Basic Care and Comfort

Regulatory Exam, Practical Nurse (REx-PN)

6 to 12% of the exam · 16 activity statements · 2027 REx-PN Test Plan

Basic Care and Comfort covers the everyday care that keeps a client nourished, hydrated, comfortable, mobile, rested, clean and safe: nutrition and enteral feeding, elimination, intake and output, sleep, activities of daily living, assistive devices, irrigations, skin, pain and comfort measures, orthopedic devices, circulation and care after death. REx-PN items test whether the practical nurse carries out this care correctly, spots the finding that signals a complication, works within scope and reports what needs the RN or the primary health care provider.

You should be able to: You should be able to give basic care safely, calculate intake, output and feeding rates, recognize the findings that signal a complication and know what the practical nurse does and what goes to the RN or the primary health care provider.

Every activity statement: the key point and the trap

1. Keep track of the client's nutrition

Unplanned weight loss is a key sign of risk; 5% or more in a month is significant.

Trap: Relying on one normal body mass index and missing a recent unplanned weight loss.

2. Give tube feedings

Keep the head of the bed raised at least 30 degrees during feeding and, for continuous feeding, at all times.

Trap: Confirming tube placement by injecting air and listening, which is no longer an accepted check.

3. Check the client's elimination and act on what you find

Know the client's usual bowel and bladder pattern and report changes.

Trap: Encouraging more fluids for a client who is retaining urine.

4. Track what the client takes in and puts out and act on it

Record all intake: oral fluids, tube feedings and flushes, intravenous fluids and ice chips as the facility counts them.

Trap: Starting a fluid restriction without a prescription.

5. Check how the client sleeps and rests and act on it

Start with nonpharmacological measures: the client's usual routine, less noise and light, a back rub, toileting before bed.

Trap: Reaching for a sleeping pill before trying the client's own routine.

6. Judge how well the client manages daily self care and help as needed

Assess what the client can do and help only with what they cannot; doing everything creates dependence.

Trap: Taking over a task for the client instead of finding out why the ability changed.

7. Teach and help a client manage a loss of physical function, sight or hearing, such as with aids or positioning

A cane is held on the stronger side and moves forward with the weaker leg.

Trap: Holding a cane on the weaker side.

8. Irrigate the bladder, wounds or eyes

Eye irrigation: tilt the head toward the affected side and flow from the inner to the outer corner.

Trap: Recording the whole drainage volume as urine output during bladder irrigation.

9. Care for the body after death

Place the body flat with a pillow under the head, close the eyes and mouth and put dentures in place, as policy allows.

Trap: Completing routine postmortem care without asking about the family's wishes.

10. Check the skin and protect its integrity

Inspect skin over bony prominences at least daily; in dark skin, compare warmth, firmness and colour with nearby skin.

Trap: Massaging a reddened bony area, which damages the tissue further.

11. Find out what complementary therapies or supplements the client uses and whether they are safe

Ask every client about supplements, herbal products, aromatherapy, acupressure and other therapies; many do not mention them unless asked.

Trap: Treating a natural product as harmless and not reporting it.

12. Ease discomfort without medication

Comfort measures include positioning, heat or cold as prescribed, massage where safe, relaxation, music and distraction.

Trap: Applying heat or cold directly to the skin or for too long.

13. Check for pain and treat it

The client's self-report is the most reliable measure of pain; accept it even if behaviour seems to differ.

Trap: Recording pain as controlled based on a low rating at rest.

14. Put on, look after or take off orthopedic devices such as splints or braces

After a cast is applied, check circulation, movement and sensation of the fingers or toes regularly.

Trap: Treating pain under a new cast with more analgesia without checking circulation and sensation.

15. Help blood flow and venous return, such as through movement, stockings or compression devices

Active and passive range of motion keep joints mobile and promote venous return; support the joint and stop at resistance.

Trap: Applying compression or massage to a leg with signs of a clot.

16. Check and care for enteral tube sites

Clean around a gastrostomy site with mild soap and water, dry well and leave open or under a light dressing.

Trap: Pushing a dislodged tube back into a new tract.

Key terms

Body mass index: Weight in kilograms divided by height in metres squared.

Feeding intolerance: Signs such as vomiting, distension, cramping or diarrhea showing a tube feeding is not tolerated.

Urinary retention: Inability to empty the bladder completely.

Braden scale: A pressure injury risk tool; lower scores mean higher risk.

Shear: Skin moving one way while deeper tissue moves another, as when a client slides down in bed.

Homonymous hemianopia: Loss of the same half of the visual field in both eyes, often after a stroke.

Compartment syndrome: Rising pressure within a muscle compartment that compromises circulation and nerves.

Postmortem care: Care of the body after death, including positioning, cleaning and identification, with respect for the family's practices.

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