Basic Care and Comfort

National Council Licensure Examination for Practical Nurses (NCLEX-PN)

7 to 13% of the exam · 16 activity statements · 2026 NCLEX-PN Test Plan

Basic Care and Comfort covers the everyday care the practical nurse gives to keep a client comfortable, nourished, mobile, clean, rested and safe: tube site care and feedings, mobility, elimination, skin, sleep, pain relief without drugs, intake and output, sensory support and care after death. NCLEX-PN items test whether you carry out this care correctly, notice the finding that means something is going wrong, know what you may assign to assistive personnel and report to the RN or provider what is outside your scope.

You should be able to: After this guide you should be able to give basic care and comfort safely as a practical nurse, spot the finding that means a complication is starting, assign routine tasks correctly and know when to report to the RN or provider.

Every activity statement: the key point and the trap

1. Care for the insertion site of a client's feeding tube

Look at the skin around a gastrostomy or jejunostomy tube at least daily: redness, warmth, swelling, drainage, odor or leakage of feeding are findings to report.

Trap: Covering a moist, red tube site with an occlusive dressing instead of keeping it clean, dry and reporting the signs of infection.

2. Support complementary therapies, such as music or pet therapy, in client care

Complementary therapies such as music, guided imagery, aromatherapy, massage, prayer or pet visits are used alongside prescribed treatment, never instead of it.

Trap: Telling a client to stop a prescribed treatment in favor of a complementary one, or ignoring an herbal product the client mentions instead of reporting it.

3. Meet mobility needs, such as walking, range of motion, transfers, repositioning and adaptive equipment

Check the care plan and the client's current ability before moving anyone: weight-bearing status, strength, balance, orientation, orthostatic symptoms and pain.

Trap: Placing the cane on the weak side, or standing on the client's strong side, because the weak side is where support and falls happen.

4. Give tube feedings through a client's enteral tube

Before every intermittent feeding and at least every 4 to 6 hours for a continuous one, confirm the tube is where it should be: check the external length mark and, where policy uses it, the aspirate's appearance and pH; an X-ray is the only reliable confirmation of initial placement.

Trap: Lowering the head of the bed flat to change the linens or reposition the client while a continuous feeding is still running.

5. Monitor and meet the client's nutrition needs

Collect data on intake: the percentage of each meal eaten, fluids taken, chewing or swallowing difficulty, appetite, food preferences and cultural or religious food practices.

Trap: Encouraging the client to drink more water to wash down food when the coughing with liquids is itself the warning sign.

6. Relieve pain without drugs, for example with imagery, massage or repositioning

Nonpharmacological measures include repositioning, support with pillows, heat or cold as prescribed, massage, guided imagery, distraction, relaxation breathing and a quiet, dim room.

Trap: Massaging a warm, swollen, tender calf to ease a cramp, when those findings can mean a deep vein thrombosis that must be reported.

7. Help clients with daily self-care activities

Encourage the client to do as much as safely possible: independence in bathing, dressing, grooming, eating and toileting supports dignity and function.

Trap: Doing every task for the client to save time, which takes away independence the care plan is trying to build.

8. Follow bowel or bladder management protocols in client care

A bladder training program schedules voiding at set intervals (for example every 2 hours), then lengthens the interval slowly as continence improves.

Trap: Restricting the client's fluids to prevent incontinence, which concentrates urine, irritates the bladder and raises the risk of dehydration and infection.

9. Rate pain with standard scales

Use a scale that fits the client: a 0 to 10 numeric scale for an adult who can rate pain, the Wong-Baker FACES scale for children from about age 3 or for clients who prefer pictures.

Trap: Deciding a client is not in pain because the heart rate and blood pressure are normal or because the client is asleep.

10. Help the client sleep and rest

Collect data on sleep: usual bedtime and routine, hours slept, waking at night, snoring or pauses in breathing, daytime sleepiness and what the client says helps.

Trap: Waking a stable client every hour for separate tasks that could have been grouped.

11. Protect and improve the client's skin and tissue

Check the skin each shift, especially over bony prominences (sacrum, heels, hips, elbows, back of the head) and under devices such as tubes, splints and oxygen tubing.

Trap: Rubbing a reddened sacrum to improve circulation, which injures the tissue it is meant to protect.

12. Care for the body after death

Follow facility policy and any cultural or religious practices the family requests; some faiths have specific rules for washing or touching the body.

Trap: Removing all tubes and lines before checking whether the death will be reviewed by a coroner or an autopsy is planned.

13. Irrigate catheters, the bladder, wounds, ears, nose or eyes

Irrigation needs a prescription; check the solution, volume and frequency, and warm the solution to body temperature for ear and eye irrigation.

Trap: Recording the full drainage bag volume as urine output during bladder irrigation, which hides a fall in kidney function.

14. Help care for and comfort a client with vision or hearing loss

For a client with low vision: identify yourself when entering, say when you leave, keep furniture and belongings in the same place and describe food on the plate by clock positions.

Trap: Raising your voice or speaking only to the family, instead of checking the hearing aid and facing the client.

15. Monitor the client's intake and output

Intake includes everything liquid at room temperature: oral fluids, ice chips (count as about half their volume), tube feedings and flushes, and IV fluids.

Trap: Leaving ice chips or tube flushes out of the intake total, which makes the balance look better than it is.

16. Give an immobilized client care that fits their needs

Immobility affects every system: pressure injury, contractures, muscle loss, constipation, urinary stasis and infection, pneumonia, deep vein thrombosis and low mood.

Trap: Lifting or resting traction weights on the bed or floor to make the client more comfortable during repositioning.

Key terms

Gastric residual volume: The amount of feeding left in the stomach, measured by aspirating through the tube before or during a feeding.

Aspiration: Food, fluid or secretions entering the airway and lungs instead of the esophagus.

Range of motion: Moving each joint through its normal movement, by the client (active) or by the nurse (passive).

Gait belt: A belt fastened around the client's waist that the caregiver holds to steady the client while walking or transferring.

Braden scale: A pressure injury risk tool scoring sensation, moisture, activity, mobility, nutrition and friction; lower scores mean higher risk.

Stage 1 pressure injury: Intact skin with redness that does not blanch when pressed.

Bladder training: Voiding on a schedule and slowly lengthening the interval to regain continence.

Autonomic dysreflexia: A dangerous rise in blood pressure in a client with a high spinal cord injury, often set off by a full bladder or bowel.

PAINAD: A pain scale based on behavior for adults with advanced dementia who cannot report pain.

FLACC: A behavioral pain scale for infants and young children: face, legs, activity, cry, consolability.

Postmortem care: Care of the body after death, done with respect for the person and the family's wishes and practices.

Five Ps: Pain, pallor, pulselessness, paresthesia and paralysis: signs of poor circulation or nerve damage in a limb.

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