CLINICALJUDGE™ · MASTER STUDY GUIDE · 2026 NGN NCLEX-RN

ASSIGNMENT, DELEGATION, SUPERVISION & FLOATING

The complete decision framework for matching the right caregiver to the right client — built from your practice-question takeaways. Master this and you own one of the highest-yield Management of Care clusters on the exam.

MANAGEMENT OF CARE | COORDINATED CARE | SAFE STAFFING | FIVE RIGHTS OF DELEGATION | HIGH-YIELD · 100% TARGET

COLOR LEGEND

1 THE THREE CORE CONCEPTS

Every question in this cluster turns on one idea: **responsibility can be handed off, but the RN's accountability for the outcome cannot.** Get these three terms straight before anything else.

ASSIGNMENT

Within the existing scope

Transferring care, tasks, or activities that *already fall inside* the receiver's authorized scope or routine role (e.g., RN→RN, RN→LPN for a stable client). The receiver carries responsibility for performing the task.

DELEGATION

Authority for a specific task

Allowing a competent person to perform a specific activity that is *not normally* in their role/routine (often RN→UAP). The RN transfers the *responsibility to perform* but **retains accountability** for the result.

SUPERVISION

Guidance + follow-through

Providing direction, monitoring, and evaluation after assigning or delegating. The RN must give clear instructions and verify the task was done correctly and safely.

THE ONE-LINE RULE

You can hand off the **doing**, but you can never hand off the **nursing process** — assessment, planning, evaluation, judgment, and teaching always stay with the licensed nurse.

2 THE 5-STEP DECISION FRAMEWORK

Run every assignment / delegation / float item through these steps in order. This is the engine behind all 11 of your practice takeaways.

1 **Identify the caregiver — set the competency ceiling**
New grad off orientation? Float nurse? LPN? UAP? Each has a fixed ceiling. A new grad and a float nurse can only safely take what fits their *baseline or home-unit* competencies.

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2 **Read each client for stability + skill type**
Is the client **stable & predictable** or **unstable / rapidly changing**? Does care need *core, cross-functional* skills (VS, PO meds, basic dressings, I&O) or *specialized, unit-specific* skills?

▼

3 **Match need to competency**
New grad / LPN → the **most stable, chronic, predictable** client. Float nurse → a client needing **core skills** *or* whose diagnosis **overlaps the float nurse's home population.** UAP → only routine, no-judgment tasks on stable clients.

▼

4 **Eliminate the "experienced-staff-only" clients**
Anyone *unstable*, requiring a *first-time / brand-new* procedure (first dose, new ostomy, new trach), or needing *assessment, teaching, or independent judgment* → reserved for the experienced core RN of that unit.

▼

5 **Confirm against the Five Rights of Delegation**
Right Task · Right Circumstance · Right Person · Right Direction/Communication · Right Supervision. If any "right" fails, the assignment is unsafe.

⚠ THE #1 CONFUSION TO ELIMINATE: "ASSIGN" ≠ "SEE FIRST"

Assignment questions ask who should *own* a client over a shift — give the **stable / predictable** client to the less-experienced or floated nurse. **Priority** questions ask who to *see or act on first* — go to the **most unstable / ABC-threatened** client. Same data, opposite answer. Always re-read the stem to learn which one is being tested.

3 SCOPE OF PRACTICE — WHO CAN DO WHAT

The receiver's role caps what you can hand off. (LPN scope varies by state board — answer to the general NCLEX standard.)

RN — REGISTERED NURSE

- Initial & ongoing **assessment**
- **Planning** & care-plan revision
- **Evaluation** of outcomes
- **Teaching** & discharge education
- Care of **unstable** / unpredictable clients
- First doses, IV push meds, blood initiation, titrations
- Triage & independent clinical judgment

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// owns the nursing process
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LPN / LVN

- **Stable** clients with **predictable** outcomes
- **Reinforce** teaching the RN began
- Routine meds (PO/IM/SQ; IV varies by state)
- Routine wound care & established dressing changes
- Tube feedings, ostomy & catheter care
- Data collection & focused monitoring

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// stable + predictable only
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UAP / AP

- ADLs: bathing, hygiene, grooming
- Vital signs on **stable** clients
- Measuring & **recording** I&O
- Ambulation, repositioning, transfers
- Feeding (no dysphagia/aspiration risk)
- Specimen collection & transport
- Stocking, weights, basic comfort measures

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// routine, no judgment, no teaching
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4 WHAT THE RN CAN NEVER DELEGATE

If a task touches the **nursing process** or a client who is unstable / brand-new to a procedure, the RN reclaims it. Memorize these red flags.

Assessment
Initial assessment, interpreting findings, and anything requiring clinical analysis.

Planning
Creating or revising the care plan, setting goals, prioritizing care.

Evaluation
Judging whether interventions worked or a client is improving.

Teaching
All new client/family education — UAP & LPN may only *reinforce*.

Unstable clients
Any client at risk of rapid decline or needing frequent re-assessment.

First-time tasks
First dose, NEW ostomy, NEW trach, new device — RN does the initial assessment/teach

Leadership/wor
Assigning breaks, staffing coverage, supervising the unit — nurse's responsibility.

Independent judgment
Triage decisions, titrations, and any "what do I do next" call.

5 SAFE VS. UNSAFE ASSIGNMENT

A side-by-side of the patterns that make an answer correct vs. the patterns that make it a wrong choice.

✓ ASSIGN TO FLOAT / NEW GRAD / ASSISTANT

- **Stable & predictable** with an expected clinical path.
- Care needs **core, cross-functional skills** (VS, PO meds, I&O, basic dressings, routine IV antibiotics).
- Diagnosis **overlaps the float nurse's home population** (peds → sickle cell; L&D → UTI/pyelonephritis).
- Chronic conditions on a **routine schedule** (CKD going for scheduled dialysis).
- For an **ICU float**: the hemodynamically tenuous client needing close monitoring — that *is* their core competency.

✗ RESERVE FOR EXPERIENCED CORE STAFF

- **Unstable / rapidly changing** (evolving stroke, reinfarction signs, hypertensive emergency with neuro symptoms).
- Needs **specialized, unit-specific** assessment or device troubleshooting (pacemaker malfunction, post-cath pulses, new trach).
- **First-time / high-risk** interventions (first dose IV iron dextran, ultrafiltration, cardioversion, fresh post-procedure).
- Requires **new teaching** or **psychosocial expertise** (new diabetes discharge, postpartum-depression screening).
- Care depends on the receiving unit's **specialty pathways** the float nurse doesn't routinely use.

6 THE FIVE RIGHTS OF DELEGATION

1. **Right Task**
   The activity is delegable — routine, standard, with a predictable outcome and no nursing judgment required.
2. **Right Circumstance**
   The client is stable and the setting/situation supports safe delegation right now.
3. **Right Person**
   The right caregiver, with verified competency, for the right client — task fits their scope and demonstrated skill.
4. **Right Direction / Communication**
   Clear, specific, measurable instructions: exactly what to do, expected results, limits, and when to report back.
5. **Right Supervision / Evaluation**
   Monitor performance, intervene as needed, evaluate the outcome, and give feedback. Accountability stays with the RN.

7 FLOAT-NURSE MATCHING — MASTER TABLE

Every float scenario from your practice questions, distilled. Read the pattern, not just the answer.

Home unit → Floated to	Assign this client	Why it works	Avoid (give to core staff)
PEDS → Adult Med-Surg	**Sickle cell crisis**	High-prevalence pediatric dx; peds nurse is fluent in its pathophys & aggressive IV pain control.	Alcohol withdrawal (IV lorazepam), emphysema, adult T2DM discharge teaching
ICU → Postpartum	**Hysterectomy after postpartum hemorrhage**	**Exception pattern:** ICU strength is hemodynamic monitoring — give them the critical, decompensation-risk client.	Mastitis (lactation support), C-section discharge teaching, newborn disinterest (postpartum-depression screen)
L&D → Med-Surg	**Pyelonephritis**	UTI/pyelo is common in pregnancy; care is core skills — IV antibiotics, I&O, fever monitoring.	Clotted AV fistula + IV heparin titration, bedside paracentesis, day-1 below-knee amputation
L&D → Cardiac Care (CCU)	**Controlled HTN, 154/92, on PO amlodipine**	Now stable; care is generalist — track VS, give oral meds.	Post-cath ↓ peripheral pulses, MI with new nausea + ↑ O_2 need, demand-pacemaker failure to capture
ORTHO → Medical	**Sickle cell crisis**	Overlapping competency — ortho nurses do aggressive IV opioids, fluid balance & transfusions daily.	Evolving ischemic stroke (frequent neuro checks), new diabetes teaching, COPD with new tracheostomy
MED-SURG → Cardiac Step-Down	**Stable heart failure + DVT on standard IV heparin**	Core med-surg work — I&O, edema assessment, standard heparin titration protocol.	Post-angioplasty/stent, AFib pre-cardioversion, heart block pre-pacemaker

8 NEW-GRADUATE ASSIGNMENT — MASTER TABLE

A nurse fresh off orientation gets the stable, foundational, predictable client — every time.

Setting	Assign to new grad	Why it works	Avoid (experienced staff)
ED	**8-yr-old, closed clavicle fracture, pain 2/10**	Stable; core skills — neurovascular checks, basic analgesia, sling application.	3-yr-old post-febrile-seizure irritability (meningitis r/o); asthma with PEFR <50% (red zone); day-3 antibiotics with new rash + SOB (anaphylaxis)
STEP-DOWN	**Foot cellulitis + diabetes**	Stable; foundational — sterile dressing changes, I&O, routine insulin coverage.	Post-fem-pop bypass with diminished pulse (graft occlusion); HTN crisis 180/102 + headache/blurred vision; fresh ICU ischemic-stroke transfer, unresponsive
MED-SURG	**CKD client going for scheduled hemodialysis**	Stable, predictable; no acute complications — foundational pre/post-dialysis care.	First dose IV iron dextran (anaphylaxis risk); heart failure on ultrafiltration; hyperosmolar hyperglycemic state (HHS)

9 DELEGATING TO THE UAP — YES / NO

✓ SAFE TO DELEGATE TO UAP

- Routine **post-op vital signs** on a stable client (e.g., 12 h after uncomplicated laparoscopic surgery).
- Delivering a **pre-labeled specimen** to the lab — purely logistical.
- **Measuring and recording** oral intake / urine output (the RN still *analyzes* the values).
- ADLs, ambulation, hygiene, feeding (no aspiration risk), repositioning.

✗ KEEP WITH THE NURSE

- **Assigning lunch breaks / coverage** — unit workflow is a leadership duty.
- **NEW ostomy** pouch change — first-time stoma needs RN assessment (color, perfusion, skin) + teaching.
- Any first dose, unstable client, or task needing assessment, teaching, or judgment.
- Interpreting *why* a value is abnormal (e.g., the cause of metabolic alkalosis).

KEY DISTINCTION

The RN may delegate the **physical act** of measuring or recording, but never the **interpretation**. "Write down the I&O" → UAP. "Decide what the I&O means" → RN.

10 RULES TO MASTER — FINAL CHECKLIST

If you can recite all ten of these on demand, you will pass this content cluster cold.

- ☑ **Hand off the doing, keep the process.** Assessment, planning, evaluation, teaching, and judgment never leave the licensed nurse.
- ☑ **New grad & LPN = stable + predictable.** Chronic, foundational, expected clinical path.
- ☑ **Float nurse = core skills OR home-population overlap.** Match the diagnosis or task to what they do every day.
- ☑ **ICU float is the exception:** give them the hemodynamically unstable client — but NOT specialty teaching or psychosocial care.
- ☑ **"First-time" = RN.** First dose, new ostomy, new trach, new device — the initial assessment and teaching are the nurse's.
- ☑ **Unstable / rapidly changing = experienced core staff.** Never the float, new grad, or UAP.
- ☑ **UAP = routine, no judgment.** VS on stable clients, ADLs, I&O measurement, specimen transport.
- ☑ **Measure vs. interpret.** UAP records data; RN interprets it.
- ☑ **Workflow & staffing decisions stay with the nurse** — assigning breaks is leadership, not a delegable task.
- ☑ **"Assign" ≠ "see first."** Stable client to the less-experienced nurse; unstable client gets seen first by anyone.

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