

# NCLEX-PN Study Guide

## Domain 1 Study Guide

### Coordinated Care

**Exam Weight: 18–24% of Exam**

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## Domain Overview

Coordinated Care is the largest domain on the NCLEX-PN (18-24%) and focuses on the LPN/LVN's role within the healthcare team. This domain covers the LPN's scope of practice, delegation, legal and ethical principles, client rights, advance directives, and interdisciplinary collaboration.

### LPN/LVN Scope of Practice

The LPN/LVN works under the supervision of a registered nurse (RN), physician, or other licensed healthcare provider. Scope of practice varies by state, but the following general guidelines apply:

Within LPN Scope	Outside LPN Scope (RN/MD)
Administer oral, topical, subcutaneous, IM medications	Initial nursing assessment/admission assessment
Perform routine dressing changes	Developing/modifying the nursing care plan
Insert urinary catheters	Interpreting complex assessment findings
Collect specimens (blood, urine, wound cultures)	Independent client teaching (LPN assists/reinforces)
Perform routine vital signs and physical assessments	Administering IV push medications (varies by state/facility)
Reinforce teaching done by RN	Triage decisions in emergency settings
Contribute to care planning	Pronouncing death
Monitor IV infusions (not initiate in many states)	Administering blood products (varies by state)

**NCLEX Tip:** NCLEX-PN questions about scope often test whether the LPN should "notify the RN" vs. act independently. When in doubt: assess, report findings to the RN, and document.

### Delegation Principles

#### Five Rights of Delegation

Right	Description	Example
Right Task	Task is appropriate to delegate	Vital signs on a stable client → UAP appropriate
Right Circumstance	Client condition is stable and appropriate	Do not delegate to UAP if client is unstable
Right Person	Delegatee has the skills and competency	Verify UAP has been trained for the task
Right Direction	Clear, specific instructions given	"Take BP in right arm, report if >160/100"
Right Supervision	LPN monitors and evaluates outcomes	Follow up with UAP; review documented findings

#### What LPNs Can and Cannot Delegate to UAPs

Can Delegate to UAP	Cannot Delegate to UAP
Routine vital signs on stable clients	Any assessment or clinical judgment
Oral hygiene, bathing, grooming	Medication administration
Ambulation of stable clients	Wound assessment or dressing changes
Feeding stable clients (not with dysphagia)	IV therapy of any kind
Intake and output measurement	Client teaching
Positioning and turning	Catheter insertion or care

## Legal and Ethical Principles

Concept	Definition	Clinical Application
Negligence	Failure to provide reasonable care resulting in harm	Forgetting to raise side rails; medication error causing injury
Malpractice	Professional negligence; breach of standard of care	Administering wrong medication dose causing harm
Battery	Unauthorized touching; performing procedure without consent	Administering medication after client refuses
Assault	Threatening harm; causing fear of being touched	Threatening to restrain a client
False Imprisonment	Restraining a client without legal justification	Using restraints without physician order
Defamation	False statements damaging reputation	Slander (verbal) or libel (written) about a client
Invasion of Privacy	Unauthorized disclosure of client information	Sharing client information without consent; social media posts

## Client Rights

- Right to receive information about their condition and treatment options
- Right to informed consent before procedures
- Right to refuse treatment (competent adults)
- Right to privacy and confidentiality (HIPAA)
- Right to be treated with dignity and respect
- Right to know the identity of healthcare providers
- Right to have advance directives honored
- Right to access their medical records
- Right to be free from abuse, neglect, and exploitation

**NCLEX Tip:** Mandatory reporting: LPNs are legally required to report suspected abuse, neglect, or exploitation of children, elderly, and vulnerable adults. Reporting is required based on **SUSPICION** — you do not need proof.

## Advance Directives and End-of-Life Care

Directive	Description	LPN Role
Living Will	Written document specifying end-of-life wishes	Document in chart; notify RN/physician; honor wishes
Healthcare Power of Attorney	Designates a proxy decision-maker	Identify proxy; involve in care decisions when client cannot decide
DNR Order	Physician order to withhold CPR	Do not initiate CPR; must be physician order; honor client's wishes
POLST/MOLST	Portable medical orders for life-sustaining treatment	Follow orders; ensure orders travel with client during transfers

## Interdisciplinary Team Collaboration

Team Member	Role	LPN Collaboration
Registered Nurse (RN)	Supervises LPN; performs assessments; care planning	Report changes; clarify orders; document findings
Physician/NP/PA	Diagnoses; prescribes medications and treatments	Report assessment findings; clarify orders; obtain verbal orders
Physical Therapist	Mobility, strength, balance rehabilitation	Reinforce PT exercises; assist with ambulation per PT plan
Occupational Therapist	ADL retraining; adaptive equipment	Reinforce OT techniques; ensure adaptive equipment is used
Social Worker	Discharge planning; community resources; financial assistance	Identify social needs; refer to social worker
Dietitian	Nutritional assessment; therapeutic diets	Monitor food intake; report concerns; reinforce diet teaching
Chaplain/Spiritual Care	Spiritual and emotional support	Assess spiritual needs; refer to chaplain when requested

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