

# NCLEX-PN Study Guide

## Domain 2 Study Guide

### Safety and Infection Control

Exam Weight: 10–16% of Exam

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## Domain Overview

Safety and Infection Control (10-16%) focuses on protecting clients and healthcare workers from environmental hazards and the spread of infection. Key topics include standard and transmission-based precautions, hand hygiene, fall prevention, medication safety, and emergency response.

### Infection Control Precautions

#### Standard Precautions

Applied to ALL clients regardless of diagnosis. Treats all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes as potentially infectious.

- Hand hygiene: before and after every client contact; before/after glove use
- Gloves: when contact with blood, body fluids, or non-intact skin is anticipated
- Gown: when clothing may be soiled with blood or body fluids
- Mask/eye protection: when splashing or spraying of blood/body fluids is possible
- Safe needle practices: never recap needles; use safety devices; dispose in sharps containers
- Respiratory hygiene/cough etiquette: cover coughs; hand hygiene; spatial separation

#### Transmission-Based Precautions

Precaution Type	Route	PPE	Room	Common Diseases
Airborne	Droplet nuclei <5 µm; airborne for hours	N95 respirator (fit-tested)	Negative pressure; door closed	TB, measles (rubeola), varicella/shingles (disseminated), COVID-19 (AGP)
Droplet	Large droplets >5 µm; <3 feet	Surgical mask	Private room preferred	Influenza, RSV, meningitis (bacterial), pertussis, mumps, rubella, SARS
Contact	Direct/indirect contact with client or environment	Gloves + gown	Private room preferred	MRSA, VRE, C. diff, scabies, lice, wound infections, RSV (infants)

**NCLEX Tip:** Memory trick for isolation diseases: • Airborne = "My Chicken Varicella" (Measles, Chickenpox/Varicella, TB) • Droplet = "SPIDERMAN" (Sepsis/Strep, Pertussis, Influenza, Diphtheria, Epiglottitis, Rubella, Adenovirus, Meningitis, Mumps) • Contact = "MRS. WEE" (MRSA, RSV, Scabies, Wound infections, Enteric infections, E. coli O157:H7)

#### Hand Hygiene — Critical Details

Method	When to Use	Duration	Key Points
Alcohol-based hand rub	Most clinical situations; before/after client contact	20-30 seconds	Rub all surfaces until dry; most effective for most pathogens

Soap and water	Visibly soiled hands; C. diff; Norovirus; before eating	40-60 seconds	Mechanical removal of spores; required for C. diff (alcohol ineffective)
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## Fall Prevention

### Fall Risk Assessment

Assess fall risk on admission, after any fall, and with changes in condition. Common tools: Morse Fall Scale, STRATIFY, Hendrich II.

#### High-Risk Factors:

- Age  $\geq 65$ ; history of previous falls
- Altered mental status, confusion, or dementia
- Medications: sedatives, opioids, antihypertensives, diuretics, antiepileptics
- Impaired mobility, gait, or balance
- Urinary urgency or incontinence (rushing to bathroom)
- Postoperative status (anesthesia effects, pain medication)
- Orthostatic hypotension

### Fall Prevention Interventions (Least to Most Restrictive)

Intervention	Implementation
Environment modification	Bed in lowest position; wheels locked; clutter-free path; adequate lighting; non-slip footwear
Call light accessibility	Within reach at all times; instruct client to call before getting up
Bed/chair exit alarms	Alert staff when client attempts to get up unassisted
Hourly rounding	Proactively address toileting, pain, positioning, and personal items
Yellow fall-risk identification	Yellow armband, door sign, and non-slip socks for high-risk clients
Sitter/1:1 supervision	For very high-risk clients; family can assist
Physical restraints (last resort)	Physician order required; assess every 2 hours; release and reposition; document

**NCLEX Tip:** Physical restraints require: physician order, client/family education, monitoring every 2 hours (circulation, skin, ROM), documentation, and regular reassessment for continued need. Restraints can cause aspiration, pressure injuries, and increased agitation.

## Medication Safety

### The 10 Rights of Medication Administration

- 1. Right Client — Two identifiers (name + DOB); check ID band

- 2. Right Medication — Compare order to MAR; check label 3 times
- 3. Right Dose — Calculate; question unusual doses; verify with pharmacist
- 4. Right Route — Confirm route is appropriate and ordered
- 5. Right Time — Within 30-60 minutes of scheduled time
- 6. Right Documentation — Document immediately after administration
- 7. Right Reason — Understand the indication for the medication
- 8. Right Response — Evaluate therapeutic and adverse effects
- 9. Right to Refuse — Respect refusal; document and notify provider
- 10. Right Education — Teach client about medication purpose and side effects

## High-Alert Medications for LPNs

Medication	Key Safety Checks	Antidote/Reversal
Insulin	Blood glucose before; check type and dose; never mix glargine	Glucose (oral or IV D50W); glucagon IM if unconscious
Digoxin	Apical pulse $\geq 60$ bpm; therapeutic level 0.5-2 ng/mL	Digibind (digoxin immune Fab) for toxicity
Anticoagulants (heparin, warfarin)	aPTT (heparin); INR (warfarin); bleeding precautions	Protamine sulfate (heparin); Vitamin K (warfarin)
Opioids	Respiratory rate $\geq 12$ ; pain scale; sedation level	Naloxone (Narcan) 0.4-2 mg IV/IM/IN
Potassium (IV)	Never IV push; dilute; rate $\leq 10$ mEq/hr peripheral; cardiac monitoring	Treat hyperkalemia: insulin + glucose, Kayexalate, dialysis

## Emergency Response

### RACE Fire Response

- R — Rescue: Remove clients in immediate danger from the fire
- A — Alarm: Activate the fire alarm and call 911
- C — Contain: Close doors and windows to prevent fire spread
- E — Extinguish: Use a fire extinguisher if safe to do so (PASS technique)

### PASS Fire Extinguisher Technique

- P — Pull the pin
- A — Aim at the base of the fire
- S — Squeeze the handle
- S — Sweep from side to side

### Needlestick Injury Response

- 1. Immediately wash the wound with soap and water for at least 15 minutes

- 2. Report to supervisor and employee health immediately
- 3. Baseline testing: HIV, HBV, HCV
- 4. Determine source client's status if possible
- 5. Consider post-exposure prophylaxis (PEP) for HIV within 72 hours (ideally <2 hours)
- 6. Complete incident report
- 7. Follow up testing at 6 weeks, 3 months, and 6 months

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