
supervision of the registered nurse; the licensed practical nurse functions in structured care settings, providing basic bedside nursing under the supervision of the registered nurse. The registered nurse may be a graduate of an associate degree program, diploma program, or a baccalaureate program. The ADN graduate is prepared to function in multiple health care settings, including community based settings. The baccalaureate nurse is prepared to cope with more abstract, complex functions of nursing and works in structured or unstructured health and community settings. Advanced educational programs permit nurses to expand their level of practice.

The nursing program at LSCC prepares a graduate to function in the role of a registered nurse or practical nurse. The practice of the ADN or PN graduate is characterized by critical thinking, clinical competence, accountability, and a commitment to the value of caring. The registered and practical nurse seek to promote, maintain and restore optimum health and to provide compassionate end of life care.

Contemporary beliefs of the profession are addressed in the objectives, goals and outcomes from classroom and clinical experiences of each nursing course which reflect the national and local trends in health care delivery. Nursing is a major component of an increasingly complex system of health delivery. Today's health care system offers four types of services: health promotion, illness prevention, diagnosis and treatment, and rehabilitation. The objectives for both the classroom and clinical component of each nursing course focus on experiences toward health promotion, preventive health education, identification of risk factors, educating clients regarding the need for completing treatment regime, and offering support. Learning experiences are designed to facilitate the achievement of objectives.

The faculty supports the major roles of the nurse as advocate and teacher in the promotion of health and prevention of illness as one of the goals of both the ADN and PN program is to provide direct care to clients of various cultures and at various stages of development. Health promotion and disease prevention are acknowledged to be factors in improving health statistics. One third of the deaths caused by heart disease, cancer, strokes, accidents, and pulmonary disease could have been prevented by modifying just three risk factors: smoking, hypertension, and alcohol abuse. Nursing can offer support to individuals to improve their quality of life through education.

Problems confronting the nation are reflective of the problems which plague the local community, i.e. infant mortality, adolescent pregnancy, child and adolescent substance abuse, family violence, premature deaths due to smoking, high blood pressure, and access to primary health care. The faculty recognizes the importance of addressing these complex social and health problems. One strategy identified is participation in service projects in the community. To inform people of the importance of personal health and the need to take responsibility for one's own health, nursing faculty and students from both the ADN and PN programs participate in health promotion and illness prevention activities. Activities include the following: participating in health fairs, volunteering in free health screening, and providing health screening for residents in homes for senior citizens. Additionally, students gain specific experiences in the school system with blood pressure screening and working with the school nurse in the delivery of health care to pregnant teenagers. Objectives are reflective of trends or changes in focus from treatment and care of clients with disease to maintenance of health and prevention of illness.

Cultural diversity refers to the various norms and practices of different groups that are learned and shared and which ultimately guide one's thinking, decisions, and actions. Nurses provide culturally appropriate care that incorporates an individual's cultural values, beliefs, and practices including sensitivity to the environment from which the individual comes and to which the individual may ultimately return.
Lifespan views the human life as a continuum from conception to death. Nursing seeks to provide appropriate care to individuals at all points along this continuum.

Legal/ethical roles of the nurses refers to the boundaries of acceptable nursing behavior outlined by the code of ethics and the legal boundaries of nursing practice as defined by the Nurse Practice Act.

Nutrition is a science that examines the relationship between diet and health. Many common diseases and their symptoms can often be prevented or alleviated with better nutrition. The science of nutrition attempts to understand how and why specific dietary aspects influence health.

Pharmacology is the study or science of drugs. Knowledge of the various areas of pharmacology enables the nurse to better understand how drugs affect humans. Without a sound understanding of basic principles of pharmacology, the nurse cannot appreciate the therapeutic benefits and potential toxicity of drugs.

Critical Thinking is a pattern of thinking based on knowledge, experience, and the abilities to conceptualize and analyze relationships. Critical thinking involves organizing information, picking out relevant information, relating, conceptualizing, and making judgments. Critical thinking enables nurses to make appropriate nursing decisions.

Communication is the process of conveying information as well as understanding from one person to another. Communication that is successful in conveying understanding is much more complex than the mere conveyance of information and requires a clear perspective of the characteristics of both verbal and nonverbal interactions, barriers to effectiveness, and factors influencing the success of communication.

Technology involves rapidly developing methods for collecting and communicating information and for testing and treatment of disease. Constant change in technology assures that continuous learning is an integral part of nursing.

Pathophysiology is the study of the disturbance of normal mechanical, physical, and biochemical functions. When something disrupts normal physiological processes, it enters the realm of pathophysiology. Understanding individual response to disruption of normal physiology is basic to nursing assessment and appropriate intervention.
ORGANIZING FRAMEWORK

The schematic diagram presented on the following page is designed to show the complete picture of the program of learning. The description of the schematic drawing of The Alabama Community College System nursing programs is as follows:

The umbrella represents a diagrammatic scheme of the nursing programs’ organizing framework. In order for an umbrella to function properly, it must be unfurled, have all its parts connected and its fabric intact. The nursing faculty visualize the organizing framework in a similar manner. The philosophy serves as the handle of the umbrella and is used to unfurl the curriculum. The organizing framework is composed of four major concepts: nursing, nursing process, human needs and the health-illness continuum. These four concepts are depicted by the horizontal bands on the umbrella. The eleven ribs of the umbrella represent the eleven curriculum threads. These threads are based on the philosophy and the four major concepts and connect the fabric of the curriculum to the pinnacle of the umbrella which represents the program outcomes. A model of the framework is depicted.
The competencies delineate the knowledge, skills and attitudes needed by nurses to fulfill the three roles basic to practice: Provider of Care, Manager of Care, and Member within the Discipline of Nursing for the ADN graduate.

As a **provider of care**, the graduate provides direct patient care in a nurturing, respectful and therapeutic manner. The graduate utilizes critical thinking skills for clinical decision making based on the nursing process and knowledge integration from nursing and general education courses.

As **manager of care**, the graduate delegates, supervises, as well as, collaborate with other members of the health care team. In addition, the graduate uses current information technology to effectively prioritize nursing care when planning, organizing, and controlling activities to achieve patient and organizational outcomes in a cost effective manner. The associate degree nurse organizes and manages care for one or more patients.

As a **member within the discipline of nursing**, the graduate fulfills ethical, legal, and professional expectations consistent with those designated by the Code of Nurses and the Nurse Practice Act, thereby, assuming accountability and responsibility for their care. The graduate is expected to continue formal and informal educational activities and to actively participate as a member of a professional organization.

The **Associate Degree Nursing Education** Program and the **Practical Nursing Education** Program through an organized sequence of planned, guided learning experiences provides a solid foundation upon which students can develop their cognitive, psychomotor, and affective abilities necessary to make sound nursing decisions and to practice competently. The associate degree registered nurse provides direct nursing care, manages nursing care and functions according to professional, legal, and ethical standards as members within the discipline of nursing. The licensed practical nurse provides direct nursing care under the direction of a licensed profession nurse or otherwise legally authorized prescriber, manages nursing care for non-acute state clients, and functions according to professional, legal, and ethical standards as members within the discipline of nursing. The practice of the associate degree graduate and the licensed practical nurse graduate are characterized by critical thinking, clinical competence, accountability, and a commitment to the value of caring.

The Associate Degree Nursing Program at Lawson State Community College prepares a graduate to function in the role of a registered nurse. The Practical Nursing Program at Lawson State Community College prepares a graduate to function as a Practical Nurse. Both the registered nurse and the practical nurse assist in health promotion, maintenance, restoration and compassionate end of life care.

The curriculum is a combined program of general education and nursing courses, therefore the student receives an education that is broad in scope emphasizing theory and application to practice. The nurse faculty utilized the mission, philosophy, and program outcomes as a guide in the selection of general education courses that support and compliment the nursing courses.

This organizing framework provides a means of promoting competence and accountability. It is comprehensive, cohesive, and consistent with the realistic needs of the practice community.

Written: September, 1969  
Reviewed yearly: last date (6/12)  
Student Learning Outcomes (SLO)

Level I Student Learning Outcomes for PN graduates and Level I ADN students

Upon completion of Lawson State Community College’s Nursing Program, the entry-level graduate will:

1. Demonstrate competency in performing basic nursing skills for individuals with common health alterations.
2. Utilize foundational knowledge of the communication process in providing nursing care for clients across the lifespan.
3. Apply foundational knowledge of the nursing process in providing nursing care for clients across the lifespan.
4. Utilize critical thinking skills in formulating a plan of care for clients with common health alterations in a variety of settings.
5. Utilize a teaching/learning plan for culturally diverse clients with common health alterations in a variety of settings.
6. Develop competencies necessary to meet the needs of individuals throughout the lifespan in a safe, legal, and ethical manner using the nursing process.
7. Utilize relevant technology for client care and documentation.
8. Demonstrate professional behaviors associated with nursing.

At completion of Level II, the associate degree nursing graduate will be able to:

Level II Student Learning ADN graduates

1. Demonstrate proficiency in performing advanced nursing skills for individuals with health alterations in a variety of settings.
2. Apply therapeutic communication techniques in providing advanced nursing care for clients throughout the lifespan.
3. Apply foundational knowledge of the nursing process in providing advanced nursing care for clients throughout the lifespan.
4. Utilize critical thinking skills in providing collaborative care for clients with selected health alterations in a variety of settings.
5. Formulate a teaching/learning plan for culturally diverse clients with selected health alterations in a variety of settings.
6. Demonstrate competencies necessary to meet the needs of individuals throughout the lifespan, in a safe, legal, and ethical manner using the nursing process.
7. Examine relevant technology for client care and documentation.
8. Demonstrate professional behaviors and roles of registered nurse upon entry into practice.
The Alabama Community College System
Nursing Program Outcomes

- Performance on Licensure Exam—The licensure exam pass rate will be at or above the national mean for first-time writers.

- Program Completion—At least 75% of the students admitted will graduate within 150% of the time of the stated program length beginning with the first required nursing course as delineated below:
  
  - Associate degree nursing—eight semesters
  - LPN-RN mobility option with NUR 200*—six semesters
  - LPN-RN mobility option without NUR 200**—five semesters
  - Paramedic-RN mobility option—five semesters
  - Practical nursing—five semesters
  - Part-time practical nursing and associate degree nursing options—one and one half times the semester length of the respective program

*Lawson State Community College has suspended the NUR 200 Nursing Mobility Program admission.
**The NUR 201 Mobility applicants must have graduated from Lawson State Community College PN program and return within two years of graduation.

- Program Satisfaction—At least 80% of graduates responding to the graduate survey distributed within one year after graduation will indicate satisfaction with the program.
  At least 80% of employers responding to the employer survey distributed within one year after graduation will indicate satisfaction with the program.

- Job Placement—At least 90% of the graduates seeking employment will be employed one year after graduation in a position for which the program prepared them.

6/27/2012 Approved by Health Advisory Committee
7/31/2012 Posted on Web

FACULTY ADVISOR
The Nursing Faculty recognizes that students will experience certain frustrations and anxiety in attempting to master highly complex skills, concepts, and knowledge. Each student is assigned to a nurse faculty advisor for purposes of: (1) problem solving, (2) additional source of technical information, (3) remedial or enrichment recommendations, (4) encouragement, and (5) self-growth through association with a positive image.

Additionally, your advisor will keep an up-to-date file on each advisee, and approve schedules of advisees and render other counseling as deemed necessary in the relationship. Your advisor must sign your registration form each semester. Counseling may be initiated by either the advisor or the student. Each student should schedule at least a monthly meeting with your advisor. Your advisor will remain the same throughout your tenure in the Nursing Program.

NURSING EDUCATION
The nursing programs consist of a combination of general education courses and nursing courses. Basic needs as identified by Maslow, threats to needs, and the nursing process are the major themes used to develop content within the curriculum. Nursing courses include a classroom component in which a variety of methodologies are used to assist the student in identifying scientific principles in nursing. A clinical component is required to assist students in applying scientific principles to meet individual client needs. These guided clinical experiences are offered in hospitals, healthcare agencies, and selected community agencies.

The Associate Degree Nursing Program consists of five sequential semesters. The Practical Nursing program consists of three sequential semesters. In order to progress to another nursing course the student must earn a “C” or better in classroom and a “Satisfactory” in clinical and earn a “C” in all required general education courses. Students not satisfying these requirements will fail to progress to the next
nursing course. However, the student may be readmitted to repeat the failed or withdrawn course. Readmission to the nursing program is not guaranteed. Students must write and successfully pass the HESI specialty examination for the prior semester successfully completed course when requesting consideration for readmission. Students must score 800 or above to be considered for readmission. Students are allowed only one attempt on the HESI examination. Readmissions is allowed only once during the entire nursing program.

Upon successful completion of the Associate Degree Nursing Program, graduates are eligible to apply to write the National Council Licensure Examination — Registered Nurse (NCLEX-RN). Upon successful completion of the Practical Nursing Program graduates are eligible to apply to write the national Council Licensure Examination Practical Nurse (NCLEX-PN). The program of nursing is accredited by the National League for Nursing Accrediting Commission and approved by the Alabama Board of Nursing.

APPLICATION PROCEDURE
Students are admitted to the nursing program without discrimination in regard to age, creed, marital status, race, gender or disabilities with reasonable accommodations.

Minimum admission standards for the Associate Degree and Practical Nursing Programs include:

1. Unconditional admission to the college.
2. Receipt of completed application for the nursing program(s) by stated deadline.
3. A minimum of 2.50 GPA based on the following criteria:
   - Student has undergraduate level credit hours: Compute the GPA based on the most recent 24 hours of undergraduate credit hours;
   - Student that has 24 or more credit hours at the graduate level: Compute the GPA based on the most recent 24 hours of graduate level credit hours- undergraduate level credit hours are ignored;
   - Student that has less than 24 hours at the graduate level: Compute the GPA based on the most recent 24 hours of undergraduate credit hours – graduate credit hours are ignored
   - For students who have completed any college course work; high school credits will not be used in calculating GPA except as required in the Early College Enrollment Program.
   - For students who have completed no college course work the final cumulative high school GPA should be a 2.5 or higher OR successfully passed the GED exam.
4. Associate Degree Program nursing applicants must also have a GPA of 2.5 on a 4.0 scale in BIO 201, BIO 202, and MTH 100 or higher.
5. Practical Nursing applicants must be eligible for ENG 101 and MTH 116, MTH 100 or higher. Associate Degree nursing applicants must be eligible for ENG 101 and MTH 100 or higher.
6. Eligibility for BIO 201 during the first term of associate degree and practical nursing programs (As a prerequisite to BIO 201, a student must successfully complete BIO 103 or achieve a passing score on the ACCS approved placement exam.
7. Good standing with college.
8. Meeting the essential functions required for nursing.
9. Completion of the Test of Essential Academic Skills (TEAS) is required. (Please attach documents.)

Admission to the Associate Degree and Practical Nursing Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. **Meeting minimal requirements does not guarantee acceptance.**
**Initial Selection and Screen**

Calculation of Points for Students Meeting Minimum Admission Standards: Ranking Scores Calculated as Follows:

1. **Test for Academic Skills (TEAS)-Maximum 150**
   Points are awarded using the adjusted individual total score to percentile rank conversion on the TEAS exam (example: 56.7% correct = 85 points). Please see the TEAS V Score Conversion Chart. Note: The TEAS V (or current versions) scores cannot be more than 3 years old.

   **NOTE:** Only official TEAS scores will be accepted as long as the score has been recorded within a three year period. Retest scores are only considered if the retake of the TEAS has occurred within 12 months (1 year) from the original test date. If you do retake the TEAS twice within one calendar year, your highest score will count. If you exceed more than two attempts, the third, fourth, fifth attempt…, will not count.

2. **ADN Selected Coursework (maximum 90 points for first attempt courses only)** Points for grades in selected college course work are awarded as follows:
   \[A=30 \text{ Points, } B= 20 \text{ Points, } C= 10 \text{ points in the following courses:}\]
   - BIO 201 Anatomy & Physiology I
   - BIO 202 Anatomy & Physiology II
   - BIO 220 Microbiology

   **PN Selected Coursework (maximum 60 points for first attempt courses only)** Points for grades in selected college course work are awarded as follows:
   \[A=30 \text{ Points, } B= 20 \text{ Points, } C= 10 \text{ points in the following courses:}\]
   - ENG 101 English Composition I
   - MTH 116, MTH 100 or higher

**Repeated Biology Courses (second attempt)**

Points for second attempt course work (repeated courses) are awarded as follows:
\[A=15 \text{ Points, } B=10 \text{ Points, } C=5 \text{ points}\]

A second attempt is determined based on whether or not the course has been repeated due to failure or withdrawal from the course.

Repeating a biology course (within 48 months of making application) that has already been passed (with a grade of "C" or better) is also considered a second attempt and will be assessed accordingly. \[A=15 \text{ Points, } B=10 \text{ Points, } C=5 \text{ points}\]

Repeating a biology course after 48 months is not considered a repeat course. As a result, students will be assessed under the normal point scale: \[A=30 \text{ Points, } B=20 \text{ Points, } C=10\]

**NOTE:** See Repeated Course Appeal Process information if you withdrew or failed a course due to a devastating situation/emergency that impacted your life at the time and led to the failure or withdraw. The Selection Committee does have a review process that will consider your case. If the appeal is approved internally, the biology course will count for the full points. \[A=30 \text{ Points, } B=20 \text{ Points, } C=10\]

Keep in mind, though, that appeals are not guaranteed (to be approved) and are reviewed on a case-by-case basis only and judged by their legitimacy and worthiness only.
## Points Breakdown for PN

### Total Points Awarded

<table>
<thead>
<tr>
<th>Earned</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TEAS Score</td>
<td>150</td>
</tr>
<tr>
<td>2. Selected Course Work</td>
<td>60</td>
</tr>
<tr>
<td>3. Additional Points</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>221</strong></td>
</tr>
</tbody>
</table>

## Points Breakdown for ADN

### Total Points Awarded

<table>
<thead>
<tr>
<th>Earned</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TEAS Score</td>
<td>150</td>
</tr>
<tr>
<td>2. Selected Course Work</td>
<td>90</td>
</tr>
<tr>
<td>3. Additional Points</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>251</strong></td>
</tr>
</tbody>
</table>

### Additional points (Maximum 11)

- Students may be awarded up to 11 points as determined by the College.

The points will be awarded as follows: Points for the grade in the HPS 103 Foundation Competencies for Health Sciences/Nursing Academy Course up to 11 points:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = 11 points</td>
<td>B = 7 points</td>
</tr>
<tr>
<td>C = 3 point</td>
<td>D/F = 0 points</td>
</tr>
</tbody>
</table>

### Notification

The following is the notification process:

- The number of admissions will be determined by the college.
- Students are selected on a basis of a point system, and completion of requirements. In case of ties, grade point average and number of courses taken at LSCC will become the deciding factors.
- Department of Health Professions will review all applicants for completeness of requirements and notify students selected for admission.
- Along with the notification of acceptance, students will receive information in reference to registration, ordering of uniforms, and physical examination.
The Alabama Community College System endorses the Americans’ with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective nursing care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one’s ability to demonstrate the essential functions delineated for the nursing programs with or without reasonable accommodations. The nursing programs and/or its affiliated clinical agencies may identify additional essential functions. The nursing programs reserve the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the nursing program one must possess a functional level of ability to perform the duties required of a nurse. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary the Alabama College System nursing programs. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations made will be determined and applied to the respective nursing program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

1) Sensory Perception
   a) Visual
      i) Observe and discern subtle changes in physical conditions and the environment
      ii) Visualize different color spectrums and color changes
      iii) Read fine print in varying levels of light
      iv) Read for prolonged periods of time
      v) Read cursive writing
      vi) Read at varying distances
      vii) Read data/information displayed on monitors/equipment
   b) Auditory
      i) Interpret monitoring devices
      ii) Distinguish muffled sounds heard through a stethoscope
      iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
      iv) Effectively hear to communicate with others
   c) Tactile
      i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
   d) Olfactory
      i) Detect body odors and odors in the environment

2) Communication/ Interpersonal Relationships
   a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
   b) Work effectively in groups
   c) Work effectively independently
   d) Discern and interpret nonverbal communication
   e) Express one’s ideas and feelings clearly
   f) Communicate with others accurately in a timely manner
   g) Obtain communications from a computer
3) Cognitive/Critical Thinking
   a) Effectively read, write and comprehend the English language
   b) Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
   c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
   d) Satisfactorily achieve the program objectives

4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
   c) Maintain balance from any position
   d) Stand on both legs
   e) Coordinate hand/eye movements
   f) Push/pull heavy objects without injury to client, self or others
   g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
   h) Walk without a cane, walker or crutches
   i) Function with hands free for nursing care and transporting items
   j) Transport self and client without the use of electrical devices
   k) Flex, abduct and rotate all joints freely
   l) Respond rapidly to emergency situations
   m) Maneuver in small areas
   n) Perform daily care functions for the client
   o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
   p) Calibrate/use equipment
   q) Execute movement required to provide nursing care in all health care settings
   r) Perform CPR and physical assessment
   s) Operate a computer

5) Professional Behavior
   a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Perform safe, effective nursing care for clients in a caring context
   e) Understand and follow the policies and procedures of the College and clinical agencies
   f) Understand the consequences of violating the student code of conduct
   g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
   h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
   i) Not to pose a threat to self or others
   j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
   k) Adapt to changing environments and situations
   l) Remain free of chemical dependency
   m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
   n) Provide nursing care in an appropriate time frame
   o) Accepts responsibility, accountability, and ownership of one's actions
   p) Seek supervision/consultation in a timely manner
   q) Examine and modify one's own behavior when it interferes with nursing care or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the nursing program. The nursing faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions.

Requests for reasonable accommodations should be directed to: Philana Suggs ADA Coordinator on the Birmingham Campus at 929-6383 or Dr. Renee Herndon, ADA Coordinator on the Bessemer Campus at 929-3419.
PROGRESSION POLICY

In order to progress in the nursing program, the student must:

1. Achieve a grade of (70) C or better in all required general education and a grade of C (75) or better in nursing courses.
2. Be acceptable by clinical agencies for clinical experiences.
3. Maintain ability to meet essential functions for nursing with or without reasonable accommodations.
4. Maintain current immunization records and CPR at the health care provider level.

Students Who:
1. Withdraw and/or fail (D, F, or W) one or more required courses in a single semester must apply for reinstatement to the program.
2. Withdraw and/or fail (D, F, or W) two or more required courses in the first semester of the nursing program must apply for admission as a new student.
3. Withdraw and/or fail (D, F, or W) a course(s) in two separate semesters in the nursing program will result in dismissal from the program.
4. If a student has a documented extenuating circumstance that should be considered related to a withdrawal or failure, then this student may request a hearing before the Nursing Admission Committee or other appropriate college committee for a decision on repeating a course or reinstatement to the program.

Reinstatement:
To be reinstated to the nursing program after an attempt, students must:

1. Apply for reinstatement within one year from the term attempted by submission of a completed “Declaration of Intent” form.
2. Be in good standing with the nursing program. Students dismissed for disciplinary reasons and/or unsafe client care will not be allowed reinstatement.
3. Not have exceeded the number of attempts as outlined above.
4. Adhere to the nursing curriculum and program policies and procedures in effect at the time of readmission.
5. Meet minimum of 2.0 GPA in nursing program required courses.
6. Demonstrate acceptable skills proficiency.
7. Meet criteria for placement at clinical agencies.
8. Students must write and successfully pass the HESI specialty examination for the prior semester successfully completed course requesting consideration for reinstatement. Students must score 800 or above to be considered for reinstatement. Students are allowed only one attempt on the HESI examination.
9. Students who submit a declaration of intent, who were unsuccessful or withdrew from NUR 102, will be re-admitted if the HESI score on previous admission equaled or exceeded a score of 600.
Reinstatement to the nursing program is based on space availability and is not guaranteed. Reinstatement can be denied due to, but not limited to, any of the following circumstances:
1. Space unavailability
2. Refusal by clinical agencies to accept the student for clinical experiences
3. Twelve months have elapsed since the student enrollment in a nursing course
4. Unable to complete ADN program within eight semesters from initial semester for ADN students; or within five semesters from initial semester for PN and Mobility* students
5. Positive drug screen or background check

*Lawson State has temporarily suspended admission to the NUR 200 Mobility program. Applicants who have graduated from LSCC’s PN program and return within 2 years of graduation may apply to the NUR 201 Mobility Program.

Process for Reinstatement
1. Students should first schedule an appointment with a nursing faculty/advisor or chairperson of the appropriate nursing program to discuss eligibility for reinstatement.
2. Students must apply for reinstatement to the nursing program by submission of a completed “Declaration of Intent” form. Forms may be obtained from the either nursing office.
3. Students must apply for readmission to the college if not currently enrolled. College readmission must be accomplished by published deadlines.
4. Update all drug testing and background screening according to program policy.
5. Students must write and successfully pass the HESI specialty examination for the prior semester’s successfully completed course when requesting consideration for reinstatement. Students must score 800 or above to be considered for readmission. Students are allowed only one attempt on the HESI examination.

READMISSION AFTER INELIGIBILITY

Students not eligible for program reinstatement may apply for readmission to start a nursing program over from the beginning, as long as they remain in good standing with the nursing program. Students who are not in good standing, such as those who have been dismissed for disciplinary reasons and/or unsafe client care are not eligible for readmission to start over. If accepted, all nursing program courses (NUR prefix) must be retaken, and/or taken.

Definitions:
- **Reinstatement** – Students who have a withdrawal or failure in a nursing course and are eligible to return to that course will be considered for reinstatement to the program.
- **Readmission** – students not eligible for program reinstatement may apply for admission as a new student. If accepted as a new student, the student must take or retake all nursing program courses.

ADN TRANSFER TO LPN PROGRAM

Associate Degree nursing students may apply for admission to the third semester of the practical nursing program within the same college, after they have completed the first or second two semesters of coursework – MTH 100, ENG 101, BIO 201, BIO 202, NUR 102, NUR 103, NUR 104, NUR 105, and NUR 106 – with a grade of C or better. Students who elect to transfer to the last semester in the practical nursing program will be required to meet the current program admission/readmission requirements. Students may be admitted on a space available basis to the PN program.

To be eligible for this option:
1. Student must complete a transfer/readmission form.
2. Have a minimum of a 2.0 cumulative GPA at current institution.
3. Meet clinical record/health record requirements.
4. The last clinical nursing course, in which the student was successful, cannot be more than twelve months old.
5. Student will be ranked on cumulative GPA for the purposes of transfer/readmission to the PN program.
6. Students who have had the maximum allowed attempts (or non-progression) in the RN program are only allowed one attempt to complete the PN program.
7. Students who are successful may apply for the LPN to RN Mobility* program as outlined in the college catalog.
8. If unsuccessful in the PN transfer option, the student must apply for admission as a new student

*Lawson State has temporarily suspended admission to the Mobility program.

TRANSFER POLICY
The transfer policy applies only to students desiring to transfer between Alabama Community College System institutions. It may apply to students wishing to transfer from other institutions pending individual nursing program policy.

Criteria for Transfer
1. Must meet minimum admission standards for the nursing program.
2. Must possess a grade of C or better in all nursing program required courses taken at another institution and possess a minimum of a 2.5 cumulative GPA at time of transfer.
3. Dean/Director of previous nursing program must provide a letter of eligibility for progression in previous nursing program.
4. Must comply with all program policy requirements at accepting institution.
5. Complete at least 25% of the nursing program required courses for degree /certificate at the accepting institution.
6. Complete at least 18 semester hours in discipline-specific courses required in the program of study at the accepting institution.
7. Must meet acceptability criteria for placement at clinical agencies for clinical experience.
8. Acceptance of transfer students into nursing programs is limited by the number of faculty and clinical facilities available. **Meeting minimal standards does not guarantee acceptance.**
9. Student selection for transfer is based on GPA in nursing program required courses.

TRANSIENT STUDENT POLICY
The transient policy applies only to students desiring to transfer between Alabama Community College System institutions. It does not apply to students wishing to transfer from other institutions.

Criteria for Transient Status
1. Must meet minimum admission standards for the nursing program.
2. Must possess a grade of C or better in all nursing program required courses taken at another institution and possess a minimum of a 2.5 cumulative GPA.
3. Dean/Director of previous nursing program must provide a letter of eligibility for progression in previous nursing program.
4. A student enrolled at another institution must secure permission from that institution by submitting an application for admission to the College and a Transient Student Form completed by an official (Nursing Program Dean/Director) of the primary institution.
5. Transient students must complete a Transcript Request Form at the end of the term before a transcript will be issued to the primary institution.
6. Must comply with all program policy requirements at accepting institution.
7. Must meet acceptability criteria for placement at clinical agencies for clinical experience.
8. Acceptance of transient student into a nursing program is limited by the number of faculty and clinical facilities available. Meeting minimal standards does not guarantee acceptance.
9. Student selection for transient status is based on GPA in nursing program required courses.

PARTICIPATION POLICY

The faculty of the nursing programs unanimously agree that participation in Clinical/Laboratory is an essential learning experience for all students and the lack of participation in this experience both lessen student learning and impairs the ability of the teacher to realistically evaluate student performance. The faculty also believes that avoidable absence from clinical/lab reflects a lack of responsibility and will hinder the students opportunity to obtain a satisfactory clinical/lab grade based on the required elements.

PLEASE NOTE THE FOLLOWING:

- The third clinical/labouratory absence in any semester will be grounds for termination from the nursing course. A grade of “F” will be assigned.
- Students are not allowed to leave assigned clinical area without permission from the clinical instructor.
- All information about patients and records in clinical facilities is confidential.
- Even doctors’ statements cannot excuse students from this departmental policy.

ATTENDANCE

- Students are expected to attend all classes for which they are registered. Students who are unable to attend class regularly, regardless of the reason or circumstance, should withdraw from that class before poor attendance interferes with the student’s ability to achieve the objectives required in the course. Withdrawal from class can affect eligibility for federal financial aid. Withdrawal from class can prohibit progression in nursing and allied health programs.
- Students are expected to attend all clinical rotations required for each course. Only excused absences will be considered for makeup. However, due to limited clinical space and time, clinical make up days cannot be guaranteed. Failure to complete clinical rotations will prohibit progression in nursing and allied health programs. Specific absences will be discussed per the instructor.

STUDENT PREGNANCY

Pregnant students must bring a written statement from their Obstetrician/Certified Nurse Midwife or OB-GYN Nurse Practitioner before registration each semester as to the ability to perform all expected nursing functions fully, safely and without jeopardizing the health or well-being of the student, fetus or patient. In order to resume her student nurse responsibility after delivery, the student must bring a written release from her Obstetrician/Certified Nurse Midwife or OB-GYN Nurse Practitioner. A written release of responsibility signed by the student must also be submitted to the Department of Health Professions.
The Occupational Safety and Health Administration (OSHA) have set up rules and regulations aimed at controlling the spread of bloodborne pathogens. In an effort to comply with these regulations, the Department of Health Professions at Lawson State Community College has developed an Exposure Control Plan and taken the following measures to reduce the risk of infection by bloodborne pathogens.

1. As an important safeguard, all students will be provided with a copy of the OSHA rules and regulations and are required to read the information for understanding. Students are also strongly encouraged to ask questions as it relates to any information covered in such policies.

2. All students will be made aware of the Exposure Control Plan for the Health Professions Program at Lawson State Community College and are required to read the information for understanding. Students are also strongly encouraged to ask questions as it relates to any information covered in such policies.

3. No invasive procedures will be performed in the lab except with mannequins.

4. Students will be oriented by the instructor to the policies and procedures of the agency to which they are assigned for clinical prior to their first patient care assignment. All students must familiarize themselves and follow those policies and procedures of the agency in which they are assigned for clinical that pertain to infection control and compliance with OSHA regulations related to bloodborne pathogens. Failure to follow these procedures will result in an clinical absence. The incident must be documented by the clinical instructor and signed by the student. An incident involving failure to follow procedure aimed at controlling the spread of bloodborne pathogens may result in dismissal from the program.

5. Students will be presented theory and demonstrations of the appropriate personal protective equipment to use, and the correct way to use the equipment. Students must perform a return demonstration that is satisfactory according to critical requirements prior to attending clinical. Clinical missed due to lack of satisfactory skill demonstration will be unexcused.

6. Students will be presented theory and demonstration in principles of medical asepsis and must perform a return demonstration that is satisfactory according to critical requirement prior to attending clinical. Clinical missed due to lack of satisfactory skills demonstration will be unexcused.

7. Students will receive theory and demonstration of correct hand-washing techniques and must perform a return demonstration that is satisfactory according to critical requirement prior to attending clinical. Clinical missed due to lack of satisfactory skills demonstration will be unexcused.

8. The following personal hygiene and/or work practices in the clinic will be observed at all times. Failure to comply will result in an clinical absence. The incident must be documented by the
Clinic instructor and signed by the student. Failure to comply with these policies may result in dismissal from the program.

a) Universal precautions as recommended or defined by the CDC and/or OSHA must be served in all circumstances in order to prevent contact with blood and other potentially infectious materials.

b) Specimens of blood or other potentially infectious materials should be handled according to the policies of the agency in which the student is assigned for clinical experience.

c) Any equipment that should become contaminated with blood or other infectious materials should be reported to the person in charge of the facility to which the student is assigned and agency’s policies should be followed in handling the contaminated equipment.

d) Students should handle, decontaminate, and/or dispose of contaminated personal protective equipment according to the policies of the agency to which they are assigned.

e) Any uniform or other garments that become contaminated by blood or other potentially infectious materials should be removed immediately or as soon as feasible and handled according to the policies of the agency to which the students are assigned.

f) Gloves should be worn when it can be reasonably anticipated that the student may have hand contact with blood, other potentially infectious materials, mucous membranes, and/or non-intact skin; and when handling/touching contaminated items or surfaces. Gloves must be changed after contact with each patient. Any glove that becomes torn should be replaced immediately or as soon as is feasible. Disposal of the gloves following use should follow the policies of the agency to which the student is assigned.

g) Students should wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

h) Students should wash hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

i) All personal protective equipment should be removed immediately upon ceasing to provide care to the patient, or as soon as possible if contaminated, and placed in an appropriately designated area or container for storage, washing decontamination or disposal according to the policies of the agency.

j) The handling and disposal of contaminated sharps should be carried out according to the policies of the agency to which the student is assigned for clinical.

k) Students are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses (personal) in immediate patient care areas or other areas where there is a potential for blood or potentially infectious material exposure.

l) All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying and aerosolization of these substances.
m) Where there is potential for exposure to blood and/or other potentially infectious materials, students will be required to use appropriate personal protective equipment. This “appropriate” equipment will not permit blood or other potentially infectious materials to pass through to reach work/street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the equipment is to be used. The equipment may include but is not limited to gloves, gowns, eye protection, masks or shields etc. The type and characteristics of the protective clothing will depend upon the task and degree of exposure anticipated. The policies of the agency to which the students are assigned for clinical/lab should be followed in regard to protective apparel to be worn in various situations.

n) Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields should be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

o) Contaminated work surfaces should be decontaminated according to the policies of the agency to which the students are assigned.

p) Broken glassware should not be picked up directly with hands but should be cleaned up using mechanical means such as a brush, dust pan, tongs or forceps.

q) Regulated waste materials should be handled and disposed of according to the policies of the agency to which the student is assigned. All containers for regulated waste should be closable, puncture resistant, leak proof on side and bottom and labeled or color-coded.

r) Contaminated laundry should be handled as little as possible with a minimum of agitation. Contaminated laundry should be bagged or containerized at the location where it was used and should not be sorted or rinsed in the location of use. Contaminated laundry should be placed and transported in bags or containers labeled or color-coded according to the policies of the agency. Whenever contaminated laundry is wet and present a reasonable likelihood of soak-through or leakage the laundry should be placed and transported in containers which prevent soak through to the exterior. Students who have been in contact with contaminated laundry should wear protective gloves or other appropriate personal protective equipment.

s) Items which contain blood or other potentially infectious materials or are contaminated by blood or potentially infectious material are referred to as BIOHAZARDS. Students should recognize the Biohazard label as being fluorescent orange or orange-red with lettering or symbols in a contrasting color with the following legend:

They should recognize that red bags or red containers may be substituted for labels. Students should handle any material labeled as Biohazard according to the policies of the agency.

t) Students should treat all blood and body fluids as if known to be infectious for bloodborne pathogens.

u) All laboratory specimens of body substances are considered to be potentially infectious and should be handled according to the policies of the agency.
Lawson State Community College is ethically obligated to protect the privacy and confidentiality of any faculty member, students or staff member who has tested positive for an infectious disease. Department of Health Professions personnel who pose a risk of transmitting an infectious disease must consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient and/or self. If a Department of Health Professions faculty, student or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the Program Chairperson/Director. If so informed, the program director will take steps consistent with the advice of appropriate health-care professionals and with current federal, state, and/or local guidelines and will review matters on a case-by-case basis to decide what actions, if any, need to be taken to protect against direct threat of harm to others.

Qualified individuals will not be denied admission to the Department of Health Professions Programs or employment as a faculty or staff member solely on the basis of HIV status. A Department of Health Professions program student, faculty or staff member in direct patient contact, who believes he/she to be at risk has an ethical responsibility to know his/her HIV antibody status. The testing decision will be voluntary, but due to the nature of the disease, the student, faculty, or staff member in direct patient contact is encouraged to be tested.

All Department of Health Profession students and faculty are professionally and ethically obligated to provide patient care with compassion and respect for human dignity. No Department of Health Profession student or faculty may refuse to treat a patient solely because the patient is high risk for contracting, or is HIV positive, or has hepatitis, or any other infectious disease.
**BLOODBORNE PATHOGENS POLICY ACKNOWLEDGMENT**

My signature below confirms that I have read and understand the Lawson State Community College Department of Health Professions Policies on Bloodborne Pathogens and have been apprised of all risks and precautions associated with this subject. In addition, my signature also indicates that that I have received an official copy of the OHSA standards as well that cover additional federal regulations pertaining to this subject.

Printed Name

Signature

Date

**INFECTIOUS DISEASE POLICY ACKNOWLEDGMENT**

My signature below confirms that I have read and understand the Lawson State Community College Department of Health Professions Policies on Infectious Disease and have been apprised of all risks and precautions associated with this subject. In addition, my signature also indicates that that I have received an official copy of the OHSA standards as well that cover additional federal regulations pertaining to this subject.

Printed Name

Signature

Date
DISCIPLINARY ACTION
(Clinical Settings)

Patient safety must be the primary concern of the instructor when overseeing clinical experiences. Therefore, it will be the moral and ethical responsibility of the instructor to recommend any student nurse for disciplinary actions when a member of the hospital professional staff or the instructor observes the commission or omission of a practice which endangers the patient. The definition of “practice which endangers the patient” shall be left to the professional judgment of the nurse or professional hospital staff member. The “unsafe practice” will be documented and signed by the observer and forwarded within 48-hours to the Chairperson of the Nursing Program you are enrolled in, the Associate Dean of the Nursing Programs and Academic Dean of the College.

Upon notification by a professional staff member a critical incident report is being executed, the supervising nurse faculty member will immediately remove a student from further clinical experiences. Recommendations will be made to the Chairperson of the Nursing Program in which you are enrolled and may include dismissal from the nursing program. Until such time as appropriate action is completed, the student is prohibited from attending further clinical experiences. The student is provided an opportunity for a discussion of the problem. All decisions will be reached through collaborative discussions by the agency and the school.

Student Conduct
Students will be expected to demonstrate responsible, ethical and professional behavior at all times. Failure to comply with this will lead to disciplinary action according to the student code and grievance procedure.

Academic Dishonesty
All forms of academic dishonesty including, but not limited to, cheating on tests, plagiarism, collusion, and falsification of information will call for discipline.

- Cheating on tests is defined to include the following:
  - Copying from another student’s test paper.
  - Using materials during a test not authorized by the person administering the test.
  - Collaborating with any other person during a test without permission.
  - Knowingly obtaining, using, buying, selling, transportation, or soliciting in whole or in part, the contents of an un-administered test and
  - Bribing any other person to obtain tests or information about tests.
- “Plagiarism” is defined as the appropriation of any other person’s work and the unacknowledged incorporation of that work in one’s own work offered for credit.
- “Collusion” is defined as the unauthorized collaboration with any other person in preparing work offered for credit.
- Falsification of information, and other unlawful acts with intent to deceive is defined as:
  - Forgery, alteration, or misuse of college documents, records, or identification cards.
  - Alteration of answers on answer sheet after grading has taken place.
Any student who enrolls in a Lawson State Community College nursing program and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug and alcohol screening. The student must abide by the College’s Drug and Alcohol Screen Policy and Clinical agency policy for which the student is assigned clinical practice. This policy includes random drug and alcohol screening and reasonable suspicious screening.

I. Pre-Clinical Screening
   1. All students will receive notice of the drug and alcohol screening guidelines prior to admission to the nursing programs.
   2. The nursing programs will maintain on file a signed consent to drug and alcohol screening from each student. Students have the right to refuse to consent to drug and alcohol testing under this program, however, students who decline participation in the program will not be permitted to participate in courses with a clinical lab component.
   3. Drug and alcohol screening will be scheduled and conducted by a certified drug screening agency. The fee for testing is to be paid by the student.
   4. Any student failing to report for screening at the designated time and place must complete testing within 24 hours of that date and/or provide documentation of extenuating circumstances.
   5. Failure to complete drug screening with a negative test results on the 10 Classes of Drugs and alcohol as required by the College and/or Clinical Agency will prohibit the student from completing the clinical component of required nursing courses.
   6. Positive drug and alcohol screens will be confirmed by the Medical Review Officer. No sample is reported as positive before it has been tested at least three times.
   7. Results will be sent to the Associate Dean of the Department of Health Professions at Lawson State Community College. The results will then be designated to the chairperson of the program in which you are enrolled.
   8. A student who is unable to complete the clinical component of required courses due to a positive drug and/or screen may apply for readmission to the nursing program. The student will be considered for readmission according to the criteria in Section V of this document.

II. Random Drug and Alcohol Screening
    At any point or time in a student’s enrollment, they may be subject to a random drug and/or alcohol screen. The Chairperson of the program you are enrolled in will establish the number of the random screening sample. The selection will be made from all currently enrolled nursing students using a statistically random procedure. After being notified of their selection, students will report to the certified drug screening agency at the designated time and place. The same procedural steps (2-13) outlined in Section IV Student Drug Screen Procedure will be used except that there is no cost to the student for a random screen (step #1 Section IV).
III. **Reasonable Suspicion Screening**

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug and alcohol screen policy of the College and/or Clinical Agency while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:

1. Observable phenomena, such as direct observation of drug/alcohol use and/or the physical symptoms or manifestations of being under the influence of a drug/alcohol;
2. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness or deterioration in performance;
3. Evidence of tampering with a drug/alcohol test;
4. Information that the individual has caused or contributed to an incident in the clinical agency;
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs/alcohol while enrolled in the nursing programs.

At any point or time in a student’s enrollment, the student may be subject to a reasonable suspicion drug/alcohol screen. After a student’s behavior is noted as suspicious, the student will report to the certified drug screening agency at the designated time and place. The same procedural steps (1-11) outlined in Section IV Student Drug Screen Procedure will be used.

IV. **Student Drug And Alcohol Screen Procedure**

1. Students must pay the required screening fee prior to time of specimen collection.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments (coats, sweaters, bags, etc.) and remove items from pockets when entering the collection site.
5. The collector will ask the student if he or she is currently taking any medications. It is important that the student bring all prescription medication at the time of testing.
6. The collector will collect a monitored urine specimen.
7. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal and affix an identification label, initial the security seal and affix an identification label with code number.
8. The student will verify the information on the identification label, initial the security seal, read and sign the Chain of Custody Form.
9. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
10. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
11. Specimens will be screened for ten (10) classes of drugs and alcohol:
   1. Amphetamines
   2. Barbiturates
   3. Benzodiazepines
   4. Cocaine
   5. Cannabinoids MJ
6. Metaqualone
7. Opiates
8. Phencyclidine PCP
9. Propxypheine Morphine
10. Methadone
11. Alcohol
12. Positive screens will be confirmed by the Medical Review Officer.
13. The Chairperson of the Nursing Program will inform students of the screening results within seven (7) working days of testing.

V. Confidentiality
The Associate Dean of the Department of Health Professions will receive all test results. Confidentially of the test results will be maintained. Only the Associate Dean and the chairperson of the program in which you are enrolled and the student will have access to the results, the exception being if any legal actions occurs which require access to test results.

VI. To be considered for readmission, students who withdraw from the nursing program due to a positive drug and/or alcohol screen must:
   1. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program.
   2. Submit to an unannounced drug screen at the student’s expense prior to readmission. A positive screen will result in ineligibility for readmission.

VII. Drug and alcohol screening policies/programs suggested or required by the Alabama Board of Nursing, Lawson State Community College, and/or various institutions with which the College contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening which satisfies the program or requirement established by the Alabama Board of Nursing or any clinical agency with whom the College contracts for clinical experience, whether it be pre-clinical drug and/or alcohol screening, random drug and/or alcohol screen, or reasonable suspicious screening.

Some of the ten classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the ten classes of drugs which are legally prescribed by a health care practitioner does not necessarily, in and of itself, excuse the student from the effect of this policy. The Medical Review officer will follow up and give recommendation(s).

*Fees are subject to change without prior notification.*
BACKGROUND SCREEN POLICY

Students will be required to submit to a criminal background screening prior to being allowed to begin clinical experiences. Many of our clinical affiliates require the background screening as part of the clinical contractual agreements with the nursing programs. Any student who is denied access to a clinical experience by a clinical affiliate due to adverse findings on the background screening may be subject to dismissal from the nursing programs. Additionally, students who refuse to submit to a criminal background screening may be subject to dismissal from the nursing program. Students are responsible for the payment of the background check.

I have read, understand, and agree to the above drug, alcohol and background screening guidelines.

I hereby release the testing laboratory, the Medical Review Officer, Lawson State Community College, and the nursing faculty from any claim in connection with the Drug, Alcohol and Background Screen Policy.

I understand that should any legal action be taken as a result of the Drug, Alcohol and Background Screen Policy, that confidentiality can no longer be maintained.

____________________________________
Student Signature

____________________________________  _____________________________
Student Signature                     Date

____________________________________
Witness                              Date

Last Review:
June, 2012

2015-2016
Lawson State Community College Nursing Programs Student Drug, Alcohol and Background Screen Policy Participation Form

I understand that any student who enrolls in the Lawson State Community College Nursing programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug, alcohol and background screening. I certify that I have received a copy of the Lawson State Community College Drug, Alcohol and Background Screen Policy, have read, and understand the requirement of the policy and guidelines. I further understand that if I fail to provide a certified negative drug, alcohol and/or background screen result that I may be unable to participate in the clinical portion of the nursing program. Clinical and classroom participation are required to successfully complete the program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE REQUIREMENT TO HAVE A DRUG, ALCOHOL AND BACKGROUND SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG, ALCOHOL AND BACKGROUND SCREEN RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE NURSING PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG ALCOHOL AND BACKGROUND SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG, ALCOHOL AND/OR BACKGROUND SCREEN TO THE LAWSON STATE COMMUNITY COLLEGE NURSING PROGRAMS. UPON REQUEST LAWSON STATE COMMUNITY COLLEGE DEPARTMENT OF HEALTH PROFESSIONS MAY RELEASE THE RESULTS TO THE CLINICAL AGENCY PRIOR TO MY PARTICIPATION IN THE CLINICAL COMPONENT OF THE NURSING PROGRAM.

I further understand that my continued participation in the Lawson State Community College Nursing Programs is conditional upon satisfaction of the requirements of the clinical agencies providing clinical rotations for the nursing programs.

_______________________________                      _______________________________
Student Signature                                       Witness Signature

_______________________________                      _______________________________
Student Printed Name                                     Witness Printed Name

_______________________________                      _______________________________
Date                                                Date

Last Review:  
June 2012

2015-2016
Confidentiality, Privacy and Information Security

Health Insurance Portability and Accountability Act (HIPAA) regulations affect access, storage, transfer, and discussion of patient information. Information contained in a client's record is confidential. As a student, you are granted access to client's records for educational purposes. You have a duty to keep the information private and confidential. As a student, in most cases, you will be required to use only the client's initials on school assignments.

What is HIPAA Security?

The goals of these rules are to:
1. Ensure the Confidentiality, Integrity, and Availability of all ePHI an organization creates, receives, maintains, or transmits.
2. Protect against threats or hazards to the security or integrity of such information.
3. Protect against uses or disclosures of such information that are not permitted or required by the Privacy Rule.
4. Ensure compliance by its workforce.

Protected Health Information (PHI)

Identifiable Patient Information
- Name
- Address
- Dates of birth, admission, discharge, death
- Email address
- Medical record number
- Health plan beneficiary number
- Social Security number
- Account number
- Certificate/License number
- Any vehicle or other device serial NUMBER
- WEB URI
- Internet Protocol (IP) address
- Finger or voice prints
- Photographic images
- Medical history & treatment
- Financial information (insurance, credit/debit card numbers)

Information About Employees
- Driver's license number
- Social Security number
- Bank account numbers
- User ID and passwords

Agencies Information
- Financial and operational information
- Vendors and research sponsors
- System access passwords

There are two things to remember about protecting confidential information:
1. Access information only if you need it to do your job/classroom assignments.
2. Share information only with others who need it to do their jobs (your clinical supervisor and students during clinical/classroom experiences)
**Storage and Sharing of Confidential**

1. **Verbal Communication (talking)**
   - Share only with someone who needs to know the information to perform their job.
   - Speak where others (including patient family members and friends) cannot hear, if possible
   - Give only the minimum amount of information necessary.
   - **Be aware of your surroundings** - Avoid discussing PHI in public areas such as cafeterias or elevators, etc. When conversations in open areas cannot be avoided, remember to keep your voice low

2. **Paper Documents**
   - Your facility’s Health Information Management (HIM) is primarily responsible for releasing (or making available) PHI, but sometimes personnel in other departments may release PHI.
   - If your department releases PHI outside of HIM for reasons other than treatment, payment or health care operations, you may need to track those disclosures.
   - Researchers that request PHI for research must submit appropriate documentation.

3. **Electronic Data**
   - Review information before sending to make sure you are only sending what is necessary.
   - Double check the email address or fax number. Faxing information to the wrong number may lead to disciplinary action.
   - Fax only when mail delivery is not fast enough to meet the patient’s needs
   - Always use a fax cover sheet with Confidentiality Notice
   - Email scanned documents to yourself before emailing them to the final recipient
   - Do not share your username/password with anyone.

**Tips to determine if you can use or share PHI:**

Is the disclosure for treatment, payment or health operations purposes?

1. If not, do you have written permission from the patient to share?
2. If not, is there another legal requirement for disclosure.

If you answer “No” to all three, do not access, use or share the PHI

**Disposal of Confidential Information:**

Cross-cut shred or place in secure disposal bins:
- Paper
- Microfiche
- CD-ROMs
- Diskettes

Never place confidential information in the trash!!! When you have leased equipment such as copiers, be sure all confidential information has been removed before returning it.

**Releasing PHI: Subpoenas:**

A subpoena is a document issued by a court that requires a person to appear in court or to give some kind of evidence. If you receive a subpoena, it is critical to alert and direct the person to the right department or to the Legal department or your Compliance Office. A subpoena does not remove HIPAA privacy protections.

**Protecting Electronic Data:**

- Avoid internet threats (avoid phishing)
- Ensure data is encrypted
- Use social media and blogging sites appropriately
- Create strong passwords
- Secure computers and other mobile devices
- Do not use your personal email to conduct business
- Confidential data should not be emailed outside your health care network. If you need to use email for transmitting confidential information, be sure to:
  - Obtain approval from your manager/faculty member who has obtained approval.
  - Protect the contents with encryption (make the data unreadable to those who do not have a key to “unlock” the encryption).

**Sanctions for HIPAA Violations**
In an investigation into HIPAA violations, the College, Agency and you may be subject to civil or even criminal penalties. These penalties may include fines and possible time in jail. Additionally, you will also be subject to disciplinary actions within the College (up to dismissal from the program).

My signature below indicates that I have been provided information related to HIPAA Training and I am aware of the consequences of violation of any rules relating to breach of confidentiality or privacy while exposed to information during the clinical experiences.

_________________________________________  _______________________________________
Student’s Printed Name                          Student’s Signature

_________________________________________
Date
GRADUATION
The minimum requirements for the award of the Associate in Applied Science Degree with a major in Nursing Education are identified as:
✓ Grade of “C” or better in all courses in Program of Study.
✓ A minimum of 72 semester hours; 30 hours of general education and 42 hours of Nursing.
✓ A transfer student must earn a minimum of 18 semester hours in Nursing with a 2.0 grade point average at Lawson State Community College and be enrolled in a nursing course the semester in which the degree is awarded.

The Minimum requirements for the long certificate Licensed Practical Nursing award are identified as:
✓ Grade of “C” or better in all courses in Program of Study.
✓ A minimum of 45 semester hours; 6 general education and 39 hours of Nursing.
✓ A transfer student must earn a minimum of 11 hours (25% of the total program) in Nursing courses with a 2.0 grade point average at Lawson State Community College and be enrolled in a nursing course the semester in which the certificate is awarded.

Graduation Procedures
✓ Each prospective graduate must make application for degree in the Registrar’s Office prior to completion of course work (the dates vary).
✓ After application has been filed, copies of the application, transcript and degree plan are sent to the Department of Health Professions for program and academic evaluation by your advisor. (No student is permitted to graduate with a cumulative average less than 2.0 and 72 semester hours of earned credits for the associate degree or 45 semester hours for the licensed practical nurse certificate.)
✓ After each applicant has been evaluated and has successfully achieved minimum requirements (see above) the application is completed and signed by the Chairperson of the program in which you are enrolled, the signed application then is given to the applicant.
✓ The applicant takes the signed certificate to the Business office and pays all outstanding fees. After payment of all fees the certificate is validated and returned to the student.
✓ The completed application is then taken by the student to the Vice President’s Office where the application is reviewed by the Vice President or his designee.
✓ The Vice President forwards the application to the Registrar’s Office where the student is certified as an applicant for graduation.

These procedures and dates must be adhered to; otherwise the applicant may forfeit his/her opportunity to participate in the graduation exercises.
LICENSURE
To be eligible for licensure as a Registered Nurse or Licensed Practical Nurse, all applicants must satisfy the legal requirements as stipulated by the Alabama Board of Nursing’s Administrative Code.

- Graduates are encouraged to make application to the Alabama Board of Nursing and the National Council of State Boards of Nursing online.
- The application to write the state licensing examination (NCLEX-RN) and (NCLEX-PN) and official transcript should be submitted either together or close to the same time. The examination is scheduled by the graduate after receiving authorization to test (ATT).
- The required fees must accompany the application - money orders, certified checks and personal checks are accepted.

DENIAL OF LICENSURE
The nursing student shall comply with legal, moral, and legislative standards which determine acceptable behavior of the nurse, in accordance with the Alabama Law Regulating Practice of Registered and Practical Nursing as stated below:

610-X-8-.02 Grounds for Denial of Initial Licensure.
The following may be grounds for denial of an application for initial licensure and/or temporary permit by examination or endorsement:

(1) Failure to meet any requirement or standard established by law or by rules and regulations adopted by the Board.
(2) Engaging in fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing licensure or taking any examination required for licensure.
(3) A course of conduct that would be grounds for discipline under Rule 610- X-8-.03.
(4) Having disciplinary action pending or having had a license, registration, or certification for any health-related profession denied, conditionally issued, fined, reprimanded, censured, restricted, limited, placed on probation, suspended, revoked, voluntarily surrendered, or otherwise encumbered in any state, territory or country.
(5) Having been court-martialed or administratively discharged by a branch of the United States Armed Forces for any act or conduct that would constitute grounds for discipline in Alabama under Rule 610-X-8-.03.
(6) Having engaged in conduct that is inconsistent with good moral character.
   (a) The decision as to whether the applicant has engaged in conduct that is inconsistent with good moral character is within the discretion of the Board of Nursing.
   (b) In determining whether the applicant has engaged in conduct that is inconsistent with good moral character, the Board may consider the applicant’s criminal history, pattern of illegal conduct or disregard for the law, or other evidence bearing on the applicant’s fitness and capacity for practice as a licensed nurse.
(7) Non-compliance with a monitoring agreement or contract with an alternative to discipline program or order issued in another jurisdiction pertaining to any license, certification, or registration for a health-related profession.
(8) Any other reasons authorized by law.

Author: Alabama Board of Nursing

FAILURE TO COMPLY WITH ANY OF THE PRECEDING STIPULATIONS WHILE IN THE NURSING PROGRAM CONSTITUTES GROUNDS FOR DISMISSAL FROM THE PROGRAM.

It is important for the nursing students to know about the Alabama Board of Nursing regulations on the review of candidates for eligibility for initial and continuing licensure. There will be questions on the Application for Licensure as a Registered Nurse and a Licensed Practical Nurse by Examination which ask THE FOLLOWING QUESTIONS: If the answer to any of the following questions is YES, attach a detailed explanation and CERTIFIED copies of all pertinent records, treatment records, military and/or records from another board of nursing. If this information has been previously submitted to this Board, please indicate that and when disclosure occurred. Allow additional time for “YES” answers to be reviewed.

1. Have you ever been arrested or convicted of a criminal offense other than a minor moving traffic violation?
2. Have you within the last five years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
3. Have you ever been arrested or convicted for driving under the influence of drugs/alcohol?
4. Have you within the last five years received inpatient or outpatient treatment or been recommended to seek treatment for mental illness?

5. Have you ever had disciplinary action or is action pending against you by any state board of nursing?

6. Have you ever been placed on a state and/or federal abuse registry?

7. Have you ever been court martialed/disciplined or administratively discharged by the military?

Application to write the examination may be denied on the basis of this review. Although these policies refer specifically to Alabama, other states have similar stipulations regarding licensure.

HEALTH AND LIABILITY INSURANCE
All students are required to purchase health and liability insurance before being permitted to engage in any clinical experiences. Students are responsible for any expenses incurred for health care services provided.

FLU VACCINATION
Nursing students and faculty are required to present documentation of the flu vaccine and the H1N1 vaccine by December 15th in order to continue in the clinical settings. Students and faculty who are unable to receive the vaccination(s) must present in writing, the physician’s advisement against the flu vaccine for that individual.

EMPLOYMENT POLICY
A full-time student should not hold a full time job. If a student feels that employment is necessary, it is suggested that part-time work be sought. The number of hours worked should not exceed twenty-four (24) hours per week.

CHILDREN ON CAMPUS
In order to retain the proper decorum for the delivery of college-level instruction in the classroom, students enrolled in Lawson State Community College are not permitted (except under the circumstances stated herein as an exception to the general policy) to bring children into College classrooms, labs, or shops, regardless of the age of the child. Nor should students leave unattended children in any building or on any grounds of the College at any time. An exception to this policy can be made with the approval of the respective instructor if the child of a Lawson State Community College student is a high school senior, or at least 18 years of age, and is a prospective student at Lawson State Community College. In such case, the student may be allowed to bring the child to no more than one session of each course that the student is taking.

In addition, in the interest of the safety, unless a person under the age of 18 (who is not a student of Lawson State Community College or another participating college) is a participant in a Lawson State Community College sponsored activity, an adult must supervise or accompany the young person at times that the young person is on any campus of Lawson State Community College. Furthermore, it is not permissible for any person to leave a child in custodial care on any premises of Lawson State Community College while attending classes or extracurricular activities. It is recommended that Lawson State Community College students and visitors leave their children in the care of an appropriate childcare provider while attending any class, function, or other College activity that may prevent their personal supervision of their children.

This policy applies to all students, guests, and visitors of Lawson State Community College and shall be published in all student handbooks and posted in appropriate locations throughout the campuses of Lawson State Community College. Lawson State Community College will not be liable for any injury, or property loss or damage, suffered by any party as a result of a violation of this policy.

-Approved December 3, 2002 by President’s Cabinet

STUDENT NURSES’ ASSOCIATION
The students enrolled in the nursing program are eligible to become members of the National Student Nurses’ Association. All students are encouraged to become members and take an active role in the organization.
ELECTION OF ADN CLASS OFFICERS
Officers will be elected from incoming students (Level I) on or about the first week in October. A faculty member will be appointed as an advisor. The following officers will be elected:
   President
   Vice President
   Secretary
   Treasurer
   Chaplain

Level II officers will be elected after completing two semesters (Level I) in the Nursing Program. A faculty member will be appointed as an advisor. The following officers will be elected:
   President
   Vice President
   Secretary
   Treasurer
   Chaplain

ELECTION OF CLASS OFFICERS
Officers will be elected from the students enrolled in their last semester courses on or about the first week of class. A faculty member will be appointed as an advisor. The following officers will be elected:
   President
   Vice President
   Secretary
   Treasurer
   Chaplain

These student officers or their representatives are invited to participate on various nursing faculty committees.

EVALUATION POLICIES

Each course is comprised of two components, theory and clinical with the exception of Health Assessment and Introduction to Pharmacology.

- Theory grades are based upon achievement of unit examinations. Examinations may include questions and statement from the lectures, assigned group projects, audio-visual materials and assigned readings.
- Clinical grades are based upon mastery of skills as related to the course content and demonstrated in the clinical setting and the skill laboratory; drug cards; and written nursing care plans.

Each student is given both verbal and written notification of theory and clinical grades and is counseled if problems exist or improvement is needed.

A student not scoring 75 or greater on any unit exam will be required to spend a minimum of two (2) hours in either Learning Resources Center (Health Professions or Lawson State Community College) reviewing relevant filmstrips, videos, etc.

Letter grades are assigned in theory and satisfactory/unsatisfactory grades are assigned in the clinical component.

The student must attain a theory grade of “C” or better and a “satisfactory” in the clinical setting to successfully complete a course. The student cannot pass the course based on grade point average alone, if his/her performance is not satisfactory in the clinical area.
Grades are indicated by letters which have values on a scale of 100 as follows: **No rounding of test scores is done (ex. 78.6 is 78.6). Only the final course grade is rounded: 0.5 or higher is raised to the next whole number.**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
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<tbody>
<tr>
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<td>A</td>
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<tr>
<td>89 - 80</td>
<td>B</td>
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<td>79 - 75</td>
<td>C</td>
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<td>74 - 60</td>
<td>D</td>
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<td>59 &amp; Below</td>
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Make-up examinations **will not** be given unless the instructor is notified of the reason for the absence prior to the hour of the examination. Only one make up examination may be taken for each course of study. Missed tests which are not eligible for makeup will be given a grade of zero (0). All make up test will be given during the week of final examinations.

**Examination Review Policy**
Examinations will be reviewed no later than one week after administration. The review will take place at the end of the class period. Questions regarding an examination must be made no later than 1 week after the review. After this period of time, there will be no changes made in grade computation. Students will not be permitted to review an examination again after this period.

**HESI Achievement Tests**

**HESI Specialty/Custom Tests**
Students will be required to write the appropriate HESI Specialty Test at the end of each semester. Failure to write the examination will result in a grade of “I”. Once a student has made two attempts, he/she is no longer eligible for retesting and the highest grade earned on the HESI exam will be recorded, weighted and totaled in the final grade.

Associate Degree Nursing Specialty Exams for each semester of the nursing program will be calculated as a specific percentage of the final grade:

- 1st semester – 5%
- 2nd semester – 10%
- 3rd semester – 15%
- 4th semester – 20%
- 5th semester – 25%*

*The 5th semester is the HESI RN Comprehensive Exam

Practical Nursing Specialty Exams for each semester of the nursing program will be calculated as a specific percentage of the final grade:

- 1st semester – 5%
- 2nd semester – 10%
- 3rd semester – 25%*

*The 3rd semester is the HESI PN Comprehensive Exam.

Scores will be calculated as follows:

**Grading Grid:**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Percentage</th>
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<tbody>
<tr>
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**NUR 203**

All students enrolled in NUR 203, Nursing Through the Lifespan III, will be required to take the HESI RN Comprehensive Examination as part of the course completion requirements. Examination dates will be scheduled twice within the current semester. A minimum score of 900 or above on the exam is considered passing and will be calculated as 25% of the final course grade utilizing the grading grid below. Students will be allowed two attempts at passing the examination. If a student scores under 900, they will be required to complete the 8 week NSCBN Learning Extension online NCLEX preparation review course that is required as part of NUR 204 and submit a Certification of Completion to be eligible to take the comprehensive exam a second time. Once a student has made two attempts, he/she is no longer eligible for retesting and the highest grade earned on the HESI exam will be recorded, weighted and totaled in the final grade. Scores will be calculated as follows:

**Grading Grid:**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
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<tbody>
<tr>
<td>1251 – 1500</td>
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<td>200 – 299</td>
<td>10</td>
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<td>0 – 199</td>
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**Mandatory NCLEX review course:** NSCBN Learning Extension online NCLEX preparation course is mandatory for all students enrolled in NUR 204. In addition, students enrolled only in NUR 203 are required to complete the NSCBN Learning Extension online NCLEX preparation course prior to the completion of NUR 203. The review course may be completed at your own pace within the eight weeks allowed from the date of sign on. There is an additional fee associated with the second time you take the review course, if the initial eight (8) weeks have expired. All Certificates of Completion must be submitted to the instructor prior to the scheduled date of the HESI RN Comprehensive Exam second attempt. Those students who opt not to take a second attempt at the HESI RN Comprehensive Exam must still submit their Certificate of Completion to the instructor prior to the completion of NUR 203.

**NUR 204**

Students enrolled in NUR 204 Role Transition for the RN will be required, as part of this course, to register for and complete the NSCBN Learning Extension online NCLEX preparation course (tuition adjustments will cover the cost of the course). This eight week course will enhance the student's preparation for the NCLEX-RN Examination and increase his/her chance of passing this critical licensure examination. Failure to complete the NSCBN Learning Extension online NCLEX preparation course and presentation of the Certificate of Completion to the NUR 204 instructor will result in a grade of "I" in the course.
NUR 107
All students enrolled in NUR 107 Adult/Child Health will be administered the HESI PN Comprehensive Examination as part of their course completion requirements. Examination dates will be scheduled twice within the semester. The PN Comprehensive Examination is required and will account for 25% of the final course grade. Students will be allowed two attempts at passing the examination. A minimum score of 900 or above is considered passing on the exam. If a student scores under 900, they will be required to complete the 8 week NCSBN Learning Extension online NCLEX preparation course and submit a Certification of Completion to be eligible to take the exam a second time. Once a student has made two attempts, he/she is no longer eligible for retesting and the highest grade earned on the HESI PN comprehensive exam will be recorded, weighted and totaled in the final grade. Scores will be calculated as follows:

<table>
<thead>
<tr>
<th>Grading Grid:</th>
<th>1251 – 1500</th>
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Mandatory NCLEX review course: NCSBN Learning Extension, an online NCLEX preparation course, is mandatory for all students enrolled in NUR 109. In addition, students enrolled only in NUR 107 are required to complete the NCSBN Learning Extension online NCLEX preparation course prior to the completion of NUR 107. The review course may be completed at your own pace within the eight weeks allowed from the date of sign on. There is an additional fee associated with the second time you take the review course, if the initial eight (8) weeks have expired. All Certificates of Completion must be submitted to the instructor prior to the scheduled date of the HESI PN Comprehensive Exam second attempt. Those students who opt not to take a second attempt at the HESI PN Comprehensive Exam must still submit their Certificate of Completion to the instructor prior to the completion of NUR 107.

NUR 109
Students enrolled in NUR 109 Role Transition for the Practical Nurse will be required, as part of this course, to register for and complete the NCSBN Learning Extension online NCLEX preparation course (tuition adjustments will cover the cost of the course). This eight week course will enhance the student’s preparation for the NCLEX-PN Examination and increase his/her chance of passing this critical licensure examination. Failure to complete the NCSBN Learning Extension online NCLEX preparation courses and presentation of the Certificate of Completion to the NUR 109 instructor will result in a grade of “I” in the course.

CARDIOPULMONARY RESUSCITATION CERTIFICATION

All students are required to become certified in cardiopulmonary resuscitation at the basic level for health professionals prior to being permitted to engage in any clinical experience.

HEALTH FORM

Each student must have on file a current health status form. An annual health examination including TB skin test and/or chest x-ray is required of students whose course of study extends past a twelve month period. Additional immunizations may be required based on Center for Disease Control (CDC) recommendations.
EXPECTATIONS

Clinical and individual conferences are planned to provide the student with the opportunity to share learning and to evaluate experiences encountered in the clinical setting. Objectives are prepared for each unit and are intended to help the student focus on relevant aspects.

The student is to assume responsibility for his/her independent learning. The instructor assumes the responsibility of guiding, assisting, clarifying, expanding upon this knowledge the student has obtained through his/her independent actions.

It is recommended that the student utilize the following suggestions as a guide to enhance the degree of his/her class participation, understanding and comprehension of material presented by the instructor.

Pre-Class Preparation

1. Read assigned text unit.
2. Answer unit objectives.
3. Read assigned articles related.
4. Review anatomy and physiology of system involved with each disease.
5. Review pharmacological actions, side effects of all drugs mentioned in each disease.
6. Review nutritional aspects of special diets in related diseases.
7. Define all unfamiliar words or terms.

Pre-Clinical Preparation

It is required that the student utilize the following as a guide to enhance the degree of his/her performance and application of theory content in the clinical setting.

1. Familiarize self with patients needs and problems (through chart, kardex, text, team members, patient/family) as related to:
   a. Diagnosis/Psychosocial Factors
   b. Nursing/Medical Management Treatment
   c. Nutrition/Special Diets
   d. Medication, etc.
2. Familiarize self with medications of assigned patient(s). (Identify the patient’s need for specific medication, relate the expected outcomes, identify side effects and state nursing responsibilities, as well as accurate dosage calculations.)
3. Demonstrate knowledge of pre-planning when performing new procedure or handling new equipment.
4. Organize nursing care for patient according to basic need priorities, recognizing patient care.
5. Practice charting professionally using correct grammar and medical terminology that includes treatment, observations or any aspect of patient care.
6. The student CANNOT pass the course, based on grade point average alone, if his/her performance is, unsafe or is not satisfactory in the clinical area.

If a student comes to the clinical area unprepared to deliver safe nursing care, he/she will receive a clinical absence for the day. The student may be asked to return to the School of Nursing during the remaining clinical time to complete required clinical preparation. Written documentation of completed clinical preparation is to be submitted to the clinical instructor not later than end of the clinical day.

If a student comes to the clinical area unprepared to deliver safe nursing care for second time during a nursing course, he/she must meet with the Chairperson of the Nursing Program. The meeting must occur prior to the next scheduled clinical day. Failure to do so will result in an additional clinical absence.

If a student comes to the clinical area unprepared to deliver safe nursing care for a third time during a nursing course, he/she will be unable to meet course objectives and must withdraw from the course.
Professional Behavior

Students must abide by both the Department of Health Professions and the clinical agency policies.

It is the responsibility of the student to notify the clinical facility and instructor in advance if the student will be either tardy or absent for the scheduled clinical experience. Failure to notify the instructor and clinical facility in advance will result in a clinical absence for the day. Any missed clinical days are required to be made up.

Students must maintain patient information confidentiality in accordance with HIPPA requirements. Failure to do so will result in a clinical absence for the day.

Students are to remain in their assigned clinical area. Leaving the clinical area without permission of the clinical instructor will result in a clinical absence for the day.

Clinical Procedures Performance

All students must be able to satisfactorily perform clinical skills required in previous prerequisite nursing courses. A student who performs unsatisfactorily on a nursing procedure in the clinical area will be given an unsatisfactory for the procedure and must return to the college practice laboratory and satisfactorily demonstrate the skill within the time frame determined by the instructor. Unsatisfactory performance of the skill in the college practice laboratory means that the student is unable to meet the objectives for the nursing course and must withdraw from the course.

CLINICAL EXPERIENCE POLICY

The clinical evaluation tool is written in accordance with the program and course outcomes and includes expected behaviors and characteristics for clinical participation as well as for written assignments.

The clinical evaluation tool will be shared with and explained to the student prior to the clinical rotation. Written assignments will be an inherent aspect of the clinical experiences. All written assignments must be turned in on date due in the acceptable form (type or ink written neatly on lineless paper). Written work received after the due date will be considered late (unless the dates have been extended by the instructor). **IF ALL WRITTEN ASSIGNMENTS ARE NOT RECEIVED PRIOR TO THE END OF THE SEMESTER, THE STUDENT WILL RECEIVE A COURSE GRADE OF “I”. All requirements to remove an “I” must be completed within six weeks of the following semester in which the grade was given. If requirements are not completed within the six weeks period, the grade of “F” will be assigned.**

A satisfactory clinical grade and 75% or above theory grade MUST be obtained to complete the course successfully. The student cannot pass the course if unsuccessful in either theory or clinical.

Furthermore, it is understood that your role is as a student: (1) enrolled in a clinical course requiring your presence at the health care facility; (2) not an employee of the institution or of the health care facility; (3) not expecting nor receiving compensation for participation in the clinical course from either the institution or the health care facility; and (4) not promised nor offered a job at the health care facility as a result of participation in the clinical course.

TEACHING METHODOLOGY FOR NURSING COURSES

1. Lecture and small group discussions.
2. Demonstration of nursing procedure in the Simulation Skill Laboratory.
3. Independent study and arranged time activities for the Learning Resource Center and the Simulation Skill Laboratory. These activities are coordinated with the weekly lectures.
4. Provisions are made for individualized instruction. These include small group or individualized tutoring; arranged time activities; assignments to the Skill Laboratory for additional supervised and/or independent practice; and arrange time
activities/assignments to the Learning Resource Center additional instruction in problem areas.

5. Audio visuals are coordinated with lecture and laboratory practice. These are in the form of audiovisuals and computer software and may be embedded within BlackBoard.

6. Guest lecturers.

**LEARNING RESOURCES CENTER**
The Department of Health Professions has established a Learning Resources Center. There are two components of the Center: an Instructional Center and a Clinical Learning Laboratory.

The Center is stocked with easily accessible resources to help you reach these objectives. There is a specialized area The Nursing NCLEX Resource Center devoted NCLEX preparation. These resources include audio visuals and computer software, additional reference materials for review or remediation assessment examinations and study guides. These audio visuals and computer software are supportive of the concepts discussed and objectives of the course. Tutors are available by appointment for students requiring remediation. Tutors schedules are posted each semester. A Nurse Counselor is available for students seeking assistance. The Instructional Center is open daily from 8 a.m. to 5 p.m. on both campuses.

**CLINICAL LEARNING LABORATORY**
The Clinical Learning Laboratory provides the opportunity for you to develop your nursing skills through self-activity (practice). You may practice psychomotor skills until mastery is obtained. You are expected to practice all procedure prior to your assigned laboratory periods. Clinical Associates are available three days a week for assistance. The Clinical Learning Laboratory is opened daily from 8 a.m. to 5 p.m.

**DRESS CODE**

1. Uniform (dress) should not be shorter than the middle of the knee.
2. The student is required to wear a lab coat and name tag/picture I.D. when going to the hospitals for assignments/clinicals. Lab coats are to be three fourths or full length. The student is to come for class/clinical assignment in proper attire, as deemed by the individual institution. The following are considered to be the examples of improper attire, shorts (mid-thigh or higher), jeans (clinical), T-shirts, halter tops, house shoes, thongs, and braless. Lab coats are not to be worn while giving patient care, but may be worn during the assessment period. Street clothes under the lab coat must conform to the policy of the institution. White or navy sweater may be worn with uniform. Uniforms and lab coats must be clean and pressed at all times.
3. Shorts should be to the knee if worn to classes.
4. Uniforms and lab coats are to be worn only to clinical experience.
5. All underclothes should be neutral or white, no thong underwear, and slip must be worn under dress.
6. Name tags must be worn on the left front of uniform or lab coat.
7. Support Hosiery should be white, clean and worn without runs.
8. The white leather duty shoe is worn. The ties must be clean and the shoes polished at all times.
9. If ears are pierced, one pair of small stud earrings may be worn by female students only. Only wedding rings may be worn during patient care. No other rings in visible body parts pierced (including the tongue) or non-pierced are permitted.
10. Keep hair, including beards, well groomed and off the shoulders at all times for all students, male and female. Decorative hair ornaments are inappropriate. Hair colors not natural to human hair are prohibited.
11. A daily bath and attention to oral hygiene is imperative.
12. Nails should be trimmed short with no nail polish. No artificial nails, acrylic, gel, or press-on. No nail art, silk wrap or any other nail enhancements.
13. No perfumes, colognes or body sprays should be worn.
14. Fragrance-free deodorant is also required.
15. No visible tattoos are permitted in the clinical area.
16. While in uniform smoking is prohibited. Students are not allowed to chew gum in the clinical setting.

NOTE: Violation of the dress code is cause for disciplinary action no excluding dismissal from the nursing program.

RESOLUTION OF AN IMMEDIATE PROBLEM

Any student who feels he/she has been treated “unfairly” by an instructor has the right to have complaint(s) aired and/or investigated. This document describes the procedure whereby the student may present his/her complaints.

Step 1. The student should consult with the instructor and level coordinator promptly (within 3 days) after the occurrence of the event. If the appeal is not satisfied at this level; the student should meet with the Department Chairperson then the Associate Dean of Health Professions in an informal attempt to reach closure. The conference will be recorded on the appropriate form with the rationale for the decision. One form will be given to the student, one copy for the student record, and one copy for the Nursing Program’s file.

Step 2. If an agreement is not reached using the informal approach, the student may file a formal written appeal by following the procedure in the College Student Handbook and on-line process regarding complaints.
PART I. GRIEVANCE

TO: Chairperson

FROM: __________________________________________________________

DEPARTMENT/PROGRAM: _________________________________________

HOME ADDRESS: _________________________________________________

HOME PHONE NUMBER: ___________________________________________

Date(s) of occurrence(s) upon which grievance is based: ________________
________________________________________________________________

Description of Grievance: (If complainant is alleging a violation based on gender, handicap, or disability, complaint should include a reference to the pertinent section(s), if known, of the relevant statute or regulation.) (Use additional pages if necessary to describe grievance. Please attach any supporting documents.)

Complainant’s Signature: _________________________________________

(Submit original and two copies to the chairperson)
PART II. REPORT OF CHAIRPERSON

TO: ________________________________________________________________

HOME ADDRESS: ______________________________________________________

HOME PHONE NUMBER: ________________________________

FROM: ___________________________ DATE: ____________________________

Response to Grievance: (Attach additional pages or document, if necessary.)

Findings and conclusions:

Proposed actions by Department in response to the grievance:

Signature of Chairperson: _____________________________________________

cc: Associate Dean Health Professions
# LAWSON STATE COMMUNITY COLLEGE
## DEPARTMENT OF HEALTH PROFESSIONS
### STANDARD PRACTICAL NURSE CURRICULUM

## First Term

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## Program Totals
- **Credit Hours:** 49 Hours
- **Contact Hours:** 1185 Hours
- **General Education:** 14 hours
- **Nursing Hours:** 35
Prerequisite Courses Prior to NUR 201:
- MTH 100 or Higher Level Mathematical Applications (3 credit hours)
- BIO 201 Human Anatomy and Physiology I (4 credit hours)
- BIO 202 Human Anatomy and Physiology II (4 credit hours)
- ENG 101 English Composition (3 credit hours)
- Lawson State Community College PN Graduates
- Must hold a valid unencumbered Alabama Practical Nursing License.
- Must have graduated within two years of admission.

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Program Totals:
- Total Credit Hours: 51 Hours
- General Education: 30 Hours
- Nursing Hours: 21 Hours
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**Term Total**: 8 2 2 0 12

# Fourth Term

<table>
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<th>Lab</th>
<th>Clinic</th>
<th>Preceptor</th>
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<tr>
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**Term Total**: 9 0 3 0 12

# Fifth Term

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<tr>
<td>NUR</td>
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<td>Role Transition for the Registered Nurse</td>
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<td>0</td>
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**Term Total**: 6 0 2 2 10

# Program Totals:
- Total Credit Hours: 72 Hours
- Total Contact Hours: 1680
- General Education: 30 Hours
- Nursing Hours: 42 Hours
Acknowledgment of Department of Health Professions Student Handbook

I have received and have access to an online copy of the Department of Health Professions Student Handbook.

In receiving the Student Handbook, I understand that I am expected to adhere to the Nursing Guidelines and Policies and that the Nursing Guidelines and Policies will *not* be changed to meet my own desires. I understand that these policies are official addendums to the Lawson State Community College Student Handbook and that I am expected to abide by the contents of each.

_______________________________________________
Student Name (PRINTED)

_______________________________________________
Student Signature

________________________________________
Date 2015-2016
Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.
National Council of State Boards of Nursing

2014 NCLEX-PN® Detailed Test Plan

Candidate Version

Effective Date
April 2014
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I. Background

The Candidate 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 basic NCLEX-PN® Test Plan.

This booklet contains the:

- 2014 NCLEX-PN® Test Plan;
- Information on testing requirements and sample examination questions (items); and
- References.

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

The test plan is reviewed and approved by the NCLEX® Examination Committee (NEC) every three years. Multiple resources are used, including the recent practice analysis of licensed practical/vocational nurses (LPN/VN), and expert opinions of the NEC, NCSBN content staff and boards of nursing (NCSBN’s member boards) to ensure that the test plan is consistent with state nurse practice acts. Following the endorsement of proposed revisions by the NEC, the test plan document is presented for approval to the 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 examination, to direct item writers in the development of items and to facilitate the classification of examination items. Two versions of the detailed test plan have been created: Candidate Version and Item Writer/Item Reviewer/Nurse Educator Version. The Candidate Version that is provided in this document offers a more thorough and comprehensive listing of content for each Client Needs category and subcategory outlined in the test plan. Sample items are provided at the end of each category, which are specific to the Client Needs category being reviewed in that section. The Item Writer/Item Reviewer/Nurse Educator Version of the detailed test plan provides the same comprehensive listing of content and sample items for each Client Needs category and subcategory outlined in the test plan. In addition, the Item Writer/Item Reviewer/Nurse Educator version also provides an item writing tutorial with sample case scenarios to provide nurse educators with hands-on experience in writing NCLEX® style test questions.

For up-to-date information on the NCLEX-PN Examination, visit www.nclex.com.
II. 2014 NCLEX-PN® Test Plan

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the NCSBN member board jurisdictions (state, commonwealth and territorial boards of nursing). 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 perform safely and effectively as a newly licensed, entry-level practical/vocational nurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®), which is used by member board jurisdictions 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 (see 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice [NCSBN, 2013a]). Twelve thousand newly licensed practical/vocational nurses are asked about the frequency and priority of performing 160 nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. 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 the development of 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 licensing examination. It serves as a guide for examination development, as well as candidate preparation. The NCLEX-PN Examination assesses the knowledge, skills and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components 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 and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (e.g., individuals, family or group) achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family, or group, which includes significant others 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 an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking 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; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.
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 entry level 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. “Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to standards of care, accountability of one’s own actions and behaviors, and use of legal and ethical principles in nursing practice” (NAPNES, 2007).

**Classification of Cognitive Levels**

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). The practice of practical/vocational nursing requires application of knowledge, skills and abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

**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 divided into 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 client 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 the client, as well as other 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 a change 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 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2013a), and expert judgment provided by members of the NCLEX® Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>■ Coordinated Care</td>
<td>16-22%</td>
</tr>
<tr>
<td>■ Safety and Infection Control</td>
<td>10-16%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>7-13%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>8-14%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>■ Basic Care and Comfort</td>
<td>7-13%</td>
</tr>
<tr>
<td>■ Pharmacological Therapies</td>
<td>11-17%</td>
</tr>
<tr>
<td>■ Reduction of Risk Potential</td>
<td>10-16%</td>
</tr>
<tr>
<td>■ Physiological Adaptation</td>
<td>7-13%</td>
</tr>
</tbody>
</table>
NCLEX-PN examinations are administered adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.

**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
- Advocacy
- Client Care Assignments
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management and Supervision
- Confidentiality/Information Security
- Continuity of Care
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Responsibilities
- Performance Improvement (Quality Improvement)
- Referral Process
- Resource Management
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
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Least Restrictive Restraints and Safety Devices
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

Health Promotion and Maintenance
The practical/vocational nurse provides nursing care for clients that incorporate the 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
- Health Promotion/Disease Prevention
- High Risk Behaviors
- 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/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End of Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
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 activities of daily living.

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

  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions

- **Pharmacological and Parenteral 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/Contraindications/Side Effects/Interactions
  - Dosage Calculation
  - Expected Actions/Outcomes
  - Medication Administration
  - Pharmacological Pain Management

- **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:

  - Changes/Abnormalities in Vital Signs
  - Diagnostic Tests
  - Laboratory Values
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/Treatments/Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - Therapeutic Procedures

- **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
  - Unexpected Response to Therapies
III. 2014 NCLEX-PN® Detailed Test Plan

The NCLEX-PN® Test Plan in the previous section provides a general outline of the categories and subcategories of the examination. The 2014 NCLEX-PN® Detailed Test Plan - Candidate Version is used to guide the direction of examination content and is to be followed by NCLEX candidates preparing to take the examination.

The activity statements used in the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2013a) preface each of the eight content categories and are identified throughout the detailed test plan by an asterisk (*). NCSBN performs an analysis of those activities used frequently and identified 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 practical/vocational nurse practice. The practice analysis is conducted at least every three years.

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 practical/vocational nurses in order to provide safe and effective care.

Findings from both the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2013a) and the Report of Findings from the 2012 LPN/VN Nursing Knowledge Survey (NCSBN, 2013c) can be found at www.ncsbn.org/1235.htm. Both documents are used in the development of the NCLEX-PN Test Plan, as well as to inform item development.

All task statements in the 2014 NCLEX-PN® Detailed Test Plan require the nurse to apply the fundamental principles of clinical decision making and critical thinking to nursing practice. The detailed test plan also makes the assumption that the nurse integrates concepts from the following bodies of knowledge:

- Social Sciences (psychology and sociology); and
- Biological Sciences (anatomy, physiology, biology and microbiology).

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

- Clinical Problem Solving (Nursing Process);
- Caring;
- Communication and documentation; and
- Teaching and learning.

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 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2013a). In order to provide proper attribution to the original survey, these statements have not been altered to fit the overall grammatical style of this document. In addition, the term “client” refers to an individual, family or group, which includes significant others and population. “Clients” are the same as “residents” or “patients.” NCLEX® examination items are developed based on a variety of practice settings, such as: acute/critical care, long-term care/rehabilitation care, skilled care, outpatient care and community-based/home care settings.
Safe and Effective Care Environment

Coordinated Care

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

<table>
<thead>
<tr>
<th>COORDINATED CARE</th>
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<tbody>
<tr>
<td>Related Activity Statements from the 2012 LPN/VN Practice Analysis:</td>
</tr>
<tr>
<td>Linking the NCLEX-PN® Examination to Practice</td>
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</tbody>
</table>

- Provide information about advance directives
- Advocate for client rights and needs
- Promote client self-advocacy
- Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN)
- Involve client in care decision making
- Contribute to the development and/or update of the client plan of care (e.g., client preferences, review current information)
- Participate as a member of an interdisciplinary team
- Recognize and report staff conflict
- Participate in staff education (e.g., in-services and continued competency)
- Use data from various sources in making clinical decisions
- Monitor activities of assistive personnel
- Maintain client confidentiality
- Provide for privacy needs
- Follow up with client after discharge
- Participate in client discharge or transfer
- Provide and receive report
- Organize and prioritize care for assigned group of clients
- Practice in a manner consistent with code of ethics for nurses
- Participate in client consent process
- Use information technology in client care
- Receive and process health care provider orders
- Recognize task/assignment you are not prepared to perform and seek assistance
- Respond to the unsafe practice of a health care provider (e.g., intervene or report)
- Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound or communicable disease)
- Provide care within the legal scope of practice
- Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)
- Apply evidence-based practice when providing care
- Participate in client data collection and referral
- Participate in providing cost effective care
Related content includes, but is **not limited** to:

**Advance Directives**
- Provide information about advance directives*
- Review client understanding of advance directives (e.g., living will, health care proxy, Durable Power of Attorney for Health Care [DPAHC])
- Verify the client advance directives status

**Advocacy**
- Advocate for client rights and needs*
- Discuss identified treatment options with client and respect the decisions made
- Promote client self-advocacy*
- Use interpreters to assist in achieving client understanding

**Client Care Assignments**
- Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN)*
- Compare needs of client to knowledge, skills and abilities of assistive personnel prior to making client care assignments
- Organize information for client assignments
- Provide information to supervisor when client care assignments need to be changed (e.g., change in client status)

**Client Rights**
- Inform client of individual rights (e.g., confidentiality, informed consent)
- Involve client in care decision making*
- Intervene if client rights are violated
- Recognize client right to refuse treatment/procedure

**Collaboration with Interdisciplinary Team**
- Identify roles/responsibilities of health care team members
- Identify need for nursing or interdisciplinary client care conference
- Contribute to the development and/or update of the client plan of care (e.g., client preferences, review current information)*
- Contribute to planning interdisciplinary client care conferences
- Participate as a member of an interdisciplinary team*

*Activity Statements used in the 2012 PN Practice Analysis
Concepts of Management and Supervision

- Recognize and report staff conflict*
- Verify abilities of staff members to perform assigned tasks (e.g., job description, scope of practice, training, experience)
- Provide input for performance evaluation of other staff
- Participate in staff education (e.g., in-services and continued competency)*
- Use data from various sources in making clinical decisions*
- Serve as resource person to other staff
- Monitor activities of assistive personnel*

Confidentiality/Information Security

- 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)
- Recognize staff member and client understanding of confidentiality requirements
- Apply knowledge of facility regulations when accessing client records
- Maintain client confidentiality*
- Provide for privacy needs*

Continuity of Care

- Follow up with client after discharge*
- Participate in client discharge or transfer*
- Provide follow-up for unresolved client care issues
- Provide and receive report*
- Record client information (e.g., medical record, referral/transfer form)
- Use agency guidelines to guide client care (e.g., clinical pathways, care maps, care plans)

Establishing Priorities

- Organize and prioritize care for assigned group of clients*
- Participate in planning client care based upon client needs (e.g., diagnosis, abilities, prescribed treatment)
- Use effective time management skills

Ethical Practice

- Identify ethical issues affecting staff or client
- Inform client of ethical issues affecting client care
- Intervene to promote ethical practice
- Practice in a manner consistent with code of ethics for nurses*
- Review client and staff member knowledge of ethical issues affecting client care

*Activity Statements used in the 2012 PN Practice Analysis
Informed Consent
- Identify appropriate person to provide informed consent for client (e.g., client, parent, legal guardian)
- Participate in client consent process*
- Describe informed consent requirements (e.g., purpose for procedure, risks of procedure)
- Recognize that informed consent was obtained (e.g., completed consent form, client understanding of procedure)

Information Technology
- Use information technology in client care*
- Access data for client or staff through online databases and journals
- Enter computer documentation accurately, completely and in a timely manner

Legal Responsibilities
- Identify legal issues affecting staff and client (e.g., refusing treatment)
- Receive and process health care provider orders*
- Recognize task/assignment you are not prepared to perform and seek assistance*
- Respond to the unsafe practice of a health care provider (e.g., intervene or report)*
- Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound or communicable disease)*
- Document client care
- Provide care within the legal scope of practice*

Performance Improvement (Quality Improvement)
- Identify impact of performance improvement/quality improvement activities on client care outcomes
- Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)*
- Document performance improvement/quality improvement activities
- Report identified performance improvement/quality improvement concerns to appropriate personnel (e.g., nurse manager, risk manager)
- Apply evidence-based practice when providing care*

Referral Process
- Identify community resources for client (e.g., respite care, social services, shelters)
- Recognize need for client referral for actual or potential problem (e.g., physical therapy, speech therapy)
- Use appropriate documents to contribute information needed for client referral (e.g., medical record, referral form)
- Participate in client data collection and referral*

*Activity Statements used in the 2012 PN Practice Analysis
**Resource Management**
- Recognize client need for materials and equipment (e.g., oxygen, suction machine, wound care supplies)
- Review effective use of client care materials by assistive personnel (e.g., supplies)
- Participate in providing cost effective care*

<table>
<thead>
<tr>
<th>Sample Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nurse has contributed to a staff education program about client confidentiality. Which of the following statements by a staff member would indicate a correct understanding of the teaching?</td>
</tr>
<tr>
<td>a. “The nurse can share client information with housekeeping staff who work on the unit.”</td>
</tr>
<tr>
<td>b. “Only staff actively caring for a client may access the client medical record.” <strong>(key)</strong></td>
</tr>
<tr>
<td>c. “Staff may provide updates to a client’s family members on the client’s condition if the family members are on hospital premises.”</td>
</tr>
<tr>
<td>d. “Family members are permitted to see the client’s medical record if the client provides verbal consent.”</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>SAFETY AND INFECTION CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>- Evaluate the appropriateness of health care provider order for client</td>
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<tr>
<td>- Participate in preparation for internal and external disasters (e.g., fire or natural disaster)</td>
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<tr>
<td>- Use safe client handling (e.g. body mechanics)</td>
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<tr>
<td>- Use transfer assistive devices (e.g., gait/transfer belt, slide board or mechanical lift)</td>
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<tr>
<td>- Identify and address hazardous conditions in health care environment (e.g., chemical, smoking or biohazard)</td>
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<tr>
<td>- Acknowledge and document practice error (e.g. incident report)</td>
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<td>- Follow protocol for timed client monitoring (e.g., restraint, safety checks)</td>
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<tr>
<td>- Implement least restrictive restraints or seclusion</td>
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<tr>
<td>- Assure availability and safe functioning of client care equipment</td>
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<tr>
<td>- Initiate and participate in security alert (e.g., infant abduction or flight risk)</td>
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<tr>
<td>- Identify the need for and implement appropriate isolation techniques</td>
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<tr>
<td>- Use standard/universal precautions</td>
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<td>- Use aseptic and sterile techniques</td>
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Related content includes, but is not limited to:

**Accident/Error/Injury Prevention**
- Identify client allergies and intervene as appropriate*
- 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)
- Recognize what factors related to mental status may contribute to the client potential for accident or injury (e.g., confusion, altered thought processes, diagnosis)
- Determine client/staff member knowledge of safety procedures
- Verify the identity of client*
- Utilize facility client identification procedures (e.g., client name band, allergy bands)
- Monitor client care environment for safety hazard and report problems to appropriate personnel

*Activity Statements used in the 2012 PN Practice Analysis
- Assist in or reinforce education to client about safety precautions*
- Remove fire hazards from client care areas
- Protect client from accident/error/injury (e.g., protect from another individual, falls, environmental hazards, burns)
- Provide client with appropriate method to signal staff members
- Evaluate the appropriateness of health care provider order for client*

**Emergency Response Plan**
- Identify nursing and assistive personnel roles during internal and external disasters
- Participate in preparation for internal and external disasters (e.g. fire or natural disaster)*
- Contribute to selection of client to recommend for discharge in disaster situation

**Ergonomic Principles**
- Use safe client handling (e.g. body mechanics)*
- Use transfer assistive devices (e.g., gait/transfer belt, slide board or mechanical lift)*
- Provide instruction and information to client about body positions that prevent stress injuries

**Handling Hazardous and Infectious Materials**
- Identify and employ methods to control the spread of infectious agents (e.g., cleaning with appropriate solutions)
- Identify and address hazardous conditions in health care environment (e.g., chemical, smoking or biohazard)*
- Demonstrate knowledge of facility protocols for handling hazardous and infectious materials

**Home Safety**
- Identify fire/environmental hazards (e.g., frayed electrical cords, small area rugs, inadequate footwear)
- Determine client understanding of home safety needs
- Provide client with information on home safety
- Reinforce client education on home safety precautions (e.g., home disposal of syringes, lighting, handrails, kitchen safety)

**Least Restrictive Restraints and Safety Devices**
- Demonstrate knowledge of appropriate application of restraints/safety devices
- Follow protocol for timed client monitoring (e.g., restraint, safety checks)*
- Implement least restrictive restraints or seclusion*
- Document use of restraints/safety devices and client response
- Check for proper functioning of restraints/safety devices

*Activity Statements used in the 2012 PN Practice Analysis
Reporting of Incident/Event/Irregular Occurrence/Variance
- Identify situations requiring completion of incident/event/irregular occurrence/variance report (e.g., medication administration error, client fall)
- Acknowledge and document practice error (e.g., incident report)*
- Monitor client response to error/event/occurrence

Safe Use of Equipment
- Assure availability and safe functioning of client care equipment*
- Follow facility protocols/procedures for safe use of equipment
- Provide safe equipment use for client care (e.g., continuous passive motion [CPM] device, oxygen, mobility aids)

Security Plan
- Initiate and participate in security alert (e.g., infant abduction or flight risk)*
- Use principles of triage and evacuation protocols/procedures
- Monitor effectiveness of security plan

Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Identify communicable diseases and modes of transmission (e.g., airborne, droplet, contact)
- Identify client knowledge of infection control procedures
- Identify the need for and implement appropriate isolation techniques*
- Use standard/universal precautions*
- Use aseptic and sterile techniques*
- Use appropriate supplies to maintain asepsis (e.g., gloves, mask, sterile supplies)
- Use correct techniques to apply and remove gloves, mask, gown and protective eye wear
- Use correct hand hygiene techniques
- Prevent environmental spread of infectious disease through correct use of equipment
- Protect immunocompromised client from exposure to infectious diseases/organisms
- Monitor client care area for sources of infection
- Set up a sterile field
- Reinforce appropriate infection control procedures with client and staff members

*Activity Statements used in the 2012 PN Practice Analysis
**Sample Item**

The nurse is assisting to plan a community bicycle safety program. Which of the following information should the nurse recommend including?

- a. Demonstrating the correct way to wear a bicycle helmet to parents of preschoolers. *(key)*
- b. Asking school-aged children who have been involved in bicycle accidents to speak to a group of peers.
- c. Informing parents that it is necessary for all children to have a complete physical examination prior to initiating bike riding.
- d. Telling parents that it is safest for children to ride bikes on the weekends.
Health Promotion and Maintenance

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

HEALTH PROMOTION AND MAINTENANCE
Related Activity Statements from the 2012 LPN/VN Practice Analysis:
Linking the NCLEX-PN® Examination to Practice

- Provide care that meets the needs of the newborn less than 1 month old through the infant or toddler client through 2 years
- Provide care that meets the needs of the preschool, school age and adolescent client ages 3 through 17 years
- Provide care that meets the needs of the adult client ages 18 through 64 years
- Provide care that meets the needs of the adult client ages 65 through 85 years and over
- Assist with fetal heart monitoring for the antepartum client
- Assist with monitoring a client in labor
- Monitor recovery of stable postpartum client
- Collect data for health history
- Collect baseline physical data (e.g., skin integrity, or height and weight)
- Recognize barriers to communication or learning
- Compare client development to norms
- Assist client with expected life transition (e.g., attachment to newborn, parenting or retirement)
- Provide care and resources for beginning of life and/or end of life issues and choices
- Identify clients in need of immunizations (required and voluntary)
- Participate in health screening or health promotion programs
- Provide information for prevention of high risk behaviors or lifestyle choices

Related content includes, but is not limited to:

Aging Process
- Identify client knowledge on aging process and assist in reinforcing teaching on expected changes related to aging
- Provide care that meets the needs of the newborn less than 1 month old through the infant or toddler client through 2 years*
- Provide care that meets the needs of the preschool, school age and adolescent client ages 3 through 17 years*
- Provide care that meets the needs of the adult client ages 18 through 64 years*
- Provide care that meets the needs of the adult client ages 65 through 85 years and over*

*Activity Statements used in the 2012 PN Practice Analysis
Ante/Intra/Postpartum and Newborn Care
- Identify client emotional preparedness for pregnancy (e.g., support systems, perception of pregnancy)
- Assist in performing client non-stress test
- Assist with fetal heart monitoring for the antepartum client*
- Assist with monitoring a client in labor*
- Perform care of postpartum client (e.g., perineal care, assistance with infant feeding)
- Contribute to newborn plan of care
- Reinforce client teaching on infant care skills (e.g., feeding, bathing, positioning)
- Monitor recovery of stable postpartum client*
- Monitor client ability to care for infant

Data Collection Techniques
- Collect data for health history*
- Collect baseline physical data (e.g., skin integrity, or height and weight)*
- Prepare client for physical examination (e.g., reinforce explanation of procedure, provide privacy and comfort)
- Document findings according to agency/facility policies/procedures
- Report client physical examination results to health care provider

Developmental Stages and Transitions
- Identify and report client deviations from expected growth and development
- Identify occurrence of expected body image changes
- Recognize barriers to communication or learning*
- Compare client development to norms*
- Assist client with expected life transition (e.g., attachment to newborn, parenting or retirement)*
- Assist client to select age-appropriate activities
- Modify approaches to care in accordance with client development stage
- Provide care and resources for beginning of life and/or end of life issues and choices*
- Determine client acceptance of expected body image change (e.g., aging, pregnancy, menopause)
- Determine impact of expected body image changes on client (e.g., temperament)

*Activity Statements used in the 2012 PN Practice Analysis
Health Promotion/Disease Prevention

- Identify risk factors for disease/illness (e.g., age, gender, ethnicity, lifestyle)
- Identify clients in need of immunizations (required and voluntary)*
- Identify precautions and contraindications to immunizations
- Identify client health seeking behaviors (e.g., breast and testicular self-examinations)
- Gather data on client health history and risk for disease (e.g., lifestyle, family and genetic history)
- Check results of client health screening tests (e.g., Papanicolaou [Pap] test or smear, stool occult blood test)
- Provide assistance for screening examinations (e.g., scoliosis, breast and testicular self-examinations, blood pressure check)
- Participate in a health screening or health promotion programs*
- Assist client in disease prevention activities
- Monitor client actions to maintain health and prevent disease (e.g., smoking cessation, exercise, diet, stress management)
- Monitor incorporation of healthy behaviors into lifestyle by client (e.g., screening examinations, immunizations, limiting risk taking behaviors)
- Reinforce teaching with client about health risks and health promotion
- Recognize client unexpected response to immunizations

High Risk Behaviors

- Assist client to identify high risk behaviors
- Provide information for prevention of high risk behaviors or lifestyle choices*
- Monitor client lifestyle practice risks that may impact health (e.g., excessive sun exposure, lack of regular exercise)
- Reinforce client teaching related to client high risk behavior (e.g., unprotected sexual relations, needle sharing)

Lifestyle Choices

- Identify client lifestyle practices that may have an impact on health
- Identify contraindications to chosen contraceptive method (e.g., smoking, compliance, medical conditions)
- Identify client attitudes/perceptions on sexuality
- Recognize client need/desire for contraception
- Recognize expected outcomes for client family planning methods
- Recognize client need to discuss sensitive issues related to sexuality
- Support client in family planning
- Respect client lifestyle choices (e.g., child-free, home schooling, rural or urban living)
- Reinforce teaching with client on healthy lifestyle choices (e.g., exercise regimen, smoking cessation)

*Activity Statements used in the 2012 PN Practice Analysis
Self-care
- Determine client ability and support for performing self-care (e.g., feeding, dressing, hygiene)
- Consider client self care needs before contributing to changes in plan of care
- Monitor client ability to perform instrumental activities of daily living (e.g., using telephone, shopping, preparing meals)

Sample Item
The nurse has reinforced teaching with a client about prevention of coronary artery disease (CAD). Which of the following statements by the client would indicate a correct understanding of the teaching?

a. “I should enroll in a smoking cessation program.” (key)

b. “I will increase my daily intake of foods high in potassium.”

c. “I will avoid performing isometric exercises more than three times per week.”

d. “I can decrease my high density lipoprotein level (HDL) if I stop drinking alcohol."

*Activity Statements used in the 2012 PN Practice Analysis
Psychosocial Integrity

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

<table>
<thead>
<tr>
<th>PSYCHOSOCIAL INTEGRITY</th>
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<td>- Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders</td>
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<tr>
<td>- Participate in behavior management program by recognizing environmental stressors and/or providing a therapeutic environment</td>
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<tr>
<td>- Participate in reminiscence therapy, validation therapy or reality orientation</td>
</tr>
<tr>
<td>- Participate in client group session</td>
</tr>
<tr>
<td>- Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity</td>
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<tr>
<td>- Collect data regarding client psychosocial functioning</td>
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<tr>
<td>- Identify client use of effective and ineffective coping mechanisms</td>
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<tr>
<td>- Identify stressors that may affect recovery/health maintenance (e.g., lifestyle, body changes, environmental)</td>
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<tr>
<td>- Assist client to cope/adapt to stressful events and changes in health status (e.g., abuse/neglect, end of life, grief and loss, life changes or physical changes)</td>
</tr>
<tr>
<td>- Collect data on client’s potential for violence to self and others</td>
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<tr>
<td>- Assist in managing the care of angry/agitated client (e.g., de-escalation techniques)</td>
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<tr>
<td>- Make adjustment to care with consideration of client spiritual or cultural beliefs</td>
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<tr>
<td>- Explore why client is refusing or not following treatment plan</td>
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<tr>
<td>- Assist in the care of a client experiencing sensory/perceptual alterations</td>
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<tr>
<td>- Assist in the care of the cognitively impaired client</td>
</tr>
<tr>
<td>- Promote positive self-esteem of client</td>
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Related content includes, but is not limited to:

Abuse/Neglect
- Identify client risk factors for abusing or neglecting others
- Identify signs and symptoms of physical, psychological or financial abuse in client (e.g., family involvement, inadequate weight gain, poor hygiene)
- Recognize risk factors for domestic, child and/or elder abuse/neglect and sexual abuse
- Provide safe environment for abused/neglected client
- Provide emotional support to client who experienced abuse or neglect
- Reinforce client teaching on coping strategies to prevent abuse or neglect
- Evaluate client response to interventions

*Activity Statements used in the 2012 PN Practice Analysis
**Behavioral Management**
- Monitor client appearance, mood and psychomotor behavior and observe for changes
- Explore cause of client behavior
- Assist client with achieving self-control of behavior (e.g., contract, behavior modification)
- Assist client in using behavioral strategies to decrease anxiety
- Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders*
- Participate in behavior management program by recognizing environmental stressors and/or providing a therapeutic environment*
- Participate in reminiscence therapy, validation therapy or reality orientation*
- Participate in client group session*
- Reinforce client participation in therapy
- Use behavioral management techniques when caring for a client (e.g., positive reinforcement, setting limits)
- Evaluate client response to behavioral management interventions

**Chemical and Other Dependencies**
- Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity*
- Plan and provide care to client experiencing substance-related withdrawal or toxicity (e.g., nicotine, opioid, sedative)
- Provide care and support for client with impulse-control disorders (e.g., gambling, sexual addiction, pornography)
- Reinforce provided information on substance abuse diagnosis and treatment plan to client
- Encourage client participation in support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
- Monitor client response to treatment plan and contribute to revision of plan as needed

*Activity Statements used in the 2012 PN Practice Analysis*
Coping Mechanisms

- Collect data regarding client psychosocial functioning*
- Identify client support systems and available resources
- Identify client use of effective and ineffective coping mechanisms*
- Identify stressors that may affect recovery/health maintenance (e.g., lifestyle, body changes, environmental)*
- Recognize abilities of client to adapt to temporary/permanent role changes
- Recognize client response to illness (e.g., rationalization, hopelessness, anger)
- Provide support to the client with unexpected altered body image (e.g., alopecia)
- Use therapeutic techniques to assist client with coping ability
- Assist client to cope/adapt to stressful events and changes in health status (e.g., abuse/neglect, end of life, grief and loss, life changes or physical changes)*
- Assist client in maintaining level of independence after unexpected body image changes (e.g., amputation, paralysis)
- Monitor client progress toward achieving improved body image (e.g., mastectomy, colostomy)

Crisis Intervention

- Identify client in crisis
- Identify client risk for self injury and/or violence (e.g., suicide or violence precaution)
- Collect data on client’s potential for violence to self and others*
- Assist in managing the care of angry/agitated client (e.g., de-escalation techniques)*
- Use crisis intervention techniques to assist client in coping
- Provide opportunities for client to understand why the crisis occurred
- Guide client to resources for recovery from crisis (e.g., social supports)
- Reinforce client teaching on suicide/violence prevention
- Report changes in client behavior (indicating a developing crisis) to supervisor

Cultural Awareness

- Identify importance of client culture/ethnicity when planning/providing/monitoring care
- Recognize client cultural practices that may affect interventions for procedures/surgery (e.g., direct eye contact)
- Recognize cultural issues that may impact client understanding/acceptance of psychiatric diagnosis
- Make adjustment to care with consideration of client spiritual or cultural beliefs*
- Respect cultural background/practices of client (does not include dietary preferences)
- Document how client language needs are met

*Activity Statements used in the 2012 PN Practice Analysis
End-of-Life Concepts
- Identify client end-of-life needs (e.g., financial concerns, fear, loss of control, role changes)
- Identify client ability to cope with end-of-life interventions
- Provide care or support for client/family at end-of-life
- Assist client in resolution of end-of-life issues

Grief and Loss
- Identify client reaction to loss (e.g., denial, fear)
- Support the client in anticipatory grieving
- Reinforce client teaching on expected client reactions to grief and loss (e.g., denial, fear)
- Provide client with resources to adjust to loss/bereavement (e.g., individual counseling, support groups)

Mental Health Concepts
- Identify expected behaviors of client with independent or dependent personality
- Identify client symptoms of acute or chronic mental illness (e.g., schizophrenia, depression, bipolar disorder)
- Recognize client use of defense mechanisms
- Recognize change in client mental status
- Recognize client symptoms of relapse
- Explore why client is refusing or not following treatment plan*
- Assist in the care of a client experiencing sensory/perceptual alterations*
- Assist in the care of the cognitively impaired client*
- Assist in promoting client independence
- Promote positive self-esteem of client*

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

Sensory/Perceptual Alterations
- Identify needs of client with altered sensory perception (e.g., hallucinations, delirium)
- Verify client ability to effectively communicate needs

*Activity Statements used in the 2012 PN Practice Analysis
Stress Management
- Identify actual/potential stressors for client (e.g., fear, lack of information)
- Implement measures to reduce environmental stressors (e.g., noise, temperature, pollution)
- Monitor client effective use of stress management techniques

Support Systems
- Determine client abilities to provide client support
- Identify client support systems/resources
- Identify family response to client illness (e.g., acute episodes, chronic disorder, terminal illness)

Therapeutic Communication
- Provide emotional support to client and family*
- Assist client in communicating needs to health care staff
- Develop and maintain therapeutic relationships with client
- Respect client personal values and beliefs
- Establish a trusting nurse-client relationship
- Use therapeutic communication techniques with client*
- Encourage client appropriate use of verbal and non-verbal communication
- Monitor effectiveness of communications with client

Therapeutic Environment
- Identify external factors that may interfere with client recovery (e.g., stressors, noise)
- Participate in community meetings
- Contribute to maintaining a safe and supportive environment for client
- Monitor client response to environmental factors

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**Sample Item**

The nurse is contributing to a staff education program about anorexia nervosa (AN). Which of the following information should the nurse recommend including?

a. Clients with AN often perform poorly in school.

b. There are several underlying physiologic causes for AN.

c. The average age of onset for AN is 22 years old.

d. Amenorrhea is a common symptom associated with AN. **(key)**

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*Activity Statements used in the 2012 PN Practice Analysis*
Physiological Integrity

Basic Care and Comfort

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

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- Institute bowel or bladder management
- Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye
- Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment)
- Use measures to maintain or improve client skin integrity
- Provide care to an immobilized client (e.g., traction, splint or brace)
- Assist in the care and comfort for a client with a visual and/or hearing impairment
- Use alternative/complementary therapy in providing client care (e.g., music therapy)
- Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)
- Evaluate pain using a rating scale
- Provide feeding and/or care for client with enteral tubes
- Monitor and provide for nutritional needs of client
- Monitor client intake/output
- Assist with activities of daily living
- Assist in providing postmortem care
- Provide measures to promote sleep/rest

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

**Assistive Devices**

- Identify appropriate use of assistive devices (e.g., cane, walker, crutches)
- Contribute to care of client using assistive device (e.g., feeding devices, telecommunication devices, touch pad, communication board)
- Reinforce teaching for client using assistive device
- Review correct use of assistive devices to client and staff members

*Activity Statements used in the 2012 PN Practice Analysis*
Elimination
- Identify client at risk for impaired elimination (e.g., medication, hydration status)
- Institute bowel or bladder management*
- Monitor client bowel sounds
- Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye*
- Provide skin care to client who is incontinent (e.g., wash frequently, barrier creams/ointments)

Mobility/Immobility
- Identify signs and symptoms of venous insufficiency and intervene to promote venous return (e.g., elastic stockings, sequential compression device)
- Check client for mobility, gait, strength, motor skills
- Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment)*
- Reinforce client teaching on methods to maintain mobility (e.g., active/passive range of motion [ROM], strengthening, isometric exercises)
- Use measures to maintain or improve client skin integrity*
- Maintain client correct body alignment
- Provide care to an immobilized client (e.g., traction, splint or brace)*

Nonpharmacological Comfort Interventions
- Identify client need for palliative/comfort care
- Assist in the care and comfort for a client with a visual and/or hearing impairment*
- Assist in planning comfort interventions for client with impaired comfort
- Apply therapies for comfort and treatment of inflammation/swelling (e.g., apply heat and cold treatments, elevate limb)
- Use alternative/complementary therapy in providing client care (e.g., music therapy)*
- Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)*
- Provide palliative/comfort care interventions to client
- Respect client palliative care choices
- Reinforce client teaching on stress management techniques (e.g., relaxation exercises, exercise, meditation)
- Reinforce client teaching on palliative/comfort care
- Monitor client non-verbal signs of pain/discomfort (e.g., grimacing, restlessness)
- Monitor client response to nonpharmacological interventions
- Monitor outcome of palliative care interventions
- Evaluate pain using a rating scale*

*Activity Statements used in the 2012 PN Practice Analysis
Nutrition and Oral Hydration
- Identify client potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties)
- Check client feeding tube placement and patency
- Provide feeding and/or care for client with enteral tubes*
- Monitor and provide for nutritional needs of client*
- Monitor client ability to eat (e.g., chew, swallow)
- Monitor impact of disease/illness on client nutritional status
- Monitor client intake/output*
- Reinforce client teaching on special diets based on client diagnosis/nutritional needs and cultural considerations (e.g., high protein, kosher diet, calorie restriction)
- Promote client independence in eating

Personal Hygiene
- Determine client usual personal hygiene habits/routine
- Assist with activities of daily living*
- Assist in providing postmortem care*
- Reinforce teaching to client on required adaptations for performing activities of daily living (e.g., shower chair, hand rails)

Rest and Sleep
- Identify client usual rest and sleep patterns (e.g., bedtime, sleep rituals)
- Provide measures to promote sleep/rest*
- Schedule client care activities to promote adequate rest and sleep

**Sample Item**

The nurse is reinforcing teaching about mouth care for a client who has stomatitis. Which of the following statements by the client would indicate a correct understanding of the teaching? **Select all that apply.**

- a. “I should apply lubricant to my lips frequently to keep my lips moist.” (key)
- b. “I will use a soft-bristle tooth brush to brush my teeth.” (key)
- c. “I should use an alcohol-based mouth wash twice daily.”
- d. “I will remove any white or yellow patches from my tongue.”
- e. “I should drink warm liquids every two hours to decrease my discomfort.”
Pharmacological Therapies

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

**PHARMA COLOGICAL AND PARENTERAL THERAPIES**

*Related Activity Statements from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*

- Perform calculations needed for medication administration
- Reinforce education to client regarding medications
- Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects)
- Follow the rights of medication administration
- Maintain medication safety practices (e.g., storage, checking for expiration dates or compatibility)
- Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications)
- Collect required data prior to medication administration
- Administer medication by oral route
- Administer intravenous piggyback (secondary) medications
- Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, g-button or j-tube)
- Administer a subcutaneous, intradermal or intramuscular medication
- Administer medication by ear, eye, nose, inhalation, rectum, vagina or skin route
- Count narcotics/controlled substances
- Calculate and monitor intravenous (IV) flow rate
- Monitor transfusion of blood product
- Administer pharmacological pain medication
- Maintain pain control devices (e.g., epidural, patient control analgesia, peripheral nerve catheter)

*Activity Statements used in the 2012 PN Practice Analysis*
Related content includes, but is not limited to:

**Adverse Effects/Contraindications/Side Effects/Interactions**

- Identify potential and actual incompatibilities of client medications
- Identify a contraindication to the administration of a prescribed or over-the-counter medication to the client
- Identify symptoms of an allergic reaction (e.g., to medication)
- Implement procedures to counteract adverse effects of medications
- Withhold medication dose if client experiences adverse effect to medication
- Monitor and document client response to actions taken to counteract adverse effects of medications
- Monitor client for actual and potential adverse effects of medications (e.g., prescribed, over-the-counter and/or herbal supplements)
- Monitor anticipated interactions among client prescribed medications and fluids (e.g., oral, IV, subcutaneous, IM, topical)
- Monitor and document client side effects to medications
- Monitor and document client response to management of medication side effects including prescribed, over-the-counter and herbal supplements
- Reinforce client teaching on possible effects of medications (common side effects or adverse effects, when to notify primary health care provider)
- Notify primary health care provider of actual/potential adverse effects of client medications

**Dosage Calculation**

- Perform calculations needed for medication administration*
- Use clinical decision making when calculating doses

**Expected Actions/Outcomes**

- Identify client expected response to medication
- Use resources to check on purposes and actions of pharmacological agents
- Apply knowledge of pathophysiology when addressing client pharmacological agents
- Monitor client use of medications over time (e.g., prescription, over-the-counter, home remedies)
- Reinforce education to client regarding medications*
- Reinforce client teaching on actions and therapeutic effects of medications and pharmacological interactions
- Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects)*

*Activity Statements used in the 2012 PN Practice Analysis
Medication Administration
- Identify client need for PRN medications
- Mix client medication from two vials as necessary (e.g., insulin)
- Follow the rights of medication administration*
- Maintain medication safety practices (e.g., storage, checking for expiration dates or compatibility)*
- Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications)*
- Collect required data prior to medication administration*
- Assist in preparing client for insertion of central line
- Administer medication by oral route*
- Administer intravenous piggyback (secondary) medications*
- Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric [NG] tube, g-button or j-tube)*
- Administer a subcutaneous, intradermal or intramuscular medication*
- Administer medication by ear, eye, nose, inhalation, rectum, vagina or skin route*
- Dispose of client unused medications according to facility/agency policy
- Count narcotics/controlled substances*
- Calculate and monitor intravenous (IV) flow rate*
- Monitor transfusion of blood product*
- Reinforce client teaching on client self administration of medications (e.g., insulin, subcutaneous insulin pump)

Pharmacological Pain Management
- Administer pharmacological pain medication*
- Identify client need for pain medication
- Monitor and document client response to pharmacological interventions (e.g., pain rating scale, verbal reports)
- Maintain pain control devices (e.g., epidural, patient control analgesia, peripheral nerve catheter)*

Sample Item

The nurse is caring for a client who has a prescription for acetaminophen 650mg, p.o., every 6 hours, p.r.n. for pain. The nurse has acetaminophen 325mg tablets available. How many tablets should the nurse administer with each dose?

Record your answer using a whole number.

2 (key)
Reduction of Risk Potential

- 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.

<table>
<thead>
<tr>
<th>REDUCTION OF RISK POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related Activity Statements from the 2012 LPN/VN Practice Analysis:</strong></td>
</tr>
<tr>
<td><strong>Linking the NCLEX-PN® Examination to Practice</strong></td>
</tr>
</tbody>
</table>

- Check and monitor client vital signs
- Perform an electrocardiogram (EKG/ECG)
- Perform venipuncture for blood draws
- Perform blood glucose monitoring
- Maintain central venous catheter
- Collect specimen for diagnostic testing (e.g., blood, urine, stool, or sputum)
- Monitor diagnostic or laboratory test results
- Identify signs or symptoms of potential prenatal complication
- Perform neurological checks
- Perform circulatory checks
- Check for urinary retention (e.g., bladder scan/ultrasound or palpation)
- Administer and check proper use of compression stockings/sequential compression devices (SCD)
- Perform risk monitoring and implement interventions
- Monitor continuous or intermittent suction of nasogastric (NG) tube
- Implement measures to prevent complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration or potential neurological disorder)
- Evaluate client oxygen (O\textsubscript{2}) saturation
- Provide care for client before surgical procedure including reinforcing teaching
- Insert, maintain and remove urinary catheter
- Insert, maintain and remove nasogastric (NG) tube
- Maintain and remove peripheral intravenous (IV) catheter
- Assist with the performance of a diagnostic or invasive procedure (e.g., call a time-out, bronchoscopy, needle biopsy)

*Activity Statements used in the 2012 PN Practice Analysis*
Related content includes, but is **not limited** to:

**Changes/Abnormalities in Vital Signs**
- Check and monitor client vital signs*
- Compare vital signs to client baseline vital signs
- Reinforce client teaching about normal and abnormal vital signs (e.g., hypertension, tachypnea, bradycardia, fever)

**Diagnostic Tests**
- Perform an electrocardiogram (EKG/ECG)*
- Perform diagnostic testing (e.g., blood glucose, oxygen saturation, testing for occult blood)
- Reinforce client teaching about diagnostic test

**Laboratory Values**
- Identify laboratory values for ABGs (pH, PO$_2$, PCO$_2$, SaO$_2$, HCO$_3$), BUN, cholesterol (total), glucose, hematocrit, hemoglobin, glycosylated hemoglobin (HgbA$_1$C), platelets, potassium, sodium, WBC, creatinine, PT, PTT & APTT, INR
- Compare client laboratory values to normal laboratory values
- Perform venipuncture for blood draws*
- Perform blood glucose monitoring*
- Collect specimen for diagnostic testing (e.g., blood, urine, stool, or sputum)*
- Maintain central venous catheter*
- Reinforce client teaching on purposes of laboratory tests
- Monitor diagnostic or laboratory test results*
- Notify primary health care provider about client laboratory test results

**Potential for Alterations in Body Systems**
- Identify signs or symptoms of potential prenatal complication*
- Identify client with increased risk for insufficient blood circulation (e.g., immobilized limb, diabetes)
- Recognize change in client neurological status (level of consciousness, orientation, muscle strength)
- Compare current client clinical data to baseline information
- Perform neurological checks*
- Perform circulatory checks*
- Check for urinary retention (e.g., bladder scan/ultrasound or palpation)*
- Administer and check proper use of compression stockings/sequential compression devices (SCD)*
- Monitor client output for changes from baseline (e.g., nasogastric emesis, stool, urine)
- Reinforce client teaching on methods to prevent complications associated with activity level/diagnosed illness/disease (e.g., foot care for client with diabetes mellitus)

*Activity Statements used in the 2012 PN Practice Analysis*
Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Identify client response to diagnostic tests/treatments/procedures
- Maintain client tube patency (e.g., chest tube, tracheostomy tube)
- Provide care for client receiving electroconvulsive therapy (ECT)
- Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)
- Perform risk monitoring and implement interventions*
- Monitor continuous or intermittent suction of nasogastric (NG) tube*
- Implement measures to prevent complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration or potential neurological disorder)*
- Reinforce teaching to prevent complications due to client diagnostic tests/treatments/procedures
- Notify primary health care provider if client has signs of potential complications (e.g., fever, hypotension, limb pain, thrombus formation)
- Evaluate client oxygen (O₂) saturation*
- Suggest change in interventions based on client response to diagnostic tests/treatments/procedures

Potential for Complications from Surgical Procedures and Health Alterations
- Identify client response to surgery or health alterations
- Provide care for client before surgical procedure including reinforcing teaching*
- Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)
- Reinforce teaching to prevent complications due to surgery or health alterations (e.g., cough and deep breathing, elastic stockings)
- Suggest change in interventions based on client response to surgery or health alterations

Therapeutic Procedures
- Insert, maintain and remove urinary catheter*
- Insert, maintain and remove nasogastric (NG) tube*
- Maintain and remove peripheral intravenous (IV) catheter*
- Assist with the performance of a diagnostic or invasive procedure (e.g., call a time-out, bronchoscopy, needle biopsy)*
- Reinforce client teaching on treatments and procedures

*Activity Statements used in the 2012 PN Practice Analysis
The nurse is contributing to the plan of care for a client with heart failure. Which of the following interventions should the nurse recommend including in the client’s plan of care? **Select all that apply.**

a. Obtaining the client’s weight daily. (key)

b. Encouraging the client to increase the daily fluid intake.

c. Monitoring the client’s serum potassium level. (key)

d. Limiting the client’s intake of fresh fruits and vegetables.

e. Checking the client for peripheral edema. (key)
Physiological Adaptation

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

**PHYSIOLOGICAL ADAPTATION**

**Related Activity Statements from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice**

- Identify/intervene to control signs of hypoglycemia or hyperglycemia
- Recognize and report basic abnormalities on a client cardiac monitor strip
- Provide care for client drainage device (e.g., wound drain or chest tube)
- Provide cooling/warming measures to restore normal temperature
- Provide care for a client with a tracheostomy
- Provide care to client with an ostomy (e.g., colostomy, ileostomy or urostomy)
- Provide care to client on ventilator
- Perform wound care and/or dressing change
- Perform check of client pacemaker
- Perform care for client after surgical procedure
- Remove wound sutures or staples
- Remove client wound drainage device
- Intervene to improve client respiratory status (e.g., breathing treatment, suctioning or repositioning)
- Reinforce education to client regarding care and condition
- Identify signs and symptoms related to an acute or chronic illness
- Respond/intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation)
- Recognize and report change in client condition

*Activity Statements used in the 2012 PN Practice Analysis*
Related content includes, but is not limited to:

**Alterations in Body Systems**
- Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)
- Identify/intervene to control signs of hypoglycemia or hyperglycemia*
- Recognize and report basic abnormalities on a client cardiac monitor strip*
- Provide care for client drainage device (e.g., wound drain or chest tube)*
- Provide cooling/warming measures to restore normal temperature*
- Provide care for a client with a tracheostomy*
- Provide care to client with an ostomy (e.g., colostomy, ileostomy or urostomy)*
- Provide care to client on ventilator*
- Provide care to correct client alteration in body system
- Provide care to client undergoing peritoneal dialysis
- Provide care for client experiencing increased intracranial pressure
- Provide care to client who has experienced a seizure
- Provide care for client experiencing complications of pregnancy/labor and/or delivery (e.g., eclampsia, precipitous labor, hemorrhage)
- Perform wound care and/or dressing change*
- Perform check of client pacemaker*
- Perform care for client after surgical procedure*
- Remove wound sutures or staples*
- Remove client wound drainage device*
- Intervene to improve client respiratory status (e.g., breathing treatment, suctioning or repositioning)*
- Reinforce client teaching on ostomy care
- Reinforce education to client regarding care and condition*
- Notify primary health care provider of a change in client status
- Document client response to interventions for alteration in body systems (e.g., pacemaker, chest tube)

**Basic Pathophysiology**
- Identify signs and symptoms related to an acute or chronic illness*
- Consider general principles of client disease process when providing care (e.g., injury and repair, immunity, cellular structure)
- Apply knowledge of pathophysiology to monitoring client for alterations in body systems

*Activity Statements used in the 2012 PN Practice Analysis*
Fluid and Electrolyte Imbalances
- Identify signs and symptoms of client fluid and/or electrolyte imbalances
- Provide interventions to restore client fluid and/or electrolyte balance
- Monitor client response to interventions to correct fluid and/or electrolyte imbalance

Medical Emergencies
- Respond/intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation)*
- Provide emergency care for wound disruption (e.g., evisceration, dehiscence)
- Notify primary health care provider about client unexpected response/emergency situation
- Recommend change in emergency treatment based upon client response to interventions
- Reinforce teaching of emergency intervention explanations to client
- Review and document client response to emergency interventions (e.g., restoration of breathing, pulse)

Unexpected Response to Therapies
- Identify and treat a client intravenous (IV) line infiltration
- Recognize and report change in client condition*
- Intervene in response to client unexpected negative response to therapy (e.g., unexpected bleeding)
- Document client unexpected response to therapy
- Promote recovery from client unexpected negative response to therapy (e.g., urinary tract infection)

Sample Item
The nurse is collecting data from a client who is reporting diarrhea for the past 72 hours. Which of the following findings would indicate the client is experiencing a fluid volume deficit? Select all that apply.

- a. Orthostatic hypotension *(key)*
- b. Excessive thirst *(key)*
- c. Dry tongue *(key)*
- d. Bradycardia
- e. Increased urine output

*Activity Statements used in the 2012 PN Practice Analysis
IV. Administration of the NCLEX-PN® Examination

Examination Length

The NCLEX-PN® Examination is a variable length computerized adaptive test (CAT). It is not offered in paper-and-pencil or oral examination formats, and can be anywhere from 85 to 205 items long. Of these items, 25 are pretest items that are not scored. The time limit for the exam is specified in the NCLEX® Candidate Bulletin, which can be found online at www.ncsbn.org/1213.htm. It is important to note that the time allotted for the examination includes the tutorial, sample items, all breaks (e.g., restroom, stretching, etc.) and the examination. All breaks are optional.

The length of the examination is determined by the candidate’s responses to the items. After the minimum number of items has been answered, testing stops when the candidate’s ability is determined to be either above or below the passing standard with 95 percent 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. The examination will stop when the maximum number of items has been taken or when the time limit has been reached. Remember, it is in the candidate’s best interest to maintain a reasonable pace of spending only one or two minutes on each item. The candidates should select a pace that will permit them to complete the examination within the allotted time should the maximum number of items be administered.

It is important to understand that the length of an examination is not an indication of a pass or fail result. A candidate with a relatively short examination may pass or fail just as a 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 offers ample opportunity to demonstrate his or her ability.

The Passing Standard

The NCSBN Board of Directors (BOD) re-evaluates the passing standard once every three years. The criterion that the BOD uses to set the standard is the minimum level of ability required for safe and effective entry-level nursing practice.

To assist the BOD in making this decision, board members are provided with the following information:

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. To pass an NCLEX examination, a candidate must perform above 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 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 phases 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 their respective 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 if 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 the score. Some test preparation companies have realized that on certain paper and pencil 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 he or she will likely 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.

Scoring the NCLEX® Examination

CAT

The NCLEX® examination is different than a traditional paper-and-pencil examination. Typically, paper-and-pencil 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, which provides very little information about his or her ability. Another disadvantage is that guessing can artificially inflate the scores of low ability candidates because they can answer these items correctly 25 percent of the time for reasons that have nothing to do with his or her ability.

Instead, the NCLEX examination uses CAT to administer the items. CAT is able to produce exam results that are more stable using fewer items by targeting items to the candidate’s ability. The computer’s goal during the NCLEX is to determine the ability of the candidate in relation to the passing standard. Every time the candidate answers an item, the computer re-estimates the candidate’s ability. With each additional answered item, the ability estimate becomes more precise.

Each item that the candidate receives is selected from a large pool of items using three criteria:

1. The item is limited to the content area that will produce the best match to the test plan percentages. It is ensured that each candidate’s exam has enough questions from each content area to match the required test plan percentages.
2. An item is selected that the candidate is expected to find challenging. Based on the candidate’s answers up to that point and the difficulty of those items, the computer estimates the candidate’s ability and selects an item that the candidate should have a 50 percent chance of answering correctly. This way, the next item should not be too easy or too hard and the examination can get maximum information about the candidate’s ability from the item.

3. Any item that a repeat candidate has seen in the last year is excluded.

Pretest Items
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 the pretest items 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.

Passing and Failing
The decision as to whether a candidate passes or fails the NCLEX examination is governed by three different scenarios:

Scenario 1: The 95% Confidence Interval Rule
This scenario is the most common for NCLEX candidates. The computer will stop administering items when it is 95% certain that the candidate’s ability is either clearly above or clearly below the passing standard.

Scenario 2: Maximum-Length Exam
Some candidate’s ability levels will be very close to the passing standard. When this is the case, the computer continues to administer questions until the maximum number of items is reached. At this point, the computer disregards the 95% confidence rule and considers only the final ability estimate:

- If the final ability estimate is above the passing standard, the candidate passes.
- If the final ability estimate is at or below the passing standard, the candidate fails.

Scenario 3: Run-Out-Of-Time Rule (R.O.O.T.)
If a candidate runs out of time before reaching the maximum number of items and the computer has not determined with 95 percent certainty whether the candidate has passed or failed, an alternate criteria is used.

- If the candidate has not answered the minimum number of required items, the candidate automatically fails.
- If at least the minimum number of required items were answered, the computer looks at the last 60 ability estimates.
  - If the last 60 ability estimates were consistently above the passing standard, the candidate passes.
  - If the candidate’s ability estimate drops below the passing standard even once over the last 60 items, the candidate fails.

This does not mean that the candidate must answer the last 60 items correctly. Each ability estimate is based upon all previous items answered.
Scoring Items

Items are scored either right or wrong. There is no partial credit. For updated information on the administration of the examination, visit www.nclex.com.

Types of Items on the NCLEX-PN® Examination

During the administration of the NCLEX-PN Examination candidates will be required to respond to items in a variety of formats. These formats may include, but are not limited to: multiple choice, multiple response, fill-in-the-blank calculation, drag and drop/ordered response, and/or hot spots. All item types may include multimedia, such as charts, tables, graphics, sound and video.

For more information, visit www.ncsbn.org/2334.htm.

NCLEX® Examination Terminology

On the NCLEX examination, a prescription is defined as orders, interventions, remedies or treatments ordered or directed by an authorized health care provider.

Confidentiality

Candidates should be aware and understand that the disclosure of any examination materials, including the nature or content of examination items, before, during or after the examination, is a violation of law. Violations of confidentiality and/or candidates’ rules can result in criminal prosecution of civil liability and/or disciplinary actions by the licensing agency, including the denial of licensure.

Tutorial

Each NCLEX-PN candidate is provided information on how to answer examination items. A tutorial is given at the beginning of the examination explaining the various formats that candidates may see on the examination. The following are examples of how screens in the tutorial may appear.
Multiple Choice (One Answer)

Practice Item Type III: 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 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 to confirm your answer and move to the next practice item.

What color is an orange?

- 1. Blue
- 2. Brown
- 3. Orange
- 4. Pink
Fill-in-the-Blank Calculation

Practice Item Type #1: 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. You will only be able to type in numbers as your answer. 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 in the upper left 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. 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 symbol is ÷. Your calculator should now read 3.775.

You do not have to type in the unit of measurement, “kilograms” in this example. If rounding is necessary, perform the rounding at the end of the calculation. Please type 3.8 as your answer.

Click Next 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? Record your answer using one decimal place.

Answer: 3.775 kilograms
Exhibit

Practice Item Type #5: Exhibit Item

In this item type, you will be presented with a problem and an exhibit. To view the exhibit, click on the exhibit button. Each exhibit contains information behind three tabs. Click on each tab to read the information presented.

For the practice item below, the exhibit should contain the three tabs. Each tab contains the monthly receipts for purchasing bakery supplies:

- Storage/ Packaging Materials
- Baking Ingredients
- Miscellaneous Supplies

The question asks you to find the most expensive item that is listed in the exhibit. The most expensive item is the storage bin, which is on the storage/packaging materials list. Therefore, option 3 below is the correct answer.

Click Next to confirm your answer and move to the next practice item.

The owner of a bakery would like to know which of the supplies is most expensive. Based upon receipts from the past month, which item was the most expensive? Click the exhibit button for additional information.

<table>
<thead>
<tr>
<th>Item</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10&quot; cake boxes</td>
<td>$55.99</td>
</tr>
<tr>
<td>Paper bags - large</td>
<td>$30.95</td>
</tr>
<tr>
<td>Bread bags</td>
<td>$22.30</td>
</tr>
<tr>
<td>Package labels</td>
<td>$10.09</td>
</tr>
<tr>
<td>Storage bin</td>
<td>$175.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$287.34</strong></td>
</tr>
</tbody>
</table>
Hot Spot

Practice Item Type: 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 to confirm your answer and move to the next practice item.

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

<table>
<thead>
<tr>
<th>Box 1</th>
<th>Box 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Box 3</th>
<th>Box 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Multiple Response

Practice Item Type: 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 two or more correct answers. 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 to confirm your answer and move to the next practice item.

Which of the following are fruits? Select all that apply:

- 1. Apple
- 2. Banana
- 3. Cow
- 4. Dog
- 5. Elephant
Drag and Drop/Ordered Response

Practice Item Type #4: Drag and Drop/Ordered Response Item

In this item type, you will be presented with a problem and a list of options. You will be asked to place the options in a specified order, such as numerical, alphabetical or chronological.

The unordered options will appear in a box on the left side of your screen. To place the options in a new order, click on an option and drag it to the box on the right side of your screen. You may also highlight the option in the left-hand box and then click the right arrow key “→” to move the option. To rearrange the order of options once they have been placed in the right-hand box, select the option you would like to move and click the up “↑” or down “↓” arrow keys. You may also click an option and drag it to a new position within the right-hand box. To complete the item, you must move all options from the left-hand box to the right-hand box.

For the practice item below, you should move the list of months (by dragging or using the arrow buttons) to the right so that the list is in alphabetical order: April, February, January, June, March, May. That is, April should be at the top, and May should be at the bottom. If you do not have the months in this order, please re-arrange them now.

Click Next to confirm your answer and proceed.

The first six months of the year appear in a list below. Please arrange these months in alphabetical order. All options must be used.

Unordered Options

<table>
<thead>
<tr>
<th>Unordered Options</th>
<th>Ordered Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>January</td>
</tr>
<tr>
<td>February</td>
<td>June</td>
</tr>
<tr>
<td>January</td>
<td>March</td>
</tr>
<tr>
<td>June</td>
<td>May</td>
</tr>
</tbody>
</table>

Previous Next
Audio

In this item type, you will be presented with an audio clip. You will need to listen to the audio clip and select the option(s) that apply.

Place your headsets on now.

Click the play button below to listen to the audio clip.

You can adjust the volume by clicking and moving the slider.

Click the play button again to repeat the audio clip.

For the practice item below, the correct option is Corn (option 2). Please use your mouse to select Corn now.

Click Next to confirm your answer and move to the next practice item.

Listen to the audio clip. The price is rising for which type of grain?

O 1 Wheat
O 2 Corn
O 3 Oats
O 4 Barleys
Graphic

Practice Item Type: Graphic Item

In this item type, you will be presented with a question and options that are graphics instead of text. The options are proceed by circles so you can select only one option as your answer.

For the practice item below, the correct option is 1. Please use your mouse to select 1 now.

Click Next to confirm your answer and move to the next practice item.

Which road sign indicates a place where gas may be purchased?

1. 🍼
2. 🚨
3. 🚗
4. 🏟
V. References


Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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National Council of State Boards of Nursing

2013 NCLEX-RN® Detailed Test Plan

Candidate Version

Effective Date
April 2013
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I. Background

The Candidate Detailed Test Plan for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) 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-RN® Examination than is provided in the basic NCLEX-RN Test Plan.

This booklet contains the:

- 2013 NCLEX-RN® Test Plan;
- Information on testing requirements and sample examination questions (items); and
- References.

About the NCLEX-RN® Test Plan (Section II)

The test plan is reviewed and approved by the NCLEX® Examination Committee (NEC) every three years. Multiple resources are used, including the recent practice analysis of registered nurses (RNs), and expert opinions of the NEC, NCSBN content staff, and boards of nursing (NCSBN’s Member Boards) to ensure that the test plan is consistent with state nurse practice acts. Following the endorsement of proposed revisions by the NEC, the test plan document is presented for approval to the Delegate Assembly, which is the decision-making body of NCSBN.

About the NCLEX-RN® Detailed Test Plan (Section III)

The detailed test plan serves a variety of purposes. It is used to guide candidates preparing for the examination, to direct item writers in the development of items and to facilitate the classification of examination items. Two versions of the detailed test plan have been created: Item Writer/Item Reviewer/Nurse Educator version and Candidate version. The Candidate version that is provided in this document offers a more thorough and comprehensive listing of content for each Client Needs category and subcategory outlined in the test plan. Sample items are provided at the end of each category, which are specific to the Client Needs category being reviewed in that section. The Item Writer/Item Reviewer/Nurse Educator version of the detailed test plan provides the same comprehensive listing of content and sample items for each Client Needs category and subcategory outlined in the test plan. In addition, the Item Writer/Item Reviewer/Nurse Educator version also provides an item writing tutorial with sample case scenarios to provide nurse educators with hands-on experience in writing NCLEX® style test questions.

For up-to-date information about the NCLEX-RN Examination, visit the NCSBN website at [www.ncsbn.org](http://www.ncsbn.org).
II. 2013 NCLEX-RN® Test Plan

Introduction
Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth and territorial boards of nursing). 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 perform safely and effectively as a newly licensed, entry-level registered nurse (RN). NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (see Report of Findings from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, NCSBN, 2012a). Twelve thousand newly licensed RNs are asked about the frequency and importance of performing 141 nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs, as well as processes fundamental to the practice of nursing.

The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills and abilities that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-RN Test Plan.

Beliefs
Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individual, family or group) achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX examination, a client is defined as the individual, family or group which includes significant others 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, continually evolving discipline that employs critical thinking 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 nurse then develops and implements an explicit plan of care. The nurse assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and support the right to a dignified death. The RN is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

**Classification of Cognitive Levels**

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 and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

**Test Plan Structure**

The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies, and focuses on clients in all settings.

**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
Integrated Processes
The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:

- Nursing Process – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- Caring – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- Communication and Documentation – verbal and nonverbal interactions between the nurse and the client, the client’s significant others and other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- Teaching/Learning – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

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 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2012a) and expert judgment provided by members of the NCLEX® Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>• Management of Care</td>
<td>17-23%</td>
</tr>
<tr>
<td>• Safety and Infection Control</td>
<td>9-15%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>6-12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>6-12%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>• Basic Care and Comfort</td>
<td>6-12%</td>
</tr>
<tr>
<td>• Pharmacological and Parenteral Therapies</td>
<td>12-18%</td>
</tr>
<tr>
<td>• Reduction of Risk Potential</td>
<td>9-15%</td>
</tr>
<tr>
<td>• Physiological Adaptation</td>
<td>11-17%</td>
</tr>
</tbody>
</table>
NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.

**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 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 clients and health care personnel.

Related content includes, but is not limited to:

- Advance Directives
- Advocacy
- Assignment, Delegation and Supervision
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality/Information Security
- Continuity of Care
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (Quality Improvement)
- Referrals
Safety and Infection Control – protecting clients and health care personnel from health and environmental hazards.

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

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

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.

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

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- Health Screening
- High Risk Behaviors
- Lifestyle Choices
- Self Care
- Techniques of Physical Assessment

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.

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

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies/Substance Use Disorder
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness/Cultural Influences on Health
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
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.

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

  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions

- **Pharmacological and Parenteral Therapies** - providing care related to the administration of medications and parenteral therapies.

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

  - Adverse Effects/Contraindications/Side Effects/Interactions
  - Blood and Blood Products
  - Central Venous Access Devices
  - Dosage Calculation
  - Expected Actions/Outcomes
  - Medication Administration
  - Parenteral/Intravenous Therapies
  - Pharmacological Pain Management
  - Total Parenteral Nutrition

- **Reduction of Risk Potential** - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

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

  - Changes/Abnormalities in Vital Signs
  - Diagnostic Tests
  - Laboratory Values
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/Treatments/Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - System Specific Assessments
  - Therapeutic Procedures

- **Physiological Adaptation** - managing and 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
  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Medical Emergencies
  - Pathophysiology
  - Unexpected Response to Therapies
III. 2013 NCLEX-RN® Detailed Test Plan

The NCLEX-RN Test Plan in the previous section provides a general outline of the categories and subcategories of the examination. The 2013 NCLEX-RN® Detailed Test Plan - Candidate Version is used to guide the direction of examination content to be followed by NCLEX® candidates preparing to take the examination.

The activity statements used in the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2012a) preface each of the eight content categories and are identified throughout the detailed test plan by an asterisk (*). NCSBN performs an analysis of those activities used frequently and identified as important by entry-level nurses to ensure client safety. This is called a practice analysis; it provides data to support the NCLEX examination as a reliable, valid measure of competent, entry-level nursing practice. The practice analysis is conducted at least every three years.

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 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2012a) and the Report of Findings from the 2011 RN Nursing Knowledge Survey. (NCSBN, 2012c) 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 2013 NCLEX-RN® Detailed Test Plan require the nurse to apply the fundamental principles of clinical decision making and critical thinking to nursing practice. The detailed test plan also makes the assumption that the nurse integrates concepts from the following bodies of knowledge:

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

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

- Nursing process;
- Caring;
- Communication and documentation; and
- Teaching and learning.

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 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2012a). In order to provide proper attribution to the original survey these statements have not been altered to fit the overall grammatical style of this document. In addition, the term “client” refers to the individual, family or group, which includes significant others and population. “Clients” are the same as “residents” or “patients.” NCLEX examination items are developed based on a variety of practice settings such as: acute/critical care, long-term care/rehabilitation care, outpatient care and community-based/home care settings.
Safe and Effective Care Environment

Management of Care

- Management of Care – the nurse provides and directs nursing care that enhances the care delivery setting to protect the client and health care personnel.

<table>
<thead>
<tr>
<th>MANAGEMENT OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Activity Statements from the 2011 RN Practice Analysis of Newly Licensed Registered Nurses in the U.S. and Member Board Jurisdictions</td>
</tr>
</tbody>
</table>

- Integrate advance directives into client plan of care
- Assign and supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs)
- Organize workload to manage time effectively
- Participate in providing cost effective care
- Initiate, evaluate, and update plan of care (e.g., care map, clinical pathway)
- Provide education to clients and staff about client rights and responsibilities
- Advocate for client rights and needs
- Collaborate with health care members in other disciplines when providing client care
- Manage conflict among clients and health care staff
- Maintain client confidentiality and privacy
- Provide and receive report on assigned clients (e.g., standardized hand off communication)
- Use approved abbreviations and standard terminology when documenting care
- Perform procedures necessary to safely admit, transfer or discharge a client
- Prioritize the delivery of client care
- Recognize ethical dilemmas and take appropriate action
- Practice in a manner consistent with a code of ethics for registered nurses
- Verify that the client comprehends and consents to care and procedures
- Receive and/or transcribe health care provider orders
- Utilize information resources to enhance the care provided to a client (e.g., evidenced-based research, information technology, policies and procedures)
- Recognize limitations of self/others and seek assistance
- Report client conditions as required by law (e.g., abuse/neglect, communicable disease, gunshot wound)
- Report unsafe practice of health care personnel and intervene as appropriate (e.g., substance abuse, improper care, staffing practices)
- Provide care within the legal scope of practice
- Participate in performance improvement/quality improvement process
- Recognize the need for referrals and obtain necessary orders

*Activity Statements used in the 2011 RN Practice Analysis
Related content includes, but is not limited to:

**Advance Directives**
- Assess client and/or staff member knowledge of advance directives (e.g., living will, health care proxy, Durable Power of Attorney for Health Care [DPAHC])
- Integrate advance directives into client plan of care*
- Provide client with information about advance directives

**Advocacy**
- Discuss identified treatment options with client and respect their decisions
- Provide information on advocacy to staff members
- Act in the role of client advocate
- Utilize advocacy resources appropriately (e.g., social worker, chain of command, interpreter)

**Assignment, Delegation and Supervision**
- Identify tasks for delegation based on client needs
- Ensure appropriate education, skills, and experience of personnel performing delegated tasks
- Assign and supervise care 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 five rights of delegation (e.g., right task, right circumstances, right person, right direction or communication, right supervision or feedback)
- Evaluate delegated tasks to ensure correct completion of activity
- Evaluate ability of staff members to perform assigned tasks for the position (e.g., job description, scope of practice, training, experience)
- Evaluate effectiveness of staff members’ time management skills

**Case Management**
- Explore resources available to assist the client with achieving or maintaining independence
- Assess the client’s need for materials and equipment (e.g., oxygen, suction machine, wound care supplies)
- Participate in providing 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, hospice, or community setting
- Initiate, evaluate, and update plan of care (e.g., care map, clinical pathway)*

*Activity Statements used in the 2011 RN Practice Analysis*
Client Rights
- Recognize the 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/staff understanding of client rights
- Advocate for client rights and needs*

Collaboration with Interdisciplinary Team
- Identify the need for interdisciplinary conferences
- Identify significant information to report to other disciplines (e.g., health care provider, pharmacist, social worker, respiratory therapist)
- Review plan of care to ensure continuity across disciplines
- Collaborate with healthcare members in other disciplines when providing client care*
- Serve as resource person to other staff

Concepts of Management
- Identify roles/responsibilities of health care team members
- Plan overall strategies to address client problems
- Act as liaison between client and others (e.g., coordinate care, manage care)
- Manage conflict among clients and health care staff*
- Evaluate management outcomes

Confidentiality/Information Security
- Assess staff member and client understanding of confidentiality requirements (e.g., HIPAA)
- Maintain client confidentiality and privacy*
- Intervene appropriately when confidentiality has been breached by staff members

Continuity of Care
- Provide and receive report on assigned clients (e.g., standardized hand off communication)*
- Use documents to record and communicate client information (e.g., medical record, referral/transfer form)
- Use approved abbreviations and standard terminology when documenting care*
- Perform procedures necessary to safely admit, transfer or discharge a client*
- Follow up on unresolved issues regarding client care (e.g., laboratory results, client requests)

Establishing Priorities
- Apply knowledge of pathophysiology when establishing priorities for interventions with multiple clients
- Prioritize the delivery of client care*
- Evaluation plan of care for multiple clients and revise plan of care as needed

*Activity Statements used in the 2011 RN Practice Analysis
Ethical Practice
- Recognize ethical dilemmas and take appropriate action*
- Inform client/staff members of ethical issues affecting client care
- Practice in a manner consistent with a code of ethics for registered nurses*
- Evaluate outcomes of interventions to promote ethical practice

Informed Consent
- Identify appropriate person to provide informed consent for client (e.g., client, parent, legal guardian)
- Provide written materials in client's spoken language, when possible
- Describe components of informed consent
- Participate in obtaining informed consent
- Verify that the client comprehends and consents to care and procedures*

Information Technology
- Receive and/or transcribe health care provider orders*
- Apply knowledge of facility regulations when accessing client records
- Access data for client through online databases and journals
- Enter computer documentation accurately, completely and in a timely manner
- Utilize information resources to enhance the care provided to a client (e.g., evidenced-based research, information technology, policies and procedures)*

Legal Rights and Responsibilities
- Identify legal issues affecting the client (e.g., refusing treatment)
- Identify and manage the client's valuables according to facility/agency policy
- Recognize limitations of self/others and seek assistance*
- Review facility policy and state mandates prior to agreeing to serve as an interpreter for staff or primary health care provider
- Educate client/staff on legal issues
- Report client conditions as required by law (e.g., abuse/neglect, communicable disease, gunshot wound)*
- Report unsafe practice of health care personnel and intervene as appropriate (e.g. substance abuse, improper care, staffing practices)*
- Provide care within the legal scope of practice*

*Activity Statements used in the 2011 RN Practice Analysis
Performance Improvement (Quality Improvement)
- Define performance improvement/quality assurance activities
- Participate in performance improvement/quality improvement process*
- Report identified client care issues/problems to appropriate personnel (e.g., nurse manager, risk manager)
- Utilize research and other references for performance improvement actions
- Evaluate the impact of performance improvement measures on client care and resource utilization

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

Sample Item

The nurse is caring for a client in a long term care facility. The client's spouse asks the nurse for information regarding the client's treatment plan. Which of the following responses would be most appropriate for the nurse to make?

a. “I cannot give you information on any client.” (key)
b. “Can you verify the client’s date of birth?”
c. “Let me ask the primary health care provider to speak with you.”
d. “You should speak directly with the client about the treatment plan.”

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

*Activity Statements used in the 2011 RN Practice Analysis
Safety and Infection Control

- Safety and Infection Control – The nurse protects clients and health care personnel from health and environmental hazards.

### SAFETY AND INFECTION CONTROL

**Related Activity Statements from the 2011 RN Practice Analysis of Newly Licensed Registered Nurses in the U.S. and Member Board Jurisdictions**

- Assess client for allergies and intervene as needed (e.g., food, latex, environmental allergies)
- Protect client from injury (e.g., falls, electrical hazards)
- Ensure proper identification of client when providing care
- Verify appropriateness and/or accuracy of a treatment order
- Implement emergency response plans (e.g., internal/external disaster)
- Use ergonomic principles when providing care (e.g., assistive devices, proper lifting)
- Follow procedures for handling biohazardous materials
- Educate client on home safety issues
- Acknowledge and document practice error (e.g., incident report for medication error)
- Facilitate appropriate and safe use of equipment
- Participate in institution security plan (e.g., newborn nursery security, bomb threats)
- Apply principles of infection control (e.g., hand hygiene, surgical asepsis, isolation, sterile technique, universal/standard precautions)
- Educate client and staff regarding infection control measures
- Follow requirements for use of restraints and/or safety device (e.g., least restrictive restraints, timed client monitoring)

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

#### Accident/Error/Injury Prevention

- Assess client for allergies and intervene as needed (e.g., food, latex, environmental allergies)*
- Determine client/staff member knowledge of safety procedures
- Identify factors that influence accident/injury prevention (e.g., age, developmental stage, lifestyle, mental status)
- Identify deficits that may impede client safety (e.g., visual, hearing, sensory/perceptual)
- Identify and verify prescriptions 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
- Provide client with appropriate method to signal staff members
- Protect client from injury (e.g., falls, electrical hazards)*
- Review necessary modifications with client to reduce stress on specific muscle or skeletal groups (e.g., frequent changing of position, routine stretching of the shoulders, neck, arms, hands, fingers)

*Activity Statements used in the 2011 RN Practice Analysis*
- Implement seizure precautions for at-risk clients
- Make appropriate room assignments for cognitively impaired clients
- Ensure proper identification of client when providing care*
- Verify appropriateness and/or accuracy of a treatment order*

**Emergency Response Plan**
- Determine which client(s) to recommend for discharge in a disaster situation
- Identify nursing roles in disaster planning
- Use clinical decision-making/critical thinking for emergency response plan
- Implement emergency response plans (e.g., internal/external disaster)*
- Participate in disaster planning activities/drills

**Ergonomic Principles**
- Assess client ability to balance, transfer and use assistive devices prior to planning care (e.g., crutches, walker)
- Provide instruction and information to client about body positions that eliminate potential for repetitive stress injuries
- Use ergonomic principles when providing care (e.g., assistive devices, proper lifting)*

**Handling Hazardous and Infectious Materials**
- Identify biohazardous, flammable and infectious materials
- Follow procedures for handling biohazardous materials*
- Demonstrate safe handling techniques to staff and client
- Ensure safe implementation of internal radiation therapy

**Home Safety**
- Assess need for client home modifications (e.g., lighting, handrails, kitchen safety)
- Apply knowledge of client pathophysiology to home safety interventions
- Educate client on home safety issues*
- Encourage the client to use protective equipment when using devices that can cause injury (e.g., home disposal of syringes)
- Evaluate client care environment for fire/environmental hazard

**Reporting of Incident/Event/Irregular Occurrence/Variance**
- Identify need/situation where reporting of incident/event/irregular occurrence/variance is appropriate
- Acknowledge and document practice error (e.g. incident report for medication error)*
- Evaluate response to error/event/occurrence

*Activity Statements used in the 2011 RN Practice Analysis
Safe Use of Equipment
- Inspect equipment for safety hazards (e.g., frayed electrical cords, loose/missing parts)
- Teach client about the 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/protocols
- Participate in institution security plan (e.g., newborn nursery security, bomb threats)*

Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- 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 control (e.g., hand hygiene, surgical asepsis, isolation, sterile technique, universal/standard precautions)*
- Follow correct policy and procedures when reporting a client with a communicable disease
- Educate client and staff regarding infection control measures*
- Utilize appropriate precautions for immunocompromised clients
- Use appropriate technique to set up a sterile field/maintain asepsis (e.g., gloves, mask, sterile supplies)
- Evaluate infection control precautions implemented by staff members
- Evaluate whether aseptic technique is performed correctly

Use of Restraints/Safety Devices
- Assess appropriateness of the type of restraint/safety device used
- Follow requirements for use of restraints and/or safety device (e.g., least restrictive restraints, timed client monitoring)*
- Monitor/evaluate client response to restraints/safety device

Sample Item

The nurse is caring for a client who has streptococcal pneumonia. Which of the following infection control precautions should the nurse implement?

a. Request the dietary department provide disposable utensils on the client’s meal tray.

b. Wear a surgical mask when obtaining the client’s vital signs. (key)

c. Remove fresh flowers from the client’s room.

d. Place the client in a private room with monitored negative air pressure.

*Activity Statements used in the 2011 RN Practice Analysis
Health Promotion and Maintenance

- Health Promotion and Maintenance – the nurse provides and directs nursing care of the client that incorporates knowledge of expected growth and development principles; prevention and/or early detection of health problems; and strategies to achieve optimal health.

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<th>HEALTH PROMOTION AND MAINTENANCE</th>
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- Provide care and education for the newborn less than 1 month old through the infant or toddler client 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 through 85 years and over
- Provide prenatal care and education
- Provide care to client in labor
- Provide post-partum care and education
- Assess and teach clients about health risks based on family, population, and/or community characteristics
- Assess client’s readiness to learn, learning preferences and barriers to learning
- Plan and/or participate in community health education
- Provide information about health promotion and maintenance recommendations (e.g., physician visits, immunizations)
- Perform targeted screening assessments (e.g., vision, hearing, nutrition)
- Provide information for prevention and treatment of high risk health behaviors (e.g., smoking cessation, safe sexual practices, drug education)
- Assess client ability to manage care in home environment and plan care accordingly (e.g., equipment, community resources)
- Perform comprehensive health assessment

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 less than 1 month old through the infant or toddler client 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 through 85 years and over*

*Activity Statements used in the 2011 RN Practice Analysis
Ante/Intra/Postpartum and Newborn Care
- 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)
- Recognize cultural differences in childbearing practices
- Calculate expected delivery date
- Check fetal heart rate during routine prenatal exams
- Assist client with performing/learning newborn care (e.g., feeding)
- Provide prenatal care and education*
- Provide care to client in labor*
- Provide post-partum care and education*
- Provide discharge instructions (e.g., post-partum and newborn care)
- Evaluate client’s ability to care for the newborn

Developmental Stages and Transitions
- Identify expected physical, cognitive and psychosocial stages of development
- Identify expected body image changes associated with client developmental age (e.g., aging, pregnancy)
- Identify family structures and roles of family members (e.g., nuclear, blended, adoptive)
- Compare client development to expected age/developmental stage and report any deviations
- Assess impact of change on family system (e.g., one-parent family, divorce, ill family member)
- Recognize cultural and religious influences that may impact family functioning
- Assist client to cope with life transitions (e.g., attachment to newborn, parenting, puberty, retirement)
- Modify approaches to care in accordance with client developmental stage (use age appropriate explanations of procedures and treatments)
- Provide education to client/staff members about expected age-related changes and age-specific growth and development (e.g., developmental stages)
- Evaluate client’s achievement of expected developmental level (e.g., developmental milestones)
- Evaluate impact of expected body image changes on client and family

Health Promotion/Disease Prevention
- Identify risk factors for disease/illness (e.g., age, gender, ethnicity, lifestyle)
- Assess and teach clients about health risks based on family, population, and/or community characteristics*
- Assess client’s readiness to learn, learning preferences and barriers to learning*
- Plan and/or participate in community health education*
- Educate the client on actions to promote/maintain health and prevent disease (e.g., smoking cessation, diet, weight loss)

*Activity Statements used in the 2011 RN Practice Analysis
Inform the client of appropriate immunization schedules
Integrate complementary therapies into health promotion activities for the well client
Provide information about health promotion and maintenance recommendations (e.g., physician visits, immunizations)*
Provide follow-up to the client following participation in health promotion program (e.g., diet counseling)
Assist the client in maintaining an optimum level of health
Evaluate client understanding of health promotion behaviors/activities (e.g., weight control, exercise actions)
Implement and evaluate community-based client care

Health Screening
- Apply knowledge of pathophysiology to health screening
- Identify risk factors linked to ethnicity (e.g., hypertension, diabetes)
- Perform health history/health and risk assessments (e.g., lifestyle, family and genetic history)
- Perform targeted screening assessments (e.g., vision, hearing, nutrition)*
- Utilize appropriate procedure and interviewing techniques when taking the client health history

High Risk Behaviors
- Assess client lifestyle practice risks that may impact health (e.g., excessive sun exposure, lack of regular exercise)
- Assist the client to identify behaviors/risks that may impact health (e.g., fatigue, calcium deficiency)
- Provide information for prevention and treatment of high risk health behaviors (e.g., smoking cessation, safe sexual practices, drug education)*

Lifestyle Choices
- Assess the client’s lifestyle choices (e.g., home schooling, rural or urban living)
- Assess client’s attitudes/perceptions on sexuality
- Assess client’s need/desire for contraception
- Identify contraindications to chosen contraceptive method (e.g., smoking, compliance, medical conditions)
- Identify expected outcomes for family planning methods
- Recognize client who is socially or environmentally isolated
- Educate the client on sexuality issues (e.g., family planning, safe sexual practices, menopause, impotence)
- Evaluate client alternative or homeopathic health care practices (e.g., massage therapy, acupuncture, herbal medicine and minerals)

*Activity Statements used in the 2011 RN Practice Analysis
Self Care
- Assess client ability to manage care in home environment and plan care accordingly (e.g., equipment, community resources)*
- 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 assessment*

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**Sample Item**

The nurse is teaching a client about contraception. Which of the following information should the nurse include?

a. “Emergency contraception is most effective if used within 72 hours of unprotected intercourse.” (key)

b. “If used correctly, a birth control patch will protect you from contracting a sexually transmitted disease (STD).”

c. “If you use an intrauterine device for contraception, it will need to be replaced every year.”

d. “You cannot use medroxyprogesterone if you smoke cigarettes.”

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*Activity Statements used in the 2011 RN Practice Analysis
### Psychosocial Integrity

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 2011 RN Practice Analysis of Newly Licensed Registered Nurses in the U.S. and Member Board Jurisdictions**

- Assess client for abuse or neglect and intervene as appropriate
- Incorporate behavioral management techniques when caring for a client (e.g., positive reinforcement, setting limits)
- Assess client for drug/alcohol dependencies, withdrawal, or toxicities and intervene as appropriate
- Assess client in coping with life changes and provide support
- Assess the potential for violence and use safety precautions (e.g., suicide, homicide, self-destructive behavior)
- Incorporate client cultural practice and beliefs when planning and providing care
- Provide end of life care and education to clients
- Assess family dynamics to determine plan of care (e.g., structure, bonding, communication, boundaries, coping mechanisms)
- Provide care and education for acute and chronic behavioral health issues (e.g., anxiety, depression, dementia, eating disorders)
- Assess psychosocial, spiritual and occupational factors affecting care, and plan interventions
- Provide care for a client experiencing visual, auditory or cognitive distortions (e.g., hallucinations)
- Recognize non-verbal cues to physical and/or psychological stressors
- Use therapeutic communication techniques to provide client support
- Provide a therapeutic environment for clients with emotional/behavioral issues

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

**Abuse/Neglect**

- Assess client for abuse or neglect and intervene as appropriate*
- Identify risk factors for domestic, child, elder abuse/neglect and sexual abuse
- Plan interventions for victims/suspected victims of abuse
- Counsel victims/suspected victims of abuse and their families on coping strategies
- Provide a safe environment for the abused/neglected client
- Evaluate client response to interventions

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*Activity Statements used in the 2011 RN Practice Analysis
Behavioral Interventions

- Assess the client's appearance, mood and psychomotor behavior and identify/respond to inappropriate/abnormal behavior
- Assist the client with achieving and maintaining self-control of behavior (e.g., contract, behavior modification)
- Assist the 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 (e.g., positive reinforcement, setting limits)*
- Evaluate the client's response to treatment plan

Chemical and Other Dependencies/Substance Use Disorder

- Assess the client's reactions to the diagnosis/treatment of substance-related disorder
- Assess client for drug/alcohol dependencies, withdrawal, or toxicities and intervene as appropriate*
- Plan and provide care to clients experiencing substance-related withdrawal or toxicity (e.g., nicotine, opioid, sedative)
- Provide information on substance abuse diagnosis and treatment plan to the client
- Provide care and/or support for a client with non-substance-related dependencies (e.g., gambling, sexual addiction)
- Provide symptom management for clients experiencing withdrawal or toxicity
- Encourage client to participate in support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
- Evaluate the client's response to a treatment plan and revise as needed

Coping Mechanisms

- Assess the client's support systems and available resources
- Assess the client's ability to adapt to temporary/permanent role changes
- Assess the client's reaction to a diagnosis of acute or chronic mental illness (e.g., rationalization, hopefulness, anger)
- Assess client in coping with life changes and provide support*
- Identify situations which may necessitate role changes for a client (e.g., spouse with chronic illness, death of parent)
- Provide support to the client with unexpected altered body image (e.g., alopecia)
- Evaluate the constructive use of defense mechanisms by a client
- Evaluate whether the client has successfully adapted to situational role changes (e.g., accept dependency on others)

*Activity Statements used in the 2011 RN Practice Analysis
Crisis Intervention
- Assess the potential for violence and use safety precautions (e.g., suicide, homicide, self-destructive behavior)*
- Identify the client in crisis
- Use crisis intervention techniques to assist the client in coping
- Apply knowledge of client psychopathology to crisis intervention
- Guide the client to resources for recovery from crisis (e.g., social supports)

Cultural Awareness/Cultural Influences on Health
- Assess the importance of client culture/ethnicity when planning/providing/evaluating care
- Recognize cultural issues that may impact the client’s understanding/acceptance of psychiatric diagnosis
- Incorporate client cultural practice and beliefs when planning and providing care*
- Respect cultural background/practices of the client (does not include dietary preferences)
- Use appropriate interpreters to assist in achieving client understanding
- Evaluate and document how client language needs were met

End of Life Care
- Assess the client’s ability to cope with end-of-life interventions
- Identify end of life needs of the client (e.g., financial concerns, fear, loss of control, role changes)
- Recognize the need for and provide psychosocial support to the family/caregiver
- Assist the client in resolution of end-of-life issues
- Provide end of life care and education to clients*

Family Dynamics
- Assess barriers/stressors that impact family functioning (e.g., meeting client care needs, divorce)
- Assess family dynamics to determine plan of care (e.g., structure, bonding, communication, boundaries, coping mechanisms)*
- Assess parental techniques related to discipline
- Encourage the client’s participation in group/family therapy
- Assist the client to integrate new members into family structure (e.g., new infant, blended family)
- Evaluate resources available to assist family functioning

Grief and Loss
- Assist the client in coping with suffering, grief, loss, dying, and bereavement
- Support the client in anticipatory grieving
- Inform the client of expected reactions to grief and loss (e.g., denial, fear)
- Provide the client with resources to adjust to loss/bereavement (e.g., individual counseling, support groups)
- Evaluate the client’s coping and fears related to grief and loss

*Activity Statements used in the 2011 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 the client use of defense mechanisms
- Explore why client is refusing/not following treatment plan (e.g., non-adherence)
- 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 behavioral health issues (e.g., anxiety, depression, dementia, eating disorders)*
- Evaluate the client ability to adhere to treatment plan
- Evaluate a client’s abnormal response to the aging process (e.g., depression)

Religious and Spiritual Influences on Health

- Identify the emotional problems of client or client needs that are related to religious/spiritual beliefs (e.g., spiritual distress, conflict between recommended treatment and beliefs)
- Assess psychosocial, spiritual and occupational factors affecting care, and plan interventions*
- Assess and plan interventions that meet the client’s emotional and spiritual needs
- Evaluate whether the client’s religious/spiritual needs are met

Sensory/Perceptual Alterations

- Identify time, place, and stimuli surrounding the appearance of symptoms
- Assist client to develop strategies for dealing with sensory and thought disturbances
- Provide care for a client experiencing visual, auditory or cognitive distortions (e.g., hallucinations)*
- Provide care in a nonthreatening and nonjudgmental manner
- Provide reality-based diversions

Stress Management

- Recognize nonverbal 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, pollution)
- Provide information to client on stress management techniques (e.g., relaxation techniques, exercise, meditation)
- Evaluate the client’s use of stress management techniques

Support Systems

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

*Activity Statements used in the 2011 RN Practice Analysis
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 to provide client support
- Encourage the client to verbalize feelings (e.g., fear, discomfort)
- Evaluate the effectiveness of communications with the client

Therapeutic Environment
- Identify external factors that may interfere with client recovery (e.g., stressors, family dynamics)
- Make client room assignments that support the therapeutic milieu
- Provide a therapeutic environment for clients with emotional/behavioral issues

Sample Item
The nurse is caring for a female client who was brought to the emergency department (ED) by the spouse. Based on the client’s injuries, the nurse suspects the client may have been physically abused. Which of the following actions would be most appropriate for the nurse to take?

a. Question the client about the possibility of abuse when the spouse is not in the room. (key)
b. Explain to the client that the client will have to speak with a police officer to rule out the possibility of abuse.
c. Explain to the spouse that the client’s injuries appear to be the result of physical abuse.
d. Ask the client and the spouse how long they have been married.
Physiological Integrity

Basic Care and Comfort

- Basic Care and Comfort – the nurse provides comfort and assistance in the performance of activities of daily living.

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- Assist client to compensate for a physical or sensory impairment (e.g., assistive devices, positioning, compensatory techniques)
- Assess and manage client with an alteration in elimination (e.g., bowel, urinary)
- Perform irrigations (e.g., of bladder, ear, eye)
- Perform skin assessment and implement measures to maintain skin integrity and prevent skin breakdown (e.g., turning, repositioning, pressure-relieving support surfaces)
- Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts)
- Apply and maintain devices used to promote venous return (e.g., anti-embolic stockings, sequential compression devices)
- Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization)
- Assess client need for pain management
- Provide non-pharmacological comfort measures
- Manage the client's nutritional intake (e.g., adjust diet, monitor height and weight)
- Provide client nutrition through continuous or intermittent tube feedings
- Evaluate client intake and output and intervene as needed
- Assess and intervene in client performance of activities of daily living
- Perform post-mortem care
- Assess client need for sleep/rest and intervene as needed

Related content includes, but is not limited to:

Assistive Devices

- Assess the client for actual/potential difficulty with communication and speech/vision/hearing problems
- Assess the 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, compensatory techniques)*
- Manage the client who uses assistive devices or prostheses (e.g., eating utensils, telecommunication devices, dentures)
- Evaluate the correct use of assistive devices by the client

*Activity Statements used in the 2011 RN Practice Analysis
Elimination
- Assess and manage client with an alteration in elimination (e.g., bowel, urinary)*
- 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 the client’s ability to eliminate is restored/maintained

Mobility/Immobility
- 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 and prevent skin breakdown (e.g., turning, repositioning, pressure-relieving support surfaces)*
- Apply knowledge of nursing procedures and psychomotor skills when providing care to clients with immobility
- Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts)*
- Apply and maintain devices used to promote venous return (e.g., anti-embolic stockings, sequential compression devices)*
- Educate the client regarding proper methods used when repositioning an immobilized client
- Maintain the client’s correct body alignment
- Maintain/correct the adjustment of client’s traction device (e.g., external fixation device, halo traction, skeletal traction)
- Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization)*
- Evaluate the client’s response to interventions to prevent complications from immobility

Non-Pharmacological Comfort Interventions
- Assess the client’s need for alternative and/or complementary therapy
- Assess the client’s need for palliative care
- Assess client need for pain management*
- Recognize differences in client perception and response to pain
- Apply knowledge of pathophysiology to non-pharmacological comfort/palliative care interventions
- Incorporate alternative/complementary therapies into client plan of care (e.g., music therapy, relaxation therapy)
- Counsel client regarding palliative care
- Respect client palliative care choices
- Assist client in receiving appropriate end of life physical symptom management
- Plan measures to provide comfort interventions to clients with anticipated or actual impaired comfort

*Activity Statements used in the 2011 RN Practice Analysis
■ Provide non-pharmacological comfort measures*
■ Evaluate the client’s response to non-pharmacological interventions (e.g., pain rating scale, verbal reports)
■ Evaluate the outcomes of alternative and/or complementary therapy practices
■ Evaluate outcome of palliative care interventions

**Nutrition and Oral Hydration**
■ Assess client ability to eat (e.g., chew, swallow)
■ Assess client for actual/potential specific food and medication interactions
■ Consider client choices regarding meeting nutritional requirements and/or maintaining dietary restrictions, including mention of specific food items
■ Monitor client hydration status (e.g., edema, signs and symptoms of dehydration)
■ Initiate calorie counts for clients
■ Apply knowledge of mathematics to client nutrition (e.g., body mass index [BMI])
■ Manage the client’s nutritional intake (e.g., adjust diet, monitor height and weight)*
■ Promote the client’s independence in eating
■ Provide/maintain special diets based on the client diagnosis/nutritional needs and cultural considerations (e.g., low sodium, high protein, calorie restrictions)
■ Provide nutritional supplements as needed (e.g., high protein drinks)
■ Provide client nutrition through continuous or intermittent tube feedings*
■ Evaluate side effects of client tube feedings and intervene, as needed (e.g., diarrhea, dehydration)
■ Evaluate client intake and output and intervene as needed*
■ Evaluate the impact of disease/illness on nutritional status of a client

**Personal Hygiene**
■ Assess the client for personal hygiene habits/routine
■ Assess and intervene in client performance of activities of daily living*
■ Provide information to the client on required adaptations for performing activities of daily living (e.g., shower chair, hand rails)
■ Perform post-mortem care*

**Rest and Sleep**
■ Assess client need for sleep/rest and intervene as needed*
■ Apply knowledge of client pathophysiology to rest and sleep interventions
■ Schedule client care activities to promote adequate rest

*Activity Statements used in the 2011 RN Practice Analysis
### Sample Item

The nurse is teaching a client with gastroesophageal reflux disease (GERD) about dietary and lifestyle modifications. Which of the following information should the nurse include in the teaching? **Select all that apply.**

- a. Maintain a high-protein, low-fat diet. *(key)*
- b. Avoid snacks between meals.
- c. Sleep with the head of the bed elevated. *(key)*
- d. Stay upright for 2 to 3 hours after eating. *(key)*
- e. Decrease daily intake of sodium.
Pharmacological and Parenteral Therapies

Pharmacological and Parenteral Therapies – the nurse provides care related to the administration of medications and parenteral therapies.

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- Administer blood products and evaluate client response
- Access venous access devices, including tunneled, implanted and central lines
- Perform calculations needed for medication administration
- Evaluate client response to medication (e.g., therapeutic effects, side effects, adverse reactions)
- 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 (e.g., giving insulin according to blood glucose levels, titrating medication to maintain a specific blood pressure)
- Evaluate appropriateness and accuracy of medication order for client
- Monitor intravenous infusion and maintain site (e.g., central, PICC, epidural and venous access devices)
- Administer pharmacological measures for pain management
- Administer controlled substances within regulatory guidelines (e.g., witness, waste)
- Administer parenteral nutrition and evaluate client response (e.g., TPN)

Related content includes, but is not limited to:

**Adverse Effects/Contraindications/Side Effects/Interactions**

- Identify a contraindication to the administration of a medication to the client
- Identify actual and potential incompatibilities of prescribed client medications
- Identify symptoms/evidence of an allergic reaction (e.g., to medications)
- Assess the client for actual or potential side effects and adverse effects of medications (e.g., prescribed, over-the-counter, herbal supplements, preexisting condition)
- Provide information to the client on common side effects/adverse effects/potential interactions of medications and inform the client when to notify the primary health care provider
- Notify the primary health care provider of side effects, adverse effects and contraindications of medications and parenteral therapy

*Activity Statements used in the 2011 RN Practice Analysis*
- Document side effects and adverse effects of medications and parenteral therapy
- Monitor for anticipated interactions among the client prescribed medications and fluids (e.g., oral, IV, subcutaneous, IM, topical prescriptions)
- Evaluate and document the client’s response to actions taken to counteract side effects and adverse effects of medications and parenteral therapy

**Blood and Blood Products**
- Identify the client according to facility/agency policy prior to administration of red blood cells/blood products (e.g., prescription for administration, correct type, correct client, cross matching complete, consent obtained)
- Check the client for appropriate venous access for red blood cell/blood product administration (e.g., correct gauge needle, integrity of access site)
- Document necessary information on the administration of red blood cells/blood products
- Administer blood products and evaluate client response*

**Central Venous Access Devices**
- Educate the client on the reason for and care of a venous access device
- Access venous access devices, including tunneled, implanted and central lines*
- Provide care for client with a central venous access device (e.g., port-a-cath, Hickman)

**Dosage Calculation**
- Perform calculations needed for medication administration*
- Use clinical decision making/critical thinking when calculating dosages

**Expected Actions/Outcomes**
- Obtain information on a client’s prescribed medications (e.g., review formulary, consult pharmacist)
- Use clinical decision making/critical thinking when addressing expected effects/outcomes of medications (e.g., oral, intradermal, subcutaneous, IM, topical)
- Evaluate the client’s use of medications over time (e.g., prescription, over-the-counter, home remedies)
- Evaluate client response to medication (e.g., therapeutic effects, side effects, adverse reactions)*

**Medication Administration**
- Educate client about medications*
- Educate client on medication self-administration procedures
- Prepare and administer medications, using rights of medication administration*
- Review pertinent data prior to medication administration (e.g., contraindications, lab results, allergies, potential interactions)*
- Mix medications from two vials when necessary (e.g., insulin)

*Activity Statements used in the 2011 RN Practice Analysis
- Administer and document medications given by common routes (e.g., oral, topical)
- 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 (e.g., giving insulin according to blood glucose levels, titrating medication to maintain a specific blood pressure)*
- Dispose of unused medications according to facility/agency policy
- Evaluate appropriateness and accuracy of medication order for client*

**Parenteral/Intravenous Therapies**
- Identify appropriate veins that should be accessed for various therapies
- Educate client on the need for intermittent parenteral fluid therapy
- Apply knowledge and concepts of mathematics/nursing procedures/psychomotor skills when caring for a client receiving intravenous and parenteral therapy
- Prepare the client for intravenous catheter insertion
- Monitor the use of an infusion pump (e.g., IV, patient-controlled analgesia (PCA) device)
- Monitor intravenous infusion and maintain site (e.g., central, PICC, epidural and venous access devices)*
- Evaluate the client’s response to intermittent parenteral fluid therapy

**Pharmacological Pain Management**
- Assess client need for administration of a PRN pain medication (e.g., oral, topical, subcutaneous, IM, IV)
- Administer and document pharmacological pain management appropriate for client age and diagnoses (e.g., pregnancy, children, older adults)
- Administer pharmacological measures for pain management*
- Administer controlled substances within regulatory guidelines (e.g., witness, waste)*
- Evaluate and document the client’s use and response to pain medications

**Total Parenteral Nutrition (TPN)**
- Identify side effects/adverse events related to TPN and intervene as appropriate (e.g., hyperglycemia, fluid imbalance, infection)
- 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 (e.g., TPN)*

*Activity Statements used in the 2011 RN Practice Analysis*
Sample Item

The nurse is caring for a client who has a prescription for gentamicin 2 mg/kg, IV, every 8 hours. The client weighs 143 lb. The nurse has gentamicin 100 mg in 50 ml of solution available. How many ml should the nurse administer to the client with each dose?

Record your answer using a whole number.

65 ml (key)
Reduction of Risk Potential

- Reduction of Risk Potential – the nurse reduces the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

<table>
<thead>
<tr>
<th>REDUCTION OF RISK POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Activity Statements from the 2011 RN Practice Analysis of Newly Licensed Registered Nurses in the U.S. and Member Board Jurisdictions</td>
</tr>
</tbody>
</table>

- Assess and respond to changes in client vital signs
- Perform diagnostic testing (e.g., electrocardiogram, oxygen saturation, glucose monitoring)
- Monitor the results of diagnostic testing and intervene as needed
- Obtain blood specimens peripherally or through central line
- Obtain specimens other than blood for diagnostic testing (e.g., wound, stool, urine)
- Insert, maintain and remove a gastric tube
- Insert, maintain and remove a urinary catheter
- Insert, maintain and remove a peripheral intravenous line
- Use precautions to prevent injury and/or complications associated with a procedure or diagnosis
- Evaluate responses to procedures and treatments
- Recognize trends and changes in client condition and intervene as needed
- Perform focused assessment
- Educate client about treatments and procedures
- Provide preoperative and postoperative education
- Provide preoperative care
- Provide intraoperative care
- Manage client during and following a procedure with moderate sedation

Related content includes, but is not limited to:

**Changes/Abnormalities in Vital Signs**

- Assess and respond to changes in client vital signs*
- Apply knowledge needed to perform related nursing procedures and psychomotor skills when assessing vital signs
- Apply knowledge of client pathophysiology when measuring vital signs
- Evaluate invasive monitoring data (e.g., pulmonary artery pressure, intracranial pressure)

*Activity Statements used in the 2011 RN Practice Analysis
Diagnostic Tests

- Apply knowledge of related nursing procedures and psychomotor skills when caring for clients undergoing diagnostic testing
- Compare client diagnostic findings with pre-test results
- Perform diagnostic testing (e.g., electrocardiogram, oxygen saturation, glucose monitoring)*
- Perform fetal heart monitoring
- Monitor results of maternal and fetal diagnostic tests (e.g., non-stress test, amniocentesis, ultrasound)
- Monitor the results of diagnostic testing and intervene as needed*

Laboratory Values

- Identify laboratory values for ABGs (pH, PO₂, PCO₂, SaO₂, HCO₃), BUN, cholesterol (total) glucose, hematocrit, hemoglobin, glycosylated hemoglobin (HgbA₁C), platelets, potassium, sodium, WBC, creatinine, PT, PTT & APTT, INR
- Compare client laboratory values to normal laboratory values
- Educate client about the purpose and procedure of prescribed laboratory tests
- Obtain blood specimens peripherally or through central line*
- Obtain specimens other than blood for diagnostic testing (e.g., wound, stool, urine)*
- Monitor client laboratory values (e.g., glucose testing results for the client with diabetes)
- Notify primary health care provider about laboratory test results

Potential for Alterations in Body Systems

- Identify client potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties)
- Identify client potential for skin breakdown (e.g., immobility, nutritional status, incontinence)
- Identify client with increased risk for insufficient vascular perfusion (e.g., immobilized limb, post surgery, diabetes)
- Educate client on methods to prevent complications associated with activity level/diagnosed illness/disease (e.g., contractures, foot care for client with diabetes mellitus)
- Compare current client data to baseline client data (e.g., symptoms of illness/disease)
- Monitor client output for changes from baseline (e.g., nasogastric [NG] tube, emesis, stools, urine)

Potential for Complications of Diagnostic Tests/Treatments/Procedures

- 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 the client for signs of bleeding
- Position the client to prevent complications following tests/treatments/procedures (e.g., elevate head of bed, immobilize extremity)

*Activity Statements used in the 2011 RN Practice Analysis
- Insert, maintain and remove a gastric tube*
- Insert, maintain and remove a urinary catheter*
- Insert, maintain and remove a peripheral intravenous line*
- Maintain tube patency (e.g., NG tube for decompression, chest tubes)
- 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 NG tube placement)
- Intervene to prevent potential neurological complications (e.g., foot drop, numbness, tingling)
- Evaluate 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 the client’s response to post-operative interventions to prevent complications (e.g., prevent aspiration, promote venous return, promote mobility)

**System Specific Assessments**
- Assess the client for abnormal peripheral pulses after a procedure or treatment
- Assess the client for abnormal neurological status (e.g., level of consciousness, muscle strength, mobility)
- Assess the client for peripheral edema
- Assess the 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 assessment*

**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 (tracheostomy and ostomy)
- Use precautions to prevent further injury when moving a client with a musculoskeletal condition (e.g., log-rolling, abduction pillow)
- Monitor the client before, during, and after a procedure/surgery (e.g., casted extremity)

*Activity Statements used in the 2011 RN Practice Analysis
- Monitor effective functioning of therapeutic devices (e.g., chest tube, drainage tubes, wound drainage devices, continuous bladder irrigation)
- Provide preoperative and postoperative education*
- Provide preoperative care*
- Provide intraoperative care*
- Manage client during and following a procedure with moderate sedation*

Sample Item

The nurse has taught a client who is scheduled for a colonoscopy. Which of the following statements by the client would require follow up?

a. “I will not be able to eat or drink anything for 24 hours before the procedure.” (key)

b. “I may experience abdominal cramping after the procedure.”

c. “I will be sedated during the procedure.”

d. “I will be placed in the knee-chest position for the procedure.”
Physiological Adaptation

- Physiological Adaptation – the nurse manages and provides care for clients with acute, chronic or life threatening physical health conditions.

**PHYSIOLOGICAL ADAPTATION**

*Related Activity Statements from the 2011 RN Practice Analysis of Newly Licensed Registered Nurses in the U.S. and Member Board Jurisdictions*

- Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy)
- Implement and monitor phototherapy
- Maintain optimal temperature of client (e.g., cooling and/or warming blanket)
- 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 (e.g. oral, nasopharyngeal, endotracheal, tracheal)
- Provide wound care or dressing change
- Provide ostomy care and education (e.g. tracheal, enteral)
- Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry)
- Provide postoperative care
- Manage the care of the client with a fluid and electrolyte imbalance
- Monitor and maintain arterial lines
- Manage the care of a client with a pacing device (e.g., pacemaker)
- Manage the care of a client on telemetry
- Manage the care of a client receiving hemodialysis
- Manage the care of a client with alteration in hemodynamics, tissue perfusion and hemostasis (e.g., cerebral, cardiac, peripheral)
- Educate client regarding an acute or chronic condition
- Manage the care of a client with impaired ventilation/oxygenation
- Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis
- Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, respiratory support, automated external defibrillator)
- Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms)
- Recognize signs and symptoms of complications and intervene appropriately when providing client care

*Activity Statements used in the 2011 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 the 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
- Educate client about managing health problems (e.g., chronic illness)
- Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy)*
- Implement and monitor phototherapy*
- Implement interventions to address side/adverse effects of radiation therapy (e.g., dietary modifications, avoid sunlight)
- Maintain optimal temperature of client (e.g., cooling and/or warming blanket)*
- Monitor and care for clients on a ventilator*
- Monitor wounds for signs and symptoms of infection
- 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 (e.g. oral, nasopharyngeal, endotracheal, tracheal)*
- Perform wound care or dressing change*
- Promote client progress toward recovery from an alteration in body systems
- Provide ostomy care and education (e.g. tracheal, enteral)*
- Provide care to client who has experienced a seizure
- Provide care to a client with an infectious disease
- Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry)*
- 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 postoperative care*
- Remove sutures or staples
- Evaluate client response to surgery
- Evaluate achievement of client treatment goals
- Evaluate client response to treatment for an infectious disease (e.g., acquired immune deficiency syndrome [AIDS], tuberculosis [TB])
- Evaluate and monitor client response to radiation therapy

*Activity Statements used in the 2011 RN Practice Analysis
Fluid and Electrolyte Imbalances
- Identify signs and symptoms of client fluid and/or electrolyte imbalance
- Apply knowledge of pathophysiology when caring for the client with fluid and electrolyte imbalances
- Manage the care of the client with a fluid and electrolyte imbalance*
- Evaluate the client’s response to interventions to correct fluid or electrolyte imbalance

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 [PVCs], ventricular tachycardia, fibrillation)
- 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 (e.g., pacemaker)*
- Manage the care of a client on telemetry*
- Manage the care of a client receiving hemodialysis*
- Manage the care of a client with alteration in hemodynamics, tissue perfusion and hemostasis (e.g., cerebral, cardiac, peripheral)*

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 (e.g., acquired immune deficiency syndrome [AIDS], chronic illnesses)
- Implement interventions to manage the client’s recovery from an illness
- Perform gastric lavage
- Promote and provide continuity of care in illness management activities (e.g., cast placement)
- Manage the care of a client with impaired ventilation/oxygenation*
- Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis*

*Activity Statements used in the 2011 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 a medical emergency
- Explain emergency interventions to a client
- Notify primary health care provider about client unexpected response/emergency situation
- Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, respiratory support, automated external defibrillator)*
- Provide emergency care for wound disruption (e.g., evisceration, dehiscence)
- Evaluate and document the client’s response to emergency interventions (e.g., restoration of breathing, pulse)

**Pathophysiology**
- Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms)*
- Understand general principles of pathophysiology (e.g., injury and repair, immunity, cellular structure)

**Unexpected Response to Therapies**
- Assess the client for unexpected adverse response to therapy (e.g., increased intracranial pressure, hemorrhage)
- Recognize signs and symptoms of complications and intervene appropriately when providing client care*
- Promote recovery of the client from unexpected response to therapy (e.g., urinary tract infection)

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**Sample Item**
The nurse is assessing a client with hyperthyroidism. Which of the following findings would the nurse expect to observe? **Select all that apply.**

- a. increased appetite *(key)*
- b. lethargy
- c. diarrhea *(key)*
- d. exophthalmos *(key)*
- e. weight gain
- f. cold intolerance

*Activity Statements used in the 2011 RN Practice Analysis*
IV. Administration of the NCLEX-RN® Examination

Examination Length

The NCLEX-RN® Examination is a variable length computerized adaptive test. It is not offered in paper-and-pencil or oral examination formats and can be anywhere from 75 to 265 items long. Of these items, 15 are pretest items that are not scored. The time limit for the exam is specified in the NCSBN NCLEX® Examination Candidate Bulletin. It is important to note that the time allotted for the examination includes the tutorial, sample items, all breaks (restroom, stretching, etc.) and the examination. All breaks are optional.

The length of the examination is determined by the candidate's responses to the items. After the minimum number of items has been answered, testing stops when the candidate's ability is determined to be either above or below the passing standard with 95 percent 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. The examination will stop when the maximum number of items has been taken or when the time limit has been reached. Remember, it is in the candidate's best interest to maintain a reasonable pace of spending only one or two minutes on each item. The candidates should select a pace that will permit them to complete the examination within the allotted time should the maximum number of items be administered.

It is important to understand that the length of the candidate's examination is not an indication of a pass or fail result. 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® test plan and has ample opportunity to demonstrate his or her ability.

The Passing Standard

The NCSBN Board of Directors (BOD) reevaluates the passing standard once every three years. The criterion that the BOD uses to set the standard is the minimum level of ability required for safe and effective entry-level nursing practice.

To assist the BOD in making this decision, they are 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. To pass an NCLEX examination, a candidate must perform above 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 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 phases 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 their respective 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 if 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 the 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 he or she will likely 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.

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 of the easy items on the examination, which provides very little information about his or her ability. Another disadvantage is that guessing can artificially inflate the scores of low ability candidates, because they can answer these items correctly 25 percent of the time for reasons that have nothing to do with his or her ability.

Instead, the NCLEX examination uses CAT to administer the items. CAT is able to produce exam results that are more stable using fewer items by targeting items to the candidate’s ability. The computer’s goal during the NCLEX is to determine the ability of the candidate in relation to the passing standard. Every time the candidate answers an item, the computer re-estimates the candidate’s ability. With each additional answered item, the ability estimate becomes more precise.

Each item that the candidate receives is selected from a large pool of items using three criteria:

1. The item is limited to the content area that will produce the best match to the test plan percentages. It is ensured that each candidate’s exam has enough questions from each content area to match the required test plan percentages.

2. An item is selected that the candidate is expected to find challenging. Based on the candidate’s answers up to that point and the difficulty of those items, the computer estimates the candidate’s ability and selects an item that the candidate should have a 50 percent chance of answering correctly. This way, the next item should not be too easy or too hard and the examination can get maximum information about the candidate’s ability from the item.

3. Any item that a repeat candidate has seen in the last year is excluded.
Pretest Items
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 the pretest items meet the NCLEX statistical standards, they can be administered in future examinations as scored items. There are 15 pretest items on every NCLEX-RN Examination. It is impossible to distinguish operational items from pretest items, so candidates are asked to do their best on every item.

Passing and Failing
The decision as to whether a candidate passes or fails the NCLEX examination is governed by three different scenarios:

Scenario 1: The 95% Confidence Interval Rule
This scenario is the most common for NCLEX candidates. The computer will stop administering items when it is 95% certain that the candidate’s ability is either clearly above or clearly below the passing standard.

Scenario 2: Maximum-Length Exam
Some candidate’s ability levels will be very close to the passing standard. When this is the case, the computer continues to administer questions until the maximum number of items is reached. At this point, the computer disregards the 95% confidence rule and considers only the final ability estimate:

- If the final ability estimate is above the passing standard, the candidate passes.
- If the final ability estimate is at or below the passing standard, the candidate fails.

Scenario 3: Run-Out-Of-Time Rule (R.O.O.T.)
If a candidate runs out of time before reaching the maximum number of items and the computer has not determined with 95 percent certainty whether the candidate has passed or failed, an alternate criteria is used.

- If the candidate has not answered the minimum number of required items, the candidate automatically fails.
- If at least the minimum number of required items were answered, the computer looks at the last 60 ability estimates.
  - If the last 60 ability estimates were consistently above the passing standard, the candidate passes.
  - If the candidate’s ability estimate drops below the passing standard even once over the last 60 items, the candidate fails.

This does not mean that the candidate must answer the last 60 items correctly. Each ability estimate is based upon all previous items answered.

Scoring Items
Items are scored as either right or wrong. There is no partial credit. For updated information on the administration of the examination, visit www.ncsbn.org.
Types of Items on the NCLEX-RN® Examination

During the administration of the NCLEX-RN Examination candidates will be required to respond to items in a variety of formats. These formats may include, but are not limited to: multiple-choice, multiple response, fill-in-the-blank calculation, ordered response and/or hot spots. All item types may include multimedia, such as charts, tables, graphics, sound and video.

For more information, visit www.ncsbn.org/2334.htm.

NCLEX® Examination Terminology

On the NCLEX examination, a prescription is defined as orders, interventions, remedies or treatments ordered or directed by an authorized health care provider.

Confidentiality

Candidates should be aware and understand that the disclosure of examination materials, including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates’ rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency, including the denial of licensure.

Tutorial

Each NCLEX-RN candidate is provided information on how to answer examination items. A tutorial is given at the beginning of the examination explaining the various formats that candidates may see on the examination. The following are examples of how screens in the tutorial may appear.
Multiple Choice (One Answer)

<table>
<thead>
<tr>
<th>Practice Item Type: Multiple-Choice Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 may 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 keypad, either 1, 2, 3, or 4.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Click Next to confirm your answer and move to the next practice item.</strong></td>
</tr>
</tbody>
</table>

**What color is an orange?**

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

Next »
Fill-in-the-Blank Calculation

**Practice Item Type: #9 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. You will only be able to type in numbers as your answer. 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 upper left-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. When you are finished with the calculator, you can delete 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 weights of four pumpkins. Third, compute the average by dividing the total weight by the number of pumpkins (4). The division symbol is /.

You do not have to type in the unit of measurement, "kilograms" in this example. If rounding is necessary, perform the rounding at the end of the calculation. Please type 3.8 as your answer.

Click Next to confirm your answer and move to the next practice item.

The weights of four pumpkins in kilograms are: 4.23, 4.15, 3.40, 3.33. What is the average (mean) of the pumpkins' weight? Record your answer using one decimal place.

**Answer:** 3.75 kilograms
Practice Item Type #: Exhibit Item

In this item type, you will be presented with a problem and an exhibit. To view the exhibit, click on the exhibit button. Each exhibit contains information behind three tabs. Click on each tab to read the information presented.

For the practice item below, the exhibit should contain three tabs. Each tab contains the monthly receipts for purchasing bakery supplies:

- Storage/Packaging Materials
- Baking Ingredients
- Miscellaneous Supplies

The question asks you to find the most expensive item that is listed in the exhibit. The most expensive item is the storage bin, which is on the Storage/Packaging Materials list. Therefore, option 3 below is the correct answer.

Click Next to confirm your answer and move to the next practice item.

The owner of a bakery would like to know which of the supplies is most expensive. Based upon receipts from the past month, which item was the most expensive? Click the exhibit button for additional information.

<table>
<thead>
<tr>
<th>Item</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10&quot; cake boxes</td>
<td>$55.00</td>
</tr>
<tr>
<td>Paper bags - Large</td>
<td>$30.45</td>
</tr>
<tr>
<td>Bread bags</td>
<td>$22.50</td>
</tr>
<tr>
<td>Package labels</td>
<td>$10.00</td>
</tr>
<tr>
<td>Storage bin</td>
<td>$175.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$287.34</td>
</tr>
</tbody>
</table>
Hot Spot

Practice Item Type: 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 in another area and click.

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

Click Next to confirm your answer and move to the next practice item.

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

<table>
<thead>
<tr>
<th>Box 1</th>
<th>Box 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 3</td>
<td>Box 4</td>
</tr>
</tbody>
</table>
Multiple Response

NCLEX-RN Tutorial

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 two or more correct answers. 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 to confirm your answer and move to the next practice item.

Which of the following are fruits? Select all that apply:

☐ 1. Apple
☐ 2. Banana
☐ 3. Cow
☐ 4. Dog
☐ 5. Elephant
Drag and Drop/Ordered Response

<table>
<thead>
<tr>
<th>Unordered Options</th>
<th>Ordered Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>April</td>
</tr>
<tr>
<td></td>
<td>February</td>
</tr>
<tr>
<td></td>
<td>January</td>
</tr>
<tr>
<td></td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>March</td>
</tr>
</tbody>
</table>

The first six months of the year appear in a list below. Please arrange these months in alphabetical order. All options must be used.
Audio

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Practice Item Type #7: Audio Item

In this item type, you will be presented with an audio clip. You will need to listen to the audio clip and select the option(s) that apply.

Place your headset on now.

Click the play button below to listen to the audio clip.

You can adjust the volume by clicking and moving the slider.

Click the play button again to replay the audio clip.

For the practice item below, the correct option is Corn (option 2). Please use your mouse to select Corn now.

Click Next to confirm your answer and move to the next practice item.

Listen to the audio clip. The price is rising for which type of grain?

1. Wheat

2. Corn

3. Oats

4. Barley
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**Practice Item Type #8: Graphic Item**

In this item type, you will be presented with a question and options that are graphics instead of text. The options are preceded by circles so you can select only one option as your answer.

For the practice item below, the correct option is 1. Please use your mouse to select 1 now.

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

Which road sign indicates a place where gas may be purchased?

- 1. ![Icon]
- 2. ![Icon]
- 3. ![Icon]
- 4. ![Icon]
V. References


