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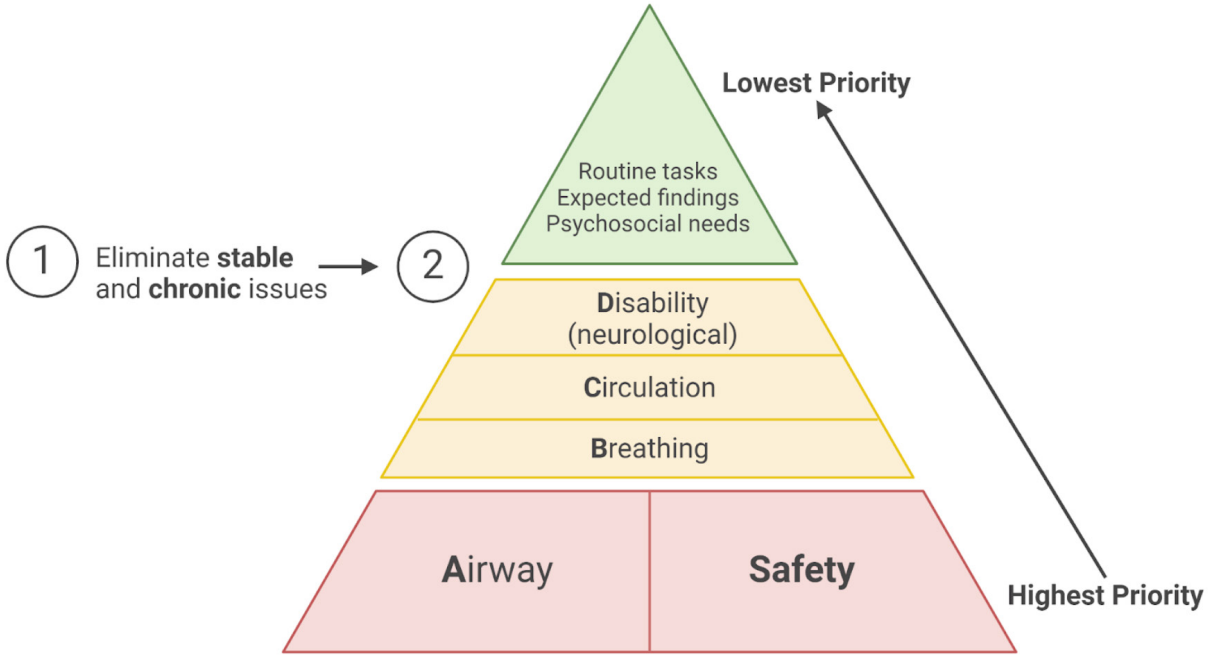
Prioritization

1. NCLEX Bootcamp Prioritization Pyramid



1. When prioritizing between clients, first eliminate **stable and chronic issues** and expected abnormals.
   - Stable: Waiting for discharge
   - Chronic: Dyspnea on exertion with CHF
   - Expected abnormals: 90% pulse oximetry with COPD
2. **Highest** priorities are **airway** and **safety** issues.
   - **A**irway: Stridor
   - **Safety**: Suicidal ideations
3. Next are issues related to **breathing, circulation, or disability** (neurological).
   - **B**reathing: Tachypnea
   - **C**irculation: Hypotension (SBP <90)
   - **D**isability: Altered mental status
4. **Lowest** priorities are expected findings, psychosocial needs, and routine tasks.
   - Expected: Nausea after chemotherapy
   - Psychosocial: Crying client
   - Routine task: Scheduled lab draw

Exceptions

- With **life-threatening bleeding** during **disaster triage**, **prioritize circulation (C-AB)** by applying tourniquet.
- With **life-threatening bleeding** during **disaster triage**, **prioritize circulation (C-AB)** by applying tourniquet.
- In **cardiac arrest**, **prioritize circulation (C-AB)** by starting chest compressions.

NCLEX Star Points

1. Before identifying the priority, first **eliminate stable** and **chronic issues**.
2. Prioritize **airway** and **safety** issues **first**, followed by issues related to **breathing**, **circulation**, or **disability** (neurologic).
3. In the event of **life-threatening bleeding during disaster triage** or in **cardiac arrest**, prioritize **circulation** first **(C-AB)**.

2. How to Prioritize

Between clients

- Consider the **overall picture** for each client and ask:
  - Which client should the nurse see **first**?
  - What **complications** or safety issues would occur if care is **delayed**?
  - Which client would **die first** without treatment?
- ✪ Prioritize **U**nstable and **U**nexpected "**U**" and **A**cute and **A**ctual "**A**" findings (**TABLE 1**).

Between tasks

- ✪ Choose **task that addresses the priority problem most directly** (fluids for dehydration) and most quickly (raise HOB).
- **Only** stop to "assess first" if more information is needed before intervening.
- Maslow's: **Physiological and safety** needs **before psychosocial** needs

TABLE 1: "U" & "A" FINDINGS

Unstable	before	Stable
New admission (first 12 hours postop)		Ready for discharge
Unexpected	before	Expected
Pink frothy sputum in a client with CHF		Peripheral edema in a client with CHF
Acute	before	Chronic
Paradoxical respirations in a client with COPD		Fingernail clubbing in a client with COPD
Actual	before	Potential
Client with severe pain and swelling to lower extremity		Client at risk for DVT due to immobility

3. Common Warning Signs on NCLEX

Findings that typically require **immediate follow-up**:

COMMON WARNING SIGNS ON NCLEX	
Safety	• Suicidal ideations • Signs of aggression (psych client pacing)
Airway	• Anaphylaxis (wheezing, rash) • Epiglottitis (stridor, drooling) • Inhalation injury (soot-tinged sputum, singed nasal hair)
Breathing	• Increased work of breathing (paradoxical respirations, intercostal retractions, grunting in infants) • Hypoxia (restlessness)
Circulation	• Myocardial infarction (diaphoresis, chest or shoulder pain) • Peritonitis (rigid abdomen) • Limb ischemia (6 Ps) • Severe potassium imbalances • Coagulopathy (↑ PT/INR, PTT) • Late decelerations in FHR • Autonomic dysreflexia (diaphoresis, pallor) • Neutropenia with fever
Disability (neurologic)	• Change in mental status • Hypoglycemia (cool and clammy)

NCLEX Star Points

❹ Prioritize **tasks** that address the **priority problem** most **directly** and **quickly**.

❺ Priority clients might have only **subtle** warning signs, such as **drooling (A)**, **restlessness (B)**, **abdominal rigidity (C)**, **or cool and clammy skin (D)**.

4. NCLEX Practice Questions

1

The nurse should **first** see the client who has:

1. new-onset confusion
2. nausea after surgery
3. influenza with a fever
4. CHF with dyspnea on exertion

Hint:
One client has an **unexpected abnormal finding**. The other three have only **expected** abnormals.

Correct:
1. **New-onset confusion**, which is an **unexpected abnormal** that could indicate problems of **BREATHING** (hypoxia), **CIRCULATION** (hypovolemia), or **DISABILITY** (hypoglycemia).

Incorrect:
2. Nausea after surgery is **EXPECTED**.
3. Influenza with a fever is **EXPECTED**.
4. CHF with dyspnea on exertion is **EXPECTED**.

2

A client with pneumonia suddenly becomes anxious. Pulse oximetry reading 80%. The nurse should **first**:

1. contact HCP
2. raise the head of the bed
3. prepare client for chest X-ray
4. coach the client through guided imagery

Hint:
Only one action **directly and immediately addresses the priority** problem.

Correct:
2. **Raise the head of the bed**, which addresses **BREATHING** **directly** and **most** immediately.

Incorrect:
1. Contacting the HCP **delays treatment** and does not **directly** address **BREATHING**.
3. Preparing for chest X-ray **delays treatment** and does not **directly** address **BREATHING**.
4. Coaching the client through guided imagery addresses **PSYCHOSOCIAL NEEDS**.

3

The nurse should recommend for **discharge** the client who has:

1. infection with hypotension
2. pneumonia with tachypnea
3. influenza with a sore throat
4. depression with suicidal ideations

Hint:
Only one client has an **expected abnormal finding** and is **stable** for discharge.

Correct:
3. **Influenza with a sore throat**, which is an **EXPECTED** finding. This is the only client **stable** for discharge.

Incorrect:
1. Infection with hypotension could indicate **septic shock** **CIRCULATION**.
2. Pneumonia with tachypnea could indicate **respiratory failure** **BREATHING**.
4. Depression with suicidal ideations is a **SAFETY** **concern**.

NCLEX Top Targets

1. When prioritizing between clients, first **eliminate (stable or unstable?)** clients, **(acute or chronic?)** issues, and **(expected or unexpected?)** abnormals.
2. After **airway and safety** issues, next address problems of _____, _____, **and** _____.
3. With **life-threatening bleeding** during disaster triage and **in cardiac arrest**, prioritize _____ **before airway and breathing**.
4. Prioritize tasks that address the **problem most** _____ and **most** _____.
5. **Pallor, diaphoresis, and a rigid abdomen** can be warning signs of **a(n)** _____ **issue (airway, breathing, circulation, or disability?)**.

Answers: 1. Stable, chronic, expected 2. breathing, circulation, disability 3. circulation, 4. directly, quickly 5. circulation

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