Achievable

NCLEX-RN DUMP SHEET

Positioning, mobility, and hygiene

Positioning

Position	Use
High Fowler's (80—90°)	Severe respiratory distress
Fowler's (45—60°)	Lung expansion, eating, NG tube placement
Semi-Fowler's (30—45°)	Post-op, prevent aspiration
Supine	Default post-op unless contraindicated
Lateral (side)	Reduces aspiration risk; unconscious clients
Sims'	Semi-prone — enemas, rectal exams
Trendelenburg	Head lower than feet — selected procedures (central line placement)

- **Reposition immobile clients at least every 2 hours;** use pillows and wedges, and a **draw sheet** rather than dragging (shear injury)
- Keep the head of bed at the **lowest elevation compatible with the condition, often ≤30°**, to reduce shear and pressure injury
- **Check the surgeon's order** before repositioning a post-op client. Medicate for pain before repositioning

Mobility aids

- **Cane** — hold on the **strong side**; move the cane and the **weak leg together**, then the strong leg; elbow flexed **15—30°**
- **Walker** — hand grips at **wrist level** with arms at the sides; move the walker forward, then step into it. Never pull it toward the body or use it on stairs
- **Crutches** — **2—3 finger widths** between the pad and the axilla; **weight on the hands, not the underarms**
- **Gaits** — 2-point (one crutch + opposite foot) • 3-point (both crutches + affected leg, then unaffected) • 4-point (each separately, most stable) • swing-through
- **Wheelchair** — lock wheels and swing footrests away before transfer; on a ramp go **forward up, backward down**
- **Gait belt** for transfers, never pull on the arm. **Sliding board** for seated transfers. **Hoyer lift** for non-weight-bearing; **sit-to-stand lift** if they can partially bear weight and follow instructions

Hygiene and skin

- **Perineal care always cleans from the urethra toward the rectum** — never the reverse
- Dry thoroughly between skin folds (fungal infection); watch for **maceration**, **excoriation**, and moisture-associated damage
- **Chlorhexidine wipes** for ICU clients to reduce hospital-acquired infection
- **Diabetic foot care** — no toenail cutting without podiatry or facility policy
- **Oral care for unconscious or ventilated clients** — turn them on their side, use a soft brush or swab and suction, **often every 2—4 hours**. Prevents aspiration pneumonia