**The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories:**

You can utilize the information in this document for pre and post conference material and during conversations with your students to help facilitate their success on the NCLEX examination. There are related activity statements for each category on the following pages to help students link the NCLEX-RN exam to clinical practice. It is our goat to promote success on this exam, and clinical is an optimal place to expose students to this content. In addition, the clinical packet contains !NCLEX prompts. This document can help guide their clinical paperwork.

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| 1. **Safe and Effective Care Environment**

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances thecare delivery setting in order to protect clients and health care personnel. | 1. **Health Promotion and Maintenance**

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growthand development principles, prevention and/or early detection of health problems, and strategies to achieveoptimal health. |
| 1. **Physiological Integrity**

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potentialand managing health alterations. | 1. **Psychosocial Integrity**

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social wellbeingof the client experiencing stressful events, as well as clients with acute or chronic mental illness. |

In addition, there are integrated processes which are fundamental to the practice of nursing and are integrated throughout the exam. These should be considered with all patients and are noted in the Clinical Packet with !NCLEX notations:

***Nursing Process***– a scientific, clinical reasoning approach to client care that includes assessment,

analysis, planning, implementation and evaluation.

***Caring*** – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this

collaborative environment, the nurse provides encouragement, hope, support and compassion to

help achieve desired outcomes.

***Communication and Documentation***– verbal and nonverbal interactions between the nurse and

the client, the client’s significant others and the other members of the health care team. Events and

activities associated with client care are recorded in written and/or electronic records that demonstrate

adherence to the standards of practice and accountability in the provision of care.

***Teaching/Learning***– facilitation of the acquisition of knowledge, skills and attitudes promoting a

change in behavior.

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***Culture and Spirituality***– interaction of the nurse and the client (individual, family or group,

including significant others and population) which recognizes and considers the client-reported,

self-identified, unique and individual preferences to client care, the applicable standard of care and

legal instructions.

**Related Activity Statements *Linking the NCLEX-RN Examination to Practice***

1. Safe and Effective Care Environment

**Management of Care**

*Management of Care – the nurse provides and directs nursing care that enhances the care delivery*

*setting to protect the client and health care personnel.*

**MANAGEMENT OF CARE**

„. Integrate advance directives into client plan of care

„. Assign and supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs)

„. Organize workload to manage time effectively

„. Participate in providing cost effective care

„. Initiate, evaluate, and update plan of care (e.g., care map, clinical pathway)

„. Provide education to clients and staff about client rights and responsibilities

„. Advocate for client rights and needs

„. Collaborate with interprofessional health care members in other disciplines when providing

 client care (e.g., language interpreter, health care professionals)

„. Manage conflict among clients and health care staff

„. Maintain client confidentiality and privacy

„. Provide and receive hand off of care report on assigned clients (e.g., standardized hand off

 communication)

„. Use approved abbreviations and standard terminology when documenting care

„. Perform procedures necessary to safely admit, transfer or discharge a client

„. Prioritize the delivery of client care

„. Recognize ethical dilemmas and take appropriate action

„. Practice in a manner consistent with a code of ethics for registered nurses

„. Verify that the client received appropriate procedure education and consents to care

 and procedures

„. Receive and/or transcribe health care provider orders

„. Utilize valid resources to enhance the care provided to a client (e.g., evidenced-based

 research, information technology, policies and procedures)

„. Recognize limitations of self/others and seek assistance

„. Report client conditions as required by law (e.g., abuse/neglect, communicable disease)

„. Report unsafe practice of health care personnel and intervene as appropriate

(e.g., substance abuse, improper care, staffing practices)

„. Provide care within the legal scope of practice

„. Participate in performance improvement/quality improvement process

„. Recognize the need for referrals and obtain necessary orders

**Advance Directives**

„. Assess client and/or staff member knowledge of advance directives (e.g., living will, health care

 agent/proxy, Power of Attorney for Health Care)

„. Integrate advance directives into client plan of care\*

„. Provide client with information about advance directives, self-care determination, life planning.

**Advocacy**

„. Discuss identified treatment options with client and respect their decisions

„. Provide information on advocacy to staff members

„. Act in the role of client advocate

„. Utilize advocacy resources appropriately (e.g., social worker, chain of command, interpreter)

**Assignment, Delegation and Supervision**

„. Identify tasks for assignment or delegation based on client needs

„. Delegate and assign appropriate task based on client’s needs to personnel with competency to

 perform task

„. Assign and supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs)

„. Communicate tasks to be completed and report client concerns immediately

„. Organize workload to manage time effectively

„. Utilize the rights of delegation (e.g., right task, right circumstances, right person, right direction or

 communication, right supervision or feedback)

„. Evaluate delegated tasks to ensure correct completion of activity

„. Evaluate ability of staff members to perform assigned tasks considering personnel’s allowable

 tasks/duties, competency and ability to use sound judgment and decision making.

„. Evaluate effectiveness of staff members’ time management skills

**Case Management**

„. Explore resources available to assist the client with achieving or maintaining independence

„. Assess the client’s need for materials and equipment (e.g., oxygen, suction machine, wound care

supplies)

„. Provide cost effective care\*(not including payor or insurance)

„. Plan individualized care for client based on need (e.g., client diagnosis, self-care ability, prescribed

treatments)

„. Provide client with information on discharge procedures to home, or community setting

„. Initiate, evaluate, and update plan of care (e.g., care map, clinical pathway)\*

**Client Rights**

„. Recognize the client’s right to refuse treatment/procedures

„. Discuss treatment options/decisions with client

„. Provide education to clients and staff about client rights and responsibilities

„. Evaluate client/staff understanding of client rights

„. Advocate for client rights and needs\*

**Collaboration with Interdisciplinary Team**

„. Identify the need for interdisciplinary conferences

„. Identify significant information to report to other disciplines (e.g., health care provider, pharmacist,

 social worker, respiratory therapist)

„. Review plan of care to ensure continuity across disciplines

„. Collaborate with interprofessional members when providing client care

„. Serve as resource person to other staff

**Concepts of Management**

„. Identify roles/responsibilities of health care team members

„. Plan overall strategies to address client problems

„. Act as liaison between client and others (e.g., coordinate care, manage care)

„. Manage conflict among clients and health care staff

„. Evaluate management outcomes

**Confidentiality/Information Security**

„. Assess staff member and client understanding of confidentiality requirements

„. Maintain client confidentiality and privacy\*

„. Intervene appropriately when confidentiality has been breached by staff members

**Continuity of Care**

„. Provide and receive hand off of care report on assigned clients (e.g., standardized hand off

 communication)\*

„. Use documents to record and communicate client information (e.g., medical record, referral/

 transfer form)

„. Use approved abbreviations and standard terminology when documenting care\*

„. Perform procedures necessary to safely admit, transfer or discharge a client\*

„. Follow up on unresolved issues regarding client care (e.g., laboratory results, client requests)

**Establishing Priorities**

„. Apply knowledge of pathophysiology when establishing priorities for interventions with multiple

 clients

„. Prioritize the delivery of client care\*

„. Evaluate plan of care for multiple clients and revise plan of care as needed

13

**Ethical Practice**

„. Recognize ethical dilemmas and take appropriate action

„. Inform client/staff members of ethical issues affecting client care

„. Practice in a manner consistent with a code of ethics for registered nurses

„. Evaluate outcomes of interventions to promote ethical practice

**Informed Consent**

„. Identify appropriate person to provide informed consent for client

„. Provide written materials in client’s spoken language, when possible

„. Describe components of informed consent

„. Participate in obtaining informed consent

„. Verify that the client received appropriate procedure education and consents to care and

 procedures

**Information Technology**

„. Receive and/or transcribe health care provider orders\* (orders/prescriptions)

„. Apply knowledge of facility regulations when accessing client records

„. Access data for client through online databases and journals

„. Enter computer documentation accurately, completely and in a timely manner

„. Utilize valid resources to enhance the care provided to a client (e.g., evidenced-based research,

information technology, policies and procedures)

**Legal Rights and Responsibilities**

„. Identify legal issues affecting the client (e.g., refusing treatment)

„. Identify and manage the client’s valuables according to facility/agency policy

„. Recognize limitations of self/others and seek assistance

„. Review facility policy and legal considerations prior to agreeing to serve as an interpreter for staff

 or primary health care provider

„. Educate client/staff on legal issues

„. Report client conditions as required by law (e.g., abuse/neglect, communicable disease)

„. Report unsafe practice of health care personnel and intervene as appropriate (e.g., substance

 abuse, improper care, staffing practices)

 „.Provide care within the legal scope of practice

14

**Performance Improvement (Quality Improvement)**

„. Define performance improvement/quality assurance activities

„. Participate in performance improvement/quality improvement process

„. Report identified client care issues/problems to appropriate personnel

„. Utilize research and other references for performance improvement actions

„. Evaluate the impact of performance improvement measures on client care and resource utilization

**Referrals**

„. Assess the need to refer clients for assistance with actual or potential problems (e.g., physical

 therapy, speech therapy)

„. Recognize the need for referrals and obtain necessary orders\* (orders/prescriptions)

„. Identify community resources for the client (e.g., respite care, social services, shelters)

„. Identify which documents to include when referring a client (e.g., medical record, referral form)

**Safety and Infection Control**

„. Safety and Infection Control – the nurse protects clients and health care personnel from health

and environmental hazards.

SAFETY AND INFECTION CONTROL

„. Assess client for allergies and intervene as needed (e.g., food, latex, environmental allergies)

„. Protect client from injury (e.g., falls, electrical hazards)

„. Ensure proper identification of client when providing care

„. Verify appropriateness and/or accuracy of a treatment order

„. Implement emergency response plans (e.g., internal/external disaster)

„. Use ergonomic principles when providing care (e.g., safe patient handling, proper lifting)

„. Follow procedures for handling biohazardous materials

„. Educate client on home safety issues (e.g., home, school, transportation)

„. Acknowledge and document practice error (e.g., incident report for medication error)

„. Facilitate appropriate and safe use of equipment

„. Follow security plan and procedures (e.g., newborn nursery security, violence, controlled

 access)

„. Apply principles of infection control (e.g., hand hygiene, surgical asepsis, isolation, sterile

 technique, universal/standard precautions)

„. Educate client and staff regarding infection control measures

„. Follow requirements regarding for use of restraints and/or safety device (e.g., least

 restrictive restraints, timed client monitoring)

**Accident/Error/Injury Prevention**

„. Assess client for allergies and intervene as needed (e.g., food, latex, environmental allergies)

„. Determine client/staff member knowledge of safety procedures

„. Identify factors that influence accident/injury prevention (e.g., age, developmental stage, lifestyle,

 mental status)

„. Identify deficits that may impede client safety (e.g., visual, hearing, sensory/perceptual)

„. Identify and verify prescriptions for treatments that may contribute to an accident or injury (does

 not include medication)

„. Identify and facilitate correct use of infant and child car seats

„. Provide client with appropriate method to signal staff members

„. Protect client from injury (e.g., falls, electrical hazards)

„. Review necessary modifications with client to reduce stress on specific muscle or skeletal groups

(e.g., frequent changing of position, routine stretching of the shoulders, neck, arms, hands, fingers)

„. Implement seizure precautions for at-risk clients

„. Make appropriate room assignments for cognitively impaired clients

„. Ensure proper identification of client when providing care

„. Verify appropriateness and/or accuracy of a treatment order

**Emergency Response Plan**

„. Determine which client(s) to recommend for discharge in a disaster situation

„. Identify nursing roles in disaster planning

„. Use clinical decision-making/critical thinking for emergency response plan

„. Implement emergency response plans (e.g., internal/external disaster)

„. Participate in disaster planning activities/drills

**Ergonomic Principles**

„. Assess client ability to balance, transfer and use assistive devices prior to planning care

(e.g., crutches, walker)

„. Provide instruction and information to client about body positions that eliminate potential for

 repetitive stress injuries

„. Use ergonomic principles when providing care (e.g., safe client handling, proper lifting)\*

**Handling Hazardous and Infectious Materials**

„. Identify biohazardous, flammable and infectious materials

„. Follow procedures for handling biohazardous materials

„. Demonstrate safe handling techniques to staff and client

„. Ensure safe implementation of internal radiation therapy

**Home Safety**

„. Assess need for client home modifications (e.g., lighting, handrails, kitchen safety)

„. Apply knowledge of client pathophysiology to home safety interventions

„. Educate client on home safety issues (e.g., home, school, transportation)

„. Encourage the client to use protective equipment when using devices that can cause injury

„. Evaluate client care environment for fire/environmental hazard

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

„. Identify need/situation where reporting of incident/event/irregular occurrence/variance is

 appropriate

„. Acknowledge and document practice error (e.g., incident report for medication error)

„. Evaluate response to error/event/occurrence

17

**Safe Use of Equipment**

„. Inspect equipment for safety hazards (e.g., frayed electrical cords, loose/missing parts)

„. Teach client about the safe use of equipment needed for health care

„. Facilitate appropriate and safe use of equipment\*

„. Remove malfunctioning equipment from client care area and report the problem to appropriate

personnel

**Security Plan**

„. Use clinical decision making/critical thinking in situations related to security planning

„. Apply principles of triage and evacuation procedures/protocols

„. Follow security plan and procedures (e.g., newborn nursery security, violence, controlled access)

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

„. Assess client care area for sources of infection

„. Understand communicable diseases and the modes of organism transmission (e.g., airborne,

 droplet, contact)

„. Apply principles of infection control (e.g., hand hygiene, surgical asepsis, isolation, sterile

technique, universal/standard precautions)

 „. Follow correct policy and procedures when reporting a client with a communicable disease

„. Educate client and staff regarding infection control measures

„. Utilize appropriate precautions for immunocompromised clients

„. Use appropriate technique to set up a sterile field/maintain asepsis (e.g., gloves, mask, sterile

supplies)

„. Evaluate infection control precautions implemented by staff members

„. Evaluate whether aseptic technique is performed correctly

**Use of Restraints/Safety Devices**

„. Assess appropriateness of the type of restraint/safety device used

„. Follow requirements for use of restraints and/or safety device (e.g., least restrictive restraints,

 timed client monitoring)\*

„. Monitor/evaluate client response to restraints/safety device

1. Health Promotion and Maintenance

„. Health Promotion and Maintenance – the nurse provides and directs nursing care of the client that

incorporates knowledge of expected growth and development principles; prevention and/or early

detection of health problems; and strategies to achieve optimal health.

**HEALTH PROMOTION AND MAINTENANCE**

„. Provide care and education for the newborn less than 1 month old through the infant or

toddler client through 2 years

„. Provide care and education for the preschool, school age and adolescent client ages 3

through 17 years

„. Provide care and education for the adult client ages 18 through 64 years

„. Provide care and education for the adult client ages 65 through 85 years and over

„. Provide prenatal care and education

„. Provide care to client in labor or antepartum client

„. Provide post-partum care and education

„. Assess and teach clients about health risks based on family, population, and/or

community characteristics

„. Assess client’s readiness to learn, learning preferences and barriers to learning

„. Plan and/or participate in community health education

„. Provide information about health promotion and maintenance recommendations

(e.g., physician visits, immunizations)

„. Perform targeted screening assessments (e.g., vision, nutrition)

„. Provide information for prevention and treatment of high risk health behaviors

(e.g., smoking cessation, safe sexual practices, needle exchange)

„. Assess client ability to manage care in home environment and plan care accordingly

(e.g., equipment, community resources)

„. Perform comprehensive health assessment

**Aging Process**

„. Assess client’s reactions to expected age-related changes

„. Provide care and education for the newborn less than 1 month old through the infant or toddler

 client through 2 years

„. Provide care and education for the preschool, school age and adolescent client ages 3 through 17

 years

„. Provide care and education for the adult client ages 18 through 64 years

„. Provide care and education for the adult client ages 65 through 85 years and over

19

**Ante/Intra/Postpartum and Newborn Care**

„. Assess client’s psychosocial response to pregnancy (e.g., support systems, perception of

 pregnancy, coping mechanisms)

„. Assess client for symptoms of postpartum complications (e.g., hemorrhage, infection)

„. Recognize cultural differences in childbearing practices

„. Calculate expected delivery date

„. Check fetal heart rate during routine prenatal exams

„. Assist client with performing/learning newborn care (e.g., feeding)

„. Provide prenatal care and education\*

„. Provide care and education to client in labor or an antepartum client\*

„. Provide post-partum care and education\*

„. Provide discharge instructions (e.g., post-partum and newborn care)

„. Evaluate client’s ability to care for the newborn

**Developmental Stages and Transitions**

„. Identify expected physical, cognitive and psychosocial stages of development

„. Identify expected body image changes associated with client developmental age (e.g., aging,

 pregnancy)

„. Identify family structures and roles of family members (e.g., nuclear, blended, adoptive)

„. Compare client development to expected age/developmental stage and report any deviations

„. Assess impact of change on family system (e.g., one-parent family, divorce, ill family member)

„. Recognize cultural and religious influences that may impact family functioning

„. Assist client to cope with life transitions (e.g., attachment to newborn, parenting, puberty,

 retirement)

„. Modify approaches to care in accordance with client developmental stage (use age appropriate

 explanations of procedures and treatments)

„. Provide education to client/staff members about expected age-related changes and age-specific

 growth and development (e.g., developmental stages)

„. Evaluate client’s achievement of expected developmental level (e.g., developmental milestones)

„. Evaluate impact of expected body image changes on client and family

**Health Promotion/Disease Prevention**

„. Identify risk factors for disease/illness (e.g., age, gender, ethnicity, lifestyle)

„. Assess and teach clients about health risks based on family, population, and/or community

characteristics\*

„. Assess client’s readiness to learn, learning preferences and barriers to learning

„. Plan and/or participate in community health education

„. Educate the client on actions to promote/maintain health and prevent disease (e.g., smoking

cessation, diet, weight loss)

„. Inform the client of appropriate immunization schedules

„. Integrate complementary therapies into health promotion activities for the well client

20„. Provide information about health promotion and maintenance recommendations (e.g., physician

visits, immunizations)\*

„. Provide follow-up to the client following participation in health promotion program (e.g., diet

counseling)

„. Assist the client in maintaining an optimum level of health

„. Evaluate client understanding of health promotion behaviors/activities (e.g., weight control,

exercise actions)

**Health Screening**

„. Apply knowledge of pathophysiology to health screening

„. Identify risk factors linked to ethnicity (e.g., hypertension, diabetes)

„. Perform health history/health and risk assessments (e.g., lifestyle, family and genetic history)

„. Perform targeted screening assessments (e.g., vision, nutrition)\*

„. Utilize appropriate procedure and interviewing techniques when taking the client health history

**High Risk Behaviors**

„. Assess client lifestyle practice risks that may impact health (e.g., excessive sun exposure, lack of

regular exercise)

„. Assist the client to identify behaviors/risks that may impact health

„. Provide information for prevention and treatment of high risk health behaviors (e.g., smoking

cessation, safe sexual practices, needle exchange)

Lifestyle Choices

„. Assess the client’s lifestyle choices

„. Assess client’s attitudes/perceptions on sexuality

„. Assess client’s need/desire for contraception

„. Identify contraindications to chosen contraceptive method (e.g., smoking, compliance, medical

conditions)

„. Identify expected outcomes for family planning methods

„. Recognize client who is socially or environmentally isolated

„. Educate the client on sexuality issues (e.g., family planning, safe sexual practices, menopause,

impotence)

„. Evaluate client alternative or homeopathic health care practices (e.g., massage therapy,

acupuncture, herbal medicine and minerals)

**Self Care**

„. Assess client ability to manage care in home environment and plan care accordingly (e.g.,

equipment, community resources)

„. Consider client self care needs before developing or revising care plan

„. Assist primary caregivers working with the client to meet self-care goals

21

**Techniques of Physical Assessment**

„. Apply knowledge of nursing procedures and psychomotor skills to techniques of physical

assessment

„. Choose physical assessment equipment and technique appropriate for the client (e.g., age of

client, measurement of vital signs)

„. Perform comprehensive health assessment\*

1. Psychosocial Integrity

 Psychosocial Integrity – the nurse provides and directs nursing care that promotes and supports

the emotional, mental and social well being of the client experiencing stressful events, as well as

clients with acute or chronic mental illness.

**PSYCHOSOCIAL INTEGRITY**

„. Assess client for abuse or neglect and intervene as appropriate

„. Incorporate behavioral management techniques when caring for a client (e.g., positive

 reinforcement, setting limits, de-escalation techniques)

„. Assess client for drug/alcohol dependencies, withdrawal, or toxicities and intervene as

 appropriate

„. Assess client in coping with life changes and provide support (e.g., palliative, amputation,

new diagnosis)

„. Assess the potential for violence and use safety precautions (e.g., suicide, homicide,

 self-destructive behavior)

„. Incorporate client cultural practice and beliefs when planning and providing care

„. Provide end of life care and education to clients

„. Assess family dynamics to determine plan of care (e.g., structure, bonding,

communication, boundaries, coping mechanisms)

 „. Provide care and education for acute and chronic psychosocial health issues

(e.g., addictions/dependencies , depression, dementia, eating disorders)

„. Assess psychosocial, spiritual and occupational factors affecting care, and plan

 interventions

„. Provide care for a client experiencing visual, auditory or cognitive distortions

(e.g., hallucinations)

„. Recognize non-verbal cues to physical and/or psychological stressors

„. Use therapeutic communication techniques to provide client support

„. Provide a therapeutic environment for clients

**Abuse/Neglect**

„. Assess client for abuse or neglect and intervene as appropriate

„. Identify risk factors for domestic, child, elder abuse/neglect and sexual abuse

„. Plan interventions for victims/suspected victims of abuse

„. Counsel victims/suspected victims of abuse and their families on coping strategies

„. Provide a safe environment for the abused/neglected client

„. Evaluate client response to interventions

**Behavioral Interventions**

„. Assess the client’s appearance, mood and psychomotor behavior and identify/respond to inappropriate/

 abnormal behavior

„. Assist the client with achieving and maintaining self-control of behavior (e.g., behavior modification)

„. Assist the client to develop and use strategies to decrease anxiety

„. Orient the client to reality

„. Participate in group sessions (e.g., support groups)

„. Incorporate behavioral management techniques when caring for a client (e.g., positive reinforcement, setting

 limits, de-escalation techniques)\*

„. Evaluate the client’s response to treatment plan

**Chemical and Other Dependencies/Substance Use Disorder**

„. Assess the client’s reactions to the diagnosis/treatment of substance-related disorder

„. Assess client for drug/alcohol dependencies, withdrawal, or toxicities and intervene as appropriate

„. Plan and provide care to clients experiencing substance-related withdrawal or toxicity (e.g., nicotine, opioid,

sedative)

„. Provide information on substance abuse diagnosis and treatment plan to the client

„. Provide care and/or support for a client with non-substance-related dependencies (e.g., gambling, sexual

addiction)

„. Provide symptom management for clients experiencing withdrawal or toxicity

„. Encourage client to participate in support groups

„. Evaluate the client’s response to a treatment plan and revise as needed

**Coping Mechanisms**

„. Assess the client’s support systems and available resources

„. Assess the client’s ability to adapt to temporary/permanent role changes

„. Assess the client’s reaction to a diagnosis of acute or chronic mental illness (e.g., rationalization, hopefulness,

anger)

„. Assess client in coping with life changes and provide support (e.g., palliative care, amputation, new

diagnosis)

„. Identify situations which may necessitate role changes for a client (e.g., spouse with chronic illness, death of

parent)

„. Provide support to the client with unexpected altered body image (e.g., alopecia)

„. Evaluate the constructive use of defense mechanisms by a client

„. Evaluate whether the client has successfully adapted to situational role changes (e.g., accept dependency on

others)

24

**Crisis Intervention**

„. Assess the potential for violence and use safety precautions (e.g., suicide, homicide, self destructive

 behavior)

„. Identify the client in crisis

„. Use crisis intervention techniques to assist the client in coping

„. Apply knowledge of client psychopathology to crisis intervention

„. Guide the client to resources for recovery from crisis (e.g., social supports)

**Cultural Awareness/Cultural Influences on Health**

„. Assess the importance of client culture/ethnicity when planning/providing/evaluating care

„. Recognize cultural issues that may impact the client’s understanding/acceptance of psychiatric

 diagnosis

„. Incorporate client cultural practice and beliefs when planning and providing care

„. Respect cultural background/practices of the client (does not include dietary preferences)

„. Evaluate and document how client language needs were met

**End of Life Care**

„. Assess the client’s ability to cope with end of life interventions

„. Identify end of life needs of the client (e.g., financial concerns, fear, loss of control, role changes)

„. Recognize the need for and provide psychosocial support to the family/caregiver

„. Assist the client in resolution of end of life issues

„. Provide end of life care and education to clients\*

**Family Dynamics**

„. Assess barriers/stressors that impact family functioning (e.g., meeting client care needs, divorce)

„. Assess family dynamics to determine plan of care (e.g., structure, bonding, communication,

 boundaries, coping mechanisms)\*

„. Assess parental techniques related to discipline

„. Encourage the client’s participation in group/family therapy

„. Assist the client to integrate new members into family structure (e.g., new infant, blended family)

„. Evaluate resources available to assist family functioning

**Grief and Loss**

„. Assist the client in coping with suffering, grief, loss, dying, and bereavement

„. Support the client in anticipatory grieving

„. Inform the client of expected reactions to grief and loss (e.g., denial, fear)

„. Provide the client with resources to adjust to loss/bereavement (e.g., individual counseling,

 support groups)

„. Evaluate the client’s coping and fears related to grief and loss

25

**Mental Health Concepts**

„. Identify signs and symptoms of impaired cognition (e.g., memory loss, poor hygiene)

„. Recognize signs and symptoms of acute and chronic mental illness (e.g., schizophrenia,

 depression, bipolar disorder)

„. Recognize the client use of defense mechanisms

„. Explore why client is refusing/not following treatment plan (e.g., non-adherence)

„. Assess client for alterations in mood, judgment, cognition and reasoning

„. Apply knowledge of client psychopathology to mental health concepts applied in individual/

 group/family therapy

„. Provide care and education for acute and chronic psychosocial health issues (e.g., addictions/

 dependencies, depression, dementia, eating disorders)\*

„ . Evaluate the client’s ability to adhere to treatment plan

„. Evaluate a client’s abnormal response to the aging process (e.g., depression)

**Religious and Spiritual Influences on Health**

„. Identify the emotional problems of client or client needs that are related to religious/spiritual

 beliefs (e.g., spiritual distress, conflict between recommended treatment and beliefs)

„. Assess psychosocial, spiritual and occupational factors affecting care, and plan interventions\*

„. Assess and plan interventions that meet the client’s emotional and spiritual needs

„. Evaluate whether the client’s religious/spiritual needs are met

**Sensory/Perceptual Alterations**

„. Identify time, place and stimuli surrounding the appearance of symptoms

„. Assist client to develop strategies for dealing with sensory and thought disturbances

„. Provide care for a client experiencing visual, auditory or cognitive distortions (e.g., hallucinations)

„. Provide care in a nonthreatening and nonjudgmental manner

„. Provide reality-based diversions

**Stress Management**

„. Recognize nonverbal cues to physical and/or psychological stressors

„. Assess stressors, including environmental, that affect client care (e.g., noise, fear, uncertainty,

change, lack of knowledge)

„. Implement measures to reduce environmental stressors (e.g., noise, temperature, pollution)

„. Provide information to client on stress management techniques (e.g., relaxation techniques,

exercise, meditation)

„. Evaluate the client’s use of stress management techniques

**Support Systems**

„. Assist family to plan care for client with impaired cognition (e.g., Alzheimer’s disease)

„. Encourage the client’s involvement in the health care decision-making process

„. Evaluate the client’s feelings about the diagnosis/treatment plan

26

**Therapeutic Communication**

„. Assess verbal and nonverbal client communication needs

„. Respect the client’s personal values and beliefs

„. Allow time to communicate with the client

„. Use therapeutic communication techniques to provide client support

„. Encourage the client to verbalize feelings (e.g., fear, discomfort)

„. Evaluate the effectiveness of communications with the client

**Therapeutic Environment**

„. Identify external factors that may interfere with client recovery (e.g., stressors, family dynamics)

„. Make client room assignments that support the therapeutic milieu

„. Provide a therapeutic environment for clients\*

1. Physiological Integrity

Basic Care and Comfort

„. Basic Care and Comfort – the nurse provides comfort and assistance in the performance of

activities of daily living.

**BASIC CARE AND COMFORT**

„. Assist client to compensate for a physical or sensory impairment (e.g., assistive devices,

 positioning, compensatory techniques)

„. Assess and manage client with an alteration in elimination (e.g., bowel, urinary)

„. Perform irrigations (e.g., of bladder, ear, eye)

„. Perform skin assessment and implement measures to maintain skin integrity and prevent

 skin breakdown (e.g., turning, repositioning, pressure-relieving support surfaces)

„. Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts)

„. Apply and maintain devices used to promote venous return (e.g., anti-embolic stockings,

 sequential compression devices)

„. Implement measures to promote circulation (e.g., active or passive range of motion,

 positioning and mobilization)

„. Assess client need for pain management (e.g., light dimming, warm blanket)

„. Provide non-pharmacological comfort measures

„. Manage the client’s nutritional intake (e.g., adjust diet, monitor height and weight)

„. Provide client nutrition through continuous or intermittent tube feedings

„. Evaluate client intake and output and intervene as needed

„. Assess and intervene in client performance of activities of daily living

„. Perform post-mortem care

„. Assess client need for sleep/rest and intervene as needed

„. Recognize complementary therapies and identify potential contraindications (e.g.,

 aromatherapy, acupressure, supplements)

**Assistive Devices**

„. Assess the client for actual/potential difficulty with communication and speech/vision/hearing

 problems

„. Assess the client’s use of assistive devices (e.g., prosthetic limbs, hearing aid)

„. Assist client to compensate for a physical or sensory impairment (e.g., assistive devices,

 positioning, compensatory techniques)\*

„. Manage the client who uses assistive devices or prostheses (e.g., eating utensils,

 telecommunication devices, dentures)

„. Evaluate the correct use of assistive devices by the client

28

**Elimination**

„. Assess and manage client with an alteration in elimination (e.g., bowel, urinary)

„. Perform irrigations (e.g., of bladder, ear, eye)\*

„. Provide skin care to clients who are incontinent (e.g., wash frequently, barrier creams/ointments)

„. Use alternative methods to promote voiding

„. Evaluate whether the client’s ability to eliminate is restored/maintained

**Mobility/Immobility**

„. Identify complications of immobility (e.g., skin breakdown, contractures)

„. Assess the client for mobility, gait, strength and motor skills

„. Perform skin assessment and implement measures to maintain skin integrity and prevent skin

 breakdown (e.g., turning, repositioning, pressure-relieving support surfaces)

„. Apply knowledge of nursing procedures and psychomotor skills when providing care to clients

 with immobility

„. Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts)

„. Apply and maintain devices used to promote venous return (e.g., anti-embolic stockings,

 sequential compression devices)

„. Educate the client regarding proper methods used when repositioning an immobilized client

„. Maintain the client’s correct body alignment

„. Maintain/correct the adjustment of client’s traction device (e.g., external fixation device, halo

 traction, skeletal traction)

„. Implement measures to promote circulation (e.g., active or passive range of motion, positioning

 and mobilization)

„. Evaluate the client’s response to interventions to prevent complications from immobility

Non-Pharmacological Comfort Interventions

„. Assess the client’s need for alternative and/or complementary therapy

„. Assess the client’s need for palliative care/symptom-management or non-curative treatments

„. Assess client need for pain management\*

„. Recognize differences in client perception and response to pain

„. Apply knowledge of pathophysiology to non-pharmacological comfort/palliative care interventions

„. Incorporate alternative/complementary therapies into client plan of care (e.g., music therapy,

relaxation therapy)

„. Recognize complementary therapies and identify potential contraindications (e.g., aromatherapy,

acupressure, supplements)\*

„. Counsel client regarding palliative/symptom-management, non-curative treatments or care choices

„. Respect client palliative care/symptom-management or non-curative treatment choices

„. Assist client in receiving appropriate end of life physical symptom management

„. Plan measures to provide comfort interventions to clients with anticipated or actual impaired

comfort

„. Provide non-pharmacological comfort measures (e.g., light dimming, warm blanket)

29„. Evaluate the client’s response to non-pharmacological interventions (e.g., pain rating scale, verbal

reports)

„. Evaluate the outcomes of alternative and/or complementary therapy practices

„. Evaluate outcome of palliative care/symptom-management or non-curative treatments

interventions

**Nutrition and Oral Hydration**

„. Assess client ability to eat (e.g., chew, swallow)

„. Assess client for actual/potential specific food and medication interactions

„. Consider client choices regarding meeting nutritional requirements and/or maintaining dietary

 restrictions, including mention of specific food items

„. Monitor client hydration status (e.g., edema, signs and symptoms of dehydration)

„. Initiate calorie counts for clients

„. Apply knowledge of mathematics to client nutrition (e.g., body mass index [BMI])

„. Manage the client’s nutritional intake (e.g., adjust diet, monitor height and weight)\*

„. Promote the client’s independence in eating

„. Provide/maintain special diets based on the client diagnosis/nutritional needs and cultural

 considerations (e.g., low sodium, high protein, calorie restrictions)

„. Provide nutritional supplements as needed (e.g., high protein drinks)

„. Provide client nutrition through continuous or intermittent tube feedings\*

„. Evaluate side effects of client tube feedings and intervene, as needed (e.g., diarrhea, dehydration)

„. Evaluate client intake and output and intervene as needed\*

„. Evaluate the impact of disease/illness on nutritional status of a client

**Personal Hygiene**

„. Assess the client for personal hygiene habits/routine

„. Assess and intervene in client performance of activities of daily living\*

„. Provide information to the client on required adaptations for performing activities of daily living

(e.g., shower chair, hand rails)

„. Perform post-mortem care\*

**Rest and Sleep**

„. Assess client need for sleep/rest and intervene as needed\*

„. Apply knowledge of client pathophysiology to rest and sleep interventions

„. Schedule client care activities to promote adequate rest

30

**Pharmacological and Parenteral Therapies**

„. Pharmacological and Parenteral Therapies – the nurse provides care related to the administration

 of medications and parenteral therapies.

**PHARMACOLOGICAL AND PARENTERAL THERAPIES**

„. Administer blood products and evaluate client response

„. Access venous access devices, including tunneled, implanted and central lines

„. Perform calculations needed for medication administration

„. Evaluate client response to medication (e.g., therapeutic effects, side effects, adverse

 reactions)

„. Educate client about medications

„. Prepare and administer medications, using rights of medication administration

„. Review pertinent data prior to medication administration (e.g., contraindications, lab

 results, allergies, potential interactions)

„. Participate in medication reconciliation process

„. Titrate dosage of medication based on assessment and ordered parameters (e.g., giving

 insulin according to blood glucose levels, titrating medication to maintain a specific blood

 pressure)

„. Evaluate appropriateness and accuracy of medication order for client

„. Monitor intravenous infusion and maintain site (e.g., central, PICC, epidural and venous

access devices)

„. Administer pharmacological measures for pain management

„. Administer controlled substances within regulatory guidelines (e.g., witness, waste)

„. Administer parenteral nutrition and evaluate client response (e.g., TPN)

„. Handle and maintain medication in a safe and controlled environment

Related content includes, but is not limited to:

Adverse Effects/Contraindications/Side Effects/Interactions

„. Identify a contraindication to the administration of a medication to the client

„. Identify actual and potential incompatibilities of prescribed client medications

„. Identify symptoms/evidence of an allergic reaction (e.g., to medications)

„. Assess the client for actual or potential side effects and adverse effects of medications (e.g.,

 prescribed, over-the-counter, herbal supplements, preexisting condition)

„. Provide information to the client on common side effects/adverse effects/potential interactions of

 medications and inform the client when to notify the primary health care provider

„. Notify the primary health care provider of side effects, adverse effects and contraindications of

 medications and parenteral therapy32

„. Document side effects and adverse effects of medications and parenteral therapy

„. Monitor for anticipated interactions among the client prescribed medications and fluids (e.g., oral,

IV, subcutaneous, IM, topical prescriptions)

„. Evaluate and document the client’s response to actions taken to counteract side effects and

 adverse effects of medications and parenteral therapy

**Blood and Blood Products**

„. Identify the client according to facility/agency policy prior to administration of red blood cells/

 blood products (e.g., prescription for administration, correct type, correct client, cross matching

complete, consent obtained)

„. Check the client for appropriate venous access for red blood cell/blood product administration

(e.g., correct gauge needle, integrity of access site)

„. Document necessary information on the administration of red blood cells/blood products

„. Administer blood products and evaluate client response

**Central Venous Access Devices**

„. Educate the client on the reason for and care of a venous access device

„. Access venous access devices, including tunneled, implanted and central lines

„. Provide care for client with a central venous access device

**Dosage Calculation**

„. Perform calculations needed for medication administration

„. Use clinical decision making/critical thinking when calculating dosages

**Expected Actions/Outcomes**

„. Obtain information on a client’s prescribed medications (e.g., review formulary, consult pharmacist)

„. Use clinical decision making/critical thinking when addressing expected effects/outcomes of

medications (e.g., oral, intradermal, subcutaneous, IM, topical)

„. Evaluate the client’s use of medications over time (e.g., prescription, over-the-counter, home

remedies)

„. Evaluate client response to medication (e.g., therapeutic effects, side effects, adverse reactions)

**Medication Administration**

„. Educate client about medications

„. Educate client on medication self-administration procedures

„. Prepare and administer medications, using rights of medication administration

„. Review pertinent data prior to medication administration (e.g., contraindications, lab results,

allergies, potential interactions)

„. Mix medications from two vials when necessary

„. Administer and document medications given by common routes (e.g., oral, topical)

„. Administer and document medications given by parenteral routes (e.g., intravenous, intramuscular,

subcutaneous)33

„. Participate in medication reconciliation process

„. Titrate dosage of medication based on assessment and ordered parameters (e.g., giving insulin

according to blood glucose levels, titrating medication to maintain a specific blood pressure)

„. Dispose of unused medications according to facility/agency policy

„. Handle and maintain medication in a safe and controlled environment

„. Evaluate appropriateness and accuracy of medication order for client\* (order/prescription)

**Parenteral/Intravenous Therapies**

„. Identify appropriate veins that should be accessed for various therapies

„. Educate client on the need for intermittent parenteral fluid therapy

„. Apply knowledge and concepts of mathematics/nursing procedures/psychomotor skills when

caring for a client receiving intravenous and parenteral therapy

„. Prepare the client for intravenous catheter insertion

„. Monitor the use of an infusion pump (e.g., IV, patient-controlled analgesia device)

„. Monitor intravenous infusion and maintain site (e.g., central, peripheral, epidural and venous

access devices)

„. Evaluate the client’s response to intermittent parenteral fluid therapy

**Pharmacological Pain Management**

„. Assess client need for administration of a PRN pain medication (e.g., oral, topical, subcutaneous,

IM, IV)

„. Administer and document pharmacological pain management appropriate for client age and

diagnoses (e.g., pregnancy, children, older adults)

„. Administer pharmacological measures for pain management\*

„. Administer controlled substances within regulatory guidelines (e.g., witness, waste)\*

„. Evaluate and document the client’s use and response to pain medications

Total Parenteral Nutrition (TPN)

„. Identify side effects/adverse events related to TPN and intervene as appropriate (e.g.,

hyperglycemia, fluid imbalance, infection)

„. Educate client on the need for and use of TPN

„. Apply knowledge of nursing procedures and psychomotor skills when caring for a client receiving

TPN

„. Apply knowledge of client pathophysiology and mathematics to TPN interventions

„. Administer parenteral nutrition and evaluate client response (e.g., TPN)

34

**Reduction of Risk Potential**

„. Reduction of Risk Potential – the nurse reduces the likelihood that clients will develop complications

or health problems related to existing conditions, treatments or procedures.

**REDUCTION OF RISK POTENTIAL**

„. Assess and respond to changes in client vital signs

„. Perform diagnostic testing (e.g., electrocardiogram, oxygen saturation, glucose

 monitoring)

„. Monitor the results of diagnostic testing and intervene as needed

„. Obtain blood specimens peripherally or through central line

„. Obtain specimens other than blood for diagnostic testing (e.g., wound, stool, urine)

„. Insert, maintain and remove a gastric tube

„. Insert, maintain and remove a urinary catheter

„. Insert, maintain and remove a peripheral intravenous line

„. Use precautions to prevent injury and/or complications associated with a procedure or

 diagnosis

„. Evaluate responses to procedures and treatments

„. Recognize trends and changes in client condition and intervene as needed

„. Perform focused assessment

„. Educate client about treatments and procedures

„. Provide preoperative and postoperative education

„. Provide preoperative care

„. Manage client during and/or following a procedure with moderate sedation

**Changes/Abnormalities in Vital Signs**

„. Assess and respond to changes in client vital signs\*

„. Apply knowledge needed to perform related nursing procedures and psychomotor skills when

 assessing vital signs

„ . Apply knowledge of client pathophysiology when measuring vital signs

„. Evaluate invasive monitoring data (e.g., pulmonary artery pressure, intracranial pressure)

36

**Diagnostic Tests**

„. Apply knowledge of related nursing procedures and psychomotor skills when caring for clients

 undergoing diagnostic testing

„. Compare client diagnostic findings with pre-test results

„. Perform diagnostic testing (e.g., electrocardiogram, oxygen saturation, glucose monitoring)\*

„. Perform fetal heart monitoring

„. Monitor results of maternal and fetal diagnostic tests (e.g., non-stress test, amniocentesis,

 ultrasound)

„. Monitor the results of diagnostic testing and intervene as needed\*

**Laboratory Values**

„. Identify laboratory values for ABGs (pH, PO2, PCO2, SaO2, HCO3), BUN, cholesterol (total) glucose,

 hematocrit, hemoglobin, glycosylated hemoglobin (HgbA1C), platelets, potassium, sodium, WBC,

creatinine, PT, PTT & APTT, INR

„. Compare client laboratory values to normal laboratory values

„. Educate client about the purpose and procedure of prescribed laboratory tests

„. Obtain blood specimens peripherally or through central line\*

„. Obtain specimens other than blood for diagnostic testing (e.g., wound, stool, urine)

„. Monitor client laboratory values (e.g., glucose testing results for the client with diabetes)

„. Notify primary health care provider about laboratory test results

**Potential for Alterations in Body Systems**

„. Identify client potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties)

„. Identify client potential for skin breakdown (e.g., immobility, nutritional status, incontinence)

„. Identify client with increased risk for insufficient vascular perfusion (e.g., immobilized limb, post

surgery, diabetes)

„. Educate client on methods to prevent complications associated with activity level/diagnosed

illness/disease (e.g., contractures, foot care for client with diabetes mellitus)

„. Compare current client data to baseline client data (e.g., symptoms of illness/disease)

„. Monitor client output for changes from baseline (e.g., nasogastric [NG] tube, emesis, stools, urine)

Potential for Complications of Diagnostic Tests/Treatments/Procedures

„. Assess client for an abnormal response following a diagnostic test/procedure (e.g., dysrhythmia

following cardiac catheterization)

„. Apply knowledge of nursing procedures and psychomotor skills when caring for a client with

potential for complications

„. Monitor the client for signs of bleeding

„. Position the client to prevent complications following tests/treatments/procedures (e.g., elevate

head of bed, immobilize extremity)

„. Insert, maintain and remove a gastric tube

„. Insert, maintain and remove a urinary catheter

„. Insert, maintain and remove a peripheral intravenous line\*

„. Maintain tube patency (e.g., NG tube for decompression, chest tubes)

„. Use precautions to prevent injury and/or complications associated with a procedure or diagnosis

„. Provide care for client undergoing electroconvulsive therapy (e.g., monitor airway, assess for side

 effects, teach client about procedure)

„. Intervene to manage potential circulatory complications (e.g., hemorrhage, embolus, shock)

„. Intervene to prevent aspiration (e.g., check NG tube placement)

„. Intervene to prevent potential neurological complications (e.g., foot drop, numbness, tingling)

„. Evaluate responses to procedures and treatments

**Potential for Complications from Surgical Procedures and Health Alterations**

„. Apply knowledge of pathophysiology to monitoring for complications (e.g., recognize signs of

thrombocytopenia)

„. Evaluate the client’s response to post-operative interventions to prevent complications (e.g.,

prevent aspiration, promote venous return, promote mobility)

System Specific Assessments

„. Assess the client for abnormal peripheral pulses after a procedure or treatment

„. Assess the client for abnormal neurological status (e.g., level of consciousness, muscle strength,

mobility)

„. Assess the client for peripheral edema

„. Assess the client for signs of hypoglycemia or hyperglycemia

„. Identify factors that result in delayed wound healing

„. Recognize trends and changes in client condition and intervene as needed

„. Perform a risk assessment (e.g., sensory impairment, potential for falls, level of mobility, skin

integrity)

„. Perform focused assessment

**Therapeutic Procedures**

„. Assess client response to recovery from local, regional or general anesthesia

„. Apply knowledge of related nursing procedures and psychomotor skills when caring for clients

 undergoing therapeutic procedures

„. Educate client about treatments and procedures

„. Educate client about home management of care (tracheostomy and ostomy)

„. Use precautions to prevent further injury when moving a client with a musculoskeletal condition

(e.g., log-rolling, abduction pillow)

„. Monitor the client before, during, and after a procedure/surgery (e.g., casted extremity)

„. Monitor effective functioning of therapeutic devices (e.g., chest tube, drainage tubes, wound

 drainage devices, continuous bladder irrigation)

„. Provide preoperative and postoperative education

„. Provide preoperative care\*

„. Manage client during and/or following a procedure with moderate sedation

38

**Physiological Adaptation**

„. Physiological Adaptation – the nurse manages and provides care for clients with acute, chronic or

life threatening physical health conditions.

**PHYSIOLOGICAL ADAPTATI ON**

„. Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy)

„. Implement and monitor phototherapy

„. Maintain optimal temperature of client (e.g., cooling and/or warming blanket)

„. Monitor and care for clients on a ventilator

„. Monitor and maintain devices and equipment used for drainage (e.g., surgical wound

 drains, chest tube suction, negative pressure wound therapy)

„. Perform and manage care of client receiving peritoneal dialysis

„. Perform suctioning (e.g., oral, nasopharyngeal, endotracheal, tracheal)

„. Provide wound care or dressing change

„. Provide ostomy care and education (e.g., tracheal, enteral)

„. Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry)

„. Provide postoperative care

„. Manage the care of the client with a fluid and electrolyte imbalance

„. Monitor and maintain arterial lines

„. Manage the care of a client with a pacing device (e.g., pacemaker)

„. Manage the care of a client on telemetry

„. Manage the care of a client receiving hemodialysis or continuous renal replacement

 therapy

„. Manage the care of a client with alteration in hemodynamics, tissue perfusion and

 hemostasis (e.g., cerebral, cardiac, peripheral)

„. Educate client regarding an acute or chronic condition

„. Manage the care of a client with impaired ventilation/oxygenation

„. Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic

 diagnosis

„. Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, respiratory

 support, automated external defibrillator)

„. Identify pathophysiology related to an acute or chronic condition (e.g., signs and

 symptoms)

„. Recognize signs and symptoms of complications and intervene appropriately when

 providing client care

40

**Alterations in Body Systems**

„. Assess adaptation of a client to health alteration, illness and/or disease

„. Assess tube drainage during the time the client has an alteration in body systems (e.g., amount,

 color)

„. Assess client for signs and symptoms of adverse effects of radiation therapy

„. Identify signs of potential prenatal complications

„. Identify signs, symptoms and incubation periods of infectious diseases

„. Apply knowledge of nursing procedures, pathophysiology and psychomotor skills when caring for

 a client with an alteration in body systems

„. Educate client about managing health problems (e.g., chronic illness)

„. Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy)

„. Implement and monitor phototherapy\*

„. Implement interventions to address side/adverse effects of radiation therapy (e.g., dietary

 modifications, avoid sunlight)

„. Maintain optimal temperature of client (e.g., cooling and/or warming blanket)

„. Monitor and care for clients on a ventilator\*

„. Monitor wounds for signs and symptoms of infection

„. Monitor and maintain devices and equipment used for drainage (e.g., surgical wound drains, chest

 tube suction, negative pressure wound therapy)\*

„. Perform and manage care of client receiving peritoneal dialysis

„. Perform suctioning (e.g., oral, nasopharyngeal, endotracheal, tracheal)

„. Perform wound care or dressing change\*

„. Promote client progress toward recovery from an alteration in body systems

„. Provide ostomy care and education (e.g., tracheal, enteral)\*

„. Provide care to client who has experienced a seizure

„. Provide care to a client with an infectious disease

„. Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry)

„. Provide care for client experiencing complications of pregnancy/labor and/or delivery (e.g.,

 eclampsia, precipitous labor, hemorrhage)

„. Provide care for client experiencing increased intracranial pressure

„. Provide postoperative care\*

„. Remove sutures or staples

„. Evaluate client response to surgery

„. Evaluate achievement of client treatment goals

„. Evaluate client response to treatment for an infectious disease (e.g., acquired immune deficiency

 syndrome [AIDS], tuberculosis [TB])

„. Evaluate and monitor client response to radiation therapy

**41**

**Fluid and Electrolyte Imbalances**

„. Identify signs and symptoms of client fluid and/or electrolyte imbalance

„. Apply knowledge of pathophysiology when caring for the client with fluid and electrolyte

 imbalances

„. Manage the care of the client with a fluid and electrolyte imbalance\*

„. Evaluate the client’s response to interventions to correct fluid or electrolyte imbalance

Hemodynamics

„. Assess client for decreased cardiac output (e.g., diminished peripheral pulses, hypotension)

„. Identify cardiac rhythm strip abnormalities (e.g., sinus bradycardia, premature ventricular

 contractions [PVCs], ventricular tachycardia, fibrillation)

„. Apply knowledge of pathophysiology to interventions in response to client abnormal

 hemodynamics

 „. Provide client with strategies to manage decreased cardiac output (e.g., frequent rest periods,

 limit activities)

„. Intervene to improve client cardiovascular status (e.g., initiate protocol to manage cardiac

 arrhythmias, monitor pacemaker functions)

„. Monitor and maintain arterial lines\*

„. Manage the care of a client with a pacing device (e.g., pacemaker)

„. Manage the care of a client on telemetry\*

„. Manage the care of a client receiving hemodialysis or continuous renal replacement therapy

„. Manage the care of a client with alteration in hemodynamics, tissue perfusion and hemostasis

(e.g., cerebral, cardiac, peripheral)

**Illness Management**

„. Identify client data that needs to be reported immediately

„. Apply knowledge of client pathophysiology to illness management

„. Educate client regarding an acute or chronic condition

„. Educate client about managing illness (e.g., acquired immune deficiency syndrome [AIDS], chronic

 illnesses)

„. Implement interventions to manage the client’s recovery from an illness

„. Perform gastric lavage

„. Promote and provide continuity of care in illness management activities (e.g., cast placement)

„. Manage the care of a client with impaired ventilation/oxygenation\*

„. Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis\*

42

**Medical Emergencies**

„. Apply knowledge of pathophysiology when caring for a client experiencing a medical emergency

„. Apply knowledge of nursing procedures and psychomotor skills when caring for a client

 experiencing a medical emergency

„. Explain emergency interventions to a client

„. Notify primary health care provider about client unexpected response/emergency situation

„. Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, respiratory support,

 automated external defibrillator)

„. Provide emergency care for wound disruption (e.g., evisceration, dehiscence)

„. Evaluate and document the client’s response to emergency interventions (e.g., restoration of

 breathing, pulse)

 Pathophysiology

„. Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms)\*

„. Understand general principles of pathophysiology (e.g., injury and repair, immunity, cellular

 structure)

**Unexpected Response to Therapies**

„. Assess the client for unexpected adverse response to therapy (e.g., increased intracranial pressure,

 hemorrhage)

„. Recognize signs and symptoms of complications and intervene appropriately when providing

 client care

„. Promote recovery of the client from unexpected response to therapy (e.g., urinary tract infection)

Source: https://www.ncsbn.org/2016\_RN\_DetTestPlan\_Educator.pdf