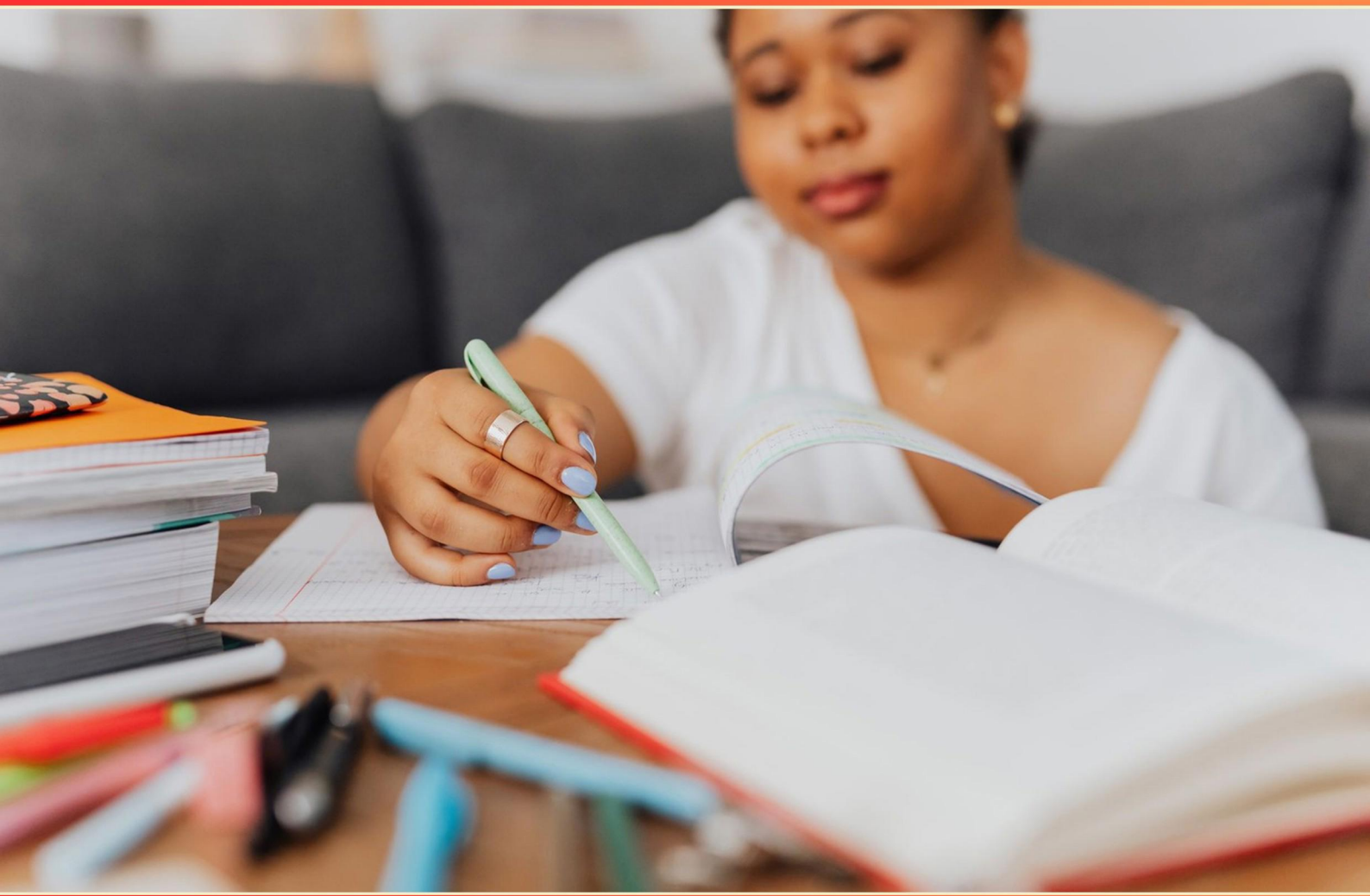
NCLEX PRIORITIZATION, DELEGATION, AND ASSIGNMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nclexpriodelegationassignment.examzify.com

Table of Contents

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which statement accurately describes the role of UAP in patient education?

A. They should not reinforce any instructions

B. They may reinforce nonclinical aspects

C. They can provide complex medication counseling

D. They can replace the RN in teaching

2. Who should perform blood glucose monitoring and insulin administration?

A. The UAP

B. The Dietitian

C. The Physician

D. The RN or LPN (as allowed by policy) under physician and facility guidelines; UAP should not.

3. Which change in vital signs would you instruct the UAP to report immediately for a patient with hyperthyroidism?

A. Rapid heart rate

B. Decreased systolic blood pressure

C. Increased respiratory rate

D. Decreased oral temperature

4. A nurse is assigning care for four patients. Which assignment is appropriate to delegate to a UAP?

A. Assist with activities of daily living for a stable patient and report changes.

B. Administer IV antibiotics.

C. Assess a new wound.

D. Provide discharge education.

5. In a patient with Paget disease, which finding would you notify the physician about first?

A. Platybasia (base of skull invagination)

B. Bowing of both legs with asymmetrical knees

C. The patient is only 5 feet tall and weighs 120 lb

D. The skull is soft, thick, and enlarged

6. Which task is appropriate for a UAP when caring for a patient with chemotherapy-induced stomatitis?

A. Reporting mucosal ulceration

B. Assisting with swish and spit mouthwash

C. Assessing ability to drink

D. Helping the patient eat a bland, moist diet

7. After a seizure, which action should be avoided?

A. Documenting the seizure

B. Measuring vital signs

C. Restrain the client for protection

D. Performing neurologic checks

8. A patient with dehydration and fever has a temperature of 38.5°C. Which task could be delegated to a UAP?

A. Administering IV antibiotics.

B. Assessing for changes in mental status.

C. Initiating catheter placement.

D. Assisting with oral intake and hygiene while monitoring fluid intake, if the patient is stable.

9. Which action should be performed first when a patient reports crushing chest pain with diaphoresis?

A. Call a code.

B. Activate emergency response/rapid assessment and obtain an ECG; administer aspirin if not contraindicated.

C. Administer a pain reliever and wait.

D. Place oxygen without addressing chest pain.

10. A patient with a newly placed feeding tube needs instruction on tube care. Who should provide this instruction?

A. UAP

B. Family member

C. RN or a specialized clinician

D. Physician assistant

Answers

1. B
2. D
3. A
4. A
5. A
6. D
7. C
8. D
9. B
10. C

Explanations

1. Which statement accurately describes the role of UAP in patient education?

A. They should not reinforce any instructions

B. They may reinforce nonclinical aspects

C. They can provide complex medication counseling

D. They can replace the RN in teaching

The key idea is understanding what UAP can safely contribute to patient education. They can reinforce information that doesn't require clinical judgment, under the supervision of a registered nurse. Because of this, they may reinforce nonclinical aspects of teaching—things like safety reminders, routine daily cares, and general discharge logistics that don't involve interpreting medications or clinical diagnoses. They should not provide complex medication counseling or replace the RN in teaching. So this statement reflects the appropriate scope: reinforcing nonclinical aspects of education.

2. Who should perform blood glucose monitoring and insulin administration?

A. The UAP

B. The Dietitian

C. The Physician

D. The RN or LPN (as allowed by policy) under physician and facility guidelines; UAP should not.

The main concept is that blood glucose monitoring and insulin administration are medication-related tasks that require licensed nursing judgment and facility-approved policies. These procedures involve more than just obtaining a glucose value; they require interpreting the result, knowing when to give or adjust insulin, recognizing signs of hypo- or hyperglycemia, and responding appropriately. That level of clinical decision-making and patient safety responsibility is within the scope of practice for licensed nurses. The best answer is that the RN or LPN (as allowed by policy) under physician and facility guidelines should perform these tasks. Nurses have the training to verify orders, select the correct procedure and equipment, confirm patient identity, ensure timing relative to meals, and monitor the patient afterward. They can interpret glucose readings in the context of the overall care plan and take necessary actions, such as holding insulin or notifying the physician, based on established protocols. The UAP does not have the authority to administer insulin or adjust dosing, because doing so requires licensure, clinical assessment, and the ability to respond to potential adverse events.

3. Which change in vital signs would you instruct the UAP to report immediately for a patient with hyperthyroidism?

A. Rapid heart rate

B. Decreased systolic blood pressure

C. Increased respiratory rate

D. Decreased oral temperature

In hyperthyroidism, the heart is driven to work harder because excess thyroid hormone raises the body's metabolic demands, so a rapid heart rate is a common and potentially dangerous early sign. Tachycardia can quickly progress to more serious problems like atrial fibrillation, heart failure, or a thyroid storm if not recognized and treated promptly, making it the most urgent vital sign change to report right away. While changes in other vitals can be important, they are less specifically tied to the acute risks of thyrotoxicosis. For example, increased respiratory rate can occur with anxiety or infection but isn't as directly alarming for thyrotoxicosis as a sudden or sustained tachycardia. A decreased oral temperature is not typical of hyperthyroidism and would not point to thyroid-related crisis. Therefore, reporting a rapid heart rate promptly is the most critical action.

4. A nurse is assigning care for four patients. Which assignment is appropriate to delegate to a UAP?

A. Assist with activities of daily living for a stable patient and report changes.

B. Administer IV antibiotics.

C. Assess a new wound.

D. Provide discharge education.

UAPs are appropriate for tasks that are routine, nonclinical, and safe for a stable patient, as long as any changes are reported to the nurse. Assisting with activities of daily living fits this scope because it involves basic personal care (bathing, dressing, feeding, mobility) and does not require clinical decision-making. The nurse still monitors the patient and would intervene if there are changes in condition, ensuring safety and continuity of care. Administering IV antibiotics goes beyond the UAP's scope because it involves medication administration, IV access, monitoring for infusion reactions, and making nursing judgments about continuing or modifying therapy. Assessing a new wound requires clinical assessment, measurement of wound size and drainage, evaluation for infection, and interpretation of findings to guide treatment—tasks that require nursing expertise. Providing discharge education is health teaching that involves understanding the patient's plan, interpreting instructions, and ensuring comprehension, which is a nursing responsibility rather than a task for a UAP. So, the assignment that aligns with a UAP's scope is helping with daily living activities for a stable patient and reporting any changes to the nurse.

5. In a patient with Paget disease, which finding would you notify the physician about first?

A. Platybasia (base of skull invagination)

B. Bowing of both legs with asymmetrical knees

C. The patient is only 5 feet tall and weighs 120 lb

D. The skull is soft, thick, and enlarged

The most important concept here is recognizing signs that threaten brainstem function in Paget disease and reporting them promptly. Platybasia, or base of skull invagination, signals basilar invagination with potential brainstem compression. When the skull base is deformed this way, it can rapidly impair breathing, swallowing, or level of consciousness, making it an urgent finding that must be reported to the physician right away for further imaging and neurosurgical assessment. The other findings reflect chronic skeletal changes from Paget disease but do not by themselves indicate an immediate life-threatening complication. Bowing of the legs denotes deformity and leg pain from bone remodeling; short stature is a common consequence of the disease. A skull that is thick and enlarged is a characteristic change as well, but without neurologic symptoms it does not require the same urgent notification.

6. Which task is appropriate for a UAP when caring for a patient with chemotherapy-induced stomatitis?

A. Reporting mucosal ulceration

B. Assisting with swish and spit mouthwash

C. Assessing ability to drink

D. Helping the patient eat a bland, moist diet

This question focuses on delegation and what tasks a UAP can perform for a patient with chemotherapy-induced stomatitis. The priority for a UAP is to support comfort and basic needs without making clinical judgments or initiating treatments. A bland, moist diet directly helps with swallowing and reduces mouth irritation, which is crucial when mucosal ulcers are present. By offering easily swallowed, non-irritating foods and assisting with meals, the patient remains nourished and comfortable, and this task aligns with the UAP role of helping with activities of daily living and basic care under direction. Other options involve assessment or technical care that requires professional evaluation or orders. Noting mucosal ulceration calls for RN assessment and care planning, rather than a task the UAP would initiate. Assessing the patient's ability to drink also requires clinical judgment about swallowing safety and hydration status. Mouthwash care can be part of oral hygiene, but its use and whether it's appropriate depends on protocol and orders, which makes it less clearly within the UAP's routine scope.

7. After a seizure, which action should be avoided?

A. Documenting the seizure

B. Measuring vital signs

C. Restrain the client for protection

D. Performing neurologic checks

The main idea is safety in seizure care: protect the person from harm without restraining them. Restraining someone during a seizure is unsafe because it can cause injuries to the person and to staff, including fractures, dislocations, or head and neck injuries, and it may provoke struggle that worsens the situation. Instead, the safest approach is to remove nearby hazards, cushion the head, loosen restrictive clothing, and let the body move freely. Do not place anything in the person's mouth or attempt to hold their arms and legs still. After the seizure ends, focus on airway and breathing, monitor circulation, and assess neurologic status. Turn the person to a side-lying position if possible to protect the airway and facilitate drainage, and continue to monitor vital signs and document the event. This approach emphasizes gradual recovery and careful assessment rather than restraint.

8. A patient with dehydration and fever has a temperature of 38.5°C. Which task could be delegated to a UAP?

A. Administering IV antibiotics.

B. Assessing for changes in mental status.

C. Initiating catheter placement.

D. Assisting with oral intake and hygiene while monitoring fluid intake, if the patient is stable.

Understanding what a UAP can safely handle in a patient who is dehydrated and febrile hinges on scope of practice and the need for nursing assessment. When a patient is stable, a UAP can assist with activities of daily living and basic monitoring, including helping with oral intake and maintaining oral hygiene while keeping an eye on fluid intake. This supports hydration without requiring nursing judgment or invasive procedures. Giving IV antibiotics involves medication administration and management of IV lines, potential adverse effects, and ongoing assessment—tasks that require a licensed nurse. Assessing changes in mental status is a nursing assessment, not a delegated task for UAP. Initiating catheter placement is an invasive procedure that requires sterile technique, physician orders, and nursing responsibility for the procedure and potential complications. So, assisting with oral intake and hygiene while monitoring fluid intake fits the UAP role in this stable, dehydrated, febrile patient, while the nurse handles assessment, IV therapy, and any invasive procedures.

9. Which action should be performed first when a patient reports crushing chest pain with diaphoresis?

A. Call a code.

B. Activate emergency response/rapid assessment and obtain an ECG; administer aspirin if not contraindicated.

C. Administer a pain reliever and wait.

D. Place oxygen without addressing chest pain.

Crushing chest pain with diaphoresis is a potential acute coronary syndrome, and time is critical to limit heart muscle damage. The priority is to rapidly identify the problem and start treatment that can reduce mortality. Activating emergency response/rapid assessment and obtaining an ECG right away provides immediate information about ischemia or a possible STEMI, guiding urgent treatment. Giving aspirin early further helps by inhibiting platelet aggregation and reducing mortality if not contraindicated. Oxygen is only helpful if the patient is actually hypoxemic or in distress, not as a blanket first step, and addressing pain with a analgesic before the evaluation can delay diagnosis and necessary interventions. So this first action combines urgent assessment, diagnostic clarity, and a life-saving pharmacologic measure without delaying essential care.

10. A patient with a newly placed feeding tube needs instruction on tube care. Who should provide this instruction?

A. UAP

B. Family member

C. RN or a specialized clinician

D. Physician assistant

Teaching someone how to care for a newly placed feeding tube requires a clinician who can assess understanding, demonstrate correct technique, and address safety concerns. An RN or another specialized clinician has the training to show how to secure the tube, flush and maintain patency, monitor the insertion site for infection or irritation, identify signs of displacement or complications, and tailor instructions to the patient's learning needs and home situation. They can also evaluate whether the patient or family is capable of performing the care independently or if ongoing supervision is needed. UAPs and family members can assist with routine tasks once proper training has been provided, but initial instruction on a device as delicate and potentially risky as a feeding tube should come from a professional with specialized knowledge. A physician assistant could deliver education, but the most appropriate and consistent primary educator in this context is the RN or another specialized clinician.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexpriodelegationassignment.examzify.com

We wish you the very best on your exam journey. You've got this!