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2006 LPN/VN
Practice Analysis
Linking the
NCLEX-PN®
Examination to
Practice



Report of Findings from the

**2006 LPN/VN
Practice Analysis
Linking the NCLEX-PN®
Examination to Practice**

Anne Wendt, PhD, RN, CAE

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

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TABLE OF CONTENTS

List of Tables.....	v
List of Figures.....	vi
Acknowledgments.....	vii
Executive Summary.....	1
I. Background of Study.....	6
II. Methodology.....	6
Panel of Subject Matter Experts (SMEs).....	6
Questionnaire Development.....	7
Survey Process.....	7
Sample Selection.....	7
Representativeness.....	8
Mailing Procedure.....	8
Confidentiality.....	8
Return Rates.....	8
Summary.....	8
III. Demographics, Experiences and Practice Environments of Participants.....	10
Demographics/Past Experiences.....	10
Orientation.....	10
Certifications Earned.....	10
Work Settings.....	12
Facilities.....	12
Practice Settings.....	12
Types and Ages of Clients.....	14
Shifts Worked.....	14
Time Spent in Different Categories of Nursing Activities.....	14
Administrative Responsibilities/Primary Administrative Position.....	16
Enrollment in RN Educational Programs.....	16
Summary.....	16
IV. Activity Performance Findings.....	18
Overview of Methods.....	18
Reliability.....	18
Activity Performance Characteristics.....	18
Representativeness of Activity Statements.....	18
Applicability of Activities to Practice Setting.....	18
Frequency of Activity Performance.....	24
Setting-Specific.....	24
Total Group.....	24
Priority of Activity Performance.....	24
Setting-Specific.....	24

Total Group.....	24
Subject Matter Expert Panel Validation of Survey Findings.....	25
Summary.....	25
Conclusion.....	25
V. References.....	38
Appendix A: External Panel of Methodology Experts.....	39
Appendix B: Subject Matter Expert Panel for 2006 LPN/VN Entry-Level Practice Analysis.....	40
Appendix C: Activity Statements with 2006 LPN/VN Practice Analysis Form Assignment.....	43
Appendix D: Survey Forms 1 & 2.....	47
Appendix E: Activities Rank Ordered by Percent Performing.....	63
Appendix F: Activities Rank Ordered by Average Setting-Specific Frequency.....	67
Appendix G: Activities Rank Ordered by Average Total Group Frequency.....	71
Appendix H: Activities Rank Ordered by Average Setting-Specific Priority Rating.....	75
Appendix I: Activities Rank Ordered by Average Total Group Priority Rating.....	79

LIST OF TABLES

Table 1. Correspondence of Population, Sample, and Respondents	9
Table 2. Type and Length of Orientation.....	10
Table 3. Additional Coursework/Certifications.....	11
Table 4. Employing Facilities.....	13
Table 5. Employment Setting Characteristics.....	13
Table 6. Practice Settings.....	13
Table 7. Average Time Spent in Different Categories of Nursing Activities.....	15
Table 8. Administrative Responsibilities.....	17
Table 9. Registered Nurse Education Program Enrollment.....	17
Table 10. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings....	19
Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences.....	26

LIST OF FIGURES

Figure 1. Gender of Newly Licensed LPN/VNs.....	10
Figure 2. Race/Ethnicity of Newly Licensed LPN/VNs.....	11
Figure 3. Average Months Since Graduation and Months Employed.....	12
Figure 4. Newly Licensed LPN/VN with Previous NA Experience	12
Figure 5. Percentages of Newly Licensed LPN/VNs Caring for Clients with Different Types of Health Conditions.....	14
Figure 6. Percentages of Newly Licensed LPN/VNs Caring for Clients of Different Ages.....	14
Figure 7. Newly Licensed LPN/VNs Shifts Worked.....	16

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A.W.

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 member board territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., 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 (SMEs)

A panel of 11 subject matter experts (SMEs) was assembled to assist with the practice analysis. There were nine panel members who worked with, supervised and/or taught practical/vocational nurses who were within their first six months of practice; and two panel members who represented entry-level LPN/VNs.

The panel members created a category structure describing the types of activities performed by LPN/VNs and developed LPN/VN activities performed within each category of the structure.

Questionnaire Development

A total of 147 activity statements were incorporated into the 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 statements contained on each form. There were 29 activity statements that were common to both survey forms. The remaining 118 activity statements were randomly selected for placement on the two survey forms. The resulting surveys each

contained 88 activity statements. Except for the 59 activity statements unique to the individual forms, the two survey questionnaires were identical.

Survey Process

Sample Selection

The sample selection was accomplished by selecting NCLEX-PN® candidates that passed the examination between Feb. 7, 2006, and May 14, 2006. Given that the cut-off date for the survey was Aug. 7, 2006, this would mean that no respondent would have been licensed for more than six months. This was consistent with the intention of sampling only newly licensed nurses.

In addition, candidates were excluded from the sample if their mailing address was not within the jurisdiction in which they were seeking licensure. This was done to minimize the number of invalid addresses to which the survey would be sent. Of the available candidate pool, a sample of 6,000 LPN/VN candidates was randomly selected after being stratified by jurisdiction.

Representativeness

The sample reflected the 2005 population of NCLEX-PN candidates as stratified by their jurisdiction of licensure. In general, the percent of respondents was similar to the percent in the sample.

Mailing Procedure

The sample of 6,000 LPN/VNs was split into two cohorts while keeping the stratification within each cohort. One cohort received Form 1 and the other received Form 2.

A four-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 Aug. 7, 2006.

Return Rates

In May 2006, the list of 6,000 LPN/VNs was sent to a mailing house to be distributed. Prior to mailing

inside the continental U.S., the mailing house checked the addresses using a program that accesses the National Change of Address (NCOA) database. This program identified 236 invalid addresses, mostly due to persons moving without providing a change of address. From the 5,764 remaining mailings, an additional 32 surveys were returned due to incorrect addresses. Surveys were returned by 1,516 respondents for an adjusted return rate of 26.4%. Of the 1,516 surveys returned, 358 respondents reported they were not working in nursing, and 113 were not providing direct care to clients or reported spending less than an average of 20 hours per week providing direct client care. The remaining number of analyzable surveys was 1,045 or 18.2% of delivered questionnaires.

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

The majority (90.7%) of survey respondents reported being female. The average age of respondent nurses was 34 years (SD 9.9 years). Most (62.7%) of the respondents reported being White/Non-Hispanic; 5.4% were Asian; 21.2% were African American; and 7.6% were Latino or Hispanic.

Respondents reported working an average of 3.7 months as an LPN/VN. Subjects educated in the U.S. were an average of 7.6 months post graduation.

Most (86.6%) of the respondents were graduates of diploma LPN/VN programs. About 9% graduated from associate degree LPN/VN programs and 1.6% of the survey respondents were graduates of registered nurse (RN) programs. Approximately 1.5% of survey respondents were educated in other countries.

About 3.1% of the survey respondents reported having worked outside the U.S. as a nurse for an average of 30.7 months. An average of five years of work as a nurse aide was reported by 63.4% of survey respondents.

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal

orientation was reported by 9.5%, and 1.4% reported having only classroom instruction or skills lab work for their orientation. The majority (68.3%) reported working with an assigned mentor or preceptor for an average of about 3.7 weeks and 16.9% reported performing supervised work with clients for an average of 4.6 weeks. Only 1.3% reported having a formal internship; those who did spent an average of 3.9 weeks in orientation.

Certifications Earned

About 47% of current respondents reported that they had not earned one or more certifications or completed additional coursework. For the remaining 53% of the respondents, basic life support (29.8%), intravenous therapy (21.4%) and phlebotomy (7.5%) were the most frequently reported certifications.

Facilities

The majority of newly licensed LPN/VNs in this study reported working in long-term care facilities (54%) or hospitals (23.5%). About 17% reported working in community-based facilities. The number of beds reported in employing hospitals or nursing homes were mostly distributed among 100-299 beds (36.5%), less than 100 beds (31.7%) and 300-499 beds (8.0%). Approximately 33% of respondents reported working in urban or metropolitan areas, 27.2% worked in suburban areas and 29.2% were in rural areas.

Practice Settings

Overall, respondents reported working the most in nursing homes (44.6%) and long-term care (26.7%) settings. Medical-surgical settings were reported by 14.2% of respondents, rehabilitation by 6.7% and 5.7% reported working in other settings.

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for clients with stable, chronic illnesses (54.3%), clients with behavioral/emotional conditions (45.2%), clients at end of life (38.9%) and clients with acute conditions (36.4%). The majority of respondents reported caring for adult clients aged 65 to 85 (74.3%), clients over the age of 85 (47.1%) and clients aged 31 to 64 (45.5%).

Shifts Worked

The shift most commonly worked among respondents was days (47%) with about equal numbers working evening (25.6%) and night (22.4%) shifts. Only 3% reported working rotating shifts.

Time Spent in Different Categories of Nursing Activities

The newly licensed LPN/VNs reported spending the greatest amount of time on activities necessary for safe medication administration (18.7%), activities related to safety and infection control (14.9%), activities related to basic care and comfort (14.0%), activities related to coordinated care (13.5%) and activities that reduce the risk of a client developing complications (11.8%). The least amount of time (6.6%) was spent on activities that provide for physiological adaptation.

Administrative Responsibilities/ Primary Administrative Position

Respondents were asked to select, from a pre-determined list, the specific administrative roles they performed within their current nursing position. One or more administrative roles were reported by 48.2% of the respondents. LPN/VNs working in long-term care were much more likely to report performing one or more administrative roles (72.4% in long-term care, 12.9% working in hospitals and 21.6% working in community-based settings). Charge nurse was the most frequently reported administrative role (by 34.7% of all respondents and 58.4% of long-term care respondents) followed by team leader (12.1% of all respondents and 16.6% of long-term care respondents). Respondents were also asked to report the approximate percentages of time spent in administrative roles. Overall, 18.7% reported spending 80-100% of their work time in administrative roles; this included 29.7% of those working in long-term care.

Enrollment in RN Educational Programs

Respondents were asked about enrollment in further nursing education. Approximately 20% of respondents reported enrollment in an RN education program and 15.2% reported that they had applied

to such a program but were not currently enrolled. Of those currently enrolled, 82.1% were in associate degree programs, 4.3% in diploma and 10.1% in baccalaureate programs. Of those who had applied but were not enrolled, 47.8% were completing prerequisite courses, 22.3% were on waiting lists, 22.9% could not afford the tuition, 10.8% were turned away because classes were full, and only 2.5% failed to meet the program requirements. About 23.5% of respondents reported holding non-nursing college degrees.

Activity Performance Findings

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire form represented what they actually did in their positions. A large majority (97.5%) 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. The activities ranged from 7.86% applicability (7.86% of the respondents reported that the activity was performed within their work settings) to 99.50% (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 frequency ratings ranged from 0.65 to 4.81. Average total group frequency ratings ranged from 0.06 to 4.78.

Priority of Activity Performance

The priority of performing each nursing activity was rated by participants with respect to the maintenance of client safety and/or threat of complications or distress using a 1 to 4 scale with "4" reflecting

the highest priority. The average total group priority values for the 147 nursing activities ranged from a low of 2.02 to a high of 3.92.

Summary

A non-experimental, descriptive study was conducted to explore the priority and frequency of activities performed by entry level LPN/VNs. More than 1,500 LPN/VNs responded. In general, findings indicate that activities listed in the survey were representative of the work performed in LPN/VNs' practice settings.

Conclusion

(1) When compared to the 2003 LPN/VN Practice Analysis results, there was an increase in the number of newly licensed LPN/VNs working in long-term care and community-based settings rather than hospital settings.

(2) Approximately 48% of the newly licensed LPN/VNs reported performing administrative roles. LPN/VNs working in long-term care were more likely to perform two or more of the administrative roles.

Report of Findings from the

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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 U.S. and its member board 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.

The findings from the *2006 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 newly licensed LPN/VN practice. This section provides a description of the methodology used to conduct the 2006 LPN/VN Practice Analysis study, descriptions of the subject matter expert (SME) 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.

The methodology employed in this practice analysis was virtually identical to the methodology employed in the *2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2006). The methodology used in the 2005 RN practice analysis was reviewed by an external panel of methodology experts familiar with practice/job analyses and how that information is used as a foundation for licensing or certification examinations. Those reviewers found the methodology to be psychometrically sound, legally defensible and in compliance with industry standards for practice analyses (AERA, APA NCME, 1999). Because that panel's review of essentially an identical methodology occurred within a year of this study, the previous panel's endorsement

of the methodology was considered both sufficiently relevant and recent to endorse the methodology for this study. See *Appendix A for the names and qualifications of the external panel of methodology experts.*

Panel of Subject Matter Experts (SMEs)

A panel of 11 subject matter experts was assembled to assist with the practice analysis. There were nine panel members who worked with, supervised, and/or taught practical nurses who were within their first six months of practice; and two panel members who represented entry-level LPN/VNs. In assembling the panel, care was taken to ensure a wide range of representation of the SMEs in terms of jurisdiction of employment, practice setting and nursing specialties. See *Appendix B for a listing of panel members and their qualifications.*

The SME panel performed several tasks crucial to the success of the practice analysis study. Prior to their meeting, the SMEs were asked to submit daily activity logs from at least three newly licensed LPN/VNs from their practice setting. In addition, the SMEs were asked to submit job descriptions, performance evaluation forms, and policies and procedures from their setting.

After receiving a comprehensive orientation to the practice analysis methodology, the SMEs reviewed a category structure describing the types of activities performed by LPN/VNs. The panel was careful to review and develop a category structure that was clear, understandable and logical.

Once a category structure was developed, panel members worked to create a list of activities within each category. Using previous practice analysis activity statements, job descriptions and performance evaluation documents, the activity logs completed by newly licensed LPN/VNs as well as their own intimate knowledge of LPN/VN practice, each activity was reviewed for applicability to LPN/VN practice and relationship to the delivery of safe care to the public. Care was taken to create the LPN/VN activities at approximately the same level of specificity and

to avoid redundancy between categories. Additionally, the SMEs took care to create a comprehensive list of activities while considering the burden an exhaustive list would have on respondents. The list of activity statements included in the 2006 LPN/VN practice analysis may be found in Appendix C.

Panel members also provided information necessary for validation of the practice analysis survey. After the activity statements had undergone review and approval by the 2005-2006 NCSBN Examination Committee, panel members individually provided three estimates for each activity. They estimated the percentage of newly licensed nurses in the U.S. that 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 and/or the threat of complications or distress (on a 1 to 4 scale).

Questionnaire Development

The survey instrument used for the 2006 LPN/VN practice analysis study was carefully designed to maximize the quantity and quality of data collected about entry-level practice. First, the activity statements identified by the SME panel were reviewed and approved by the 2005-2006 NCSBN Examination Committee. The resulting 147 activity statements were incorporated into a survey format.

Two forms of the survey were created to decrease the number of activity statements contained on each form and to increase the likelihood that the participants would complete the survey. There were 29 activity statements that were common to both survey forms. Those statements were carefully selected to be those most commonly performed or those performed by nurses in specialized practice settings. The remaining 118 activity statements were randomly selected for placement on the two survey forms. The resulting surveys each contained 88 activity statements. Except for the 59 activity statements unique to the individual forms, the two survey questionnaires were identical.

The survey contained six sections. The first section had questions related to the participant's work ex-

perience, 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. The fourth section requested information about the respondents' last day of work, including number of hours worked, number of clients for whom care was provided and the amount of time spent in various types of nursing activities. The fifth section asked for basic demographic information. The final section provided space for respondents to write comments or suggestions about the study. Forms 1 and 2 of the survey questionnaire used in the 2006 LPN/VN Practice Analysis study may be found in Appendix D.

Survey Process

Sample Selection

The sample selection was accomplished by selecting NCLEX-PN candidates that passed the examination between Feb. 7, 2006 and May 14, 2006. Given that the cut-off date for the survey was Aug. 7, 2006, this time frame would mean that no respondent would have been licensed for more than six months. This criteria was consistent with the intention of sampling only newly licensed nurses.

In addition, candidates were excluded from the sample if their mailing address was not within the jurisdiction in which they were seeking licensure. This exclusion was done to minimize the number of incorrect addresses to which the survey would be sent. It seemed quite likely that candidates who became licensed in a different jurisdiction would subsequently move to that jurisdiction. This strategy effectively removed all candidates with international addresses. However, internationally educated candidates that moved to the jurisdiction in which they sought to be licensed before applying to take the NCLEX would be included. Of the remaining candidate pool, a sample of 6,000 LPN/VN candidates was selected.

Representativeness

The sample reflected the 2005 population of NCLEX-PN candidates as stratified by their jurisdiction of licensure. Table 1 shows the correspondence between the population, the sample and the respondents. In general, the percent of respondents was similar to the percent in the sample. The percentage of respondents deviated from the percentage of the population by more than 1% in only four jurisdictions.

Mailing Procedure

The sample of 6,000 was divided into two cohorts while maintaining the stratification within each sample. Each of the two survey forms was scheduled to be sent to 3,000 of the sampled newly licensed nurses. A four-stage mailing process was used to engage participants in the study. A presurvey postcard was sent to each person selected for the sample stating the importance of the survey. One week later, the survey was mailed with a cover letter and postage paid return envelope. The following week, a postcard was sent to all participants to urge their participation and reiterate the importance of the study. Approximately one week after the first postcard, a second reminder postcard was sent. A second survey was sent to those participants who called and indicated that they never received the initial survey or had misplaced the survey. The survey was conducted June through Aug. 7, 2006.

Confidentiality

All potential participants were assured 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 and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

Return Rates

In May 2006, the list of 6,000 LPN/VNs was sent to a mailing house to be distributed. Prior to mailing inside the continental U.S., the mailing house checked

the addresses using a program which accesses the National Change of Address (NCOA) database. This program identified 236 invalid addresses, mostly due to persons moving without providing a change of address. From the 5,764 remaining mailings, an additional 32 surveys were returned due to incorrect addresses. Surveys were returned by 1,516 respondents for an adjusted return rate of 26.4%. Of the 1,516 surveys received, 358 respondents reported they were not working in nursing, and 113 were not providing direct care to clients or reported spending less than an average of 20 hours per week in direct client care. Thus, after the quality control procedures were implemented, there were 1,045 analyzable surveys or 18.2% of delivered questionnaires. The number of analyzable surveys was similar to the 2003 LPN/VN practice analysis (n=1,001).

Summary

A panel of nurses who were experts in the practices of newly licensed LPN/VNs met and created a list of LPN/VN activity statements. A data collection instrument was created and sent to 6,000 individuals selected at random from among all individuals who passed the NCLEX-PN examination between Feb. 7, 2006, and May 14, 2006. An 18.2% response rate of analyzable surveys was obtained. This practice analysis contains the responses of 1,045 newly licensed LPN/VNs.

Table 1. Correspondence of Population, Sample, and Respondents for the 2006 LPN/VN Practice Analysis

Jurisdiction	2005 Population %	Sample		Respondents		Jurisdiction	2005 Population %	Sample		Respondents	
		N	%	N	%			N	%		
Alabama	2.2	129	2.2	37	3.5	Nevada	0.1	6	0.1	2	0.2
Alaska	0.1	4	0.1	0	0.0	New Hampshire	0.6	36	0.6	8	0.8
American Samoa	0.0	0	0.0	0	0.0	New Jersey	1.6	97	1.6	20	1.9
Arizona	1.2	72	1.2	14	1.3	New Mexico	0.5	30	0.5	6	0.6
Arkansas	1.8	110	1.8	20	1.9	New York	7.1	424	7.1	54	5.2
California-VN	9.6	575	9.6	63	6.0	North Carolina	1.8	110	1.8	27	2.6
Colorado	1.8	108	1.8	16	1.5	North Dakota	0.6	38	0.6	8	0.8
Connecticut	1.0	62	1.0	5	0.5	Northern Mariana Islands	0.0	0	0.0	0	0.0
Delaware	0.3	21	0.4	3	0.3	Ohio	6.2	374	6.2	69	6.6
District of Columbia	0.3	2	0.0	0	0.0	Oklahoma	2.4	141	2.4	24	2.3
Florida	5.8	347	5.8	67	6.4	Oregon	0.5	13	0.2	1	0.1
Georgia-PN	2.5	173	2.9	33	3.2	Pennsylvania	4.0	242	4.0	49	4.7
Guam	0.0	0	0.0	0	0.0	Puerto Rico	0.0	0	0.0	0	0.0
Hawaii	0.3	12	0.2	1	0.1	Rhode Island	0.1	5	0.1	0	0.0
Idaho	0.4	25	0.4	4	0.4	South Carolina	1.2	71	1.2	10	1.0
Illinois	2.7	160	2.7	26	2.5	South Dakota	0.2	15	0.3	2	0.2
Indiana	2.6	154	2.6	28	2.7	Tennessee	2.2	196	3.3	30	2.9
Iowa	2.3	137	2.3	26	2.5	Texas	8.2	486	8.1	67	6.4
Kansas	1.4	82	1.4	22	2.1	Utah	0.9	57	1.0	13	1.2
Kentucky	1.5	90	1.5	19	1.8	Vermont	0.2	2	0.0	0	0.0
Louisiana-PN	2.2	147	2.5	26	2.5	Virgin Islands	0.0	0	0.0	0	0.0
Maine	0.0	0	0.0	0	0.0	Virginia	3.4	205	3.4	34	3.3
Maryland	1.3	81	1.4	13	1.2	Washington, D.C.	1.9	115	1.9	21	2.0
Massachusetts	1.7	81	1.4	18	1.7	West Virginia-PN	1.1	69	1.2	15	1.4
Michigan	2.3	137	2.3	30	2.9	Wisconsin	1.7	101	1.7	16	1.5
Minnesota	2.9	171	2.9	35	3.3	Wyoming	0.3	2	0.0	0	0.0
Mississippi	1.2	72	1.2	12	1.1	Total	100.0	6,000	100.0	1,045	100.0
Missouri	2.4	145	2.4	34	3.3						
Montana	0.3	16	0.3	3	0.3						
Nebraska	0.9	52	0.9	14	1.3						

DEMOGRAPHICS, EXPERIENCES AND PRACTICE ENVIRONMENTS OF PARTICIPANTS

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

Demographics/Past Experiences

The majority of respondents reported being female (90.7%). See Figure 1 for respondent gender. The age of respondent nurses averaged 34 years (SD 9.9 years).

The majority of respondents to this study were White (62.7%). There were 5.4% of respondents who reported being of Asian descent, 21.2% reported being African American, and 7.6% reported being Hispanic or Latino. These figures were proportionally similar to those of the 2003 study population. See Figure 2 for a complete list of racial/ethnic backgrounds of survey respondents.

Respondents reported working an average of 3.7 months as LPN/VNs and those educated in the U.S. were an average of 7.6 months post graduation. See Figure 3.

Most (86.6%) of the respondents were graduates of diploma LPN/VN programs. About 9% of the respondents graduated from associate degree

LPN/VN programs and 1.6% were graduates of RN programs. Approximately 1.5% of survey respondents were educated in other countries.

About 3.1% of the survey respondents reported having worked outside the U.S. as an RN for about 30.7 months. An average of five years of work as a nurse aide was reported by 63.4% of survey respondents. See Figure 4.

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 9.5%, and 1.4% reported having only classroom instruction or skills lab work for their orientation. The majority (68.3%) reported working with an assigned mentor or preceptor for an average of about 3.7 weeks, and 16.9% reported performing supervised work with clients for an average of 4.6 weeks. Only 1.3% reported having a formal internship; those that did spent an average of 3.9 weeks in orientation. See Table 2 for types of orientation with average time spent in each.

Certifications Earned

Overall, about 12% fewer respondents to the current study reported earning additional certification or completing coursework since graduation than

Figure 1. Gender of Newly Licensed LPN/VNs

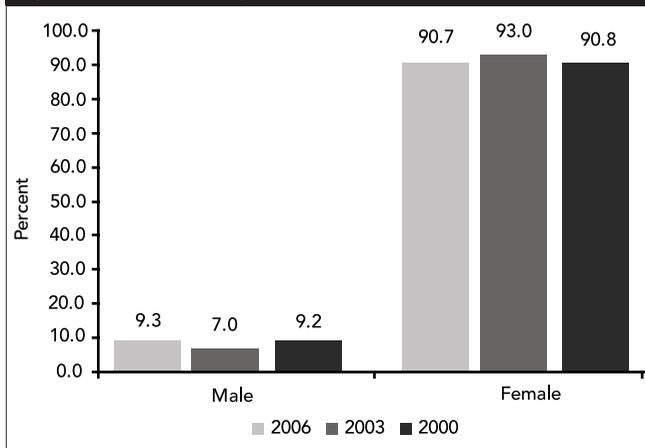


Table 2. Type and Length of Orientation

	%	Average Weeks
No Formal Orientation	9.5	N/A
Classroom Instruction/skills lab only	1.4	1.2
Classroom and/or skills lab plus supervised work with patients	16.9	4.6
Work with an assigned preceptor with or without additional classroom or skills lab work	68.3	3.7
Formal internship with or without additional classroom or skills lab work	1.3	3.9
Other	2.6	2.2

Figure 2. Race/Ethnicity of Newly Licensed LPN/VNs

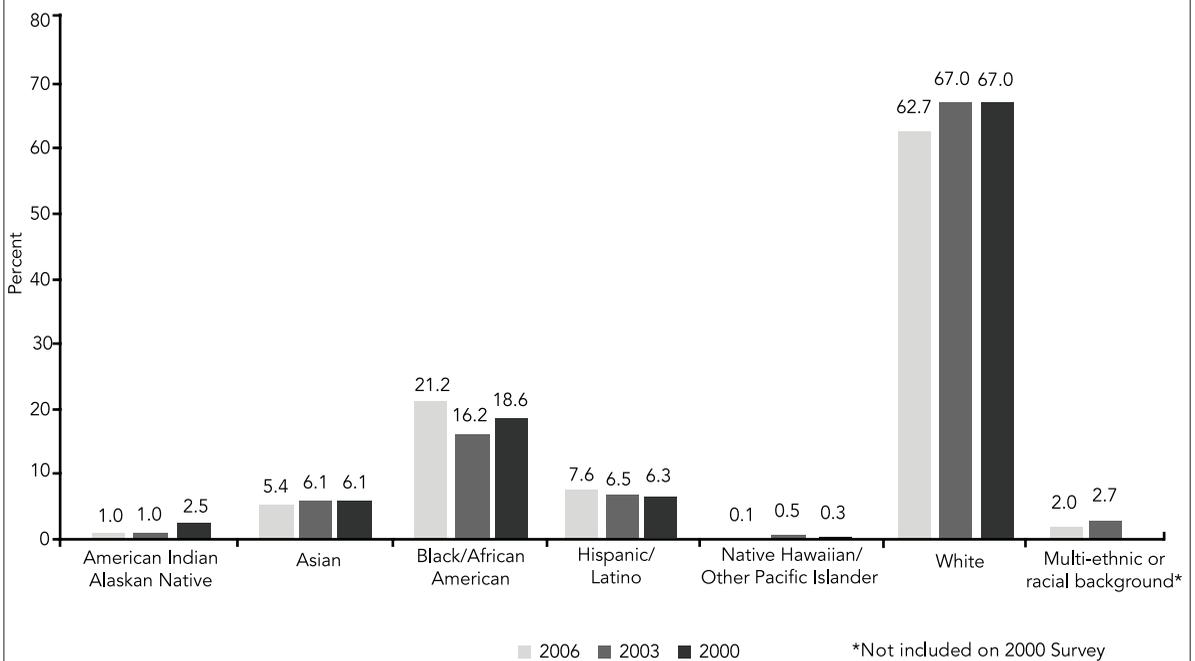


Table 3. Additional Coursework/Certifications

Type of Additional Coursework/Certification*	2006	2003	2000
	(n=1,045) %	(n=1,001) %	(n=920) %
Advanced Cardiac Life Support	7.1	7.2	6.4
Basic Life Support	29.8	31.5	29.2
Behavioral Management**	3.9	3.4	
Chemotherapy	0.2	0.5	0.2
Conscious Sedation**	0.5	1.5	
Coronary Care^	0.5	1.7	0.9
Critical Care^	1.2	2.0	
Intravenous Therapy	21.4	36.9	26.1
Neonatal Advanced Life Support (NALS)**	1.3	2.0	
Pediatric Advanced Life Support (PALS)**	2.0	3.0	
Phlebotomy**	7.5	13.7	
Peritoneal Dialysis**	1.1	2.9	
Rehabilitation	2.2	3.0	1.6
None	47.1	34.8	44.1
Other	8.1	10.2	8.7

* Respondents were asked to select all that applied

**Category not included on 2000 survey

^Critical Care/Coronary Care combined on 2000 survey

those responding to the 2003 study. Approximately 47% of current respondents reported that they had not earned any certifications or completed additional coursework compared to 35% of the 2003 respondents. Basic life support (29.8%), intravenous therapy (21.4%) and phlebotomy (7.5%) were the most frequently reported certifications. See Table 3 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 (54%) followed by hospital employment (23.5%). These findings represented a decrease of about 18.9% in hospital employment and an increase of about 10% in long-term care employment compared to the 2003 LPN/VN Practice Analysis (Smith et al., 2003). See Table 4. About 17% reported working in community-based facilities compared to the 10% in 2003 (Smith et al., 2003). The number of beds reported in employing hospitals or nursing homes were distributed among 100-299 beds (36.5%), less than 100 beds (31.7%), 300-499 beds (8.0%) and greater than 500 beds (3.2%). See Table 5. Approximately 33% of respondents reported working in urban or metropolitan areas, 27.2% worked in suburban areas and 29.2% were in rural areas.

Practice Settings

Overall, respondents reported working most in nursing home (44.6%) and long-term care (26.7%) settings. Medical-surgical settings were reported by 14.2% of respondents, rehabilitation by 6.7% and 5.7% reported working in other settings. These findings represented a decrease in medical-surgical employment and an increase in nursing home employment from that reported in the 2003 survey (Smith et al., 2003). See Table 6.

Figure 3. Average Months Since Graduation and Months Employed

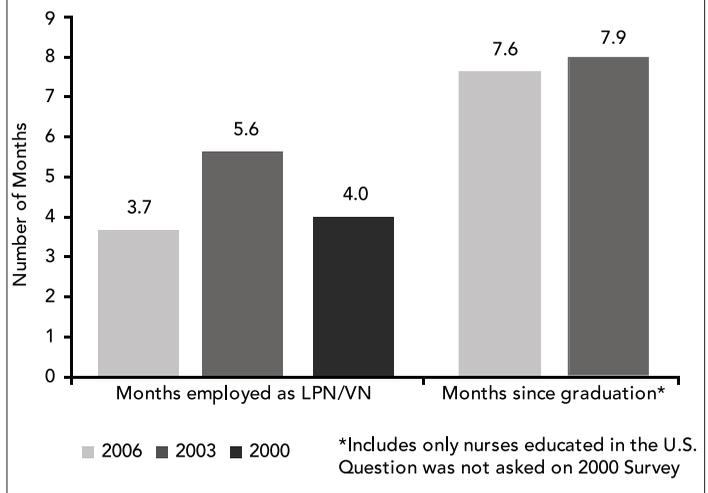


Figure 4. Newly Licensed LPN/VN with Previous NA Experience

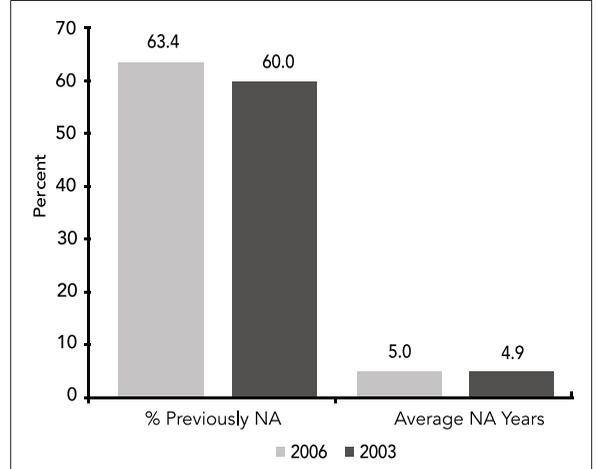


Table 4. Employing Facilities

	2006	2003	2000
Type of Facility/ Organization	(n=1,045)	(n=1,001)	(n=920)
	%	%	%
Hospital	23.5	42.4	34.4
Long-Term Care	54.0	44.5	48.0
Community-Based Care	17.1	10.3	15.7
Other	5.4	2.9	1.9

Table 5. Employment Setting Characteristics

	2006	2003	2000
Setting Characteristic	(n=1,045)	(n=1,001)	(n=920)
	%	%	%
Number of Hospital or Nursing Home Beds			
Under 50 beds	10.1		
50 - 99 beds	21.6	25.3**	29.7**
100 - 299 beds	36.5	40.7	45.4
300 - 499 beds	8.0	10.7	10.8
500 or more beds	3.2	7.9	8.4
Don't know	3.1	3.4	5.6
Work in non-hospital or nursing home setting*	17.4	12.0	
Location of Employment Setting			
Urban/Metropolitan area	33.1	40.9	43.2
Suburban	27.2	29.8	27.1
Rural	29.2	29.4	29.6
Population of Employment Setting			
Less than 5,000*	10.9	8.3	
5,000 to 19,999	16.4	19.1	20.8^
20,000 to 49,999	16.0	15.3	19.5
50,000 to 99,999	9.0	11.8	15.5
100,000 to 500,000	11.0	12.6	9.7
Greater than 500,000	5.5	7.8	10.3
Don't know	31.2	25.2	24.2

*Category not on 2000 survey

** Categories on 2000, 2003 survey "Under 100 Beds"

^20.8% < 20,000;

Table 6. Practice Settings

	2006	2003	2000
Practice Setting*	(n=1,045)	(n=1,001)	(n=920)
	%	%	%
Critical Care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anes- thesia recovery, etc.)	4.2	6.7	4.5
Home health, including visiting nurses associa- tions	4.9	3.4	4.5
Hospice care	2.4	2.9	1.2
Labor and delivery	0.7	0.5	1.0
Long-term care (e.g., residential care, develop- mental disability/mental retardation care, etc.)	26.7	7.3	5.9
Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthope- dics, neurology)	14.2	29.7	23.3
Nursing home, skilled or intermediate care	44.6	43.7	47.6
Occupational health	0.1	0.3	0.3
Operating room, includ- ing outpatient surgery and surgicenters	1.0	0.3	0.2
Outpatient clinic	3.7	1.5	2.5
Pediatrics or nursery	3.3	3.7	5.4
Physician/APRN/dentist's office	4.7	5.0	7.0
Postpartum unit	1.0	1.7	2.5
Prison	2.2	0.7	0.9
Psychiatry or any of its sub-specialties (e.g., detox)	4.5	4.2	2.7
Public health	0.4	0.5	0.4
Rehabilitation	6.7	7.8	4.6
Student/school health	0.3	0.1	0.7
Subacute unit	2.6	2.5	3.4
Transitional care unit	1.1	2.5	1.4
Other	5.7	3.8	4.9

*Respondents could select a maximum of two settings

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for clients with stable, chronic conditions (54.3%), clients with behavioral/emotional conditions (45.2%), clients at end of life (38.9%) and clients with acute conditions (36.4%), as noted in Figure 5.

The majority of respondents reported caring for adult clients aged 65 to 85 (74.3%), clients over the age of 85 (47.1%) and clients aged 31 to 64 (45.5%), as noted in Figure 6.

Shifts Worked

The shift most commonly worked continued to be days (47%) with about equal numbers working evening (25.6%) and night (22.4%) shifts. Only 3% reported working rotating shifts. See Figure 7 for shifts reported in 2000, 2003 and 2006.

Time Spent in Different Categories of Nursing Activities

The respondents to the current study were asked to report the number of hours spent performing specific categories of activities. See Table 7. 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, these proportions did not sum to 100. In order to make the proportions of time spent in activities useful to the task of describing LPN/VN practice, 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 on activities necessary for safe medication administration

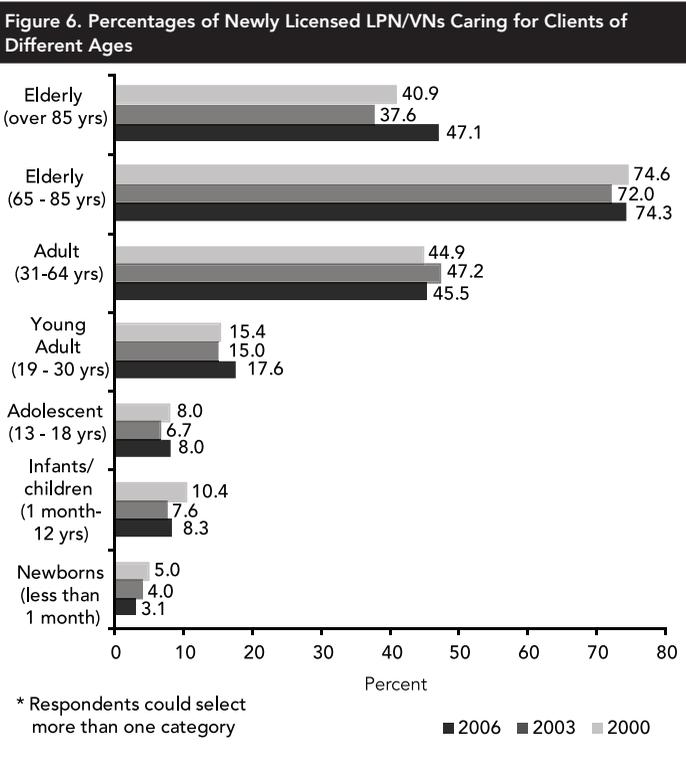
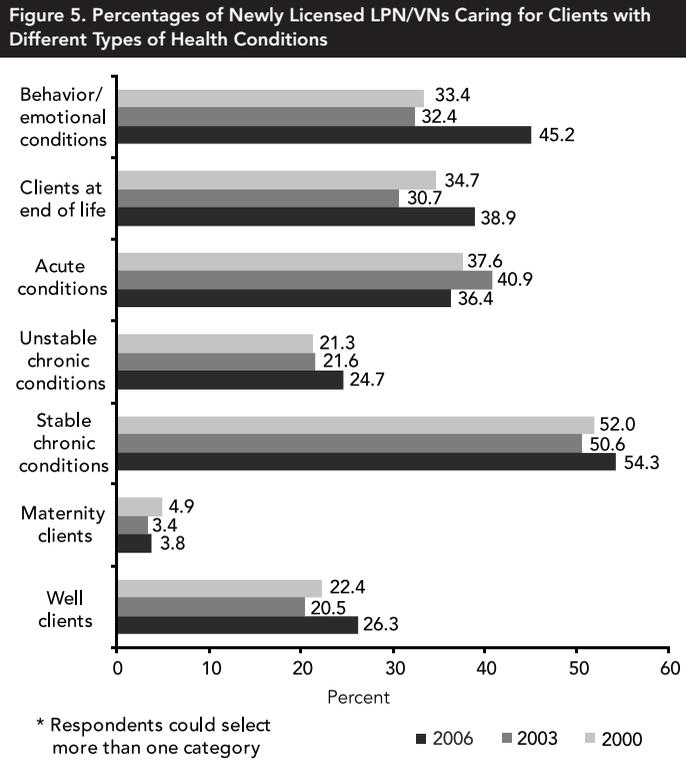


Table 7. Average Time Spent in Different Categories of Nursing Activities

Categories of Activities	Average Hours	Proportion of Work Hours [^]	Standardized Proportion* %
1 Perform activities related to coordinated care:	2.91	0.31	13.5
<ul style="list-style-type: none"> ▪ Advance Directives ▪ Advocacy ▪ Client Care Assignments ▪ Client Rights ▪ Concepts of Management and Supervision ▪ Confidentiality ▪ Consultation with Members of the Health Care Team ▪ Continuity of Care ▪ Establishing Priorities ▪ Ethical Practice ▪ Informed Consent ▪ Legal Responsibilities ▪ Performance Improvement (Quality Assurance) ▪ Referral Process ▪ Resource Management 			
2 Perform activities related to safety and infection control:	3.25	0.34	14.9
<ul style="list-style-type: none"> ▪ Accident/Error Prevention ▪ Handling Hazardous and Infectious Materials ▪ Home Safety ▪ Injury Prevention ▪ Internal and External Disaster Plans ▪ Medical and Surgical Asepsis ▪ Reporting of Incident/Event/Irregular Occurrence/Variance ▪ Safe Use of Equipment ▪ Security Plans ▪ Standard/Transmission-Based/Other ▪ Precautions ▪ Use of Restraints/Safety Devices 			
3 Perform activities related to health promotion and maintenance:	2.16	0.23	10.0
<ul style="list-style-type: none"> ▪ Aging Process ▪ Ante/Intra/Postpartum and Newborn Care ▪ Data Collection Techniques ▪ Developmental Stages and Transitions ▪ Disease Prevention ▪ Expected Body Image Changes ▪ Family Planning ▪ Health Promotion/Screening Programs ▪ High Risk Behaviors ▪ Human Sexuality ▪ Immunizations ▪ Lifestyle Choices ▪ Self-Care 			
4 Perform activities related to the psychological needs of clients:	2.26	0.24	10.5
<ul style="list-style-type: none"> ▪ Abuse or Neglect ▪ Behavioral Interventions ▪ Behavioral Management ▪ Coping Mechanisms ▪ Crisis Intervention ▪ Cultural Awareness ▪ End of Life Concepts ▪ Grief and Loss ▪ Mental Health Concepts ▪ Mental Illness Concepts ▪ Religious or Spiritual Influences on Health ▪ Sensory/Perceptual Alterations ▪ Situational Role Changes ▪ Stress Management ▪ Substance-Related Disorders ▪ Suicide/Violence Precautions ▪ Support Systems ▪ Therapeutic Communication ▪ Therapeutic Environment ▪ Unexpected Body Image Changes 			
5 Perform activities related to basic care and comfort:	3.14	0.32	14.0
<ul style="list-style-type: none"> ▪ Assistive Devices ▪ Elimination ▪ Mobility/Immobility ▪ Non-Pharmacological Comfort Interventions ▪ Nutrition and Oral Hydration ▪ Palliative/Comfort Care ▪ Personal Hygiene ▪ Rest and Sleep 			
6 Perform activities necessary for safe medication administration:	4.06	0.42	18.7
<ul style="list-style-type: none"> ▪ Adverse Effects ▪ Expected Effects ▪ Medication Administration ▪ Pharmacological Actions ▪ Pharmacological Agents ▪ Side-Effects 			
7 Perform activities that reduce the risk of client developing complications:	2.56	0.27	11.8
<ul style="list-style-type: none"> ▪ Diagnostic Test ▪ Laboratory Values ▪ Potential for Alterations in Body Systems ▪ Potential for Complications of Diagnostic Tests/Treatments/Procedures/Surgery or Health Alterations ▪ Therapeutic Procedures ▪ Vital Signs 			
8 Perform activities that provide for physiological adaptation:	1.46	0.15	6.6
<ul style="list-style-type: none"> ▪ Alterations in Body Systems ▪ Basic Pathophysiology ▪ Fluid and Electrolyte Imbalances ▪ Medical Emergencies ▪ Radiation Therapy ▪ Unexpected Response to Therapies ▪ Medical Emergencies 			

[^]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.

(18.7%), activities related to safety and infection control (14.9%), activities related to basic care and comfort (14.0%), activities related to coordinated care (13.5%) and activities that reduce the risk of client developing complications (11.8%). The least amount of time (6.6%) was spent on activities that provide for physiological adaptation.

Administrative Responsibilities/ Primary Administrative Position

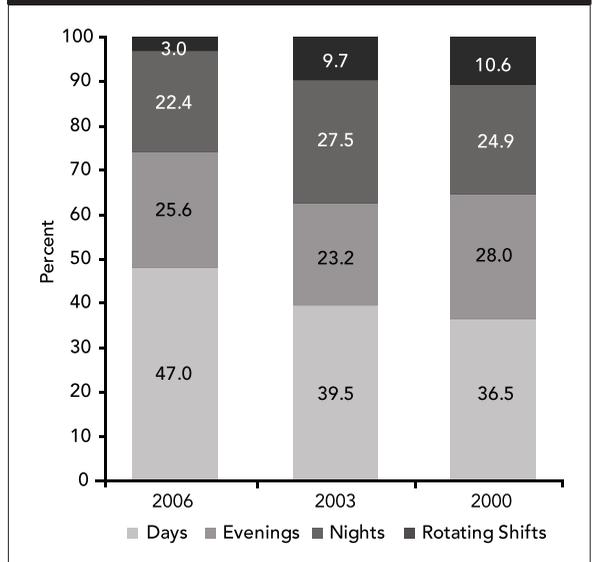
Respondents were asked to select, from a predetermined list, the specific administrative roles they performed within their current nursing position. One or more administrative roles were reported by 48.2% of the respondents. LPN/VNs working in long-term care were much more likely to report performing one or more administrative roles (72.4% in long-term care, 12.9% working in hospitals and 21.6% working in community-based settings). Charge nurse was the most frequently reported administrative role (by 34.7% of all respondents and 58.4% of long-term care respondents) followed by team leader (12.1% of all respondents and 16.6% of long-term care respondents).

Respondents were also asked to report the approximate percentages of time spent in the administrative roles they selected. Overall, 18.7% reported spending 80-100% of their work time in the administrative roles they selected. As seen in Table 8, this included 29.7% of respondents working in long-term care.

Enrollment in RN Educational Programs

Respondents were asked about enrollment in further nursing education. Approximately 20% of respondents reported enrollment in an RN education program and 15.2% reported that they had applied to such a program but were not currently enrolled. Of those currently enrolled 82.1% were in associate degree programs, 10.1% were in baccalaureate programs and 4.3% were in diploma programs. Of those who applied, but were not enrolled, 47.8% were completing prerequisite courses, 22.3% were on waiting lists, 22.9% could not afford the tuition, 10.8% were turned away because classes were full and 2.5% failed to meet program requirements.

Figure 7. Newly Licensed LPN/VNs Shifts Worked



About 23.5% of respondents reported holding non-nursing college degrees. See Table 9.

Summary

The nurses responding to the 2006 LPN/VN Practice Analysis survey were primarily female with an average age of 34 years. Most worked straight day, evening or night shifts in skilled or intermediate care units in nursing homes. The majority were provided an orientation with an assigned preceptor or mentor for an average of 3.7 weeks. They spent the majority of their time performing activities necessary for safe medication administration, activities related to safety and infection control, and activities related to basic care and comfort.

Table 8. Administrative Responsibilities

	Hospital	Long-Term Care	Community Based	Total
Administrative Roles*	%	%	%	%
Charge Nurse	5.0	58.4	8.0	34.7
Coordinator	0.0	0.9	2.8	1.1
House Supervisor	0.0	2.2	2.3	1.5
Team Leader	7.1	16.6	5.1	12.1
Unit/Area Manager	0.0	5.6	2.3	3.5
Director of Nursing	0.0	0.2	0.0	0.1
Other Administrative Role	2.9	3.4	4.5	3.6
None of the Roles Performed	87.1	27.6	78.4	51.8
Percentage of Time Spent in Administrative Roles				
0-19%	3.9	14.0	4.0	9.8
20-39%	3.4	12.4	4.6	8.6
40-59%	3.4	10.7	4.0	7.8
60-79%	0.0	5.8	2.3	3.6
80-100%	3.0	29.7	5.8	18.7

*Respondents could select more than one administrative role

Table 9. Registered Nurse Education Program Enrollment

	Frequency	%
Enrolled in a Registered Nurse Education Program		
Yes	207	20.0
No	669	64.8
I have applied, but am not currently enrolled	157	15.2
Program Enrollment		
Registered Nurse - Diploma Program	9	4.3
Registered Nurse - Associate Degree Program	170	82.1
Registered Nurse - Baccalaureate Degree Program	21	10.1
Other	1	0.5
Reasons For Nonenrollment*		
Currently completing prerequisite course	75	47.8
Turned down because classes are full	17	10.8
Did not meet admission requirements	4	2.5
Unable to afford tuition	36	22.9
On a waiting list for admission	35	22.3
Other	26	16.6
Nonnursing College Degree		
Yes	240	23.5
No	782	76.5

* Respondents were asked to select all that applied

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, representativeness of activity statements, applicability of activities to practice settings, frequency of performance and priority of the activities are discussed. A validation of survey findings with estimates provided by the SME panel will also be provided.

Overview of Methods

The 2006 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 or More Times." Respondents were instructed to mark "Never Performed in Work Setting" then move to the next activity if an activity did not apply to or was never performed in their work setting. If the activity did apply to their work setting, they were asked to mark a six-point scale of "0" to "5 or More Times" reflecting the frequency with which they had performed the activity on their last day of work. Then they were asked to complete Question B, rating the overall priority of the activity considering client safety and/or threat of complications or distress on a four-point scale of 1 to 4 with 1 representing 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 number of respondents marking the "Never Performed in Work Setting" response and then converting this to "Performed in Work setting." Frequency of activity performance was analyzed using the 0 to 5+ scale on which respondents recorded the frequency of activity performance on their last day worked. Priority was determined by analyzing the 1 to 4 priority scale.

Reliability

To evaluate the instrument, a coefficient alpha was calculated. The reliability estimates are affected by the number of questions and the number of respondents. Higher values (i.e., greater than 0.90) reflect

less error and are considered quite good (Guilford, 1956). For this survey, the priority ratings for each of the two forms had reliability estimates greater than 0.97, which suggests limited error (Hopkins, 1990).

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 (97.5%) indicated that the activities on their questionnaire were representative of their current practice.

Applicability of Activities to Practice Setting

Respondents indicated whether each of the activities was applicable to their work setting by selecting or not selecting the "Never Performed in Work Setting" response. The percentages of newly licensed nurses indicating that the activities were applicable and performed in their settings are reported in Table 10. In order to provide a more straightforward interpretation of the results, the data was transformed to represent percent of respondents performing an activity. The activities ranged from approximately 7.86% applicability (7.86% of the respondents reported that the activity was performed within their work settings) to 99.50% (nearly all of the respondents reported the activity was performed within their work setting). Activities listed in rank order by percent performing can be found in Appendix E.

Of the 147 activities included in the study, activities reported to apply to the settings of the lowest percent of participants were related to care of maternal clients and newborns. The activities with the highest percent of participants reporting performance were those related to the provision of basic care to clients in all settings such as verifying the identity of a client, maintaining client confidentiality, using universal standards/procedures, following the five rights of medications administration, taking client vital signs and using proper body mechanics. See Table 10.

Table 10. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings

Master #	Activity	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Average Priority (Setting Specific) 1-4
1	Use data from various sources in making clinical decisions	93.60	3.05	2.85	2.98	3.01
2	Contribute to the development of client plan of care	89.02	2.69	2.40	2.88	2.92
3	Organize and prioritize care for assigned group of clients	85.88	3.50	3.00	3.11	3.18
4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	56.52	1.89	1.07	2.35	2.60
5	Maintain client confidentiality	99.50	4.57	4.55	3.74	3.74
6	Use information technology in the delivery of care	83.80	2.84	2.38	2.65	2.74
7	Use research when providing care	81.30	2.34	1.90	2.64	2.76
8	Use universal/standard precautions	99.20	4.81	4.78	3.86	3.86
9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	82.14	3.46	2.84	3.44	3.55
10	Practice principles of ergonomics	70.78	2.84	2.01	2.66	2.84
11	Monitor a client postpartum recovery	16.37	2.02	0.33	2.03	2.83
12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	50.78	2.17	1.10	2.49	2.85
13	Collect data for initial or admission health history	82.76	2.33	1.93	3.07	3.16
14	Identify client use of effective and ineffective coping mechanisms	87.17	2.51	2.19	2.83	2.89
15	Identify significant life-style changes and other stressors that may affect recovery	83.43	2.32	1.94	2.84	2.90
16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	91.48	3.80	3.48	3.25	3.31
17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	87.82	4.10	3.60	3.53	3.62
18	Follow the rights of medication administration	98.20	4.74	4.65	3.92	3.93
19	Monitor client intravenous (IV) site and flow rate	59.72	2.66	1.59	3.05	3.42
20	Administer IVPB medications	43.41	2.07	0.90	2.68	3.24
21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	89.98	3.57	3.21	3.38	3.44
22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	88.79	2.25	2.00	2.84	2.88
23	Perform neurological checks	86.31	2.13	1.84	3.13	3.20
24	Perform circulatory checks	89.87	2.96	2.66	3.22	3.28
25	Provide care for client drainage device (e.g., wound drain or chest tube)	58.94	1.62	0.95	2.74	2.97
26	Perform wound care and/or dressing change	90.64	2.92	2.65	3.16	3.21
27	Provide care for a client tracheostomy	53.72	1.61	0.86	2.86	3.21
28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	96.86	3.20	3.10	3.49	3.50
29	Monitor and provide for nutritional needs of client	89.39	3.45	3.08	3.14	3.19
30	Contribute to change made in client plan of care	84.53	2.10	1.78	2.80	2.85
31	Provide input for performance evaluations of other staff	61.96	1.83	1.13	2.34	2.58
32	Advocate for client rights or needs	89.53	2.96	2.65	3.32	3.40

Table 10. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings						
Master #	Activity	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Average Priority (Setting Specific) 1-4
33	Include client in client care decision-making	91.54	2.97	2.72	3.24	3.29
34	Participate in education of staff	76.61	1.88	1.44	2.76	2.89
35	Recognize task/assignment you are not prepared to perform and seek assistance	92.34	2.15	1.99	3.29	3.31
36	Discharge client to home or transfer client to another facility	73.93	1.73	1.28	2.62	2.73
37	Transcribe physician order	85.63	2.98	2.55	3.24	3.35
38	Obtain client signature on consent form	73.87	1.66	1.22	3.02	3.16
39	Provide information about advance directives	63.60	1.42	0.91	2.69	2.86
40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	88.06	2.07	1.82	3.35	3.39
41	Verify the identity of client	98.23	4.48	4.40	3.82	3.83
42	Identify client allergies and intervene as appropriate	95.69	3.24	3.10	3.64	3.64
43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	86.58	1.24	1.07	3.23	3.26
44	Use aseptic/sterile technique	95.31	3.19	3.04	3.71	3.72
45	Search client belongings when indicated	58.82	1.07	0.63	2.20	2.35
46	Perform fetal heart monitoring for client during pregnancy, before labor	9.57	1.41	0.13	2.23	3.24
47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	18.29	2.18	0.40	2.43	3.39
48	Provide care that meets the special needs of young adults aged 19 to 30 years	41.60	2.58	1.07	2.73	3.22
49	Provide care that meets the special needs of clients aged 65 to 85 years of age	86.11	4.38	3.77	3.43	3.52
50	Monitor a client in labor	8.63	1.41	0.12	2.14	3.42
51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	31.71	1.36	0.43	2.24	2.69
52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	40.12	1.61	0.65	2.31	2.64
53	Collect baseline physical data on admission of client	79.03	2.20	1.74	3.14	3.28
54	Perform basic vision screening	31.62	1.49	0.47	2.28	2.84
55	Provide emotional support to client/family	92.55	2.76	2.55	3.17	3.22
56	Provide client/family information about condition, expected prognosis and outcomes	81.34	2.07	1.68	2.99	3.05
57	Identify significant body change that may affect recovery	74.70	1.77	1.32	2.92	3.04
58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	59.14	1.55	0.91	2.78	3.02
59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	62.55	1.55	0.97	2.67	2.89
60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	62.67	1.75	1.10	2.67	2.88
61	Participate in client group session	35.23	1.02	0.36	2.03	2.44
62	Make adjustment to care with consideration of client spiritual or cultural beliefs	74.26	1.40	1.04	2.81	2.93
63	Assist in managing the care of angry/agitated client	88.95	2.32	2.07	3.13	3.17

Table 10. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings

Master #	Activity	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Average Priority (Setting Specific) 1-4
64	Assist in the care of the cognitively impaired client	83.86	2.87	2.41	3.08	3.15
65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care)	46.69	1.33	0.62	2.21	2.48
66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	81.09	2.88	2.33	2.93	3.00
67	Validate pain utilizing rating scale	92.35	3.67	3.39	3.44	3.47
68	Insert urinary catheter	75.73	1.52	1.15	2.87	3.00
69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	71.57	1.60	1.15	2.76	2.91
70	Provide care to client in traction	38.25	0.86	0.33	2.38	2.81
71	Maintain current, accurate medication list or medication administration record (MAR)	94.49	4.53	4.28	3.81	3.84
72	Administer medication by oral route	93.55	4.49	4.20	3.62	3.67
73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	95.14	3.56	3.39	3.52	3.54
74	Phone in client prescriptions to pharmacy	80.63	2.45	1.98	3.13	3.23
75	Regulate client IV rate	52.62	1.87	0.98	2.95	3.29
76	Withdraw blood samples from venous access device (VAD)	35.14	1.19	0.42	2.47	2.89
77	Perform bladder scan	28.68	1.11	0.32	2.21	2.73
78	Monitor diagnostic or laboratory test results	81.82	2.69	2.20	3.10	3.24
79	Identify signs or symptoms of potential prenatal complication	14.90	1.78	0.26	2.34	3.29
80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	85.63	2.72	2.33	3.46	3.55
81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	88.58	3.69	3.27	3.47	3.55
82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	66.15	1.57	1.04	3.17	3.38
83	Perform care for client before or after surgical procedure	57.93	2.00	1.16	3.06	3.32
84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	89.30	2.88	2.57	3.52	3.56
85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	67.05	0.65	0.43	3.46	3.59
86	Identify and treat a client intravenous (IV) line infiltration	50.58	1.20	0.61	2.96	3.30
87	Provide care to client on ventilator	29.34	1.08	0.32	2.77	3.41
88	Identify abnormalities on a client cardiac monitor strip	31.20	1.11	0.34	2.75	3.24
89	Make client care or related task assignment	81.91	2.83	2.31	2.77	2.88
90	Recognize and manage staff conflict through appropriate use of chain of command	79.80	1.66	1.33	2.63	2.71
91	Promote client/family self-advocacy	85.77	2.22	1.91	2.88	2.94
92	Follow-up with client/family after discharge	48.00	1.29	0.62	2.27	2.56
93	Participate in orientation of new employee	68.91	1.20	0.83	2.43	2.62
94	Report, or intervene to prevent, unsafe practice of health care provider	75.95	1.29	0.98	3.16	3.28

Master #	Activity	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Average Priority (Setting Specific) 1-4
95	Take verbal or phone order	88.74	2.72	2.41	3.24	3.30
96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	76.40	1.33	1.01	3.25	3.34
97	Provide for privacy needs	97.79	4.37	4.27	3.55	3.56
98	Perform telephone triage	45.31	1.59	0.72	2.39	2.65
99	Evaluate the appropriateness of order for client	87.90	2.64	2.32	3.15	3.20
100	Use proper body mechanics	97.79	4.31	4.21	3.47	3.49
101	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	77.29	1.26	0.97	2.96	3.08
102	Apply and/or monitor use of least restrictive restraints or seclusion	68.06	1.85	1.26	2.82	3.06
103	Assist in or re-enforce education to client/family about safety precautions	89.50	2.24	2.00	3.12	3.18
104	Provide resources for end of life and/or beginning of life issues and choices	64.34	1.28	0.82	2.63	2.81
105	Provide care that meets the special needs of the newborn - less than 1 month old	14.00	1.73	0.24	2.22	3.36
106	Provide care that meets the special needs of adolescents aged 13 to 18 years	25.35	1.84	0.47	2.46	3.23
107	Provide care that meets the special needs of adults aged 31 to 64 years	75.25	3.36	2.52	3.13	3.28
108	Provide care that meets the special needs of clients aged greater than 85 years of age	87.15	3.79	3.30	3.26	3.35
109	Compare client development to norms	69.78	2.28	1.59	2.67	2.80
110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	38.61	1.03	0.40	2.05	2.37
111	Recognize barriers to communication or learning	89.90	2.30	2.07	2.97	3.01
112	Assist with teaching coping strategies	79.60	1.88	1.50	2.81	2.89
113	Monitor compliance with immunization schedule	62.25	1.58	0.98	2.62	2.82
114	Collect data on client psychological status and ability to cope	81.11	2.09	1.69	2.81	2.87
115	Promote client positive self-esteem	92.05	3.07	2.83	3.13	3.15
116	Collect data on client potential for violence	74.75	1.62	1.21	2.96	3.08
117	Explore cause of client behavior	83.60	2.23	1.87	2.91	3.00
118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	32.21	0.91	0.29	2.04	2.44
119	Explore why client is refusing or not following treatment plan	85.03	1.87	1.59	2.98	3.05
120	Assist with coping related to grief and loss	77.46	1.26	0.98	2.83	2.92
121	Provide care or support for client/family at end of life	75.70	1.48	1.12	3.02	3.16
122	Participate in reminisce therapy, validation therapy or reality orientation	62.55	1.97	1.24	2.56	2.77
123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	79.37	2.23	1.77	3.02	3.13
124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or naso-gastric (NG) tube)	77.69	2.55	1.98	3.18	3.34

Table 10. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings

Master #	Activity	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Average Priority (Setting Specific) 1-4
125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	84.77	2.54	2.15	2.97	3.07
126	Intervene to improve client elimination by instituting bowel or bladder management	82.60	2.33	1.92	2.97	3.06
127	Provide measures to promote sleep/rest	87.65	2.80	2.46	2.96	3.03
128	Discontinue or remove intravenous (IV) line, naso-gastric (NG) tube, urinary catheter, or other line or tube	76.63	1.65	1.27	2.72	2.85
129	Collect data on client nutrition or hydration status	92.02	3.14	2.89	3.20	3.25
130	Apply or remove immobilizing equipment (e.g., a splint or brace)	72.58	1.51	1.10	2.47	2.61
131	Monitor transfusion of blood product	29.15	1.01	0.29	2.63	3.12
132	Administer medication by gastrointestinal tube (e.g., g-tube, naso-gastric (NG) tube, G-button or j-tube)	73.76	2.42	1.79	3.16	3.37
133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	89.92	3.06	2.75	3.16	3.24
134	Count narcotics/controlled substances	87.37	3.30	2.88	3.51	3.62
135	Perform venipuncture for blood draws	45.80	1.18	0.54	2.49	2.82
136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	85.37	1.63	1.39	3.28	3.37
137	Monitor continuous or intermittent suction of naso-gastric (NG) tube	52.99	1.18	0.63	2.70	2.99
138	Insert naso-gastric (NG) tube	39.76	0.72	0.29	2.46	2.84
139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	97.79	4.11	4.02	3.49	3.50
140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	38.17	1.75	0.67	2.84	3.29
141	Perform an electrocardiogram (EKG/ECG)	27.83	1.52	0.42	2.31	2.81
142	Perform check of client pacemaker	39.44	0.77	0.30	2.55	2.91
143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	35.57	0.86	0.30	2.32	2.73
144	Provide cooling measures for elevated temperature	82.63	1.41	1.17	3.07	3.17
145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	85.71	2.59	2.22	3.48	3.57
146	Remove a client wound sutures or staples	58.17	0.84	0.49	2.47	2.64
147	Administer phototherapy treatment to newborn	7.86	0.78	0.06	2.02	2.71

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 using 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 “Never performed in work setting” ratings to “0” before averaging the rating. See Table 11 for setting-specific and total group frequency statistics.

Setting-Specific

Average setting-specific frequency ratings (Appendix F) ranged from 0.65 to 4.81. The activities performed with the lowest frequency were “Respond to a life-threatening situation” (0.65), “Insert nasogastric (NG) tube” (0.72) and “Perform check of client pacemaker” (0.77). The activities with the highest setting-specific average frequency ratings of performance were “Use universal/standard precautions” (4.81), “Follow the rights of medication administration” (4.74) and “Maintain client confidentiality” (4.57).

Total Group

Average total group frequency ratings (Appendix G) ranged from 0.06 to 4.78. The activities performed with the lowest total group frequency were: “Administer phototherapy treatment to newborn” (0.06); “Monitor a client in labor” (0.12); and “Perform fetal heart monitoring for client during pregnancy, before labor” (0.13). Those activities performed with the overall highest frequency were: “Use universal/standard precautions” (4.78); “Follow the rights of medication administration” (4.65); and “Maintain client confidentiality” (4.55).

Priority of Activity Performance

The priority of performing each nursing activity with respect 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 the risk of unnecessary complications, impairment of function or serious distress to clients. Priority ratings were recorded using a 4-point scale: “1” (lowest priority) to “4” (highest priority). Average priority ratings were calculated in two ways. The setting-specific priority of activity performance was calculated by averaging the frequency ratings of only those respondents providing frequency ratings for the activity (those indicating that the activity applied to their work setting). The total group frequency was calculated by including all priority ratings regardless of applicability to work setting. The average total group priority rating for each of the 147 activities is reported in Table 11.

Setting-Specific

Average setting-specific priority ratings (Appendix H) ranged from 2.35 to 3.93. The activities with the lowest priority ratings were “Search client belongings when indicated” (2.35), “Discuss sexuality issues with client (e.g., family planning, menopause or erectile dysfunction)” (2.37), “Participate in client group session” (2.44) and “Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)” (2.44). The activities with the highest priority ratings were “Follow the rights of medication administration” (3.93), “Use universal/standard precautions” (3.86), and “Maintain current, accurate medication list or medication administration record (MAR)” (3.84).

Total Group

Average total group priority ratings (Appendix I) ranged from 2.02 to 3.92. The activities with the lowest total group priority ratings were “Administer phototherapy treatment to newborn” (2.02), “Participate in client group session” (2.03) and “Monitor a client postpartum recovery” (2.03). The activities with the highest priority ratings were “Follow the rights of medication administration” (3.92), “Use

universal/standard precautions” (3.86) and “Verify the identity of client” (3.82).

Subject Matter Expert Panel Validation of Survey Findings

The SME panel for the 2006 LPN/VN Practice Analysis survey was asked to provide independent ratings of the 147 activity statements. The panel members estimated the percentage of newly licensed LPN/VNs performing the activities within their practice setting, 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 frequency ratings 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.

The priority ratings estimated by the SME panel were compared to the average priority ratings from the practice analysis survey respondents. The estimates of the panel members compared to survey findings and sorted by differences in priority ratings may be found in Table 11. There were no activities for which the panel members estimated a priority one point higher than respondents in the survey. There was one activity statement “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” for which the SMEs estimated a priority of one point less than the respondents on the survey.

Summary

Respondents to the 2006 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. The SME panel estimates of average frequency and priority ratings were compared to those obtained from the survey respondents. The results showed a priority rating discrepancy of

one or more points for only one of the 147 activity statements, “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.”

CONCLUSION

- 1) When compared to the 2003 LPN/VN Practice Analysis results, there was an increase in the number of newly licensed LPN/VNs working in long-term care and community-based settings rather than hospital settings.
- 2) Approximately 48% of the newly licensed LPN/VNs reported performing administrative roles. LPN/VNs working in long-term care were more likely to perform two or more of the administrative roles.

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
11	Monitor a client postpartum recovery	16.37	2.02	0.33	2.03	37.22	2.20	0.82	3.00	-0.18	-0.49	-0.97
47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	18.29	2.18	0.40	2.43	46.67	3.20	1.49	3.33	-1.02	-1.09	-0.91
48	Provide care that meets the special needs of young adults aged 19 to 30 years	41.60	2.58	1.07	2.73	62.22	3.50	2.18	3.44	-0.92	-1.10	-0.71
79	Identify signs or symptoms of potential prenatal complication	14.90	1.78	0.26	2.34	23.89	1.30	0.31	3.00	0.48	-0.05	-0.66
70	Provide care to client in traction	38.25	0.86	0.33	2.38	52.78	1.80	0.95	3.00	-0.94	-0.62	-0.62
75	Regulate client IV rate	52.62	1.87	0.98	2.95	55.00	3.30	1.82	3.56	-1.43	-0.83	-0.61
140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	38.17	1.75	0.67	2.84	33.89	2.40	0.81	3.44	-0.65	-0.15	-0.60
88	Identify abnormalities on a client cardiac monitor strip	31.20	1.11	0.34	2.75	22.78	1.50	0.34	3.33	-0.39	0.00	-0.58
141	Perform an electrocardiogram (EKG/ECG)	27.83	1.52	0.42	2.31	26.11	1.20	0.31	2.89	0.32	0.11	-0.58
68	Insert urinary catheter	75.73	1.52	1.15	2.87	83.33	2.80	2.33	3.44	-1.28	-1.18	-0.57
51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	31.71	1.36	0.43	2.24	32.22	2.20	0.71	2.78	-0.84	-0.28	-0.54
95	Take verbal or phone order	88.74	2.72	2.41	3.24	74.44	4.00	2.98	3.78	-1.28	-0.57	-0.54
85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	67.05	0.65	0.43	3.46	45.56	1.50	0.68	4.00	-0.85	-0.25	-0.54

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
147	Administer phototherapy treatment to newborn	7.86	0.78	0.06	2.02	25.00	1.60	0.40	2.56	-0.83	-0.34	-0.54
132	Administer medication by gastrointestinal tube (e.g., g-tube, naso-gastric (NG) tube, G-button or j-tube)	73.76	2.42	1.79	3.16	76.67	3.60	2.76	3.67	-1.18	-0.97	-0.51
86	Identify and treat a client intravenous (IV) line infiltration	50.58	1.20	0.61	2.96	63.89	2.40	1.53	3.44	-1.20	-0.93	-0.48
27	Provide care for a client tracheostomy	53.72	1.61	0.86	2.86	37.22	2.00	0.74	3.33	-0.39	0.12	-0.47
105	Provide care that meets the special needs of the newborn - less than 1 month old	14.00	1.73	0.24	2.22	35.00	2.60	0.91	2.67	-0.87	-0.67	-0.44
50	Monitor a client in labor	8.63	1.41	0.12	2.14	16.67	1.00	0.17	2.56	0.41	-0.05	-0.42
102	Apply and/or monitor use of least restrictive restraints or seclusion	68.06	1.85	1.26	2.82	36.11	1.90	0.69	3.22	-0.05	0.57	-0.40
69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	71.57	1.60	1.15	2.76	71.67	2.30	1.65	3.11	-0.70	-0.50	-0.35
46	Perform fetal heart monitoring for client during pregnancy, before labor	9.57	1.41	0.13	2.23	24.44	1.20	0.29	2.56	0.21	-0.16	-0.33
106	Provide care that meets the special needs of adolescents aged 13 to 18 years	25.35	1.84	0.47	2.46	45.00	3.10	1.40	2.78	-1.26	-0.93	-0.32
123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	79.37	2.23	1.77	3.02	77.22	4.00	3.09	3.33	-1.77	-1.32	-0.32
53	Collect baseline physical data on admission of client	79.03	2.20	1.74	3.14	80.00	3.50	2.80	3.44	-1.30	-1.06	-0.31
146	Remove a client wound sutures or staples	58.17	0.84	0.49	2.47	62.22	1.90	1.18	2.78	-1.06	-0.69	-0.30

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
137	Monitor continuous or intermittent suction of naso-gastric (NG) tube	52.99	1.18	0.63	2.70	58.33	1.70	0.99	3.00	-0.52	-0.36	-0.30
19	Monitor client intravenous (IV) site and flow rate	59.72	2.66	1.59	3.05	78.89	3.80	3.00	3.33	-1.14	-1.41	-0.28
133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	89.92	3.06	2.75	3.16	70.00	3.10	2.17	3.44	-0.04	0.58	-0.28
128	Discontinue or remove intravenous (IV) line, naso-gastric (NG) tube, urinary catheter, or other line or tube	76.63	1.65	1.27	2.72	63.89	3.00	1.92	3.00	-1.35	-0.65	-0.28
36	Discharge client to home or transfer client to another facility	73.93	1.73	1.28	2.62	63.33	2.40	1.52	2.89	-0.67	-0.24	-0.27
35	Recognize task/assignment you are not prepared to perform and seek assistance	92.34	2.15	1.99	3.29	83.33	1.60	1.33	3.56	0.55	0.65	-0.27
124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or naso-gastric (NG) tube)	77.69	2.55	1.98	3.18	71.11	3.30	2.35	3.44	-0.75	-0.37	-0.26
25	Provide care for client drainage device (e.g., wound drain or chest tube)	58.94	1.62	0.95	2.74	42.78	2.00	0.86	3.00	-0.38	0.10	-0.26
131	Monitor transfusion of blood product	29.15	1.01	0.29	2.63	36.11	1.30	0.47	2.89	-0.29	-0.18	-0.26
42	Identify client allergies and intervene as appropriate	95.69	3.24	3.10	3.64	86.67	3.70	3.21	3.89	-0.46	-0.10	-0.25
103	Assist in or re-enforce education to client/family about safety precautions	89.50	2.24	2.00	3.12	52.22	2.90	1.51	3.33	-0.66	0.49	-0.22

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
99	Evaluate the appropriateness of order for client	87.90	2.64	2.32	3.15	66.67	3.50	2.33	3.33	-0.86	-0.01	-0.19
44	Use aseptic/sterile technique	95.31	3.19	3.04	3.71	83.89	3.20	2.68	3.89	-0.01	0.36	-0.18
28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	96.86	3.20	3.10	3.49	85.00	4.00	3.40	3.67	-0.80	-0.30	-0.18
73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	95.14	3.56	3.39	3.52	90.00	3.90	3.51	3.67	-0.34	-0.12	-0.15
5	Maintain client confidentiality	99.50	4.57	4.55	3.74	100.00	4.80	4.80	3.89	-0.23	-0.25	-0.15
142	Perform check of client pacemaker	39.44	0.77	0.30	2.55	13.89	0.90	0.13	2.67	-0.13	0.18	-0.12
67	Validate pain utilizing rating scale	92.35	3.67	3.39	3.44	84.44	4.50	3.80	3.56	-0.83	-0.41	-0.11
80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	85.63	2.72	2.33	3.46	42.78	1.90	0.81	3.56	0.82	1.52	-0.10
20	Administer IVPB medications	43.41	2.07	0.90	2.68	29.44	2.10	0.62	2.78	-0.03	0.28	-0.09
30	Contribute to change made in client plan of care	84.53	2.10	1.78	2.80	57.78	2.60	1.50	2.89	-0.50	0.27	-0.09
37	Transcribe physician order	85.63	2.98	2.55	3.24	63.33	3.20	2.03	3.33	-0.22	0.52	-0.09
107	Provide care that meets the special needs of adults aged 31 to 64 years	75.25	3.36	2.52	3.13	61.67	3.50	2.16	3.22	-0.14	0.37	-0.09
94	Report, or intervene to prevent, unsafe practice of health care provider	75.95	1.29	0.98	3.16	28.33	1.30	0.37	3.22	-0.01	0.61	-0.06

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	66.15	1.57	1.04	3.17	49.44	1.80	0.89	3.22	-0.23	0.15	-0.05
83	Perform care for client before or after surgical procedure	57.93	2.00	1.16	3.06	71.11	3.00	2.13	3.11	-1.00	-0.97	-0.05
72	Administer medication by oral route	93.55	4.49	4.20	3.62	93.33	4.70	4.39	3.67	-0.21	-0.19	-0.04
13	Collect data for initial or admission health history	82.76	2.33	1.93	3.07	70.00	2.80	1.96	3.11	-0.47	-0.03	-0.04
45	Search client belongings when indicated	58.82	1.07	0.63	2.20	27.22	1.00	0.27	2.22	0.07	0.36	-0.02
49	Provide care that meets the special needs of clients aged 65 to 85 years of age	86.11	4.38	3.77	3.43	75.56	3.80	2.87	3.44	0.58	0.90	-0.02
77	Perform bladder scan	28.68	1.11	0.32	2.21	45.00	1.60	0.72	2.22	-0.49	-0.40	-0.02
143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	35.57	0.86	0.30	2.32	21.67	1.50	0.33	2.33	-0.64	-0.02	-0.01
87	Provide care to client on ventilator	29.34	1.08	0.32	2.77	17.78	0.80	0.14	2.78	0.28	0.17	-0.01
10	Practice principles of ergonomics	70.78	2.84	2.01	2.66	75.00	3.50	2.63	2.67	-0.66	-0.62	-0.00
97	Provide for privacy needs	97.79	4.37	4.27	3.55	96.67	4.60	4.45	3.56	-0.23	-0.18	-0.00
24	Perform circulatory checks	89.87	2.96	2.66	3.22	65.00	2.70	1.76	3.22	0.26	0.90	0.00
138	Insert naso-gastric (NG) tube	39.76	0.72	0.29	2.46	31.11	1.20	0.37	2.44	-0.48	-0.09	0.02
61	Participate in client group session	35.23	1.02	0.36	2.03	22.44	1.10	0.25	2.00	-0.08	0.11	0.03
62	Make adjustment to care with consideration of client spiritual or cultural beliefs	74.26	1.40	1.04	2.81	48.89	2.10	1.03	2.78	-0.70	0.01	0.03
108	Provide care that meets the special needs of clients aged greater than 85 years of age	87.15	3.79	3.30	3.26	66.11	3.40	2.25	3.22	0.39	1.05	0.04

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	81.09	2.88	2.33	2.93	82.22	3.80	3.12	2.89	-0.92	-0.79	0.04
41	Verify the identity of client	98.23	4.48	4.40	3.82	96.11	4.80	4.61	3.78	-0.32	-0.21	0.04
110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	38.61	1.03	0.40	2.05	15.00	1.00	0.15	2.00	0.03	0.25	0.05
120	Assist with coping related to grief and loss	77.46	1.26	0.98	2.83	43.33	1.80	0.78	2.78	-0.54	0.20	0.05
26	Perform wound care and/or dressing change	90.64	2.92	2.65	3.16	71.11	3.10	2.20	3.11	-0.18	0.45	0.05
98	Perform telephone triage	45.31	1.59	0.72	2.39	20.56	1.40	0.29	2.33	0.19	0.43	0.06
104	Provide resources for end of life and/or beginning of life issues and choices	64.34	1.28	0.82	2.63	29.44	1.50	0.44	2.56	-0.22	0.38	0.07
84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	89.30	2.88	2.57	3.52	68.33	2.80	1.91	3.44	0.08	0.66	0.08
64	Assist in the care of the cognitively impaired client	83.86	2.87	2.41	3.08	56.67	2.30	1.30	3.00	0.57	1.11	0.08
129	Collect data on client nutrition or hydration status	92.02	3.14	2.89	3.20	69.44	3.70	2.57	3.11	-0.56	0.32	0.09
52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	40.12	1.61	0.65	2.31	37.78	1.70	0.64	2.22	-0.09	0.01	0.09
1	Use data from various sources in making clinical decisions	93.60	3.05	2.85	2.98	86.11	4.00	3.44	2.89	-0.95	-0.59	0.09
32	Advocate for client rights or needs	89.53	2.96	2.65	3.32	81.11	3.80	3.08	3.22	-0.84	-0.43	0.10
2	Contribute to the development of client plan of care	89.02	2.69	2.40	2.88	57.78	3.10	1.79	2.78	-0.41	0.60	0.10

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
3	Organize and prioritize care for assigned group of clients	85.88	3.50	3.00	3.11	72.78	3.30	2.40	3.00	0.20	0.60	0.11
9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	82.14	3.46	2.84	3.44	57.78	3.30	1.91	3.33	0.16	0.94	0.11
38	Obtain client signature on consent form	73.87	1.66	1.22	3.02	59.44	2.10	1.25	2.89	-0.44	-0.02	0.13
121	Provide care or support for client/family at end of life	75.70	1.48	1.12	3.02	43.33	1.70	0.74	2.89	-0.22	0.38	0.14
96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	76.40	1.33	1.01	3.25	41.67	1.90	0.79	3.11	-0.57	0.22	0.14
18	Follow the rights of medication administration	98.20	4.74	4.65	3.92	96.67	4.80	4.64	3.78	-0.06	0.01	0.15
71	Maintain current, accurate medication list or medication administration record (MAR)	94.49	4.53	4.28	3.81	81.67	4.50	3.68	3.67	0.03	0.60	0.15
145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	85.71	2.59	2.22	3.48	61.67	2.30	1.42	3.33	0.29	0.80	0.15
21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	89.98	3.57	3.21	3.38	70.00	3.60	2.52	3.22	-0.03	0.69	0.16
135	Perform venipuncture for blood draws	45.80	1.18	0.54	2.49	27.78	1.70	0.47	2.33	-0.52	0.07	0.16
55	Provide emotional support to client/family	92.55	2.76	2.55	3.17	82.22	3.30	2.71	3.00	-0.54	-0.16	0.17
134	Count narcotics/controlled substances	87.37	3.30	2.88	3.51	74.44	2.90	2.16	3.33	0.40	0.72	0.18

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
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17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	87.82	4.10	3.60	3.53	84.44	3.70	3.12	3.33	0.40	0.48	0.20
6	Use information technology in the delivery of care	83.80	2.84	2.38	2.65	55.00	3.30	1.82	2.44	-0.46	0.57	0.21
78	Monitor diagnostic or laboratory test results	81.82	2.69	2.20	3.10	66.67	3.20	2.13	2.89	-0.51	0.06	0.21
58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	59.14	1.55	0.91	2.78	27.78	1.40	0.39	2.56	0.15	0.53	0.22
63	Assist in managing the care of angry/agitated client	88.95	2.32	2.07	3.13	46.67	1.70	0.79	2.89	0.62	1.27	0.24
23	Perform neurological checks	86.31	2.13	1.84	3.13	61.67	2.40	1.48	2.89	-0.27	0.36	0.24
100	Use proper body mechanics	97.79	4.31	4.21	3.47	92.22	4.20	3.87	3.22	0.11	0.34	0.25
39	Provide information about advance directives	63.60	1.42	0.91	2.69	46.11	2.00	0.92	2.44	-0.58	-0.02	0.25
130	Apply or remove immobilizing equipment (e.g., a splint or brace)	72.58	1.51	1.10	2.47	43.89	2.60	1.14	2.22	-1.09	-0.04	0.25
114	Collect data on client psychological status and ability to cope	81.11	2.09	1.69	2.81	36.67	2.20	0.81	2.56	-0.11	0.89	0.25
81	Evaluate client respiratory status by measuring oxygen (O2) saturation	88.58	3.69	3.27	3.47	75.00	3.70	2.78	3.22	-0.01	0.49	0.25
139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	97.79	4.11	4.02	3.49	98.33	4.70	4.62	3.22	-0.59	-0.60	0.26
92	Follow-up with client/family after discharge	48.00	1.29	0.62	2.27	17.78	0.90	0.16	2.00	0.39	0.46	0.27

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
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118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	32.21	0.91	0.29	2.04	14.11	0.90	0.13	1.78	0.01	0.17	0.27
15	Identify significant life-style changes and other stressors that may affect recovery	83.43	2.32	1.94	2.84	26.11	1.60	0.42	2.56	0.72	1.52	0.28
127	Provide measures to promote sleep/rest	87.65	2.80	2.46	2.96	66.11	3.40	2.25	2.67	-0.60	0.21	0.29
144	Provide cooling measures for elevated temperature	82.63	1.41	1.17	3.07	56.11	1.80	1.01	2.78	-0.39	0.16	0.30
125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	84.77	2.54	2.15	2.97	56.67	2.80	1.59	2.67	-0.26	0.57	0.30
111	Recognize barriers to communication or learning	89.90	2.30	2.07	2.97	57.78	3.00	1.73	2.67	-0.70	0.34	0.30
8	Use universal/standard precautions	99.20	4.81	4.78	3.86	98.89	4.80	4.75	3.56	0.01	0.03	0.30
65	Use an alternative/complementary therapy (e.g., acupuncture, music therapy or herbal therapy) in providing client care)	46.69	1.33	0.62	2.21	25.56	1.60	0.41	1.89	-0.28	0.21	0.32
91	Promote client/family self-advocacy	85.77	2.22	1.91	2.88	43.89	2.50	1.10	2.56	-0.28	0.81	0.32
89	Make client care or related task assignment	81.91	2.83	2.31	2.77	41.11	2.30	0.95	2.44	0.53	1.37	0.33
31	Provide input for performance evaluations of other staff	61.96	1.83	1.13	2.34	13.89	1.00	0.14	2.00	0.83	0.99	0.34
33	Include client in client care decision-making	91.54	2.97	2.72	3.24	71.67	3.50	2.51	2.89	-0.53	0.21	0.35

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40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	88.06	2.07	1.82	3.35	49.44	1.80	0.89	3.00	0.27	0.93	0.35
57	Identify significant body change that may affect recovery	74.70	1.77	1.32	2.92	37.78	2.00	0.76	2.56	-0.23	0.56	0.37
12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	50.78	2.17	1.10	2.49	28.33	1.90	0.54	2.11	0.27	0.57	0.38
136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	85.37	1.63	1.39	3.28	52.78	1.60	0.84	2.89	0.03	0.55	0.39
54	Perform basic vision screening	31.62	1.49	0.47	2.28	16.67	1.20	0.20	1.89	0.29	0.27	0.39
113	Monitor compliance with immunization schedule	62.25	1.58	0.98	2.62	29.44	2.20	0.65	2.22	-0.62	0.34	0.39
126	Intervene to improve client elimination by instituting bowel or bladder management	82.60	2.33	1.92	2.97	46.11	2.40	1.11	2.56	-0.07	0.82	0.42
56	Provide client/family information about condition, expected prognosis and outcomes	81.34	2.07	1.68	2.99	43.33	2.10	0.91	2.56	-0.03	0.77	0.44
59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	62.55	1.55	0.97	2.67	40.00	2.10	0.84	2.22	-0.55	0.13	0.44
60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	62.67	1.75	1.10	2.67	33.89	1.90	0.64	2.22	-0.15	0.45	0.44

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122	Participate in reminiscence therapy, validation therapy or reality orientation	62.55	1.97	1.24	2.56	28.89	2.00	0.58	2.11	-0.03	0.66	0.45
43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	86.58	1.24	1.07	3.23	49.44	1.50	0.74	2.78	-0.26	0.33	0.46
74	Phone in client prescriptions to pharmacy	80.63	2.45	1.98	3.13	47.22	2.40	1.13	2.67	0.05	0.84	0.46
29	Monitor and provide for nutritional needs of client	89.39	3.45	3.08	3.14	71.67	3.70	2.65	2.67	-0.25	0.43	0.47
16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	91.48	3.80	3.48	3.25	90.00	3.80	3.42	2.78	0.00	0.06	0.48
14	Identify client use of effective and ineffective coping mechanisms	87.17	2.51	2.19	2.83	38.89	1.70	0.66	2.33	0.81	1.53	0.49
22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	88.79	2.25	2.00	2.84	71.67	3.00	2.15	2.33	-0.75	-0.15	0.50
116	Collect data on client potential for violence	74.75	1.62	1.21	2.96	34.44	1.90	0.65	2.44	-0.28	0.56	0.51
93	Participate in orientation of new employee	68.91	1.20	0.83	2.43	13.89	1.10	0.15	1.89	0.10	0.67	0.54
109	Compare client development to norms	69.78	2.28	1.59	2.67	34.44	2.50	0.86	2.11	-0.22	0.73	0.56
117	Explore cause of client behavior	83.60	2.23	1.87	2.91	41.11	2.30	0.95	2.33	-0.07	0.92	0.57
112	Assist with teaching coping strategies	79.60	1.88	1.50	2.81	41.67	2.20	0.92	2.22	-0.32	0.58	0.58
90	Recognize and manage staff conflict through appropriate use of chain of command	79.80	1.66	1.33	2.63	39.44	1.40	0.55	2.00	0.26	0.78	0.63

Table 11. Average Frequency and Priority Activity Ratings from PN PAS Survey and PN PAS SME Panel, Sorted by Priority Rating Differences

Master #	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Performed in Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Performed in Setting (%)	Average Frequency (Setting Specific) 0-5	Average Frequency (Total Group) 0-5	Average Priority (Total Group) 1-4	Setting Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
119	Explore why client is refusing or not following treatment plan	85.03	1.87	1.59	2.98	26.11	1.20	0.31	2.33	0.67	1.28	0.65
115	Promote client positive self-esteem	92.05	3.07	2.83	3.13	71.67	3.70	2.65	2.44	-0.63	0.17	0.68
7	Use research when providing care	81.30	2.34	1.90	2.64	18.33	1.20	0.22	1.89	1.14	1.68	0.76
4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	56.52	1.89	1.07	2.35	17.22	0.80	0.14	1.56	1.09	0.93	0.79
76	Withdraw blood samples from venous access device (VAD)	35.14	1.19	0.42	2.47	3.33	0.50	0.02	1.67	0.69	0.40	0.81
34	Participate in education of staff	76.61	1.88	1.44	2.76	11.11	0.90	0.10	1.78	0.98	1.34	0.99
101	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	77.29	1.26	0.97	2.96	22.22	0.60	0.13	1.89	0.66	0.84	1.07

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APPENDIX A: EXTERNAL PANEL OF METHODOLOGY EXPERTS

The 2006 LPN/VN Practice Analysis did not undergo a methodology review because the methodology used was the same as the methodology that was reviewed for the 2005 RN Practice Analysis. It seemed that the results would be similar. Below are the brief biographies for the methodology reviewers for the 2005 RN Practice Analysis.

Chad W. Buckendahl, PhD, is the director of the Buros Institute for Assessment Consultation and Outreach. He has conducted practice analyses as the basis for several certification and licensing examinations, and is well published on this topic. His research interests also include standard setting and computerized adaptive testing.

G. Gage Kingsbury, PhD, is the vice president of research for the Northwest Evaluation Association. He has more than 25 years of experience in testing and psychometrics. He is a nationally recognized expert in developing computerized adaptive tests and was on NCSBN's Joint Research Committee, a sponsored advisory board, for more than 10 years.

Mark Reckase, PhD, is a full professor at Michigan State University and is a world-renowned psychometrician. He is the editor of *Applied Psychological Measurement*. He has spent many years working for American College Testing. As such, he is very familiar with conducting job analyses and transforming the results into test specifications.

Barbara Showers, PhD, is the director of the Wisconsin Department of Regulation and Licensing's Office of Education and Examination. She is nationally recognized as an expert in licensure testing and has substantial experience with regard to the defensibility of licensure tests.

Richard Smith, PhD, is the editor of the *Journal of Applied Measurement* and a well-published scholar who specializes in testing and measurement. He has supervised the development of licensing examinations. Smith is very knowledgeable regarding practice analyses and issues regarding connecting test content to practice.

Lynn Webb, EdD, is an independent consultant who works with several certification boards. Webb was previously employed by the American Board of Psychiatry and Neurology. In these capacities, she has gained experience with role delineation studies, job analyses and transforming data from such studies into test specifications.

APPENDIX B: SUBJECT MATTER EXPERT PANEL FOR 2006 LPN/VN ENTRY-LEVEL PRACTICE ANALYSIS

Area & State	Name	Practice Area	Specialty	Position
Area I:				
Montana	Tammy Talley	Long-Term Care	Geriatric Nursing	Administrator
New Mexico	Connie Baker	Nursing Education	Medical-Surgical Nursing	LPN Faculty
Oregon	Betty Rabner	Long-Term Care	Mental Health and Rehabilitation Nursing	LPN Staff
California-VN	Erica Wong	Acute Care	Emergency Nursing, Obstetrical and Gynecological Nursing	LVN Staff
Area II:				
Kansas	Deborah Aton	Long-Term Care	Medical-Surgical and Geriatric Nursing	Director of Nursing
Nebraska	Phyllis Yoest	Nursing Education	Medical-Surgical, Obstetrical and Pediatric Nursing	LPN Faculty, Assistant Professor
Illinois	Alysha Hart	Rehabilitation/Long-Term Care	Medical-Surgical and Geriatric Nursing	LPN Staff
Area III:				
Arkansas	Deborah Hill	Nursing Education	Fundamental, Medical-Surgical and Obstetrical Nursing	Chairperson, Instructor, PN Program
Oklahoma	Sara Bricken	Acute Care	Rehabilitation Nursing	LPN Staff
Texas	Kendra Sutton	Acute Care	Medical-Surgical Nursing	Clinical Educator
Area IV:				
Maryland	Susan Niewenhous	Community/Home Care	Home Health Nursing	Director - Home Care

Area I

Member:	Tammy Talley, LPN Administrator Riverside Health Care Center
Board:	Montana State Board of Nursing
Specialty:	Geriatric Nursing

Talley has worked for 15 years in nursing with practical experience in physicians' clinics and long-term care. She has oversight of a 72-bed facility operation including staffing, budgets and communications with residents, family members and physicians. She is responsible for QA/CQI, OSHA regulations, workman's compensation, safety committee, staff education and survey compliance issues.

Member:	Connie Baker, MSN, RN Faculty — LPN Nursing Program Albuquerque Public Schools Career Enrichment Center
Board:	New Mexico Board of Nursing
Specialty:	Medical-Surgical Nursing

Baker has 27 years of experience as an RN including 16 years of clinical practice with a specialty in peri-operative nursing, specifically orthopedics, plastics and general surgery. She was education nurse specialist for surgical services. Baker has 11 years of experience as a faculty member in the National League for Nurses (NLN) accredited high school LPN program (nine member faculty). She also contributes to curriculum development for basic sciences: anatomy, physiology and pathophysiology. Baker's work includes clinical and theory instruction, medical-surgical nursing, maternity (women's health) nursing and pharmacology. She also reviews and revises the course of study for LPN programs to meet NLN accreditation standards.

Member:	Betty Rabner, LPN Staff Nurse — Infirmary & Treatment Room Veterans Administration — Southern Oregon Rehabilitation Center and Clinics
Board:	Oregon Board of Nursing
Specialty:	Mental Health and Rehabilitation Nursing

Rabner has one year of nursing experience and is employed at an inpatient residential rehabilitation center serving approximately 400 veterans. The facility has an outpatient center that services 12,000 veterans annually (i.e., 100,000 visits per year). Her work services three different areas, which are dependent on scheduling: the infirmary with 17 low-acuity beds with all aspects of patient care; treatment room for routine postoperative care, treatments (including insulin administration, EKGs, etc.) and triage for higher level care; and medication administration for approximately 90-100 veterans.

Member:	Erica Wong, LVN Staff Nurse — ER/Trauma California Hospital
Board:	California-VN Board of Nursing
Specialty:	Emergency Nursing, Obstetrical and Gynecological Nursing

Wong has six years of nursing experience in the emergency room where she has cared for acutely ill patients, assisted with traumas, wound care and treatments, medications and patient education. She is involved in community health education as well as serving as a CNA instructor. Wong is a childbirth educator and labor/delivery nurse specialist. She is Community Emergency Response Team (CERT) trained for local and national FEMA disasters, and CPR instructor and volunteer in the Medical Division for Emergency Disaster Services with the American Red Cross. She is currently pursuing her RN degree.

Area II

Member:	Deborah Aton, RN Director of Nursing Gove County Medical Center Long-Term Care
Board:	Kansas Board of Nursing
Specialty:	Medical-Surgical and Geriatric Nursing

Aton has 30 years in nursing and is responsible for a 59-bed facility with 10 independent living apartments in Kansas. She has directly managed 40 staff members, including RNs, LPNs, CMAs, CNAs, social workers, activity directors and rehabilitation staff. She served on the safety committee, risk management committee, corporate compliance committee, infection control committee, quality assurance committee, utilization review committee and nutritionally-at-risk committee. Aton attended hospital board meetings and was the president of a cooperative group of providers.

Member:	Phyllis Yoest, MSN, RN Faculty — Assistant Professor Clarkson College
Board:	Nebraska Board of Nursing
Specialty:	Medical-Surgical, Obstetrical and Pediatric Nursing

Yoest's career spans 45 years in nursing with a diverse background that includes education, consulting and research. Currently, Yoest teaches women's health and adult medical-surgical nursing to LPN students. She has presented for the Midwest Nursing Research Society, Sigma Theta Tau and Midwestern Educational Research Association conferences.

Member:	Alysha Hart, LPN Staff Nurse Evergreen Healthcare
Board:	Illinois Board of Nursing
Specialty:	Medical-Surgical and Geriatric Nursing

Hart has two-and-a-half years of nursing experience. She is responsible for continuity of care of patients in sub-acute rehabilitation, orthopedics, long-term geriatric and dementia units. Hart provides on-call supervision and is responsible for all nurses actions, patient/family and staff concerns, and overall functioning of the facility. Hart also performs duties as an admissions nurse responsible for the initial assessment and documentation of new patients admitted to the facility. She possesses certifications in CPR, infant first aid, pharmacology and medication administration. She also has training in IV therapy maintenance, tracheostomy and gastrointestinal/nasogastric tube care.

Area III

Member:	Deborah Hill, BS, RN Chair, PN Program Crowley's Ridge Technical Institute
Board:	Arkansas Board of Nursing
Specialty:	Medical-Surgical and Obstetrical Nursing

Hill has 27 years of experience in nursing. She is the chairperson for the practical nurse program and teaches in both the classroom and clinical settings where she is employed. She worked as a floor nurse for Baptist Memorial Hospital in an adult health medical-surgical patient care unit, and the postpartum unit on weekends and during school vacations. Hill is a CPR instructor and has experience developing a school health program.

Member:	Sarah Bricken, LPN Staff Nurse St. Francis Hospital
Board:	Oklahoma Board of Nursing
Specialty:	Rehabilitation Nursing

Bricken has two years of nursing experience specializing in physical rehabilitation nursing. She has experience in the care of patients presenting with, but not limited to, cerebral vascular accident (CVA), traumatic spinal cord injury, amputees, traumatic brain injury, orthopedic trauma, multiple sclerosis and chronic obstructive pulmonary disease (COPD). She is currently pursuing her education as an RN.

Member:	Kendra Sutton, MSN, RN, BC Clinical Educator II Scott & White Memorial Hospital
Board:	Texas Board of Nursing
Specialty:	Medical-Surgical Nursing

Sutton has 12 years of nursing experience and is responsible for providing continuing education on three medical-surgical units totaling 112 beds. Her experience also includes staff education, teaching health care providers CPR, developing and presenting classes, and committee membership.

Area IV

Member:	Susan Niewenhou, PhD, RN, CNA, CHCE National Quality Director Personal Touch Home Care, Inc.
Board:	Maryland Board of Nursing
Specialty:	Home Health Nursing

With more than 30 years of nursing experience, Niewenhou progressed through clinical and management positions in a range of settings including 22 years in the home care arena. She developed home care clinical and administrative programs; directed clinical departments and clinical programs including standard home care, hospice, maternal child health, and rehabilitation programs. Most recently, Niewenhou administered a state licensed, Medicare certified, and Community Health Accreditation Program (CHAP) accredited home care agency. She guided two separate agencies successfully through JCAHO and CHAP accreditations. Niewenhou is currently a national quality director for a multi-office home care company.

APPENDIX C: ACTIVITY STATEMENTS WITH 2006 LPN/VN PRACTICE ANALYSIS FORM ASSIGNMENT

Appendix C. Activity Statements with 2006 LPN/VN Practice Analysis Form Assignment

Master #	Activities	Form	# on Survey	Sort ID #
1	Use data from various sources in making clinical decisions	1,2	1	1
2	Contribute to the development of client plan of care	1,2	2	2
3	Organize and prioritize care for assigned group of clients	1,2	3	3
4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	1,2	4	4
5	Maintain client confidentiality	1,2	5	5
6	Use information technology in the delivery of care	1,2	6	6
7	Use research when providing care	1,2	7	7
8	Use universal/standard precautions	1,2	8	8
9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	1,2	9	9
10	Practice principles of ergonomics	1,2	10	10
11	Monitor client postpartum recovery	1,2	11	11
12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	1,2	12	12
13	Collect data for initial or admission health history	1,2	13	13
14	Identify client use of effective and ineffective coping mechanisms	1,2	14	14
15	Identify significant lifestyle changes and other stressors that may affect recovery	1,2	15	15
16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	1,2	16	16
17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	1,2	17	17
18	Follow the rights of medication administration	1,2	18	18
19	Monitor client intravenous (IV) site and flow rate	1,2	19	19
20	Administer IVPB medications	1,2	20	20
21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	1,2	21	21
22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	1,2	22	22
23	Perform neurological checks	1,2	23	23
24	Perform circulatory checks	1,2	24	24
25	Provide care for client drainage device (e.g., wound drain or chest tube)	1,2	25	25
26	Perform wound care and/or dressing change	1,2	26	26
27	Provide care for client tracheotomy	1,2	27	27
28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	1,2	28	28
29	Monitor and provide for nutritional needs of client	1,2	29	29
30	Contribute to change made in client plan of care	1	30	30
31	Provide input for performance evaluations of other staff	1	31	31
32	Advocate for client rights or needs	1	32	32
33	Include client in care decision-making	1	33	33
34	Participate in education of staff	1	34	34
35	Recognize task/assignment you are not prepared to perform and seek assistance	1	35	35

Appendix C. Activity Statements with 2006 LPN/VN Practice Analysis Form Assignment				
Master #	Activities	Form	# on Survey	Sort ID #
36	Discharge client to home or transfer client to another facility	1	36	36
37	Transcribe physician orders	1	37	37
38	Obtain client signature on consent form	1	38	38
39	Provide information about advance directives	1	39	39
40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	1	40	40
41	Verify the identity of client	1	41	41
42	Identify client allergies and intervene as appropriate	1	42	42
43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	1	43	43
44	Use aseptic/sterile technique	1	44	44
45	Search client belongings when indicated	1	45	45
46	Perform fetal heart monitoring for client during pregnancy, before labor	1	46	46
47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	1	47	47
48	Provide care that meets the special needs of young adults aged 19 to 30 years	1	48	48
49	Provide care that meets the special needs of clients aged 65 to 85 years of age	1	49	49
50	Monitor client in labor	1	50	50
51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	1	51	51
52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	1	52	52
53	Collect baseline physical data on admission of client	1	53	53
54	Perform basic vision screening	1	54	54
55	Provide emotional support to client/family	1	55	55
56	Provide client/family information about condition, expected prognosis and outcomes	1	56	56
57	Identify significant body change that may affect recovery	1	57	57
58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	1	58	58
59	Assist in or re-enforce education of caregivers/family on ways to manage client with behavioral disorders	1	59	59
60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	1	60	60
61	Participate in client group session	1	61	61
62	Make adjustment to care with consideration of client spiritual or cultural beliefs	1	62	62
63	Assist in managing the care of angry/agitated client	1	63	63
64	Assist in the care of the cognitively impaired client	1	64	64
65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care	1	65	65
66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	1	66	66
67	Validate pain using rating scale	1	67	67
68	Insert urinary catheter	1	68	68
69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	1	69	69
70	Provide care to client in traction	1	70	70
71	Maintain current, accurate medication list or Medication Administration Record (MAR)	1	71	71
72	Administer medication by oral route	1	72	72

Appendix C. Activity Statements with 2006 LPN/VN Practice Analysis Form Assignment

Master #	Activities	Form	# on Survey	Sort ID #
73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	1	73	73
74	Phone in client prescriptions to pharmacy	1	74	74
75	Regulate client IV rate	1	75	75
76	Withdraw blood samples from venous access device (VAD)	1	76	76
77	Perform bladder scan	1	77	77
78	Monitor diagnostic or laboratory test results	1	78	78
79	Identify signs or symptoms of potential prenatal complication	1	79	79
80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	1	80	80
81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	1	81	81
82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	1	82	82
83	Perform care for client before or after surgical procedure	1	83	83
84	Identify/Intervene to control signs of hypoglycemia or hyperglycemia	1	84	84
85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	1	85	85
86	Identify and treat client intravenous (IV) line infiltration	1	86	86
87	Provide care to client on ventilator	1	87	87
88	Identify abnormalities on client cardiac monitor strip	1	88	88
89	Make client care or related task assignment	2	30	89
90	Recognize and manage staff conflict through appropriate use of chain of command	2	31	90
91	Promote client/family self-advocacy	2	32	91
92	Follow-up with client/family after discharge	2	33	92
93	Participate in orientation of new employees	2	34	93
94	Report or intervene to prevent unsafe practice of health care provider	2	35	94
95	Take verbal or phone orders	2	36	95
96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	2	37	96
97	Provide for privacy needs	2	38	97
98	Perform telephone triage	2	39	98
99	Evaluate the appropriateness of order for client	2	40	99
100	Use proper body mechanics	2	41	100
101	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	2	42	101
102	Apply and/or monitor use of least restrictive restraints or seclusion	2	43	102
103	Assist in or re-enforce education of client/family about safety precautions	2	44	103
104	Provide resources for end of life and/or beginning of life issues and choices	2	45	104
105	Provide care that meets the special needs of the newborn - less than 1 month old	2	46	105
106	Provide care that meets the special needs of adolescents aged 13 to 18 years	2	47	106
107	Provide care that meets the special needs of adults aged 31 to 64 years	2	48	107
108	Provide care that meets the special needs of clients aged greater than 85 years of age	2	49	108
109	Compare client development to norms	2	50	109
110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	2	51	110

Appendix C. Activity Statements with 2006 LPN/VN Practice Analysis Form Assignment				
Master #	Activities	Form	# on Survey	Sort ID #
111	Recognize barriers to communication or learning	2	52	111
112	Assist with teaching coping strategies	2	53	112
113	Monitor compliance with immunization schedule	2	54	113
114	Collect data on client psychological status and ability to cope	2	55	114
115	Promote client positive self-esteem	2	56	115
116	Collect data on client potential for violence	2	57	116
117	Explore cause of client behavior	2	58	117
118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	2	59	118
119	Explore why client is refusing or not following treatment plan	2	60	119
120	Assist with coping related to grief and loss	2	61	120
121	Provide care or support for client/family at end of life	2	62	121
122	Participate in reminiscence therapy, validation therapy or reality orientation	2	63	122
123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	2	64	123
124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or nasogastric (NG) tube)	2	65	124
125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	2	66	125
126	Intervene to improve client elimination by instituting bowel or bladder management	2	67	126
127	Provide measures to promote sleep/rest	2	68	127
128	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube	2	69	128
129	Collect data on client nutrition or hydration status	2	70	129
130	Apply or remove immobilizing equipment (e.g., a splint or brace)	2	71	130
131	Monitor transfusion of blood product	2	72	131
132	Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, G-button or j-tube)	2	73	132
133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	2	74	133
134	Count narcotics/controlled substances	2	75	134
135	Perform venipuncture for blood draws	2	76	135
136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	2	77	136
137	Monitor continuous or intermittent suction of nasogastric (NG) tube	2	78	137
138	Insert nasogastric (NG) tube	2	79	138
139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	2	80	139
140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	2	81	140
141	Perform an electrocardiogram (EKG/ECG)	2	82	141
142	Perform check of client pacemaker	2	83	142
143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	2	84	143
144	Provide cooling measures for elevated temperature	2	85	144
145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	2	86	145
146	Remove client wound sutures or staples	2	87	146
147	Administer phototherapy treatment to newborn	2	88	147

SECTION 1: EXPERIENCE AND ORIENTATION

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

Example:

0	8
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 Months

<input type="checkbox"/>	<input type="checkbox"/>

 Months

2. Have you ever worked outside the U.S. or its territories before taking the NCLEX?

- Yes
- No → Skip to Question 3

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

<input type="checkbox"/>	<input type="checkbox"/>

 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(s) or mentor(s) 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 many weeks was it?

<input type="checkbox"/>	<input type="checkbox"/>

 Weeks

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
- Moderate/Conscious Sedation
- Coronary Care
- Critical Care
- Intravenous Therapy
- Neonatal Advanced Life Support
- Pediatric Advanced Life Support
- 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
- Director of Nursing
- House Supervisor
- Team Leader
- Unit/Area Manager
- Other **(Please specify)**: _____

7. Approximately what percentage of your time at work is spent performing the administrative roles you marked in Question 6?

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

SECTION 3: 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 performed in your work setting mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked then complete Question B.

QUESTION B - PRIORITY: What is the priority of performing this nursing activity compared to the performance of other nursing activities 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 oval 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 the last day you worked.

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/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.

Question A - If the activity does not apply to your work setting mark "NEVER performed in work setting" then move to next activity. If the activity is performed in your work setting mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked 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 priority), 2 (low priority), 3 (high priority), or 4 (highest priority).

	A - Frequency					B - Priority				
NEVER performed in work setting	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	1 Lowest	2 Low	3 High	4 Highest
1. Use data from various sources in making clinical decisions										
2. Contribute to the development of client plan of care										
3. Organize and prioritize care for assigned group of clients										
4. Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)										
5. Maintain client confidentiality										
6. Use information technology in the delivery of care										
7. Use research when providing care										
8. Use universal/standard precautions										
9. Follow protocol for timed client monitoring (e.g., suicide precautions, restraints/seclusion check or safety checks)										
10. Practice principles of ergonomics										
11. Monitor client postpartum recovery										
12. Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)										
13. Collect data for initial or admission health history										
14. Identify client use of effective and ineffective coping mechanisms										
15. Identify significant lifestyle changes and other stressors that may affect recovery										
16. Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)										
17. Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)										
18. Follow the rights of medication administration										
19. Monitor client intravenous (IV) site and flow rate										
20. Administer IV/PIB medications										
21. Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)										
22. Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)										
23. Perform neurological checks										
24. Perform circulatory checks										
25. Provide care for client drainage device (e.g., wound drain or chest tube)										
26. Perform wound care and/or dressing change										
27. Provide care for client tracheostomy										
28. Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)										
29. Monitor and provide for nutritional needs of client										
30. Contribute to change made in client plan of care										
31. Provide input for performance evaluations of other staff										
32. Advocate for client rights or needs										
33. Include client in care decision-making										
34. Participate in education of staff										
35. Recognize task/assignment you are not prepared to perform and seek assistance										
36. Discharge client to home or transfer client to another facility										
37. Transcribe physician orders										
38. Obtain client signature on consent form										
39. Provide information about advance directives										
40. Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment										
41. Verify the identity of client										
42. Identify client allergies and intervene as appropriate										

SECTION 3: NURSING ACTIVITIES (continued)

Question A - If the activity does not apply to your work setting, mark "NEVER performed in work setting" then move to next activity.

If the activity is performed in your work setting, mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked 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 priority), 2 (low priority), 3 (high priority), or 4 (highest priority).

	A - Frequency					B - Priority					
	NEVER performed in work setting	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	1 Lowest	2 Low	3 High	4 Highest
43. Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)											
44. Use aseptic/sterile technique											
45. Search client belongings when indicated											
46. Perform fetal heart monitoring for client during pregnancy, before labor											
47. Provide care that meets the special needs of infants or children aged 1 month to 12 years											
48. Provide care that meets the special needs of young adults aged 19 to 30 years											
49. Provide care that meets the special needs of clients aged 65 to 85 years of age											
50. Monitor client in labor											
51. Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)											
52. Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)											
53. Collect baseline physical data on admission of client											
54. Perform basic vision screening											
55. Provide emotional support to client/family											
56. Provide client/family information about condition, expected prognosis and outcomes											
57. Identify significant body change that may affect recovery											
58. Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity											
59. Assist in or re-enforce education of caregivers/family on ways to manage client with behavioral disorders											
60. Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment											
61. Participate in client group session											
62. Make adjustment to care with consideration of client spiritual or cultural beliefs											
63. Assist in managing the care of angry/agitated client											
64. Assist in the care of the cognitively impaired client											
65. Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care											
66. Assist with activities of daily living (e.g., dressing, grooming or bathing)											
67. Validate pain using rating scale											
68. Insert urinary catheter											
69. Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye											
70. Provide care to client in traction											
71. Maintain current, accurate medication list or Medication Administration Record (MAR)											
72. Administer medication by oral route											
73. Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication											
74. Phone in client prescriptions to pharmacy											
75. Regulate client IV rate											
76. Withdraw blood samples from venous access device (VAD)											
77. Perform bladder scan											
78. Monitor diagnostic or laboratory test results											
79. Identify signs or symptoms of potential prenatal complication											
80. Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)											
81. Evaluate client respiratory status by measuring oxygen (O ₂) saturation											
82. Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance											
83. Perform care for client before or after surgical procedure											
84. Identify/intervene to control signs of hypoglycemia or hyperglycemia											
85. Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)											
86. Identify and treat client intravenous (IV) line infiltration											
87. Provide care to client on ventilator											
88. Identify abnormalities on client cardiac monitor strip											

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

- Yes
- No

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

SECTION 4: DESCRIPTION OF THE LAST DAY YOU WORKED (continued)

		Approximate Amount of Time (Hours) Spent on Set of Activities									
		0	1	2	3	4	5	6	7	8	9+
Sets of Activities											
4	Perform activities related to the psychological needs of clients: <ul style="list-style-type: none"> • Abuse or Neglect • Behavioral Interventions • Behavioral Management • Coping Mechanisms • Crisis Intervention • Cultural Awareness • End of Life Concepts • Grief and Loss • Mental Health Concepts • Mental Illness Concepts • Religious or Spiritual Influences on Health • Sensory/Perceptual Alterations • Situational Role Changes • Stress Management • Substance-Related Disorders • Suicide/Violence Precautions • Support Systems • Therapeutic Communication • Therapeutic Environment • Unexpected Body Image Changes 										
5	Perform activities related to basic care and comfort: <ul style="list-style-type: none"> • Assistive Devices • Elimination • Mobility/Immobility • Non-Pharmacological Comfort Interventions • Nutrition and Oral Hydration • Palliative/Comfort Care • Personal Hygiene • Rest and Sleep 										
6	Perform activities necessary for safe medication administration: <ul style="list-style-type: none"> • Adverse Effects • Expected Effects • Medication Administration • Pharmacological Actions • Pharmacological Agents • Side-Effects 										
7	Perform activities that reduce the risk of client developing complications: <ul style="list-style-type: none"> • Diagnostic Test • Laboratory Values • Potential for Alterations in Body Systems • Potential for Complications of Diagnostic Tests/Treatments/Procedures/Surgery or Health Alterations • Therapeutic Procedures • Vital Signs 										
8	Perform activities that provide for physiological adaptation: <ul style="list-style-type: none"> • Alterations in Body Systems • Basic Pathophysiology • Fluid and Electrolyte Imbalances • Medical Emergencies • Radiation Therapy • Unexpected Response to Therapies • Medical Emergencies 										

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/side, etc. prior to becoming a Licensed Practical/Vocational Nurse?
- Yes → Record below the total number of years you worked as an NA.
- No → Skip to Question 2

Years

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

2. What is your gender?
- Male Female

3. What is your age in years?

Years

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

SECTION 3: 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 performed in your work setting mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked then complete Question B.

QUESTION B - PRIORITY: What is the priority of performing this nursing activity compared to the performance of other nursing activities 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 oval 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 the last day you worked.

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/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.

Question A - If the activity does not apply to your work setting mark "NEVER performed in work setting" then move to next activity. If the activity is performed in your work setting mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked 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 priority), 2 (low priority), 3 (high priority), or 4 (highest priority).

	A - Frequency					B - Priority				
NEVER performed in work setting	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	1 Lowest	2 Low	3 High	4 Highest
1. Use data from various sources in making clinical decisions										
2. Contribute to the development of client plan of care										
3. Organize and prioritize care for assigned group of clients										
4. Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)										
5. Maintain client confidentiality										
6. Use information technology in the delivery of care										
7. Use research when providing care										
8. Use universal/standard precautions										
9. Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)										
10. Practice principles of ergonomics										
11. Monitor client postpartum recovery										
12. Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted diseases, or giving information about the risks involved with smoking or drug use)										
13. Collect data for initial or admission health history										
14. Identify client use of effective and ineffective coping mechanisms										
15. Identify significant life-style changes and other stressors that may affect recovery										
16. Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)										
17. Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)										
18. Follow the rights of medication administration										
19. Monitor client intravenous (IV) site and flow rate										
20. Administer IV/PR medications										
21. Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)										
22. Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)										
23. Perform neurological checks										
24. Perform circulatory checks										
25. Provide care for client drainage device (e.g., wound drain or chest tube)										
26. Perform wound care and/or dressing change										
27. Provide care for client tracheostomy										
28. Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)										
29. Monitor and provide for nutritional needs of client										
30. Make client care or related task assignment										
31. Recognize and manage staff conflict through appropriate use of chain of command										
32. Promote client/family self-advocacy										
33. Follow-up with client/family after discharge										
34. Participate in orientation of new employees										
35. Report or intervene to prevent unsafe practice of health care provider										
36. Take verbal or phone orders										
37. Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)										
38. Provide for privacy needs										
39. Perform telephone triage										
40. Evaluate the appropriateness of order for client										
41. Use proper body mechanics										
42. 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										

SECTION 3: NURSING ACTIVITIES (continued)

Question A - If the activity does not apply to your work setting mark "NEVER performed in work setting" then move to next activity.
 If the activity is performed in your work setting mark "0 Times", "1 Time", "2 Times", "3 Times", "4 Times", or "5 or more Times" reflecting the frequency of performing the activity on the last day you worked 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 priority), 2 (low priority), 3 (high priority), or 4 (highest priority).

	A - Frequency					B - Priority					
	NEVER performed in work setting	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	1 Lowest	2 Low	3 High	4 Highest
43. Apply and/or monitor use of least restrictive restraints or seclusion											
44. Assist in or re-enforce education of client/family about safety precautions											
45. Provide resources for end of life and/or beginning of life issues and choices											
46. Provide care that meets the special needs of newborns - less than 1 month old											
47. Provide care that meets the special needs of adolescents aged 13 to 18 years											
48. Provide care that meets the special needs of adults aged 31 to 64 years											
49. Provide care that meets the special needs of clients aged greater than 65 years of age											
50. Compare client development to norms											
51. Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)											
52. Recognize barriers to communication or learning											
53. Assist with teaching coping strategies											
54. Monitor compliance with immunization schedule											
55. Collect data on client psychological status and ability to cope											
56. Promote client positive self-esteem											
57. Collect data on client potential for violence											
58. Explore cause of client behavior											
59. Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)											
60. Explore why client is refusing or not following treatment plan											
61. Assist with coping related to grief and loss											
62. Provide care or support for client/family at end of life											
63. Participate in reminiscence therapy, validation therapy or reality orientation											
64. Use transfer assistance device (e.g., 1-belt, slide board, or mechanical lift)											
65. Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or naso-gastric (NG) tube)											
66. Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)											
67. Intervene to improve client elimination by instituting bowel or bladder management											
68. Provide measures to promote sleep/rest											
69. Discontinue or remove intravenous (IV) line, naso-gastric (NG) tube, urinary catheter, or other line or tube											
70. Collect data on client nutrition or hydration status											
71. Apply or remove immobilizing equipment (e.g., a splint or brace)											
72. Monitor transfusion of blood product											
73. Administer medication by gastrointestinal tube (e.g., g-tube, naso-gastric (NG) tube, G-button or j-tube)											
74. Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)											
75. Count narcotics/controlled substances											
76. Perform venipuncture for blood draws											
77. Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)											
78. Monitor continuous or intermittent suction of naso-gastric (NG) tube											
79. Insert naso-gastric (NG) tube											
80. Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)											
81. Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observations)											
82. Perform an electrocardiogram (EKG/ECG)											
83. Perform check of client pacemaker											
84. Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)											
85. Provide cooling measures for elevated temperature											
86. Intervene to improve client respiratory status by giving breathing or respiratory treatment, suctioning, or repositioning											
87. Remove client wound sutures or staples											
88. Administer phototherapy treatment to newborn											

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

- Yes
- No

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

SECTION 4: DESCRIPTION OF THE LAST DAY YOU WORKED (continued)

Sets of Activities		Approximate Amount of Time (Hours) Spent on Set of Activities									
		0	1	2	3	4	5	6	7	8	9+
4	Perform activities related to the psychological needs of clients: <ul style="list-style-type: none"> • Abuse or Neglect • Behavioral Interventions • Behavioral Management • Coping Mechanisms • Crisis Intervention • Cultural Awareness • End of Life Concepts • Grief and Loss • Mental Health Concepts • Mental Illness Concepts • Religious or Spiritual Influences on Health • Sensory/Perceptual Alterations • Situational Role Changes • Stress Management • Substance-Related Disorders • Suicide/Violence Precautions • Support Systems • Therapeutic Communication • Therapeutic Environment • Unexpected Body Image Changes 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Perform activities related to basic care and comfort: <ul style="list-style-type: none"> • Assistive Devices • Elimination • Mobility/Immobility • Non-Pharmacological Comfort Interventions • Nutrition and Oral Hydration • Palliative/Comfort Care • Personal Hygiene • Rest and Sleep 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Perform activities necessary for safe medication administration: <ul style="list-style-type: none"> • Adverse Effects • Expected Effects • Medication Administration • Pharmacological Actions • Pharmacological Agents • Side-Effects 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Perform activities that reduce the risk of client developing complications: <ul style="list-style-type: none"> • Diagnostic Test • Laboratory Values • Potential for Alterations in Body Systems • Potential for Complications of Diagnostic Tests/Treatments/Procedures/ Surgery or Health Alterations • Therapeutic Procedures • Vital Signs 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Perform activities that provide for physiological adaptation: <ul style="list-style-type: none"> • Alterations in Body Systems • Basic Pathophysiology • Fluid and Electrolyte Imbalances • Medical Emergencies • Radiation Therapy • Unexpected Response to Therapies • Medical Emergencies 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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/Vocational Nurse?
- Yes → Record below the total number of years you worked as an NA.
- No → Skip to Question 2

Years

<input type="text"/>	<input type="text"/>

2. What is your gender?
- Male Female

3. What is your age in years?

Years

<input type="text"/>	<input type="text"/>

APPENDIX E: ACTIVITIES RANK ORDERED BY PERCENT PERFORMING

Appendix E. Activities Rank Ordered by Percent Performing

Rank	ID #	Activity	Performed in Setting (%)
1	5	Maintain client confidentiality	99.50
2	8	Use universal/standard precautions	99.20
3	41	Verify the identity of client	98.23
4	18	Follow the rights of medication administration	98.20
5	97	Provide for privacy needs	97.79
5	100	Use proper body mechanics	97.79
5	139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	97.79
8	28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	96.86
9	42	Identify client allergies and intervene as appropriate	95.69
10	44	Use aseptic/sterile technique	95.31
11	73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	95.14
12	71	Maintain current, accurate medication list or medication administration record (MAR)	94.49
13	1	Use data from various sources in making clinical decisions	93.60
14	72	Administer medication by oral route	93.55
15	55	Provide emotional support to client/family	92.55
16	67	Validate pain utilizing rating scale	92.35
17	35	Recognize task/assignment you are not prepared to perform and seek assistance	92.34
18	115	Promote client positive self-esteem	92.05
19	129	Collect data on client nutrition or hydration status	92.02
20	33	Include client in client care decision-making	91.54
21	16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	91.48
22	26	Perform wound care and/or dressing change	90.64
23	21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	89.98
24	133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	89.92
25	111	Recognize barriers to communication or learning	89.90
26	24	Perform circulatory checks	89.87
27	32	Advocate for client rights or needs	89.53
28	103	Assist in or re-enforce education to client/family about safety precautions	89.50
29	29	Monitor and provide for nutritional needs of client	89.39
30	84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	89.30
31	2	Contribute to the development of client plan of care	89.02
32	63	Assist in managing the care of angry/agitated client	88.95
33	22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	88.79
34	95	Take verbal or phone order	88.74
35	81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	88.58
36	40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	88.06
37	99	Evaluate the appropriateness of order for client	87.90

Appendix E. Activities Rank Ordered by Percent Performing

Rank	ID #	Activity	Performed in Setting (%)
38	17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	87.82
39	127	Provide measures to promote sleep/rest	87.65
40	134	Count narcotics/controlled substances	87.37
41	14	Identify client use of effective and ineffective coping mechanisms	87.17
42	108	Provide care that meets the special needs of clients aged greater than 85 years of age	87.15
43	43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	86.58
44	23	Perform neurological checks	86.31
45	49	Provide care that meets the special needs of clients aged 65 to 85 years of age	86.11
46	3	Organize and prioritize care for assigned group of clients	85.88
47	91	Promote client/family self-advocacy	85.77
48	145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	85.71
49	37	Transcribe physician order	85.63
49	80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	85.63
51	136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	85.37
52	119	Explore why client is refusing or not following treatment plan	85.03
53	125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	84.77
54	30	Contribute to change made in client plan of care	84.53
55	64	Assist in the care of the cognitively impaired client	83.86
56	6	Use information technology in the delivery of care	83.80
57	117	Explore cause of client behavior	83.60
58	15	Identify significant life-style changes and other stressors that may affect recovery	83.43
59	13	Collect data for initial or admission health history	82.76
60	144	Provide cooling measures for elevated temperature	82.63
61	126	Intervene to improve client elimination by instituting bowel or bladder management	82.60
62	9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	82.14
63	89	Make client care or related task assignment	81.91
64	78	Monitor diagnostic or laboratory test results	81.82
65	56	Provide client/family information about condition, expected prognosis and outcomes	81.34
66	7	Use research when providing care	81.30
67	114	Collect data on client psychological status and ability to cope	81.11
68	66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	81.09
69	74	Phone in client prescriptions to pharmacy	80.63
70	90	Recognize and manage staff conflict through appropriate use of chain of command	79.80
71	112	Assist with teaching coping strategies	79.60
72	123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	79.37
73	53	Collect baseline physical data on admission of client	79.03
74	124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or nasogastric (NG) tube)	77.69
75	120	Assist with coping related to grief and loss	77.46

Appendix E. Activities Rank Ordered by Percent Performing

Rank	ID #	Activity	Performed in Setting (%)
76	101	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	77.29
77	128	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube	76.63
78	34	Participate in education of staff	76.61
79	96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	76.40
80	94	Report, or intervene to prevent, unsafe practice of health care provider	75.95
81	68	Insert urinary catheter	75.73
82	121	Provide care or support for client/family at end of life	75.70
83	107	Provide care that meets the special needs of adults aged 31 to 64 years	75.25
84	116	Collect data on client potential for violence	74.75
85	57	Identify significant body change that may affect recovery	74.70
86	62	Make adjustment to care with consideration of client spiritual or cultural beliefs	74.26
87	36	Discharge client to home or transfer client to another facility	73.93
88	38	Obtain client signature on consent form	73.87
89	132	Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, G-button or j-tube)	73.76
90	130	Apply or remove immobilizing equipment (e.g., a splint or brace)	72.58
91	69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	71.57
92	10	Practice principles of ergonomics	70.78
93	109	Compare client development to norms	69.78
94	93	Participate in orientation of new employee	68.91
95	102	Apply and/or monitor use of least restrictive restraints or seclusion	68.06
96	85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	67.05
97	82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	66.15
98	104	Provide resources for end of life and/or beginning of life issues and choices	64.34
99	39	Provide information about advance directives	63.60
100	60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	62.67
101	59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	62.55
101	122	Participate in reminisce therapy, validation therapy or reality orientation	62.55
103	113	Monitor compliance with immunization schedule	62.25
104	31	Provide input for performance evaluations of other staff	61.96
105	19	Monitor client intravenous (IV) site and flow rate	59.72
106	58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	59.14
107	25	Provide care for client drainage device (e.g., wound drain or chest tube)	58.94
108	45	Search client belongings when indicated	58.82
109	146	Remove a client wound sutures or staples	58.17
110	83	Perform care for client before or after surgical procedure	57.93
111	4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	56.52
112	27	Provide care for a client tracheostomy	53.72
113	137	Monitor continuous or intermittent suction of nasogastric (NG) tube	52.99

Appendix E. Activities Rank Ordered by Percent Performing

Rank	ID #	Activity	Performed in Setting (%)
114	75	Regulate client IV rate	52.62
115	12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	50.78
116	86	Identify and treat a client intravenous (IV) line infiltration	50.58
117	92	Follow-up with client/family after discharge	48.00
118	65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care)	46.69
119	135	Perform venipuncture for blood draws	45.80
120	98	Perform telephone triage	45.31
121	20	Administer IVPB medications	43.41
122	48	Provide care that meets the special needs of young adults aged 19 to 30 years	41.60
123	52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	40.12
124	138	Insert nasogastric (NG) tube	39.76
125	142	Perform check of client pacemaker	39.44
126	110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	38.61
127	70	Provide care to client in traction	38.25
128	140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	38.17
129	143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	35.57
130	61	Participate in client group session	35.23
131	76	Withdraw blood samples from venous access device (VAD)	35.14
132	118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	32.21
133	51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	31.71
134	54	Perform basic vision screening	31.62
135	88	Identify abnormalities on a client cardiac monitor strip	31.20
136	87	Provide care to client on ventilator	29.34
137	131	Monitor transfusion of blood product	29.15
138	77	Perform bladder scan	28.68
139	141	Perform an electrocardiogram (EKG/ECG)	27.83
140	106	Provide care that meets the special needs of adolescents aged 13 to 18 years	25.35
141	47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	18.29
142	11	Monitor a client postpartum recovery	16.37
143	79	Identify signs or symptoms of potential prenatal complication	14.90
144	105	Provide care that meets the special needs of the newborn - less than 1 month old	14.00
145	46	Perform fetal heart monitoring for client during pregnancy, before labor	9.57
146	50	Monitor a client in labor	8.63
147	147	Administer phototherapy treatment to newborn	7.86

APPENDIX F: ACTIVITIES RANK ORDERED BY AVERAGE SETTING-SPECIFIC FREQUENCY

Appendix F. Activities Rank Ordered by Average Setting-Specific Frequency

Rank	ID #	Activity	Average Frequency (Setting-Specific)
1	8	Use universal/standard precautions	4.81
2	18	Follow the rights of medication administration	4.74
3	5	Maintain client confidentiality	4.57
4	71	Maintain current, accurate medication list or medication administration record (MAR)	4.53
5	72	Administer medication by oral route	4.49
6	41	Verify the identity of client	4.48
7	49	Provide care that meets the special needs of clients aged 65 to 85 years of age	4.38
8	97	Provide for privacy needs	4.37
9	100	Use proper body mechanics	4.31
10	139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	4.11
11	17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	4.10
12	16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	3.80
13	108	Provide care that meets the special needs of clients aged greater than 85 years of age	3.79
14	81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	3.69
15	67	Validate pain utilizing rating scale	3.67
16	21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	3.57
17	73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.56
18	3	Organize and prioritize care for assigned group of clients	3.50
19	9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	3.46
20	29	Monitor and provide for nutritional needs of client	3.45
21	107	Provide care that meets the special needs of adults aged 31 to 64 years	3.36
22	134	Count narcotics/controlled substances	3.30
23	42	Identify client allergies and intervene as appropriate	3.24
24	28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	3.20
25	44	Use aseptic/sterile technique	3.19
26	129	Collect data on client nutrition or hydration status	3.14
27	115	Promote client positive self-esteem	3.07
28	133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	3.06
29	1	Use data from various sources in making clinical decisions	3.05
30	37	Transcribe physician order	2.98
31	33	Include client in client care decision-making	2.97
32	24	Perform circulatory checks	2.96
32	32	Advocate for client rights or needs	2.96
34	26	Perform wound care and/or dressing change	2.92
35	66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	2.88
35	84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	2.88

Appendix F. Activities Rank Ordered by Average Setting-Specific Frequency			
Rank	ID #	Activity	Average Frequency (Setting-Specific)
37	64	Assist in the care of the cognitively impaired client	2.87
38	6	Use information technology in the delivery of care	2.84
38	10	Practice principles of ergonomics	2.84
40	89	Make client care or related task assignment	2.83
41	127	Provide measures to promote sleep/rest	2.80
42	55	Provide emotional support to client/family	2.76
43	80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	2.72
43	95	Take verbal or phone order	2.72
45	2	Contribute to the development of client plan of care	2.69
45	78	Monitor diagnostic or laboratory test results	2.69
47	19	Monitor client intravenous (IV) site and flow rate	2.66
48	99	Evaluate the appropriateness of order for client	2.64
49	145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	2.59
50	48	Provide care that meets the special needs of young adults aged 19 to 30 years	2.58
51	124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or nasogastric (NG) tube)	2.55
52	125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	2.54
53	14	Identify client use of effective and ineffective coping mechanisms	2.51
54	74	Phone in client prescriptions to pharmacy	2.45
55	132	Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, G-button or j-tube)	2.42
56	7	Use research when providing care	2.34
57	13	Collect data for initial or admission health history	2.33
57	126	Intervene to improve client elimination by instituting bowel or bladder management	2.33
59	15	Identify significant life-style changes and other stressors that may affect recovery	2.32
59	63	Assist in managing the care of angry/agitated client	2.32
61	111	Recognize barriers to communication or learning	2.30
62	109	Compare client development to norms	2.28
63	22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	2.25
64	103	Assist in or re-enforce education to client/family about safety precautions	2.24
65	117	Explore cause of client behavior	2.23
65	123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	2.23
67	91	Promote client/family self-advocacy	2.22
68	53	Collect baseline physical data on admission of client	2.20
69	47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	2.18
70	12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	2.17
71	35	Recognize task/assignment you are not prepared to perform and seek assistance	2.15
72	23	Perform neurological checks	2.13
73	30	Contribute to change made in client plan of care	2.10
74	114	Collect data on client psychological status and ability to cope	2.09

Appendix F. Activities Rank Ordered by Average Setting-Specific Frequency

Rank	ID #	Activity	Average Frequency (Setting-Specific)
75	20	Administer IVPB medications	2.07
75	40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	2.07
75	56	Provide client/family information about condition, expected prognosis and outcomes	2.07
78	11	Monitor a client postpartum recovery	2.02
79	83	Perform care for client before or after surgical procedure	2.00
80	122	Participate in reminiscence therapy, validation therapy or reality orientation	1.97
81	4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	1.89
82	34	Participate in education of staff	1.88
82	112	Assist with teaching coping strategies	1.88
84	75	Regulate client IV rate	1.87
84	119	Explore why client is refusing or not following treatment plan	1.87
86	102	Apply and/or monitor use of least restrictive restraints or seclusion	1.85
87	106	Provide care that meets the special needs of adolescents aged 13 to 18 years	1.84
88	31	Provide input for performance evaluations of other staff	1.83
89	79	Identify signs or symptoms of potential prenatal complication	1.78
90	57	Identify significant body change that may affect recovery	1.77
91	60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	1.75
91	140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	1.75
93	36	Discharge client to home or transfer client to another facility	1.73
93	105	Provide care that meets the special needs of the newborn - less than 1 month old	1.73
95	38	Obtain client signature on consent form	1.66
95	90	Recognize and manage staff conflict through appropriate use of chain of command	1.66
97	128	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube	1.65
98	136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	1.63
99	25	Provide care for client drainage device (e.g., wound drain or chest tube)	1.62
99	116	Collect data on client potential for violence	1.62
101	27	Provide care for a client tracheostomy	1.61
101	52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	1.61
103	69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	1.60
104	98	Perform telephone triage	1.59
105	113	Monitor compliance with immunization schedule	1.58
106	82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	1.57
107	58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	1.55
107	59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	1.55
109	68	Insert urinary catheter	1.52
109	141	Perform an electrocardiogram (EKG/ECG)	1.52

Appendix F. Activities Rank Ordered by Average Setting-Specific Frequency			
Rank	ID #	Activity	Average Frequency (Setting-Specific)
111	130	Apply or remove immobilizing equipment (e.g., a splint or brace)	1.51
112	54	Perform basic vision screening	1.49
113	121	Provide care or support for client/family at end of life	1.48
114	39	Provide information about advance directives	1.42
115	46	Perform fetal heart monitoring for client during pregnancy, before labor	1.41
115	50	Monitor a client in labor	1.41
115	144	Provide cooling measures for elevated temperature	1.41
118	62	Make adjustment to care with consideration of client spiritual or cultural beliefs	1.40
119	51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	1.36
120	65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care)	1.33
120	96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	1.33
122	92	Follow-up with client/family after discharge	1.29
122	94	Report, or intervene to prevent, unsafe practice of health care provider	1.29
124	104	Provide resources for end of life and/or beginning of life issues and choices	1.28
125	101	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	1.26
125	120	Assist with coping related to grief and loss	1.26
127	43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	1.24
128	86	Identify and treat a client intravenous (IV) line infiltration	1.20
128	93	Participate in orientation of new employee	1.20
130	76	Withdraw blood samples from venous access device (VAD)	1.19
131	135	Perform venipuncture for blood draws	1.18
131	137	Monitor continuous or intermittent suction of naso-gastric (NG) tube	1.18
133	77	Perform bladder scan	1.11
133	88	Identify abnormalities on a client cardiac monitor strip	1.11
135	87	Provide care to client on ventilator	1.08
136	45	Search client belongings when indicated	1.07
137	110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	1.03
138	61	Participate in client group session	1.02
139	131	Monitor transfusion of blood product	1.01
140	118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	0.91
141	70	Provide care to client in traction	0.86
141	143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	0.86
143	146	Remove a client wound sutures or staples	0.84
144	147	Administer phototherapy treatment to newborn	0.78
145	142	Perform check of client pacemaker	0.77
146	138	Insert nasogastric (NG) tube	0.72
147	85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	0.65

APPENDIX G: ACTIVITIES RANK ORDERED BY AVERAGE TOTAL GROUP FREQUENCY

Appendix G. Activities Rank Ordered by Average Total Frequency

Rank	ID #	Activity	Average Frequency (Total Group)
1	8	Use universal/standard precautions	4.78
2	18	Follow the rights of medication administration	4.65
3	5	Maintain client confidentiality	4.55
4	41	Verify the identity of client	4.40
5	71	Maintain current, accurate medication list or medication administration record (MAR)	4.28
6	97	Provide for privacy needs	4.27
7	100	Use proper body mechanics	4.21
8	72	Administer medication by oral route	4.20
9	139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	4.02
10	49	Provide care that meets the special needs of clients aged 65 to 85 years of age	3.77
11	17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	3.60
12	16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	3.48
13	67	Validate pain utilizing rating scale	3.39
13	73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.39
15	108	Provide care that meets the special needs of clients aged greater than 85 years of age	3.30
16	81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	3.27
17	21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	3.21
18	28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	3.10
18	42	Identify client allergies and intervene as appropriate	3.10
20	29	Monitor and provide for nutritional needs of client	3.08
21	44	Use aseptic/sterile technique	3.04
22	3	Organize and prioritize care for assigned group of clients	3.00
23	129	Collect data on client nutrition or hydration status	2.89
24	134	Count narcotics/controlled substances	2.88
25	1	Use data from various sources in making clinical decisions	2.85
26	9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	2.84
27	115	Promote client positive self-esteem	2.83
28	133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	2.75
29	33	Include client in client care decision-making	2.72
30	24	Perform circulatory checks	2.66
31	26	Perform wound care and/or dressing change	2.65
31	32	Advocate for client rights or needs	2.65
33	84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	2.57
34	37	Transcribe physician order	2.55
34	55	Provide emotional support to client/family	2.55
36	107	Provide care that meets the special needs of adults aged 31 to 64 years	2.52

Appendix G. Activities Rank Ordered by Average Total Frequency			
Rank	ID #	Activity	Average Frequency (Total Group)
37	127	Provide measures to promote sleep/rest	2.46
38	64	Assist in the care of the cognitively impaired client	2.41
38	95	Take verbal or phone order	2.41
40	2	Contribute to the development of client plan of care	2.40
41	6	Use information technology in the delivery of care	2.38
42	66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	2.33
42	80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	2.33
44	99	Evaluate the appropriateness of order for client	2.32
45	89	Make client care or related task assignment	2.31
46	145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	2.22
47	78	Monitor diagnostic or laboratory test results	2.20
48	14	Identify client use of effective and ineffective coping mechanisms	2.19
49	125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	2.15
50	63	Assist in managing the care of angry/agitated client	2.07
50	111	Recognize barriers to communication or learning	2.07
52	10	Practice principles of ergonomics	2.01
53	22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	2.00
53	103	Assist in or re-enforce education to client/family about safety precautions	2.00
55	35	Recognize task/assignment you are not prepared to perform and seek assistance	1.99
56	74	Phone in client prescriptions to pharmacy	1.98
56	124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or nasogastric (NG) tube)	1.98
58	15	Identify significant life-style changes and other stressors that may affect recovery	1.94
59	13	Collect data for initial or admission health history	1.93
60	126	Intervene to improve client elimination by instituting bowel or bladder management	1.92
61	91	Promote client/family self-advocacy	1.91
62	7	Use research when providing care	1.90
63	117	Explore cause of client behavior	1.87
64	23	Perform neurological checks	1.84
65	40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	1.82
66	132	Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, G-button or j-tube)	1.79
67	30	Contribute to change made in client plan of care	1.78
68	123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	1.77
69	53	Collect baseline physical data on admission of client	1.74
70	114	Collect data on client psychological status and ability to cope	1.69
71	56	Provide client/family information about condition, expected prognosis and outcomes	1.68
72	19	Monitor client intravenous (IV) site and flow rate	1.59
72	109	Compare client development to norms	1.59
72	119	Explore why client is refusing or not following treatment plan	1.59
75	112	Assist with teaching coping strategies	1.50

Appendix G. Activities Rank Ordered by Average Total Frequency

Rank	ID #	Activity	Average Frequency (Total Group)
76	34	Participate in education of staff	1.44
77	136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	1.39
78	90	Recognize and manage staff conflict through appropriate use of chain of command	1.33
79	57	Identify significant body change that may affect recovery	1.32
80	36	Discharge client to home or transfer client to another facility	1.28
81	128	Discontinue or remove intravenous (IV) line, nasogastric (NG) tube, urinary catheter, or other line or tube	1.27
82	102	Apply and/or monitor use of least restrictive restraints or seclusion	1.26
83	122	Participate in reminiscence therapy, validation therapy or reality orientation	1.24
84	38	Obtain client signature on consent form	1.22
85	116	Collect data on client potential for violence	1.21
86	144	Provide cooling measures for elevated temperature	1.17
87	83	Perform care for client before or after surgical procedure	1.16
88	68	Insert urinary catheter	1.15
88	69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	1.15
90	31	Provide input for performance evaluations of other staff	1.13
91	121	Provide care or support for client/family at end of life	1.12
92	12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	1.10
92	60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	1.10
92	130	Apply or remove immobilizing equipment (e.g., a splint or brace)	1.10
95	4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	1.07
95	43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	1.07
95	48	Provide care that meets the special needs of young adults aged 19 to 30 years	1.07
98	62	Make adjustment to care with consideration of client spiritual or cultural beliefs	1.04
98	82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	1.04
100	96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	1.01
101	75	Regulate client IV rate	0.98
101	94	Report, or intervene to prevent, unsafe practice of health care provider	0.98
101	113	Monitor compliance with immunization schedule	0.98
101	120	Assist with coping related to grief and loss	0.98
105	59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	0.97
105	101	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	0.97
107	25	Provide care for client drainage device (e.g., wound drain or chest tube)	0.95
108	39	Provide information about advance directives	0.91
108	58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	0.91
110	20	Administer IVPB medications	0.90
111	27	Provide care for a client tracheostomy	0.86
112	93	Participate in orientation of new employee	0.83

Appendix G. Activities Rank Ordered by Average Total Frequency			
Rank	ID #	Activity	Average Frequency (Total Group)
113	104	Provide resources for end of life and/or beginning of life issues and choices	0.82
114	98	Perform telephone triage	0.72
115	140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	0.67
116	52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	0.65
117	45	Search client belongings when indicated	0.63
117	137	Monitor continuous or intermittent suction of nasogastric (NG) tube	0.63
119	65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care)	0.62
119	92	Follow-up with client/family after discharge	0.62
121	86	Identify and treat a client intravenous (IV) line infiltration	0.61
122	135	Perform venipuncture for blood draws	0.54
123	146	Remove a client wound sutures or staples	0.49
124	54	Perform basic vision screening	0.47
124	106	Provide care that meets the special needs of adolescents aged 13 to 18 years	0.47
126	51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	0.43
126	85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	0.43
128	76	Withdraw blood samples from venous access device (VAD)	0.42
128	141	Perform an electrocardiogram (EKG/ECG)	0.42
130	47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	0.40
130	110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	0.40
132	61	Participate in client group session	0.36
133	88	Identify abnormalities on a client cardiac monitor strip	0.34
134	11	Monitor a client postpartum recovery	0.33
134	70	Provide care to client in traction	0.33
136	77	Perform bladder scan	0.32
136	87	Provide care to client on ventilator	0.32
138	142	Perform check of client pacemaker	0.30
138	143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	0.30
140	118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	0.29
140	131	Monitor transfusion of blood product	0.29
140	138	Insert nasogastric (NG) tube	0.29
143	79	Identify signs or symptoms of potential prenatal complication	0.26
144	105	Provide care that meets the special needs of the newborn - less than 1 month old	0.24
145	46	Perform fetal heart monitoring for client during pregnancy, before labor	0.13
146	50	Monitor a client in labor	0.12
147	147	Administer phototherapy treatment to newborn	0.06

APPENDIX H: ACTIVITIES RANK ORDERED BY AVERAGE SETTING-SPECIFIC PRIORITY RATING

Appendix H. Activities Rank Ordered by Average Setting-Specific Priority Rating.

Rank	ID #	Activity	Average Priority (Setting-Specific) 1-4
1	18	Follow the rights of medication administration	3.93
2	8	Use universal/standard precautions	3.86
3	71	Maintain current, accurate medication list or medication administration record (MAR)	3.84
4	41	Verify the identity of client	3.83
5	5	Maintain client confidentiality	3.74
6	44	Use aseptic/sterile technique	3.72
7	72	Administer medication by oral route	3.67
8	42	Identify client allergies and intervene as appropriate	3.64
9	17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	3.62
9	134	Count narcotics/controlled substances	3.62
11	85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	3.59
12	145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	3.57
13	84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	3.56
13	97	Provide for privacy needs	3.56
15	9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	3.55
15	80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	3.55
15	81	Evaluate client respiratory status by measuring oxygen (O ₂) saturation	3.55
18	73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.54
19	49	Provide care that meets the special needs of clients aged 65 to 85 years of age	3.52
20	28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	3.50
20	139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	3.50
22	100	Use proper body mechanics	3.49
23	67	Validate pain utilizing rating scale	3.47
24	21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	3.44
25	19	Monitor client intravenous (IV) site and flow rate	3.42
25	50	Monitor a client in labor	3.42
27	87	Provide care to client on ventilator	3.41
28	32	Advocate for client rights or needs	3.40
29	40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.39
29	47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	3.39
31	82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	3.38
32	132	Administer medication by gastrointestinal tube (e.g., g-tube, naso-gastric (NG) tube, G-button or j-tube)	3.37
32	136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	3.37
34	105	Provide care that meets the special needs of the newborn - less than 1 month old	3.36

Appendix H. Activities Rank Ordered by Average Setting-Specific Priority Rating.

Rank	ID #	Activity	Average Priority (Setting-Specific) 1-4
35	37	Transcribe physician order	3.35
35	108	Provide care that meets the special needs of clients aged greater than 85 years of age	3.35
37	96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	3.34
37	124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or naso-gastric (NG) tube)	3.34
39	83	Perform care for client before or after surgical procedure	3.32
40	16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	3.31
40	35	Recognize task/assignment you are not prepared to perform and seek assistance	3.31
42	86	Identify and treat a client intravenous (IV) line infiltration	3.30
42	95	Take verbal or phone order	3.30
44	33	Include client in client care decision-making	3.29
44	75	Regulate client IV rate	3.29
44	79	Identify signs or symptoms of potential prenatal complication	3.29
44	140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	3.29
48	24	Perform circulatory checks	3.28
48	53	Collect baseline physical data on admission of client	3.28
48	94	Report, or intervene to prevent, unsafe practice of health care provider	3.28
48	107	Provide care that meets the special needs of adults aged 31 to 64 years	3.28
52	43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	3.26
53	129	Collect data on client nutrition or hydration status	3.25
54	20	Administer IVPB medications	3.24
54	46	Perform fetal heart monitoring for client during pregnancy, before labor	3.24
54	78	Monitor diagnostic or laboratory test results	3.24
54	88	Identify abnormalities on a client cardiac monitor strip	3.24
54	133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	3.24
59	74	Phone in client prescriptions to pharmacy	3.23
59	106	Provide care that meets the special needs of adolescents aged 13 to 18 years	3.23
61	48	Provide care that meets the special needs of young adults aged 19 to 30 years	3.22
61	55	Provide emotional support to client/family	3.22
63	26	Perform wound care and/or dressing change	3.21
63	27	Provide care for a client tracheostomy	3.21
65	23	Perform neurological checks	3.20
65	99	Evaluate the appropriateness of order for client	3.20
67	29	Monitor and provide for nutritional needs of client	3.19
68	3	Organize and prioritize care for assigned group of clients	3.18
68	103	Assist in or re-enforce education to client/family about safety precautions	3.18
70	63	Assist in managing the care of angry/agitated client	3.17
70	144	Provide cooling measures for elevated temperature	3.17

Appendix H. Activities Rank Ordered by Average Setting-Specific Priority Rating.

Rank	ID #	Activity	Average Priority (Setting-Specific) 1-4
72	13	Collect data for initial or admission health history	3.16
72	38	Obtain client signature on consent form	3.16
72	121	Provide care or support for client/family at end of life	3.16
75	64	Assist in the care of the cognitively impaired client	3.15
75	115	Promote client positive self-esteem	3.15
77	123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	3.13
78	131	Monitor transfusion of blood product	3.12
79	101	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	3.08
79	116	Collect data on client potential for violence	3.08
81	125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	3.07
82	102	Apply and/or monitor use of least restrictive restraints or seclusion	3.06
82	126	Intervene to improve client elimination by instituting bowel or bladder management	3.06
84	56	Provide client/family information about condition, expected prognosis and outcomes	3.05
84	119	Explore why client is refusing or not following treatment plan	3.05
86	57	Identify significant body change that may affect recovery	3.04
87	127	Provide measures to promote sleep/rest	3.03
88	58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	3.02
89	1	Use data from various sources in making clinical decisions	3.01
89	111	Recognize barriers to communication or learning	3.01
91	66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	3.00
91	68	Insert urinary catheter	3.00
91	117	Explore cause of client behavior	3.00
94	137	Monitor continuous or intermittent suction of naso-gastric (NG) tube	2.99
95	25	Provide care for client drainage device (e.g., wound drain or chest tube)	2.97
96	91	Promote client/family self-advocacy	2.94
97	62	Make adjustment to care with consideration of client spiritual or cultural beliefs	2.93
98	2	Contribute to the development of client plan of care	2.92
98	120	Assist with coping related to grief and loss	2.92
100	69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	2.91
100	142	Perform check of client pacemaker	2.91
102	15	Identify significant life-style changes and other stressors that may affect recovery	2.90
103	14	Identify client use of effective and ineffective coping mechanisms	2.89
103	34	Participate in education of staff	2.89
103	59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	2.89
103	76	Withdraw blood samples from venous access device (VAD)	2.89
103	112	Assist with teaching coping strategies	2.89
108	22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	2.88
108	60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	2.88
108	89	Make client care or related task assignment	2.88
111	114	Collect data on client psychological status and ability to cope	2.87

Appendix H. Activities Rank Ordered by Average Setting-Specific Priority Rating.

Rank	ID #	Activity	Average Priority (Setting-Specific) 1-4
112	39	Provide information about advance directives	2.86
113	12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	2.85
113	30	Contribute to change made in client plan of care	2.85
113	128	Discontinue or remove intravenous (IV) line, naso-gastric (NG) tube, urinary catheter, or other line or tube	2.85
116	10	Practice principles of ergonomics	2.84
116	54	Perform basic vision screening	2.84
116	138	Insert naso-gastric (NG) tube	2.84
119	11	Monitor a client postpartum recovery	2.83
120	113	Monitor compliance with immunization schedule	2.82
120	135	Perform venipuncture for blood draws	2.82
122	70	Provide care to client in traction	2.81
122	104	Provide resources for end of life and/or beginning of life issues and choices	2.81
122	141	Perform an electrocardiogram (EKG/ECG)	2.81
125	109	Compare client development to norms	2.80
126	122	Participate in reminisce therapy, validation therapy or reality orientation	2.77
127	7	Use research when providing care	2.76
128	6	Use information technology in the delivery of care	2.74
129	36	Discharge client to home or transfer client to another facility	2.73
129	77	Perform bladder scan	2.73
129	143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	2.73
132	90	Recognize and manage staff conflict through appropriate use of chain of command	2.71
132	147	Administer phototherapy treatment to newborn	2.71
134	51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	2.69
135	98	Perform telephone triage	2.65
136	52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	2.64
136	146	Remove a client wound sutures or staples	2.64
138	93	Participate in orientation of new employee	2.62
139	130	Apply or remove immobilizing equipment (e.g., a splint or brace)	2.61
140	4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	2.60
141	31	Provide input for performance evaluations of other staff	2.58
142	92	Follow-up with client/family after discharge	2.56
143	65	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy) in providing client care)	2.48
144	61	Participate in client group session	2.44
144	118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	2.44
146	110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	2.37
147	45	Search client belongings when indicated	2.35

APPENDIX I: ACTIVITIES RANK ORDERED BY AVERAGE TOTAL GROUP PRIORITY RATING

Appendix I. Activities Rank Ordered by Average Priority Rating

Rank	ID #	Activity	Average Priority (Total Group) 1-4
1	18	Follow the rights of medication administration	3.92
2	8	Use universal/standard precautions	3.86
3	41	Verify the identity of client	3.82
4	71	Maintain current, accurate medication list or medication administration record (MAR)	3.81
5	5	Maintain client confidentiality	3.74
6	44	Use aseptic/sterile technique	3.71
7	42	Identify client allergies and intervene as appropriate	3.64
8	72	Administer medication by oral route	3.62
9	97	Provide for privacy needs	3.55
10	17	Use measures to maintain client skin integrity (e.g., skin care, turning, or use of a special mattress)	3.53
11	73	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.52
11	84	Identify/intervene to control signs of hypoglycemia or hyperglycemia	3.52
13	134	Count narcotics/controlled substances	3.51
14	28	Identify signs and symptoms of an infection (e.g., temperature changes, swelling, redness, mental confusion or foul smelling urine)	3.49
14	139	Take client vital signs (VS) (temperature, pulse, blood pressure, respirations)	3.49
16	145	Intervene to improve client respiratory status by giving a breathing or respiratory treatment, suctioning, or repositioning	3.48
17	81	Evaluate client respiratory status by measuring oxygen (O2) saturation	3.47
17	100	Use proper body mechanics	3.47
19	80	Implement measures to manage/prevent possible complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration, or potential neurological disorder)	3.46
19	85	Respond to a life-threatening situation (e.g., perform cardiopulmonary resuscitation (CPR), abdominal thrust, address fetal distress, or treat wound evisceration)	3.46
21	9	Follow protocol for timed client monitoring (e.g., suicide precautions, restraint/seclusion check or safety checks)	3.44
21	67	Validate pain utilizing rating scale	3.44
23	49	Provide care that meets the special needs of clients aged 65 to 85 years of age	3.43
24	21	Perform risk monitoring (e.g., sensory impairment, potential for falls, and level of mobility)	3.38
25	40	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.35
26	32	Advocate for client rights or needs	3.32
27	35	Recognize task/assignment you are not prepared to perform and seek assistance	3.29
28	136	Provide appropriate follow-up after incident (e.g., fall, client elopement, or medication error)	3.28
29	108	Provide care that meets the special needs of clients aged greater than 85 years of age	3.26
30	16	Provide for mobility needs (e.g., ambulation, range of motion, transfer to chair, repositioning, or the use of adaptive equipment)	3.25
30	96	Follow regulation/policy for reporting specific issues (i.e., abuse, neglect, gunshot wound, or communicable disease)	3.25
32	33	Include client in client care decision-making	3.24
32	37	Transcribe physician order	3.24
32	95	Take verbal or phone order	3.24

Appendix I. Activities Rank Ordered by Average Priority Rating			
Rank	ID #	Activity	Average Priority (Total Group) 1-4
35	43	Report hazardous conditions in work environment (e.g., chemical or blood spill, or smoking by staff or clients)	3.23
36	24	Perform circulatory checks	3.22
37	129	Collect data on client nutrition or hydration status	3.20
38	124	Provide feeding and/or care for client with enteral tubes (e.g., gastrointestinal tube (g-tube), jejunal tube (j-tube) or naso-gastric (NG) tube)	3.18
39	55	Provide emotional support to client/family	3.17
39	82	Assist with the performance of an invasive procedure by setting up sterile field and equipment or providing other assistance	3.17
41	26	Perform wound care and/or dressing change	3.16
41	94	Report, or intervene to prevent, unsafe practice of health care provider	3.16
41	132	Administer medication by gastrointestinal tube (e.g., g-tube, naso-gastric (NG) tube, G-button or j-tube)	3.16
41	133	Administer a medication by a route other than oral, injectable or intravenous (IV) (e.g., rectal, vaginal, in eye/ear/nose, or topical)	3.16
45	99	Evaluate the appropriateness of order for client	3.15
46	29	Monitor and provide for nutritional needs of client	3.14
46	53	Collect baseline physical data on admission of client	3.14
48	23	Perform neurological checks	3.13
48	63	Assist in managing the care of angry/agitated client	3.13
48	74	Phone in client prescriptions to pharmacy	3.13
48	107	Provide care that meets the special needs of adults aged 31 to 64 years	3.13
48	115	Promote client positive self-esteem	3.13
53	103	Assist in or re-enforce education to client/family about safety precautions	3.12
54	3	Organize and prioritize care for assigned group of clients	3.11
55	78	Monitor diagnostic or laboratory test results	3.10
56	64	Assist in the care of the cognitively impaired client	3.08
57	13	Collect data for initial or admission health history	3.07
57	144	Provide cooling measures for elevated temperature	3.07
59	83	Perform care for client before or after surgical procedure	3.06
60	19	Monitor client intravenous (IV) site and flow rate	3.05
61	38	Obtain client signature on consent form	3.02
61	121	Provide care or support for client/family at end of life	3.02
61	123	Use transfer assistance device (e.g., t-belt, slide board, or mechanical lift)	3.02
64	56	Provide client/family information about condition, expected prognosis and outcomes	2.99
65	1	Use data from various sources in making clinical decisions	2.98
65	119	Explore why client is refusing or not following treatment plan	2.98
67	111	Recognize barriers to communication or learning	2.97
67	125	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	2.97
67	126	Intervene to improve client elimination by instituting bowel or bladder management	2.97
70	86	Identify and treat a client intravenous (IV) line infiltration	2.96
70	101	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	2.96

Appendix I. Activities Rank Ordered by Average Priority Rating

Rank	ID #	Activity	Average Priority (Total Group) 1-4
70	116	Collect data on client potential for violence	2.96
70	127	Provide measures to promote sleep/rest	2.96
74	75	Regulate client IV rate	2.95
75	66	Assist with activities of daily living (e.g., dressing, grooming or bathing)	2.93
76	57	Identify significant body change that may affect recovery	2.92
77	117	Explore cause of client behavior	2.91
78	2	Contribute to the development of client plan of care	2.88
78	91	Promote client/family self-advocacy	2.88
80	68	Insert urinary catheter	2.87
81	27	Provide care for a client tracheostomy	2.86
82	15	Identify significant life-style changes and other stressors that may affect recovery	2.84
82	22	Collect specimen (e.g., urine, stool, gastric contents or sputum for diagnostic testing)	2.84
82	140	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, or providing operative observation)	2.84
85	14	Identify client use of effective and ineffective coping mechanisms	2.83
85	120	Assist with coping related to grief and loss	2.83
87	102	Apply and/or monitor use of least restrictive restraints or seclusion	2.82
88	62	Make adjustment to care with consideration of client spiritual or cultural beliefs	2.81
88	112	Assist with teaching coping strategies	2.81
88	114	Collect data on client psychological status and ability to cope	2.81
91	30	Contribute to change made in client plan of care	2.80
92	58	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	2.78
93	87	Provide care to client on ventilator	2.77
93	89	Make client care or related task assignment	2.77
95	34	Participate in education of staff	2.76
95	69	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	2.76
97	88	Identify abnormalities on a client cardiac monitor strip	2.75
98	25	Provide care for client drainage device (e.g., wound drain or chest tube)	2.74
99	48	Provide care that meets the special needs of young adults aged 19 to 30 years	2.73
100	128	Discontinue or remove intravenous (IV) line, naso-gastric (NG) tube, urinary catheter, or other line or tube	2.72
101	137	Monitor continuous or intermittent suction of naso-gastric (NG) tube	2.70
102	39	Provide information about advance directives	2.69
103	20	Administer IVPB medications	2.68
104	59	Assist in or re-enforce education to caregivers/family on ways to manage client with behavioral disorders	2.67
104	60	Participate in behavior management program by recognizing environmental stressors and/or providing therapeutic environment	2.67
104	109	Compare client development to norms	2.67
107	10	Practice principles of ergonomics	2.66
108	6	Use information technology in the delivery of care	2.65
109	7	Use research when providing care	2.64
110	90	Recognize and manage staff conflict through appropriate use of chain of command	2.63

Appendix I. Activities Rank Ordered by Average Priority Rating			
Rank	ID #	Activity	Average Priority (Total Group) 1-4
110	104	Provide resources for end of life and/or beginning of life issues and choices	2.63
110	131	Monitor transfusion of blood product	2.63
113	36	Discharge client to home or transfer client to another facility	2.62
113	113	Monitor compliance with immunization schedule	2.62
115	122	Participate in reminisce therapy, validation therapy or reality orientation	2.56
116	142	Perform check of client pacemaker	2.55
117	12	Provide information for prevention of high risk behaviors (e.g., providing pamphlets on sexually transmitted disease, or giving information about the risks involved with smoking or drug use)	2.49
117	135	Perform venipuncture for blood draws	2.49
119	76	Withdraw blood samples from venous access device (VAD)	2.47
119	130	Apply or remove immobilizing equipment (e.g., a splint or brace)	2.47
119	146	Remove a client wound sutures or staples	2.47
122	106	Provide care that meets the special needs of adolescents aged 13 to 18 years	2.46
122	138	Insert naso-gastric (NG) tube	2.46
124	47	Provide care that meets the special needs of infants or children aged 1 month to 12 years	2.43
124	93	Participate in orientation of new employee	2.43
126	98	Perform telephone triage	2.39
127	70	Provide care to client in traction	2.38
128	4	Participate in quality improvement (QI) activity (e.g., collecting data or serving on QI committee)	2.35
129	31	Provide input for performance evaluations of other staff	2.34
129	79	Identify signs or symptoms of potential prenatal complication	2.34
131	143	Remove client drain (e.g., hemovac, Jackson-Pratt, or penrose)	2.32
132	52	Participate in a health screening or health promotion program (e.g., blood pressure screening or health fair)	2.31
132	141	Perform an electrocardiogram (EKG/ECG)	2.31
134	54	Perform basic vision screening	2.28
135	92	Follow-up with client/family after discharge	2.27
136	51	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty, or retirement)	2.24
137	46	Perform fetal heart monitoring for client during pregnancy, before labor	2.23
138	105	Provide care that meets the special needs of the newborn - less than 1 month old	2.22
139	65	Use an alternative/complementary therapy (e.g., acupuncture, music therapy or herbal therapy) in providing client care)	2.21
139	77	Perform bladder scan	2.21
141	45	Search client belongings when indicated	2.20
142	50	Monitor a client in labor	2.14
143	110	Discuss sexuality issues with client (e.g., family planning, menopause, or erectile dysfunction)	2.05
144	118	Provide care and support for client with non-substance related dependency (e.g., gambling, pedophilia, or pornography)	2.04
145	11	Monitor a client postpartum recovery	2.03
145	61	Participate in client group session	2.03
147	147	Administer phototherapy treatment to newborn	2.02