# Health Promotion and Maintenance

**Regulatory Exam, Practical Nurse (REx-PN)**

6 to 12% of the exam · 19 activity statements · 2027 REx-PN Test Plan

Health Promotion and Maintenance covers pregnancy, birth and the postpartum period, newborns, growth and development from infancy to older age, health assessment and screening, teaching and readiness to learn, prevention of high-risk behaviours, immunizations and community care. The practical nurse collects data, compares findings with expected norms, reinforces teaching, and reports what is outside the expected range. REx-PN items use Canadian guidance: the Canadian Immunization Guide, Health Canada and the Public Health Agency of Canada, Transport Canada for car seats and provincial screening programs where British Columbia and Ontario agree.

**You should be able to:** You can compare a client with the norms for age and stage, reinforce prenatal, postpartum and newborn teaching and recognize what to report, apply Canadian immunization and screening recommendations, assess readiness to learn and barriers to communication, support harm reduction and healthy choices, and connect clients with home and community resources.

## Every activity statement: the key point and the trap

### 1. Care for and teach clients during pregnancy

Collect prenatal data: weight, blood pressure, urine for protein and glucose, fundal height and fetal heart rate, and report anything outside the expected range.

**Trap:** Telling a pregnant client to avoid all fish instead of choosing low-mercury fish.

### 2. Care for and teach a client before birth

Blood pressure of 140/90 mm Hg or higher after 20 weeks, with proteinuria, headache, visual changes or upper abdominal pain, suggests preeclampsia: report at once.

**Trap:** Treating a headache or sudden swelling in later pregnancy as a minor discomfort.

### 3. Care for and teach a labouring client, outside active labour

The practical nurse supports clients in early labour and before active labour; care in active labour belongs to the RN, midwife or primary health care provider.

**Trap:** Recording the fluid before checking the fetal heart rate.

### 4. Care for and teach clients after birth

The fundus should be firm, midline and near the umbilicus after birth, descending about 1 cm a day; boggy means massage, high and to the side means a full bladder.

**Trap:** Massaging a firm fundus instead of emptying the bladder.

### 5. Care for newborns, infants and toddlers from birth through age 2, and teach their families

Newborns may lose up to about 7 to 10% of birth weight in the first days; a loss over 7% prompts a feeding assessment and over 10% is reported; birth weight doubles by about 4 to 6 months and triples by 12 months.

**Trap:** Accepting any newborn weight loss as normal without calculating it.

### 6. Care for and teach children and teens aged 3 to 17

Erikson: preschool initiative, school-age industry, adolescence identity; Piaget: preschool magical thinking, school-age concrete thinking, adolescence abstract thinking.

**Trap:** Letting a parent stay for an entire adolescent visit, or promising absolute confidentiality.

### 7. Care for and teach adults aged 18 to 64

Adult screening that British Columbia and Ontario share: colorectal FIT every 2 years from 50 to 74 for average risk; cervical and breast screening as the provincial program invites.

**Trap:** Recommending tests such as tumour-marker blood tests or yearly colonoscopy for average-risk adults.

### 8. Care for and teach older adults aged 65 and up

Expected aging: high-frequency hearing loss, presbyopia and need for more light, less thirst, thinner skin, slower reaction time, less muscle mass.

**Trap:** Calling new confusion in an older adult a normal part of aging.

### 9. Carry out full health assessments

A head-to-toe health assessment collects subjective data (history, symptoms) and objective data (inspection, palpation, percussion, auscultation).

**Trap:** Palpating the abdomen before listening, or acting on a reading taken with the wrong cuff.

### 10. Gauge how ready and able a client is to learn and how they learn best

Readiness to learn depends on comfort, emotional state, motivation and timing; relieve pain, anxiety or nausea before teaching.

**Trap:** Teaching a client in severe pain because discharge is soon.

### 11. Do preventive screening, such as vision, hearing, memory or diet checks

Screening identifies clients who need a full assessment; a positive screen is reported, not treated as a diagnosis.

**Trap:** Confusing one screen with another, such as an eye chart for a cognitive screen.

### 12. Teach clients how to avoid and address risky health behaviours, such as smoking

Tobacco: ask every client, advise quitting clearly and personally, and act by offering support (nicotine replacement, including combined patch and short-acting forms, and quit programs).

**Trap:** Telling a client to cut down for a long time before attempting to quit, or that naloxone alone is enough.

**13. Teach clients how to stay healthy, such as regular checkups and vaccines**

Immunizations follow the Canadian Immunization Guide and the provincial schedule: infant series from 2 months, school-based programs, and adult boosters.

**Trap:** Believing one dose of a vaccine always protects for life.

**14. Plan or join health activities for clients in the community**

The practical nurse takes part in community care: immunization clinics, school health, home visits, outreach and health fairs.

**Trap:** Discarding or using vaccines after a cold chain break without public health advice.

**15. Judge whether a client can manage care at home and plan to match**

Assess what the client can do at home: daily activities, medication management, mobility, cognition and the support available.

**Trap:** Deciding a client cannot manage before assessing what they can do.

**16. Assess the social and other factors shaping a client's health and act on them**

Determinants of health include income, employment, education, housing, food security, social support, culture, gender and Indigenous identity, and access to services.

**Trap:** Repeating teaching or labelling the client non-adherent when the barrier is cost.

**17. Find community services for a client and help them reach them**

Know common resources: 811 for nurse advice at any hour in British Columbia and Ontario, 911 for emergencies, 988 for suicide crisis support.

**Trap:** Offering general advice instead of a concrete resource.

**18. Spot what gets in the way of communication**

Barriers to communication include hearing or vision loss, language, aphasia, cognitive impairment, pain, noise, jargon and cultural differences.

**Trap:** Using a family member as the interpreter for teaching or consent.

**19. Assess growth and development at every age**

Erikson's stages: trust (infant), autonomy (toddler), initiative (preschool), industry (school-age), identity (adolescent), intimacy (young adult), generativity (middle adult), integrity (older adult).

**Trap:** Calling expected behaviour, such as parallel play or toddler tantrums, a delay.

## Key terms

**Naegele's rule:** Estimated date of birth: first day of the last menstrual period minus 3 months plus 7 days.

**Fundal height:** The distance in centimetres from the pubic bone to the top of the uterus, roughly equal to the weeks of pregnancy from about 20 to 36 weeks.

**Lochia:** Vaginal discharge after birth, changing from rubra (red) to serosa (pinkish-brown) to alba (yellowish-white).

**Rh immune globulin:** An injection given to a non-sensitized Rh-negative client to prevent antibodies against Rh-positive fetal blood.

**Fecal immunochemical test (FIT):** A home stool test for hidden blood used in provincial colorectal screening programs.

**Pack-years:** Packs of cigarettes smoked per day multiplied by the number of years smoked.

**Teach-back:** Asking the client to explain or show in their own words what was taught, to confirm understanding.

**Determinants of health:** The social and economic conditions, such as income, housing and education, that shape health.

**Parallel play:** Playing beside other children without interacting, typical of toddlers.

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