Achievable

NCLEX-RN DUMP SHEET

How the exam thinks

Exam format

- **Delivery** — computerized adaptive testing (CAT) at Pearson VUE; **85–150 items**, up to **5 hours** including breaks
- **Passing** — no fixed percentage; the computer decides whether ability stays consistently above the NCSBN standard
- **Pretest items** — **15** on every exam are unscored and look identical to scored items
- **Retake** — minimum **45 days** between attempts, maximum 8 attempts per year (varies by jurisdiction). Fee $200 USD
- **Item types** — multiple choice, select-all-that-apply, ordered response, hot spot, and NGN items (case studies, matrix/grid, drag-and-drop, highlight tables)

Test plan weighting

Client needs category	% of items
Management of care	15–21%
Safety and infection prevention and control	10–16%
Health promotion and maintenance	6–12%
Psychosocial integrity	6–12%
Basic care and comfort	6–12%
Pharmacological and parenteral therapies	13–19%
Reduction of risk potential	9–15%
Physiological adaptation	11–17%

- **Safe and Effective Care Environment is 25–37% of the exam** — the first two rows combined
- **Physiological Integrity is 39–63% of the exam** — the last four rows combined

NGN clinical judgment model

- **Recognize cues → analyze cues → prioritize hypotheses → generate solutions → take action → evaluate outcomes**
- **The RN owns the whole nursing process** — ADPIE: assessment, diagnosis, planning, implementation, evaluation
- **Trend, not snapshot** — a progressive change matters more than one abnormal value
- **Assess before you act** — when an alarm sounds, check the client, not the machine
- **Safety before teaching** — in crisis the order is safety → stabilization → support → planning. Teaching is last

Prioritization frameworks

- **ABC** — airway, then breathing, then circulation. This is the primary survey and it is non-negotiable. Stridor, low O_2 sat, respiratory distress, uncontrolled bleeding go first
- **Maslow** — physiological > safety > love/belonging > esteem > self-actualization. Oxygen and glucose beat comfort and reassurance
- **Acute over chronic** — new chest pain outranks long-standing arthritis. An acute exacerbation of a chronic illness is treated as acute
- **Unstable over stable** — falling BP, rising pulse, sudden confusion means the RN goes now. Stable clients can wait even if uncomfortable
- **Systemic over local** — sepsis, shock, anaphylaxis before an infected toe
- **When frameworks collide** — choose the unstable client who also has an airway, breathing, or circulation problem

Stem words that decide the answer

- **Keep it for the RN** — *unstable, new admission, post-op less than 24 hours, teaching, evaluation, first dose of a high-risk medication*
- **Act first** — *sudden, new-onset, acute, unresponsive, stridor, saturating a pad an hour*
- **Early deterioration** — tachycardia, restlessness, narrowing pulse pressure, falling urine output. **Hypotension is a late sign**
- **In older adults, new confusion is the first sign** of infection, hypoxia, or dehydration until proven otherwise

Common pitfalls

- Choosing the loudest or most uncomfortable client over the most critical
- Prioritizing psychosocial needs ahead of physiologic ones
- Waiting for blood pressure to drop before intervening
- Treating a lab value without assessing the client
- Choosing “call the provider” when an independent nursing action comes first