# Next Generation NCLEX NEWS



The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations.

A hallmark of the new Next Generation NCLEX (NGN) exam will be case studies, which many educators will recognize as very similar to the "unfolding cases" they already use. Each NGN Case Study begins by presenting candidates with client information.

Case Study Screen 1 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses' Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

#### What matters most?

The first question in the NGN Case Study measures whether candidates can identify what client information is most pertinent. For example, in the question below, candidates are asked to identify the four findings most necessitating follow-up. In the <a href="NCSBN Clinical Judgment">NCSBN Clinical Judgment</a> Measurement Model (NCJMM), this important skill is referred to as **Recognize Cues.** 

## Case Study Screen 1 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

> Drag the top 4 client findings that would require follow-up to the box on the right.

Client Findings	Top 4 Findings
vital signs	
lung sounds	
capillary refill	
client orientation	
radial pulse characteristics	
characteristics of the cough	

## What could it mean?

Naturally, it is not sufficient that a nurse simply identifies important information. For that reason, the second question in the NGN Case Study asks candidates to interpret the information presented. For example, in the question below, candidates are asked to relate specific findings to possible disease processes. In the <a href="NCJMM">NCJMM</a>, this important skill is referred to as **Analyze Cues.** 

## Case Study Screen 2 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

For each client finding below, click to specify if the finding is consistent with the disease process of pneumonia, a urinary tract infection (UTI), or influenza. Each finding may support more than 1 disease process.

Client Findings	Pneumonia	UTI	Influenza
fever			
confusion			
body soreness			
cough and sputum			
shortness of breath			

Note: Each column must have at least 1 response option selected.



#### Where do I start?

Interpretations of the most pertinent information, which may begin as fragmented elements, ultimately must be synthesized into a working model of client needs. For that reason, the third question in the NGN Case Study asks candidates to develop a nursing hypothesis, which in some cases can also include the prioritization of care. For example, in the question below, candidates are asked to identify the highest risk complication and support their answer with evidence. In the <a href="NCJMM">NCJMM</a>, this important skill is referred to as <a href="Prioritize Hypotheses.">Prioritize Hypotheses</a>.

# Case Study Screen 3 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses'
Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

Complete the following sentence by ch	noosing from the lists of opt	ions.
The client is at highest risk for developing	Select ▼	as evidenced by the client's
Select ▼		

The same question is shown below with both pull-down menus exposed to show the possible response options.

# Case Study Screen 3 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses' Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

Complete the following sentence by choosing from the lists of options.

The client is at highest risk for developing

Select...

Select...

Select...

hypoxia
stroke
dysrhythmias
a pulmonary embolism

respiratory assessment

cardiovascular assessment





### What can I do?

In general, the nurse will consider and think through several possible care options as part of making a clinical decision. For that reason, the fourth question in the NGN Case Study asks candidates to connect their updated understanding of client needs to possible courses of action or a plan of care. For example, in the question below, candidates are asked to identify the degree to which particular nursing interventions are warranted. In the <a href="NCJMM">NCJMM</a>, this important skill is referred to as **Generate Solutions**.

# Case Study Screen 4 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

#### Nurses Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

1200: Called to bedside by the daughter who states that her mother "isn't acting right." Upon assessment, client difficult to arouse, pale, and diaphoretic in appearance. Vital signs: T 101.5° F (38.6° C), P 112, RR 32, BP 90/62, pulse oximetry reading 91% on oxygen at 2 L/min via nasal cannula.

The nurse has reviewed the Nurses' Note entries from 1000 and 1200 and is planning care for the client.

For each potential nursing intervention, click to specify whether the intervention is indicated, nonessential, or contraindicated for the care of the client.

Potential Intervention	Indicated	Nonessential	Contraindicated
Prepare the client for defibrillation.	0	0	0
Place client in a semi-Fowler's position.	0	0	0
Request an order to increase the oxygen flow rate.	0	0	0
Request an order to administer an intravenous fluid bolus.	0	0	O
Request an order to insert an additional peripheral venous access device (VAD).	0	0	0



#### What will I do?

Even though the action may be gathering additional information or involving others, ultimately the nurse must undertake an action. For that reason, the fifth question in a NGN Case Study asks candidates to identify the most appropriate action(s). Sometimes the testing emphasis will be on selection of the action(s) while other times the testing emphasis will be on how the action(s) should be performed. For example, in the question below, candidates are asked to identify the three interventions that should be performed immediately. In the NCJMM, this important skill is referred to as *Take Action*.

# Case Study Screen 5 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

#### Nurses Notes

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

1200: Called to bedside by the daughter who states that her mother "isn't acting right." Upon assessment, client difficult to arouse, pale, and diaphoretic in appearance. Vital signs: T 101.5° F (38.6° C), P 112, RR 32, BP 90/62, pulse oximetry reading 91% on oxygen at 2 L/min via nasal cannula.

The nurse has received orders from the physician.

Click to highlight below the 3 orders that the nurse should perform right away.

#### 1215:

- · insert an indwelling urinary catheter
- vancomycin 1 g, IV, every 12 hours
- · computed tomography (CT) scan of the chest
- 0.9% sodium chloride (normal saline) 500 mL, IV, once
- laboratory tests: blood culture and sensitivity (C & S), complete blood count (CBC), arterial blood gas (ABG)





## Did it help?

Following any intervention, the nurse must determine effectiveness. For that reason, the final question in a NGN Case Study asks candidates to evaluate any actions performed based on an updated status of the client. For example, in the question below, candidates are asked to connect new findings with positive, neutral or negative impact to the client. In the NCJMM, this important skill is referred to as **Evaluate Outcomes**.

## Case Study Screen 6 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses

Orders

1000: Client was brought to the ED by her daughter due to increased shortness of breath this morning. The daughter reports that the client has been running a fever for the past few days and has started to cough up greenish colored mucus and to complain of "soreness" throughout her body. The client was recently hospitalized for issues with atrial fibrillation 6 days ago. The client has a history of hypertension. Vital signs: 101.1° F (38.4° C), P 92, RR 22, BP 152/86, pulse oximetry reading 94% on oxygen at 2 L/min via nasal cannula. Upon assessment, the client's breathing appears slightly labored, and course crackles are noted in bilateral lung bases. Skin slightly cool to touch and pale pink in tone, pulse +3 and irregular. Capillary refill is 3 seconds. Client is alert and oriented to person, place, and time. The client's daughter states, "Sometimes it seems like my mother is confused."

1200: Called to bedside by the daughter who states that her mother "isn't acting right." Upon assessment, client difficult to arouse, pale, and diaphoretic in appearance. Vital signs: T 101.5° F (38.6° C), P 112, RR 32, BP 90/62, pulse oximetry reading 91% on oxygen at 2 L/min via nasal cannula.

The nurse has performed the interventions as ordered by the physician for the client.

For each assessment finding, click to specify if the finding indicates that the client's condition has improved, has not changed, or has declined.

Assessment Finding	Improved	No Change	Declined
RR 36	0	0	0
BP 118/68	0	0	0
pale skin tone	0	0	0
pulse oximetry reading 91%	0	0	0
interacting with daughter at bedside	0	0	0

The same question is shown below with the "Orders" tab active on the left hand side. During the exam, candidates can easily toggle back and forth between the two tabs.

# Case Study Screen 6 of 6

The nurse is caring for a 78-year-old female in the Emergency Department (ED).

Nurses' Notes Orders

#### 1215:

- · insert an indwelling urinary catheter
- vancomycin 1 g, IV, every 12 hours
- computed tomography (CT) scan of the chest
- 0.9% sodium chloride (normal saline) 500 mL, IV, once
- laboratory tests: blood culture and sensitivity (C & S), complete blood count (CBC), arterial blood gas (ABG)

The nurse has performed the interventions as ordered by the physician for the client.

For each assessment finding, click to specify if the finding indicates that the client's condition has improved, has not changed, or has declined.

Assessment Finding	Improved	No Change	Declined
RR 36	0	0	0
BP 118/68	0	0	0
pale skin tone	0	0	0
pulse oximetry reading 91%	0	0	0
interacting with daughter at bedside	0	0	0



## **Summary**

The NGN Case Study presented is one that was <u>written by nursing faculty</u>, reviewed by a committee of clinicians who supervise entry-level nurses and piloted successfully with thousands of nursing candidates.

Key features of this sample NGN Case Study that are typical of other case studies being developed for the exam include—

- A scenario that provides initial information to the test-taker and can evolve to include new information as the NGN Case Study unfolds.
- Six questions that correspond to the six "layer three" elements of the NCJMM.
- A variety of item types, including <u>new formats</u> being introduced specifically for the NGN.

For educators wondering how the <u>NCJMM</u> impacts current classroom practices, the NGN Case Study provides an example of how the NGN will do a better job measuring both the core knowledge and clinical judgment that the professional field has long regarded as critical for safe and effective nursing care.



#### **NGN Resources**

For more information regarding the NGN project, please visit the NCSBN website and our Frequently Asked Questions, which address common questions from candidates and educators. The NGN Resources page includes past publications of the NGN News. The newsletter is published quarterly and provides the latest information about the work to assess potential changes to the NCLEX Examinations. NGN Talks & Videos houses short NGN videos on topics related to the NGN.

Next Generation NCLEX® News is published by National Council of State Boards of Nursing (NCSBN)



111 E. Wacker Drive, Suite 2900 Chicago, IL 60601-4277

Phone: 312.525.3600

International Calls: +1.312.525.3600

Website: www.ncsbn.org



NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Copyright ©2020 NCSBN. All Rights Reserved.