NCLEX Mastery

16 Strategies for Passing the NCLEX

AN NCLEX MASTERY GUIDE

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16 Strategies for Passing the NCLEX

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Feeling anxious about the NCLEX? Whether you are preparing to take the NCLEX for the first time or the fifth, with the tips and resources in this e-book, you will be ready to walk into the testing center feeling calm, cool and confident of mind. With the right resources and our study plan and testing tips, you can and will get that license!

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Strategy #1: Cut Yourself Some Slack

At NCLEX Mastery, we hear from a lot of students—past and present—who are worried about passing the NCLEX. Many take the test more than once before they realize they need more help than what is offered in textbooks and lecture notes to pass this crucial exam. In other words, *you are not alone!*
In fact, you are in great company, because we have helped thousands pass the NCLEX, and we know what works. With the right frame of mind, the right resources, and our study plan and testing tips, you can *and will* get that license!

CHANGE YOUR FRAME OF MIND

It can seem to be an incredibly intimidating task to master so much material for one exam, but you already know more than you think you do! Your task now is to identify the areas you need to reinforce before the exam and to practice your test taking skills so you can *apply* that knowledge!

Realize that a comprehensive review is actually just a series of smaller sections to revisit and study. Yes, some will be easier than others, but each section will be manageable and will allow you to review that content and recall what you know more easily. Instead of taking practice quizzes that include everything you've ever learned all at once, you will focus on one area at a time—starting with your weakest.

Use this e-book to help you prioritize your review process before you attempt the NCLEX.

HOW NCLEX MASTERY CAN HELP

With "My Progress" in your NCLEX Mastery mobile study solution, you can see clearly what you know—and what you don't know (or sort of know). With that knowledge, you can identify your weaker areas *and* celebrate your strengths!

BONUS TIP

To keep the information from each section fresh in your mind as you progress through the weeks, spend the last 30 minutes of your study time each day reviewing the information from previous weeks. Also, devote at least one hour at the end of each week to do practice questions in NCLEX Mastery from all of the previously covered sections.

Strategy #2: Make a Personalized Study Plan

How much time do you need for your study plan? That depends. If you are retaking the NCLEX, you may need extra time to prepare. That may also be true for a first-time test-taker, if you have several areas in which you are struggling. Consider the competing demands on your time and how many hours you have each day and week to devote to studying.

If you are preparing for the NCLEX for the first time, you can use results from a predictor test to make a "study blueprint" for this time. Alternatively, consider taking a practice test in each section of an NCLEX practice book and then score yourself in each section to discover where your scores are lowest. Start there.

If you are preparing for the NCLEX after a previous attempt, use your Candidate Report to create your "study blueprint." There are eight content areas on the NCLEX where you can score "above," "near," or "below the passing standard." A good rule of thumb: Allow yourself at least one week for each content area in which you were either "near" or "below the passing standard" and one additional week for a cumulative review of all the NCLEX content.

HERE'S A GOOD STRATEGY TO MAKE THE MOST OF YOUR STUDY TIME:

1. Focus on your weakest areas first.
2. Order your weakest areas, starting with the content area that represents the highest percentage of the test, according to the NCLEX Test Plan. Next, tackle the second-highest percentage area and so on. (See next page)
3. In areas that are equally represented on the exam, choose to first review the one that's most challenging for you.
4. After reviewing each "trouble" area, spend a week doing a cumulative review of all NCLEX content with NCLEX Mastery.
5. Go get that RN license.

THE 2016-2019 NCLEX-RN TEST PLAN ← YOU WILL WANT TO CLICK HERE.

CLIENT NEEDS

Safe and Effective Care Environment

- Management of Care **17-23%**
- Safety and Infection Control **9-15%**

Health Promotion and Maintenance 6-12%

Psychosocial Integrity 6-12%

Physiological Integrity

- Basic Care and Comfort **6-12%**
- Pharmacological and Parenteral Therapies **12-18%**
- Reduction of Risk Potential **9-15%**
- Physiological Adaptation **11-17%**

STUDY PLAN RANK ORDER

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___ **TOTAL "NEAR" OR "BELOW"**

INSTRUCTIONS

First, rank each Client Needs category in which you scored "Below the Passing Standard," in order of the *highest percentage of the test first*, indicating them with numbers (1, 2, 3). These will be the first content areas you will review.

Next, rank the Client Needs categories in which you scored "Near the Passing Standard," in order of the *highest percentage of the test first*, indicating those with the next numbers in the range (4, 5, 6).

The remaining two categories in which you scored "Above the Passing Standard" will be reviewed in a cumulative review at the end, along with all of the other categories.

Total the categories in which you scored near or below passing to find the number of Client Needs categories you need to remediate before you re-test. Add 1 (for a final cumulative review period).

Take the number of days or weeks you have to study for the NCLEX and divide it by this new total.
For example: If you have 5 non-pass categories +1 cumulative review and 2 months to study, you will calculate this as: 60 days/6 study periods = 10 days on each category with a 10 day cumulative review of all content.

Allocate at least 2 hours a day to read, review, and study.

CHANGE YOUR FRAME OF MIND

Life is busy, especially if you're working full time and/or raising a family. Still, you have to allow yourself time to study for the NCLEX. You've worked so hard to get to this point. Don't sell yourself short when it's time to invest in the final push to get your nursing license! Budget time in your schedule every day for studying.

HOW NCLEX MASTERY CAN HELP

NCLEX Mastery features 1,800+ practice questions, developed by nursing experts and based on the NCLEX-RN Test Blueprint. Spend at least an hour every day immersed in this tool's practice questions, mnemonics and terminology flashcards and you'll be ready on test day!

Allow at least 60 minutes each day for NCLEX Mastery practice questions and nursing mnemonics.

Strategy #3: Choose the Best Study Tools

With so many NCLEX review books on the market, it can be difficult to know which ones are best. Though many review books are organized by course areas common in nursing school, this format is not as helpful to those focused on immediate NCLEX prep. We suggest using an NCLEX review book that is organized according to the same Client Needs categories as the NCLEX test plan. If you are a repeat test-taker, this will allow you to remediate based on the results of any NCLEX predictor tests you have taken, as well as the results of your Candidate Report. With these books, you can study the content areas you need to reinforce, rather than searching for the information you need.

The categories of the NCLEX contain the same concepts learned in nursing school courses, but they are integrated into Client Need categories. For example, adult and pediatric medical-surgical health problems are included together in Physiological Adaptation. Reduction of Risk Potential includes focused assessments or any intervention to prevent injury from an existing condition or treatment or procedure. Download the Educator Version of the NCLEX-RN Test Plan and review the tasks in each subcategory. These form the basis of the questions written for the real NCLEX, and this will give you an idea of what you need to know for each section.

#1: *Pearson Reviews & Rationales: Comprehensive Review for NCLEX-RN* by MaryAnn Hogan, MSN, RN. This book really focuses on the need-to-know highlights in each Client Needs area of the exam. There is also a practice test for each section. Each rationale is thorough and includes a test-taking strategy.

#2: *NCLEX-RN Content Review Guide: Preparation for the NCLEX-RN Examination*. This book by Kaplan Nursing is organized by the NCLEX Client Needs categories, but within each of those, there are smaller "units" that organizes the information in a helpful way for those still in school. This book is less narrative, with a lot of bulleted material, but some may prefer this. It provides a review of essential NCLEX content and is updated annually.

Another great book: *Nursing Care Plans: Diagnoses, Interventions, and Outcomes* by Judith L. Myers and Meg Gulanick. When you're studying different disease processes and nursing diagnoses, this book will help you understand which interventions are the most appropriate and why. If understanding rationales or choosing nursing goals challenging for you, try this book.

BONUS TIP

Don’t just collect NCLEX review books. *Read them!* For this study plan to work, read *every word* of each section you are reviewing.

CHANGE YOUR FRAME OF MIND

With so much material to master for the NCLEX, it can be easy to get overwhelmed. Remember to breathe—and to choose the study materials and solutions that work best for you. You can do this!

HOW NCLEX MASTERY CAN HELP

NCLEX Mastery allows you to study on the go, making the very most of your downtime. Use this comprehensive study solution while you’re standing in line at the supermarket or while waiting to pick your children up after school. It will help you gain the confidence you need to pass the NCLEX!

That’s the number of **mnemonics** NCLEX Mastery features, making it the most comprehensive list on the market!

Strategy #4: Ask for Assistance

If you have a learning disorder, such as dyslexia, or you suffer from ADHD or another health condition, you may qualify for testing accommodations for the NCLEX. Nursing students are covered under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. These laws entitle those with disabilities to receive accommodations in their education programs. On the NCLEX, you may be entitled to extra test-taking time and breaks, use of a private testing room to reduce distractions, or assistance from a reader or recorder in a private room (this is someone who will help you with reading or by indicating your answer selections).

Accommodations for learning disabilities are individualized and vary by state or territory. Testing accommodations can be provided only with the authorization of your board of nursing/regulatory body (BON/RB).

“An accommodation may allow candidates with disabilities to demonstrate their full potential… For candidates without disabilities, evidence suggests an extended time accommodation will not provide a benefit”

(WOO, HAGGE, DIKISON, 2013)

BONUS TIP

Learning Ally is a national non-profit dedicated to helping blind, visually impaired, and dyslexic students succeed. The company offers NCLEX study materials in audio format. Another great resource for those with learning disabilities is the book *Learning Outside The Lines: Two Ivy League Students with Learning Disabilities and ADHD Give You the Tools for Academic Success and Educational Revolution* by Jonathan Mooney and David Cole. This book is full of great tips for helping information stick.

CHANGE YOUR FRAME OF MIND

Don't be embarrassed to ask for testing accommodations for the NCLEX. It's important that you feel as comfortable as possible on test day. You need to submit your request as early as possible. Request information from your BON/RB about the requirements and make your written request *before* submitting your NCLEX registration to Pearson VUE. In fact, do *not* schedule an appointment to take the NCLEX until you have received written confirmation of your accommodations and your ATT email listing your granted accommodations. Requesting testing accommodations will require of disability/ learning disorder, but does not require that you previously received accommodations. If you have a disability, advocate for yourself and get the help you need.

Once you're approved for testing with accommodations, you must schedule your testing appointment by calling Pearson VUE NCLEX Candidate Services at the telephone number listed on your ATT. Ask for the NCLEX Accommodations Coordinator.

Strategy #5: Know Your Drugs

No doubt about it, pharmacology is an intimidating subject for most nursing students. If this is a weak area for you, start organizing all the drugs you come across as you do your comprehensive review.

Collect all of this information in a notebook or a spreadsheet on your computer. By doing so, you'll start to notice patterns relating to the names (the suffixes, in particular), the actions, and the adverse effects. You'll discover that almost all of the drugs within a pharmacologic class end with the same suffix and have similar attributes (i.e. beta blockers end in -olol like labetalol, atenolol, propranolol). This will *greatly* simplify your studying!

Therapeutic classes are broad, and are based on the intended *effect* of the drugs (like analgesics or antianginals), and often include drugs from multiple pharmacologic classes. These drugs do *not* have similar actions or adverse effects, only similar *therapeutic effects*.

Pharmacologic classes, however, are based on the *mechanism of action* of a specific group of drugs. For example, all angiotensin-converting enzyme inhibitors (ACE inhibitors) work the same way: They inhibit the enzyme that converts angiotensin I to angiotensin II. The drugs in a pharmacologic class share the same action, so the effects are similar and they have similar precautions, contraindications, interactions with other drugs, *and* you need watch for similar adverse reactions! If you know about one drug in a pharmacologic class, you can usually guess correctly about the other drugs in that class. (That's *great* news!)

LET'S LOOK CLOSER AT ACE INHIBITORS:

- **ACE Inhibitors:** This class includes at least ten drugs that all end in "-pril." Drugs in this class include benazepril, moexipril, captopril, perindopril, enalapril, quinapril fosinopril, ramipril, lisinopril, and trandolapril.
- **Indication and Action:** ACE inhibitors block the conversion of angiotensin I to angiotensin II, which is a potent vasoconstrictor. ACE inactivates bradykinin, a vasodilator, but ACE *inhibitor* allow bradykinin to have its effect. ACE inhibitors also reduce aldosterone levels and increase renin levels, all resulting in systemic vasodilation.
- **Therapeutic Effects:** ACE inhibitors lower the blood pressure in hypertensive patients, decrease afterload in patients with CHF, decrease development of overt heart failure, increase survival after MI (selected agents only), and decrease the progression of diabetic nephropathy (captopril only).
- **Side Effects:** CNS: dizziness, fatigue, headache, insomnia, weakness; Resp: cough, eosinophilic pneumonitis; CV: hypotension, angina pectoris, tachycardia; GI: taste disturbances, anorexia, diarrhea, hepatotoxicity (rare), nausea; GU: proteinuria, impotence, renal failure; Derm: rashes; F and E: hyperkalemia; Hemat: AGRANULOCYTOSIS, NEUTROPENIA (CAPTOPRIL ONLY); Misc: ANGIOEDEMA, fever. Note: CAPITALS indicate life-threatening effects.

BONUS TIP

Start organizing the drugs you encounter into groups according to their pharmacologic classes. After awhile, you will start to predict the side effects and contraindications based only on the name of the drug. Your pharmacology note-taking will become easier and easier, and the list of drugs and side effects with which you are familiar will grow longer!

Strategy #6: Know Your Labs

It's common to see "normal lab values" that differ slightly from what you may have learned in school or with what you see at the hospital or in a book. Laboratory reference values, and even the units with which they are measured, often vary among individual reference sources and are highly dependent on the analytic methods used.

The NCLEX will not ask you to answer questions that requires you to choose the correct answer based on lab values that are only slightly "off" from the reference range. This is precisely because of the widely acknowledged variation between lab sources. Instead, questions on lab values will be obviously "off" or else will test on candidates' ability to analyze the *implications* of abnormal results and to plan the care of that client. Can you *anticipate* the manifestations, the *risks* associated with it, or how to *intervene*?

HOW NCLEX MASTERY CAN HELP

NCLEX Mastery provides lab reference ranges from Mosby's, 5th Edition (2013) and Mosby's Canadian (2012). In a few instances, SI ranges have been sourced from Stedman's Online or conversions made from Mosby's conventional values, calculated using the AMA Manual of Style SI Conversion Calculator.

TRY CLINICAL MASTERY

The makers of NCLEX Mastery have another mobile solution for you: Clinical Mastery. This clinical reference tool is made for nursing students and practicing nurses alike. It includes a searchable library of step-by-step nursing skills, diagnostic and therapeutic procedures, CDC and Joint Commission safety recommendations, growth charts, lab panels, vital signs norms, and more! The in-depth labs provide reference ranges and well as detailed explanations of the significance of each common lab value, along with possible causes of a high or low lab result.

BONUS TIP

Don’t focus on memorizing every reference range, but do learn the ones that are likely to show up on the NCLEX. The following labs are specifically listed on the detailed version of the NCLEX Test Blueprint. Commit these to memory:

- **pH: 7.35 - 7.45**
- **PO2: 80 - 100**
- **SaO2: 95 - 100%**
- **HCO3: 21 - 28 mEq/L or 21 - 28 mmol/L**
- **BUN: 10-20 mg/dL or 3.6-7.1 mmol/L**
- **Creatinine 0.5-1.2 mg/dL or 44-106 µmol/L**
- **Cholesterol (total): <200 mg/dL or <5.0 mmol/L**
- **Glucose (fasting): 70 - 110 mg/dL or <6.1 mmol/L**
- **Glucose (casual): ≥ 200 or ≥ 11.1 mmol/L**
- **Critical glucose: <40 or >400 mg/dL and <2.22 and >22.2 mmol/L**
- **Hematocrit: 37-52% or 0.37-0.52 volume fraction**
- **Hemoglobin: 12-18 g/dL or 120-180 mmol/L**
- **HbA1C: 4-5.9% (nondiabetic), < 7% (good DM control), > 9% (poor DM control)**
- **Platelets: 150,000-400,000/mm^3 or 150-400 $x10^9$/L**
- **Potassium: 3.5-5.0 mEq/L or 3.5-5 mmol/L**
- **Sodium: 136-145 mEq/L or 136/145 mmol/L**
- **WBC: 5,000-10,000/mm^3 or 5-10 $x10^9$/L**
- **Critical WBC: <2,000 or >40,000/mm^3 or <2 or >40$x10^9$/L**
- **PT: 11-12.5 seconds (normal) or 1.5-2 x control (with anticoagulant therapy)**
- **aPTT: 30-40 seconds (normal) or 1.5-2.5 x control (with anticoagulant therapy)**
- **INR: 0.8-1.1 (normal) or 2-3 (for A - fib) or 3-4.5 (for prosthetic valves)**

Strategy #7: Study Effectively

To make the most of your study time, you have to limit interruptions. Find a quiet study spot, at home or away, and carve out that time to focus on your NCLEX studies. Use the NCLEX study plan you created to guide your study time.

CHANGE YOUR FRAME OF MIND

You have a lot riding on this exam, so you must set boundaries with your family and friends. Explain to them that studying *is* your life right now. Ask them to please respect that and support you on this. If you can't find a quiet place to study at home, try the public library, a quiet nook on your school campus, a bookstore, coffee shop, or wherever else you feel comfortable.

BONUS TIP

Once you've found your quiet study space, start with the section of the exam that you determined you should tackle first, based on your Candidate Report or your prioritized study plan. Then start reading. Take notes, highlight, draw mind maps—whatever it takes to keep you engaged and learning.

Work on only one section at a time, and if you finish reading a section, do the practice questions and read every one of the rationales. Don't forget the online materials! Most books come with even more practice questions and bonus materials online, like summarized key points or audio files so you can review even while you're in your car! You can also create your own study recordings with your mobile phone to listen to while you work out or drive.

HOW NCLEX MASTERY CAN HELP

Don't forget to reinforce the information from each section with NCLEX Mastery test questions. Just *immerse* yourself in that one content area for the time you've allotted each week. Don't skip ahead to the next section! You have identified this as a weaker area for you, so give this information time to sink in. Reinforce it in as many ways as possible, and give it your full attention!

Strategy #8: Quiz Yourself

“Spacing” your review by quizzing yourself with practice questions every few days or so will greatly improve your recall and retention. Studies show that revisiting material after allowing it to become a bit “fuzzy” forces the brain to create more varied memory traces. When you’re prompted to retrieve this information after a period of time, it alters the way the information is stored in your memory, creating new neural pathways and making it easier to retrieve later!

HOW NCLEX MASTERY CAN HELP

Your NCLEX Mastery mobile study solution features the most comprehensive list of mnemonics on the market! Studying with mnemonics facilitates higher retention and easier retrieval of content, thus reducing your test anxiety on exam day!

BONUS TIP

Make the most of your little snatches of time—those 5 minutes in line at the post office; that frustrating 25 minutes in the waiting room at the doctor’s office; the 10 minutes you’re waiting for your meal to arrive at a restaurant. Use that time—however small—to your advantage. Keep recordings of your notes to listen to or take quizzes on NCLEX Mastery. By sneaking in just an extra 15 minutes each day, you’ll add 7.5 hours of extra study time in a month—with hardly any effort!

ANOTHER BONUS TIP

If you find something you don’t understand, then *find out* about it! Never pass on an opportunity to solve a potential problem area on the NCLEX. Look it up in your nursing text or Google it! Or reach out to us at NCLEX Mastery. We’re here to help.

Strategy #9: Decode NCLEX Questions

If you're having trouble with test-taking skills, practice "decoding" NCLEX questions. Here are some tips on how to read an NCLEX question:

1. Always make sure you understand the question. Each question contains **patient information**, and may contain **qualifiers** or **distractors**, in a **question stem**.
2. The **patient information** (i.e. a client with COPD, a patient with NSTEMI) can help guide you to the topic of the question. This gives you a hint about the body of knowledge you may need to consider, but is different than what the question stem is asking.
3. **Qualifiers** are words that add meaning or context (i.e. the **priority** nursing action, care of the post-operative client, etc). They might not jump out at you, but don't miss them. Qualifiers can differentiate one answer choice from all the others!
4. **Distractors** may or may not be present. Sometimes we even make them up by "reading into" the questions. Distractors are bits of information we *don't* need to apply in order to answer the question.
5. The **stem** is the part of the question that tells you what the question is *actually asking*. The stem is often at the end of the question, but not always. The stem directs you to the type of answer choice you need to choose.
6. The ***stem*** and any ***qualifiers*** together will identify the ***correct answer choice!***
7. **The first time you read a question, read only the last sentence** (this is usually the stem). This is often a stripped-down version of the question, directing you to the type of answer choice you will be looking for (i.e. "What is the priority intervention?" or "What client will the nurse see first?"). Identify the type of answer choice you need to find.
8. Eliminate unsafe options or non-therapeutic responses. Next, **read the whole question**, and then *stop*. **Ask yourself if you can guess the answer before you read the answer choices.** Do you know this already? Do you remember this from lectures or your readings? Did you see it in clinicals? Can you make an educated guess based on what you know or understand about a similar condition or example?
9. Next, **read the answer choices**. Eliminate answer choices that use "never" or "always" or any answer choices that have very similar meanings (they can't both be right, so they must both be wrong). **Narrow it down** to your best guess *before* you reread the question stem.
10. **Compare the question stem to your answer choice**. Does it match any qualifiers in the question? Does it make sense? Make sure your selected answer actually answers the question!

Strategy #10: Break Down SATA Questions

The best way to approach Select All That Apply questions is to find out *exactly* what the stem is asking and then consider each answer option, one at a time, **as true or false**.

Here is an example: “A patient diagnosed with mitral valve prolapse was given quinidine intravenously for an arrhythmia. The nurse understands that which of the following is an adverse reaction to the drug?”

The stem is asking: “[Which of these] is an adverse reaction to IV quinidine?” As true or false statements, the answer choices may then be evaluated as follows:

- Abdominal cramping is an adverse reaction to IV quinidine. True or false? (True)
- Lightheadedness is an adverse reaction to IV quinidine. True or false? (True)
- Muscle weakness is an adverse reaction to IV quinidine. True or false? (False)
- Ringing in the ears is an adverse reaction to IV quinidine. True or false? (True)
- Frequent watery diarrhea is an adverse reaction to IV quinidine. True or false? (True)

You must select each one that is correct. Only choose those you believe to be true regardless of the other answer options.

Multiple response items (SATA) may require a candidate to select a *single* correct response, have more than one correct response, or even require *all* responses to be correct–regardless of the number of given answer choices. The NCLEX does not confirm the maximum possible correct.

Unlike other types of NCLEX item types, this type of question does not ask you to choose an answer that is better or more complete than the others. Each answer should be evaluated on its own and not chosen based on the validity of the others.

BONUS TIP

Pay attention to whether the question is looking for an assessment or intervention or the most therapeutic response, etc. Narrow the options down using the A-B-Cs or Maslow’s Hierarchy of Needs. But remember: Actual problems *before* chronic or potential problems!

Strategy #11: Prioritize With The ABCs

To determine which client is most acute, you must understand many client health problems and be able to weigh their significances. To make it easier, or when in doubt, use the ABCs. The ABCs are used when prioritizing which action to perform first or which patient to see first:

- **Airway**. Airway is always the highest priority, and this would include anything that might **block** the airway and impair breathing, e.g. upper airway obstruction from a foreign object, laryngospasm (which occludes the airway), or trauma to the airway.
- **Breathing**. Anything that might compromise respiration or ventilation comes next, and includes pulmonary edema, an asthma attack, respiratory distress, or almost any cause of breathing problems.
- **Circulation**. Any cause of bleeding or impaired circulation is addressed next in the order of priority. This may involve responding to obvious trauma or giving medication or fluids to treat changes in vital signs like hypotension and tachycardia.

Note: The exception to the ABCs is when cardiopulmonary resuscitation (CPR) is performed for cardiac arrest, when C-A-B is followed giving *compressions first*, then airway and breathing.

BONUS TIP

When questions use qualifiers like *best, early or late, most appropriate, essential, initial, immediate, highest priority, or most important,* this is a sign that the question is asking you to prioritize!

When choosing which client to assess or care for, first remember that the answer is likely to be the one that is the least stable. Choose the answer involving the most *immediately life-threatening condition* or, if they are all currently stable, choose the answer that involves the client who is at the most risk for *developing* a potentially life-threatening condition.

Watch out for unanticipated changes in respiratory changes, vital signs, or level of consciousness. Remember, too, that attending to equipment is always a lower priority if you have the option to stay with a client in distress!

Strategy #12: Use Maslow's Hierarchy of Needs

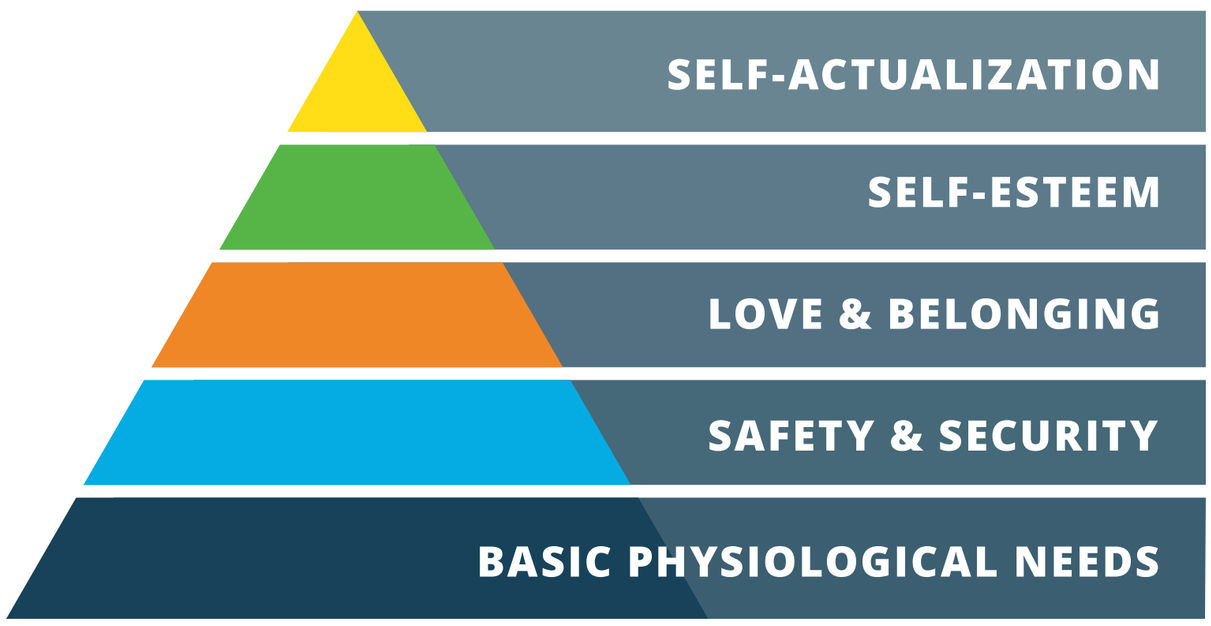
What if there is no airway compromise and no breathing difficulty? The ABCs don't always apply, and for those situations, there's Maslow's Hierarchy of Needs. Use this framework to help set priorities when you must choose between different interventions, assessments, or which patient to see first.

MASLOW'S HIERARCHY OF NEEDS

1. **Basic Physiological Needs** should always be addressed first. These include airway and breathing (oxygen therapy), circulation (IV hydration), nutrition, and elimination. Included here are actions addressing critical lab values, pain management, dehydration, etc.
2. **Safety and Security** come next, including promoting the nurse-client relationship, protection from injury, feelings of security, and outpatient referral needs. Included here are actions addressing safety: less critical lab values, risk prevention (non-skid socks, bed alarms, transmission-based precautions).

Note: The next three are usually addressed only in questions about psychiatric nursing or therapeutic communication. Examples of therapeutic communication question stems are: "Which of the following would be the most therapeutic response?" or "Which response is an example of reframing?"

3. **Love and Belonging** is third and involves the client's need to have support systems in place, to feel cared for by family and friends, and to avoid isolation.
4. **Self-Esteem** is about feeling competent to make decisions, feeling an internal locus of control, and a sense of self-acceptance and worthiness.
5. **Self-Actualization** is the last priority, and is about encouraging the client in the development of their own spiritual or psychological well-being, growth, or creativity.



Strategy #13: Prioritize Medication Questions

Some of the toughest questions on the NCLEX will present four clients with various conditions who all require a scheduled dose of medication, and you must select which patient to see first. For questions requiring you to prioritize medication administration, consider the indication of the drug being given, the condition it treats, as well as the *potential risks* associated with a late or missed dose.

1. The **highest priority** should be given to medications that treat or prevent *current acute physiological distress*. Examples include: antibiotics for septic shock, rescue inhalers, osmotic diuretics for high intracranial pressure, antipyretics for high fever, medications ordered Q 4 hours (because a late dose could affect blood levels and the timing of the next dose), and IV therapy for NPO clients who cannot take medications by mouth and are at high risk for fluid imbalance.
2. Of a **lower priority** would be medications to treat or prevent *reoccurrences*, or to treat symptoms of *chronic* disease processes, and other stable clients. Examples include an antibiotic for an UTI, a dose of a beta blocker, a once-per-shift medication, routine IV therapy, or an IV flush.

Strategy #14: Remember the Nursing Process

Use the steps of the nursing process to prioritize answer choices that present different nursing actions. Especially when there are multiple correct actions among the answer options in the question, you must be careful to choose the answer option that would come *first* in the nursing process.

1. **Assessment:** Subjective and objective information is gathered, documented, and communicated. Certain words in the question may hint that the correct answer is an assessment option, such as: check, collect, gather, monitor, find out, ascertain, identify, recognize, observe, or assess.
2. **Analysis:** Interpretation of the gathered assessment data. These questions require critical thinking to determine the *correct rationale* for a therapeutic intervention or prescription.
3. **Planning:** This step is about *identifying patient problems* (always prioritizing actual problems before potential problems) and developing the *plan of care*.
4. **Implementation:** The step of providing the planned care for your client includes *interventions, monitoring, delegating, communicating, and documenting*.
5. **Evaluation:** Assessing the client's response to the care and *comparing the actual outcome with the planned outcome*. Watch for *negative stem* questions in these questions (i.e. "Which of the following finding indicates the treatment was **ineffective**?").

Note: Answers for questions in the Implementation step or for any question stem asking for an "intervention" are typically nursing actions (like giving a drug, a dressing change, or a position change), but *an "intervention" can also be an "assessment"* if it is implemented as part of the nursing plan to *continue* to monitor or follow up on data previously collected (e.g. intake and output may sound like an assessment, but this can be implemented as an *intervention* after a risk for fluid imbalance is recognized upon the initial assessment).

Strategy #15:
Consider Unit Policies and Timeframes

NCLEX questions often ask questions that require you to prioritize actions that are governed by strict facility policy or involve a strict ordered timeline. These must be attended to first. These may include administering STAT medications, performing certain reassessments, or obtaining new orders and assessing clients in restraints.

Activities that are regularly scheduled usually have room for flexibility. For example, a dressing change is not time-sensitive, and most scheduled medications may be given within a half hour of the scheduled time, from a half hour before the scheduled time up to a half hour after. (The exception would be insulin or another medication that needs to be given at a very specific time or just prior to a meal or procedure.)

For some questions, the correct answer may be one that shows that the nurse can manage time effectively. In questions that involve preoperative clients or those with specific discharge times, the correct answer is often the one in which the nurse sees this client before other stable clients to make sure the procedure or discharge is expedited so others are not made late.

Strategy #16: Master the Art of Delegation

Many nurses are reluctant to delegate, and this is reflected in NCSBN research findings. On the NCLEX, don't be afraid to delegate! Safe delegation can free the nurse to attend to more complex patient care needs and promotes cost containment for the healthcare organization, so if it's appropriate, consider delegating.

To determine if a task may be delegated, consider the **five rights**:

1. **The right task.** Can you delegate this task? (Assessment, planning, evaluation and nursing judgment cannot be delegated.) Is this task one with a *predictable outcome*?
2. **The right circumstance.** Are you delegating a task for a more stable patient to allow you to attend to a more acute patient? Can you follow up accordingly?
3. **The right person.** Does the delegatee have the training to perform the task?
4. **The right direction and communication.** Communication should be clear, concise, correct and complete. You must ensure the UAP or PN/VN understands and accepts the delegation *and* has the chance to ask any questions.
5. **The right supervision and evaluation.** How and when will you ensure that the delegated task is completed? How will you evaluate the outcome?

Questions about fingerstick glucose checks are the number one most-asked-about delegation topic from NCLEX Mastery users.

WHAT DUTIES MAY BE DELEGATED TO AN UAP?

While the range of authorized duties for unlicensed assistive personnel (UAP) varies depending on the state and the setting (acute care vs. long-term care), UAP can perform the following tasks in every state, according to the Centers for Medicaid and Medicare, which regulates the training of nursing assistants:

- Bathe and feed clients
- Estimate and record amount/percentage of meal intake
- Assist with emergency procedures
- Clear a foreign-body airway obstruction (FBAO) in the case of an emergency
- Maintain the safe delivery of oxygen
- Provide range of motion (ROM) exercises
- Use assistive devices in transferring
- Provide ostomy care
- Provide urinary catheter care

WHAT DUTIES MAY BE DELEGATED TO AN LNP/VN?

The scope of Licensed Practical Nurses (LPNs) is much broader than that of UAPs, but their scope is limited compared to that of RNs. LPNs may **not** develop or change the plan of care of clients, and there are certain restrictions on what they may administer via the IV route. LPNs may **not** administer blood products, give primary IV drugs, and they may not insert IV catheters per the NCLEX.

The following tasks are included in the NCSBN PN/VN Test Blueprint and are unequivocally within the LNP scope of practice. According to the NCLEX, LPNs **may**:

- Calculate and monitor intravenous (IV) flow rate
- Administer medications by *IV piggyback (secondary)*
- Give feedings through NG or g-tubes
- Provide care for clients with wound drains, chest tubes, tracheostomies, ostomies, and clients undergoing peritoneal dialysis, or on mechanical ventilation insulin
- Perform glucose testing, calculate sliding scale doses, and administer SQ insulin

- Collect specimens for the lab, *including venipuncture*, and/or perform diagnostic testing (blood, urine, stool, sputum for the lab, testing for occult blood, urine ketones, etc)
- Perform electrocardiograms (EKG/ECG)
- Check for urinary retention (e.g., bladder scan/ultrasound or palpation)
- Assist with diagnostic or invasive procedures (like bronchoscopy or needle biopsy), *including* calling a pre-procedure time-out
- Administer medication by gastrointestinal tubes (e.g., g-tube, nasogastric [NG] tube, etc.)
- Administer medications by SQ, ID, and IM routes, and by ear, eye, nose, inhalation, and per rectum, vagina or skin route
- Perform wound care and dressing changes, and remove sutures/staples

BONUS TIP

Avoid the temptation to read too far into these questions. Glucose fingersticks are not generally considered sterile procedures, and per the NCSBN's Delegation Decision Tree, they are: frequently recurring in the daily care of the client according to an established sequence of steps, involving little of no modification from one client to another, and the task does *not* inherently involve ongoing assessment or interpretation of results (which is left to the RN).

The NCLEX is designed to test your critical-thinking skills, and your job is to use your *judgement*. Consider the experience level of the UAP and the acuity level of client being cared for in the question. If the UAP says *"I've never done this before,"* or is still in training, the glucose check cannot be performed independently. Only delegate tasks to those who have the skills and experience to perform that task.

"UAP may obtain urine specimens, give enemas, and perform blood glucose tests if they have been trained to do this and it is allowed at their facility" (Prioritization, Delegation, & Management of Care for the NCLEX-RN Exam, Hargrove-Huttell and Colgrove, 2014).

Ready, Set…
Go Pass The NCLEX!

Passing the NCLEX will be one of the most rewarding experiences of your life! Remember, *you can do this*! You know more than you think you do. You just have to access it, organize it, and practice applying it in a test setting.

Test taking is a very specific skill, and it's a very *different* skill than "nursing." Don't get discouraged if your strengths aren't in answering multiple-choice questions! That is not the mark of a great nurse. Determination, hard work, and a refusal to stop until you reach your goal… *those* are traits that will make you an excellent nurse!

So, go and get your license!

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