



NCLEX WITH FR. JOSIS

10 NCLEX Priority Rules

The order I use to answer any priority question, with a quick example for each rule. Works for NCLEX-RN, REx-PN and CPNRE.

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Climb the rules in order

Do not grab the first idea that comes to mind. Start at rule 1 and stop as soon as one answer is left. Most questions are decided by rule 5.

1

Read the last line first

The last line is the real question. Read it before the story so you know what you are hunting for.

Example: "Which finding needs immediate follow-up?" Now you read the stem looking for something abnormal and dangerous, not something normal.

2

Positive or negative question?

Are you hunting a correct statement or action, or a wrong one? Negative questions ask you to find the mistake.

Example: A client on warfarin. "Which statement shows a need for more teaching?" This is negative, so pick the wrong statement: "I take aspirin for my headaches."

3

Find the key problem and sum it up in one line

Strip the story down to who the client is and what is wrong right now.

Example: "Day 2 after hip replacement, sudden chest pain and shortness of breath." One line: post-op client with a possible pulmonary embolism.

4

Keep, eliminate or not sure

Judge each option on its own against the key problem. Sure it is right: keep. Sure it is wrong: eliminate. Not sure: keep it for now.

Tip: One option left? That is your answer. Two left? Go to rule 5.

5

Killer option first

Ask: who is going to die right now if I do nothing? That client or action comes first.

Example: A stable client with a glucose of 10 mmol/L, or a client with new noisy breathing (stridor) after thyroid surgery? Stridor threatens the airway. See that client first.

6

ABC, and the right emergency order

Airway, then Breathing, then Circulation. In cardiac arrest use CAB (compressions first). In major trauma with heavy bleeding use MARCH (stop the massive bleeding first).

Example: Low oxygen saturation and low blood pressure in the same client: open and protect the airway and breathing first.

7

Fr. Josis's hierarchy

First actual physical problems, then risk-for, prevention and safety, then psychosocial needs.

Example: Impaired gas exchange (actual, physical) comes before risk for falls, which comes before anxiety.

8

Act or assess?

Data given and it shows a problem: act. No data: assess. Data incomplete: assess further.

Example: "The client says they feel short of breath." No numbers are given, so assess first (oxygen saturation, breath sounds) before you act.

9

New beats old

Look for time clues: new or long-standing, acute or chronic, just admitted, just back from surgery. The new change wins.

Example: A client with years of dementia is confused (expected). A client who was alert this morning is now confused (new): see them first.

10

Expected or unexpected?

A sign of the disease is expected. A sign of a complication is unexpected, and unexpected wins.

Example: A client in a new cast has itching (expected) and another has pain not relieved by medicine with numb toes (unexpected: possible compartment syndrome). Act on the numb toes.

Still two options left? Look for the umbrella option that includes the other, then count the ties to the key problem. Use absolute words like "always" and "never" only as the very last tie-breaker.

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