Coordinated Care

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

18 to 24% of the exam · 31 activity statements · 2026 NCLEX-PN Test Plan

Coordinated Care is the largest category on the NCLEX-PN: how the practical nurse works within the team to keep care organized, safe, legal and ethical. Items ask which client to see first, what to assign to assistive personnel, when to report to the RN or primary health care provider, and how to handle orders, consent, confidentiality, advance directives and mandatory reports within the LPN/VN scope. Most items are judgment and priority decisions, not recall.

You should be able to: You can decide which client to see first, what to assign to assistive personnel, when to report to the RN or provider, and how to protect a client's rights, privacy and wishes within the LPN/VN scope, the law and the code of ethics.

Every activity statement: the key point and the trap

1. Base clinical decisions on information from a range of trustworthy sources

The client is the primary source of data; the record, the family, other team members, laboratory results and the medication reference are secondary sources that confirm or add to it.

Trap: Acting on a single unverified source, such as a coworker's report or an old entry, when the client or a current record says otherwise.

2. Help write and revise the client's care plan

The RN develops the plan of care; the LPN/VN contributes data, suggests interventions and helps update it as the client changes.

Trap: Changing the plan independently or continuing an ineffective plan without reporting that the expected outcome was not reached.

3. Give client care or tasks to suitable staff, such as aides or other practical nurses

Assign by the five rights: right task, right circumstance, right person, right direction and communication, right supervision and evaluation.

Trap: Assigning to AP a task that needs judgment, such as checking a new admission or reinforcing teaching, or giving vague direction with no report-back parameters.

4. Plan and rank care by what each client needs

First the airway, breathing and circulation; then safety; then other physiological needs; then psychosocial needs (Maslow).

Trap: Choosing the client with the most tasks or the loudest request over the one with a new change in airway, breathing or circulation.

5. Notice conflict among staff and report it

Signs of staff conflict include tension, avoidance, gossip, refusing to help each other, and arguments in front of clients.

Trap: Ignoring conflict that is affecting care, or confronting staff in front of clients.

6. Speak up for what clients need and are entitled to

Clients have the right to information, privacy, respectful care, to take part in decisions and to refuse treatment, even when the team disagrees.

Trap: Persuading the client to accept what the team wants, or keeping a client's stated concern to yourself.

7. Help clients speak up for themselves

Encourage clients to ask questions, write down concerns before appointments and repeat back what they were told.

Trap: Speaking for a capable client instead of helping the client speak for himself.

8. Take part in quality improvement, for example by gathering data or joining a committee

Quality improvement looks at systems and processes, not individual blame; incident data are used to find patterns.

Trap: Treating quality improvement as discipline for one person rather than a look at the process.

9. Include the client in decisions about their care

Ask about the client's goals, values, routines and preferences and pass them to the RN for the plan of care.

Trap: Making decisions for a capable client to save time, or letting the family overrule the client's own wishes.

10. Check in with clients once they have gone home

Follow-up calls or visits after discharge check symptoms, understanding of medications, access to supplies and whether appointments are made.

Trap: Reassuring the client that a warning sign is expected instead of reporting it.

11. Take part in staff learning, such as in-service sessions and keeping skills current

Attend in-services and skills days and complete required competency checks before doing a new procedure or using new equipment.

Trap: Using a new device or skill after only watching a coworker, without the required training or competency check.

12. Know the limits of your own skills and ask for help with tasks or assignments

Do only what is within your scope, your training and your facility's policy; when unsure, ask before acting.

Trap: Performing an unfamiliar or out-of-scope task to avoid looking incompetent, or walking off an accepted assignment.

13. Step in or report when another worker's practice is unsafe

Unsafe practice includes impairment, skipping safety checks, falsifying records, rough handling and acting beyond scope.

Trap: Waiting until after the shift to report, or confronting an impaired coworker privately while they continue client care.

14. Help with discharging or transferring clients

Discharge planning starts at admission; the PN contributes data on the client's home, supports, self-care ability and equipment needs.

Trap: Doing initial teaching for a new diagnosis as the PN, or detaining a competent client who chooses to leave.

15. Help with the process of referring a client

Notice and report needs the current team cannot meet: trouble swallowing (speech therapy), poor mobility (physical therapy), daily living skills (occupational therapy), diet (dietitian), finances or placement (social work or case management).

Trap: Ignoring a need because it is outside nursing, or arranging a service without the needed order or the client's agreement.

16. Report issues as rules and policy require, such as abuse, neglect, gunshot wounds or infectious disease

Nurses are mandated reporters of suspected child abuse and, in most jurisdictions, abuse or neglect of older or dependent adults; suspicion is enough, proof is not needed.

Trap: Waiting for proof before reporting, or promising to keep a disclosure confidential.

17. Take part in getting the client's consent

The provider performing the procedure explains it, its risks, benefits and alternatives and obtains informed consent; this cannot be passed to the nurse.

Trap: Explaining the procedure's risks yourself, or witnessing a signature after the client has received a sedative.

18. Keep client information confidential

Share health information only with those directly involved in the client's care, and only what they need (minimum necessary).

Trap: Sharing information because the caller sounds like family, or opening a chart out of curiosity.

19. Protect the client's privacy

Knock and wait before entering; close the door or curtain for care, examination and personal conversations.

Trap: Doing care or a sensitive interview with the curtain open or in front of visitors to save time.

20. Give clients information on advance directives

Facilities that receive federal funds must ask on admission whether the client has an advance directive and give written information about the client's rights.

Trap: Assuming a directive exists without seeing it, or following the family's wishes over the competent client's stated wishes.

21. Help gather data about the client

The LPN/VN collects data (vital signs, intake and output, pain level, skin, breath sounds, mental status) and reports it; the RN does the comprehensive and initial assessment.

Trap: Doing a comprehensive admission assessment as the PN, or reporting a change without the data that describe it.

22. Use health information technology in giving care

The electronic health record, barcode medication scanning and smart pumps reduce errors only when used as designed.

Trap: Overriding an alert or scanning a barcode away from the client to save time.

23. Base the care you give on evidence

Evidence-based practice combines the best current research, clinical expertise and the client's preferences.

Trap: Continuing a familiar practice that current evidence shows is harmful.

24. Work as part of a team drawn from different disciplines

Know each discipline's role: physical therapy (mobility, strength), occupational therapy (daily living skills), speech therapy (swallowing, communication), dietitian, pharmacist, social worker, chaplain, respiratory therapist.

Trap: Keeping relevant observations to yourself or taking on another discipline's role without consulting them.

25. Keep watch on the work of aides and other assistive staff

The nurse who assigns a task stays accountable for checking that it was done correctly and on time.

Trap: Accepting AP-recorded data without review, or believing that assigning a task transfers responsibility for it.

26. Help deliver care that is high quality and cost effective

Preventing complications (falls, pressure injuries, catheter-associated infections) is the most effective way to save cost and harm.

Trap: Choosing a cheaper option that compromises safety, such as reusing a single-use device.

27. Give and take report

Use a structured format such as SBAR or I-PASS so nothing important is missed.

Trap: Leaving out a recent change, a pending result or code status, or giving report in a hallway where others can hear.

28. Act in line with the nursing code of ethics

The core ethical principles are autonomy (self-determination), beneficence (doing good), nonmaleficence (avoiding harm), justice (fairness), fidelity (keeping promises) and veracity (truthfulness).

Trap: Choosing an option that breaks a boundary because it seems kind, or that overrides a competent client's autonomy.

29. Stay within the legal limits of practical nursing

Each state or jurisdiction's nurse practice act defines LPN/VN scope; facility policy can narrow it but never widen it.

Trap: Performing an out-of-scope task because someone in authority asked, or reflexively reporting a problem the PN should act on first.

30. Check orders from prescribers and handle them correctly

A complete order has the client's name, date and time, medication or treatment, dose, route, frequency and the prescriber's signature.

Trap: Carrying out an unclear or unsafe order as written, or guessing the missing part.

31. Give fair care with equal access for every client, whatever their ethnicity, culture, sexual orientation, or gender identity and expression

Give the same quality of care to every client regardless of culture, ethnicity, religion, sexual orientation, gender identity or expression, income or disability.

Trap: Letting assumptions about a client's identity, background or ability to pay change the care given.

Key terms

Assignment: Giving a staff member the tasks or clients they are allowed and competent to care for, while the nurse stays accountable.

Five rights of delegation: Right task, right circumstance, right person, right direction and communication, right supervision and evaluation.

Assistive personnel (AP): Trained, unlicensed staff who help with routine care of stable clients under a nurse's direction.

Scope of practice: The activities a nurse may legally perform, set by the jurisdiction's nurse practice act.

Informed consent: A competent client's voluntary agreement after the provider explains a procedure's risks, benefits and alternatives.

Advance directive: A legal document, such as a living will or durable power of attorney for health care, stating care wishes in case the client cannot decide.

Mandated reporter: A person required by law to report suspected abuse or neglect to the proper authority.

Confidentiality: Keeping health information private and sharing only the minimum necessary with those involved in care.

SBAR: Situation, Background, Assessment, Recommendation: a structured format for reports and handoffs.

Chain of command: The order of authority used to raise an unresolved concern: charge nurse, then supervisor, then administration.

Medication reconciliation: Comparing a client's home and current medications at each transition to find omissions, duplicates and conflicts.

Quality improvement: A systematic, non-punitive process of measuring care and testing changes to make it safer and better.

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