NCLEX-PN: The LPN/VN Role

Coordinated Care, PN vs RN scope, what to report, working with UAP, and consent and client rights under the 2026 NCLEX-PN test plan

RN Basics
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THE 2026 TEST PLAN

In effect April 1, 2026 to March 31, 2029. Adaptive: 85 to 150 items in up to 5 hours, breaks included. Clinical judgment: 3 six-item case studies plus about 10% stand-alone items. Every exam also has 15 unscored pretest items. If no age is given, the client is an adult; a client can also be a family or group.

NCSBN 2026 NCLEX-PN Test Plan. One exam may differ by up to 3% per category.

CLIENT NEEDS CATEGORY	RANGE	MIDPOINT
Coordinated Care	18–24%	21%
Safety and Infection Prevention and Control	10–16%	13%
Health Promotion and Maintenance	6–12%	9%
Psychosocial Integrity	9–15%	12%
Basic Care and Comfort	7–13%	10%
Pharmacological Therapies	10–16%	13%
Reduction of Risk Potential	9–15%	12%
Physiological Adaptation	7–13%	10%

PN AND RN: WHO DOES WHAT

The LPN/VN works under the direction of an RN, APRN, physician or other authorized provider. The plan defines the PN nursing process as data collection, planning, implementation and evaluation.

RN	LPN/VN
Comprehensive and admission assessment	Collects data; focused checks (neuro, circulation)
Develops the care plan	Contributes to and updates it
Initial teaching	Reinforces teaching
Evaluates the plan	Assists; evaluates client responses
Complex or unstable clients	Stable clients with predictable outcomes

EXAM TIP Watch the verbs. PN answers collect data, monitor, reinforce, contribute, intervene within the plan of care and report. Comprehensive assessment, first-time teaching and judgment about an unstable client usually belong to the RN.

WHAT TO REPORT

Report to the RN or primary health care provider, as the item and policy direct:

- Change from baseline: vital signs, LOC, orientation, strength, output
- Abnormal lab or point-of-care results; basic monitor-strip abnormalities
- Complications: fever, hypotension, limb pain, possible clot
- Adverse drug effects; unexpected responses such as bleeding
- Refusal, or questions about a procedure or consent
- Unsafe practice, staff conflict, controlled-substance count errors
- Abuse, neglect, gunshot wounds, communicable disease, per law

SAFETY If the client is in danger, act within PN scope first, then report: start CPR, hold a dose causing an adverse effect, stop an infiltrated IV, stop a transfusion for a suspected reaction and keep the line open with saline on new tubing, per protocol, or give an emergency drug such as IM epinephrine for anaphylaxis under a standing order or protocol (state boards, e.g. Washington, allow a standing order to serve as the order). A changing condition needs RN reassessment; stay with the client.

SCOPE: THE PLAN VS YOUR STATE

TASK	IN THE 2026 PN PLAN
Oral, tube, SubQ, ID, IM, topical, inhaled meds	Administer
IV piggyback (secondary) meds	Administer
IV flow rates	Calculate, monitor
Peripheral IV	Maintain, remove
Central venous catheter	Maintain
Pain devices (PCA, epidural)	Maintain
Urinary catheter, NG tube	Insert, maintain, remove
Blood products	Monitor the transfusion
IV push	Not listed

State examples: Ohio LPNs may hang IV antibiotics but may not start or maintain blood, program a PCA pump, or push IV drugs other than flushes (dialysis aside). IV-certified California LVNs may start IV fluids, including blood, but not IV medications.

SAFETY On the exam, choose national PN scope. In practice, follow your state Nurse Practice Act and your institution's protocols, which can be stricter than the law, never broader.

WORKING WITH UAP

- Assignment: routine care within a person's role. Delegation: a nursing task beyond it
- Five rights: task, circumstance, person, direction and communication, supervision and evaluation
- Suits UAP: ADLs, ambulation, positioning, vital signs, I&O on stable clients
- Not for UAP: assessment, teaching, clinical judgment, unstable clients
- Check competence, give specific directions, then monitor and evaluate
- Accountability: the UAP for doing an accepted task correctly; the nurse for the client overall
- LPN/VNs delegate only where state law allows; tell the RN or supervisor when a client change requires a new assignment

EXAM TIP The best UAP direction says what, how much, how often and by when. Vague directions are weak answers, and so is any teaching, even reinforcing it.

RIGHTS, CONSENT AND LEGAL DUTIES

- Refusal: explore why, report to the RN or provider, document
- Informed consent: the provider explains and obtains it; the PN checks the signed form and understanding, and calls the provider back if questions remain
- Who consents: the client; for a minor, a parent or guardian; for an adult without capacity, the health care proxy (DPOA-HC) or a court-appointed guardian
- Advance directives: give information, verify status, review living will and proxy
- Use a qualified interpreter, not family or children (narrow exceptions)
- Protect privacy; intervene when rights are violated
- Verify orders and question unsafe ones; seek help when needed; document errors and near misses (incident report)

Sources (21) are listed with links at rnbasics.com/sheets/pn-scope.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. RN Basics is an independent study aid not affiliated with any certifying body.