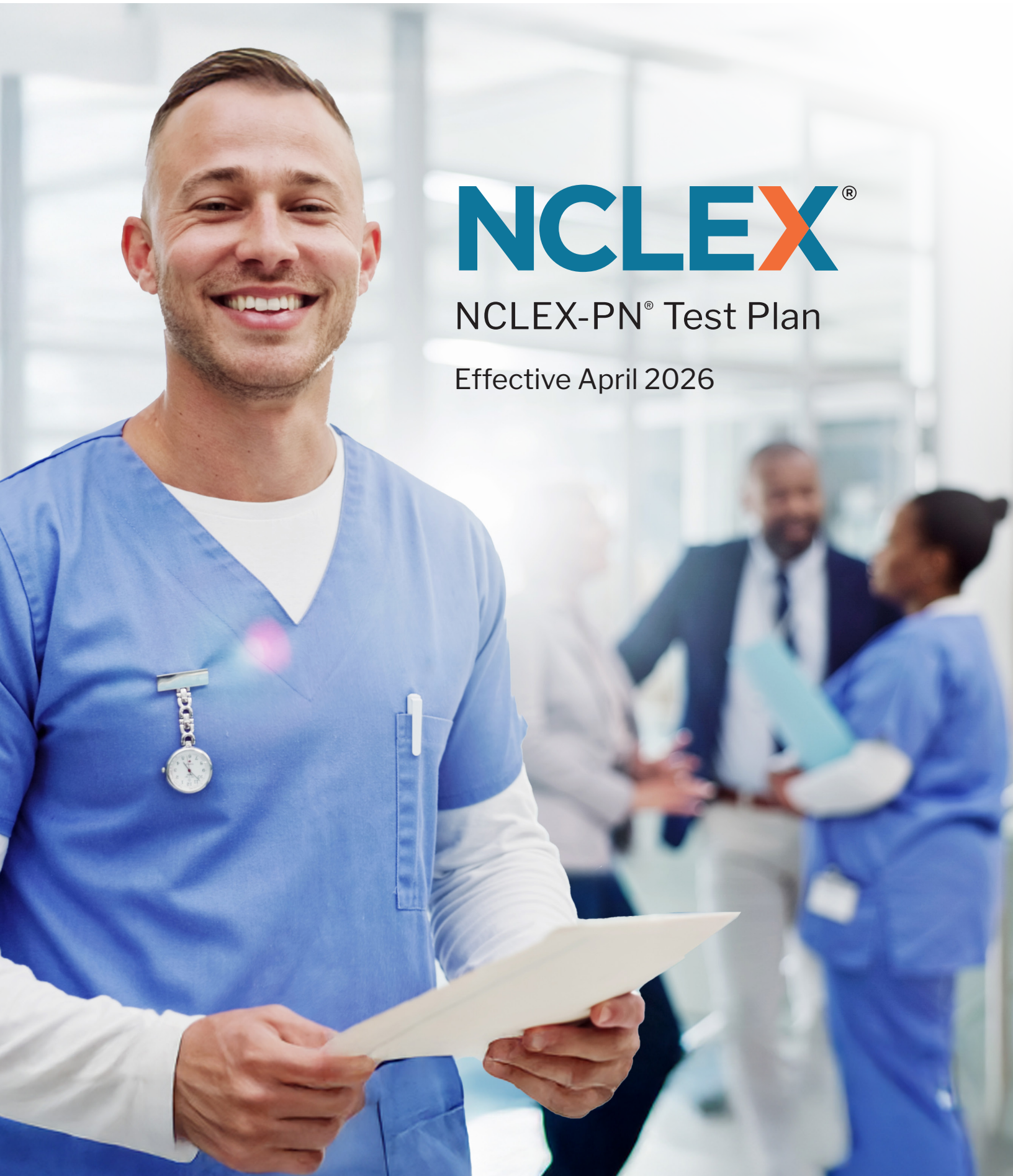
NCSBN
Leading Regulatory Excellence



NCLEX®

NCLEX-PN® Test Plan

Effective April 2026

NCSBN
Leading Regulatory Excellence

Mission Statement

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

Purpose and Functions

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

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

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Table of Contents

I. Background 1

II. 2026 NCLEX-PN® Test Plan 2

- Introduction 2
- Beliefs 2
- Classification of Cognitive Levels 3
- Test Plan Structure 3
  - Client Needs 3
  - Integrated Processes 4
  - Clinical Judgment 4
- Distribution of Content 5
- Overview of Content 6
- Safe and Effective Care Environment 7
  - Coordinated Care 7
  - Safety and Infection Prevention and Control 8
- Health Promotion and Maintenance 9
- Psychosocial Integrity 10
- Physiological Integrity 11
  - Basic Care and Comfort 11
  - Pharmacological Therapies 12
  - Reduction of Risk Potential 13
  - Physiological Adaptation 14

III. Administration of the NCLEX-PN® 15

- Examination Length 15
- The Passing Standard 15
- Similar Items 16
- Reviewing Answers and Guessing 16
- Scoring the NCLEX® 16
  - Computerized Adaptive Testing 16
  - Pretest Items 17
  - Passing and Failing 17
  - Scoring Items 17
  - Types of Items on the NCLEX-PN® 18
  - NCLEX® Terminology 18
  - Examination Security and Confidentiality 18
  - Tutorial 18

Appendix A
Sample Content 19
Safe and Effective Care Environment 19
- Coordinated Care 19
- Safety and Infection Prevention and Control 24

Health Promotion and Maintenance 27
Psychosocial Integrity 31
Physiological Integrity 36
- Basic Care and Comfort 36
- Pharmacological Therapies 39
- Reduction of Risk Potential 42
- Physiological Adaptation 45

Appendix B
Item Writing Tips 48

Appendix C
References 49

I. Background

The test plan for the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) was developed by the National Council of State Boards of Nursing, Inc. (NCSBN®). The purpose of this document is to provide detailed information about the content areas tested in the NCLEX-PN Examination.

This booklet contains:

- The *2026 NCLEX-PN® Test Plan;*
- Information on testing requirements and sample examination questions (items);
- Item writing tips; and
- References.

About the NCLEX-PN® Test Plan

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/VNs) and expert opinions of the NEC, NCSBN staff and nursing regulatory bodies (NRBs), to ensure that the test plan is consistent with 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.

The 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. This document offers a 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 that are specific to the Client Needs category in that section. There are item writing tips that provide nurse educators with guidelines on writing well-designed test items.

For up-to-date information on the NCLEX-PN Examination, visit the NCSBN website at NCLEX.com.

II. 2026 NCLEX-PN® Test Plan

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

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®) nursing regulatory bodies (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 licensed practical/vocational nurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical 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 LPN/VNs. In the *2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice* (NCSBN, 2025), more than 26,000 newly licensed LPN/VNs asked about the frequency, importance and clinical judgment relevancy of performing 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. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering client care. These increasingly complex decisions often require the use of clinical judgment to support client safety. It is essential to note that clinical judgment applied in this dynamic supports the entry-level nurse to make effective decisions inside the nursing scope of practice, which provides a foundation for client safety.

NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-PN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

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 licensure examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level LPN/VN 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 underlie 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 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 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, continuously evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications and protecting, promoting, restoring and facilitating comfort, health and dignity throughout the lifespan including at the end of life.

"The LPN/VN shall function within the limits of educational preparation and experience, function in promotion of and in the maintenance of good health, aid in preventing disease and disability, care for and rehabilitate individuals who are experiencing an altered state of health, and contribute to the ultimate quality of life until death" (NALPN, n.d.). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations, the LPN/VN 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 LPN/VN 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 (Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills, abilities and clinical judgment; 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 and 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 Prevention and 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 are fundamental to the practice of practical/vocational nursing and integrated throughout the Client Needs categories and subcategories.

- Caring – interaction of the LPN/VN and client in an atmosphere of mutual respect and trust. In this collaborative environment, the LPN/VN provides support and compassion to help achieve desired therapeutic outcomes.
- Clinical Judgment – the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- Clinical Problem-solving Process (Nursing Process) – a scientific approach to client care that includes data collection, planning, implementation and evaluation.
- Communication and Documentation – verbal and nonverbal interactions between the LPN/VN 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.
- Culture and Spirituality – interaction of the nurse and the client (individual, family or group, including significant others and populations) that recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
- Teaching and Learning – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.

Clinical Judgment

The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study or as an individual stand-alone item. A case study contains six items that are associated with the same client presentation, share unfolding client information and address the following steps in clinical judgment.

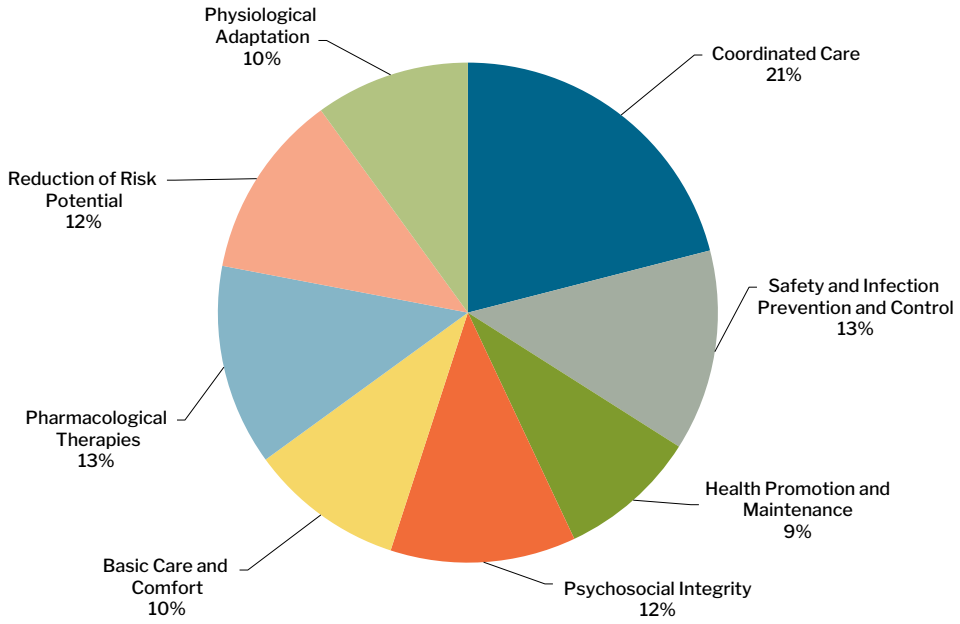
- Recognize cues – identify relevant and important information from different sources (e.g., medical history, vital signs).
- Analyze cues – organize and connect the recognized cues to the client's clinical presentation.
- Prioritize hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- Generate solutions – identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
- Take action – implement the solution(s) that address the highest priority.
- Evaluate outcomes – compare observed outcomes to expected outcomes.

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 *2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice* (NCSBN, 2025) and expert judgment provided by members of the NCLEX Examination Committee (NEC). In addition to the Client Needs categories and subcategories listed below, clinical judgment processes are explicitly measured by 18 case study items (i.e., three item sets) and approximately 10% stand-alone items, which will be selected depending on exam length.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
· Coordinated Care	18–24%
· Safety and Infection Prevention and Control	10–16%
Health Promotion and Maintenance	6–12%
Psychosocial Integrity	9–15%
Physiological Integrity	
· Basic Care and Comfort	7–13%
· Pharmacological Therapies	10–16%
· Reduction of Risk Potential	9–15%
· Physiological Adaptation	7–13%

DISTRIBUTION OF CONTENT FOR THE NCLEX-PN® TEST PLAN



NCLEX-PN Examinations are administered adaptively in variable-length format to target candidate-specific ability. To accommodate possible variations in examination length, content area distributions of the individual examinations may differ up to ±3% in each category.

Overview of Content

The activity statements used in the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2025) preface each of the eight content categories and are identified throughout the 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 licensed practical/vocational nurse (LPN/VN) practice. The practice analysis is conducted 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 LPN/VNs in order to provide safe and effective care. Findings from both the 2024 PN Practice Analysis and the 2024 LPN/VN KSA survey can be found at NCSBN.org. Both documents are used in the development of the NCLEX-PN Test Plan as well as to inform item development.

All activity statements in the *2026 NCLEX-PN® Test Plan* require the nurse to apply the fundamental principles of clinical decision-making and critical thinking to nursing practice. The 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)

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

- Caring
- Clinical Judgment
- Clinical Problem Solving (Nursing Process)
- Communication and Documentation
- Culture and Spirituality
- Teaching and Learning

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

Please note: *In general, if the age or age category of the client is not stated in an item, it can be understood that the client is an adult. Any ethnicity or cultural or spiritual belief attributed to a client should be considered self-reported by that client. NCLEX items are developed based on a variety of practice settings, such as acute/critical care, long-term care, rehabilitation care, skilled care, outpatient care and community-based/home care settings.*

Safe and Effective Care Environment

The LPN/VN provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients and health care personnel.

Coordinated Care

- The LPN/VN collaborates with health care team members to facilitate effective client care.

Coordinated Care

Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*

- Use data from various credible sources in making clinical decisions
- Contribute to the development of and/or update of the client plan of care
- Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN)
- Organize and prioritize care based on client needs
- Recognize and report staff conflict
- Advocate for client rights and needs
- Promote client self-advocacy
- Participate in quality improvement activities (e.g., collecting data, serving on quality improvement committee)
- Involve client in care decision-making
- Follow up with client after discharge
- Participate in staff education (e.g., in-services, continued competency)
- Recognize self-limitations and seek assistance when needed (e.g., tasks, assignments)
- Respond to the unsafe practice of health care personnel (e.g., intervene, report)
- Participate in client discharge or transfer
- Participate in client referral process
- Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, communicable disease)
- Participate in client consent process
- Maintain client confidentiality
- Provide for privacy needs
- Provide information about advance directives
- Participate in client data collection
- Use information technology in client care
- Apply evidence-based practice when providing care
- Participate as a member of an interdisciplinary team
- Monitor activities of assistive personnel
- Participate in providing quality cost-effective care
- Provide and receive report
- Practice in a manner consistent with code of ethics for nurses
- Provide care within the legal scope of practice
- Verify and process health care provider orders
- Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression

Safety and Infection Prevention and Control

- The LPN/VN contributes to the protection of clients and health care personnel from health and environmental hazards.

Safety and Infection Prevention and Control Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Ensure availability and safe functioning of client care equipment · Evaluate the appropriateness of health care provider's order for client · Verify the identity of client · Use safe client handling techniques (e.g., body mechanics) · Identify client allergies and intervene as appropriate · Prepare for and participate in internal and external disaster responses (e.g., fire, natural disaster) · Identify and address unsafe conditions in health care and home environments · Implement least restrictive restraints or seclusion · Follow protocol for timed client monitoring (e.g., safety checks) · Assist in and/or reinforce education to client about safety precautions · Initiate and participate in security alerts (e.g., infant abduction, flight risk) · Acknowledge and document practice errors and near misses (e.g., incident report) · Use transfer assistive devices (e.g., gait/transfer belt, slide board, mechanical lift) · Apply principles of infection control (e.g., personal protective equipment (PPE), aseptic technique, isolation, standard precautions)

Health Promotion and Maintenance

The LPN/VN provides nursing care for clients that incorporates the 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 *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Assist with care for the antepartum client • Identify community resources for clients • Assist with monitoring a client in labor • Monitor recovery of stable postpartum client • Compare client to developmental milestones • Assist client with expected life transition (e.g., attachment to newborn, parenting, retirement) • Participate in health screening or health promotion programs • Provide information for prevention of high-risk behaviors (e.g., substance misuse, sexual practices, smoking cessation) • Collect data for health history (e.g., client medical history, family medical history) • Collect baseline physical data (e.g., skin/tissue integrity, height and weight) • Identify clients in need of immunizations (required and voluntary) • 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 and over • Identify barriers to communication • Identify barriers to learning

Psychosocial Integrity

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

Psychosocial Integrity Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Provide emotional support to client • Collect data regarding client psychosocial functioning • Identify client use of effective and ineffective coping mechanisms • Promote positive self-esteem of client • Collect data on client's potential for violence to self and others • Identify signs and symptoms of substance misuse, substance use disorder, withdrawal and overdose • Reinforce education to caregivers/family on ways to manage client with behavioral disorders • Explore reasons for client nonadherence with treatment plan • Participate in client group session • Plan care with consideration of client spiritual, cultural beliefs and/or gender identity • Assist in managing the care of an angry and/or agitated client (e.g., de-escalation techniques) • Participate in reminiscence therapy, validation therapy or reality orientation • Assist in the care of the cognitively impaired client • Assist client to cope/adapt to stressful events and changes in health status • Use therapeutic communication techniques with client • Assist in the care of a client experiencing sensory/perceptual alterations • Promote a therapeutic environment • Incorporate behavioral management techniques when caring for a client • Recognize and reduce stressors that affect client care • Provide end-of-life care and education to clients

Physiological Integrity

The LPN/VN 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 LPN/VN provides comfort to clients and assistance in the performance of activities of daily living.

Basic Care and Comfort Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Provide site care for client with enteral tubes
· Promote alternative/complementary therapy in providing client care (e.g., music therapy, pet therapy)
· Provide for mobility needs (e.g., ambulation, range of motion, transfer, repositioning, use of adaptive equipment)
· Provide feeding for client with enteral tubes
· Monitor and provide for nutritional needs of client
· Provide nonpharmacological measures for pain relief (e.g., imagery, massage, repositioning)
· Assist with activities of daily living
· Provide care to client with bowel or bladder (urinary) management protocol
· Evaluate pain using standardized rating scales
· Provide measures to promote sleep and rest
· Use measures to maintain or improve client skin/tissue integrity
· Provide postmortem care
· Perform irrigation (e.g., urinary catheter, bladder, wound, ear, nose, eye)
· Assist in the care and comfort for a client with a visual and/or hearing impairment
· Monitor client intake/output
· Provide care to an immobilized client based on need

Pharmacological Therapies

- The LPN/VN provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Pharmacological Therapies Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Follow the rights of medication administration · Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications) · Monitor transfusion of blood product · Calculate and monitor intravenous flow rate · Administer medication by oral route · Administer medication by various gastrointestinal tubes · Administer a subcutaneous, intradermal or intramuscular medication · Administer medication by ear, eye, nose, inhalation, rectum, vagina or topical route · Count controlled substances and report discrepancies · Maintain pain control devices (e.g., epidural, patient-controlled analgesia, peripheral nerve catheter) · Administer intravenous piggyback (secondary) medications · Collect required data prior to medication administration (e.g., contraindications, current medications) · Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects, critical laboratory values) · Reinforce education to client regarding medications · Maintain medication safety practices (e.g., storage, checking for expiration dates, compatibility) · Perform calculations needed for medication administration

Reduction of Risk Potential

- The LPN/VN reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Reduction of Risk Potential Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Identify client risk and implement interventions
• Check for urinary retention (e.g., bladder scan, ultrasound, palpation)
• Collect specimen for diagnostic testing (e.g., blood, urine, stool, sputum)
• Monitor continuous or intermittent suction of nasogastric (NG) tube
• Monitor diagnostic or laboratory test results
• Identify signs or symptoms of potential prenatal complication
• Perform point-of-care testing (e.g., pregnancy test, troponin, urine dipstick)
• Monitor and evaluate client vital signs (e.g., oxygen saturation, blood pressure)
• Use precautions to prevent injury and/or complications associated with a procedure or diagnosis
• Perform an electrocardiogram (EKG/ECG)
• Assist with the performance of a diagnostic or invasive procedure
• Perform venipuncture for blood draws
• Apply and monitor proper use of compression stockings and/or sequential compression devices
• Assist with care for client before and after surgical procedure
• Insert, maintain and remove urinary catheter
• Insert, maintain and remove nasogastric (NG) tube
• Perform blood glucose monitoring
• Maintain central venous catheter
• Maintain and remove peripheral intravenous catheter
• Perform focused data collection based on client condition (e.g., neurological checks, circulatory checks)
• Monitor client responses to procedures and treatments
• Reinforce client education about procedures, treatments, equipment

Physiological Adaptation

- The LPN/VN participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Physiological Adaptation Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Reinforce education to client regarding care and condition
· Provide care for client drainage device (e.g., wound drain, chest tube)
· Assist with client wound drainage device removal
· Provide cooling/warming measures to restore normal body temperature
· Perform wound care and/or dressing change
· Respond and intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation)
· Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning)
· Provide care for a client with a tracheostomy
· Remove wound sutures or staples
· Provide care to client on ventilator
· Assist in the care of a client with a pacing device
· Recognize and report basic abnormalities on a client cardiac monitor strip
· Provide care to client with an ostomy (e.g., colostomy, ileostomy, urostomy)
· Identify signs and symptoms related to acute or chronic illness
· Recognize and report change in client condition
· Provide care for a client with a fluid and electrolyte imbalance
· Provide care for a client receiving peritoneal dialysis or hemodialysis

III. Administration of the NCLEX-PN®

The NCLEX-PN® is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty as well as clinical judgment steps. After the candidate answers an item, the computer calculates an ability estimate based on all of the candidate's previous answers. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

Examination Length

All LPN/VN candidates must answer a minimum of 85 items. The maximum number of items that an LPN/VN candidate may answer is 150 during the allotted five-hour period. Of the minimum-length examination, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will comprise three clinical judgment case studies. A case study is an item set composed of six items that measure each of the six steps of the NCSBN Clinical Judgment Measurement Model (NCJMM) mentioned earlier: recognize cues, analyze cues, prioritize hypotheses, generate solutions, take action and evaluate outcomes. Since clinical judgment is an integrated process, the case studies will span any number of content areas and are therefore counted independently of the content-area-specific items. The remaining 15 items will be unscored pretest items. The five-hour limit to complete the examination includes all breaks.

The length of the examination is determined by the candidate's responses to the items. Depending on the particular pattern of correct and incorrect responses, candidates will receive different numbers of items and therefore use varying amounts of time. It is advisable to: (1) maintain a reasonable pace and (2) carefully read and consider each item before answering.

Each candidate is given an examination that adheres to the test plan and is therefore given the opportunity to demonstrate their ability. The length of the candidate's examination is not an indication of a pass or fail result. A candidate may pass or fail regardless of the length of the examination. Additional information on passing and failing rules is included in further detail in this section.

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 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 that was 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 applied uniformly to every examination according to the procedures laid out in the Scoring the NCLEX section below. To pass the NCLEX, a candidate must perform at or above the passing standard. There is no fixed percentage of candidates that pass or fail the 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 may happen for a variety of reasons. Items may contain content pertaining to similar symptoms, diseases or disorders yet address different phases of the nursing process. Alternatively, a pretest (unscored) item may contain content similar to an operational (scored) item. Candidates should not assume they received a second item similar in content to a previously administered item because the candidate answered the first item incorrectly. The candidate is instructed to always select the answer believed to be correct for each item administered.

Reviewing Answers and Guessing

Examination items are presented to the candidate one at a time on a computer screen. There is no time limit for a candidate to spend on each individual item. Once an answer to an item is selected, the candidate is able to consider the answer and change it, if necessary. However, once the candidate confirms the answer and proceeds to the next item by pressing the <NEXT> button, the candidate will no longer be able to return to a previous item. Every item must be answered even if the candidate is not sure of the correct answer. If the candidate is unsure of the correct answer, the candidate should consider all response options and provide their best answer in order to proceed to the next item. The computer will not allow the candidate to proceed to the next item without answering the current item on the screen. The best advice is to maintain a reasonable pace and carefully read and consider each item before answering.

Scoring the NCLEX®

Computerized Adaptive Testing

The NCLEX is different from a traditional fixed-length examination, which administers the same items to every candidate. Fixed-length examinations ensure that the difficulty of the examination is constant for every candidate; therefore, the percentage correct is the indicator of the candidate's ability. This approach requires high-ability candidates to answer all easy items on the examination and low-ability candidates to guess on difficult items. This method provides less accurate information about the candidate's true ability.

The NCLEX uses CAT to administer items. CAT is able to produce results that are more precise and efficient, using fewer items by targeting items to the candidate's ability. The computer (i.e., CAT scoring algorithm) estimates 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. CAT ensures that each candidate's exam contains enough items from each content area to match the required test plan percentages. Regarding clinical judgment items, three case study sets and approximately 10% stand-alone items will be selected depending on the exam length.
2. An item is selected that the candidate is expected to find challenging, aligning with their ability estimates. This ensures the next item should not be too easy or too difficult and the examination can obtain maximum information about the candidate's ability from the item. The computer calculates the candidate's ability estimate based on all previous answers and the difficulty of those items. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category in order to meet the test plan percentages.

3. A repeat candidate would not see the same item again in the current item pool.

For more information on CAT, visit NCLEX.com.

Pretest Items

For CAT to function properly, each item used for scoring must have a known difficulty level. The degree of difficulty is determined by administering the items as pretest items to a large sample of NCLEX candidates. Since the difficulty of pretest items is unknown initially, these items are not included when estimating the candidate's ability and subsequently making pass-fail decisions. When enough responses are collected, the pretest items are analyzed and calibrated. If the pretest items meet NCLEX statistical standards, they can be administered on future examinations as operational items. There are 15 pretest items on every examination. Pretest items have similar style and format as operational items; therefore, candidates cannot distinguish pretest items from operational items during the examination.

Passing and Failing

The decision as to whether a candidate passes or fails the NCLEX is governed by three 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 after reaching the minimum number of items.

Scenario #2: Maximum-Length Exam

Some candidates' ability levels will be very close to the passing standard. When this is the case, the computer continues to administer items until the maximum number of items is reached. At this point, the computer disregards the 95% confidence interval rule and considers only the final ability estimate.

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

Scenario #3: Run-Out-of-Time Rule (R.O.O.T.)

If the candidate runs out of time before reaching the maximum number of items, the computer has not been able to decide whether the candidate passed or failed with 95% certainty. Therefore, an alternate rule must be used:

- If the candidate has not answered the minimum number of items, the result will be a failing exam.
- If the candidate has answered the minimum number of items, then the exam is scored by using the final ability estimate computed from responses to all completed items. If the final ability estimate is at or above the passing standard, the candidate passes.

Scoring Items

NCLEX items have multiple item formats. There is partial credit scoring for items for which more than one key exists. There are three methods for scoring items for partial credit: plus/minus, zero/one and rationale scoring. For information on scoring NCLEX items, see the FAQs on NCLEX.com.

Types of Items on the NCLEX-PN®

Candidates may be administered stand-alone items and case studies as well as items written in multiple formats. All item types may include multimedia, such as charts, tables and graphics. All items undergo an extensive review process before being used as items on the examination. For information on NCLEX item formats, see the NCLEX Candidate Tutorial.

NCLEX® Terminology

Client: Individual, family or group, which includes significant others and populations.

Order: Intervention, remedy or treatment as directed by an authorized primary health care provider.

Prescription: Intervention as it relates to medication specifically as directed by an authorized primary health care provider.

Primary Health Care Provider: Members of the health care team who are licensed and authorized to formulate prescriptions and orders on behalf of the client, as well as receive notifications of client status, are referred to as primary health care provider, medical physician (or other specialty, e.g., surgeon, nephrologist) or advanced practice nurse.

Unlicensed Assistive Personnel (UAP): Any unlicensed personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated.

Examination Security and Confidentiality

Any candidate who violates test center regulations or rules or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, examination results may be withheld or canceled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin at NCLEX.com.

Candidates should be aware and understand that the disclosure 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. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends, family or others.

Tutorial

Each NCLEX-PN candidate is provided information on how to answer examination items. A tutorial is available to all candidates prior to examination day. The tutorial provides a variety of exam item examples similar to the ones the candidate may encounter during the exam. More detailed information about the NCLEX examination, including information on the NCLEX, CAT methodology, the candidate bulletin and tutorials, can be found at the website NCLEX.com. A more detailed description of the item types can be found in the NCLEX Tutorial section on the website.

Appendix A

Sample Content

This section includes sample content and items for each of the eight test plan categories. To view additional sample items and item types, visit NCLEX.com.

Safe and Effective Care Environment

The LPN/VN provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients and health care personnel.

Coordinated Care

- The LPN/VN collaborates with health care team members to facilitate effective client care.

Coordinated Care Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Use data from various credible sources in making clinical decisions • Contribute to the development of and/or update of the client plan of care • Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN) • Organize and prioritize care based on client needs • Recognize and report staff conflict • Advocate for client rights and needs • Promote client self-advocacy • Participate in quality improvement activities (e.g., collecting data, serving on quality improvement committee) • Involve client in care decision-making • Follow up with client after discharge • Participate in staff education (e.g., in-services, continued competency) • Recognize self-limitations and seek assistance when needed (e.g., tasks, assignments) • Respond to the unsafe practice of health care personnel (e.g., intervene, report) • Participate in client discharge or transfer • Participate in client referral process • Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, communicable disease) • Participate in client consent process • Maintain client confidentiality • Provide for privacy needs • Provide information about advance directives • Participate in client data collection • Use information technology in client care • Apply evidence-based practice when providing care • Participate as a member of an interdisciplinary team • Monitor activities of assistive personnel • Participate in providing quality cost-effective care • Provide and receive report • Practice in a manner consistent with code of ethics for nurses • Provide care within the legal scope of practice • Verify and process health care provider orders • Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression

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 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
- Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression*

Assignments/Delegation

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

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 of and/or update of the client plan of care*
- Contribute to planning interdisciplinary client care conferences
- Participate as a member of an interdisciplinary team*
- Serve as resource person to other staff

**Activity statement used in the 2024 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, continued competency)*
- Use data from various credible sources in making clinical decisions*
- 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*
- Follow up on unresolved issues regarding client care (e.g., laboratory results, client requests)
- 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 based on client needs*
- Participate in planning client care based on client needs (e.g., diagnosis, abilities, prescribed treatment)
- Use effective time management skills

Ethical Practice

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

Informed Consent

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

**Activity statement used in the 2024 PN Practice Analysis*

- 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 Rights and Responsibilities

- Identify legal issues affecting staff and client (e.g., refusing treatment)
- Verify and process health care provider orders*
- Recognize self-limitations and seek assistance when needed (e.g., tasks, assignments)*
- Respond to the unsafe practice of health care personnel (e.g., intervene, report)*
- Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, 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 activities (e.g., collecting data, serving on quality improvement 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

- 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*
- Participate in client referral process*

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 quality cost-effective care*

**Activity statement used in the 2024 PN Practice Analysis*

Sample Item

The nurse in a long-term care facility is making client care assignments for unlicensed assistive personnel (UAP). Which of the following statements by the nurse would provide the UAP with the **best** directions about the assignment?

1. "Encourage the client to increase daily fluid intake."
2. "Ambulate the client 20 ft (6.7 m) every 4 hours beginning at 0900." **(key)**
3. "Assist the client to perform passive range-of-motion (ROM) exercises."
4. "Reinforce physical therapy instructions about the proper use of a walker."

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

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Safety and Infection Prevention and Control

- The LPN/VN contributes to the protection of clients and health care personnel from health and environmental hazards.

Safety and Infection Prevention and Control Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Ensure availability and safe functioning of client care equipment · Evaluate the appropriateness of health care provider's order for client · Verify the identity of client · Use safe client handling techniques (e.g., body mechanics) · Identify client allergies and intervene as appropriate · Prepare for and participate in internal and external disaster responses (e.g., fire, natural disaster) · Identify and address unsafe conditions in health care and home environments · Implement least restrictive restraints or seclusion · Follow protocol for timed client monitoring (e.g., safety checks) · Assist in and/or reinforce education to client about safety precautions · Initiate and participate in security alerts (e.g., infant abduction, flight risk) · Acknowledge and document practice errors and near misses (e.g., incident report) · Use transfer assistive devices (e.g., gait/transfer belt, slide board, mechanical lift) · Apply principles of infection control (e.g., personal protective equipment (PPE), aseptic technique, isolation, standard precautions)

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 and staff member knowledge of safety procedures
- Verify the identity of client*
- Use facility client identification procedures (e.g., client name band, allergy bands)
- Monitor client care environment for safety hazard and report problems to appropriate personnel
- Assist in and/or reinforce education to client about safety precautions*
- Use transfer assistive devices (e.g., gait/transfer belt, slide board, mechanical lift)*
- 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's order for client*

**Activity statement used in the 2024 PN Practice Analysis*

Emergency Response Plan

- Identify nursing and assistive personnel roles during internal and external disasters
- Prepare for and participate in internal and external disaster responses (e.g., fire, natural disaster)*
- Contribute to selection of client to recommend for discharge in disaster situation

Ergonomic Principles

- Use safe client handling techniques (e.g., body mechanics)*
- 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 unsafe conditions in health care and home environments*
- Demonstrate knowledge of facility protocols for handling hazardous and infectious materials

Home Safety

- Identify fire and 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., 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

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 errors and near misses (e.g., incident report)*
- Monitor client response to error/event/occurrence

Safe Use of Equipment

- Ensure 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 alerts (e.g., infant abduction, flight risk)*

**Activity statement used in the 2024 PN Practice Analysis*

- Use principles of triage and evacuation protocols and 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
- Apply principles of infection control (e.g., personal protective equipment (PPE), aseptic technique, isolation, standard precautions)*
- Use appropriate supplies to maintain asepsis (e.g., gloves, mask, sterile supplies)
- Use correct techniques to apply and remove gloves, mask, gown and protective eyewear
- 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

Sample Item

The nurse is reinforcing teaching with a client who is using a mechanical lift. Which of the following information should the nurse reinforce?

1. "Place your hands on the sling."
2. "You should lie prone on the sling."
3. "Place your arms across your chest." **(key)**
4. "You will need to rock to a standing position."

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Health Promotion and Maintenance

The LPN/VN 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.

Health Promotion and Maintenance Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Assist with care for the antepartum client • Identify community resources for clients • Assist with monitoring a client in labor • Monitor recovery of stable postpartum client • Compare client to developmental milestones • Assist client with expected life transition (e.g., attachment to newborn, parenting, retirement) • Participate in health screening or health promotion programs • Provide information for prevention of high-risk behaviors (e.g., substance misuse, sexual practices, smoking cessation) • Collect data for health history (e.g., client medical history, family medical history) • Collect baseline physical data (e.g., skin/tissue integrity, height and weight) • Identify clients in need of immunizations (required and voluntary) • 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 and over • Identify barriers to communication • Identify barriers to learning

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 and over*

Ante-/Intra-/Postpartum and Newborn Care

- Identify client emotional preparedness for pregnancy (e.g., support systems, perception of pregnancy)
- Assist in performing client nonstress test
- Assist with care for the antepartum client*
- Assist with monitoring a client in labor*

**Activity statement used in the 2024 PN Practice Analysis*

- 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

Community Resources

- Identify community resources for clients*
- Assist and/or participate in community health education
- Reinforce teaching with client about health risks based on family, population and/or community characteristics

Data Collection Techniques

- Collect data for health history (e.g., client medical history, family medical history)*
- Collect baseline physical data (e.g., skin/tissue integrity, 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
- Identify barriers to communication*
- Identify barriers to learning*
- Compare client to developmental milestones*
- Assist client with expected life transition (e.g., attachment to newborn, parenting, retirement)*
- Assist client to select age-appropriate activities
- Modify approaches to care in accordance with client development stage
- 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)

Health Promotion/Disease Prevention

- Identify risk factors for disease/illness (e.g., age, gender, 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)

**Activity statement used in the 2024 PN Practice Analysis*

- Participate in 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)
- Recognize client unexpected response to immunizations

High-Risk Behaviors

- Assist client to identify high-risk behaviors
- Provide information for prevention of high-risk behaviors (e.g., substance misuse, sexual practices, smoking cessation)*
- 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., cigarette smoking, adherence, 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, homeschooling, rural or urban living)
- Reinforce teaching with client on healthy lifestyle choices (e.g., exercise regimen, smoking cessation)

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)

**Activity statement used in the 2024 PN Practice Analysis*

Sample Item

The nurse is reinforcing teaching with a client about the signs of hunger in a newborn. Which of the following signs should the nurse reinforce? **Select all that apply.**

1. open hands
2. quivering bottom lip
3. rooting movements **(key)**
4. sucking on the hands **(key)**
5. hand-to-mouth movements **(key)**

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Psychosocial Integrity

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

Psychosocial Integrity Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
• Provide emotional support to client • Collect data regarding client psychosocial functioning • Identify client use of effective and ineffective coping mechanisms • Promote positive self-esteem of client • Collect data on client's potential for violence to self and others • Identify signs and symptoms of substance misuse, substance use disorder, withdrawal and overdose • Reinforce education to caregivers/family on ways to manage client with behavioral disorders • Explore reasons for client nonadherence with treatment plan • Participate in client group session • Plan care with consideration of client spiritual, cultural beliefs and/or gender identity • Assist in managing the care of an angry and/or agitated client (e.g., de-escalation techniques) • Participate in reminiscence therapy, validation therapy or reality orientation • Assist in the care of the cognitively impaired client • Assist client to cope/adapt to stressful events and changes in health status • Use therapeutic communication techniques with client • Assist in the care of a client experiencing sensory/perceptual alterations • Promote a therapeutic environment • Incorporate behavioral management techniques when caring for a client • Recognize and reduce stressors that affect client care • Provide end-of-life care and education to clients

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

Abuse or 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 or neglect and sexual abuse
- Provide safe environment for abused or 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

Behavioral Management

- Monitor client appearance, mood and psychomotor behavior and observe for changes
- Explore cause of client behavior

**Activity statement used in the 2024 PN Practice Analysis*

- Assist client with achieving self-control of behavior (e.g., contract, behavior modification)
- Assist client in using behavioral strategies to decrease anxiety
- Reinforce education to caregivers/family on ways to manage client with behavioral disorders*
- Incorporate behavioral management techniques when caring for a client*
- 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

Coping Mechanisms

- Collect data regarding client psychosocial functioning*
- Identify client support systems and available resources
- Identify client use of effective and ineffective coping mechanisms*
- Recognize and reduce stressors that affect client care*
- 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*
- 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 an angry and/or 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 self-reported culture/ethnicity when planning/providing/monitoring care
- Recognize client self-reported cultural practices that may affect interventions for procedures/surgery (e.g., direct eye contact)

**Activity statement used in the 2024 PN Practice Analysis*

- Plan care with consideration of client spiritual, cultural beliefs and/or gender identity*
- Respect self-reported cultural background/practices of client (does not include dietary preferences)
- Document how client language needs are met

End-of-Life Care 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
- Provide end-of-life care and education to clients*

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 reasons for client nonadherence with 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 self-reported religious/spiritual beliefs (e.g., spiritual distress, conflict between recommended treatment and beliefs)
- Recognize effect of client's self-reported religious/spiritual beliefs on plan of care
- Assist client to meet self-reported religious/spiritual needs (e.g., referral to pastoral care)
- Assist in evaluation of client's self-reported religious/spiritual needs related to necessary nursing interventions

Sensory/Perceptual Alterations

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

**Activity statement used in the 2024 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

Substance Use and Other Disorders and Dependencies

- Identify signs and symptoms of substance misuse, substance use disorder, withdrawal and overdose*
- 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 use 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

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*
- 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 to appropriately use verbal and nonverbal communication
- Monitor effectiveness of communications with client

Therapeutic Environment

- Promote a 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

**Activity statement used in the 2024 PN Practice Analysis*

Sample Item

The nurse is assisting to evaluate the coping strategies of the spouse of a client who had a stroke 5 days ago. Which of the following statements by the spouse would indicate ineffective coping?

1. "I sleep only for short periods of time since my spouse became ill." **(key)**
2. "I feel frustrated when my spouse turns away and will not talk with me."
3. "I eat meals in my spouse's room so my spouse will not have to eat meals alone."
4. "I have been performing a few household chores each day before visiting my spouse."

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Physiological Integrity

The LPN/VN 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 LPN/VN provides comfort to clients and assistance in the performance of activities of daily living.

Basic Care and Comfort Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Provide site care for client with enteral tubes · Promote alternative/complementary therapy in providing client care (e.g., music therapy, pet therapy) · Provide for mobility needs (e.g., ambulation, range of motion, transfer, repositioning, use of adaptive equipment) · Provide feeding for client with enteral tubes · Monitor and provide for nutritional needs of client · Provide nonpharmacological measures for pain relief (e.g., imagery, massage, repositioning) · Assist with activities of daily living · Provide care to client with bowel or bladder (urinary) management protocol · Evaluate pain using standardized rating scales · Provide measures to promote sleep and rest · Use measures to maintain or improve client skin/tissue integrity · Provide postmortem care · Perform irrigation (e.g., urinary catheter, bladder, wound, ear, nose, eye) · Assist in the care and comfort for a client with a visual and/or hearing impairment · Monitor client intake/output · Provide care to an immobilized client based on need

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

Elimination

- Identify client at risk for impaired elimination (e.g., medication, hydration status)
- Provide care to client with bowel or bladder (urinary) management protocol*
- Monitor client bowel sounds
- Perform irrigation (e.g., urinary catheter, bladder, wound, ear, nose, eye)*
- Provide skin care to client who is incontinent (e.g., wash frequently, barrier creams/ointments)

**Activity statement used in the 2024 PN Practice Analysis*

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, repositioning, 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/tissue integrity*
- Maintain correct client body alignment
- Provide care to an immobilized client based on need*

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)
- Promote alternative/complementary therapy in providing client care (e.g., music therapy, pet therapy)*
- Provide nonpharmacological measures for pain relief (e.g., imagery, massage, 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 nonverbal signs of pain/discomfort (e.g., grimacing, restlessness)
- Monitor client response to nonpharmacological interventions
- Monitor outcome of palliative care interventions
- Evaluate pain using standardized rating scales*

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 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*

**Activity statement used in the 2024 PN Practice Analysis*

- 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*
- Provide site care for client with enteral tubes*
- Reinforce teaching to client on required adaptations for performing activities of daily living (e.g., shower chair, handrails)

Postmortem Care

- Provide postmortem care*
- Provide comfort to family
- Incorporate cultural practice in postmortem care
- Prepare the client for viewing by the family
- Ensure proper identification of client prior to transport to morgue/funeral home

Rest and Sleep

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

Sample Item

The nurse is reinforcing teaching with a client about using crutches. Which of the following information should the nurse reinforce?

1. "The stairs should be avoided while using crutches."
2. "The elbows must stay straight while ambulating with crutches."
3. "Three finger widths should separate the axillae and the crutches." **(key)**
4. "Bearing weight on the affected leg should be avoided when using the 4-point crutch gait."

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Pharmacological Therapies

- The LPN/VN provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Pharmacological Therapies Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Follow the rights of medication administration · Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications) · Monitor transfusion of blood product · Calculate and monitor intravenous flow rate · Administer medication by oral route · Administer medication by various gastrointestinal tubes · Administer a subcutaneous, intradermal or intramuscular medication · Administer medication by ear, eye, nose, inhalation, rectum, vagina or topical route · Count controlled substances and report discrepancies · Maintain pain control devices (e.g., epidural, patient-controlled analgesia, peripheral nerve catheter) · Administer intravenous piggyback (secondary) medications · Collect required data prior to medication administration (e.g., contraindications, current medications) · Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects, critical laboratory values) · Reinforce education to client regarding medications · Maintain medication safety practices (e.g., storage, checking for expiration dates, compatibility) · Perform calculations needed for medication administration

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, intravenous, subcutaneous, intramuscular, topical)
- Monitor and document client side effects to medications

**Activity statement used in the 2024 PN Practice Analysis*

- 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 Calculations

- 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, critical laboratory values)*

Medication Administration

- Identify client need for p.r.n. 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, 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 (e.g., contraindications, current medications)*
- Assist in preparing client for insertion of a central venous access device
- Administer medication by oral route*
- Administer intravenous piggyback (secondary) medications*
- Administer medication by various gastrointestinal tubes*
- Administer a subcutaneous, intradermal or intramuscular medication*
- Administer a medication by ear, eye, nose, inhalation, rectum, vagina or topical route*
- Dispose of client unused medications according to facility/agency policy
- Count controlled substances and report discrepancies*
- Calculate and monitor intravenous flow rate*
- Monitor transfusion of blood product*
- Reinforce client teaching on client self-administration of medications (e.g., insulin, subcutaneous insulin pump)

**Activity statement used in the 2024 PN Practice Analysis*

Pharmacological Pain Management

- 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-controlled analgesia, peripheral nerve catheter)*

Sample Item

The nurse has reinforced teaching with a client with schizophrenia who is receiving prescribed olanzapine. Which of the following statements by the client would indicate a correct understanding of the teaching?

1. "The medication may cause dry mouth." **(key)**
2. "I should consume a low-residue diet while taking olanzapine."
3. "Restlessness and agitation are common side effects of olanzapine."
4. "I will have a blood specimen obtained to monitor the therapeutic level of the medication."

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Reduction of Risk Potential

- The LPN/VN reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Reduction of Risk Potential Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Identify client risk and implement interventions · Check for urinary retention (e.g., bladder scan, ultrasound, palpation) · Collect specimen for diagnostic testing (e.g., blood, urine, stool, sputum) · Monitor continuous or intermittent suction of nasogastric (NG) tube · Monitor diagnostic or laboratory test results · Identify signs or symptoms of potential prenatal complication · Perform point-of-care testing (e.g., pregnancy test, troponin, urine dipstick) · Monitor and evaluate client vital signs (e.g., oxygen saturation, blood pressure) · Use precautions to prevent injury and/or complications associated with a procedure or diagnosis · Perform an electrocardiogram (EKG/ECG) · Assist with the performance of a diagnostic or invasive procedure · Perform venipuncture for blood draws · Apply and monitor proper use of compression stockings and/or sequential compression devices · Assist with care for client before and after surgical procedure · Insert, maintain and remove urinary catheter · Insert, maintain and remove nasogastric (NG) tube · Perform blood glucose monitoring · Maintain central venous catheter · Maintain and remove peripheral intravenous catheter · Perform focused data collection based on client condition (e.g., neurological checks, circulatory checks) · Monitor client responses to procedures and treatments · Reinforce client education about procedures, treatments, equipment

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

Changes/Abnormalities in Vital Signs

- Monitor and evaluate client vital signs (e.g., oxygen saturation, blood pressure)*
- 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

**Activity statement used in the 2024 PN Practice Analysis*

Laboratory Values

- 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, 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
- Perform point-of-care testing (e.g., pregnancy test, troponin, urine dipstick)*

Potential for Alterations in Body Systems

- Identify signs or symptoms of potential prenatal complications*
- Identify client with increased risk for insufficient blood circulation (e.g., immobilized limb, diabetes)
- Recognize change in client neurologic status (level of consciousness, orientation, muscle strength)
- Compare current client clinical data to baseline information
- Perform focused data collection based on client condition (e.g., neurologic checks, circulatory checks)*
- Check for urinary retention (e.g., bladder scan, ultrasound, palpation)*
- Apply and monitor proper use of compression stockings and/or sequential compression devices*
- Monitor client output for changes from baseline (e.g., 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)

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)
- Identify client risk and implement interventions*
- Monitor continuous or intermittent suction of nasogastric (NG) tube*
- Use precautions to prevent injury and/or complications associated with a procedure or diagnosis*
- 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)
- Suggest change in interventions based on client response to diagnostic tests/treatments/procedures

**Activity statement used in the 2024 PN Practice Analysis*

Potential for Complications from Surgical Procedures and Health Alterations

- Identify client response to surgery or health alterations
- Assist with care for client before and after surgical procedure*
- Reinforce client education about procedures, treatments, equipment*
- Monitor client responses to procedures and treatments*
- 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 catheter*
- Assist with the performance of a diagnostic or invasive procedure*
- Reinforce client teaching on treatments and procedures

Sample Item

The nurse is caring for a client with peptic ulcer disease (PUD) who vomited 150 mL of blood-tinged green liquid. Which of the client's laboratory test results would be a **priority** to check?

1. serum pH
2. hematocrit (HCT) **(key)**
3. serum sodium level
4. blood urea nitrogen (BUN) level

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Physiological Adaptation

- The LPN/VN participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Physiological Adaptation Related Activity Statements from the *2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
· Reinforce education to client regarding care and condition · Provide care for client drainage device (e.g., wound drain, chest tube) · Assist with client wound drainage device removal · Provide cooling/warming measures to restore normal body temperature · Perform wound care and/or dressing change · Respond and intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation) · Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning) · Provide care for a client with a tracheostomy · Remove wound sutures or staples · Provide care to client on ventilator · Assist in the care of a client with a pacing device · Recognize and report basic abnormalities on a client cardiac monitor strip · Provide care to client with an ostomy (e.g., colostomy, ileostomy, urostomy) · Identify signs and symptoms related to acute or chronic illness · Recognize and report change in client condition · Provide care for a client with a fluid and electrolyte imbalance · Provide care for a client receiving peritoneal dialysis or hemodialysis

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)
- Recognize and report basic abnormalities on a client cardiac monitor strip*
- Provide care for client drainage device (e.g., wound drain, chest tube)*
- Provide cooling/warming measures to restore normal body temperature*
- Provide care for a client with a tracheostomy*
- Provide care to a client with an ostomy (e.g., colostomy, ileostomy, urostomy)*
- Provide care to client on ventilator*
- Provide care for a client receiving peritoneal dialysis or hemodialysis*
- Provide care to correct client alteration in body system
- Provide care to client undergoing peritoneal dialysis
- Provide care to client experiencing increased intracranial pressure

**Activity statement used in the 2024 PN Practice Analysis*

- 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*
- Assist in the care of a client with a pacing device*
- Remove wound sutures or staples*
- Assist with client wound drainage device removal*
- Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, 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

Fluid and Electrolyte Imbalances

- Provide care for a client with a fluid and electrolyte imbalance*
- Identify signs and symptoms of client fluid and/or electrolyte imbalances
- Monitor client response to interventions to correct fluid and/or electrolyte imbalance

Medical Emergencies

- Respond and 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 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)

**Activity statement used in the 2024 PN Practice Analysis*

Sample Item

The nurse is talking with a client who had a subtotal gastrectomy 1 month ago. Which of the following statements by the client would be a **priority** to follow up?

1. "I occasionally take an over-the-counter (OTC) laxative."
2. "I eat several small meals each day."
3. "I avoid drinking liquids with meals."
4. "I feel tired all the time." **(key)**

Visit NCLEX.com for additional resources and sample items, including sample clinical judgment case studies and stand-alone items.

**Activity statement used in the 2024 PN Practice Analysis*

Appendix B

Item Writing Tips

The following tips are designed to provide nurse educators with information on writing NCLEX-style items. Refer to NCLEX.com for answers to frequently asked questions and for additional information on item formats and sample items.

Steps to Item Writing

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

Step 1. Select a nursing concept for focus of the item or case study (test plan category or integrated process).

Step 2. Use the concept to build the client data (clinical scenario/exhibits) and stem.

Step 3. Write a key or keys to represent important information the entry-level nurse should know.

Step 4. Identify common errors, misconceptions or irrelevant information.

Step 5. Use the previous information and write the distractors.

Step 6. Complete the item using the client data (clinical scenario/exhibits), stem, key(s) and distractors.

Step 7. Write a rationale supporting the keys and distractors.

Appendix C

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