ASK YOURSELF:
“If I could do only one thing and then leave, what would I do?”
Who Do You See First?

<table>
<thead>
<tr>
<th>CONSIDER:</th>
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<tbody>
<tr>
<td>Unstable vs. Stable</td>
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<tr>
<td>Unexpected vs. Expected</td>
</tr>
<tr>
<td>ABCs</td>
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<tr>
<td>Acute vs. Chronic</td>
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<tr>
<td>Actual vs. Potential</td>
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## Common NCLEX Traps

- Do not ask “Why?”
- Do not leave the client.
- Do not persuade the client.
- Do not say, “Don’t worry!”
- Do not pass the buck.
- Do not read into the question.
- Do not ‘do nothing.’
**Therapeutic Communication Tips**

**DO:**
- Do respond to feeling tone.
- Do provide information.
- Do focus on the client.
- Do use silence.
- Do use presence.

**DO NOT:**
- Do not ask ‘why’ questions.
- Do not ask ‘yes/no’ questions, except in the case of possible self-harm.
- Do not focus on the nurse.
- Do not explore.
- Do not say, “Don’t worry!”
### Rules for Delegation

<table>
<thead>
<tr>
<th>RN ASSIGNMENT</th>
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<tbody>
<tr>
<td>Cannot delegate assessment, teaching, or nursing judgment</td>
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<tr>
<th>LPN/LVN ASSIGNMENT</th>
<th>UAP ASSIGNMENT</th>
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<tr>
<td>Assign stable clients with expected outcomes</td>
<td>Delegate standard, unchanging procedures</td>
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### Five Rights of Delegation

- **RIGHT TASK**
  (scope of practice, stable client)

- **RIGHT CIRCUMSTANCES**
  (workload)

- **RIGHT PERSON**
  (scope of practice)

- **RIGHT COMMUNICATION**
  (specific task to be performed, expected results, follow-up communication)

- **RIGHT SUPERVISION**
  (clear directions, intervene if necessary)