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NCSBN Research Brief

Report of Findings from the 2003 LPN/VN Practice Analysis

Linking the NCLEX-PN® Examination to Practice

**June Smith, PhD, RN
Lynda Crawford, PhD, RN, CAE**

National Council of State Boards of Nursing, Inc. (NCSBN)

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Mission Statement

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This study would not have been possible without support from 1,001 newly licensed practical and vocational nurses from all parts of the United States. The time and attention they gave to completing lengthy, detailed surveys demonstrated their commitment to the nursing profession. The information they provided has increased our understanding of the work performed in entry-level practice. The authors also gratefully acknowledge the 2002-2003 NCSBN Examination Committee for its review and support of this research endeavor. Finally, the assistance of Rosemary Gahl in the preparation of this document was essential to completion of this study.

J.S., L.C.

Executive Summary

The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and its five territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. Because changes can occur in licensed practical or vocational nurse (LPN/VN) practice, practice analysis studies are conducted on a three-year cycle.

A number of steps were necessary for the completion of this practice analysis. A panel of subject matter experts was assembled, a list of LPN/VN activities was created and incorporated into a questionnaire that was sent to a randomly drawn sample of newly licensed nurses, and data were collected and analyzed.

Panel of Subject Matter Experts

A panel of 11 subject matter experts was assembled to assist with the practice analysis. The panel members worked with and/or supervised the practice of LPN/VNs within their first six months of practice, and represented all geographic areas of the country and all major nursing specialties.

The panel members created a task category structure describing the types of activities performed by

new nurses and identified the new nurse activities performed within each category of the structure. They also created a list of 14 categories of knowledge needed to perform practical or vocational nursing within the first six months of practice, and linked these 14 knowledge categories to the activity items.

Questionnaire Development

A total of 163 activity items and 14 knowledge categories were incorporated into a practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity items contained on each. Twenty-one of the activity items were common to both survey forms. The remaining 142 activity items were randomly selected for placement on the two survey forms. The resulting surveys each contained 92 activity items. Except for the 71 activity items unique to the individual forms, the two survey questionnaires were identical.

Survey Process

A stratified random sample of 4,000 LPN/VNs was selected from lists of candidates successful on the NCLEX-PN® examination between December 1, 2002, and February 28, 2003. The sample was stratified by type of basic nursing education and by area of the country, with processes being used to include

representative numbers of subjects from each NCSBN jurisdiction. Representative numbers of successful candidates educated in foreign countries were also included. The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, subject ethnicity and subject gender.

A five-stage mailing process was used to engage participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses. The survey was conducted June through August of 2003.

Return Rates

A total of 68 of the 4,000 surveys were mailed to bad addresses. There were 1,283 surveys returned for an overall 32.6% return rate. Of the 1,283 surveys returned, 211 respondents reported they were not working in nursing or were not providing direct care to clients, and 71 reported spending less than an average of 20 hours per week in direct client care. The remaining number of analyzable surveys was 1,001, or 25.5%, of delivered questionnaires.

This number of participants was calculated as adequate to provide proportional estimates at +/- 1.7% of the true rate.

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

The majority (93%) of survey respondents reported being female.

The average age of respondent nurses was 34.22 years (SD 9.9 years). Most (67%) of the respondents to the current study reported being white; 6.1% were of Asian descent; 16.2% were African American; and 6.5% were of Latino or Hispanic descent.

Respondents reported working an average of 5.6 months as licensed practical or vocational nurses and subjects educated in the U.S. were an average of 7.9 months post graduation.

Most (85%) of the respondents were graduates of diploma LPN/VN programs. Nine percent graduated from associate degree LPN/VN programs and 2.7% were graduates of RN programs. Three percent of survey respondents were educated in other countries.

About 4.8% of the survey respondents reported having worked outside the U.S. as a nurse for an average of 4.5 years (SD 3.1 years). An average of 4.9 years of work as a nurse aide was reported by 60% of survey respondents.

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 8.9%, and 1.2% reported having only classroom instruction or skills lab work for their orientation. The majority (69.4%) reported working with an assigned mentor or preceptor for an average of about 4.5 weeks and 15.9% reported performing supervised work with patients for an average of 4.7 weeks. Only 1.8% reported having a formal internship, but those who did spent an average of 5.5 weeks in orientation.

Certifications Earned

About 35% of current respondents reported that they had not earned one or more certifications or completed additional coursework. For the remaining respondents, basic life support (31.5%), intravenous therapy (36.9%) and phlebotomy (13.7%) were the most frequently reported certifications.

Facilities

The majority of newly licensed LPN/VNs in this study reported working in long-term care facilities (44.5%) or hospitals (42.4%). About 10% reported working in community-based facilities. The numbers of beds reported in employing hospitals or nursing homes were mostly distributed among less than 100 beds (25.3%), 100-299 beds (40.7%) and 300-499 beds (10.7%). Approximately 41% of respondents reported working in urban or metropolitan areas; 29.8% worked in suburban areas; and 29.4% worked in rural areas.

Practice Settings

Overall, respondents reported working most in nursing home (43.7%) and medical/surgical (29.7%) settings. Other long-term care settings were reported by 7.3% of respondents; rehabilitation by 7.8%; and 6.7% reported working in critical care settings.

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for clients with stable, chronic illnesses (50.6%), clients with acute conditions (40.9%), clients with behavioral/emotional conditions (32.4%) and clients at end of life (30.7%). The majority of respondents reported caring for adult

clients aged 65 to 85 (72%), clients aged 31 to 64 (47.2%) and clients over the age of 85 (37.6%).

Shifts Worked

The shift most commonly worked was days (39.5%) with about equal numbers working evening (23.2%) and night (27.5%) shifts. Only 9.7% reported working rotating shifts.

Alternative/Complementary Therapies

The LPN/VN respondents were asked to select, from a predefined list, those alternative/complementary therapies they personally, routinely used in their current nursing practices. About 59% of respondents reported that they did not use such therapies. Of those therapies that were used, relaxation therapy (23%) was the most frequently reported, followed by music therapy (15%) and massage therapy (10.7%).

Enrollment in RN Educational Programs

Respondents were asked about enrollment in further nursing education. Approximately 21% of respondents reported enrollment in a registered nurse education program and 19% reported that they had applied to such a program but were not currently enrolled. Of those currently enrolled, 84% were in associate degree programs, 10% were in baccalaureate programs and 6% were in diploma programs. Of those who had applied but were not enrolled, 47% were completing prerequisite courses; 20% were on waiting lists; 26% could not afford the tuition; 3% were turned away because classes were full; and only 1% failed to meet program requirements. About 18% of respondents reported holding non-nursing college degrees.

Time Spent in Different Categories of Nursing Activities

The respondents to the current study were asked to record the numbers of hours spent performing specific categories of activities. The LPN/VNs reported spending the greatest amount of time on activities related to medication administration (18%), performing management of care activities (14%), providing basic care and comfort (13%), and providing for the physiological adaptation of their clients (13%). The least amount of time (10%) was spent on health promotion and maintenance activities.

Administrative Responsibilities

Respondents were asked to select, from a predetermined list, the specific administrative roles they performed within their current nursing positions. One or more administrative roles were reported by 43% of the respondents. LPN/VNs working in long-term care (LTC) were much more likely to report performing one or more administrative roles (75% working in LTC; 11% in hospitals; and 29% in community-based settings). Charge nurse was the most frequently reported administrative role (by 31% of all respondents and 60% of LTC respondents), followed by team leader (9% of all respondents and 14% of LTC respondents). Respondents were also asked to report the approximate percentages of time spent in administrative roles. Overall, 17% reported spending 80-100% of their work time in administrative roles; this included 32% of those working in LTC.

Activity Performance Findings

Representativeness of Activity Statements

The participants were asked whether the activities on the questionnaire form represented what they actually did in their positions. A large majority (95.2%) indicated that the activities were representative of their current practices.

Applicability of Activities to Practice Setting

Respondents indicated whether each of the activities was applicable to his or her work setting. The activities ranged from 11% applicability (11% of the respondents reported that the activity was performed within their work settings) to 99% (nearly all of the respondents reported the activity was performed within their work setting).

Frequency of Activity Performance

Respondents were asked to rate the daily frequency of performance of all activities that were applicable to their work settings on a six-point scale: "0 times" to "5 times or more." Average frequency statistics were calculated in two ways: setting-specific frequency of activity performance and total group frequency. Average setting-specific frequencies ranged from 0.85 to 4.81. Average total group frequencies ranged from 0.15 to 4.41.

Priority of Activity Performance

The priority of performing each nursing activity was rated by participants in regard to the maintenance of client safety and/or threat of complications or distress on a 1 to 4

scale, with 4 equaling the highest priority. The average priority values for the 163 nursing activities ranged from a low of 1.65 to a high of 3.93.

Knowledge Category Results

The subject matter expert panel for the 2003 LPN/VN Practice Analysis survey identified and defined 14 categories of knowledge necessary for the performance of newly licensed practical or vocational nurse practice. The knowledge categories were included in the 2003 LPN/VN Practice Analysis survey with their definitions. Survey respondents were asked to provide two ratings for each knowledge category: importance of the knowledge category to the work they performed in their nurse practice settings on a scale of 0 to 3, with 3 equaling very important; and utilization of the knowledge on a scale of 0 (I do not use the knowledge), 1 (I recognize/recall the knowledge) and 2 (I apply/interpret/analyze the knowledge).

Importance and Usage

The importance ratings provided by respondents ranged from 2.4 to 2.9. The knowledge categories that were least used (had the highest percentages of respondents answering “I do not use the knowledge”) were “leadership/management/collaboration” (9%) and “nursing issues and trends” (7%). Those areas of knowledge that respondents were most likely to recognize or recall were “nursing issues and trends” (43%) and “nutrition”

(41%). The areas of knowledge most applied, interpreted or analyzed were “communication skills” (91%), “safety/infection control” (89%), and “knowledge needed to perform nursing procedures and psychomotor skills” (88%).

Activity/Knowledge Category Linking

Activity statements were individually linked from 2 to 11 of the knowledge categories. The knowledge categories linked to the greatest numbers of items were “knowledge needed to perform nursing procedures and psychomotor skills,” “safety and infection control,” “nursing process,” “communication skills” and “clinical decision-making/critical thinking.”

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Background of Study

The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and its five territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. Because changes can occur in

licensed practical or vocational nurse (LPN/VN) practice, practice analysis studies are conducted on a three-year cycle. Additional studies are conducted each year to scan the practice environment for emerging changes.

The findings from the 2003 *LPN/VN Practice Analysis* are reported here as one in the series of monographs called NCSBN Research Briefs. These briefs provide the means to quickly and widely disseminate NCSBN research findings.

Methodology

A number of steps are necessary to perform an analysis of entry-level licensed practical or vocational nurse practice. This section provides a description of the methodology used to conduct the 2003 LPN/VN Practice Analysis study. Descriptions of subject matter expert panel processes, questionnaire development, sample selection and data collection procedures are provided, as well as information about the assurance of confidentiality, response rates, and the degree to which participants were representative of the population of newly licensed LPN/VNs.

Panel of Subject Matter Experts

A panel of 11 subject matter experts was assembled to assist with the practice analysis. Panel members worked with and/or supervised the practice of LPN/VNs within their first six months of practice and represented all geographic areas of the country and all major nursing specialties. See Appendix A for a listing of panel members.

The panel of experts performed five tasks crucial to the success of the practice analysis study. Using past practice analysis task statements, job descriptions and performance evaluation documents, analysis of activity logs completed by entry-level LPN/VNs, as well as their own intimate knowledge of new nurse practice, the panel created a task category structure describing the types of activities performed by new nurses. The panel was careful to

create a category structure that was clear, understandable and logical.

Once the list of categories of new nurse activities was created, panel members worked to create a list of tasks performed within each category. Each task was reviewed for applicability to entry-level LPN/VN practice and relationship to the delivery of safe care to the public. Care was taken to create the tasks at approximately the same level of specificity and to avoid task redundancy across categories. The list of task statements included in the 2003 *LPN/VN Practice Analysis* may be found in Appendix B.

After the task list had been completed, the panel considered the types of knowledge needed to perform activities pertinent to entry-level practical or vocational nursing practice. After discussion, the panel identified and defined a list of 14 knowledge categories.

Panel members then provided information necessary for validation of the practice analysis survey. After the activity items had undergone review and editing by the 2002-2003 NCSBN Examination Committee, panel members individually provided three estimates for each activity. They estimated the percentage of newly licensed LPN/VNs in the country who would perform the activity within their practice settings, the average frequency with which each activity was performed daily by nurses performing the activity (on a 0 to 5+ scale) and the average priority the activity would have in relation to the provision of safe client care.

Finally, panel members performed an exercise linking the knowledge categories to the activity items. Each panel member considered the 14 knowledge categories as they related to each of the activity items and indicated which of the knowledge categories were used in performing each activity. The panel ratings were aggregated, and knowledge categories achieving an agreement from at least five of the panel members for an individual activity item were linked to that item.

Questionnaire Development

The survey instrument used for the 2003 LPN/VN Practice Analysis study was carefully designed to maximize the quantity and quality of data collected about entry-level practice. First, the activity items and knowledge categories identified by the panel of experts were reviewed and edited by the 2002-2003 NCSBN Examination Committee. The resulting 163 activity items and 14 knowledge categories were incorporated into a survey format.

Two forms of the survey were created to decrease the number of activity items contained on each. Twenty-one of the activity items were included on both survey forms. Those items were carefully selected to be those most commonly performed and those performed by small numbers of nurses in specialized practice settings. The remaining 142 activity items were randomly selected for placement on the two survey forms with care taken to place approximately equal numbers of items from each section of the current test plan on each survey

form. The resulting surveys each contained 92 activity items. Except for the 71 activity items unique to the individual forms, the two survey questionnaires were identical.

The surveys contained six sections. In the first section, questions related to the participant's work experience, including months of work as an LPN/VN and type and length of work orientation. The second section contained questions about the respondents' work environments, including questions about work settings, client characteristics and work schedules. The third section focused on nursing activity performance and knowledge needed to practice entry-level nursing. The fourth section requested information about the respondents' last day of work, including numbers of hours worked, numbers of clients for whom care was provided and the amount of time spent in various types of nursing activities. The fifth section asked basic demographic information. The sixth and final section provided space for respondents to write comments or suggestions about the study. Form 1 of the survey questionnaire used in the 2003 LPN/VN Practice Analysis survey may be found in Appendix C.

Survey Process

Sample Selection

A stratified random sample of 4,000 LPN/VNs was selected from lists of candidates successful on the NCLEX-PN® examinations between December 1, 2002, to February 28, 2003. The sample was stratified by area of the country, with processes being used to include representative numbers of subjects from each

NCSBN jurisdiction. Representative numbers of successful candidates educated in foreign countries were also included.

Representativeness

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, subject ethnicity and subject gender.

Mailing Procedure

The sample of 4,000 was divided into two while maintaining the stratification within each sample. Each of the two survey forms was sent to 2,000 of the sampled newly licensed nurses. A five-stage mailing process was used to engage participants in the study. A preletter was sent to each person selected for the sample. A week later, the survey, with a cover letter and postage-paid return envelope, was mailed. One week later, a postcard was sent to all participants, reiterating the importance of the study and urging participation. Approximately one week after the first postcard, a second reminder postcard was sent to nonrespondents, and two weeks later a second survey was mailed to continued nonrespondents. The survey was conducted June through August of 2003.

Confidentiality

All potential participants were promised confidentiality with regard to their participation and responses. Preassigned code numbers were used to facilitate cost-effective follow-up mailings. Files containing mailing information were kept separate from

the data files. The study protocol was reviewed by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

Return Rates

A total of 68 of the 4,000 surveys were mailed to bad addresses. There were 1,283 completed for an overall 32.6% return rate. Of the 1,283 surveys received, 211 respondents reported they were not working in nursing or were not providing direct care to clients, and 71 reported spending less than an average of 20 hours per week in direct client care. The remaining number of analyzable surveys was 1,001, or 25.5%, of delivered questionnaires.

This number of participants was calculated as adequate to provide proportional estimates at +/- 1.7% of the true rate.

Summary

A panel of nurses expert in the practices of newly licensed LPN/VNs met and created a list of new nurse activities and a list of knowledge categories necessary for activity performance. A data collection instrument was created and sent to 4,000 individuals selected at random from among all individuals who passed the NCLEX-PN® examination between December 1, 2002, to February 28, 2003. A 25.5% response rate of analyzable surveys was obtained. This practice analysis contains the responses of 1,001 newly licensed practical or vocational nurses.

Study Participants

Demographics, Experiences and Practice Environments of Participants

Demographic information, including racial and ethnic backgrounds, educational preparation and gender are presented followed by descriptions of respondents' work environments, including settings, shifts worked and client characteristics.

Demographics/ Past Experiences

The majority of survey respondents reported being female (93%). This was 2.2% higher than the percentage found in the 2000 *LPN/VN Practice Analysis* (Smith, Crawford & Gawel, 2001), and comparable to the 91.5% of females in the study population and the 92.2% in the sample drawn for the study. See Figure 1 for respondent gender. The age of respondent nurses averaged 34.22 years (SD 9.9 years).

The majority of respondents to this study were white (67%), which exactly matched the percentage

of white respondents to the 2000 study (Smith et al., 2001) and was only slightly higher than the 65.2% of the population from which the study sample was drawn. There were 6.1% of respondents who reported being of Asian descent; 16.2% reported being African American; and 6.5% reported being Hispanic or Latino. These figures were proportionally similar to those of the 2000 study population except for slightly lower percentages of African American and Hispanic respondents. The differences may have been subsumed under the "multiethnic or racial background" category (accounting for 2.7% of respondents) that was included on the Practice Analysis survey but not measured in the population. See Figure 2 for a complete list of racial/ethnic backgrounds of survey respondents.

Respondents reported working an average of 5.6 months as licensed

Figure 1. Gender of Newly Licensed Nurses in 2000 and 2003



Figure 2. Race/Ethnicity of Newly Licensed Nurses in 2000 and 2003

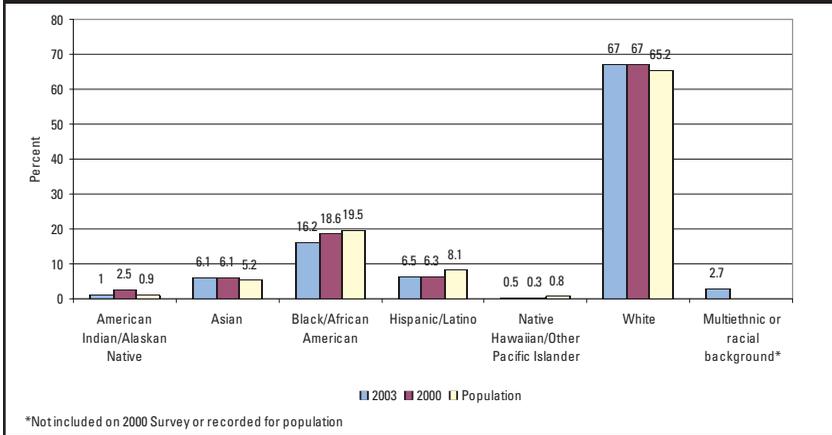


Figure 3. Average Months Since Graduation and Months Employed

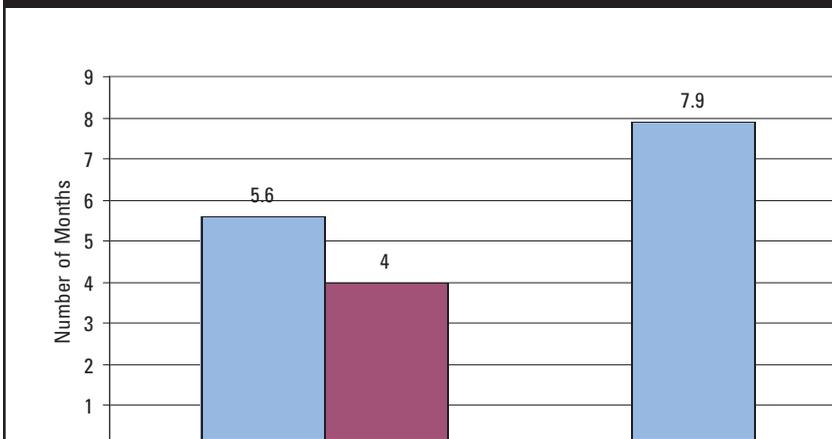
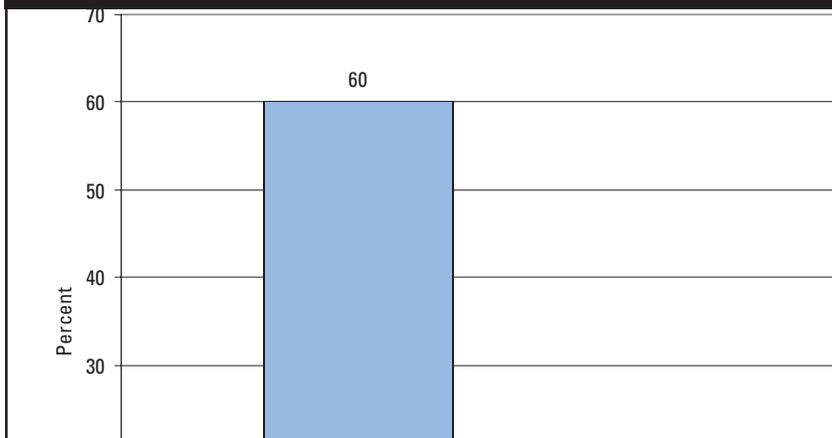


Figure 4. Newly Licensed LPN/VN Previous NA Experience



practical or vocational nurses and those educated in the U.S. were an average of 7.9 months post graduation (see Figure 3).

Most (85%) of the respondents were graduates of diploma PN programs. Nine percent graduated from associate degree PN programs and 2.7% were graduates of RN programs. Three percent of survey respondents were educated in other countries.

About 4.8% of the survey respondents reported having worked outside the U.S. as a registered nurse. An average of 4.9 years of work as a nurse aide was reported by 60% of survey respondents (see Figure 4).

The percentage of respondents from each NCSBN Area was directly proportional to the percentage of respondents in the population and the sample (Area I: 20% pop., 22.2% sample, 20.8% responses; Area II: 21.8% pop., 22.3% sample, 23.1% responses; Area III: 44.3% pop., 44% sample, 43.9% responses; Area IV: 13.9% pop., 13.6% sample, 12.1% responses).

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 8.9%, and 1.2% reported having only classroom instruction or skills lab work for their orientation. The majority (69.4%) reported working with an assigned mentor or preceptor for an average of about 4.5 weeks and 15.9% reported performing supervised work with patients for an average of 4.7 weeks. Only 1.8% reported having a formal internship, and those who did spent an average of 5.5 weeks in orientation. See

Table 1. Type and Length of Orientation

Type of Orientation	%	Average Weeks
No formal orientation	8.9	
Classroom instruction/skills lab only	1.2	3.1
Classroom and/or skills lab plus supervised work with patients	15.9	4.7
Work with an assigned preceptor with or without additional classroom or skills lab work	69.4	4.5
Formal internship with or without additional classroom or skills lab work	1.8	5.5
Other	2.9	3.3

Table 2. Additional Coursework/Certifications

Type of Additional Coursework/Certification	2003 (n=1001) %	2000 (n=920) %
Advanced Cardiac Life Support	7.2	6.4
Basic Life Support	31.5	29.2
Behavioral Management*	3.4	
Chemotherapy	0.5	0.2
Conscious Sedation*	1.5	
Coronary Care [^]	1.7	0.9
Critical Care [^]	2.0	
Intravenous Therapy	36.9	26.1
Neonatal Advanced Life Support (NALS)*	2	
Pediatric Advanced Life Support (PALS)*	3	
Phlebotomy*	13.7	
Peritoneal Dialysis*	2.9	
Rehabilitation	3	1.6
None	34.8	44.1
Other	10.2	8.7

*Category not included on 2000 Survey

[^]Critical Care/Coronary Care combined on 2000 survey

Table 3. Employing Facilities

Type of Facility/Organization	2003 (n=1001) %	2000 (n=920) %
Hospital	42.4	34.4
Long-term care	44.5	48
Community-based care	10.3	15.7
Other	2.9	1.9

Table 4. Employment Setting Characteristics

Setting Characteristic	2003 (n=1001) %	2000 (n=920) %
Number of Hospital or Nursing Home Beds		
Under 100 beds	25.3	29.7
100 - 299 beds	40.7	45.4
300 - 499 beds	10.7	10.8
500 or more beds	7.9	8.4
Don't know	3.4	5.6
Work in nonhospital or nursing home setting*	12.0	
Location of Employment Setting		
Urban/metropolitan area	40.9	43.2
Suburban	29.8	27.1
Rural	29.4	29.6
Population of Employment Setting		
Less than 5,000*	8.3	
5,000 to 19,999	19.1	20.8 [^]
20,000 to 49,999	15.3	19.5
50,000 to 99,999	11.8	15.5
100,000 to 500,000	12.6	9.7
Greater than 500,000	7.8	10.3
Don't know	25.2	24.2

*Category not on 2000 survey

[^]20.8% < 20,000

Table 1 for types of orientation with average time spent in each.

Certifications Earned

Overall, about 10% more respondents to the current study reported earning additional certification or completing coursework since graduation than did those responding to the 2000 study (Smith et al., 2001). About 35% of current respondents reported that they had not earned an additional certification or completed coursework compared to 44% of 2000 respondents (Smith et al., 2001). Intravenous therapy (36.9%), basic life support (31.5%) and advanced cardiac life support (7.2%) were the most frequently reported certifications. See Table 2 for a complete listing of additional coursework and/or certifications completed by survey respondents.

Work Settings

Facilities

The most frequently cited employing facility of newly licensed LPN/VNs in this study was long-term care (44.5%), closely followed by hospital employment (42.4%). This represented an increase of about 8% in hospital employment and a decrease of about 4% in long-term care employment compared to the 2000 *LPN/VN Practice Analysis* (Smith et al., 2001). See Table 3. About 10% reported working in community-based facilities compared to 15.7% in 2000 (Smith et al., 2001). The number of beds reported in employing hospitals or nursing homes were mostly distributed among 100-299 beds (40.7%), under 100 beds (25.3%),

and 300-499 beds (10.7%); and only 7.9% reported working in facilities with greater than 500 beds (see Table 4). About 41% of respondents reported working in urban or metropolitan areas, with the remainder about evenly divided between suburban (30%) and rural areas (29%). These numbers were comparable to those found in the 2000 study (Smith et al., 2001). See Table 4.

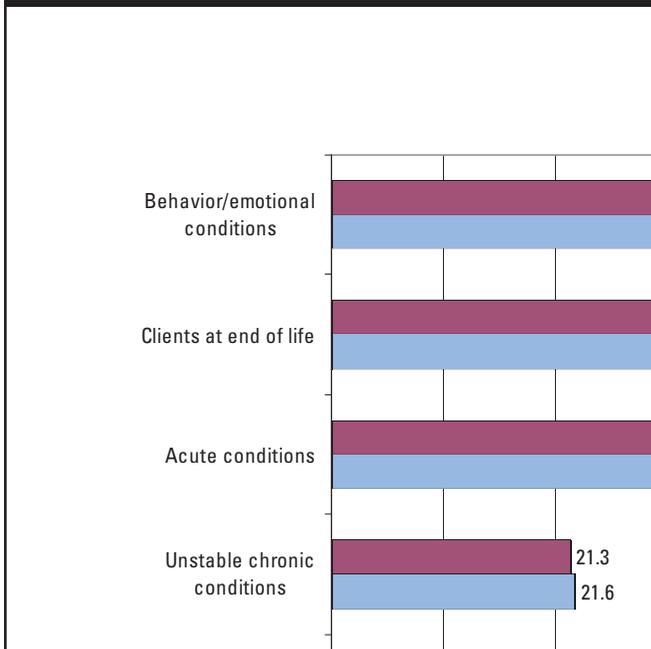
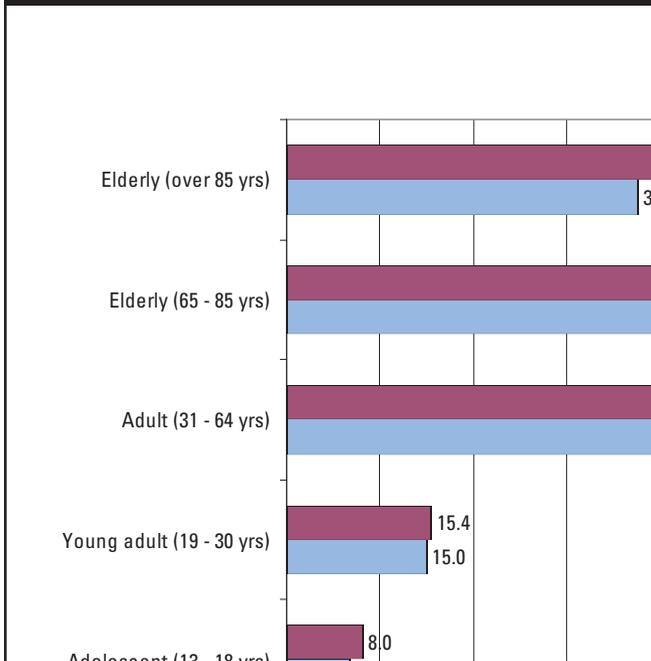
Practice Settings

Overall, respondents reported working most in nursing homes (43.7%) and medical/surgical (29.7%) settings. Rehabilitation (7.8%) and other long-term care settings (7.3%) were the next most frequently reported employment settings. This represented an increase in medical/surgical employment and a decrease in nursing home employment from that reported in the 2000 survey (Smith et al., 2001). See Table 5.

Table 5. Practice Settings

Practice Setting*	2003 (n=1001) %	2000 (n=920) %
Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, postanesthesia recovery, etc.)	6.7	4.5
Medical/surgical unit or any of its subspecialties	29.7	23.3
Pediatrics or nursery	3.7	5.4
Labor and delivery	0.5	1
Postpartum unit	1.7	2.5
Psychiatry or any of its subspecialties	4.2	2.7
Operating room, including outpatient surgery and surgicenters	0.3	0.2
Nursing home, skilled or intermediate care	43.7	47.6
Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)	7.3	5.9
Rehabilitation	7.8	4.6
Subacute unit	2.5	3.4
Transitional care unit	2.5	1.4
Physician's/dentist's office	5.0	7.0
Occupational health	0.3	0.3
Outpatient clinic	1.5	2.5
Home health, including visiting nurse associations	3.4	4.5
Public health	0.5	0.4
Student/school health	0.1	0.7
Hospice care	2.9	1.2
Prison	0.7	0.9
Other	3.8	4.9

*Survey participants could select more than one setting to describe their practices

Figure 5. Percentages of Newly Licensed LPN/VNs Caring for Clients of Different Ages in 2000 and 2003**Figure 6. Percentages of Newly Licensed LPN/VNs Caring for Clients with Different Types of Health Conditions in 2000 and 2003**

Types and Ages of Clients

The newly licensed LPN/VNs reported caring most frequently for clients with stable chronic conditions (50.6%), acutely ill clients (40.9%), clients at end of life (30.7%), clients with behavior/emotional disorders (32.4%) and clients with unstable chronic conditions (21.6%). As noted in Figure 5, these numbers are comparable to those found in the 2000 study (Smith et al., 2001).

The majority of respondents reported caring for elderly clients aged 65 to 85 (72%), adult clients aged 31 to 64 (47.2%) and elderly clients over the age of 85 (37.6%). See Figure 6. These numbers were comparable to those reported in 2000 (Smith et al., 2001).

Shifts Worked

The shifts most commonly worked continued to be days (39.5%) and nights (27.5%). Respondents to this survey were less likely to report working evenings (23.2%) and slightly more likely to report working days or nights than in the 2000 survey (Smith et al., 2001). Only 9.7% reported working rotating shifts. See Figure 7 for shifts reported in 2000 and 2003.

Time Spent in Different Categories of Nursing Activities

The respondents to the current study were asked to record the numbers of hours spent performing specific categories of activities (see Table 6). The hours spent were then converted to proportions of time by

dividing the number of hours reported spent working by the hours reported spent on each activity. Because nurses often perform more than one type of activity at a time, such as teaching while giving medications or providing emotional support while giving routine care, these proportions did not sum to 100. In order to make the proportions of time spent in activities useful to the task of validating the *NCLEX-PN® Examination Test Plan*, the proportions were standardized by dividing the time spent in each category of activity by the sum of hours reportedly spent in all the activities. These standardized proportions have the advantage of summing to 100. The newly licensed LPN/VNs reported spending the greatest amount of time in administering medications (18%), managing care (14%) and performing basic care and comfort measures (13%). The least amount of time was spent on health promotion and maintenance activities (10%) and meeting clients' psychological needs (10%).

Administrative Responsibilities/Primary Administrative Position

Respondents were asked to select, from a predetermined list, the specific administrative roles they performed within their current nursing positions. One or more administrative roles were reported by 43% of the respondents. LPN/VNs working in long-term care (LTC) were much more likely to report performing one or more administrative roles (75% working in LTC, 11% in hospitals, and 29% in community-based settings). Charge nurse was the most frequently reported administrative role (by 31% of all respondents and 60% of LTC respondents) followed by team leader (9% of all respondents and 14% of LTC respondents).

Respondents were also asked to report the approximate percentages of time spent in administrative roles. Overall, 17% of respondents reported spending 80-100% of their work time in administrative roles. The

Figure 7. Newly Licensed LPN/VN Shifts Worked in 2000 and 2003

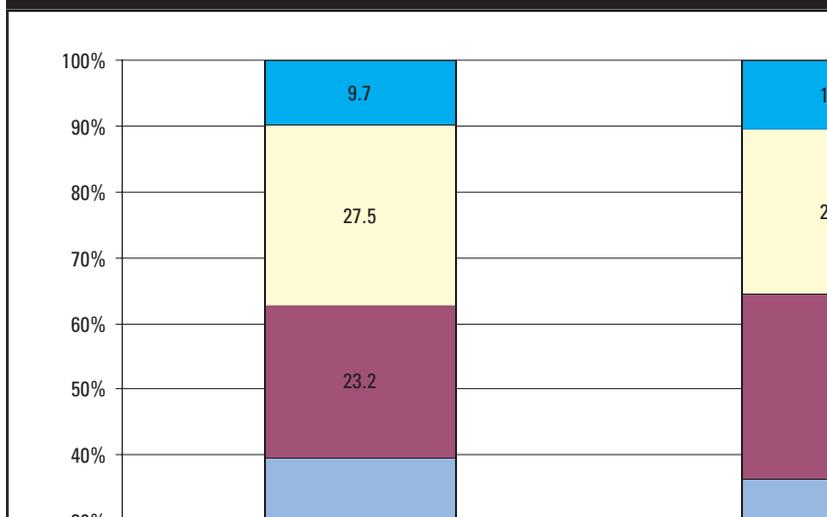


Table 6. Average Time Spent in Different Categories of Nursing Activities

Categories of Activities	Average Hours	Proportion of Work Hours[^]	Standardized Proportion[*]
Perform activities related to the management of care (e.g., supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members; inquire about clients' advance directives; provide for client privacy; act as a client advocate, etc.)	2.7	0.27	0.14
Perform activities related to safety and infection control (e.g., assess clients' home environments; provide a safe care environment; assess for safe functioning of client care equipment; use standard precautions; appropriately use restraints or seclusion, etc.)	2.5	0.25	0.12
Perform activities related to health promotion and maintenance (e.g., provide care appropriate to the client's growth and development; assess family functioning; teach clients/families; provide immunizations; participate in health promotion or health screening activities; respect client's life choices, etc.)	1.9	0.20	0.10
Perform activities related to the psychological needs of clients (e.g., assess for client and family psychological needs; provide support and interventions to assist with coping; maintenance or improvement of psychological functioning; etc.)	2.1	0.22	0.10
Perform activities related to basic care and comfort (e.g., provide routine care such as baths, ambulation, etc.; provide nonpharmacological comfort interventions and nutritional support, etc.)	2.5	0.26	0.13
Perform activities necessary for safe medication administration (e.g., give medications by appropriate routes; check for side effects and/or desired effects, etc.)	3.5	0.36	0.18
Perform activities that reduce the client's risk of developing complications or health problems (e.g., perform assessments; perform and evaluate diagnostic tests; insert urinary catheters or nasogastric tubes, etc.)	2.3	0.23	0.11
Perform activities that provide for the physiological adaptation of the client (e.g., perform breathing treatments and wound dressing changes; care for a client before or after surgery; perform EKGs; take client VSS, etc.)	2.4	0.25	0.12

[^]Hours spent in each category divided by number of hours worked

^{*}Hours spent in each category divided by sum of hours spent in all categories

Table 7. Administrative Responsibilities

Administrative Roles*	Hospital %	LTC %	Community-Based %	Total %
Charge Nurse	5.8	59.7	12.9	31.1
Coordinator	0	0.5	4.0	0.6
House Supervisor	0.2	2.7	3.0	1.7
Team Leader	4.1	14.0	6.9	9
Unit/Area Manager	0.7	2.7	5.0	2.2
Director of Nursing	0	0.2	0	0.1
Other Administrative Role	1.2	5.0	3.0	3.3
None of the Roles Performed	88.9	25.4	71.3	57.3
Percentage of Time Spent in Administrative Roles				
None of the Roles Performed	89	24.7	67	56.4
0-19%	3.9	10.7	5.5	7.3
20-39%	2.4	14.3	4.4	8.2
40-59%	2.4	11.9	6.6	7.3
60-79%	0	6.7	6.6	3.8
80-100%	2.4	31.8	9.9	17.0

*Respondents could select more than one administrative role

Table 8. Alternative/Complementary Therapies Used in Entry-Level Practice

Alternative/Complementary Therapy	%
Do not use alternative/complementary therapies	58.9
Acupressure or therapeutic touch	5.7
Aromatherapy	1.1
Art therapy	4.0
Biofeedback	3.5
Dance therapy	2.4
Imagery	6.3
Massage therapy	10.7
Music therapy	15.0
Naturopathy	0.3
Pet therapy	9.0
Relaxation therapy	22.9
Other	2.6

LPN/VNs working in LTC were much more likely than their counterparts in hospitals and community-based settings to report spending 80-100% of their time performing administrative roles: 32% of those working in LTC, 9.9% in community-based settings and 2.4% in hospitals.

Alternative/Complementary Therapies Used in Entry-Level Practice

Respondents to the 2003 LPN/VN Practice Analysis survey were asked to indicate which, if any, alternative/complementary therapies they used in their current nursing positions. Most respondents (58.9%) indicated that they did not use alternative/complementary therapies. The most commonly used were relaxation therapy (22.9%), music therapy (15%) and massage therapy (10.7%). The least used therapies were naturopathy (0.3%), aromatherapy (1.1%) and dance therapy (2.4%). See Table 8 for the list of alternative/complementary therapies included on the 2003 LPN/VN Practice Analysis survey and the percentages of respondents reporting their use.

Enrollment in RN Educational Programs

Respondents were asked about enrollment in further nursing education. Approximately 21% of respondents reported enrollment in a registered nurse education program and 19% reported that they had applied to such a program but were not currently enrolled. Of those

currently enrolled, 84% were in associate degree programs; 10% were in baccalaureate programs; and 6% were in diploma programs. Of those who had applied but were not enrolled, 47% were completing prerequisite courses; 20% were on waiting lists; 26% could not afford the tuition; 3% were turned away because classes were full; and only 1% failed to meet program requirements. About 18% of respondents reported having a non-nursing college degree.

Summary

The nurses responding to the 2003 LPN/VN Practice Analysis survey were primarily female with an average age of 34 years. Most worked straight day or night shifts in medical/surgical units of hospitals or nursing homes. The majority were provided an orientation with an assigned preceptor or mentor for an average of 4.5 weeks. They spent the majority of their time giving medications, managing care and providing routine care; and 43% reported performing one or more administrative roles within their nursing positions.

Activity Performance Findings

Findings relative to the activities performed by newly licensed nurses are presented in this section of the report. The methods used to collect and analyze activity findings, the representativeness of activity statements, applicability to practice settings, frequency of performance and priority of the activities will be discussed. A validation of survey findings with estimates provided by the subject matter expert panel will also be provided.

Overview of Methods

The 2003 LPN/VN Practice Analysis survey asked respondents to answer two questions about each activity. Question A addressed the frequency of activity performance. The scale of frequency ranged from “never performed in work setting” to 5+. Respondents were instructed to mark “never performed in work setting” then move to the next activity if an activity did not apply to their work setting. If the activity did apply to their work setting they were asked to mark a six-point scale of 0-5+ reflecting the frequency with which they had performed the activity on their last day of work, and complete Question B, rating the overall priority of the activity considering client safety and/or threat of complications or distress on a scale of 1-4 with 1 equaling the lowest priority and 4 representing the highest priority. The respondent ratings were analyzed in three parts. Applicability to practice setting was assessed by analyzing the numbers of respondents not marking the “never performed in

work setting” response. Frequency of activity performance was analyzed using the 0-5+ scale on which respondents recorded their last day’s frequency of activity performance. Priority was evaluated by analyzing the 1-4 priority scale.

Activity Performance Characteristics

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire forms represented what they actually did in their positions. A large majority (95.2%) indicated that the activities were representative of their current practice.

Applicability of Activities to Practice Setting

Respondents indicated whether each of the activities was applicable to his or her work setting by leaving the “never performed in work setting” response unmarked. The percentages of newly licensed nurses indicating that the activities were applicable are reported in Table 9. The activities ranged from 11% applicability (11% of the respondents reported that the activity was performed within their work settings) to 99% (nearly all of the respondents reported the activity was performed within their work setting).

Of the 163 activities included in the study, the activities reported to apply to the settings of the lowest numbers of participants were related to care of maternity clients and

newborns and performing dialysis and laser treatments. The activities with the highest number of participants reporting performance applied to their work setting were those related to the provision of basic care to clients in all settings such as maintaining confidentiality and privacy, documenting care, applying principles of infections control, and following the five rights of medications administration. See Table 9.

Frequency of Activity Performance

Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings. They reported how frequently they performed the activity on the last day they worked on a six-point scale: “0 times” to “5 times or more.” Average frequency statistics were calculated in two ways. The setting-specific frequency of activity performance was calculated by averaging the frequency ratings of those respondents providing ratings (those indicating that the activity applied to their work setting). The total group frequency was calculated by converting the missing frequency ratings to “0” before averaging the rating. See Table 9 for setting-specific and total group frequency statistics.

Setting-Specific

Average setting-specific frequencies ranged from 0.85 to 4.81. The activities performed with the lowest frequency were “lead client group session” (0.85), “discuss sexuality issues with client such as family planning, menopause or erectile dysfunction” (0.86) and “perform check of client’s pacemaker” (0.93). The activities with the highest setting-specific average frequencies of

performance were “maintain client confidentiality” (4.81), “use universal/standard precautions” (4.76) and “document client care” (4.74).

Total Group

Average total group frequencies ranged from 0.15 to 4.41. The activities performed with the lowest total group frequency were “use a laser to remove client’s unwanted hair” (0.15), “provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography” (0.17), and “assist in the removal of client’s body wastes by performing hemodialysis treatment” (0.18). Those activities performed with the overall highest frequency were “maintain client confidentiality” (4.41), “use universal/standard precautions” (4.39) and “document client care” (4.37). Activities rank ordered by average total group frequency may be found in Appendix D.

Priority of Activity Performance

The priority of performing each nursing activity with regard to the maintenance of client safety and/or threat of complications or distress was determined by participants’ responses to the following question: “What is the priority of performing this nursing activity compared to the performance of other nursing activities?” Participants were further requested to consider the priority of activity performance in terms of client safety, namely risk of unnecessary complications, impairment of function or serious distress to clients.

Priority ratings were calculated only for participants who stated that the activity applied to their settings.

Priority ratings were recorded using a four-point scale: “1” (lowest priority) to “4” (highest priority). The average priority values for the 163 nursing activities ranged from a low of 1.65 to a high of 3.93. The activities with the lowest average priority ratings were “use a laser to remove client’s unwanted hair” (1.65), “provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography” (1.87), and “lead client group session” (1.96). The activities with the highest average priority ratings were “follow the rights of medication administration” (3.93), “use universal/standard precautions” (3.92) and “verify the identity of client” (3.89). The average priority rating for each of the 163 activities is reported in Table 9. Activities are shown rank ordered by average priority rating in Appendix E.

Subject Matter Expert Panel Validation of Survey Findings

The subject matter expert panel for the 2003 LPN/VN Practice Analysis survey was asked to provide independent ratings of the 163 activity statements. The panel members estimated the percentage of newly licensed LPN/VNs performing the activities within their practice settings, the average setting-specific daily frequency with which the activities were performed and the average priority of the activities. After the ratings were obtained, average total group frequency estimates were calculated by prorating

the setting-specific frequencies with the estimates of setting applicability. All panel ratings were averaged across panel members and compared to the ratings obtained from the practice analysis survey.

Due to the greater emphasis placed on activity priority in weighing items within the test plan, the priority ratings estimated by the panel members were compared to the average priority ratings from the practice analysis survey. The estimates of the panel members compared to survey findings and sorted by differences in priority ratings may be found in Table 10. There was only one activity for which the panel members estimated a priority that was at least 1 point higher than that found in the survey, “identify signs or symptoms of potential prenatal complication.”

Summary

Respondents to the 2003 LPN/VN Practice Analysis survey found the activities listed in the survey to be representative of the work they performed in their practice settings. Activities with the lowest average total group frequency ratings corresponded to those activities performed in specialized areas of nursing practice. Subject matter expert panel estimates of average frequency and priority ratings were compared to those obtained with the survey showing a priority rating discrepancy of 1 or more points for only 1 of the 163 activity items.

Table 9. Applicability to Setting and Average Frequency of Performance and Priority Ratings

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
1	Use data from various sources in making clinical decisions	89	2.96	2.50	3.09
2	Independently develop client's plan of care	48	1.95	0.92	2.65
3	Contribute to the development of client's plan of care	83	2.9	2.29	2.94
4	Independently make change in client's plan of care	57	1.78	1.00	2.51
5	Contribute to change made in client's plan of care	81	2.57	1.97	2.87
6	Make client care or related task assignment	71	3.02	2.06	2.93
7	Delegate specific task to assistive personnel such as nursing assistant	91	3.96	3.40	2.98
8	Organize and prioritize care for assigned group of clients	76	3.76	2.78	3.3
9	Provide input for performance evaluations of other staff	68	1.81	1.18	2.6
10	Recognize and resolve staff conflict through appropriate use of chain of command	79	1.71	1.30	2.88
11	Advocate for client rights or needs	93	2.87	2.54	3.39
12	Promote client/family self-advocacy	83	2.58	2.03	2.93
13	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	45	1.28	0.56	2.38
14	Include client in client care decision-making	89	2.99	2.54	3.25
15	Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services	96	3.39	3.06	3.58
16	Refer client/family to appropriate resources	85	2.09	1.71	2.87
17	Follow up with client/family after discharge	40	1.2	0.46	2.22
18	Participate in education of staff	72	1.88	1.30	2.86
19	Participate in orientation of new employee	66	1.34	0.87	2.67
20	Recognize task/assignment you are not prepared to perform and seek assistance	96	2.35	2.15	3.49
21	Report or intervene to prevent unsafe practice of health care provider	75	1.12	0.81	3.38
22	Discharge client to home or transfer client to another facility	78	2.34	1.76	2.88
23	Document client care	99	4.74	4.37	3.65
24	Take verbal or phone order	87	3.19	2.67	3.47
25	Transcribe physician order	83	2.99	2.32	3.41

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
26	Decide level or type of care needed from phone conversation with client – perform phone triage	29	1.56	0.44	2.52
27	Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease	77	1.37	0.99	3.4
28	Obtain client's signature on consent form	77	2.27	1.68	3.15
29	Maintain client confidentiality	99	4.81	4.41	3.86
30	Provide for privacy needs	99	4.52	4.22	3.53
31	Provide information about advance directives	78	1.81	1.36	3.01
32	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment	95	2.97	2.73	3.59
33	Evaluate the appropriateness of order for client	91	3.05	2.62	3.21
34	Verify the identity of client	94	4.66	4.24	3.89
35	Use proper body mechanics when lifting	97	3.98	3.58	3.56
36	Use universal/standard precautions	98	4.76	4.39	3.92
37	Identify client allergies	92	3.1	2.69	3.47
38	Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan	79	1.68	1.28	3.06
39	Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients	82	1.32	1.04	3.18
40	Apply and/or monitor use of least restrictive restraints or seclusion	74	2.46	1.77	3.06
41	Use aseptic/sterile technique	98	3.64	3.34	3.76
42	Follow protocol for timed client monitoring such as suicide precautions, restraint/seclusion check or safety checks	78	2.74	2.07	3.4
43	Independently plan and provide education to client/family about safety precautions	78	2.24	1.66	3.07
44	Assist in or reinforce education to client/family about safety precautions	91	2.58	2.19	3.17
45	Provide resources for end-of-life and/or beginning-of-life issues and choices	67	1.64	1.06	2.73
46	Perform fetal heart monitoring for client during pregnancy, before labor	11	1.96	0.21	2.2
47	Provide care that meets the special needs of the newborn – less than 1 month old	16	1.74	0.27	2.28

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
48	Provide care that meets the special needs of infants or children aged 1 month to 12 years	21	2.31	0.49	2.45
49	Provide care that meets the special needs of adolescents aged 13 to 18 years	29	2.02	0.59	2.51
50	Provide care that meets the special needs of young adults aged 19 to 30 years	50	2.66	1.31	2.9
51	Provide care that meets the special needs of adults aged 31 to 64 years	79	3.77	2.88	3.29
52	Provide care that meets the special needs of clients aged 65 to 85 years of age	92	4.24	3.67	3.51
53	Provide care that meets the special needs of clients older than 85 years of age	88	3.71	3.09	3.44
54	Monitor a client in labor	15	1.47	0.22	2.3
55	Monitor a client's postpartum recovery	22	2.47	0.53	2.65
56	Compare a client's development to norms	79	2.51	1.88	2.86
57	Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement	41	1.94	0.78	2.47
58	Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction	40	0.86	0.33	2.14
59	Participate in a health screening or health promotion program such as blood pressure screening or health fair	34	1.7	0.56	2.18
60	Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use	53	1.72	0.89	2.63
61	Recognize barriers to communication or learning	92	3.13	2.80	3.17
62	Collect data for initial or admission health history	84	2.58	2.08	3.2
63	Compare data collected for health history to expected norms for decision making or care planning	72	2.29	1.62	2.95
64	Collect baseline physical data on admission of client	84	2.62	2.13	3.23
65	Compare baseline physical data to norms for decision making or care planning	77	2.52	1.88	3.06
66	Provide emotional support to client/family	97	3.42	3.13	3.33
67	Collect data on client's psychological status and ability to cope	75	2.57	1.89	2.94

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
68	Compare data collected on psychological status and ability to cope to norms for decision-making and care planning	64	2.15	1.34	2.77
69	Identify client's use of effective and ineffective coping mechanisms	89	2.87	2.45	3.04
70	Provide client/family with information about condition, expected prognosis and outcomes	84	2.43	1.98	2.99
71	Promote client's positive self-esteem	96	3.83	3.48	3.29
72	Identify significant lifestyle changes that may affect recovery	80	2.09	1.59	2.86
73	Identify significant body changes that may affect recovery	85	2.31	1.89	3.23
74	Listen to family/client concerns	97	3.87	3.46	3.38
75	Collect data on client's potential for violence	68	1.65	1.09	2.91
76	Compare data collected on client's potential for violence to norms for decision making and care planning	63	1.58	0.98	2.76
77	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	74	1.86	1.31	2.92
78	Explore cause of client's behavior	87	2.85	2.37	3.08
79	Independently plan and provide education to caregivers/family on ways to manage client with behavioral disorders	51	1.68	0.86	2.65
80	Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders	60	1.93	1.15	2.75
81	Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography	17	1.12	0.17	1.87
82	Participate in behavior management program by recognizing environmental stressors and/or providing a therapeutic environment	71	2.69	1.86	2.95
83	Explore why client is refusing or not following treatment plan	92	2.31	2.00	3.15
84	Lead client group session	31	0.85	0.26	1.96
85	Participate in client group session	37	1.4	0.50	2.14
86	Assist with coping related to grief and loss	84	1.89	1.51	3.05
87	Make adjustment to care with consideration of client's spiritual or cultural beliefs	80	1.82	1.42	3.02
88	Use transfer assistance device such as t-belt, slide board or mechanical lift	84	2.42	1.94	3.07

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
89	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care	36	1.9	0.68	2.19
90	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment	88	3.57	2.96	3.31
91	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)	83	3.42	2.77	3.44
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids or monitoring intake and output (I & O)	92	4.06	3.52	3.42
93	Provide care or support for client/family at end of life	81	2.32	1.77	3.35
94	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning	87	2.63	2.19	2.99
95	Provide care for a client's drainage device such as wound drain or chest tube	67	2.13	1.39	3.04
96	Assist with activities of daily living such as dressing, grooming or bathing	85	2.77	2.23	2.86
97	Remove a client's drain such as hemovac, Jackson Pratt or penrose	43	1.17	0.49	2.53
98	Intervene to improve client's elimination by instituting bowel or bladder management	82	2.35	1.84	3.03
99	Assess pain utilizing rating scale	94	4.12	3.74	3.56
100	Provide measures to promote sleep/rest	89	2.97	2.55	3.1
101	Use measures to maintain client's skin integrity such as skin care, turning or use of a special mattress	92	4.29	3.76	3.71
102	Follow the rights of medication administration	98	4.67	4.21	3.93
103	Maintain current, accurate medication list or medication administration record (MAR)	96	4.63	4.25	3.86
104	Monitor transfusion of blood product	40	1.53	0.59	3.05
105	Administer blood product	28	1.56	0.43	2.81
106	Assess client's intravenous (IV) site and flow rate	74	3.3	2.31	3.37
107	Provide medication by oral route	95	4.59	4.12	3.67

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
108	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube or j-tube	85	3.1	2.53	3.43
109	Give a subcutaneous (SQ), intradermal or intramuscular (IM) medication	96	3.53	3.21	3.44
110	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose or topical	95	3.53	3.18	3.34
111	Give a medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB) or intravenous (IV) fluids	58	3.01	1.72	3.17
112	Provide medication through peripheral intravenous line by intravenous push (IVP)	32	2.27	0.72	2.66
113	Give intravenous (IV) fluid or intravenous piggyback (IVPB) or intravenous push (IVP) medication through a central venous catheter	38	2.08	0.78	2.77
114	Give total parenteral nutrition (TPN)	53	1.82	0.92	2.97
115	Start initial peripheral intravenous (IV) line on adult client	55	2.17	1.17	2.99
116	Start or restart an intravenous (IV) line on a pediatric client (a client 16 years of age or younger)	19	1.31	0.25	2.3
117	Restart an intravenous (IV) line on an adult client (client older than 16 years of age)	47	2.17	1.03	2.84
118	Phone in client prescriptions to pharmacy	75	2.7	1.94	3.06
119	Count narcotics/controlled substances	91	3.74	3.29	3.58
120	Perform risk assessment including sensory impairment, potential for falls and level of mobility	90	3.57	3.03	3.56
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error	88	2.26	1.91	3.55
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia	92	3.02	2.62	3.63
123	Perform bladder scan	31	1.81	0.55	2.32
124	Provide cooling measures for elevated temperature	89	2.22	1.89	3.34
125	Insert urinary catheter	88	2.36	1.99	3.16
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter or other line or tube	82	2.26	1.79	3
127	Perform wound care and/or dressing change	95	3.22	2.87	3.44

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PRACTICE ANALYSIS

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
128	Collect specimen such as urine, stool or sputum for diagnostic testing	90	2.43	2.09	3.07
129	Monitor continuous or intermittent suction of nasogastric (NG) tube	64	2	1.24	3.05
130	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	83	1.84	1.48	3.07
131	Change/reinsert gastrointestinal tube (g-tube)	46	1.28	0.57	2.76
132	Monitor diagnostic or laboratory test results	90	3.22	2.74	3.37
133	Insert nasogastric (NG) tube	47	1.14	0.52	2.79
134	Identify signs or symptoms of potential prenatal complication	17	1.61	0.27	2.42
135	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)	97	4.29	4.01	3.58
136	Perform neurological or circulatory check	91	2.83	2.45	3.48
137	Perform reassessment of selected system or systems such as recheck vital signs (VS), reassess lung sounds, reassess gastrointestinal system and assess edema or weight	96	3.6	3.30	3.55
138	Collect data on client's nutrition or hydration status	93	3.76	3.27	3.4
139	Compare data collected on client's nutritional or hydration status to norms for decision making and care planning	83	2.67	2.12	3.13
140	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder	90	2.96	2.52	3.57
141	Provide care to client in traction	43	1.47	0.62	2.59
142	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration	73	1.11	0.80	3.52
143	Provide intraoperative care such as positioning client for surgery, maintaining sterile field or providing operative observation	35	2.25	0.77	2.92
144	Intervene to improve client's respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning	91	3.1	2.66	3.73
145	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation	95	3.6	3.28	3.57

Table 9, continued

#	Activity	Apply to Setting (%)	Average Frequency (Setting Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority 1-4
146	Provide care for a client's tracheostomy	63	1.62	0.98	3.14
147	Identify and treat a client's intravenous (IV) line infiltration	71	2.05	1.40	3.27
148	Remove a client's wound sutures or staples	70	1.47	1.00	2.72
149	Apply or remove immobilizing equipment such as a splint or brace	73	2.01	1.43	2.71
150	Perform an electrocardiogram (EKG/ECG)	30	1.63	0.48	2.51
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	78	2.03	1.53	3.28
152	Use a laser to remove client's unwanted hair	13	1.2	0.15	1.65
153	Perform a microderm abrasion procedure	29	1.03	0.30	2.25
154	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges	23	1.34	0.30	2.59
155	Assist in the removal of client's body wastes by performing hemodialysis treatment	17	1.11	0.18	2.44
156	Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing	49	1.71	0.82	2.76
157	Provide care to client on ventilator	33	1.64	0.54	2.97
158	Perform check of client's pacemaker	46	0.93	0.42	2.73
159	Administer phototherapy treatment to newborn	14	1.59	0.21	2.36
160	Perform care for client before or after surgical procedure	70	2.44	1.64	3.27
161	Identify abnormalities on a client's cardiac monitor strip	40	1.9	0.74	3.05
162	Monitor a client recovering from conscious sedation	52	1.58	0.80	3.07
163	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine	99	3.43	3.23	3.71

Table 10. Average Frequency and Priority Item Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	
134	Identify signs or symptoms of potential prenatal complication	17	1.61	0.27	2.42	21	1.41	0.27	3.63	-0.20	0.00	1.21
54	Monitor a client in labor	15	1.47	0.22	2.3	22	1.63	0.28	3.25	0.16	0.06	0.95
104	Monitor transfusion of blood product	40	1.53	0.59	3.05	33	1.83	1.02	3.88	0.30	0.43	0.83
47	Provide care that meets the special needs of the newborn – less than 1 month old	16	1.74	0.27	2.28	18	1.79	0.27	3.00	0.05	0.00	0.72
33	Evaluate the appropriateness of order for client	91	3.05	2.62	3.21	70	2.22	1.68	3.89	-0.83	-0.94	0.68
46	Perform fetal heart monitoring for client during pregnancy, before labor	11	1.96	0.21	2.2	16	1.64	0.27	2.88	-0.32	0.06	0.68
159	Administer phototherapy treatment to newborn	14	1.59	0.21	2.36	15	0.80	0.14	2.96	-0.79	-0.07	0.60
49	Provide care that meets the special needs of adolescents aged 13 to 18 years	29	2.02	0.59	2.51	42	3.11	1.42	3.11	1.09	0.84	0.60
88	Use transfer assistance device such as t-belt, slide board or mechanical lift	84	2.42	1.94	3.07	81	3.29	2.55	3.67	0.87	0.61	0.60
116	Start or restart an intravenous (IV) line on a pediatric client (a client 16 years of age or younger)	19	1.31	0.25	2.3	27	0.96	0.45	2.88	-0.35	0.20	0.58
154	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges	23	1.34	0.30	2.59	19	1.33	0.39	3.14	-0.02	0.09	0.55
48	Provide care that meets the special needs of infants or children aged 1 month to 12 years	21	2.31	0.49	2.45	40	2.58	0.95	3.00	0.27	0.45	0.55

26	Decide level or type of care needed from phone conversation with client – perform phone triage	29	1.56	0.44	2.52	29	2.43	0.97	3.06	0.87	0.52	0.54
37	Identify client allergies	92	3.1	2.69	3.47	94	3.72	3.46	4.00	0.62	0.77	0.53
11	Advocate for client rights or needs	93	2.87	2.54	3.39	74	2.56	2.10	3.89	-0.31	-0.44	0.50
142	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration	73	1.11	0.80	3.52	59	1.29	1.02	4.00	0.18	0.23	0.48
14	Include client in client care decision making	89	2.99	2.54	3.25	82	3.94	3.54	3.72	0.95	1.01	0.47
90	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment	88	3.57	2.96	3.31	80	4.44	3.54	3.78	0.87	0.58	0.47
1	Use data from various sources in making clinical decisions	89	2.96	2.50	3.09	88	4.67	4.14	3.56	1.71	1.64	0.47
91	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)	83	3.42	2.77	3.44	72	2.83	2.27	3.89	-0.59	-0.50	0.45
50	Provide care that meets the special needs of young adults aged 19 to 30 years	50	2.66	1.31	2.9	52	3.44	2.02	3.33	0.78	0.71	0.43
39	Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients	82	1.32	1.04	3.18	76	1.19	1.02	3.61	-0.13	-0.02	0.43
15	Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services	96	3.39	3.06	3.58	91	4.19	4.06	4.00	0.80	1.01	0.42

Master #		Activity		Survey Results			SME Panel Estimates			Rating Differences		
				Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference
55		22	2.47	0.53	2.65	23	1.94	0.51	3.06	-0.53	-0.03	0.41
141		43	1.47	0.62	2.59	34	1.71	1.17	3.00	0.24	0.54	0.41
12		83	2.58	2.03	2.93	73	2.19	1.76	3.28	-0.39	-0.26	0.35
3		83	2.9	2.29	2.94	83	3.17	2.83	3.28	0.27	0.55	0.34
17		40	1.2	0.46	2.22	27	1.45	0.64	2.56	0.25	0.18	0.34
40		74	2.46	1.77	3.06	72	2.39	1.98	3.39	-0.07	0.21	0.33
42		78	2.74	2.07	3.4	61	2.31	1.81	3.72	-0.43	-0.26	0.32
59		34	1.7	0.56	2.18	48	1.62	1.02	2.50	-0.08	0.46	0.32
96		85	2.77	2.23	2.86	78	4.39	3.45	3.17	1.62	1.22	0.31
143		35	2.25	0.77	2.92	29	2.25	0.83	3.22	0.00	0.06	0.30
20		96	2.35	2.15	3.49	68	1.58	1.24	3.78	-0.77	-0.91	0.29
21		75	1.12	0.81	3.38	44	1.06	0.69	3.67	-0.06	-0.12	0.29

157	Provide care to client on ventilator	33	1.64	0.54	2.97	31	1.59	0.70	3.25	-0.05	0.16	0.28
125	Insert urinary catheter	88	2.36	1.99	3.16	63	1.50	1.24	3.44	-0.86	-0.75	0.28
155	Assist in the removal of client's body wastes by performing hemodialysis treatment	17	1.11	0.18	2.44	19	1.31	0.39	2.71	0.20	0.21	0.27
81	Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography	17	1.12	0.17	1.87	27	1.09	0.53	2.14	-0.03	0.35	0.27
161	Identify abnormalities on a client's cardiac monitor strip	40	1.9	0.74	3.05	30	1.73	0.57	3.31	-0.17	-0.17	0.26
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids, or monitoring intake and output (I & O)	92	4.06	3.52	3.42	80	3.83	3.21	3.67	-0.23	-0.30	0.25
147	Identify and treat a client's intravenous (IV) line infiltration	71	2.05	1.40	3.27	46	1.42	1.04	3.50	-0.63	-0.36	0.23
77	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	74	1.86	1.31	2.92	37	2.01	1.32	3.14	0.15	0.01	0.22
75	Collect data on client's potential for violence	68	1.65	1.09	2.91	35	1.88	1.33	3.11	0.23	0.24	0.20
5	Contribute to change made in client's plan of care	81	2.57	1.97	2.87	80	3.22	2.88	3.06	0.65	0.91	0.19
41	Use aseptic/sterile technique	98	3.64	3.34	3.76	97	3.61	3.51	3.94	-0.03	0.17	0.18
140	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder	90	2.96	2.52	3.57	61	2.12	1.61	3.75	-0.84	-0.91	0.18

		Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
Master #	Activity											
163	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine	99	3.43	3.23	3.71	87	3.33	3.06	3.89	-0.10	-0.17	0.18
58	Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction	40	0.86	0.33	2.14	38	1.78	0.84	2.31	0.92	0.51	0.17
35	Use proper body mechanics when lifting	97	3.98	3.58	3.56	83	4.22	3.83	3.72	0.24	0.25	0.16
110	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose or topical	95	3.53	3.18	3.34	79	3.33	2.96	3.50	-0.20	-0.22	0.16
133	Insert nasogastric (NG) tube	47	1.14	0.52	2.79	39	1.09	0.78	2.94	-0.05	0.26	0.15
103	Maintain current, accurate medication list or medication administration record (MAR)	96	4.63	4.25	3.86	91	4.89	4.46	4.00	0.26	0.20	0.14
32	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment	95	2.97	2.73	3.59	82	1.22	1.11	3.72	-1.75	-1.62	0.13
136	Perform neurological or circulatory check	91	2.83	2.45	3.48	77	2.56	2.28	3.61	-0.27	-0.17	0.13
106	Assess client's intravenous (IV) site and flow rate	74	3.3	2.31	3.37	55	2.91	2.10	3.50	-0.39	-0.22	0.13
23	Document client care	99	4.74	4.37	3.65	100	4.89	4.89	3.78	0.15	0.52	0.13
158	Perform check of client's pacemaker	46	0.93	0.42	2.73	28	1.54	0.69	2.86	0.61	0.27	0.13

127	Perform wound care and/or dressing change	95	3.22	2.87	3.44	82	2.89	2.49	3.56	-0.33	-0.38	0.12
72	Identify significant lifestyle change that may affect recovery	80	2.09	1.59	2.86	49	1.83	1.23	2.97	-0.26	-0.37	0.11
34	Verify the identity of client	94	4.66	4.24	3.89	100	5.00	5.00	4.00	0.34	0.76	0.11
84	Lead client group session	31	0.85	0.26	1.96	28	0.90	0.50	2.06	0.05	0.24	0.10
89	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care	36	1.9	0.68	2.19	25	1.14	0.57	2.28	-0.76	-0.11	0.09
135	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)	97	4.29	4.01	3.58	94	4.72	4.44	3.67	0.43	0.44	0.09
80	Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders	60	1.93	1.15	2.75	46	2.31	1.39	2.83	0.38	0.25	0.08
102	Follow the rights of medication administration	98	4.67	4.21	3.93	93	5.00	4.67	4.00	0.33	0.45	0.07
101	Use measures to maintain client's skin integrity such as skin care, turning or use of a special mattress	92	4.29	3.76	3.71	76	3.89	2.95	3.78	-0.40	-0.81	0.07
105	Administer blood product	28	1.56	0.43	2.81	29	1.34	0.67	2.88	-0.22	0.24	0.06
137	Perform reassessment of selected system or systems such as recheck vital signs (VS), reassess lung sounds, reassess gastrointestinal system, assess edema or weight	96	3.6	3.30	3.55	88	4.11	3.76	3.61	0.51	0.46	0.06
109	Give a subcutaneous (SC), intradermal or intramuscular (IM) medication	96	3.53	3.21	3.44	83	3.61	3.11	3.50	0.08	-0.10	0.06
27	Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease	77	1.37	0.99	3.4	46	1.39	1.10	3.44	0.02	0.10	0.04
51	Provide care that meets the special needs of adults aged 31 to 64 years	79	3.77	2.88	3.29	56	4.11	2.39	3.33	0.34	-0.49	0.04

		Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
Master #	Activity	92	3.02	2.62	3.63	65	1.46	1.18	3.67	-1.56	-1.44	0.04
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia											
8	Organize and prioritize care for assigned group of clients	76	3.76	2.78	3.3	79	4.44	4.16	3.33	0.68	1.37	0.03
85	Participate in client group session	37	1.4	0.50	2.14	31	0.97	0.51	2.17	-0.43	0.02	0.03
30	Provide for privacy needs	99	4.52	4.22	3.53	94	4.78	4.61	3.56	0.26	0.40	0.03
7	Delegate specific task to assistive personnel such as nursing assistant	91	3.96	3.40	2.98	76	4.25	3.66	3.00	0.29	0.25	0.02
45	Provide resources for end-of-life and/or beginning-of-life issues and choices	67	1.64	1.06	2.73	59	1.44	1.08	2.75	-0.20	0.02	0.02
76	Compare data collected on client's potential for violence to norms for decision making and care planning	63	1.58	0.98	2.76	24	1.14	0.53	2.78	-0.44	-0.45	0.02
83	Explore why client is refusing or not following treatment plan	92	2.31	2.00	3.15	56	2.28	1.45	3.17	-0.03	-0.55	0.02
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error	88	2.26	1.91	3.55	59	1.69	1.39	3.56	-0.57	-0.52	0.01
53	Provide care that meets the special needs of clients aged older than 85 years of age	88	3.71	3.09	3.44	63	4.11	2.39	3.44	0.40	-0.70	0.00
67	Collect data on client's psychological status and ability to cope	75	2.57	1.89	2.94	54	2.17	1.45	2.94	-0.40	-0.44	0.00
146	Provide care for a client's tracheostomy	63	1.62	0.98	3.14	42	1.34	0.86	3.13	-0.28	-0.13	-0.02
36	Use universal/standard precautions	98	4.76	4.39	3.92	100	4.78	4.78	3.89	0.02	0.38	-0.03

16	Refer client/family to appropriate resources	85	2.09	1.71	2.87	65	2.10	1.53	2.83	0.01	-0.18	-0.04
95	Provide care for a client's drainage device such as wound drain or chest tube	67	2.13	1.39	3.04	53	2.22	1.38	3.00	0.09	-0.01	-0.04
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter or other line or tube	82	2.26	1.79	3	65	1.69	1.45	2.94	-0.57	-0.35	-0.06
52	Provide care that meets the special needs of clients 65 to 85 years of age	92	4.24	3.67	3.51	66	4.56	2.92	3.44	0.32	-0.75	-0.07
60	Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use	53	1.72	0.89	2.63	46	1.92	1.41	2.56	0.20	0.52	-0.07
61	Recognize barriers to communication or learning	92	3.13	2.80	3.17	59	1.94	1.46	3.08	-1.19	-1.34	-0.09
117	Restart an intravenous (IV) line on an adult client (client older than 16 years of age)	47	2.17	1.03	2.84	44	1.46	0.96	2.75	-0.71	-0.07	-0.09
144	Intervene to improve client's respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning	91	3.1	2.66	3.73	71	2.52	1.85	3.64	-0.58	-0.81	-0.09
100	Provide measures to promote sleep/rest	89	2.97	2.55	3.1	67	2.89	2.14	3.00	-0.08	-0.41	-0.10
97	Remove a client's drain such as hemovac, Jackson Pratt or penrose	43	1.17	0.49	2.53	31	1.16	0.54	2.43	-0.01	0.06	-0.10
111	Give a medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB) or intravenous (IV) fluids	58	3.01	1.72	3.17	53	1.67	1.21	3.06	-1.34	-0.52	-0.11
115	Start initial peripheral intravenous (IV) line on adult client	55	2.17	1.17	2.99	46	1.57	1.06	2.88	-0.60	-0.11	-0.12

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
82	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	71	2.69	1.86	2.95	37	2.47	1.41	2.83	-0.22	-0.45	-0.12
138	Collect data on client's nutrition or hydration status	93	3.76	3.27	3.4	80	3.24	2.69	3.28	-0.52	-0.57	-0.12
73	Identify significant body change that may affect recovery	85	2.31	1.89	3.23	51	2.00	1.33	3.08	-0.31	-0.55	-0.15
108	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube or j-tube	85	3.1	2.53	3.43	71	2.89	2.21	3.28	-0.21	-0.32	-0.15
93	Provide care or support for client/family at end of life	81	2.32	1.77	3.35	58	1.61	1.17	3.19	-0.71	-0.61	-0.16
22	Discharge client to home or transfer client to another facility	78	2.34	1.76	2.88	79	2.31	2.03	2.72	-0.03	0.26	-0.16
68	Compare data collected on psychological status and ability to cope to norms for decision making and care planning	64	2.15	1.34	2.77	32	1.33	0.69	2.61	-0.82	-0.65	-0.16
107	Provide medication by oral route	95	4.59	4.12	3.67	92	5.00	4.58	3.50	0.41	0.46	-0.17
129	Monitor continuous or intermittent suction of nasogastric (NG) tube	64	2	1.24	3.05	67	1.46	1.14	2.88	-0.54	-0.10	-0.18
128	Collect specimen such as urine, stool or sputum for diagnostic testing	90	2.43	2.09	3.07	86	2.33	2.16	2.89	-0.10	0.07	-0.18
132	Monitor diagnostic or laboratory test results	90	3.22	2.74	3.37	52	2.06	1.19	3.19	-1.16	-1.55	-0.18

66	Provide emotional support to client/family	97	3.42	3.13	3.33	74	3.50	2.90	3.14	0.08	-0.23	-0.19
78	Explore cause of client's behavior	87	2.85	2.37	3.08	43	2.69	1.69	2.89	-0.16	-0.68	-0.19
29	Maintain client confidentiality	99	4.81	4.41	3.86	100	5.00	5.00	3.67	0.19	0.59	-0.19
130	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	83	1.84	1.48	3.07	43	1.14	0.83	2.88	-0.70	-0.65	-0.20
44	Assist in or reinforce education to client/family about safety precautions	91	2.58	2.19	3.17	57	1.94	1.39	2.97	-0.64	-0.80	-0.20
63	Compare data collected for health history to expected norms for decision making or care planning	72	2.29	1.62	2.95	48	1.56	1.10	2.75	-0.73	-0.52	-0.20
156	Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing	49	1.71	0.82	2.76	33	1.78	0.58	2.56	0.07	-0.24	-0.20
94	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning	87	2.63	2.19	2.99	63	2.39	1.66	2.78	-0.24	-0.54	-0.21
13	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	45	1.28	0.56	2.38	48	1.69	1.26	2.17	0.41	0.70	-0.21
19	Participate in orientation of new employee	66	1.34	0.87	2.67	39	1.34	0.68	2.44	0.00	-0.19	-0.23
124	Provide cooling measures for elevated temperature	89	2.22	1.89	3.34	56	1.28	0.95	3.11	-0.94	-0.93	-0.23
98	Intervene to improve client's elimination by instituting bowel or bladder management	82	2.35	1.84	3.03	39	1.86	1.13	2.78	-0.49	-0.72	-0.25
28	Obtain client's signature on consent form	77	2.27	1.68	3.15	60	1.65	1.34	2.89	-0.62	-0.34	-0.26
79	Independently plan and provide education to caregivers/family on ways to manage client with behavioral disorders	51	1.68	0.86	2.65	19	1.28	0.74	2.39	-0.41	-0.12	-0.26

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
120	Perform risk assessment including sensory impairment, potential for falls and level of mobility	90	3.57	3.03	3.56	60	2.72	2.03	3.28	-0.85	-1.00	-0.28
162	Monitor a client recovering from conscious sedation	52	1.58	0.80	3.07	22	1.22	0.44	2.79	-0.36	-0.36	-0.28
139	Compare data collected on client's nutritional or hydration status to norms for decision making and care planning	83	2.67	2.12	3.13	49	2.39	1.83	2.84	-0.28	-0.28	-0.29
149	Apply or remove immobilizing equipment such as a splint or brace	73	2.01	1.43	2.71	52	1.61	1.09	2.42	-0.40	-0.34	-0.29
148	Remove a client's wound sutures or staples	70	1.47	1.00	2.72	51	1.37	1.05	2.42	-0.10	0.05	-0.30
71	Promote client's positive self-esteem	96	3.83	3.48	3.29	66	3.33	2.33	2.97	-0.50	-1.15	-0.32
123	Perform bladder scan	31	1.81	0.55	2.32	10	0.81	0.15	2.00	-1.00	-0.39	-0.32
145	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation	95	3.6	3.28	3.57	76	2.63	2.15	3.25	-0.97	-1.13	-0.32
131	Change/reinsert gastrointestinal tube (g-tube)	46	1.28	0.57	2.76	24	0.70	0.30	2.43	-0.58	-0.27	-0.33
87	Make adjustment to care with consideration of client's spiritual or cultural beliefs	80	1.82	1.42	3.02	59	1.61	1.20	2.69	-0.21	-0.21	-0.33
99	Assess pain utilizing rating scale	94	4.12	3.74	3.56	80	3.94	3.34	3.22	-0.18	-0.40	-0.34
119	Count narcotics/controlled substances	91	3.74	3.29	3.58	87	2.33	2.19	3.22	-1.41	-1.10	-0.36
6	Make client care or related task assignment	71	3.02	2.06	2.93	51	2.79	1.88	2.57	-0.23	-0.18	-0.36
24	Take verbal or phone order	87	3.19	2.67	3.47	71	4.13	2.90	3.11	0.94	0.23	-0.36

56	Compare a client's development to norms	79	2.51	1.88	2.86	27	1.49	0.68	2.50	-1.02	-1.21	-0.36
74	Listen to family/client concerns	97	3.87	3.46	3.38	89	4.11	3.81	3.00	0.24	0.35	-0.38
65	Compare baseline physical data to norms for decision making or care planning	77	2.52	1.88	3.06	46	1.50	1.05	2.67	-1.02	-0.83	-0.39
160	Perform care for client before or after surgical procedure	70	2.44	1.64	3.27	61	2.56	1.64	2.88	0.12	-0.01	-0.40
57	Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement	41	1.94	0.78	2.47	39	1.91	1.21	2.06	-0.03	0.43	-0.41
25	Transcribe physician order	83	2.99	2.32	3.41	76	4.06	3.30	3.00	1.07	0.98	-0.41
62	Collect data for initial or admission health history	84	2.58	2.08	3.2	56	2.63	1.90	2.78	0.04	-0.18	-0.42
69	Identify client's use of effective and ineffective coping mechanisms	89	2.87	2.45	3.04	43	2.25	1.49	2.61	-0.62	-0.96	-0.43
43	Independently plan and provide education to client/family about safety precautions	78	2.24	1.66	3.07	38	1.83	1.16	2.64	-0.41	-0.50	-0.43
38	Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan	79	1.68	1.28	3.06	67	1.18	0.88	2.61	-0.50	-0.40	-0.45
64	Collect baseline physical data on admission of client	84	2.62	2.13	3.23	53	2.06	1.49	2.78	-0.56	-0.64	-0.45
10	Recognize and resolve staff conflict through appropriate use of chain of command	79	1.71	1.30	2.88	56	1.60	1.24	2.42	-0.11	-0.06	-0.46
113	Give intravenous (IV) fluid or intravenous piggyback (IVPB) or intravenous push (IVP) medication through a central venous catheter	38	2.08	0.78	2.77	17	1.00	0.51	2.29	-1.08	-0.26	-0.48

		Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
Master #	Activity											
118	Phone in client prescriptions to pharmacy	75	2.7	1.94	3.06	49	1.90	1.18	2.57	-0.80	-0.77	-0.49
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	78	2.03	1.53	3.28	54	2.33	1.22	2.78	0.30	-0.32	-0.50
4	Independently make change in client's plan of care	57	1.78	1.00	2.51	31	1.13	0.55	2.00	-0.66	-0.44	-0.51
150	Perform an electrocardiogram (EKG/ECG)	30	1.63	0.48	2.51	28	1.28	0.52	2.00	-0.36	0.04	-0.51
2	Independently develop clients plan of care	48	1.95	0.92	2.65	24	1.32	0.60	2.13	-0.63	-0.33	-0.53
114	Give total parenteral nutrition (TPN)	53	1.82	0.92	2.97	21	0.91	0.46	2.43	-0.91	-0.46	-0.54
9	Provide input for performance evaluations of other staff	68	1.81	1.18	2.6	59	1.12	0.72	2.06	-0.69	-0.46	-0.54
86	Assist with coping related to grief and loss	84	1.89	1.51	3.05	56	1.89	1.24	2.50	0.00	-0.27	-0.55
112	Provide medication through peripheral intravenous line by intravenous push (IVP)	32	2.27	0.72	2.66	18	0.95	0.50	2.08	-1.32	-0.22	-0.58
70	Provide client/family information about condition, expected prognosis and outcomes	84	2.43	1.98	2.99	37	2.01	1.11	2.39	-0.42	-0.87	-0.60
152	Use a laser to remove client's unwanted hair	13	1.2	0.15	1.65	7	1.25	0.08	1.04	0.05	-0.07	-0.61
31	Provide information about advance directives	78	1.81	1.36	3.01	58	1.50	1.24	2.39	-0.31	-0.12	-0.62

153	Perform a microderm abrasion procedure	29	1.03	0.30	2.25	14	1.21	0.14	1.61	0.18	-0.15	-0.64
18	Participate in education of staff	72	1.88	1.30	2.86	30	1.23	0.67	2.17	-0.66	-0.63	-0.69

Table 11. Knowledge Category Importance and Usage

Category/Definition	Importance	Usage		
	Scale* (0-3) Average	Do not use %	Recognize/ Recall %	Apply/ Interpret/ Analyze %
Biologic sciences (anatomy, physiology, biology and microbiology): The study of life and living things including the structure and function of the human body and the organisms that invade it.	2.7	2.4	36.2	61.4
Communication skills: Knowledge and use of oral, nonverbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the health care team, clients, families and the community. Also included is the ability to recognize and appropriately address barriers to communication.	2.9	0.6	8.5	90.8
Nutrition: Knowledge of the processes involved in ingesting and utilizing food substances. These processes include ingestion of proper amounts of needed nutrients, digestion, absorption, metabolism and storage. Included is the knowledge of how various conditions impact the ingestion and digestion of adequate nutrients and how outcomes of care may be influenced by an imbalance of nutritional intake.	2.5	3.9	40.7	55.4
Pathophysiology (disease conditions): Knowledge of how normal physiologic processes are altered by disease and how alteration of one body system may affect the functioning of other body systems.	2.8	2.3	29.6	68.1
Pharmacology/dosage calculations: Knowledge of how drugs interact with body systems to create both desired and unwanted effects. This includes knowledge of food/drug and drug/drug interactions. Ability to perform the calculations needed to plan and deliver care. Calculations would include, at a minimum, those needed to safely prepare and administer medications to clients and evaluate client fluid balance and nutritional intake.	2.9	1.0	15.4	83.6
Principles of teaching and learning: Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages and cultures. Also includes the ability to teach staff members.	2.4	5.8	40.6	53.6
Safety/infection control: Knowledge needed to institute/utilize infection control measures; provide a safe environment for self, clients and staff; prepare for disasters; recognize and report incidents/errors/occurrences; and actively promote the improvement of client care processes. Also included is a working knowledge of standards set by various regulatory bodies such as JCAHO, OSHA, etc.	2.9	0.5	11.0	88.5

*0 = not important to 3 = very important

Table 11, continued

Category/Definition	Importance	Usage		
	Scale* (0-3) Average	Do not use %	Recognize/ Recall %	Apply/ Interpret/ Analyze %
Social sciences (psychology, behavioral science, sociology, growth and development): Knowledge of the emotional, psychological, spiritual and social functioning of human beings throughout their life span, individually and in families or other societal groups. Ability to apply this knowledge in demonstrating respect for the cultural and religious practices of others.	2.5	4.0	38.3	57.7
Leadership/management/collaboration: Knowledge needed to organize, prioritize and coordinate the care needed by one client, a group of clients or a community. This knowledge includes basic management principles such as motivational strategies, group process, interpersonal relations and delegation techniques. Included is the ability to collaborate with and coordinate the care provided by members of other health care disciplines.	2.5	9.0	34.8	56.2
Clinical decision making/critical thinking: The ability to synthesize, organize and prioritize the multiple variables governing a situation and devise a workable plan for solving problems.	2.7	3.3	21.6	75.1
Ethical legal knowledge: Knowledge of the principles governing the conduct of a nurse. These principles deal with the relationship of a nurse to the client, families, the health care team, the nursing profession and society. This includes knowledge of professional boundaries, scope of practice and professional roles. Also included are the legal obligations of the nurse such as reporting to authorities and proper documentation of care.	2.8	1.0	18.6	80.4
Knowledge needed to perform nursing procedures and psychomotor skills: Nursing-specific knowledge about performance of procedures and skills such as insertion of a urinary catheter, changing a wound dressing, inserting a nasogastric tube, collecting lab specimens, monitoring fetal heart tones, etc.	2.9	2.3	9.5	88.2
Nursing process: Knowledge needed to assess clients, plan and implement care and evaluate the effects of interventions.	2.8	2.7	18	79.3
Nursing issues and trends: Knowledge of national and local nursing issues and their implications for current nursing practice. Commitment to professional development including attendance of pertinent continuing education.	2.5	7.1	42.7	50.3

*0 = not important to 3 = very important

Knowledge Category Results

Overview of Methods

The subject matter expert panel for the 2003 LPN/VN Practice Analysis identified and defined 14 categories of knowledge necessary for the performance of entry-level LPN/VN practice (see Table 11). The panel considered those 14 knowledge categories in relation to each of the 163 activities and indicated which of the knowledge categories was necessary for the performance of each activity. The panel knowledge/activity ratings were aggregated and those knowledge categories achieving agreement on an item by at least five panelists were linked to that activity item (see Table 12).

The knowledge categories (with their definitions) were included in the 2003 LPN/VN Practice Analysis survey. Survey respondents were asked to provide two ratings for each knowledge category. First they were asked to rate the importance of the knowledge category to the work they performed in their nurse practice setting on a scale of 0 to 3, with 0 meaning not important and 3 indicating the knowledge was very important for their work. Next they were asked to indicate how often they used the knowledge in providing safe care to clients on a scale of 0 (I do not use the knowledge), 1 (I recognize/recall the knowledge) and 2 (I apply/interpret/analyze the knowledge).

Importance

The importance ratings provided by respondents were averaged (see Table 11). The results demonstrated a narrow range of average importance from 2.4 to 2.9. The knowledge categories achieving the highest importance ratings were “knowledge needed to perform nursing procedures and psychomotor skills” (2.9), “pharmacology/dosage calculations” (2.9), “communication skills” (2.9) and “safety/infection control” (2.9). The knowledge category achieving the lowest importance rating was “principles of teaching and learning” (2.4).

Usage

For each knowledge category, respondents could record that, while providing safe care to clients, they did not use the knowledge, that they recognized/recalled the knowledge or that they applied/interpreted/analyzed the knowledge. The knowledge categories that were least used (had the highest percentages of respondents answering “I do not use the knowledge”) were “leadership/management/collaboration” (9%) and “nursing issues and trends” (7.1%). Those areas of knowledge that respondents were most likely to recognize or recall were “nursing issues and trends” (42.7%), “principles of teaching and

learning” (40.6%) and “nutrition” (40.7%). The areas of knowledge most applied, interpreted or analyzed were “communication skills” (90.8%), “safety/infection control” (88.5%) and “knowledge needed to perform nursing procedures and psychomotor skills” (88.2%). See Table 11 for a complete listing of knowledge category usage findings.

Activity/Knowledge Category Linking

The panel of subject matter experts performed an exercise that allowed the linking of the 14 knowledge categories with the 163 activities. The activity statements were thus individually linked to from 2 to 11 of the knowledge categories (see Table 12). The knowledge categories linked to the greatest numbers of items were “knowledge needed to perform nursing procedures and psychomotor skills” (linked to 97

activities), “safety and infection control” (linked to 93 activities), “nursing process” (linked to 80 activities), “communication skills” (linked to 78 activities) and “clinical decision making/critical thinking” (linked to 78 activities).

Summary

Fourteen categories of knowledge used in newly licensed nurse practice were identified for use within this study. The subject matter expert panel linked the categories of knowledge to the activity items and survey respondents provided ratings of the importance of the knowledge categories and the ways in which they were used in practice. Generally, those categories of knowledge identified as most important by survey respondents were those linked to the greatest numbers of activity items by the panel of experts.

Table 12. Knowledge Category/Activity Item Linkages		Knowledge Categories													Total per item Knowledge Category links	
		Leadership/management/collaboration	Ethical/legal knowledge	Social sciences (behavioral science, psych, sociology, growth and development)	Knowledge needed to perform nursing procedures and psychomotor skills	Communication skills	Pharmacology/dosage calculations	Biological sciences (anatomy, physiology, biology and microbiology)	Clinical decision making/critical thinking	Nutrition	Safety/infection control	Principles of teaching and learning	Pathophysiology (disease conditions)	Nursing issues and trends		Nursing process
#	Activities															
1	Use data from various sources in making clinical decisions	1	1					1	1	1	1	1		1	1	10
2	Independently develop client's plan of care	1	1		1	1		1	1	1	1	1		1	1	10
3	Contribute to the development of client's plan of care	1	1		1	1		1	1	1	1	1		1	1	9
4	Independently make change in client's plan of care	1	1					1	1	1	1	1		1	1	10
5	Contribute to change made in client's plan of care	1	1					1	1	1	1	1		1	1	9
6	Make client care or related task assignment	1	1			1		1	1					1	1	6
7	Delegate specific task to assistive personnel such as nursing assistant	1	1						1							4
8	Organize and prioritize care for assigned group of clients	1	1			1			1					1	1	6
9	Provide input for performance evaluations of other staff	1	1						1							3
10	Recognize and resolve staff conflict through appropriate use of chain of command	1	1						1							3
11	Advocate for client rights or needs	1	1						1					1	1	5
12	Promote client/family self-advocacy	1	1						1					1	1	5
13	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	1	1						1						1	4

Table 12, continued		Knowledge Categories														
		Leadership/management/collaboration	Ethical/legal knowledge	Social sciences (behavioral science, psych, sociology, growth and development)	Knowledge needed to perform nursing procedures and psychomotor skills	Communication skills	Pharmacology/dosage calculations	Biological sciences (anatomy, physiology, biology and microbiology)	Clinical decision making/critical thinking	Nutrition	Safety/infection control	Principles of teaching and learning	Pathophysiology (disease conditions)	Nursing issues and trends	Nursing process	Total per item Knowledge Category links
#	Activities															
91	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)				1											4
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids, or monitoring intake and output (I & O)				1				1							3
93	Provide care or support for client/family at end of life	1		1							1					6
94	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning		1										1			3
95	Provide care for a client's drainage device such as wound drain or chest tube											1				4
96	Assist with activities of daily living such as dressing, grooming or bathing				1									1		2
97	Remove a client's drain such as hemovac, Jackson Pratt or penrose				1										1	4
98	Intervene to improve client's elimination by instituting bowel or bladder management				1							1			1	8

		Knowledge Categories														Total per item Knowledge Category links	
		Leadership/management/collaboration	Ethical/legal knowledge	Social sciences (behavioral science, psych, sociology, growth and development)	Knowledge needed to perform nursing procedures and psychomotor skills	Communication skills	Pharmacology/dosage calculations	Biological sciences (anatomy, physiology, biology and microbiology)	Clinical decision making/critical thinking	Nutrition	Safety/infection control	Principles of teaching and learning	Pathophysiology (disease conditions)	Nursing issues and trends	Nursing process		
#	Activities																
118	Phone in client prescriptions to pharmacy	1			1	1									1		5
119	Count narcotics/controlled substances	1			1	1									1		5
120	Perform risk assessment including sensory impairment, potential for falls and level of mobility				1	1		1							1		7
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error	1	1		1	1		1							1		7
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia				1	1		1		1					1		7
123	Perform bladder scan				1	1		1		1					1		3
124	Provide cooling measures for elevated temperature				1	1		1		1					1		2
125	Insert urinary catheter				1	1		1		1					1		4
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube				1	1		1		1					1		2
127	Perform wound care and/or dressing change				1	1		1		1					1		3
128	Collect specimen such as urine, stool or sputum for diagnostic testing				1	1		1		1					1		3

		Knowledge Categories														Total per item Knowledge Category links	
		Leadership/management/collaboration	Ethical/legal knowledge	Social sciences (behavioral science, psych, sociology, growth and development)	Knowledge needed to perform nursing procedures and psychomotor skills	Communication skills	Pharmacology/dosage calculations	Biological sciences (anatomy, physiology, biology and microbiology)	Clinical decision making/critical thinking	Nutrition	Safety/infection control	Principles of teaching and learning	Pathophysiology (disease conditions)	Nursing issues and trends	Nursing process		
#	Activities																
145	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation	1			1			1									4
146	Provide care for a client's tracheostomy				1			1							1		5
147	Identify and treat a client's intravenous (IV) line infiltration				1			1							1		5
148	Remove a client's wound sutures or staples				1												2
149	Apply or remove immobilizing equipment such as a splint or brace				1										1		4
150	Perform an electrocardiogram (EKG/ECG)				1												2
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance				1										1		2
152	Use a laser to remove client's unwanted hair				1										1		3
153	Perform a microderm abrasion procedure				1										1		4
154	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges				1										1		4
155	Assist in the removal of client's body wastes by performing hemodialysis treatment				1										1		4

Conclusions

1. There is a trend for more newly licensed LPN/VNs to be employed in acute care facilities.
2. About 43% of newly licensed LPN/VNs reported performing one or more administrative roles and 17% spent 80-100% of their working hours performing those roles. LPN/VNs working in long-term care settings were much more likely than those in other settings to perform one or more administrative roles.

References

Smith, J. E., Crawford, L. H. & Gawel, S. H. (2001). Linking the NCLEX-PN® National Licensure Examination to Practice: 2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S. Chicago: National Council of State Boards of Nursing.

Appendix A

Subject Matter Expert Panel for 2003 LPN/VN Practice Analysis

Area & State	Name	Practice Area	Specialty	Position
Area I:				
WY	Angela Koenig	Community Health	Community Health; Geriatrics	Visiting Nurse
CA	Debra Lannon	Acute Care	Medical/Surgical; IV Therapy; Telemetry; Oncology	PN Instructor & Staff Nurse
NV	Barbara Crescitelli	Acute Care	Medical/Surgical; Geriatrics; Oncology	Staff LPN
Area II:				
IN	Laurie Peters	LPN Education	Medical; Women's Health; Geriatrics; Rehabilitation; Critical Care	Health Sciences Division Chair
MN	Kristina Malone	Long-Term Care (LTC)	LTC; Geriatrics; Rehabilitation; Clinic	Staff LPN; Rehabilitation Coordinator; Staff Development for NARs
ND	Renee Olson	Ambulatory Care	Ambulatory Clinic; OB	Clinical Office Nurse; Unit Supervisor
Area III:				
AL	Janet Sloan	Acute Care	Acute Care; Psych	Staff RN
KY	Ruth Marten	Acute and LTC	Medical; Women's Health; Geriatrics; Pediatrics	PN Instructor
LA	Angeline Rossignol	Acute Care	Acute Care; Women's Health; OB; Critical Care	Clinical Nurse Specialist - Maternal Child Services
Area IV:				
PA	Nancy DeFranco	LTC	LTC; Geriatrics	Director of Nursing
DE	Janet West	Acute Care and Community Health	PN Education; Acute Care; Medical/Surgical; Critical Care; Community Health	Director of Nursing

Appendix B

2003 LPN/VN Practice Analysis Activities with Survey Form Assignment

Master #	Form	# on Survey	Activities
2	BOTH	1	Independently develop client's plan of care
3	BOTH	2	Contribute to the development of client's plan of care
4	BOTH	3	Independently make change in client's plan of care
5	BOTH	4	Contribute to change made in client's plan of care
47	BOTH	5	Provide care that meets the special needs of the newborn – less than 1 month old
48	BOTH	6	Provide care that meets the special needs of infants or children aged 1 month to 12 years
49	BOTH	7	Provide care that meets the special needs of adolescents aged 13 to 18 years
50	BOTH	8	Provide care that meets the special needs of young adults aged 19 to 30 years
51	BOTH	9	Provide care that meets the special needs of adults aged 31 to 64 years
52	BOTH	10	Provide care that meets the special needs of clients aged 65 to 85 years of age
53	BOTH	11	Provide care that meets the special needs of clients older than 85 years of age
62	BOTH	12	Collect data for initial or admission health history
63	BOTH	13	Compare data collected for health history to expected norms for decision making or care planning
64	BOTH	14	Collect baseline physical data on admission of client
65	BOTH	15	Compare baseline physical data to norms for decision making or care planning
107	BOTH	16	Provide medication by oral route
111	BOTH	17	Give a medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB) or intravenous (IV) fluids
112	BOTH	18	Provide medication through peripheral intravenous line by intravenous push (IVP)
113	BOTH	19	Give intravenous (IV) fluid or intravenous piggyback (IVPB) or intravenous push (IVP) medication through a central venous catheter
117	BOTH	20	Restart an intravenous (IV) line on an adult client (client greater than 16 years of age)
116	BOTH	21	Start or restart an intravenous (IV) line on a pediatric client (a client 16 years of age or younger)
6	B	22	Make client care or related task assignment
32	B	23	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment
46	B	24	Perform fetal heart monitoring for client during pregnancy, before labor
59	B	25	Participate in a health screening or health promotion program such as blood pressure screening or health fair
67	B	26	Collect data on client's psychological status and ability to cope

Master #	Form	# on Survey	Activities
68	B	27	Compare data collected on psychological status and ability to cope to norms for decision making and care planning
79	B	28	Independently plan and provide education to caregivers/family on ways to manage client with behavioral disorders
80	B	29	Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders
89	B	30	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care
103	B	31	Maintain current, accurate medication list or medication administration record (MAR)
121	B	32	Provide appropriate follow-up after incident such as fall, client elopement or medication error
141	B	33	Provide care to client in traction
8	B	34	Organize and prioritize care for assigned group of clients
34	B	35	Verify the identity of client
55	B	36	Monitor a client's postpartum recovery
61	B	37	Recognize barriers to communication or learning
69	B	38	Identify client's use of effective and ineffective coping mechanisms
78	B	39	Explore cause of client's behavior
91	B	40	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)
81	B	41	Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography
123	B	42	Perform bladder scan
143	B	43	Provide intraoperative care such as positioning client for surgery, maintaining sterile field or providing operative observation
10	B	44	Recognize and resolve staff conflict through appropriate use of chain of command
36	B	45	Use universal/standard precautions
57	B	46	Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement
71	B	47	Promote client's positive self-esteem
82	B	48	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment
93	B	49	Provide care or support for client/family at end of life

Master #	Form	# on Survey	Activities
110	B	50	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose or topical
125	B	51	Insert urinary catheter
145	B	52	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation
12	B	53	Promote client/family self-advocacy
38	B	54	Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan
73	B	55	Identify significant body change that may affect recovery
84	B	56	Lead client group session
85	B	57	Participate in client group session
95	B	58	Provide care for a client's drainage device such as wound drain or chest tube
115	B	59	Start initial peripheral intravenous (IV) line on adult client
86	B	60	Assist with coping related to grief and loss
147	B	61	Identify and treat a client's intravenous (IV) line infiltration
14	B	62	Include client in client care decision making
40	B	63	Apply and/or monitor use of least restrictive restraints or seclusion
87	B	64	Make adjustment to care with consideration of client's spiritual or cultural beliefs
97	B	65	Remove a client's drain such as hemovac, Jackson Pratt or penrose
119	B	66	Count narcotics/controlled substances
129	B	67	Monitor continuous or intermittent suction of nasogastric (NG) tube
148	B	68	Remove a client's wound sutures or staples
16	B	69	Refer client/family to appropriate resources
42	B	70	Follow protocol for timed client monitoring such as suicide precautions, restraint/seclusion check or safety checks
99	B	71	Assess pain utilizing rating scale
131	B	72	Change/reinsert gastrointestinal tube (g-tube)
149	B	73	Apply or remove immobilizing equipment such as a splint or brace
18	B	74	Participate in education of staff
133	B	75	Insert nasogastric (NG) tube
151	B	76	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance
20	B	77	Recognize task/assignment you are not prepared to perform and seek assistance
135	B	78	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)
153	B	79	Perform a microderm abrasion procedure
22	B	80	Discharge client to home or transfer client to another facility
137	B	81	Perform reassessment of selected system or systems such as recheck vital signs (VS), reassess lung sounds, reassess gastrointestinal system, assess edema or weight

Master #	Form	# on Survey	Activities
154	B	82	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges
155	B	83	Assist in the removal of client's body wastes by performing hemodialysis treatment
24	B	84	Take verbal or phone order
157	B	85	Provide care to client on ventilator
26	B	86	Decide level or type of care needed from phone conversation with client – perform phone triage
159	B	87	Administer phototherapy treatment to newborn
28	B	88	Obtain client's signature on consent form
161	B	89	Identify abnormalities on a client's cardiac monitor strip
30	B	90	Provide for privacy needs
163	B	91	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine
101	B	92	Use measures to maintain client's skin integrity such as skin care, turning or use of a special mattress
1	A	22	Use data from various sources in making clinical decisions
33	A	23	Evaluate the appropriateness of order for client
45	A	24	Provide resources for end-of-life and/or beginning-of-life issues and choices
60	A	25	Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use
66	A	26	Provide emotional support to client/family
77	A	27	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity
88	A	28	Use transfer assistance device such as t-belt, slide board or mechanical lift
102	A	29	Follow the rights of medication administration
120	A	30	Perform risk assessment including sensory impairment, potential for falls and level of mobility
142	A	31	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration
7	A	32	Delegate specific task to assistive personnel such as nursing assistant
35	A	33	Use proper body mechanics when lifting
54	A	34	Monitor a client in labor
70	A	35	Provide client/family information about condition, expected prognosis and outcomes
75	A	36	Collect data on client's potential for violence
76	A	37	Compare data collected on client's potential for violence to norms for decision making and care planning
90	A	38	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment

2003 LPN/VN
PRACTICE ANALYSIS

Master #	Form	# on Survey	Activities
104	A	39	Monitor transfusion of blood product
105	A	40	Administer blood product
122	A	41	Identify/intervene to control signs of hypoglycemia or hyperglycemia
144	A	42	Intervene to improve client's respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning
9	A	43	Provide input for performance evaluations of other staff
37	A	44	Identify client allergies
56	A	45	Compare a client's development to norms
72	A	46	Identify significant lifestyle change that may affect recovery
108	A	47	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube, or j-tube
92	A	48	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids or monitoring intake and output (I & O)
106	A	49	Assess client's intravenous (IV) site and flow rate
124	A	50	Provide cooling measures for elevated temperature
146	A	51	Provide care for a client's tracheostomy
11	A	52	Advocate for client rights or needs
39	A	53	Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients
58	A	54	Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction
74	A	55	Listen to family/client concerns
83	A	56	Explore why client is refusing or not following treatment plan
94	A	57	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning
109	A	58	Give a subcutaneous (SQ), intradermal or intramuscular (IM) medication
126	A	59	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter or other line or tube
150	A	60	Perform an electrocardiogram (EKG/ECG)
13	A	61	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee
41	A	62	Use aseptic/sterile technique
127	A	63	Perform wound care and/or dressing change
96	A	64	Assist with activities of daily living such as dressing, grooming or bathing
114	A	65	Give total parenteral nutrition (TPN)
128	A	66	Collect specimen such as urine, stool or sputum for diagnostic testing
152	A	67	Use a laser to remove client's unwanted hair
15	A	68	Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services

Master #	Form	# on Survey	Activities
43	A	69	Independently plan and provide education to client/family about safety precautions
44	A	70	Assist in or reinforce education to client/family about safety precautions
98	A	71	Intervene to improve client's elimination by instituting bowel or bladder management
118	A	72	Phone in client prescriptions to pharmacy
130	A	73	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye
156	A	74	Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing
17	A	75	Follow up with client/family after discharge
100	A	76	Provide measures to promote sleep/rest
132	A	77	Monitor diagnostic or laboratory test results
158	A	78	Perform check of client's pacemaker
19	A	79	Participate in orientation of new employee
134	A	80	Identify signs or symptoms of potential prenatal complication
160	A	81	Perform care for client before or after surgical procedure
21	A	82	Report, or intervene to prevent, unsafe practice of health care provider
136	A	83	Perform neurological or circulatory check
162	A	84	Monitor a client recovering from conscious sedation
23	A	85	Document client care
138	A	86	Collect data on client's nutrition or hydration status
139	A	87	Compare data collected on client's nutritional or hydration status to norms for decision making and care planning
25	A	88	Transcribe physician order
140	A	89	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder
27	A	90	Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease
29	A	91	Maintain client confidentiality
31	A	92	Provide information about advance directives

SECTION 1: EXPERIENCE AND ORIENTATION

1. What is the total number of months you have worked in the U.S. as a Licensed Practical or Vocational Nurse?

Example: 0 8 Months

0	8
1	9
2	0
3	1
4	2
5	3
6	4
7	5
8	6
9	7
0	8
1	9

Months

2. Have you ever worked as a nurse outside the U.S.?

- Yes
 No ⇒ Skip to question 3

If yes, what is the total number of months you worked outside the U.S. as a nurse?

0	9
1	0
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8

Months

3. Which of the following best describes the orientation you received for your current position? (Select *only one*)

- No formal orientation ⇒ Skip to question 5
 Classroom instruction/skills lab work only
 Classroom and/or skills lab plus supervised work with clients
 Work with an assigned preceptor or mentor with or without additional classroom or skills lab work
 A formal internship with or without additional classroom or skills lab work
 Other, please specify: _____

4. If you had an orientation period, how long was it?

0	9
1	0
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8

Number of days in orientation

5. Which of the following types of certificates have you earned or courses have you completed since graduation? (Select *all that apply*)

- Advanced Cardiac Life Support
 Basic Life Support
 Behavioral Management
 Chemotherapy
 Conscious Sedation
 Coronary Care
 Critical Care
 Intravenous Therapy
 Neonatal Advanced Life Support (NALS)
 Pediatric Advanced Life Support (PALS)
 Phlebotomy
 Peritoneal Dialysis
 Rehabilitation
 None
 Other, please specify: _____

6. Which of the following administrative roles do you perform within your current nursing position? (Select *all that apply*)

- None of the following administrative roles are included in my current position
 Charge nurse
 Coordinator
 House supervisor
 Team leader
 Unit/area manager
 Director of nursing
 Other (please specify) _____

7. Approximately what percentage of your time at work is spent performing the administrative roles you marked in Question 6? (Select *ONE* answer)

- None of the administrative roles listed in Question 6 are performed in my current position
 0 - 19% 60 - 79%
 20 - 39% 80 - 100%
 40 - 59%

SECTION 2: WORK ENVIRONMENT

1. Which of the following best describes most of your clients on the last day you worked? (Select *all that apply*)

- Well clients, possibly with minor illnesses
 OB (Maternity) clients
 Clients with stabilized chronic conditions
 Clients with unstabilized chronic conditions
 Clients with acute conditions, including clients with medical, surgical or critical conditions
 Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 Other, please specify: _____

2. Which of the following best describes the ages of most of your clients on the last day you worked? (Select *all that apply*)

- Newborn (less than 1 month)
 Infants/children (1 month-17 years)
 Adolescent (ages 13-18)
 Young Adult (ages 19-30)
 Adult (ages 31-64)
 Elderly (65-85)
 Elderly (over 85)

- 3a. Which of the following choices best describes your employment setting/specialty area on the last day you worked? If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time. (Select no more than two answers)

- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology, etc.)
 Pediatrics or nursery
 Labor and delivery
 Postpartum unit
 Psychiatry or any of its sub-specialties (e.g., detox, etc.)
 Operating room, including outpatient surgery and surgeons
 Nursing home, skilled or intermediate care
 Other long term care (e.g., residential care, adult day care, developmental disability/mental retardation care, etc.)
 Rehabilitation
 Subacute unit
 Transitional care unit
 Physician/specialist's office
 Occupational health
 Outpatient clinic
 Home health, including visiting nurses associations
 Public health
 Student/school health
 Hospice care
 Prison
 Other, please specify: _____

SECTION 2: WORK ENVIRONMENT (continued)

- 3b. Which of the following best describes the type of facility/organization in which the previously identified employment setting/specialty area is located? (Select only one)
- Hospital
- Long-term care facility
- Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
- Other, please specify: _____
4. Alternative/complementary therapies are activities designed to augment the effects of drugs, surgery and technology. Some of the better known alternative/complementary therapies are listed below. Mark those therapies that you personally routinely use in your current nursing position. (Select all that apply)
- I do not use alternative therapy
- Acupressure or therapeutic touch
- Aromatherapy
- Art therapy
- Biobiofeedback
- Dance therapy
- Imagery
- Massage therapy
- Music therapy
- Naturopathy
- Pet therapy
- Relaxation therapy
- Other, please specify: _____
5. If you work in a hospital or nursing home, how large is it? (Select only one)
- Under 100 beds
- 100-299 beds
- 300-499 beds
- 500 or more beds
- Don't know
- I work in a setting other than a hospital or nursing home
6. Which of the following best describes the hours you work? (Select only one)
- Days (8, 10, or 12 hour shift)
- Evenings (8, 10, or 12 hour shift)
- Nights (8, 10, or 12 hour shift)
- Rotating shifts
- Other, please specify: _____
7. Which of the following best describes the location and size of your employment setting?
- a. Location
- Urban/Metropolitan area
- Suburban
- Rural
- b. Population
- Less than 5,000
- 5,000 to 19,999
- 20,000 to 49,999
- 50,000 to 99,999
- 100,000 to 500,000
- Greater than 500,000
- Don't know

SECTION 3 PART A: NURSING ACTIVITIES

This section contains a list of activities descriptive of nursing practice in a variety of settings. Do not be surprised if some activities do not apply to your setting. For each activity, two questions are asked:

QUESTION A—FREQUENCY: If the activity is performed in your work setting, how often did you personally perform the activity on the last day you worked? If the activity is never performed in your work setting (is not applicable to your type of nursing) then mark the oval in the column with the heading, "NEVER performed in work setting," and go to the next activity. If the activity is applicable to your work setting, mark the oval indicating the approximate total number of times you performed the activity on the last day you worked: Mark "0 Times" if not performed on that last day of work, "1 Time" if performed once, "2 Times" if performed twice, "3 Times" if performed three times, "4 Times" if you performed the activity four times, and "5+ Times" if you performed the activity five or more times on the last day you worked.

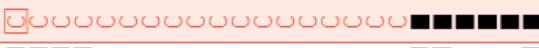
QUESTION B—PRIORITY: What is the priority of performing this nursing activity compared to the performance of other nursing activities? All activities are designed to help clients, but some activities are more important than others in regard to client safety. Consider the priority of each activity relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of function, or serious distress to clients. For each activity that is performed in your work setting, mark the box corresponding to a priority rating, from a 1 (lowest priority) to a 4 (highest priority). Please mark a priority rating for all activities performed in your work setting even if you did not perform the activity on your last day of work.

NOTE: Inclusion of an activity on this practice analysis questionnaire does not imply that the activity is or would be included in the licensed practical or vocational nurse scope of practice defined by any specific state. You must refer to your local board of nursing for information about your scope of practice.

SECTION 3 PART A: NURSING ACTIVITIES (continued)

Question A If an activity does not apply to your work setting, mark "Never Performed in work setting" then move to next activity. If activity is performed in your work setting mark 0-5+ reflecting the frequency of performing the activity on your last day of work then complete Question B. Question B Rate the overall priority of this activity considering client safety, and/or threat of complications or distress with 1 = lowest, 2 = low, 3 = high, and 4 = highest.

Table with 50 rows of nursing activities and 10 columns for frequency (A) and priority (B). Columns include 'NEVER performed in work setting', '0 1 Time', '1 2 Times', '2 3 Times', '3 4 Times', '4 5 or more Times', 'Lowest', 'Low', 'High', and 'Highest'.



SECTION 3 PART A: NURSING ACTIVITIES (continued)

Question A If an activity does not apply to your work setting, mark "Never Performed in work setting" then move to next activity. If activity is performed in your work setting mark 0-5+ reflecting the frequency of performing the activity on your last day of work then complete Question B.
Question B Rate the overall priority of this activity considering client safety, and/or threat of complications or distress with 1 = lowest, 2 = low, 3 = high, and 4 = highest.

	A-Frequency					B-Priority			
	0 Times NEVER performed in work setting	1 Time	2 Times	3 Times	4 or more Times	Lowest	Low	Highest	
51. Provide care for a client's tracheostomy	11	11	11	22	23	15	11	22	23
52. Advocate for client rights or needs	11	11	11	22	23	15	11	22	23
53. Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients	11	11	11	22	23	15	11	22	23
54. Discuss sexuality issues with client such as family planning, menopause, or erectile dysfunction	11	11	11	22	23	15	11	22	23
55. Listen to family/client concerns	11	11	11	22	23	15	11	22	23
56. Explore why client is refusing or not following treatment plan	11	11	11	22	23	15	11	22	23
57. Provide non-pharmacological measures for pain relief such as imagery, massage or repositioning	11	11	11	22	23	15	11	22	23
58. Give a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	11	11	11	22	23	15	11	22	23
59. Discontinue or remove intravenous (IV) line, naso gastric (NG) tube, urinary catheter, or other line or tube	11	11	11	22	23	15	11	22	23
60. Perform an electrocardiogram (EKG/ECG)	11	11	11	22	23	15	11	22	23
61. Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	11	11	11	22	23	15	11	22	23
62. Use aseptic/sterile technique	11	11	11	22	23	15	11	22	23
63. Perform wound care and/or dressing change	11	11	11	22	23	15	11	22	23
64. Assist with activities of daily living such as dressing, grooming or bathing	11	11	11	22	23	15	11	22	23
65. Give total parenteral nutrition (TPN)	11	11	11	22	23	15	11	22	23
66. Collect specimen such as urine, stool or sputum for diagnostic testing	11	11	11	22	23	15	11	22	23
67. Use a laser to remove client's unwanted hair	11	11	11	22	23	15	11	22	23
68. Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services	11	11	11	22	23	15	11	22	23
69. Independently plan and provide education to client/family about safety precautions	11	11	11	22	23	15	11	22	23
70. Assist in or re-enforce education to client/family about safety precautions	11	11	11	22	23	15	11	22	23
71. Intervene to improve client's elimination by instituting bowel or bladder management	11	11	11	22	23	15	11	22	23
72. Phone in client prescriptions to pharmacy	11	11	11	22	23	15	11	22	23
73. Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	11	11	11	22	23	15	11	22	23
74. Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing	11	11	11	22	23	15	11	22	23
75. Follow-up with client/family after discharge	11	11	11	22	23	15	11	22	23
76. Provide measures to promote sleep/rest	11	11	11	22	23	15	11	22	23
77. Monitor diagnostic or laboratory test results	11	11	11	22	23	15	11	22	23
78. Perform check of client's pace maker	11	11	11	22	23	15	11	22	23
79. Participate in orientation of new employee	11	11	11	22	23	15	11	22	23
80. Identify signs or symptoms of potential prenatal complication	11	11	11	22	23	15	11	22	23
81. Perform care for client before or after surgical procedure	11	11	11	22	23	15	11	22	23
82. Report, or intervene to prevent, unsafe practice of health care provider	11	11	11	22	23	15	11	22	23
83. Perform neurological or circulatory check	11	11	11	22	23	15	11	22	23
84. Monitor a client recovering from conscious sedation	11	11	11	22	23	15	11	22	23
85. Document client care	11	11	11	22	23	15	11	22	23
86. Collect data on client's nutrition or hydration status	11	11	11	22	23	15	11	22	23
87. Compare data collected on client's nutritional or hydration status to norms for decision-making and care planning	11	11	11	22	23	15	11	22	23
88. Transcribe physician order	11	11	11	22	23	15	11	22	23
89. Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration, or potential neurological disorder	11	11	11	22	23	15	11	22	23
90. Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound, or communicable disease	11	11	11	22	23	15	11	22	23
91. Maintain client confidentiality	11	11	11	22	23	15	11	22	23
92. Provide information about advance directives	11	11	11	22	23	15	11	22	23

Do the activities listed in Section 3 Part A represent what you actually do in your nursing position?

- Yes
- No

If no, what important activity was missing from this survey? (Please specify): _____

DO NOT MARK IN THIS AREA



SECTION 3 PART B: KNOWLEDGE

This section contains categories of knowledge that may be used in nursing practice. Rate each of the knowledge categories by marking the ovals corresponding with the following two scales:

Importance	Usage
How important is this knowledge to the work you perform in your current nurse practice setting?	How do you most often use this type of knowledge in providing safe care to clients within your nurse practice setting?
0 – Not important 1 – Minimally important 2 – Moderately important 3 – Very important	0 – I do not use the knowledge 1 – I recognize/recall the knowledge 2 – I apply/interpret/analyze the knowledge

Knowledge Categories	Importance	Usage
Biologic sciences (anatomy & physiology, biology, microbiology): The study of life and living things including the structure and function of the human body and the organisms that invade it.	(0) (1) (2) (3)	(0) (1) (2)
Communication skills: Knowledge and use of oral, non-verbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the health care team, clients, families, and the community. Also included is the ability to recognize and appropriately address barriers to communication.	(0) (1) (2) (3)	(0) (1) (2)
Nutrition: Knowledge of the processes involved in ingesting and utilizing food substances. These processes include ingestion of proper amounts of needed nutrients, digestion, absorption, metabolism and storage. Included is the knowledge of how various conditions impact the ingestion and digestion of adequate nutrients and how outcomes of care may be influenced by an imbalance of nutritional intake.	(0) (1) (2) (3)	(0) (1) (2)
Pathophysiology (Disease conditions): Knowledge of how normal physiologic processes are altered by disease and how alteration of one body system may affect the functioning of other body systems.	(0) (1) (2) (3)	(0) (1) (2)
Pharmacology/Dosage calculations: Knowledge of how drugs interact with body systems to create both desired and unwanted effects. This includes knowledge of food/drug and drug/drug interactions. Ability to perform the calculations needed to plan and deliver care. Calculations would include, at a minimum, those needed to safely prepare and administer medications to clients and evaluate client fluid balance and nutritional intake.	(0) (1) (2) (3)	(0) (1) (2)
Principles of teaching and learning: Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages and cultures. Also includes the ability to teach staff members.	(0) (1) (2) (3)	(0) (1) (2)
Safety/infection control: Knowledge needed to institute/utilize infection control measures; provide a safe environment for self, clients and staff; prepare for disasters; recognize and report incidents/errors/occurrences; and actively promote the improvement of client care processes. Also included is a working knowledge of standards set by various regulatory bodies such as JCAHO, OSHA, etc.	(0) (1) (2) (3)	(0) (1) (2)
Social sciences (psychology, behavioral science, sociology, growth & development): Knowledge of the emotional, psychological, spiritual, and social functioning of human beings throughout their life span, individually and in families or other societal groups. Ability to apply this knowledge in demonstrating respect for the cultural and religious practices of others.	(0) (1) (2) (3)	(0) (1) (2)
Leadership/Management/Collaboration: Knowledge needed to organize, prioritize and coordinate the care needed by one client, a group of clients, or a community. This knowledge includes basic management principles such as motivational strategies, group process, interpersonal relations, and delegation techniques. Included is the ability to collaborate with and coordinate the care provided by members of other health care disciplines.	(0) (1) (2) (3)	(0) (1) (2)
Clinical decision-making/Critical thinking: The ability to synthesize, organize and prioritize the multiple variables governing a situation and devise a workable plan for solving problems.	(0) (1) (2) (3)	(0) (1) (2)
Ethical/legal knowledge: Knowledge of the principles governing the conduct of a nurse. These principles deal with the relationship of a nurse to the client, families, the health care team, the nursing profession and society. This includes knowledge of professional boundaries, scope of practice and professional roles. Also included are the legal obligations of the nurse such as reporting to authorities and proper documentation of care.	(0) (1) (2) (3)	(0) (1) (2)
Knowledge needed to perform nursing procedures and psycho-motor skills: Nursing-specific knowledge about performance of procedures and skills such as insertion of a urinary catheter, changing a wound dressing, inserting a naso gastric tube, collecting lab specimens, monitoring fetal heart tones, etc.	(0) (1) (2) (3)	(0) (1) (2)
Nursing process: Knowledge needed to assess clients, plan and implement care and evaluate the effects of interventions.	(0) (1) (2) (3)	(0) (1) (2)
Nursing issues and trends: Knowledge of national and local nursing issues and their implications for current nursing practice. Commitment to professional development including attendance of pertinent continuing education.	(0) (1) (2) (3)	(0) (1) (2)

SECTION 4: DESCRIPTION OF YOUR LAST DAY OF WORK

1. How many hours did you work on your
- last day of work
- ?

00	01	02
03	04	05
06	07	08
09	10	11
12	13	14
15	16	17
18	19	20
21	22	23
24	25	26
27	28	29
30	31	32

Number of hours worked

2. For how many patients/clients were you responsible on your
- last day of work
- ? This includes clients or patients to whom you were assigned to provide direct care, indirect care (provided through others such as nursing assistants), or any performance of tasks or other responsibility for care during all or any part of your time in the work setting.

00	01	02
03	04	05
06	07	08
09	10	11
12	13	14
15	16	17
18	19	20
21	22	23
24	25	26
27	28	29
30	31	32

Number of patients/clients for whom you were responsible or provided some type of care

3. How much of your time was spent performing each of the following types of activities on your
- last day of work
- ? For each of the sets of activities please rate the approximate amount of time you spent on that type of activity on your last day of work rounded to the nearest hour. For example if you spent about 2 and ¼ hours on a set of activities mark the oval of the "2." If you spent 3 and ¾ hours on another set of activities, mark the oval of the "4" for that set of activities.

Sets of Activities	Approximate Amount of Time (Hours) Spent on Set of Activities
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1	Perform activities related to the <u>management of care</u> (e.g., supervise or guide care provided to clients by other staff; communicate with physician, dietitian, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members; enquire about clients' advance directives; provide for client privacy, act as a client advocate, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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2	Perform activities related to <u>safety and infection control</u> (e.g., assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, use standard precautions, appropriately use restraints or seclusion, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
---	---	---

3	Perform activities related to <u>health promotion and maintenance</u> (e.g., provide care appropriate to the client's growth and development, assess family functioning, teach clients/families, provide immunizations, participate in health promotion or health screening activities, respect client's life choices, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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3. (continued)

Sets of Activities	Approximate Amount of Time (Hours) Spent on Set of Activities	
4	Perform activities related to the <u>psychological needs of clients</u> (e.g., assess for client and family psychological needs; provide support and interventions to assist with coping, and maintenance or improvement of psychological functioning; etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
5	Perform activities related to <u>basic care and comfort</u> (e.g., provide routine cares such as baths, ambulation, etc.; provide non-pharmacological comfort interventions, and nutritional support, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
6	Perform activities necessary for <u>safe medication administration</u> (e.g., give medications by appropriate routes, check for side effects and/or desired effects, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
7	Perform activities that <u>reduce the client's risk of developing complications or health problems</u> (e.g., perform assessments; perform and evaluate diagnostic tests; insert urinary catheters or naso-gastric tubes, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
8	Perform activities that provide for the <u>physiological adaptation</u> of the client (e.g., perform breathing treatments and wound dressing changes; care for a client before or after surgery; perform HxGs; take client VSS, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7

SECTION 5: DEMOGRAPHIC INFORMATION

In this section you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. No individual responses will be reported.

1. Did you work as a nursing assistant/aide, etc. prior to becoming a Licensed Practical or Vocational Nurse?

 Yes No → Skip to question 2

If "yes", for how many years and months?

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	years	and	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	months
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2. Gender

 Male Female

3. Age in years

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	years
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continued →

Appendix D

Activities Rank Ordered by Average Total Group Frequency

#	Activity	Average Frequency (Total Group) 0-5
29	Maintain client confidentiality	4.41
36	Use universal/standard precautions	4.39
23	Document client care	4.37
103	Maintain current, accurate medication list or medication administration record (MAR)	4.25
34	Verify the identity of client	4.24
30	Provide for privacy needs	4.22
102	Follow the rights of medication administration	4.21
107	Provide medication by oral route	4.12
135	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)	4.01
101	Use measures to maintain client's skin integrity such as skin care, turning or use of a special mattress	3.76
99	Assess pain utilizing rating scale	3.74
52	Provide care that meets the special needs of clients 65 to 85 years of age	3.67
35	Use proper body mechanics when lifting	3.58
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids or monitoring intake and output (I & O)	3.52
71	Promote client's positive self-esteem	3.48
74	Listen to family/client concerns	3.46
7	Delegate specific task to assistive personnel such as nursing assistant	3.40
41	Use aseptic/sterile technique	3.34
137	Perform reassessment of selected system or systems such as recheck vital signs (VS), reassess lung sounds, reassess gastrointestinal system, assess edema or weight	3.30
119	Count narcotics/controlled substances	3.29
145	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation	3.28
138	Collect data on client's nutrition or hydration status	3.27
163	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine	3.23
109	Give a subcutaneous (SQ), intradermal or intramuscular (IM) medication	3.21
110	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose or topical	3.18
66	Provide emotional support to client/family	3.13
53	Provide care that meets the special needs of clients older than 85 years of age	3.09
15	Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services	3.06

#	Activity	Average Frequency (Total Group) 0-5
120	Perform risk assessment including sensory impairment, potential for falls and level of mobility	3.03
90	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment	2.96
51	Provide care that meets the special needs of adults aged 31 to 64 years	2.88
127	Perform wound care and/or dressing change	2.87
61	Recognize barriers to communication or learning	2.80
8	Organize and prioritize care for assigned group of clients	2.78
91	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)	2.77
132	Monitor diagnostic or laboratory test results	2.74
32	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment	2.73
37	Identify client allergies	2.69
24	Take verbal or phone order	2.67
144	Intervene to improve client's respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning	2.66
33	Evaluate the appropriateness of order for client	2.62
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia	2.62
100	Provide measures to promote sleep/rest	2.55
11	Advocate for client rights or needs	2.54
14	Include client in client care decision making	2.54
108	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube, or j-tube	2.53
140	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder	2.52
1	Use data from various sources in making clinical decisions	2.50
69	Identify client's use of effective and ineffective coping mechanisms	2.45
136	Perform neurological or circulatory check	2.45
78	Explore cause of client's behavior	2.37
25	Transcribe physician order	2.32
106	Assess client's intravenous (IV) site and flow rate	2.31
3	Contribute to the development of client's plan of care	2.29

#	Activity	Average Frequency (Total Group) 0-5
96	Assist with activities of daily living such as dressing, grooming or bathing	2.23
94	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning	2.19
44	Assist in or reinforce education to client/family about safety precautions	2.19
20	Recognize task/assignment you are not prepared to perform and seek assistance	2.15
64	Collect baseline physical data on admission of client	2.13
139	Compare data collected on client's nutritional or hydration status to norms for decision making and care planning	2.12
128	Collect specimen such as urine, stool or sputum for diagnostic testing	2.09
62	Collect data for initial or admission health history	2.08
42	Follow protocol for timed client monitoring such as suicide precautions, restraint/seclusion check or safety checks	2.07
6	Make client care or related task assignment	2.06
12	Promote client/family self-advocacy	2.03
83	Explore why client is refusing or not following treatment plan	2.00
125	Insert urinary catheter	1.99
70	Provide client/family information about condition, expected prognosis and outcomes	1.98
5	Contribute to change made in client's plan of care	1.97
118	Phone in client prescriptions to pharmacy	1.94
88	Use transfer assistance device such as t-belt, slide board or mechanical lift	1.94
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error	1.91
67	Collect data on client's psychological status and ability to cope	1.89
124	Provide cooling measures for elevated temperature	1.89
73	Identify significant body change that may affect recovery	1.89
65	Compare baseline physical data to norms for decision making or care planning	1.88
56	Compare a client's development to norms	1.88
82	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	1.86
98	Intervene to improve client's elimination by instituting bowel or bladder management	1.84
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter or other line or tube	1.79
93	Provide care or support for client/family at end of life	1.77
40	Apply and/or monitor use of least restrictive restraints or seclusion	1.77
22	Discharge client to home or transfer client to another facility	1.76
111	Give a medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB) or intravenous (IV) fluids	1.72
16	Refer client/family to appropriate resources	1.71
28	Obtain client's signature on consent form	1.68
43	Independently plan and provide education to client/family about safety precautions	1.66

#	Activity	Average Frequency (Total Group) 0-5
160	Perform care for client before or after surgical procedure	1.64
63	Compare data collected for health history to expected norms for decision making or care planning	1.62
72	Identify significant lifestyle change that may affect recovery	1.59
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	1.53
86	Assist with coping related to grief and loss	1.51
130	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	1.48
149	Apply or remove immobilizing equipment such as a splint or brace	1.43
87	Make adjustment to care with consideration of client's spiritual or cultural beliefs	1.42
147	Identify and treat a client's intravenous (IV) line infiltration	1.40
95	Provide care for a client's drainage device such as wound drain or chest tube	1.39
31	Provide information about advance directives	1.36
68	Compare data collected on psychological status and ability to cope to norms for decision making and care planning	1.34
50	Provide care that meets the special needs of young adults aged 19 to 30 years	1.31
77	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	1.31
10	Recognize and resolve staff conflict through appropriate use of chain of command	1.30
18	Participate in education of staff	1.30
38	Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan	1.28
129	Monitor continuous or intermittent suction of nasogastric (NG) tube	1.24
9	Provide input for performance evaluations of other staff	1.18
115	Start initial peripheral intravenous (IV) line on adult client	1.17
80	Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders	1.15
75	Collect data on client's potential for violence	1.09
45	Provide resources for end-of-life and/or beginning-of-life issues and choices	1.06
39	Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients	1.04
117	Restart an intravenous (IV) line on an adult client (client older than 16 years of age)	1.03
148	Remove a client's wound sutures or staples	1.00
4	Independently make change in client's plan of care	1.00
27	Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease	0.99
146	Provide care for a client's tracheostomy	0.98
76	Compare data collected on client's potential for violence to norms for decision making and care planning	0.98
2	Independently develop client's plan of care	0.92

#	Activity	Average Frequency (Total Group) 0-5
114	Give total parenteral nutrition (TPN)	0.92
60	Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use	0.89
19	Participate in orientation of new employee	0.87
79	Independently plan and provide education to caregivers/family on ways to manage client with behavioral disorders	0.86
156	Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing	0.82
21	Report, or intervene to prevent, unsafe practice of health care provider	0.81
162	Monitor a client recovering from conscious sedation	0.80
142	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration	0.80
57	Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement	0.78
113	Give intravenous (IV) fluid or intravenous piggyback (IVPB) or intravenous push (IVP) medication through a central venous catheter	0.78
143	Provide intraoperative care such as positioning client for surgery, maintaining sterile field or providing operative observation	0.77
161	Identify abnormalities on a client's cardiac monitor strip	0.74
112	Provide medication through peripheral intravenous line by intravenous push (IVP)	0.72
89	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care	0.68
141	Provide care to client in traction	0.62
104	Monitor transfusion of blood product	0.59
49	Provide care that meets the special needs of adolescents aged 13 to 18 years	0.59
131	Change/reinsert gastrointestinal tube (g-tube)	0.57
59	Participate in a health screening or health promotion program such as blood pressure screening or health fair	0.56
13	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	0.56
123	Perform bladder scan	0.55
157	Provide care to client on ventilator	0.54
55	Monitor a client's postpartum recovery	0.53
133	Insert nasogastric (NG) tube	0.52
85	Participate in client group session	0.50
48	Provide care that meets the special needs of infants or children aged 1 month to 12 years	0.49
97	Remove a client's drain such as hemovac, Jackson Pratt or penrose	0.49
150	Perform an electrocardiogram (EKG/ECG)	0.48

#	Activity	Average Frequency (Total Group) 0-5
17	Follow up with client/family after discharge	0.46
26	Decide level or type of care needed from phone conversation with client – perform phone triage	0.44
105	Administer blood product	0.43
158	Perform check of client's pacemaker	0.42
58	Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction	0.33
154	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges	0.30
153	Perform a microderm abrasion procedure	0.30
47	Provide care that meets the special needs of the newborn – less than 1 month old	0.27
134	Identify signs or symptoms of potential prenatal complication	0.27
84	Lead client group session	0.26
116	Start or restart an intravenous (IV) line on a pediatric client (a client 16 years of age or younger)	0.25
54	Monitor a client in labor	0.22
46	Perform fetal heart monitoring for client during pregnancy, before labor	0.21
159	Administer phototherapy treatment to newborn	0.21
155	Assist in the removal of client's body wastes by performing hemodialysis treatment	0.18
81	Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia, or pornography	0.17
152	Use a laser to remove client's unwanted hair	0.15

Appendix E

Activities Rank Ordered by Average Priority Rating

#	Activity	Average Priority 1-4
102	Follow the rights of medication administration	3.93
36	Use universal/standard precautions	3.92
34	Verify the identity of client	3.89
29	Maintain client confidentiality	3.86
103	Maintain current, accurate medication list or medication administration record (MAR)	3.86
41	Use aseptic/sterile technique	3.76
144	Intervene to improve client's respiratory status by giving a breathing or respiratory treatment, suctioning or repositioning	3.73
101	Use measures to maintain client's skin integrity such as skin care, turning or use of a special mattress	3.71
163	Identify signs and symptoms of an infection such as temperature changes, swelling, redness, mental confusion or foul smelling urine	3.71
107	Provide medication by oral route	3.67
23	Document client care	3.65
122	Identify/intervene to control signs of hypoglycemia or hyperglycemia	3.63
32	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment	3.59
15	Communicate needed information about change in client status to physician, case manager, supervisor/charge nurse, family and/or ancillary services	3.58
119	Count narcotics/controlled substances	3.58
135	Take client's vital signs (VS) (temperature, pulse, blood pressure, respirations)	3.58
140	Implement measures to manage or prevent possible complication of client's condition or procedure such as circulatory complication, seizure, aspiration or potential neurological disorder	3.57
145	Evaluate client's respiratory status by measuring oxygen (O ₂) saturation	3.57
35	Use proper body mechanics when lifting	3.56
99	Assess pain utilizing rating scale	3.56
120	Perform risk assessment including sensory impairment, potential for falls and level of mobility	3.56
121	Provide appropriate follow-up after incident such as fall, client elopement or medication error	3.55
137	Perform reassessment of selected system or systems such as recheck vital signs (VS), reassess lung sounds, reassess gastrointestinal system, assess edema or weight	3.55
30	Provide for privacy needs	3.53
142	Respond to a life-threatening situation such as performing cardiopulmonary resuscitation (CPR) or Heimlich maneuver/abdominal thrust, addressing fetal distress or treating a wound evisceration	3.52
52	Provide care that meets the special needs of clients 65 to 85 years of age	3.51

#	Activity	Average Priority 1-4
20	Recognize task/assignment you are not prepared to perform and seek assistance	3.49
136	Perform neurological or circulatory check	3.48
24	Take verbal or phone order	3.47
37	Identify client allergies	3.47
53	Provide care that meets the special needs of clients older than 85 years of age	3.44
91	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube or jejunal tube (j-tube) (bolus, continuous feeding, flush, change bag, check residual or check for placement)	3.44
109	Give a subcutaneous (SQ), intradermal or intramuscular (IM) medication	3.44
127	Perform wound care and/or dressing change	3.44
108	Provide medication by gastrointestinal tube such as g-tube, nasogastric (NG) tube or j-tube	3.43
92	Provide for nutritional needs by encouraging client to eat, feeding a client, ordering client an alternate diet, assisting with menu, providing meal supplements, encouraging fluids or monitoring intake and output (I & O)	3.42
25	Transcribe physician order	3.41
27	Follow regulation/policy for reporting such issues as abuse, neglect, gunshot wound or communicable disease	3.4
42	Follow protocol for timed client monitoring such as suicide precautions, restraint/seclusion check or safety checks	3.4
138	Collect data on client's nutrition or hydration status	3.4
11	Advocate for client rights or needs	3.39
21	Report, or intervene to prevent, unsafe practice of health care provider	3.38
74	Listen to family/client concerns	3.38
106	Assess client's intravenous (IV) site and flow rate	3.37
132	Monitor diagnostic or laboratory test results	3.37
93	Provide care or support for client/family at end of life	3.35
110	Give a medication by a route other than oral, injectable or intravenous (IV) such as rectal, vaginal, in eye/ear/nose or topical	3.34
124	Provide cooling measures for elevated temperature	3.34
66	Provide emotional support to client/family	3.33
90	Provide for mobility needs such as ambulation, range of motion, transfer to chair, repositioning or the use of adaptive equipment	3.31
8	Organize and prioritize care for assigned group of clients	3.3
51	Provide care that meets the special needs of adults aged 31 to 64 years	3.29
71	Promote client's positive self-esteem	3.29

#	Activity	Average Priority 1-4
151	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	3.28
147	Identify and treat a client's intravenous (IV) line infiltration	3.27
160	Perform care for client before or after surgical procedure	3.27
14	Include client in client care decision making	3.25
64	Collect baseline physical data on admission of client	3.23
73	Identify significant body change that may affect recovery	3.23
33	Evaluate the appropriateness of order for client	3.21
62	Collect data for initial or admission health history	3.2
39	Report hazardous conditions in work environment such as chemical or blood spill, or smoking by staff or clients	3.18
44	Assist in or reinforce education to client/family about safety precautions	3.17
61	Recognize barriers to communication or learning	3.17
111	Give a medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB) or intravenous (IV) fluids	3.17
125	Insert urinary catheter	3.16
28	Obtain client's signature on consent form	3.15
83	Explore why client is refusing or not following treatment plan	3.15
146	Provide care for a client's tracheostomy	3.14
139	Compare data collected on client's nutritional or hydration status to norms for decision making and care planning	3.13
100	Provide measures to promote sleep/rest	3.1
1	Use data from various sources in making clinical decisions	3.09
78	Explore cause of client's behavior	3.08
43	Independently plan and provide education to client/family about safety precautions	3.07
88	Use transfer assistance device such as t-belt, slide board or mechanical lift	3.07
128	Collect specimen such as urine, stool or sputum for diagnostic testing	3.07
130	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	3.07
162	Monitor a client recovering from conscious sedation	3.07
38	Participate in preparation for internal and external disasters by assisting with completion of plan, identifying safety manager, participating in safety drills and/or locating MSDS plan	3.06
40	Apply and/or monitor use of least restrictive restraints or seclusion	3.06
65	Compare baseline physical data to norms for decision making or care planning	3.06
118	Phone in client prescriptions to pharmacy	3.06
86	Assist with coping related to grief and loss	3.05
104	Monitor transfusion of blood product	3.05
129	Monitor continuous or intermittent suction of nasogastric (NG) tube	3.05
161	Identify abnormalities on a client's cardiac monitor strip	3.05
69	Identify client's use of effective and ineffective coping mechanisms	3.04

#	Activity	Average Priority 1-4
95	Provide care for a client's drainage device such as wound drain or chest tube	3.04
98	Intervene to improve client's elimination by instituting bowel or bladder management	3.03
87	Make adjustment to care with consideration of client's spiritual or cultural beliefs	3.02
31	Provide information about advance directives	3.01
126	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube	3
70	Provide client/family information about condition, expected prognosis and outcomes	2.99
94	Provide nonpharmacological measures for pain relief such as imagery, massage or repositioning	2.99
115	Start initial peripheral intravenous (IV) line on adult client	2.99
7	Delegate specific task to assistive personnel such as nursing assistant	2.98
114	Give total parenteral nutrition (TPN)	2.97
157	Provide care to client on ventilator	2.97
63	Compare data collected for health history to expected norms for decision making or care planning	2.95
82	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	2.95
3	Contribute to the development of client's plan of care	2.94
67	Collect data on client's psychological status and ability to cope	2.94
6	Make client care or related task assignment	2.93
12	Promote client/family self-advocacy	2.93
77	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	2.92
143	Provide intraoperative care such as positioning client for surgery, maintaining sterile field or providing operative observation	2.92
75	Collect data on client's potential for violence	2.91
50	Provide care that meets the special needs of young adults aged 19 to 30 years	2.9
10	Recognize and resolve staff conflict through appropriate use of chain of command	2.88
22	Discharge client to home or transfer client to another facility	2.88
5	Contribute to change made in client's plan of care	2.87
16	Refer client/family to appropriate resources	2.87
18	Participate in education of staff	2.86
56	Compare a client's development to norms	2.86
72	Identify significant lifestyle change that may affect recovery	2.86
96	Assist with activities of daily living such as dressing, grooming or bathing	2.86
117	Restart an intravenous (IV) line on an adult client (client greater than 16 years of age)	2.84
105	Administer blood product	2.81
133	Insert nasogastric (NG) tube	2.79
68	Compare data collected on psychological status and ability to cope to norms for decision making and care planning	2.77

#	Activity	Average Priority 1-4
113	Give intravenous (IV) fluid or intravenous piggyback (IVPB) or intravenous push (IVP) medication through a central venous catheter	2.77
76	Compare data collected on client's potential for violence to norms for decision making and care planning	2.76
131	Change/reinsert gastrointestinal tube (g-tube)	2.76
156	Assist in evaluation of client's physiologic status by drawing blood from veins for lab testing	2.76
80	Assist in or reinforce education to caregivers/family on ways to manage client with behavioral disorders	2.75
45	Provide resources for end-of-life and/or beginning-of-life issues and choices	2.73
158	Perform check of client's pacemaker	2.73
148	Remove a client's wound sutures or staples	2.72
149	Apply or remove immobilizing equipment such as a splint or brace	2.71
19	Participate in orientation of new employee	2.67
112	Provide medication through peripheral intravenous line by intravenous push (IVP)	2.66
2	Independently develop client's plan of care	2.65
55	Monitor a client's postpartum recovery	2.65
79	Independently plan and provide education to caregivers/family on ways to manage client with behavioral disorders	2.65
60	Provide information for prevention of high risk behaviors such as providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use	2.63
9	Provide input for performance evaluations of other staff	2.6
141	Provide care to client in traction	2.59
154	Assist in the removal of client's body wastes by performing peritoneal dialysis exchanges	2.59
97	Remove a client's drain such as hemovac, Jackson Pratt or penrose	2.53
26	Decide level or type of care needed from phone conversation with client – perform phone triage	2.52
4	Independently make change in client's plan of care	2.51
49	Provide care that meets the special needs of adolescents aged 13 to 18 years	2.51
150	Perform an electrocardiogram (EKG/ECG)	2.51
57	Assist client with expected life transition such as attachment to newborn, parenting, puberty or retirement	2.47
48	Provide care that meets the special needs of infants or children aged 1 month to 12 years	2.45
155	Assist in the removal of client's body wastes by performing hemodialysis treatment	2.44
134	Identify signs or symptoms of potential prenatal complication	2.42
13	Participate in quality improvement (QI) activity such as collecting data or serving on QI committee	2.38
159	Administer phototherapy treatment to newborn	2.36
123	Perform bladder scan	2.32
54	Monitor a client in labor	2.3

#	Activity	Average Priority 1-4
116	Start or restart an intravenous (IV) line on a pediatric client (a client 16 years of age or younger)	2.3
47	Provide care that meets the special needs of the newborn – less than 1 month old	2.28
153	Perform a microderm abrasion procedure	2.25
17	Follow up with client/family after discharge	2.22
46	Perform fetal heart monitoring for client during pregnancy, before labor	2.2
89	Use an alternative/complementary therapy such as acupressure, music therapy or herbal therapy in providing client care	2.19
59	Participate in a health screening or health promotion program such as blood pressure screening or health fair	2.18
58	Discuss sexuality issues with client such as family planning, menopause or erectile dysfunction	2.14
85	Participate in client group session	2.14
84	Lead client group session	1.96
81	Provide care and support for client with nonsubstance-related dependency such as gambling, pedophilia or pornography	1.87
152	Use a laser to remove client's unwanted hair	1.65



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