

# NCLEX-RN® Examination



Mission Statement



# National Council of State Boards of Nursing

## 2016 NCLEX-RN® Detailed Test Plan





2016 NCLEX-RN® Detailed Test Plan  
Item Writer/Item Reviewer/Nurse Educator Version





## I. Background

The NCLEX-RN® is a computer-based test that measures the minimum level of knowledge, skills, and abilities that are necessary for safe and effective practice as a registered nurse. The test is developed and scored by the National Council of State Boards of Nursing, Inc. (NCSBN).

For more information, visit [www.nclex.com](http://www.nclex.com).

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NCLEX-RN is a registered trademark of NCSBN.

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

The NCLEX-RN Test Plan is a document that describes the content and structure of the NCLEX-RN test. It is used by test takers to understand the types of questions they will encounter and the topics they will be tested on. The test plan is updated periodically to reflect changes in the nursing profession and the needs of the public.



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II.





...the nurse's role in the care of the patient. The nurse is responsible for assessing the patient's needs, planning care, and implementing interventions. The nurse also plays a key role in patient education and advocacy.

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### Classification of Cognitive Levels

...the nurse's role in the care of the patient. The nurse is responsible for assessing the patient's needs, planning care, and implementing interventions. The nurse also plays a key role in patient education and advocacy.

### Test Plan Structure

...the nurse's role in the care of the patient. The nurse is responsible for assessing the patient's needs, planning care, and implementing interventions. The nurse also plays a key role in patient education and advocacy.

### Client Needs

...the nurse's role in the care of the patient. The nurse is responsible for assessing the patient's needs, planning care, and implementing interventions. The nurse also plays a key role in patient education and advocacy.

#### Safe and Effective Care Environment

...the nurse's role in the care of the patient. The nurse is responsible for assessing the patient's needs, planning care, and implementing interventions. The nurse also plays a key role in patient education and advocacy.

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#### Health Promotion and Maintenance

#### Psychosocial Integrity

#### Physiological Integrity

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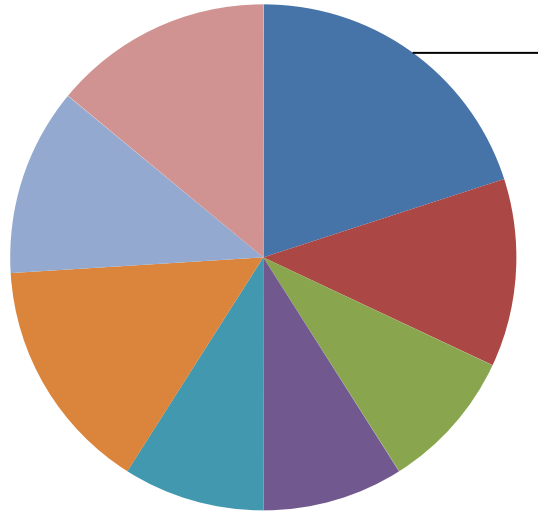
## Integrated Processes

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Please note: (\*) 201









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**Collaboration with Interdisciplinary Team**

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**Concepts of Management**

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**Ethical Practice**

- 1. A nurse is caring for a client who is a member of a religious group that believes in the sanctity of life. The client's physician has ordered a procedure that the nurse believes is morally objectionable. The nurse should:
  - ▶ A. refuse to perform the procedure.
  - ▶ B. perform the procedure and document the refusal.
  - ▶ C. perform the procedure and inform the physician of the refusal.
  - ▶ D. perform the procedure and inform the client of the refusal.

**Informed Consent**

- 1. A nurse is caring for a client who is scheduled for surgery. The client is unable to read the informed consent form. The nurse should:
  - ▶ A. sign the form for the client.
  - ▶ B. have the client sign the form.
  - ▶ C. have the client's family member sign the form.
  - ▶ D. have the physician sign the form.

**Information Technology**

- 1. A nurse is caring for a client who is using a mobile device. The nurse should:
  - ▶ A. ensure the device is locked when not in use.
  - ▶ B. ensure the device is updated with the latest software.
  - ▶ C. ensure the device is connected to the internet.
  - ▶ D. ensure the device is charged.

**Legal Rights and Responsibilities**

- 1. A nurse is caring for a client who is a minor. The client's parent is not present. The nurse should:
  - ▶ A. obtain consent from the client.
  - ▶ B. obtain consent from the physician.
  - ▶ C. obtain consent from the hospital administrator.
  - ▶ D. obtain consent from the state attorney general.

### Performance Improvement (Quality Improvement)

- 1. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:
- 2. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: \*
- 3. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:
- 4. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:
- 5. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:

### Referrals

- 1. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: (key)
- 2. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: \*
- 3. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:
- 4. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first:

Sample Item
<p>1. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: most</p> <ol style="list-style-type: none"><li>1. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: (key)</li><li>2. A nurse is reviewing a patient's chart and notes that the patient has a history of falls. The nurse should first: *</li></ol>

### Safety and Infection Control

Safety and Infection Control

SAFETY AND INFECTION CONTROL			
Related Activity Statements from the 2014 <i>NP</i>	<i>A</i>	<i>:L</i>	<i>NCLE - N</i>
<i>E</i>	<i>P</i>		
<p>(Example of related activity statements)</p>			

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### Emergency Response Plan

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### Ergonomic Principles

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### Handling Hazardous and Infectious Materials

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### Home Safety

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

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### Safe Use of Equipment

• Identify the purpose of the equipment (e.g., monitor, ventilator, infusion pump, etc.)  
• Verify that the equipment is in good working order and that the patient is properly positioned for use  
• Follow the manufacturer's instructions for use and safety  
• Monitor the patient for any adverse effects or complications  
• Report any problems to the appropriate personnel  
• Document the use of the equipment and the patient's response

### Security Plan

• Identify the patient's risk for falls, elopement, or other safety concerns  
• Develop a plan to address the patient's risk, including:  
• Assigning staff to monitor the patient  
• Using physical restraints or safety devices  
• Providing education to the patient and family  
• Documenting the plan and the patient's response

### Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

• Perform hand hygiene (handwashing or hand sanitizer) before and after patient contact  
• Use personal protective equipment (PPE) as appropriate (gloves, gown, mask, eye protection)  
• Clean and disinfect surfaces and equipment  
• Use aseptic technique for all invasive procedures  
• Follow the appropriate protocol for handling and disposal of sharps and other hazardous waste  
• Report any spills or accidents to the appropriate personnel  
• Document the use of PPE and the patient's response

### Use of Restraints/Safety Devices

• Identify the patient's need for restraints or safety devices  
• Obtain a physician's order for the use of restraints or safety devices  
• Explain the purpose and use of the device to the patient and family  
• Apply the device correctly and safely  
• Monitor the patient for any adverse effects or complications  
• Document the use of the device and the patient's response

## Health Promotion and Maintenance

### Health Promotion and Maintenance

HEALTH PROMOTION AND MAINTENANCE				
Related Activity Statements from the 2014 NCLEX-RN Test Plan	NP	A	LP	NCLEX-RN
1. Assess the client's health status and risk factors for health promotion and maintenance.			1	
2. Implement health promotion and maintenance interventions.			2	
3. Evaluate the effectiveness of health promotion and maintenance interventions.			3	
4. Provide health promotion and maintenance interventions.			4	
5. Educate the client and family about health promotion and maintenance.			5	
6. Collaborate with the client and family to develop health promotion and maintenance interventions.			6	
7. Monitor the client's response to health promotion and maintenance interventions.			7	
8. Document health promotion and maintenance interventions.			8	
9. Evaluate the client's understanding of health promotion and maintenance interventions.			9	
10. Provide health promotion and maintenance interventions for the client and family.			10	
11. Educate the client and family about health promotion and maintenance interventions.			11	
12. Collaborate with the client and family to develop health promotion and maintenance interventions.			12	
13. Monitor the client's response to health promotion and maintenance interventions.			13	
14. Document health promotion and maintenance interventions.			14	
15. Evaluate the client's understanding of health promotion and maintenance interventions.			15	
16. Provide health promotion and maintenance interventions for the client and family.			16	
17. Educate the client and family about health promotion and maintenance interventions.			17	
18. Collaborate with the client and family to develop health promotion and maintenance interventions.			18	
19. Monitor the client's response to health promotion and maintenance interventions.			19	
20. Document health promotion and maintenance interventions.			20	
21. Evaluate the client's understanding of health promotion and maintenance interventions.			21	
22. Provide health promotion and maintenance interventions for the client and family.			22	
23. Educate the client and family about health promotion and maintenance interventions.			23	
24. Collaborate with the client and family to develop health promotion and maintenance interventions.			24	
25. Monitor the client's response to health promotion and maintenance interventions.			25	
26. Document health promotion and maintenance interventions.			26	
27. Evaluate the client's understanding of health promotion and maintenance interventions.			27	
28. Provide health promotion and maintenance interventions for the client and family.			28	
29. Educate the client and family about health promotion and maintenance interventions.			29	
30. Collaborate with the client and family to develop health promotion and maintenance interventions.			30	
31. Monitor the client's response to health promotion and maintenance interventions.			31	
32. Document health promotion and maintenance interventions.			32	
33. Evaluate the client's understanding of health promotion and maintenance interventions.			33	
34. Provide health promotion and maintenance interventions for the client and family.			34	
35. Educate the client and family about health promotion and maintenance interventions.			35	
36. Collaborate with the client and family to develop health promotion and maintenance interventions.			36	
37. Monitor the client's response to health promotion and maintenance interventions.			37	
38. Document health promotion and maintenance interventions.			38	
39. Evaluate the client's understanding of health promotion and maintenance interventions.			39	
40. Provide health promotion and maintenance interventions for the client and family.			40	
41. Educate the client and family about health promotion and maintenance interventions.			41	
42. Collaborate with the client and family to develop health promotion and maintenance interventions.			42	
43. Monitor the client's response to health promotion and maintenance interventions.			43	
44. Document health promotion and maintenance interventions.			44	
45. Evaluate the client's understanding of health promotion and maintenance interventions.			45	
46. Provide health promotion and maintenance interventions for the client and family.			46	
47. Educate the client and family about health promotion and maintenance interventions.			47	
48. Collaborate with the client and family to develop health promotion and maintenance interventions.			48	
49. Monitor the client's response to health promotion and maintenance interventions.			49	
50. Document health promotion and maintenance interventions.			50	

not limited

### Aging Process

1. Assess the client's health status and risk factors for health promotion and maintenance.			1	
2. Implement health promotion and maintenance interventions.			2	*
3. Evaluate the effectiveness of health promotion and maintenance interventions.			3	*
4. Provide health promotion and maintenance interventions.			4	*
5. Educate the client and family about health promotion and maintenance interventions.			5	*

\* Item ID: 201







1. The nurse is caring for a client who is receiving a continuous infusion of a medication. The nurse notes that the client's vital signs are stable and the client is alert and oriented. The nurse should continue to monitor the client for which of the following? (Select all that apply.)

2. The nurse is caring for a client who is receiving a continuous infusion of a medication. The nurse notes that the client's vital signs are stable and the client is alert and oriented. The nurse should continue to monitor the client for which of the following? (Select all that apply.)

3. The nurse is caring for a client who is receiving a continuous infusion of a medication. The nurse notes that the client's vital signs are stable and the client is alert and oriented. The nurse should continue to monitor the client for which of the following? (Select all that apply.)

4. The nurse is caring for a client who is receiving a continuous infusion of a medication. The nurse notes that the client's vital signs are stable and the client is alert and oriented. The nurse should continue to monitor the client for which of the following? (Select all that apply.)

### Health Screening

1. The nurse is performing a health screening on a client. The nurse should assess the client for which of the following? (Select all that apply.)

## Techniques of Physical Assessment

- Use appropriate techniques to assess the client's health status.
- Use appropriate techniques to assess the client's response to treatment.
- Use appropriate techniques to assess the client's response to education.
- Use appropriate techniques to assess the client's response to the environment.
- Use appropriate techniques to assess the client's response to the healthcare team.

Sample Item	
<p>1. A nurse is performing a physical assessment of a client's lungs. The nurse notes that the client's breath sounds are clear and equal on both sides. The nurse should document this finding as:</p>	<p>2. The nurse is performing a physical assessment of a client's lungs. The nurse notes that the client's breath sounds are clear and equal on both sides. The nurse should document this finding as:</p>
<p>1. <input type="radio"/> Crackles (key)</p>	<p>2. <input type="radio"/> Crackles</p>
<p>2. <input type="radio"/> Wheezes</p>	<p>3. <input type="radio"/> Wheezes</p>
<p>3. <input type="radio"/> Crackles</p>	<p>4. <input type="radio"/> Crackles</p>
<p>4. <input type="radio"/> Wheezes</p>	<p>5. <input type="radio"/> Wheezes</p>

## Psychosocial Integrity

Psychosocial Integrity is a broad category that includes all of the following related activity statements:

PSYCHOSOCIAL INTEGRITY				
Related Activity Statements from the 2014 N P A : L	E	P		NCLE - N
<p>1. The nurse provides emotional support to a client who is experiencing grief.</p> <p>2. The nurse provides emotional support to a client who is experiencing loss.</p> <p>3. The nurse provides emotional support to a client who is experiencing a crisis.</p> <p>4. The nurse provides emotional support to a client who is experiencing a change in health status.</p> <p>5. The nurse provides emotional support to a client who is experiencing a change in role.</p> <p>6. The nurse provides emotional support to a client who is experiencing a change in environment.</p> <p>7. The nurse provides emotional support to a client who is experiencing a change in family structure.</p> <p>8. The nurse provides emotional support to a client who is experiencing a change in social structure.</p> <p>9. The nurse provides emotional support to a client who is experiencing a change in culture.</p> <p>10. The nurse provides emotional support to a client who is experiencing a change in religion.</p> <p>11. The nurse provides emotional support to a client who is experiencing a change in ethnicity.</p> <p>12. The nurse provides emotional support to a client who is experiencing a change in language.</p> <p>13. The nurse provides emotional support to a client who is experiencing a change in communication style.</p> <p>14. The nurse provides emotional support to a client who is experiencing a change in learning style.</p> <p>15. The nurse provides emotional support to a client who is experiencing a change in health beliefs.</p> <p>16. The nurse provides emotional support to a client who is experiencing a change in health behaviors.</p> <p>17. The nurse provides emotional support to a client who is experiencing a change in health status.</p> <p>18. The nurse provides emotional support to a client who is experiencing a change in health goals.</p> <p>19. The nurse provides emotional support to a client who is experiencing a change in health expectations.</p> <p>20. The nurse provides emotional support to a client who is experiencing a change in health needs.</p>				

not limited to

### Abuse/Neglect

Abuse/Neglect is a broad category that includes all of the following related activity statements:

\*2016 NCLEX-RN® Detailed Test Plan

### Behavioral Interventions

- 1. The nurse will monitor the patient for signs and symptoms of infection.
- 2. The nurse will monitor the patient for signs and symptoms of dehydration.
- 3. The nurse will monitor the patient for signs and symptoms of hypoxia.
- 4. The nurse will monitor the patient for signs and symptoms of hypotension.
- 5. The nurse will monitor the patient for signs and symptoms of hypernatremia.
- 6. The nurse will monitor the patient for signs and symptoms of hypokalemia.
- 7. The nurse will monitor the patient for signs and symptoms of hypomagnesemia.
- 8. The nurse will monitor the patient for signs and symptoms of hypocalcemia.
- 9. The nurse will monitor the patient for signs and symptoms of hypophosphatemia.
- 10. The nurse will monitor the patient for signs and symptoms of hypovolemia.
- 11. The nurse will monitor the patient for signs and symptoms of hypoxemia.
- 12. The nurse will monitor the patient for signs and symptoms of hyperkalemia.
- 13. The nurse will monitor the patient for signs and symptoms of hypermagnesemia.
- 14. The nurse will monitor the patient for signs and symptoms of hypercalcemia.
- 15. The nurse will monitor the patient for signs and symptoms of hyperphosphatemia.
- 16. The nurse will monitor the patient for signs and symptoms of hypervolemia.
- 17. The nurse will monitor the patient for signs and symptoms of hyperventilation.
- 18. The nurse will monitor the patient for signs and symptoms of hypoventilation.
- 19. The nurse will monitor the patient for signs and symptoms of hypoxemia.
- 20. The nurse will monitor the patient for signs and symptoms of hyperoxemia.

### Chemical and Other Dependencies/Substance Use Disorder

- 1. The nurse will monitor the patient for signs and symptoms of alcohol withdrawal.
- 2. The nurse will monitor the patient for signs and symptoms of benzodiazepine withdrawal.
- 3. The nurse will monitor the patient for signs and symptoms of barbiturate withdrawal.
- 4. The nurse will monitor the patient for signs and symptoms of opioid withdrawal.
- 5. The nurse will monitor the patient for signs and symptoms of cocaine withdrawal.
- 6. The nurse will monitor the patient for signs and symptoms of marijuana withdrawal.
- 7. The nurse will monitor the patient for signs and symptoms of amphetamine withdrawal.
- 8. The nurse will monitor the patient for signs and symptoms of stimulant withdrawal.
- 9. The nurse will monitor the patient for signs and symptoms of sedative withdrawal.
- 10. The nurse will monitor the patient for signs and symptoms of anxiolytic withdrawal.
- 11. The nurse will monitor the patient for signs and symptoms of hypnotic withdrawal.
- 12. The nurse will monitor the patient for signs and symptoms of antipsychotic withdrawal.
- 13. The nurse will monitor the patient for signs and symptoms of antidepressant withdrawal.
- 14. The nurse will monitor the patient for signs and symptoms of mood stabilizer withdrawal.
- 15. The nurse will monitor the patient for signs and symptoms of antiepileptic withdrawal.
- 16. The nurse will monitor the patient for signs and symptoms of cardiovascular medication withdrawal.
- 17. The nurse will monitor the patient for signs and symptoms of respiratory medication withdrawal.
- 18. The nurse will monitor the patient for signs and symptoms of endocrine medication withdrawal.
- 19. The nurse will monitor the patient for signs and symptoms of immunosuppressant withdrawal.
- 20. The nurse will monitor the patient for signs and symptoms of chemotherapeutic withdrawal.

### Coping Mechanisms

- 1. The nurse will monitor the patient for signs and symptoms of denial.
- 2. The nurse will monitor the patient for signs and symptoms of minimization.
- 3. The nurse will monitor the patient for signs and symptoms of projection.
- 4. The nurse will monitor the patient for signs and symptoms of displacement.
- 5. The nurse will monitor the patient for signs and symptoms of sublimation.
- 6. The nurse will monitor the patient for signs and symptoms of regression.
- 7. The nurse will monitor the patient for signs and symptoms of fixation.
- 8. The nurse will monitor the patient for signs and symptoms of identification.
- 9. The nurse will monitor the patient for signs and symptoms of introversion.
- 10. The nurse will monitor the patient for signs and symptoms of externalization.
- 11. The nurse will monitor the patient for signs and symptoms of internalization.
- 12. The nurse will monitor the patient for signs and symptoms of rationalization.
- 13. The nurse will monitor the patient for signs and symptoms of denial.
- 14. The nurse will monitor the patient for signs and symptoms of minimization.
- 15. The nurse will monitor the patient for signs and symptoms of projection.
- 16. The nurse will monitor the patient for signs and symptoms of displacement.
- 17. The nurse will monitor the patient for signs and symptoms of sublimation.
- 18. The nurse will monitor the patient for signs and symptoms of regression.
- 19. The nurse will monitor the patient for signs and symptoms of fixation.
- 20. The nurse will monitor the patient for signs and symptoms of identification.

\* This list is not exhaustive and is intended to provide a general overview of the content of the test plan.

### Crisis Intervention

- Identify the client's level of crisis (e.g., acute, chronic, situational, or situational)\*
- Assess the client's support system
- Identify the client's coping mechanisms
- Identify the client's cultural beliefs, values, and expectations
- Identify the client's resources (e.g., family, community)

### Cultural Awareness/Cultural Influences on Health

- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)\*
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)

### End of Life Care

- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)\*

### Family Dynamics

- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)\*
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)

### Grief and Loss

- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)
- Identify the client's cultural beliefs, values, and expectations (e.g., health, illness, death, grief, mourning, spirituality, religion, and ethics)





## Physiological Integrity

### Basic Care and Comfort

Basic Care and Comfort









Sample Item
<p>... (key)</p> <p>Select all that apply.</p> <p>... (key)</p> <p>... (key)</p> <p>... (key)</p> <p>...</p>

# Pharmacological and Parenteral Therapies

Pharmacological and Parenteral Therapies. . . . .

PHARMACOLOGICAL AND PARENTERAL THERAPIES				
Related Activity Statements from the 2014 N P A : L NCLE - N	E	P		
<p>1. Administer parenteral medications in accordance with the prescriber's orders and the facility's policies and procedures.</p> <p>2. Assess the patient's response to parenteral medications.</p> <p>3. Monitor for adverse effects of parenteral medications.</p> <p>4. Monitor for drug interactions with parenteral medications.</p> <p>5. Monitor for drug allergies with parenteral medications.</p> <p>6. Monitor for drug toxicity with parenteral medications.</p> <p>7. Monitor for drug dependence with parenteral medications.</p> <p>8. Monitor for drug withdrawal with parenteral medications.</p> <p>9. Monitor for drug abuse with parenteral medications.</p> <p>10. Monitor for drug misuse with parenteral medications.</p> <p>11. Monitor for drug diversion with parenteral medications.</p> <p>12. Monitor for drug theft with parenteral medications.</p> <p>13. Monitor for drug loss with parenteral medications.</p> <p>14. Monitor for drug damage with parenteral medications.</p> <p>15. Monitor for drug expiration with parenteral medications.</p> <p>16. Monitor for drug storage with parenteral medications.</p> <p>17. Monitor for drug labeling with parenteral medications.</p> <p>18. Monitor for drug packaging with parenteral medications.</p> <p>19. Monitor for drug safety with parenteral medications.</p> <p>20. Monitor for drug security with parenteral medications.</p>				

not limited

## Adverse Effects/Contraindications/Side Effects/Interactions

- 1. Administer parenteral medications in accordance with the prescriber's orders and the facility's policies and procedures.
- 2. Assess the patient's response to parenteral medications.
- 3. Monitor for adverse effects of parenteral medications.
- 4. Monitor for drug interactions with parenteral medications.
- 5. Monitor for drug allergies with parenteral medications.
- 6. Monitor for drug toxicity with parenteral medications.
- 7. Monitor for drug dependence with parenteral medications.
- 8. Monitor for drug withdrawal with parenteral medications.
- 9. Monitor for drug abuse with parenteral medications.
- 10. Monitor for drug misuse with parenteral medications.
- 11. Monitor for drug diversion with parenteral medications.
- 12. Monitor for drug theft with parenteral medications.
- 13. Monitor for drug loss with parenteral medications.
- 14. Monitor for drug damage with parenteral medications.
- 15. Monitor for drug expiration with parenteral medications.
- 16. Monitor for drug storage with parenteral medications.
- 17. Monitor for drug labeling with parenteral medications.
- 18. Monitor for drug packaging with parenteral medications.
- 19. Monitor for drug safety with parenteral medications.
- 20. Monitor for drug security with parenteral medications.

Identify the appropriate nursing interventions for a patient with a respiratory condition (e.g., asthma, COPD, pneumonia) who is experiencing respiratory distress.

**Blood and Blood Products**

Identify the appropriate nursing interventions for a patient receiving a blood product (e.g., packed red blood cells, platelets, plasma) who is experiencing a transfusion reaction.

Identify the appropriate nursing interventions for a patient receiving a blood product (e.g., packed red blood cells, platelets, plasma) who is experiencing a transfusion reaction.

Identify the appropriate nursing interventions for a patient receiving a blood product (e.g., packed red blood cells, platelets, plasma) who is experiencing a transfusion reaction.\*

**Central Venous Access Devices**

Identify the appropriate nursing interventions for a patient with a central venous access device (CVAD) who is experiencing a complication (e.g., infection, thrombosis, occlusion).\*

**Dosage Calculation**

Calculate the appropriate dosage for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive).\*

**Expected Actions/Outcomes**

Identify the expected actions/outcomes for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).  
Identify the expected actions/outcomes for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).  
Identify the expected actions/outcomes for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).  
Identify the expected actions/outcomes for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).\*

**Medication Administration**

Identify the appropriate nursing interventions for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive).\*

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Identify the appropriate nursing interventions for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).\*

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Identify the appropriate nursing interventions for a patient receiving a medication (e.g., antibiotic, analgesic, antihypertensive) (e.g., patient reports pain relief, patient's blood pressure is stable).

\*This item is based on the 2016 NCLEX-RN Test Plan.



Sample Item

1. A patient is prescribed a medication that is available in 100 mg tablets. The patient is to take 2 tablets three times a day. How many tablets should the patient take in 24 hours?

Record your answer using a whole number.

(key)







1. The nurse is caring for a client who is 2 days postoperative from a total hip replacement. The nurse should monitor for which of the following complications? (Select all that apply.)

Hemorrhage  
 Infection  
 Deep vein thrombosis  
 Fat embolism  
 Pulmonary embolism  
 Urinary tract infection  
 Constipation

Sample Item
<p>1. <input type="checkbox"/> ... (key)</p> <p>2. <input type="checkbox"/> ...</p> <p>3. <input type="checkbox"/> ...</p> <p>4. <input type="checkbox"/> ...</p>

# Physiological Adaptation

## Physiological Adaptation



## Fluid and Electrolyte Imbalances

Fluid and electrolyte imbalances are a common cause of morbidity and mortality in the acute care setting. The nurse must be able to recognize the signs and symptoms of these imbalances and take appropriate action. This section covers the following topics:

- Fluid balance and fluid volume status
- Electrolyte balance and electrolyte status
- Fluid and electrolyte imbalances in various clinical settings

### Medical Emergencies

- Identify the signs and symptoms of medical emergencies (e.g., stroke, myocardial infarction, respiratory distress, seizure, hypoglycemia, hypoxia, and hypotension)
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### Pathophysiology

- Identify the pathophysiology of medical emergencies (e.g., stroke, myocardial infarction, respiratory distress, seizure, hypoglycemia, hypoxia, and hypotension)
- Identify the pathophysiology of medical emergencies (e.g., stroke, myocardial infarction, respiratory distress, seizure, hypoglycemia, hypoxia, and hypotension)

### Unexpected Response to Therapies

- Identify the signs and symptoms of unexpected responses to therapies (e.g., allergic reactions, drug interactions, and adverse effects)
- Identify the signs and symptoms of unexpected responses to therapies (e.g., allergic reactions, drug interactions, and adverse effects)
- Identify the signs and symptoms of unexpected responses to therapies (e.g., allergic reactions, drug interactions, and adverse effects)

Sample Item
<p>1. A nurse is caring for a client who has a prescription for a medication. The client reports a rash and difficulty breathing. The nurse should first:</p> <p>A. Administer the medication as prescribed.</p> <p>B. Notify the provider.</p> <p>C. Stop the medication and assess the client.</p> <p>D. Administer an antihistamine.</p>

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





## Reviewing Answers and Guessing

Reviewing answers and guessing is a common strategy used by test-takers. This strategy involves looking at the answer choices for a question and selecting the one that seems most likely to be correct. This strategy can be used for multiple-choice questions, but it is not recommended for other types of questions, such as fill-in-the-blank or short-answer questions. Reviewing answers and guessing can be a helpful strategy for multiple-choice questions, but it is important to use it wisely. Test-takers should not guess randomly, as this can lead to incorrect answers. Instead, they should look for clues in the question and answer choices that can help them eliminate incorrect options. For example, if a question asks for the correct answer and the answer choices are "A", "B", "C", and "D", and the test-taker knows that "A" and "C" are incorrect, they can eliminate those options and choose between "B" and "D". This strategy can be used for multiple-choice questions, but it is not recommended for other types of questions, such as fill-in-the-blank or short-answer questions. Reviewing answers and guessing can be a helpful strategy for multiple-choice questions, but it is important to use it wisely. Test-takers should not guess randomly, as this can lead to incorrect answers. Instead, they should look for clues in the question and answer choices that can help them eliminate incorrect options. For example, if a question asks for the correct answer and the answer choices are "A", "B", "C", and "D", and the test-taker knows that "A" and "C" are incorrect, they can eliminate those options and choose between "B" and "D".

## Scoring the NCLEX®

## Pretest Items

1. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

2. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

## Passing and Failing

### Scenario 1: The 95% Confidence Interval Rule

1. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

2. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

### Scenario 2: Maximum-Length Exam

1. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

2. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

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

1. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

2. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15

## Scoring Items

1. A pretest of 10 items was administered to a group of 100 students. The results are shown in the following table. The items are ordered by increasing difficulty.

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Item	Number Correct
1	95
2	90
3	85
4	75
5	65
6	55
7	45
8	35
9	25
10	15



## Types of Items on the NCLEX-RN® Examination

The NCLEX-RN® examination includes several types of items designed to assess nursing knowledge and skills. These include multiple-choice questions, multiple-select questions, fill-in-the-blank questions, and case studies. Each item type is carefully constructed to evaluate a specific nursing competency.

## NCLEX® Examination Terminology

**Client:** The individual receiving nursing care, which may include a patient, a family member, or a community.

**Prescription:** A written or verbal order from a licensed health care provider that authorizes a specific nursing intervention or treatment.

**Primary Health Care Provider:** A licensed health care provider (such as a physician, nurse practitioner, or physician assistant) who is responsible for the overall management of a patient's health care.

## Confidentiality

Confidentiality is a fundamental principle of nursing practice. It requires nurses to protect the privacy and personal information of their clients. This includes maintaining accurate records, using secure communication methods, and ensuring that only authorized personnel have access to client information.

## Tutorial

The tutorial provides a comprehensive overview of the NCLEX-RN® examination process, including the test plan, item types, and the testing environment. It is designed to help candidates understand the format and content of the examination and to provide strategies for successful test-taking.

## Multiple-Choice (One Answer)

NSCI.FY-PN.Tutorial Time Remaining 05:58

Calculator

Practice Item Type #1: Multiple-Choice Item

In this item type, you will be presented with a question and asked to select the best answer from four options. The options are presented in a list. To use the number keypad on your computer, press the appropriate number on your keyboard, and then click the corresponding option.

For the practice item below, the correct answer is option 3. Select option 3 now. If you have selected a different answer, change it by selecting option 3. Note that you can click **Next** to confirm your answer and move to the next question.

What color is an orange?

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

Next

### Multiple-Response:

The screenshot shows a practice item interface. At the top, there is a header with the NCLEX logo and the name 'N. T. Trialorlan John T. Doe'. Below the header is a 'Calculator' button. The main content area contains the following text:

Practice Item Type #2: Multiple-Response Item

Note how this item type differs from the single-response multiple-choice item: you can check more than one box. In the previous item type, the options are circles and you can only select one. For the practice item below, the correct options are Apples and Bananas (options 1 and 2). Please use your mouse to check Apples and Bananas (the checkmark indicates that you have selected that response option). To deselect the response, click on the hexagon. The checkmark will disappear, indicating that you have deselected that response.

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

Which of the following are fruits? **Select all that apply.**

- 1. Apples
- 2. Bananas
- 3. Cow
- 4. Dog
- 5. Elephant

Fill-in-the-Blank:

Calculator

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

In this item, you will be presented with a question that requires you to enter a numerical answer. You will be able to type in a decimal point if appropriate. To change your answer, use the backspace key to delete the number and type another number. You will only be able to type in numbers as your answer. If you try to type any other characters, you will be presented with a message box asking you to try again.

To use the calculator, click on the calculator button in the upper left-hand corner of the screen. To enter numbers in the calculator, you can use the mouse to click on the calculator's buttons or use the number keypad on your keyboard. When you are finished with the calculator, you can close the calculator by clicking on the X in the bottom right corner of the calculator.

For the practice item below, first open the calculator. Second, compute a total weight by adding the weight of four pumpkins. Third, compute the average by dividing the total weight by the number of pumpkins. The division symbol is  $\div$ . Your calculator should read 3.75.

You will have to type in the result of the calculation. Please type 3.8 as your answer.

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

The weights of four pumpkins is kilograms are 4.32, 2.14, 3.40, and 3.33. What is the average (mean) of the pumpkins' weights? Record your answer using one decimal place.

Answer:  kilograms

← Previous | Next →

## Hot Spot:

NCLEX-RN Tutorial

Practice Item Type #4: Hot Spot

In this item type, you will be presented with a problem and a figure. You will be asked to use the figure to answer the question. An X will appear to show your answer. To deselect your answer, place the cursor on the X and click again. To be reassessed, to change your answer, you must click on a different area of the figure.

For this question, you will be asked to identify the box in the upper left-hand corner of the figure. Click **next** to confirm your answer.

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

<del>Box 1</del>	Box 2
Box 3	Box 4

← Previous Next →





## Drag and Drop/Ordered Response:

NCLEX-RN Tutorial

Calculator

Practice Item Type #6: Drag and Drop/Ordered Response Item

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

The unordered options will appear in a box on the left side of your screen. To place the options in a new order, click on an option and drag it to the box on the right side of your screen. You may also highlight the option in the left-hand box and then click the right arrow key to move the option. To rearrange the order of options once they have been placed in the right-hand box, select the option you would like to move and click the up or down arrow keys. You may also click and drag it to a new position within the right-hand box. If you do not have the months in this order, please re-arrange them.

Click Next to confirm your answer and proceed to the next question.

The first six months of the year:

Unordered Options	Ordered Response
May	April
January	February
	June
	March

Audio Item:

NCLEX-RN Test Plan

Calculator

Practice Item Type #7: Audio Item

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

Place your headset on now.

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

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

Click the play button again to repeat the audio clip.

For the wrong answer, the correct answer is Corn (option 2). Please use your mouse to select Corn now.

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

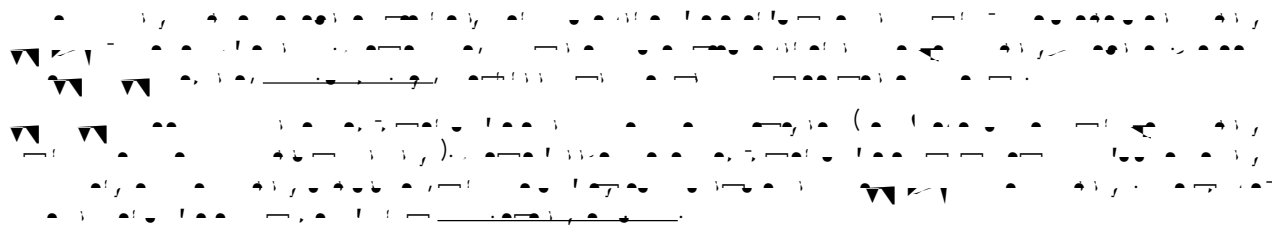
Listen to the audio clip. The price is rising for which type of grain?

- 1. Wheat
- 2. Corn
- 3. Oats
- 4. Beans

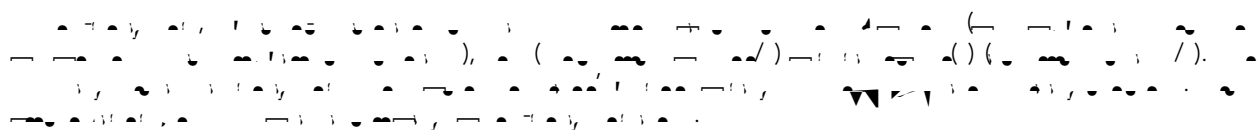
← Previous Next →



## V. Item Writing Exercises



### Steps to Item Writing



- Step 1. Select an area of the test plan for the focus of the item.
- Step 2. Select a subcategory from the chosen area of the test plan.
- Step 3. Select an important concept within that subcategory.
- Step 4. Use the concept selected and write the stem.
- Step 5. Write a key to represent important information the entry-level nurse should know.
- Step 6. Identify common errors, misconceptions, or irrelevant information.
- Step 7. Use the previous information and write the distractors.
- Step 8. Complete the item using the stem, key and distractors.

### Example Using the Above Steps

1. Select an area of the test plan for the focus of the item.

\* *Identify the correct answer for the following question.*

2. Select a subcategory from the chosen area of the test plan.

\* *Identify the correct answer for the following question.*

3. Select an important concept within that subcategory.

\* *Identify the correct answer for the following question.*

4. Use the selected concept and write the stem.

\* **Item Writer/Item Reviewer/Nurse Educator Version**  
 (L\_ ).  
 immediate

5. Write a key to represent important information the entry-level nurse should know.

\* **Item Writer/Item Reviewer/Nurse Educator Version**

6. Identify common errors, misconceptions or irrelevant information.

\* **Item Writer/Item Reviewer/Nurse Educator Version**  
 \*

7. Use the previous information and write the distractors.

\* **Item Writer/Item Reviewer/Nurse Educator Version**  
 \* **Item Writer/Item Reviewer/Nurse Educator Version**  
 \* **Item Writer/Item Reviewer/Nurse Educator Version**

8. Complete the item using the stem, key and distractors.

**Item Writer/Item Reviewer/Nurse Educator Version**  
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 1.

## Exercises

1. Discuss the importance of the following in the management of care:

### Management of Care

1.1. The management of care is a key component of the nursing process. It involves the planning, implementation, and evaluation of care for individual patients. This includes assessing patient needs, setting priorities, and collaborating with other healthcare professionals to provide comprehensive care.

### Safety and Infection Control

1.2. Safety and infection control are essential for preventing harm to patients and staff. This includes the use of personal protective equipment (PPE), hand hygiene, and the proper disposal of sharps and other potentially infectious materials. It also involves maintaining a clean and safe environment for patients.

### Health Promotion and Maintenance

1.3. Health promotion and maintenance focus on preventing illness and promoting overall well-being. This includes providing education to patients about healthy lifestyle choices, such as diet, exercise, and smoking cessation. It also involves routine health assessments and screenings.

### Psychosocial Integrity

1.4. Psychosocial integrity addresses the emotional and social needs of patients. This includes providing emotional support, addressing anxiety or depression, and facilitating communication between patients and their families. It also involves recognizing and respecting the patient's cultural and religious beliefs.







## Basic Care and Comfort

1. ... (key)
2. ... (key)

## Pharmacological and Parenteral Therapies

- Select all that apply.
1. ... (key)
  2. ... (key)

- Record your answer using one decimal place.
10. ... (key)

## Reduction of Risk Potential

- essential
1. ... 10 / ... 110, 0 ... (key)
  2. ... (key)

## Physiological Adaptation

- Select all that apply.
1. ... (key)
  2. ... (key)



National Council of State Boards of Nursing (NCSBN®)

111 E. Wacker Drive, Suite 2900

Chicago, IL 60601-4277 USA

312.525.3600 | [www.ncsbn.org](http://www.ncsbn.org)

+1.312.525.3600 International Calls

866.293.9600 Testing Services Toll-Free

312.279.1036 Testing Services Fax