Concepts in Prioritization

Speaker: Vicki Robertson

The concepts of prioritization, delegation and assignment are some of the most difficult for nursing students and entry-level nurses. Many questions on the NCLEX-RN examination will require you to use your skills of prioritizing nursing actions. In order to develop these skills, let us review the four basic concepts that you will use to answer any type of priority question. Common strategic words that indicate the need to prioritize include some of the following: first, essential, best, next, most important, highest priority, most or least appropriate, most or least likely, vital or primary. In these types of questions, all options may be correct and you will need to determine the correct order of action.

The first concept that many of you already have had drilled into your head is that of ABCs (airway, breathing, and circulation). If the situation described in the question potentially compromises the airway, the nurse must choose the airway option as the initial action. After the airway, comes breathing and circulation. If there is an airway option in the answer choices, it is probably the correct one. Some questions do not specifically include the word “airway”, but the action infers maintenance of the airway or addresses the airway in some manner. Encouraging the client to cough and deep breath addresses the airway for someone who is on morphine sulfate; positioning the patient on their side following a tonic-clonic seizure doesn’t specifically state to “open the airway,” however it addresses the airway with the nursing action. In CPR, the provider opens the airway, checks for breathing (look, listen, and feel), and then checks the pulse. We don’t really care about the patients pulse if the airway is blocked. So remember, ABC (airway, breathing, and circulation). I have had students take a test and then complain that there was no airway option, so now what? The situation may then require you to look at another concept for prioritizing actions.

The second concept of prioritization that is most likely familiar to you as well is the theory of Maslow’s Hierarchy of Needs. According to Maslow’s Hierarchy, the nurse’s first priorities are those actions that address basic physiological needs. As you move up the hierarchy, the next level addresses safety and security, and then mental health issues. Meet the basic physiologic needs before addressing feelings of love and belonging. Again, we don’t care about “self actualization” if the patient has to “pee”! If the situation does not fit into either of these concepts, then you will have to move to the next concept, the nursing process.

The Nursing Process: have you ever heard of this before?? Well..., of course you have. The steps in the nursing process follow a pattern and can be used for prioritization. The first step in the nursing process is assessment; the collection of data related to your patient’s status (objective and subjective), validating the data, communicating and documenting the data. You would first assess the patient, analyze the importance of the data collected, plan the care, implement interventions and evaluate their effectiveness. When you are asked to select the first, immediate, or initial nursing action and you have an answer option that contains the concept of assessment or the collection of data, the best choice is to select that option. There is something that I want to emphasize to you regarding this concept. Many situations described in NCLEX-RN style questions give the nurse assessment information. You are then...
responsible for determining whether this information is significant enough to do something about, or whether you can go on and collect additional data. An emergency situation may require that you intervene as the top priority.

The second step of the nursing process is analysis. These are the most difficult types of questions because it requires you to have an understanding of physiological responses and then requires that you interpret the data based on the assessment. This is where you will use your critical thinking skills. You may be asked to choose a priority nursing diagnosis; which nursing diagnosis takes priority?? Remember that actual problems usually have a higher priority than potential or risk-for diagnoses. So for this concept, use the steps of the nursing process to guide your selection.

The last concept that you should review is what I call “life threat.” There are situations that may place your patient at risk for serious injury, bodily damage or death. If asked to choose which patient you would assess first out of a group of four, you may have to decide which patient would be harmed or potentially die if you did not see them first. Read these carefully. If the answer to your question is yes, then it is most likely your priority.

In this Learning Unit there is an interactive game called “Who Goes First?” You will practice these concepts of prioritization; ABCs, Maslow’s Hierarchy, Nursing Process and Life Threat. You will be able to practice/play this game as many times as you need to feel confident that you understand the various concepts of prioritization. Have fun!