

Educate *Simplify*


Healthcare Education. Simplified.

PRIORITIZATION, DELEGATION, AND CO-WORKER MANAGEMENT

Nclex Study Guide



HOW POPULAR ARE PRIORITIZATION, DELEGATION, AND STAFF MANAGEMENT QUESTIONS IN NCLEX?



FROM SCALE OF ONE TO 10 = 8 = SO IT'S
VERY COMMON

IT'S ONE OF THE CORE OF NURSING - TO
SPOT WHAT NEEDS TO BE DONE FIRST



PRIORITIZATION



DELEGATION



CO-WORKER/STAFF MANAGEMENT

PRIORITIZATION

PRIORITIZE

YOU ARE DECIDING WHICH PATIENT IS THE SICKEST OR HEALTHIEST. MAKE SURE YOU KNOW WHAT YOU'RE LOOKING FOR.



QUESTION:



FOR INSTANCE, IF THE QUESTION STATES THAT THERE WAS A DISASTER IN TOWN AND YOU ARE MAKING ROOM FOR THE WOUNDED, WHO WOULD YOU DISCHARGE? WOULD YOU BE LOOKING FOR THE HIGHEST OR LOWEST PRIORITY PATIENT IN THAT CASE?

ANSWER:

THE LOWEST PRIORITY PATIENT

QUESTION:

HOWEVER, IF THE QUESTION STATES THAT YOU RECEIVE HANDOFF END-OF-SHIFT REPORTS ON FOUR PATIENTS. WHICH PATIENT WILL YOU CHECK FIRST?

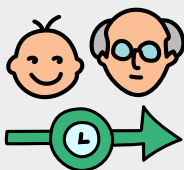


ANSWER:

THE HIGHEST PRIORITY PATIENT

ANSWERS WILL USUALLY HAVE 4 PARTS:

AGE



GENDER



DX



THE CLINICAL PICTURE – OR
SIGNS/SYMPTOMS (THE "S/S")



TWO OF WHICH ARE IRRELEVANT FOR ANSWERING THE QUESTION.

AGE AND GENDER ARE NOT IMPORTANT IN PRIORITIZATION

- **AGE IS IMPORTANT IN PEDIATRICS**
- **OF ALL 4 PARTS, THE THE CLINICAL PICTURE – OR SIGNS/SYMPTOMS (THE “S/S”) IS MORE IMPORTANT**

REMEMBER:

THE CLINICAL PICTURE – OR SIGNS/SYMPTOMS (THE “S/S”) IS ALWAYS THE MOST IMPORTANT.

EXAMPLE:

SIGNS & SYMPTOMS

PATIENT 1

ANGINA PECTORIS



PT WITH UNSTABLE BP AND ANGINA

PATIENT 2

MYOCARDIAL INFARCTION



PT WITH STABLE VITAL SIGH AND MI

WHO HAS THE HIGHER PRIORITY PATIENT?

ANSWER:

THE MI PATIENT. GO BY THE PATIENT’S CONDITION SINCE THERE IS NO MODIFYING PHRASE.

EXAMPLE:

NOW THE CLINICAL PICTURE – OR SIGNS/SYMPTOMS (THE “S/S”) ARE ADDED TO EACH OF THE DIAGNOSES. WHICH PATIENT BECOMES THE HIGHER PRIORITY?

ANSWER:

PATIENT WITH ANGINA AND UNSTABLE BP BECOMES THE PRIORITY PATIENT.

WHICH OF THE FOLLOWING PT IS THE HIGHEST PRIORITY?

EXAMPLE:

A. A 16-YEAR-OLD FEMALE WITH MENINGOCOCCAL MENINGITIS WHO HAS HAD A TEMP OF 103.8 °F SINCE SHE WAS ADMITTED 3 DAYS AGO



B. A 67-YEAR-OLD MALE WITH IBS (IRRITABLE BOWEL SYNDROME) WHO SPIKED A TEMP OF 103.4 °F THIS AFTERNOON



ANSWER:

THE 67-YEAR-OLD PATIENT HAS THE HIGHEST PRIORITY



16-YEAR-OLD: DX: MENINGOCOCCAL (ACUTE)—HIGH

- WHO HAS HAD (CONSTANT)—LOW
- TEMP OF 103.8 (EXPECTED)—LOW
- ADMITTED 3 DAYS AGO (>24 HOURS)—LOW



- 67-YEAR-OLD: DX: IRRITABLE BOWEL SYNDROME (CHRONIC)—LOW
- TEMP SPIKED (CHANGED)—HIGH
- THIS AFTERNOON (ACUTE)—HIGH



4 RULES FOR PRIORITIZATION

THIS MEANS THAT AN ACUTELY ILL PATIENT HAS HIGHER PRIORITY THAN CHRONICALLY ILL PATIENTS.

1. ACUTE BEATS CHRONIC

FOR INSTANCE, AMONG THE FOLLOWING PATIENTS: A PATIENT WITH COPD, CHF, OR APPENDICITIS, WHICH ONE HAS THE HIGHEST PRIORITY?

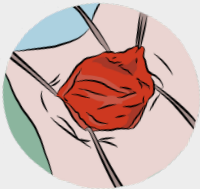
- PATIENT WITH APPENDICITIS (ACUTE CONDITION). BOTH COPD AND CHF ARE CHRONIC CONDITIONS.



2. FRESH POST-OP (12 HOURS) BEATS MEDICAL OR OTHER SURGICAL

FOR INSTANCE, AMONG THE FOLLOWING PATIENTS, A PT 2-HOUR POST CHOLECYSTECTOMY, A PT WITH COPD, AND A PT WITH ACUTE APPENDICITIS, WHICH PT HAS THE HIGHEST PRIORITY?

- THE 2-HOUR POST CHOLECYSTECTOMY IS THE HIGHEST PRIORITY PT (FRESH POST-OP, <12 HOURS)



PT WITH "RADICAL NECK DISSECTION" IS ADDED TO THE ABOVE SCENARIO.

- THE 2-HOUR POST CHOLECYSTECTOMY IS THE HIGHEST PRIORITY PT



PT WITH "BILATERAL ABOVE THE KNEE AMPUTATION" IS ADDED TO THE ABOVE SCENARIO.

- THE 2-HOUR POST CHOLECYSTECTOMY IS THE HIGHEST PRIORITY PT



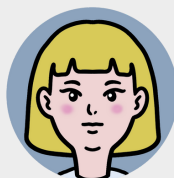
PT WITH "RIGHT FRONTAL CRANIOTOMY" IS ADDED TO THE ABOVE SCENARIO.

- THE 2-HOUR POST CHOLECYSTECTOMY IS THE HIGHEST PRIORITY PT

THE POINT HERE IS THAT SURGERY LESS THAN 12 HOURS TAKES PRECEDENCE OVER MEDICAL AND OTHER SURGICAL CONDITIONS.

3. UNSTABLE BEATS STABLE

THIS MEANS THAT AN UNSTABLE PATIENT HAS A HIGHER PRIORITY OVER A STABLE PATIENT. HOW TO DETERMINE THAT A PT IS STABLE OR UNSTABLE?



WORD DESCRIPTION THAT MAKES A PATIENT STABLE

- STABLE



- CHRONIC ILLNESS



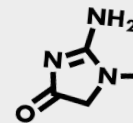
- POST-OP GREATER THAN 12 HOURS



- LOCAL OR REGIONAL ANESTHESIA



- LAB ABNORMALITIES IN THE A OR B LEVEL
CREATININE, BUN, HEMOGLOBIN 8 TO 11, BICARB,
ELEVATED HEMATOCRIT, ELEVATED BNP, ELEVATED NA
LEVEL, RBCS OFF



- READY FOR DISCHARGE, TO BE DISCHARGED. ADMITTED LONGER THAN 24 HOURS



- UNCHANGED ASSESSMENT



EXPERIENCING THE TYPICAL EXPECTED S/SX
OF THE DISEASE WITH WHICH THEY WERE
DIAGNOSED

WORD DESCRIPTION THAT MAKES A PATIENT UNSTABLE

- UNSTABLE



- ACUTE ILLNESS



- POST-OP LESS THAN 12 HOURS



- GENERAL ANESTHESIA IN THE FIRST 12 HOURS



- LAB ABNORMALITIES IN THE C OR D LEVEL



- INR IN THE 4S, K IN THE 6S, PH IN 6S, CO2 IN THE 50S, LOW O2 SAT, HIGH

- WBC, LOW ANC, LOW CD4, LOW PLATELETS
NEWLY DIAGNOSED, NEWLY ADMITTED, NOT
READY FOR DISCHARGE, ADMITTED LESS THAN
24 HOURS



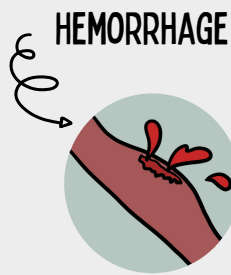
- CHANGING OR CHANGED ASSESSMENT



- EXPERIENCING UNEXPECTED
S/SX



FOUR THINGS THAT ALWAYS MAKE YOU UNSTABLE, EVEN IF THEY ARE EXPECTED



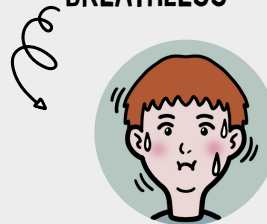
HIGH FEVERS OVER 105 °F — CAN LEAD TO SEIZURE



HYPOGLYCEMIA — CAN LEAD TO BRAIN DAMAGE



PULSELESS OR BREATHLESS



- EXAMPLE, V-FIB OR ASYSTOLE
- EXCEPTION: AT THE SCENE OF AN UNWITNESSED ACCIDENT PULSELESS AND BREATHLESS PATIENTS ARE A LOW PRIORITY BECAUSE THEY ARE LIKELY DEAD

IN A MASS CASUALTY INCIDENT, THESE 3 THINGS RESULT IN A BLACK TAG

- PULSELESS



- BREATHLESS



- FIXED AND DILATED PUPILS (EVEN IF THEY ARE STILL BREATHING)



4. TIE BREAKER RULE

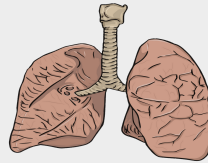
IF THE ABOVE 3 RULES RESULT IN A TIE-BREAKER, USE THE FOLLOWING AS A GUIDE:

- THE MORE VITAL THE ORGAN, THE HIGHER THE PRIORITY
- USE THIS RULE WITH THE ORGAN OF THE MODIFYING PHRASE AND NOT THE DIAGNOSIS

1. BRAIN



2. LUNG



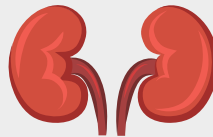
3. HEART



4. LIVER



5. KIDNEY



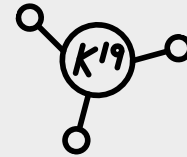
6. PANCREAS



EXAMPLE :

A. YOU HAVE A 23-YEAR-OLD MALE WITH CHF (CHRONIC —LOW) WITH K (6.6—HIGH), AND NO EKG CHANGES (CONSTANT—LOW)

- ORGAN: HEART (POTASSIUM)



B. CHRONIC RENAL FAILURE (CHRONIC LOW) WITH A CREATININE OF 24.7 (EXPECTED—LOW), AND PINK, FROTHY SPUTUM (UNEXPECTED—HIGH)

- ORGAN: LUNG (FROTHY)



C. ACUTE HEPATITIS (ACUTE—HIGH) WITH JAUNDICE (EXPECTED—LOW), INCREASED AMMONIA (EXPECTED—LOW) WHOM YOU CANNOT AROUSE (UNEXPECTED—HIGH)

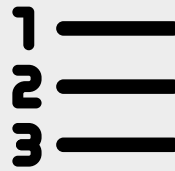
- ORGAN: BRAIN (HE WINS!)



FIVE RIGHTS OF DELEGATION

1. RIGHT TASK

- WITHIN DELEGATEE'S SCOPE OF PRACTICE
- ESTABLISHED SEQUENCE OF STEPS: REQUIRES LITTLE TO NO MODIFICATION FOR INDIVIDUAL CLIENTS
- ROUTINE, FREQUENTLY RECURRING TASK; MINIMAL POTENTIAL RISK



- PREDICTABLE OUTCOME



2. RIGHT CIRCUMSTANCES

- RELATIVELY STABLE CLIENT; NON-COMPLEX TASK
- ADEQUATE STAFFING, RESOURCES & SUPERVISION AVAILABLE



3. RIGHT PERSON

- DELEGATOR SHOULD ASSESS COMPETENCY PRIOR TO DELEGATING



- DELEGATEE MUST HAVE THE APPROPRIATE KNOWLEDGE, SKILLS & ABILITIES



4. RIGHT DIRECTION/COMMUNICATION

- DELEGATOR NEEDS TO PROVIDE CLEAR INSTRUCTIONS; INCLUDE SPECIFIC CLIENT CONCERNS & OBSERVATIONS TO BE REPORTED BACK OR RECORDED
- DELEGATEE SHOULD VERBALIZE UNDERSTANDING & HAVE OPPORTUNITY TO ASK QUESTIONS



5. RIGHT SUPERVISION/EVALUATION

- MONITOR, EVALUATE & INTERVENE AS NEEDED



- DELEGATOR RETAINS ULTIMATE ACCOUNTABILITY FOR TASK



SCOPE OF PRACTICE

*** VARIES STATE PER STATE - PLEASE SEE
EDUCATE SIMPLIFY YOUTUBE VIDEO

RN

- INITIAL CLINICAL ASSESSMENT



- INITIAL CLIENT EDUCATION



- DISCHARGE EDUCATION



- CLINICAL JUDGMENT



- MOST IV MEDICATIONS



- PSYCHOSOCIAL SUPPORT



LPN = LICENSED PRACTICAL NURSE; LVN + LICENSED VOCATIONAL NURSE;

RN = REGISTERED NURSE; UAP = UNLICENSED ASSISTIVE PERSONNEL

*LIMITED ASSESSMENTS (EG, LUNG SOUNDS, BOWEL SOUNDS,
NEUROVASCULAR CHECKS)

SCOPE OF PRACTICE

*** VARIES STATE PER STATE - PLEASE SEE
EDUCATE SIMPLIFY YOUTUBE VIDEO

LPN/LVN

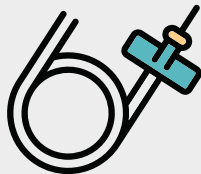
- MONITORING RN FINDINGS



- REINFORCING EDUCATION



- ROUTINE PROCEDURES (CATHETERIZATION)



- MOST MEDICATION ADMINISTRATION



- WOUND & OSTOMY MAINTENANCE CARE



- TUBE PATENCY & ENTERAL FEEDING SPECIFIC ASSESSMENTS*



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*LIMITED ASSESSMENTS (EG, LUNG SOUNDS, BOWEL SOUNDS, NEUROVASCULAR CHECKS)

SCOPE OF PRACTICE

*** VARIES STATE PER STATE - PLEASE SEE
EDUCATE SIMPLIFY YOUTUBE VIDEO

UAP

- ACTIVITIES OF
DAILY LIVING



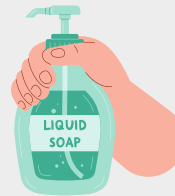
- LINEN CHANGE



- DOCUMENTING
INPUT/OUTPUT



- HYGIENE



- ROUTINE, STABLE
VITALS



- POSITIONING



LPN = LICENSED PRACTICAL NURSE; LVN + LICENSED VOCATIONAL NURSE;

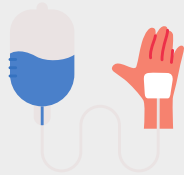
RN = REGISTERED NURSE; UAP = UNLICENSED ASSISTIVE PERSONNEL

*LIMITED ASSESSMENTS (EG, LUNG SOUNDS, BOWEL SOUNDS, NEUROVASCULAR CHECKS)

LVN/LPN DELEGATION OF RESPONSIBILITY

DO NOT DELEGATE THE FOLLOWING RESPONSIBILITIES TO AN LPN.
AN LPN IS NOT ALLOWED TO ASSUME THE FOLLOWING RESPONSIBILITIES:

1. START AN IV



2. HANG OR MIX IV MEDS



3. PUSH IV PUSH MEDS
(LPN CAN ONLY MAINTAIN AN IV AND
DOCUMENT THE FLOW)



4. ADMINISTER BLOOD OR DEAL WITH
CENTRAL LINES (INCLUDING FLUSH,
CHANGE DRESSINGS) ** CHECK WITH
STATE SCOPE : VARIES



5. MAKE THE CARE PLAN
(THEY CAN HOWEVER
IMPLEMENT THE CARE
PLAN)



6. PERFORM OR DEVELOP TEACHING
(THEY CAN REINFORCE TEACHING)



7. TAKE CARE OF
UNSTABLE PATIENTS



8. PERFORM THE "FIRST" OF ANYTHING (THE FIRST
OF ANYTHING IS EITHER MAKING THE CARE PLAN
OR ASSESSMENT)

UAP

DELEGATION OF RESPONSIBILITY

DO NOT DELEGATE THE FOLLOWING RESPONSIBILITIES TO A UAP:

AN LPN IS NOT ALLOWED TO ASSUME THE FOLLOWING RESPONSIBILITIES:

1. CHARTING

UAP CAN CHART WHAT THEY DID BUT THEY CANNOT CHART ABOUT THE PATIENT.



FOR EXAMPLE,

- THEY CAN CHART, "SIDE RAIL IS UP, THE BED IS LOWERED, ETC."
- THEY CANNOT CHART, "PATIENT LESS ANXIOUS, TOLERATED AMBULATING WELL"

2. MEDICATION ADMINISTRATION

THEY CANNOT ADMINISTER MEDICATIONS UNLESS MEDICATIONS ARE:



- TOPICAL MEDICATIONS & BARRIER CREAMS WITH NO MEDICATIONS
- CANNOT GIVE NITROGLYCERIN OR NEOSPORIN OINTMENTS BECAUSE NITROGLYCERIN AND NEOSPORIN ARE NOT OTC
- CAN THEY GIVE HYDROCORTISONE CREAM? NO
- CAN THEY GIVE A&D OINTMENT? YES

3. ASSESSMENTS EXCEPT VITALS SIGNS



4. TREATMENTS



THE RN MAY DELEGATE ADL (ACTIVITY OF DAILY LIVING) TASKS TO A UAP, HOWEVER, THE UAP SHOULD NEVER DO ANY ADL TASK FIRST.

DELEGATION OF RESPONSIBILITY

WHAT TO AND NOT TO DELEGATE TO THE FAMILY
MEMBERS AND FRIENDS OF PATIENTS:

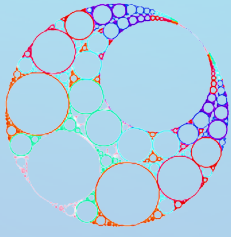
NEVER DELEGATE TO THE FAMILY SAFETY RESPONSIBILITIES. FOR EXAMPLE, IF A FAMILY MEMBER OR FRIEND OF THE PATIENT TELLS THE RN:

- “WOULD YOU LEAVE THE RESTRAINTS ON MY DAD OFF AND I’LL CALL YOU BEFORE I LEAVE?”

THE ANSWER IS: DO NOT DELEGATE SAFETY RESPONSIBILITY TO FAMILY MEMBERS OR FRIENDS OF PTS

- RN CANNOT DELEGATE SAFETY TO A NON-HOSPITAL CAREGIVER UNLESS THE PERSON IS TRAINED (SEATER) ON HOW TO DO THE TASKS. THE RN MUST DOCUMENT IN THE PATIENT’S RECORD WHAT EXACTLY WAS TAUGHT
 - CAN THE MOTHER GIVE AN INSULIN SHOT TO HER 3-YEAR-OLD CHILD? YES, IF YOU TEACH HER AND DOCUMENT TEACHING
- WHAT IF A NEW MOTHER ASKS THE RN TO “LEAVE THE RAILING OF MY BABY’S CRIB DOWN AND I WILL PUT IT BACK UP AFTER FINISH BATHING MY BABY. YOU CAN GO ABOUT WHAT YOUR BUSINESS”?

THE RN’S ANSWER SHOULD BE SOMETHING SIMILAR TO THAT. “DON’T WORRY ABOUT ME LEAVING, I WILL STAY WITH YOU TO MAKE IT UNTIL YOU ARE DONE.” THE POINT IS TO MAKE SURE THE RAIL IS PUT BACK UP BEFORE YOU LEAVE THE ROOM.



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TYPES OF NCLEX QUESTIONS TO EXPECT



WHAT IS CAT ?

1. EVERY TIME YOU ANSWER AN ITEM, THE COMPUTER RE-ESTIMATES YOUR ABILITY BASED ON ALL THE PREVIOUS ANSWERS AND THE DIFFICULTY OF THOSE ITEMS.

2. THE COMPUTER THEN SELECTS THE NEXT ITEM THAT YOU SHOULD HAVE A 50% CHANCE OF ANSWERING CORRECTLY.

- THIS WAY, THE NEXT ITEM SHOULD NOT BE TOO EASY OR TOO HARD
 - THE COMPUTER'S GOAL IS TO GET AS MUCH INFORMATION AS POSSIBLE ABOUT YOUR TRUE ABILITY LEVEL
 - YOU SHOULD FIND EACH ITEM CHALLENGING AS EACH ITEM IS TARGETED TO YOUR ABILITY
-

3. WITH EACH ITEM ANSWERED, THE COMPUTER'S ESTIMATE OF YOUR ABILITY BECOMES MORE PRECISE.

WHAT DOES THIS MEAN TO YOU ?

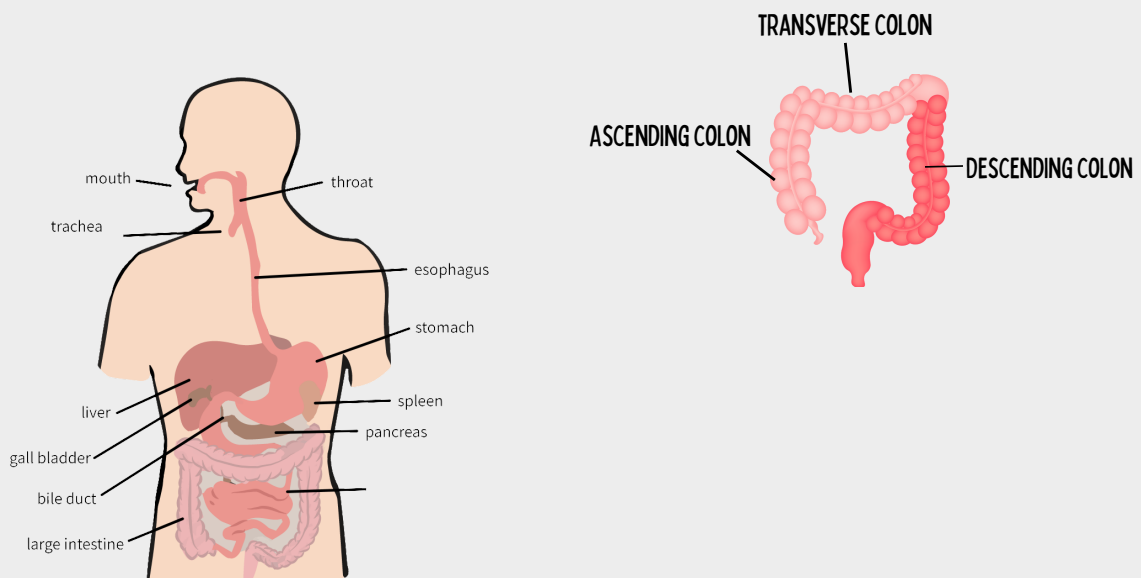
- IF YOU ANSWER WRONG ON ONE ITEM, IT WILL TAG YOU AS WEAK ON THAT SUBJECT AND WILL GIVE YOU MORE QUESTIONS ON THAT "WEAK" SUBJECT
-

POINT TO LOCATE:

IF A QUESTION IS ASKING YOU TO IDENTIFY A NAMED ORGAN ON A PICTURE ON THE SCREEN, IT IS A SIMPLE POINT-AND-CLICK ON THE ORGAN ON THE SCREEN. TO DO SO, MOVE THE MOUSE OVER THE AREA AND CLICK.

ORGAN LOCATION

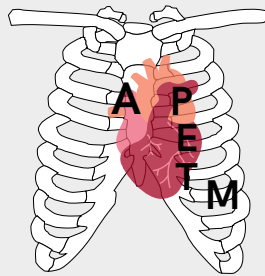
- AN "X" IDENTIFIES THE ORGAN YOU WANT TO SELECT AS YOUR ANSWER.
- AS LONG AS YOU ARE IN THE GENERAL VICINITY, YOU WILL IDENTIFY THE ORGAN, GIVEN YOU ARE CORRECT.



AUSCULTATION OVER HEART VALVES

WHEN ANSWERING QUESTIONS TO IDENTIFY HEART VALVES, YOU MUST CLICK EXACTLY OVER A NARROW AREA TO MIMIC A STETHOSCOPE PLACEMENT. THE AREAS AUSCULTATED FOR MURMURS (OR SOUNDS) ARE REMEMBERED BY

“A PET M”



- QUESTIONS REGARDING THE BRAIN WILL BE MORE ON IDENTIFYING THE LOBES WITH RELATION TO THEIR FUNCTIONS
 - NOT PRESENT ON BOTH PICTURES ARE THE BRAIN, LUNGS AND KIDNEYS
 - THE AORTIC VALVE IS LOCATED IN THE 2ND INTERCOSTAL SPACE, RIGHT OF THE STERNAL BORDER
 - THE PULMONIC VALVE IS LOCATED IN THE 2ND INTERCOSTAL SPACE, LEFT OF THE STERNAL BORDER
 - THE ERB POINT IS RARELY ASKED ON THE EXAM
 - IT IS LOCATED IN THE 3RD INTERCOSTAL SPACE, LEFT OF THE STERNAL BORDER
 - ERB POINT IS BETWEEN THE PULMONIC AND THE TRICUSPID VALVE
-
- THE TRICUSPID VALVE IS LOCATED IN THE 4TH INTERCOSTAL SPACE, LEFT OF THE STERNAL BORDER
 - THE MITRAL VALVE IS LOCATED IN THE 5TH INTERCOSTAL SPACE AT THE MIDCLAVICULAR LINE
 - THE APICAL PULSE IS IN THE SAME LOCATION AS THE MITRAL VALVE AUSCULTATION

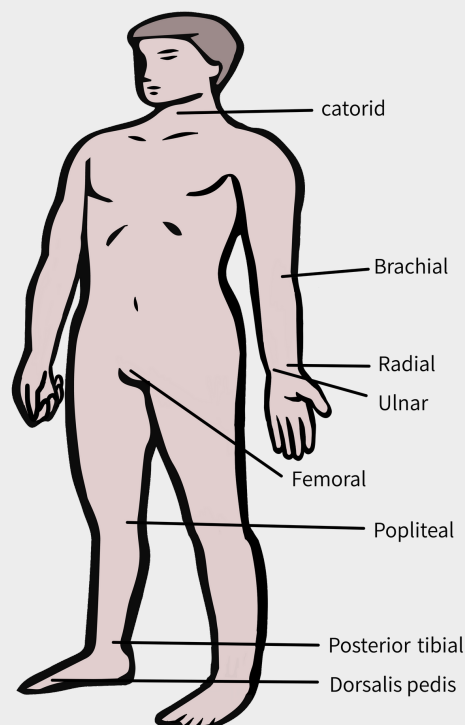
PALPATING FOR PULSES

KNOW WHERE ON THE BODY THESE PULSES ARE LOCATED



FOR INSTANCE, ANTICIPATE QUESTIONS ABOUT IDENTIFYING THE POPLITEAL PULSE ON A PICTURE OF THE HUMAN

BODY



FOR INSTANCE, THE LPN:

- CAN PERFORM TUBE FEEDING ONLY AFTER THE NURSE DID THE FIRST TUBE FEEDING
- CAN CHANGE POST-OP DRESSING ONLY AFTER THE NURSE CHANGE THE FIRST DRESSING. SHOULD NOT CHANGE THE FIRST POST-OP DRESSING ON THE DAY OF SURGERY
- CAN FEED STROKE PT ONLY AFTER THE NURSE DID THE FIRST FEEDING
- CAN AMBULATE POST-OP PT ONLY AFTER THE NURSE HAD FIRST DONE SO
- CAN TAKE PT OUT OF BED POST-OP ONLY AFTER THE NURSE HAD FIRST DONE SO CAN TAKE A SET OF V/S POST-OP ONLY AFTER THE NURSE HAD FIRST DONE SO

9. IS NOT ALLOWED TO ASSESS: ADMISSION, D/C, TRANSFER, OR FIRST ASSESSMENT AFTER A CHANGE.



EXAMPLE:

- I THINK I HEARD NEW CRACKLES ON THAT GUY IN ROOM 52. WHO SHOULD GO ASSESS THIS PATIENT? THE RN OR THE LPN?
 - THE RN MUST ASSESS THE PT SINCE THIS IS A NEW ONSET OR CHANGE OF SYMPTOMS.

EXAMPLE:

- WHO SHOULD THE RN CHECK? AND WHO SHOULD THE LPN CHECK?
 - A. ANGINA WITH CRUSHING SUBSTERNAL CHEST PAIN, 3 DAYS AGO, ON NITRO
 - B. SUBTOTAL THYROIDECTOMY WAS DONE 2 DAYS AGO AND NOW STATES "WHY ARE THEY WATCHING ELEPHANTS?"
 - THE RN SHOULD CHECK THE PT WITH SUBTOTAL THYROIDECTOMY (ONSET OF A NEW AND WORSENING SYMPTOM, WHICH MAY BE THYROID STORM)
 - THE LPN SHOULD CHECK PT WITH ANGINA WITH CRUSHING CHEST PAIN (EXPECTED)

GUESSING STRATEGIES

EVERYBODY TAKING THIS EXAM WILL GUESS AT SOME POINT. INSTEAD OF GUESSING BLINDLY, HERE ARE SOME STRATEGIES THAT CAN HELP YOU ANSWER QUESTIONS CORRECTLY.

USE THESE APPROACHES WHEN ALL THE ANSWERS DO NOT MAKE SENSE.

1. IN PSYCH NURSING

- PICK, "I WILL EXAMINE MY FEELINGS"

COUNTERTRANSFERENCE: A PT REMINDS A NURSE OF HER DAD, WHOM SHE HAS A BAD RELATION WITH, SO SHE INTERACTS IN A HOSTILE MANNER WITH THE PT.

- OR PICK, "ESTABLISH A TRUST RELATIONSHIP"



2. NUTRITION

- WHEN ALL ELSE FAILS, GO WITH "BAKED" —NOT FRIED—BUT "BACKED CHICKEN"

IF THERE IS NO CHICKEN, PICK FISH—NOT SHELLFISH (LOBSTERS, CRABS, OR SHRIMP). SHELLFISH ARE HIGH IN CHOLESTEROL.

- NEVER PICK CASSEROLES FOR CHILDREN—THEY WON'T EAT IT
A CASSEROLE IS ANY KIND OF STEW OR SIDE DISH THAT IS COOKED SLOWLY IN AN OVEN

- DON'T MIX MEDS IN KIDS' FOOD

ALWAYS ASK PTS FOR PERMISSION BEFORE YOU MIX THEIR FOOD AND MEDICATION TOGETHER

- FOR TODDLERS, PICK "FINGER FOOD"

EXAMPLES ARE: HOT DOGS, TOFU, FRENCH FRIES

YOUR ANSWER SHOULD FOCUS ON WHAT CAN THEY EAT ON THE RUN

- FOR PRESCHOOLERS, "LEAVE THEM ALONE"

ONE MEAL A DAY IS OK

GROWTH CURVE AROUND PRESCHOOL YEAR PLATEAUS.

TODDLERS' GROWTH CURVE GOES UP

GUESSING STRATEGIES

3. PHARMACOLOGY



- MEMORIZE S/E
- DON'T MEMORIZE DOSAGE, ROUTE
- IF YOU KNOW WHAT A DRUG DOES BUT DON'T KNOW THE S/E, HOW DO YOU PROCEED? PICK THE "S/E IN THE SAME BODY SYSTEM THE DRUG IS WORKING"

FOR INSTANCE, IF YOU HAVE A GI DRUG, AND DROWSINESS, TACHYCARDIA, AND DIARRHEA ARE PART OF THE ANSWER CHOICES. WHAT S/E WILL YOU PICK? PICK "DIARRHEA"

- FROM THE SAME ABOVE LIST. FOR CARDIAC DRUGS, PICK "TACHYCARDIA"
- FOR CNS DRUGS, PICK "DROWSINESS"
- IF YOU HAVE NO IDEA WHAT THE DRUG IS, AND THE DRUG IS PO, PICK A GI SIDE-EFFECT

- NEVER TELL A CHILD A "MEDICATION IS CANDY"

THE CHILD MAY GIVE GRANDMA'S VALIUM TO OTHER CHILDREN THINKING THE PILL IS CANDY

4. OB: CHECK "FETAL HEART RATE"



5. MED/SURG



- WHAT IS THE FIRST THING TO ASSESS? "CHECK FOR LOC (LEVEL OF CONSCIOUSNESS)", NOT AIRWAY

THINK ABOUT A CODE OR YOU FIND A PT ON THE FLOOR. LOC IS ALWAYS CHECKED FIRST. "SIR, SIR, SIR! ARE YOU OK? CAN YOU HEAR ME?" IF THERE IS NO RESPONSE, A-B-C IS THEN DONE NEXT.

- WHAT IS THE FIRST THING TO DO?
"ESTABLISH AN AIRWAY"

GUESSING STRATEGIES

6. PEDIATRICS



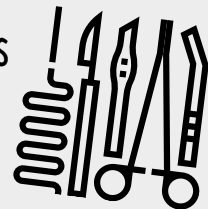
- FOR GROWTH AND DEVELOPMENT, YOU CAN ALWAYS NARROW DOWN YOUR ANSWER TO THREE RULES, WHICH GO ALONG WITH "GIVING THE CHILD MORE TIME"

RULE #1: WHEN IN DOUBT, "CALL IT NORMAL" ... EXAMPLE: SOME SIX-YEAR-OLDS CAN READ. SOME CAN AND SOME CAN'T. PICK THE ANSWER THAT SAYS, "GIVE THE CHILD MORE TIME" THERE IS NO DOUBT THAT A 13-YEAR-OLD WHO IS NOT POTTY-TRAINED IS NORMAL.

RULE #2: WHEN IN DOUBT, PICK THE "OLDER AGE" IN THE 2 THAT IT COULD BE. AT WHAT AGE CAN THE CHILD WALK? BOTH 12 MONTHS AND 14 MONTHS ARE RIGHT. PICK 14 MONTHS. IN THAT CASE, YOU GIVE THE CHILD MORE TIME.

RULE #3: WHEN IN DOUBT, PICK THE "EASIER TASK". AT 6 MONTHS, A BABY CAN ROLL OVER OR SIT WITH SUPPORT. PICK "ROLL OVER" AS YOUR ANSWER BECAUSE IT IS AN EASIER TASK.

- IN GROWTH AND DEVELOPMENT, THERE ARE ALWAYS TWO CORRECT ANSWERS. THE MANTRA IS TO GIVE THE CHILD MORE TIME. CHANT IN YOUR HEAD: "NORMAL, OLDER, EASIER"
- "RULE OUT ABSOLUTES". THAT IS IF YOU ARE GUESSING. HOWEVER, IT IS COMMONLY KNOWN TO NEVER PUSH POTASSIUM



7. MEDGENERAL GUESSING SKILLS/SURG

- AVOID ANSWER CHOICES THAT SAY THE SAME THING. NEITHER ONE IS CORRECT. FOR INSTANCE, THE FOLLOWING TWO ANSWER CHOICES ARE THE SAME.

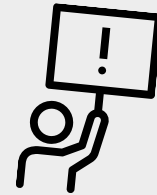
ANSWER CHOICE #1: INCREASED BOWEL SOUNDS

ANSWER CHOICE #2: BORBORYGMI. PICK A DIFFERENT ONE

- IF TWO ANSWERS ARE OPPOSITE, ONE IS PROBABLY CORRECT
- UMBRELLA STRATEGY. FIND MORE THAN ONE CORRECT ANSWER. FIND THE GLOBAL ANSWER. EX: USE SAFETY AND GOOD BODY MECHANICS IF POSSIBLE.

GUESSING STRATEGIES

8. PRIORITIZATION OF PATIENT NEEDS



- PATIENT IN NEED WITH THE WORST OUTCOME HAS THE HIGHEST PRIORITY—IN OTHER WORDS, PICK THE WORST.

CONSEQUENCES GAME

- FOR EXAMPLE: WHICH IS THE HIGHEST PRIORITY FOR A SUICIDAL PATIENT?
 - (A) DON'T GIVE TRANQUILIZER
 - (B) DON'T ORIENT TO THE UNIT?
 - (C) DON'T PUT HIM ON SUICIDE PRECAUTIONS?
 - (D) DON'T INTRODUCE HIM TO STAFF?

TO ANSWER THIS QUESTION, ASK YOURSELF,
"WHAT WOULD HAPPEN IF I DID NOT IMPLEMENT THE TASK?"
ANSWERS: (A) AGITATED, (B) LOST, (C) DEAD, (D) DOESN'T KNOW ANYONE.
THE WORST-CASE SCENARIO IS (C). THE PATIENT WOULD BE DEAD.

9. WHEN YOU'RE STUCK BETWEEN TWO ANSWERS, GO BACK AND READ THE QUESTION. YOU PROBABLY MISSED SOMETHING

GUESSING STRATEGIES

10. THE SESAME STREET RULE

- WHEN NOTHING ELSE WORKS, LOOK AT ALL THE ANSWER CHOICES TO SEE WHICH ONE LOOKS DIFFERENT FROM THE OTHERS
- LOOKING AT THE PICTURE BELOW, ONE IS NOT LIKE THE OTHERS. IF THAT HAPPENS ON THE EXAM, THE ANSWER CHOICE THAT LOOKS DIFFERENT IS LIKELY THE RIGHT ANSWER
- THE WRONG ANSWERS LOOK THE SAME

11. DON'T BE TEMPTED TO ANSWER BASED ON IGNORANCE RATHER THAN KNOWLEDGE

- IF YOU DON'T KNOW THE DRUG, PULL IT OUT OF THE QUESTION AND TRY TO ANSWER BASED ON FUNDAMENTAL KNOWLEDGE OR COMMON SENSE

FOR EXAMPLE, THE PIGGYBACK QUESTION ABOUT AMIKACIN. YOU DON'T KNOW THE MEDICATION AMIKACIN, BUT YOU DO KNOW THAT PIGGYBACKS NEED A PUMP. DON'T ANALYZE THOSE FIRST 10 QUESTIONS ON THE NCLEX. USE COMMON SENSE.

12. THERE ARE 3 EXPECTATIONS YOU ARE NOT ALLOWED TO HAVE:

- EXPECTATION #1: REMEMBER—THE TEST WILL NOT BE WHAT YOU EXPECT
- DON'T EXPECT 75 (RN) OR 85 (LPN) QUESTIONS. GO TO THE EXAM CENTER AND EXPECT 265 OR 285 QUESTIONS
- PREPARE YOURSELF TO GO FOR THE MAXIMUM
- IF YOU FREAK OUT WHEN YOU GET TO 76 (RN) OR 86 (LPN) AND ON, IT MIGHT IMPACT YOUR PERFORMANCE ON THE EXAM. NEGATIVITY WILL KILL YOU.
- THIS IS A COMPUTER-ADAPTED TEST—IF YOU GET TO 200, YOU'RE NOT FAILING. YOU'RE STILL IN THE GAME!
- EXPECTATION #2: DON'T EXPECT TO KNOW EVERYTHING. IT AIN'T HAPPENING.
 - EXPECTATION #3: DON'T EXPECT A PERFECT DAY
- PERFECT PARKING SPOT
 - PERFECT SEAT PARTNER
 - YOU STUCK IT OUT THROUGH NURSING SCHOOL THIS FAR. YOU HAVE PERSEVERANCE AND STRENGTH OF CHARACTER
 - GET THROUGH ONE QUESTION AT A TIME

STAFF MANAGEMENT

HOW DO YOU INTERVENE WITH INAPPROPRIATE BEHAVIOR FROM STAFF?

THIS IS NOT PRIORITIZING; THIS IS NOT DELEGATING. THIS IS HANDLING STAFF MEMBERS WHO DID STUPID THINGS.

THERE ARE ALWAYS 4 ANSWERS:

1. TELL SUPERVISOR

2. CONFRONT THEM AND TAKE OVER THE TASK THE STAFF IS IMPLEMENTING IMMEDIATELY

4. IGNORE IT

3. TALK TO THEM LATER

NEVER IGNORE INAPPROPRIATE BEHAVIORS. SO, "IGNORE IT" IS THE WRONG ANSWER

USE THE INCIDENT AS AN OPPORTUNITY TO TEACH AND CHANGE BEHAVIOR

CHOOSING AMONG THE REMAINING 3 OPTIONS DEPENDS ON THE NATURE OF THE INCIDENT.

THEREFORE, ASK YOURSELF ONE OF THE FOLLOWING:

- IS THE STAFF DOING SOMETHING ILLEGAL?

IF THE ANSWER IS YES, THEN, TELL THE SUPERVISOR

- IF WHAT THE STAFF IS DOING NOT ILLEGAL?

THEN ASK YOURSELF IF ANYONE (PATIENT, CO-WORKER, OR OTHER STAFF MEMBERS) IS IN IMMEDIATE OF PHYSICAL OR PSYCHOLOGICAL HARM?

IF THE ANSWER IS YES, CONFRONT IMMEDIATELY AND TAKE OVER

- IF NO ONE IS IN HARM'S WAY, ASK YOURSELF IF THIS BEHAVIOR IS SIMPLY INAPPROPRIATE

IF SO, TALK TO THAT PARTICULAR STAFF AT A LATER TIME ABOUT THE INCIDENT

EXAMPLES:

1. YOU SUSPECT THE RN IS DIVERTING NARCOTICS. TELL THE SUPERVISOR.
2. THE AIDE IS GIVING PERINEAL CARE TO PATIENT, NOT WEARING GLOVES? CONFRONT AND TAKE OVER THE TASK.
3. THE RN IS GOING HOME WITH BULGING POCKETS? TELL THE SUPERVISOR.
4. YOU NOTICED THE SURGEON CONTAMINATES HER GLOVES? CONFRONT.
5. THE RN ALWAYS GIVES REPORTS, AND ALWAYS SAY EXASPERATION INSTEAD OF EXACERBATION. TALK TO THEM LATER.

IF AN ILLEGAL ACT CAN BE HARMFUL TO THE PATIENT. FIRST, TAKE OVER THE TASK AND THEN REPORT THE INCIDENT TO THE SUPERVISOR

QUESTIONS:

WHAT IF YOU FIND TWO PATIENTS INVOLVED IN SEXUAL INTERCOURSE? WHAT IS THE BEST THING TO DO?

- SHUT THE DOOR AND GIVE THEM PRIVACY
- AS A STAFF, YOU DO THE SAME IF YOU STUMBLE UPON A PATIENT MASTURBATING IN HIS OR HER ROOM