Reduction of Risk Potential

Regulatory Exam, Practical Nurse (REx-PN)

8 to 14% of the exam · 19 activity statements · 2027 REx-PN Test Plan

Reduction of Risk Potential is the practical nurse's work of keeping a condition, a test or a procedure from turning into harm: watching trends in vital signs and assessments, collecting specimens, running point-of-care tests, caring for urinary catheters, gastrointestinal tubes and peripheral IV lines, and preparing and teaching clients before and after procedures. REx-PN items test whether the practical nurse in British Columbia or Ontario measures correctly, recognizes the result or change that matters, acts within the PN's role and brings in the RN or primary health care provider when the client is unstable or the finding needs a new order.

You should be able to: After this guide you should be able to recognize a worsening trend, carry out the PN's procedures for catheters, tubes, specimens and IV lines safely, and know when a finding goes to the RN or primary health care provider.

Every activity statement: the key point and the trap

1. Notice when the client's condition shifts or trends and act on it

One reading is a snapshot; compare it with the client's own baseline and the last several readings before deciding what it means.

Trap: Treating each reading as normal for that hour and missing a steady worsening across the shift.

2. Take precautions so a diagnosis or procedure does not lead to injury or complications

Know the complication a procedure or diagnosis carries and the precaution that prevents it: bleeding after a biopsy, aspiration with dysphagia, falls with sedation, contrast reactions.

Trap: Choosing a comfort measure that causes the very complication the client is at risk for, such as an intramuscular injection with a low platelet count.

3. Check vital signs and act when they shift or trend

Measure correctly: the right cuff size (too small reads high), the arm at heart level, a full minute for an irregular pulse, a probe on a warm finger for oxygen saturation.

Trap: Acting on a reading taken with the wrong technique, or rechecking endlessly while a client with clear symptoms gets worse.

4. Carry out focused assessments

A focused assessment looks closely at the system the problem involves: neurovascular checks after a cast, lung sounds with dyspnea, bowel sounds and distension after abdominal surgery.

Trap: Assessing only the affected limb, so there is no comparison to show what has changed.

5. Insert, care for or take out a urinary catheter

Insert a urinary catheter only with an order, using sterile technique and the smallest suitable size; stop and report if resistance does not ease.

Trap: Hanging the drainage bag on the bed rail above the bladder or resting it on the floor.

6. Collect non-blood specimens, such as urine, stool or wound samples, for tests

Label every specimen at the bedside with two identifiers, and send it promptly or store it as the laboratory directs.

Trap: Keeping the first void of a 24-hour collection, or taking a urine culture from the drainage bag.

7. Follow test results and act on them

Know the common reference ranges in SI units: potassium 3.5 to 5.0 mmol/L, sodium 135 to 145 mmol/L, fasting glucose about 4.0 to 6.0 mmol/L (7.0 or more fasting is the diagnostic threshold for diabetes; 4.0 to 7.0 is a common treatment target in diabetes), hemoglobin 120 to 160 g/L, platelets 150 to 400 x 10^9/L, white blood cells 4.0 to 11.0 x 10^9/L.

Trap: Giving the scheduled medication first and reporting the result later.

8. Care for a client before surgery

Confirm the informed consent is signed before sedation is given; the surgeon obtains it, the nurse checks it and reports when the client has questions.

Trap: Assuming a small drink does not matter and not reporting a break in the fasting order.

9. Judge how the client reacts to treatments and procedures and act on it

Compare the client after a treatment with the client before it: oxygen saturation after a nebulizer, pain after repositioning, urine output after a fluid bolus.

Trap: Recording that the client tolerated the treatment without measuring whether it worked.

10. Explain treatments and procedures to the client

Reinforce what the primary health care provider explained about a treatment or procedure; the provider explains risks and obtains consent.

Trap: Explaining the surgical risks to a client who has questions before signing consent instead of involving the surgeon.

11. Look after or remove a nasogastric or orogastric tube

Check the placement of a nasogastric tube before every use: the external length mark and the aspirate pH (gastric 5.5 or below as most policies set it); X-ray confirms first placement.

Trap: Using the sound of air injected over the stomach to confirm placement.

12. Insert a nasogastric or orogastric tube

Measure the length from the tip of the nose to the earlobe and then to the xiphoid process, and mark it.

Trap: Pushing on through coughing and gagging because the tube is almost at the mark.

13. Carry out bedside tests, such as bladder scans or point-of-care checks, and act on results

Point-of-care glucose: clean and dry the finger, use the side of the fingertip, wipe away the first drop if policy directs, and use a meter that passed its control check.

Trap: Testing a finger wet with alcohol or lotion and acting on a falsely high or low reading.

14. Look after or take out a peripheral IV

Assess the site every hour or as policy directs for a continuous infusion: redness, warmth, swelling, coolness, pain and leaking.

Trap: Flushing harder or raising the bag to get an infiltrated IV running again.

15. Start a peripheral IV

In adults choose a forearm vein in the non-dominant arm, working from distal to proximal; avoid the antecubital fossa and other areas of flexion, injured areas and the arm on the side of a mastectomy or a dialysis fistula.

Trap: Starting in the antecubital fossa, which limits movement and rules out the veins below it, or making more attempts than policy allows.

16. Teach a client what to expect before or after surgery

Before surgery, reinforce deep breathing, coughing with the incision splinted, leg exercises and early walking.

Trap: Waiting until after surgery, when pain and sedation make learning hard, to teach breathing exercises.

17. Care for someone recovering from a procedure under conscious sedation

Conscious sedation leaves the client drowsy but breathing on their own; the greatest risk afterward is respiratory depression.

Trap: Giving the client fluids before the gag reflex is back after a procedure involving the throat.

18. Look after a feeding tube placed through the skin

A gastrostomy or jejunostomy tube is checked before each use by the external length mark or the position of the external bumper.

Trap: Mixing several crushed medications together, or crushing an enteric-coated or extended-release tablet.

19. Watch suction on a nasogastric tube, whether continuous or intermittent

Set the suction at the pressure ordered, usually low and intermittent for a single-lumen tube; continuous low suction is used with a double-lumen sump tube.

Trap: Counting irrigation fluid as drainage, which overstates the client's losses.

Key terms

Baseline: The client's usual values, used to judge whether a new reading is a change.

Critical value: A result so far from normal that it must be reported promptly.

Mean arterial pressure (MAP): The average pressure that perfuses the organs: (systolic + 2 x diastolic) / 3.

Neurovascular check: Colour, warmth, capillary refill, pulses, sensation, movement and pain in a limb, compared with the other side.

Infiltration: IV fluid leaking into the tissue: a cool, pale, swollen site.

Phlebitis: Inflammation of a vein: redness, warmth and tenderness along it.

Point-of-care testing: A test done at the bedside, such as a capillary glucose or a urine dipstick.

Conscious sedation: Medication that leaves the client drowsy but able to breathe and respond, used for short procedures.

Sump tube: A double-lumen nasogastric tube with an air vent that allows continuous suction without damaging the stomach lining.

CAUTI: Catheter-associated urinary tract infection; prevented above all by removing catheters early.

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