

NCLEX-PN[®] Examination



Mission

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



Purpose

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

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

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National Council
State Boards of Nursing

2020 NCLEX-PN® Test Plan

I. Background

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

Table of Contents

- .. Information on testing requirements and sample examination questions (items);
- .. Item writing exercises;
- .. References; and
- .. Appendix.

About NCLEX-PN Test Plan

The test plan is reviewed and approved by the NCLEX Examination Committee (NEC) every three years. Multiple resources are used, including the recent practice analysis of licensed practical/vocational nurses (LPN/VNs), and expert opinions of the NEC, NCSBN staff and nursing regulatory bodies (NRBs) to ensure that the test plan is consistent with nurse practice acts. Following the endorsement of proposed revisions by the NEC, the test plan document is presented for approval to the Delegate Assembly, which is the decision-making body of NCSBN.

The test plan serves a variety of purposes. It is used to guide candidates preparing for the examination, to



II. 2020 NCLEX-PN® Test Plan

Part 1: National Council Licensure Examination for Practical Nurses (NCLEX-PN)® Exam

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the NCSBN nursing regulatory bodies (state, commonwealth and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a licensed practical/vocational nurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical Nurses (NCLEX-PN), which is used by U.S. members to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level LPN/VNs (Jung, 2019; NCSBN, 2019). Twelve thousand newly licensed practical/vocational nurses are asked about the frequency and priority of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX assesses the knowledge, skills and abilities that are essential for the entry-level LPN/VN to use in order to meet the needs of clients requiring the promotion, maintenance and restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-PN Test Plan.

Beliefs

Beliefs about people and nursing underlie the NCLEX-PN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, cultures, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individuals, family or group, including significant others and population) achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family or group which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts, and the biological, physical, psychological and social sciences. It is a learned profession

based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness; promoting comfort; protecting, promoting and restoring health; and promoting dignity in dying.

The LPN/VN uses “specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals” (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations, the LPN/VN uses a clini-

100 **Pos**

The following processes are fundamental to the practice of practical/vocational nursing and integrated throughout the Client Needs categories and subcategories:

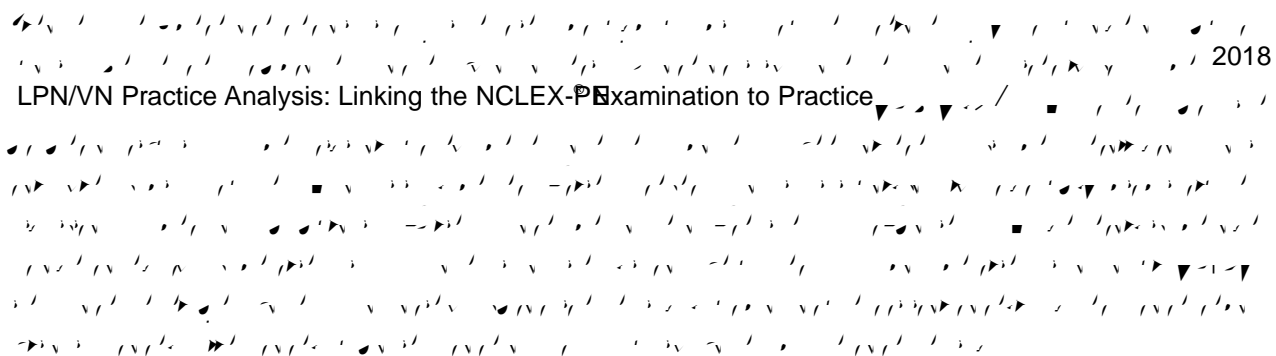
"... a scientific approach to client care that includes data collection, planning, implementation and evaluation."

"

NCLEX-PN Examinations are administered adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual

In addition, the following concepts are utilized throughout the four major client needs categories and sub-categories of the test plan:

- „ Clinical Problem Solving (Nursing process);
- „ Caring;
- „ Communication and documentation;
- „ Teaching and Learning; and
- „ Culture and Spirituality



COORDINATED CARE

Related Activity Statements from the Report of Findings from the

- „ Provide information about advance directives
- „ Advocate for client rights and needs
- „ Promote client self-advocacy
- „ Assign client care and/or related tasks (e.g., assistive personnel, LPN/VN)
- „ Involve client in care decision making
- „ Contribute to the development of and/or update the client plan of care
- „ Participate as a member of an interdisciplinary team
- „ Recognize and report staff conflict
- „ Participate in staff education (e.g., inservices, continued competency)
- „ Use data from various credible sources in making clinical decisions

COORDINATED CARE, continued	
Related Activity Statements from the Report of Findings from the	
	<ul style="list-style-type: none">„ Provide care within the legal scope of practice„ Participate in quality improvement (QI) activity (e.g., collecting data, serving on QI committee)„ Apply evidence-based practice when providing care„ Participate in client data collection„ Participate in client referral process„ Participate in providing cost effective care

Client Care Team

- .. Identify roles/responsibilities of health care team members
- .. Identify need for nursing or interdisciplinary client care conference
- .. Contribute to the development of and/or update the client plan of care*
- .. Contribute to planning interdisciplinary client care conferences
- .. Participate as a member of an interdisciplinary team*

Staff Management

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

Ethical Practice

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

Informed Consent

- .. Identify appropriate person to provide informed consent for client (e.g., client, parent, legal guardian)
- .. Participate in client consent process*
- .. Describe informed consent requirements (e.g., purpose for procedure, risks of procedure)
- .. Recognize that informed consent was obtained (e.g., completed consent form, client understanding of procedure)

Information Technology

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

Legal Responsibilities

- .. Identify legal issues affecting staff and client (e.g., refusing treatment)
- .. Verify and process health care provider orders*
- .. Recognize self-limitations of task/assignments and seek assistance when needed*
- .. Respond to the unsafe practice of a health care provider (e.g., intervene, report)*
- .. Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, communicable disease)*
- .. Document client care
- .. Provide care within the legal scope of practice*

Performance Improvement (QI)

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

RelPos

- „ Recognize need for client referral for actual or potential problem (e.g., physical therapy, speech therapy)
- „ Use appropriate documents to contribute information needed for client referral (e.g., medical record, referral form)
- „ Participate in client data collection*
- „ Participate in client referral process*

RelMan

- „ Recognize client need for materials and equipment (e.g., oxygen, suction machine, wound care supplies)
- „ Review effective use of client care materials by assistive personnel (e.g., supplies)
- „ Participate in providing cost effective care*

Sample
<p>The nurse in a long-term care facility is making client care assignments for unlicensed assistive personnel (UAP). Which of the following statements by the nurse would provide the UAP with the best directions about the assignment?</p> <ol style="list-style-type: none"> 1. “Encourage the client to increase daily fluid intake.” 2. “Ambulate the client 20 ft (6.7 m) every 4 hours beginning at 0900.” (K) 3. “Assist the client to perform passive range-of-motion (ROM) exercises.” 4. “Reinforce physical therapy instructions about the proper use of a walker.”

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



Safety

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

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

Help and More

Adult/Child Nursing

Health Promotion

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

High Risk Behaviors

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

Life Choices

- .. Identify client lifestyle practices that may have an impact on health
- .. Identify contraindications to chosen contraceptive method (e.g., smoking, compliance, medical conditions)
- .. Identify client attitudes/perceptions on sexuality
- .. Recognize client need/desire for contraception
- .. Recognize expected outcomes for client family planning methods
- .. Recognize client need to discuss sensitive issues related to sexuality

- „ Support client in family planning
- „ Respect client lifestyle choices (e.g., child-free, home schooling, rural or urban living)
- „ Reinforce teaching with client on healthy lifestyle choices (e.g., exercise regimen, smoking cessation)

SECa

- „ Determine client ability and support for performing self-care (e.g., feeding, dressing, hygiene)
- „ Consider client self-care needs before contributing to changes in plan of care
- „ Monitor client ability to perform instrumental activities of daily living (e.g., using telephone, shopping, preparing meals)

CECa

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

Sample

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

- „ Provide emotional support to client who experienced abuse or neglect
- „ Reinforce client teaching on coping strategies to prevent abuse or neglect
- „ Evaluate client response to interventions

Behavior Management

- „ Monitor client appearance, mood and psychomotor behavior and observe for changes
- „ Explore cause of client behavior
- „ Assist client with achieving self-control of behavior (e.g., contract, behavior modification)
- „ Assist client in using behavioral strategies to decrease anxiety
- „ Reinforce education to caregivers/family on ways to manage client with behavioral disorders*
- „ Incorporate behavioral management techniques when caring for a client*
- „ Participate in reminiscence therapy, validation therapy or reality orientation*
- „ Participate in client group session*
- „ Reinforce client participation in therapy
- „ Use behavioral management techniques when caring for a client (e.g., positive reinforcement, setting limits)
- „ Evaluate client response to behavioral management interventions

Client and Caregiver

„

Grief Loss

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

Mental Health

- .. Identify expected behaviors of client with independent or dependent personality
- .. Identify client symptoms of acute or chronic mental illness (e.g., schizophrenia, depression, bipolar disorder)
- .. Recognize client use of defense mechanisms
- .. Recognize change in client mental status
- .. Recognize client symptoms of relapse
- .. Explore reasons for client non-compliance with treatment plan*
- .. Assist in the care of a client experiencing sensory/perceptual alterations*
- .. Assist in the care of the cognitively impaired client*
- .. Assist in promoting client independence
- .. Promote positive self-esteem of client*

Religion/Spirituality

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

Sensory/Perception

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

Stress Management

- .. Identify actual/potential stressors for client (e.g., fear, lack of information)
- .. Implement measures to reduce environmental stressors (e.g., noise, temperature, pollution)
- .. Monitor client effective use of stress management techniques

Support

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

Therapeutic Communication

- „ Provide emotional support to client*
- „ Assist client in communicating needs to health care staff
- „ Develop and maintain therapeutic relationships with client
- „

Elim

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

Mobility

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

Non-Pharmacological Comfort

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

Nutrition

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

Personal Hygiene

- „ Determine client usual personal hygiene habits/routine
- „ Assist with activities of daily living*
- „ Provide site care for client with enteral tubes*
- „ Reinforce teaching to client on required adaptations for performing activities of daily living (e.g., shower chair, hand rails)

Postmortem Care

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

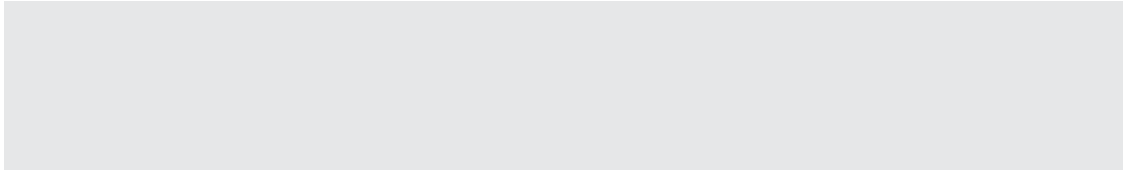
Rest and Sleep

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

Sapin
<p>The nurse is reinforcing teaching with a client about using crutches. Which of the following information should the nurse reinforce?</p> <ol style="list-style-type: none"><li data-bbox="318 449 943 478">1. "The stairs should be avoided while using crutches."<li data-bbox="318 497 1068 527">2. "The elbows must stay straight while ambulating with crutches."<li data-bbox="318 546 1127 575">3. "Three finger widths should separate the axillae and the crutches." (x)

Pharmacology

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



- .. Monitor and document client response to actions taken to counteract adverse effects of medications
- .. Monitor client for actual and potential adverse effects of medications (e.g., prescribed, over-the-counter and/or herbal supplements)
- .. Monitor anticipated interactions among client prescribed medications and fluids (e.g., oral, IV, subcutaneous, IM, topical)
- .. Monitor and document client side effects to medications
- .. Monitor and document client response to management of medication side effects including prescribed, over-the-counter and herbal supplements
- .. Reinforce client teaching on possible effects of medications (common side effects or adverse effects, when to notify primary health care provider)
- .. Notify primary health care provider of actual/potential adverse effects of client medications

Dose Calculation

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

Epid Action

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

Medication Administration

- .. Identify client need for PRN medications
- .. Mix client medication from two vials as necessary (e.g., insulin)
- .. Follow the rights of medication administration*
- .. Maintain medication safety practices (e.g., storage, checking for expiration dates, compatibility)*
- .. Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications)*
- .. Collect required data prior to medication administration (e.g., contraindications, desired therapeutic effects, current medications)*

- .. Assist in preparing client for insertion of central line
- .. Administer medication by oral route*
- .. Administer intravenous piggyback (secondary) medications*
- .. Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric [NG] tube, g-button, j-tube)*
- .. Administer a subcutaneous, intradermal or intramuscular medication*
- .. Administer a medication by ear, eye, nose, inhalation, rectum, vagina or skin route*
- .. Dispose of client unused medications according to facility/agency policy
- .. Count narcotics/controlled substances and report discrepancies*
- .. Calculate and monitor intravenous (IV) flow rate*
- .. Monitor transfusion of blood product*
- .. Reinforce client teaching on client self administration of medications (e.g., insulin, subcutaneous insulin pump)

Pharmacological Management

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

Sample

The nurse is caring for a client who has a prescription for ampicillin 375 mg, p.o., every 6 hours. The nurse has ampicillin 250 mg per 5 mL of solution available. How many mL should the nurse administer to the client with each dose? Red ~~you~~ ~~place~~

7.5 mL ~~to~~

Relative Risk

„ Relative Risk

– the LPN/VN reduces the potential for clients to develop

Day 16

- „ Provide care to client undergoing peritoneal dialysis
- „ Provide care for client experiencing increased intracranial pressure
- „ Provide care to client who has experienced a seizure
- „ Provide care for client experiencing complications of pregnancy/labor and/or delivery (e.g., eclampsia, precipitous labor, hemorrhage)
- „ Perform wound care and/or dressing change*
- „ Assist in the care of a client with a pacing device*
- „ Remove wound sutures or staples*
- „ Assist with client wound drainage device removal*
- „ Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning)*
- „ Reinforce client teaching on ostomy care
- „ Reinforce education to client regarding care and condition*
- „ Notify primary health care provider of a change in client status
- „ Document client response to interventions for alteration in body systems

Basic Pathology

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

Fluid and Electrolytes

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

Medical Emergencies

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

Use Report

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

Sample

The nurse is talking with a client who had a subtotal gastrectomy 1 month ago. Which of the following statements by the client would be a ~~no~~ follow up?

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

III. Administration

® Exam

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

Exam Length

The NCLEX-PN is a variable length computerized adaptive test and can range from 75-145 items. Of these items, 15 are pretest items that are not scored. Regardless of the number of items administered, the time limit for this examination is five hours. The time allotted for the examination includes an introductory screen, sample items, all optional breaks and the examination.

The length of the examination is determined by the candidate's response to the items. Depending upon the particular pattern of correct and incorrect responses, candidates will receive different numbers of items and therefore use varying amounts of time. The candidate should select and maintain a reasonable pace that will permit them to complete the examination within the allotted time should the maximum number of items be administered. In general, it is recommended that the candidate spend approximately one to two minutes per item in order to maintain this pace.

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

Pass/Fail

Once the passing standard is set, it is imposed uniformly to every examination according to the procedures

1. The item is limited to the content area that will produce the best match to the test plan percentages. CAT ensures that each candidate's exam contains enough items from each content area to match the required test plan percentages.
2. An item is selected that the candidate is expected to find challenging. The computer estimates the candidate's ability based on all previous answers and the difficulty of those items, and selects an item that the candidate should have a 50 percent chance of answering correctly. This ensures the next item should not be too easy or too difficult and the examination can obtain maximum information about the candidate's ability from the item.
3. Excludes any item that a repeat candidate has seen in the current item pool.

Pretest

For CAT to function properly, the difficulty of each item must be known in advance. The degree of difficulty is determined by administering the items as pretest items to a large sample of NCLEX candidates. Since the difficulty of pretest items are unknown in advance, these items are not included when estimating the candidate's ability and subsequently making pass-fail decisions. When enough responses are collected, the pretest items are statistically analyzed and calibrated. If the pretest items meet the NCLEX statistical standards, they can be administered on future examinations as operational items. There are 15 pretest items on every NCLEX-PN. Pretest items appear identical to operational items, therefore it is recommended that candidates give their best effort for every item.

Pass/Fail

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

Scenario 1: 95% Confidence

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

Scenario 2: Maximum Exam

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

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

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

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

- If the candidate answered the minimum number of items, the result will be a failing exam.
- If the candidate answered the minimum number of items, then the exam is scored by using the final ability estimate computed from responses to all completed items.
 - If the final ability estimate is above the passing standard, the candidate passes.
 - If the final ability estimate is at or below the passing standard, the candidate fails.

Scoring

Many items on the NCLEX are multiple choice, however other item formats exist. Items are scored as either correct or incorrect. There is no partial credit. For updated information on the administration of the examination, access the NCSBN website at www.ncsbn.org/nclex.htm.

Types of NCLEX-PN Items

During the administration of the NCLEX-PN, candidates will be required to respond to items in a variety of formats. These formats may include, but are not limited to: multiple choice, multiple response, fill-in-the-blank, calculation, hot spot, exhibit, ordered response, audio and graphic. All item types may include multimedia, such as charts, tables, graphics and audio.

NCLEX® Test Plan

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

Prescription Orders, interventions, remedies or treatments ordered or directed by an authorized primary health care provider.

Physician Member of the healthcare team (usually a medical physician [or other specialty, e.g., surgeon, nephrologist, etc.], nurse practitioner, etc.), licensed and authorized to formulate prescriptions on behalf of the client.

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

Exam Set Rules

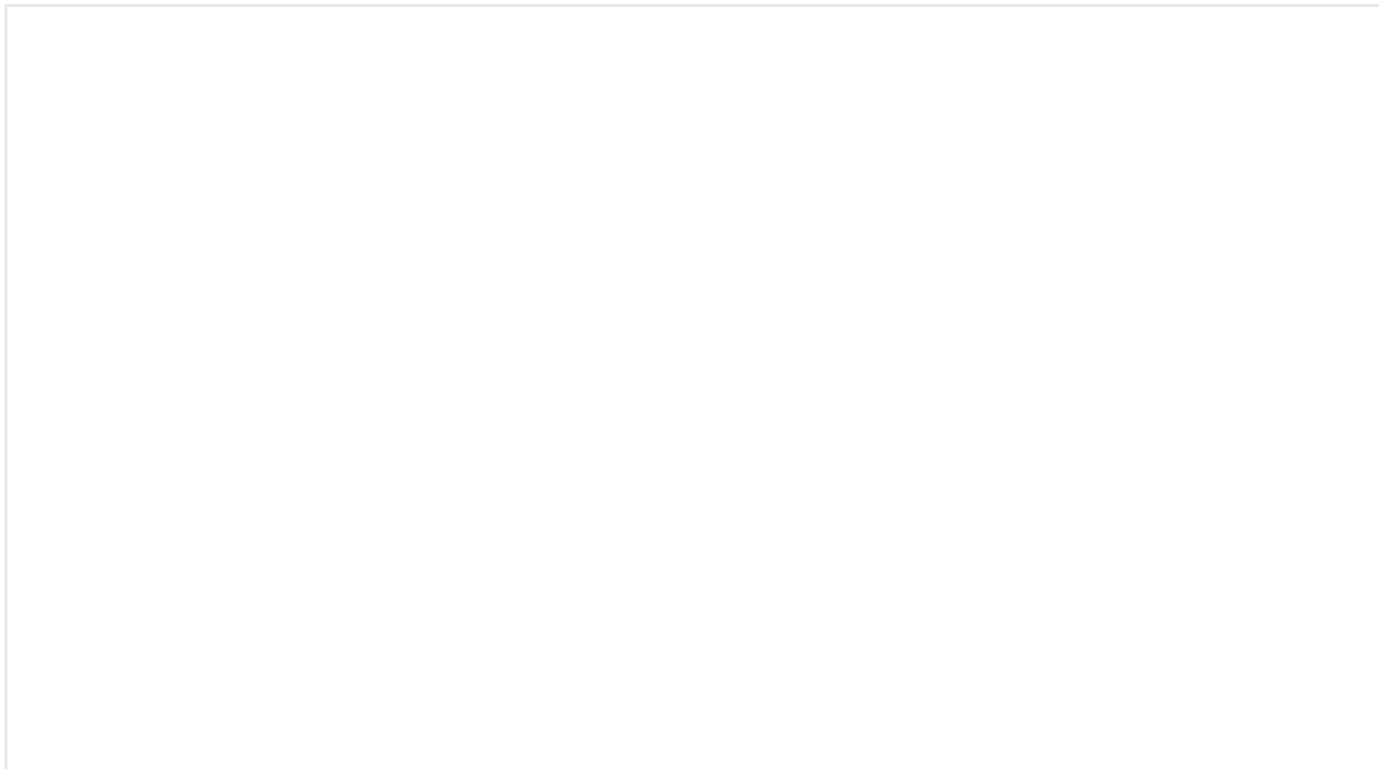
Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin at www.ncsbn.org/1213.htm for more information.

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

Tutorial

Each NCLEX-PN candidate is provided information on how to answer examination items. The tutorial is available on www.ncsbn.org/nclex-tutorial. More information on alternate item formats is available on the NCSBN website at www.ncsbn.org/9010.htm. The following are examples of how screens in the tutorial may appear with examples of possible item formats.

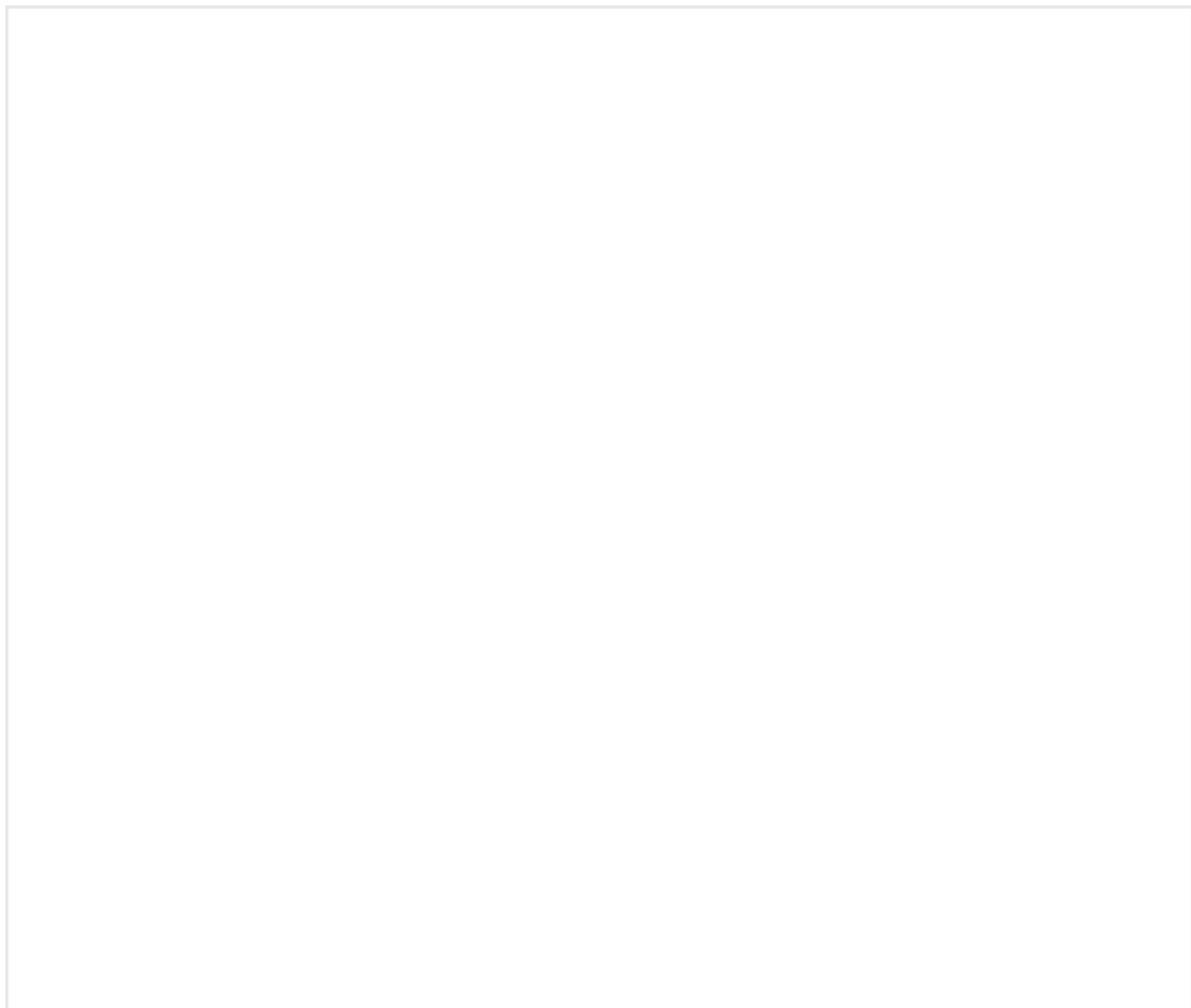
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Item

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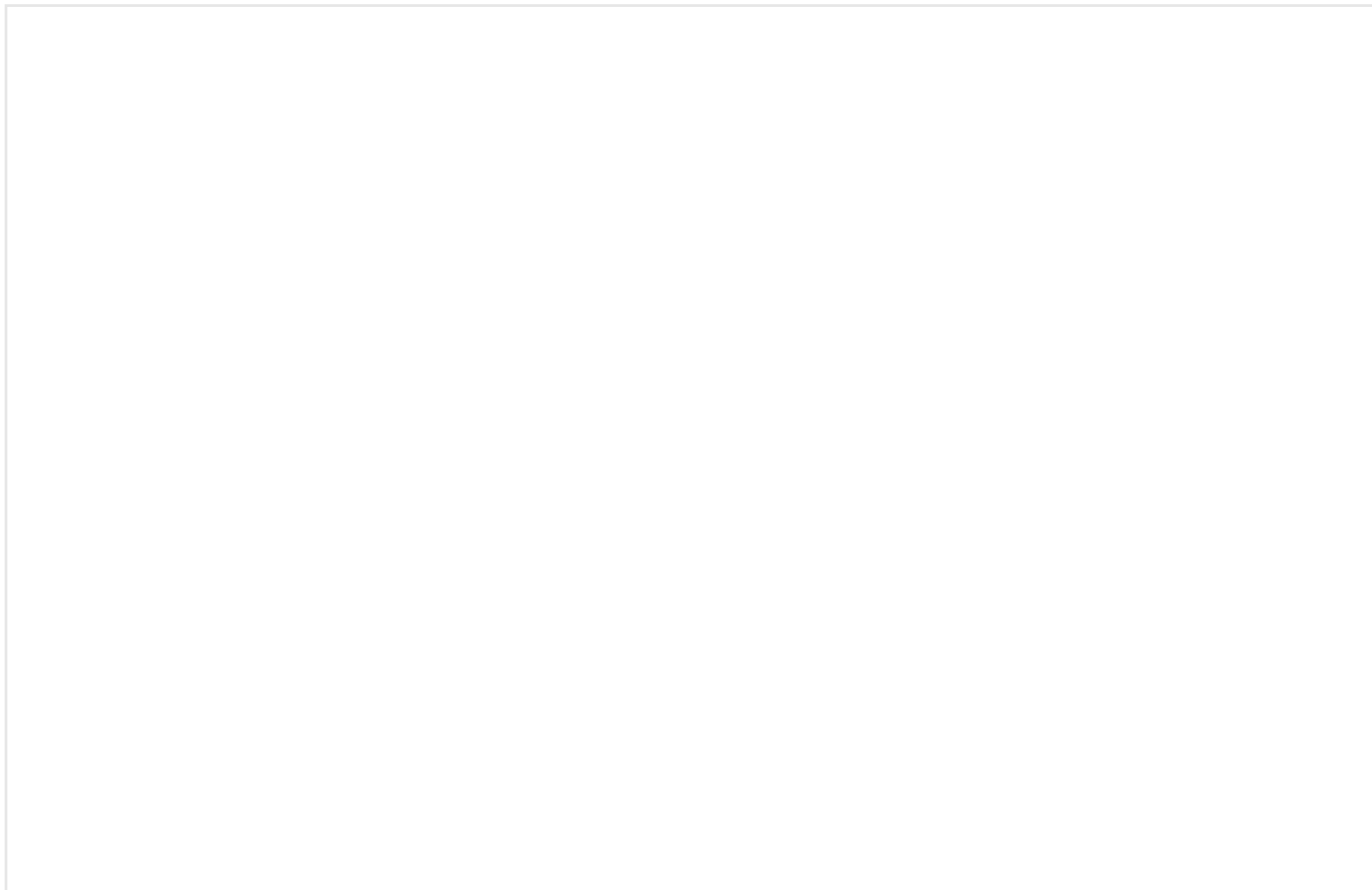
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IV. Item Writing Exercises

The following written exercises are designed to provide nurse educators with hands-on experience in writing NCLEX style items. Please note, not all item types are provided in the Item Writing Exercises. Refer to the NCSBN website, www.ncsbn.org, for answers to Frequently Asked Questions and additional information on alternate item formats.

NCSBN offers three online web-based courses for nursing faculty (Test Development and Item Writing, Assessment of Critical Thinking and Understanding the NCLEX-A Guide for Nursing Educators). Please

4. Use of communication

*The nurse is reinforcing teaching with a female client who is receiving prescribed atorvastatin. Which of the following information should the nurse reinforce?

5. Write appropriate orders

*Rhabdomyolysis
~"Report muscle aches to your primary health care provider."

6. Identify potential problems

*Lack of knowledge about administering medication during pregnancy
*Uncertainty of diet modification while taking the medication

7. Use of patient education

*"Maintain your usual diet while taking the medication."
*"Continue to take atorvastatin if you become pregnant."
*"Take the medication 1 hour before or 2 hours after a meal."

8. Client education

*The nurse is reinforcing teaching with a female client who is receiving prescribed atorvastatin. Which of the following information should the nurse reinforce?

1. "Maintain your usual diet while taking the medication."
2. "Continue to take atorvastatin if you become pregnant."
3. "Report muscle aches to your primary health care provider." (P)
4. "Take the medication 1 hour before or 2 hours after a meal."

Examples

Case Scenarios: Using the steps listed above, create an item based on the following situations. Appendix A contains example items based on the case scenarios.

Case Scenario

The nurse is contributing to a staff education conference about advance directives. Write an item with information the nurse should suggest to include for the education.

Scenario

The nurse is caring for a client who has an abdominal wound infected with methicillin-resistant Staphylococcus aureus (MRSA). Write an item with infection control precautions the nurse should implement.

Parental Misconceptions

The nurse has reinforced teaching with the parents of a 2-day-old, full-term newborn. Write an item with different statements by the parents that indicate an understanding of the teaching.

Patient Education

The nurse is contributing to the plan of care for a client with mild Alzheimer's disease (AD) who has recently started wandering and spends around 6 hours a day sleeping. Write an item with an appropriate outcome that the nurse should recommend for the client's plan of care.

Basic Care and Comfort

The nurse is reinforcing teaching about foods high in potassium with a client. Write an item with foods to identify with the greatest amount of potassium per serving.

Pharmacology and Therapeutics

The nurse has reinforced teaching with a client with schizophrenia that is prescribed olanzapine. Write an item with statements made by the client that would indicate a correct understanding of the medication.

The nurse is caring for a client with a medication prescription. Write an item that names the medication, the amount and timeframe that the client would receive the medication, the amount available, the client's weight in pounds and kilograms and how much of the medication the client should receive with each administration. The concept of the item should be that the candidate needs to perform a calculation in order to achieve the correct answer.

Reduction of Risk Potential

The nurse is caring for a client who has hypercalcemia. Write an item that includes nursing interventions for the client that would minimize complications.

Physiological Adaptation

The nurse is talking with a client that has diabetes mellitus (type 2) about the benefits of getting consistent exercise. Write an item about the benefits of consistent exercise with diabetes mellitus (type 2).

V. References

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APPENDIX A

Case Study 1

Case 1

The nurse is contributing to a staff education program about advance directives. Which of the following information should the nurse suggest including in the program?

1. "A living will provides information about the client's wishes regarding medical treatment."
2. "Health care facilities are required to provide clients with information about advance directives."
3. "Advance directives are legally binding and cannot be changed by the client once they are written."
4. "It is unnecessary to have a power of attorney for health care if the client already has a living will."
5. "A power of attorney for health care allows a designated person to make health care decisions for the client when the client is unable to do so."

Case 2

The nurse is caring for a client who has an abdominal wound infected with methicillin-resistant Staphylococcus aureus (MRSA). Which of the following infection control precautions should the nurse implement?

1. Wear a surgical mask when changing the client's abdominal wound dressing.
2. Limit the amount of time that visitors spend with the client to 30 minutes each shift.
3. Place a surgical mask on the client when transporting the client to the radiology department.
4. Check the client's blood pressure by using a stethoscope designated for the client's use only.

Case 3

The nurse has reinforced teaching with the parents of a 2-day-old, full-term newborn. Which of the following statements by a parent would indicate a correct understanding of the teaching?

1. "The swollen area on the side of my baby's head will go away on its own."
2. "The primary health care provider will measure my baby's head circumference every week."
3. "The elevated, red birthmark on my baby's head will be removed if the birthmark gets bigger."
4. "The fontanel at the front of my baby's head should be indented when my baby is held upright."

Case 4

The nurse is contributing to the plan of care of a client with mild Alzheimer's disease (AD) who has recently started wandering and spends approximately 6 hours each day sleeping. Which of the following outcomes would be appropriate for the nurse to recommend for the client's plan of care?

1. The client will stop wandering.
2. The client will take 2 to 3 naps during the day.
3. The client will wander within designated areas.
4. The client will identify the impact of activity on the sleep cycle.

Basic Care and Comfort

The nurse is reinforcing teaching about foods high in potassium with a client. Which of the following foods should the nurse reinforce?

1. apple
2. corn
3. baked potato
4. cottage cheese

Pharmacology

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

1. "The medication may cause dry mouth."
2. "I should consume a low-residue diet while taking olanzapine."
3. "Restlessness and agitation are common side effects of olanzapine."
- 4.

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