

NCLEX-RN Study Guide

Domain 1 Study Guide

Safe and Effective Care Environment

Exam Weight: 26% of Exam

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Domain Overview

The Safe and Effective Care Environment domain accounts for approximately 26% of the NCLEX-RN examination and encompasses two major client needs categories: Management of Care (17-23%) and Safety and Infection Control (9-15%). This domain tests the RN's ability to coordinate care, delegate appropriately, apply ethical and legal principles, and maintain a safe environment for clients.

Management of Care (17–23%)

Scope of Practice & Delegation

The RN is responsible for the nursing process: assessment, diagnosis, planning, implementation, and evaluation. Delegation follows the Five Rights: right task, right circumstance, right person, right direction/communication, and right supervision/evaluation.

Personnel	Can Delegate To	Cannot Delegate
RN	LPN/LVN, UAP	Initial assessment, care planning, teaching, evaluation
LPN/LVN	UAP (stable clients)	Assessment, care planning, IV push meds (varies by state)
UAP	N/A	Any nursing judgment, assessment, medication administration

Prioritization Frameworks

Use these frameworks in order when determining care priorities:

Framework	Priority Order	Application
Maslow's Hierarchy	Physiological → Safety → Love → Esteem → Self-actualization	Always address physiological needs (airway, breathing, circulation) first
ABC	Airway → Breathing → Circulation	Life-threatening physiological emergencies
Acute vs. Chronic	Acute/unstable before chronic/stable	New onset symptoms take priority
Safety	Immediate safety threats first	Suicidal ideation, fall risk, elopement

NCLEX Tip: On NCLEX, "assess first" questions often have an ABC answer. When two clients need care, choose the one with an unstable or life-threatening condition.

Ethical and Legal Principles

Principle	Definition	Clinical Example
Autonomy	Client's right to make own decisions	Respecting DNR orders; informed refusal

Beneficence	Acting in the client's best interest	Administering pain medication
Non-maleficence	Do no harm	Questioning a potentially harmful order
Justice	Fair, equitable care for all	Treating all clients without discrimination
Fidelity	Keeping promises, being trustworthy	Following through on care commitments
Veracity	Truthfulness	Honest communication about diagnosis/prognosis

Informed Consent

Informed consent requires that the client receives adequate information about the procedure, understands the information, and voluntarily agrees. The physician or advanced practice provider is responsible for obtaining informed consent. The RN's role is to witness the signature and notify the provider if the client has questions or does not understand.

- Competent adults can refuse any treatment at any time
- Emergency exceptions: consent implied when client is unable to consent and delay would cause harm
- Minors: parent or legal guardian provides consent (exceptions: emancipated minors, emergency)
- Document: client's understanding, questions asked, and that consent was voluntary

Advance Directives

Directive Type	Description	RN Responsibility
Living Will	Written document specifying wishes for end-of-life care	Document in chart; notify physician; honor wishes
Durable Power of Attorney for Healthcare	Designates a healthcare proxy to make decisions	Identify proxy; involve in care decisions
DNR/DNAR/AND	Do Not Resuscitate / Allow Natural Death order	Physician order required; do not initiate CPR
POLST/MOLST	Portable medical orders for life-sustaining treatment	Follow orders; transport with client

Confidentiality and HIPAA

- Protected Health Information (PHI) must not be disclosed without client consent
- Exceptions: mandatory reporting (abuse, communicable diseases, gunshot wounds), court orders
- Minimum necessary standard: share only what is needed for care
- Social media: NEVER post client information, photos, or identifiable details
- Breach of confidentiality can result in disciplinary action and legal consequences

Safety and Infection Control (9–15%)

Standard Precautions

Standard precautions apply to ALL clients regardless of diagnosis. They include hand hygiene, use of appropriate PPE, safe injection practices, and respiratory hygiene.

Transmission-Based Precautions

Type	Transmission Route	PPE Required	Room	Examples
Airborne	Droplet nuclei <5 microns; remain airborne	N95 respirator	Negative pressure	TB, measles, varicella, COVID-19 (AGP)
Droplet	Large droplets >5 microns; <3 feet	Surgical mask	Private preferred	Influenza, meningitis, pertussis, mumps
Contact	Direct/indirect contact	Gloves + gown	Private preferred	MRSA, C. diff, VRE, scabies, wound infections

NCLEX Tip: C. difficile spores are NOT killed by alcohol hand sanitizer — always use soap and water. Bleach-based disinfectants are required for environmental cleaning.

Hand Hygiene

- Perform before and after every client contact
- Use alcohol-based hand rub for most situations (20-30 seconds)
- Use soap and water when hands are visibly soiled or after caring for C. diff clients (40-60 seconds)
- Proper technique: all surfaces of hands including between fingers, thumbs, and wrists

Fall Prevention

- Assess fall risk on admission and with any change in condition (Morse Fall Scale, STRATIFY)
- Interventions: bed in lowest position, call light within reach, non-slip footwear, bed exit alarms
- High-risk clients: hourly rounding, bed/chair alarms, yellow fall-risk identification
- Restraints are a last resort; require physician order, monitoring every 2 hours, and documentation
- Restraint alternatives: sitters, bed alarms, frequent reorientation, family presence

Medication Safety — The 10 Rights

Right	Verification Method
Right Client	Two identifiers: name + date of birth (NOT room number)
Right Medication	Compare order to MAR; check label three times
Right Dose	Calculate and verify; question unusual doses
Right Route	Confirm route is appropriate for the medication
Right Time	Administer within 30-60 minutes of scheduled time
Right Documentation	Document immediately after administration

Right Reason	Understand why the medication is ordered
Right Response	Evaluate therapeutic and adverse effects
Right to Refuse	Client may refuse; document and notify provider
Right Education	Teach client about medication purpose and side effects

Disaster and Emergency Preparedness

- RACE: Rescue → Alarm → Contain → Extinguish (fire response)
- PASS: Pull pin → Aim → Squeeze → Sweep (fire extinguisher use)
- Triage: START system — Simple Triage and Rapid Treatment
- Mass casualty: Immediate (red), Delayed (yellow), Minor (green), Expectant (black)
- Bioterrorism agents: anthrax, smallpox, plague — know isolation requirements

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