

NCLEX DECODED — FREE FIELD GUIDE

Next Gen NCLEX, Decoded

Every NGN question type, explained and worked end to end: case studies, bow-tie, trend, cloze, matrix — and how the scoring really works.

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A Field Guide to NGN Questions — from NCLEX Decoded

The NCLEX-RN® exam changed in a fundamental way, and most candidates still study as if it hadn't. The traditional exam asked, item by item, what do you know? The Next Generation NCLEX (NGN) also asks how do you think? — because that is the job.

NCSBN's practice analyses found that entry-level nurses make consequential judgment decisions constantly, often in the first weeks of practice: which finding matters, which client is deteriorating, which action comes first, and whether what was done actually worked. The old item formats measured that judgment only indirectly, so NCSBN built new formats on an explicit model of clinical judgment and embedded them in the exam — including, at the minimum exam length, a block of clinical-judgment items built around unfolding case studies.

That is good news, once you understand the machinery. NGN items are not harder knowledge in a stranger costume. They are the same knowledge, examined through a six-step thinking process — and each step rewards a specific, learnable behavior. Candidates lose NGN points mainly in one way: they answer a different step than the one the item is testing. They analyze when the item only asked them to recognize. They generate a list of good actions when the item asked for the first action. They select every plausible option on an item whose scoring punishes extra selections. Every one of those errors is fixable, and this guide fixes them the direct way: one item type at a time, with a fully worked original example and the thinking shown step by step.

How much of your exam is this? More than most candidates expect. The exam is computerized adaptive testing: it lengthens or shortens — between the minimum and maximum number of items — based on your performance, and at the minimum length, the exam's composition includes a dedicated block of clinical-judgment (case study) items in addition to scored content and unscored pretest items, with standalone NGN formats such as bow-ties and trends appearing as well. In other words, NGN is not a garnish on the exam; at its shortest, roughly a fifth of what you are scored on is clinical-judgment format, and the same six-step thinking quietly underlies many traditional priority and delegation items too. A candidate who masters the model is not preparing for a section — they are preparing for the exam's operating system.

Everything in this guide — the model, the scoring, the strategy — is the same approach used throughout the full NCLEX Decoded system. Read it once for understanding, then keep it beside you while you practice.

The Six Steps: The NCSBN Clinical Judgment Measurement Model (NCJMM)

Every NGN item is built to test one step of this model. Learn the steps as behaviors, not definitions.

Step	The question it asks	Behavior rewarded
1. Recognize Cues	What information matters here?	Selective attention: pick out the abnormal, the new, the not-fitting — and ignore findings that are normal, expected, or irrelevant.
2. Analyze Cues	What do these findings mean together?	Connection: link cues to each other and to the condition they support.
3. Prioritize Hypotheses	Which problem is most likely — and most urgent?	Ranking by risk, urgency, and likelihood, not by page order.
4. Generate Solutions	What should be done about it?	Choosing indicated, effective actions — and actively rejecting contraindicated ones.
5. Take Action	What do you do first, now?	One most urgent action, not a list.
6. Evaluate Outcomes	Did it work?	Comparing the client's new data against the expected effect of the action.

How NGN scoring works, in plain language. Traditional items are all-or-nothing. Many NGN items award partial credit under one of three models. **0/1 scoring:** each response within an item is scored on its own — answer every row, blank, and component, because completeness pays. **+/- scoring** (used for extended multiple response): you gain a point for each correct option selected and lose a point for each incorrect one, with the total floored at zero — indiscriminate selecting is actively punished. **Rationale scoring:** for paired components — the two halves of a cloze sentence, or linked choices — the point is earned only when both linked parts are correct, because the reasoning is what is being measured. Keep these three models in mind; each worked example below names the one it uses.

Item Type 1: The Case Study

What it looks like. A realistic client presentation — nurses' notes, vital signs, labs, orders — followed by **six items, one for each NCJMM step, in order.** The case

unfolds: later screens add new information, and the new information is allowed to change your mind. **How it's scored:** each of the six items is scored by its own model (0/1, +/–, or rationale), so a wrong turn on item 2 does not erase a correct item 5 — every screen is a fresh chance to earn points.

WORKED EXAMPLE — CASE STUDY: HEART FAILURE, UNFOLDING

Screen 1. A 70-year-old client with heart failure is seen in the clinic. Weight is up 4 lb in 3 days. The client reports sleeping on three pillows for two nights and waking short of breath once. Lungs: crackles at both bases. Ankles: 2+ pitting edema. SpO₂ 94% on room air. Medications include furosemide, taken "most days."

Item 1 (Recognize Cues). Which findings require follow-up? (Select all that apply.)

A. Weight gain of 4 lb in 3 days B. Sleeping on three pillows C. SpO₂ 94% on room air D. Crackles at both bases E. Age of 70 years

Answer: A, B, D. Thinking: This step pays for selective attention. A 4-lb gain in 3 days is fluid, not fat — in heart failure, weight is a fluid gauge. Three pillows is orthopnea, a congestion symptom the client is reporting in disguise. New bibasilar crackles are fluid in the lungs. The saturation (C) is within normal limits, and age (E) is a fact, not a cue. Under +/- scoring, adding C or E would cancel a correct pick — discipline earns the points here.

Item 2 (Analyze Cues). The findings together most strongly support which interpretation? A. The heart failure is worsening with fluid overload B. The client has developed pneumonia C. The findings are expected and require no action

Answer: A. Thinking: Connect, don't collect. Weight gain + orthopnea + crackles + edema is one story — congestion — told by four findings. Pneumonia (B) would add fever and a focal picture. C ignores that every cue points the same direction.

Item 3 (Prioritize Hypotheses). Which problem is the priority? A. Activity intolerance B. Excess fluid volume with pulmonary congestion C. Knowledge deficit about medications

Answer: B. Thinking: Rank by threat: fluid in the lungs threatens breathing today. A and C are real problems — for later in the visit.

Screen 2. The provider prescribes an increased furosemide dose and a follow-up weight check. The nurse teaches daily weights and a low-sodium diet.

Item 4 (Generate Solutions). Which teaching points are indicated? (Select all that apply.) A. Weigh daily, same time and clothing, and report a gain of about 2 lb in a day or 5 lb in a week B. Stop furosemide on days you feel well C. Limit sodium and check food labels D. Use salt substitutes freely

Answer: A, C. Thinking: Generating solutions includes rejecting harmful ones. B teaches non-adherence to the drug that removes the fluid. D is a trap with a mechanism: most salt substitutes are potassium chloride, and this client's regimen makes potassium a value to respect, not to supplement casually.

Item 5 (Take Action). Before the client leaves, what is the nurse's most important action? A. Schedule a routine visit in 6 months B. Confirm the client's understanding of the new dose, daily weights, and the specific changes that should prompt a call C. Provide a general pamphlet on heart disease

Answer: B. Thinking: "Take action" wants the one move that protects this client tonight: a verified plan — dose understood, scale habit set, red flags named. A delays surveillance of an actively congested client; C is information without verification.

Screen 3 — one week later. Weight is down 3 lb. The client sleeps on one pillow, denies waking short of breath, and crackles have cleared.

Item 6 (Evaluate Outcomes). The nurse evaluates that the plan is: A. Effective — congestion is resolving B. Ineffective — weight should not change C. Unrelated to the findings

Answer: A. Thinking: Evaluation is comparison: every congestion marker moved toward normal — weight, pillows, breath, lungs. That is the expected effect of diuresis plus sodium restriction, so the plan is working and continues, with monitoring.

The case-study habit: treat each screen as a new exam. Read the new data first, name the step the item is testing, and let new evidence override your first impression when it should.

Item Type 2: The Bow-Tie

What it looks like. A diagram shaped like a bow-tie: one **condition** in the center knot, **two actions** to choose on the left, and **two parameters to monitor** on the right. You select a fixed number from each side — no more, no fewer. **How it's scored:** each correct selection earns its point (0/1-style), so every slot matters; a wrong center condition usually poisons both sides, which is why the knot is chosen first.

WORKED EXAMPLE — BOW-TIE: A REACTION IN THE CLINIC

Scenario: Minutes after a first dose of an IV antibiotic, a client reports itching and throat tightness. Lips are swelling, respirations are rapid with audible wheeze, and BP has fallen since the dose began.

Actions to take (choose 2)	Condition (choose 1)	Parameters to monitor (choose 2)
Administer epinephrine as ordered/ emergency protocol Stop the infusion and maintain the airway; call for emergency help	Anaphylaxis	Airway patency and respiratory status (wheeze, oxygen saturation) Blood pressure and perfusion

Answer walkthrough: Center first. Timing (minutes after a new drug) + itching, lip swelling, wheeze, throat tightness, and falling BP is anaphylaxis — not a simple rash (no airway/BP findings) and not anxiety (anxiety does not swell lips). Left side: epinephrine is the first-line treatment for anaphylaxis — it reverses bronchospasm and supports blood pressure; delaying it for antihistamines is the classic wrong answer. Stopping the infusion removes the trigger, and airway plus emergency help is never wrong in an airway event. Right side: monitor what the condition threatens and the treatment changes — the airway/ breathing and the blood pressure. Temperature and pain score, the usual distractors, measure nothing this emergency turns on.

Item Type 3: The Trend

What it looks like. A table or graph of values over time — vitals, labs, outputs — with a question about what the pattern means or what to do about it. **How it's scored:** typically as a standard item or with 0/1 components. The tested skill is direction: a single abnormal value is a fact, but a trend is a story, and the story is what the item grades.

WORKED EXAMPLE — TREND: AFTER SURGERY

	Day of surgery, evening	Post-op day 1	Post-op day 2
Temperature	37.4°C	38.0°C	38.9°C
Heart rate	88/min	98/min	112/min
Wound	Dry, edges together	Mild redness at edges	Redness spreading; edges warm; small amount of cloudy drainage

Q. The nurse reviews the trend. The most appropriate conclusion and action is:

1. Normal healing; continue routine care
2. A developing wound infection; assess further and notify the provider
3. Dehydration; encourage oral fluids and recheck tomorrow
4. An expected drug effect; no action needed

Answer: B. Thinking, step by step: (1) Read each row as a direction, not a snapshot: temperature climbing, heart rate climbing, wound changing from dry to warm with cloudy drainage. (2) Note the timing: a low-grade temperature on post-op day 1 can be an expected inflammatory response — but by day 2, a rising fever with a changing wound is the infection pattern. (3) Check the distractors against the data: A ignores that three rows worsen together; C explains none of the wound findings; D names no drug and no mechanism. One row can mislead; three rows moving together rarely do.

Item Type 4: The Cloze (Dropdown)

What it looks like. A sentence — usually a clinical conclusion — with one or more blanks, each filled from a dropdown list. **How it's scored:** most often **rationale scoring**: when two blanks form a claim and its reason ("X because Y"), the point is earned only when both are correct. Treat the pair as one decision: choose the conclusion, then choose the reason that actually explains that conclusion — a true statement that explains something else earns nothing.

WORKED EXAMPLE — CLOZE: THE DIURETIC AND THE HEART DRUG

Scenario: A client taking furosemide and digoxin has a potassium of 3.1 mEq/L and reports nausea and loss of appetite. Complete the sentence:

"The nurse should hold the **[Blank 1]** and notify the provider, because the client is showing early signs of **[Blank 2]**."

Blank 1 options: furosemide dose only / digoxin dose / morning weight check

Blank 2 options: digoxin toxicity, made more likely by low potassium / dehydration from the diuretic alone / a normal response to both drugs

Answer: Blank 1 — digoxin dose. Blank 2 — digoxin toxicity, made more likely by low potassium. Thinking, step by step: (1) Recognize the cues: nausea and anorexia are the earliest digoxin-toxicity signs, and hypokalemia potentiates digoxin — the two facts arrive in the same stem on purpose. (2) The action follows from the diagnosis: you hold the drug that is poisoning the client, not the diuretic (which the provider may also adjust, but the stem's danger is digoxin) and certainly not a weight check. (3) Check the pair as a pair: "hold the digoxin because of dehydration" mixes a right action with a wrong reason — under rationale scoring, that earns zero. Both halves, or no point: that is the whole lesson of the format.

Item Type 5: Extended Multiple Response (SATA)

What it looks like. The familiar "select all that apply," upgraded: often more options, sometimes a specified number of selections, always testing whether you can sort indicated from contraindicated within one scenario. **How it's scored: +/- scoring** — +1 for each correct selection, -1 for each incorrect one, floored at zero. This model changes strategy fundamentally: on a traditional SATA, a hopeful extra selection costs nothing if you're wrong; here it cancels a selection you got right.

WORKED EXAMPLE — EXTENDED MULTIPLE RESPONSE: FOOT CARE TEACHING

Scenario: The nurse is teaching a client with type 2 diabetes about foot care. Which statements by the client show correct understanding? (Select all that apply.)

1. "I will inspect the tops and soles of my feet every day."
2. "I will walk barefoot at home to toughen my feet."
3. "I will moisturize my feet, but not between my toes."
4. "I will cut my nails straight across."
5. "A small cut is not a concern unless it hurts."
6. "I will report any break in the skin promptly."

Answer: A, C, D, F. Thinking, step by step: (1) Judge each option as its own true/false statement, ignoring the others — SATA options are independent mini-items. A (daily inspection), C (moisturize feet, not between toes), D (straight across), and F (report skin breaks) are each standard teaching. (2) Actively reject the dangerous ones: B (never barefoot — neuropathy means an injury may not be felt) and E (in diabetes, a painless cut is exactly the dangerous kind — poor healing plus unnoticed injury). (3) Do the $\pm$ arithmetic before you commit: selecting all six would score $4 - 2 = 2$; the disciplined four score 4. On NGN, restraint is worth points.

Item Type 6: The Matrix (Grid)

What it looks like. A table: findings or statements as rows, two or three category columns, and you classify every row. **How it's scored: 0/1 per row** — each correctly classified row earns its point, which makes the matrix the most completeness-friendly format on the exam: never leave a row unclassified, because a blank row earns zero with certainty while a reasoned classification can earn the point.

WORKED EXAMPLE — MATRIX: WHICH SIDE OF THE HEART?

Scenario: For each finding, indicate whether it is most characteristic of left-sided or right-sided heart failure.

Finding	Left-sided	Right-sided
Crackles in the lungs	✓	
Orthopnea (needs extra pillows)	✓	
Jugular vein distention		✓
Dependent ankle edema		✓
Enlarged, tender liver		✓

Answer walkthrough: One mechanism classifies all five rows: when the left ventricle fails, blood backs up into the lungs — crackles and orthopnea. When the right ventricle fails, blood backs up into the body — jugular distention, dependent edema, congested liver. Notice the study lesson hiding in the format: matrix items reward a single organizing principle applied repeatedly, not five memorized facts. Learn the mechanism once, and every row is the same easy decision. Candidates who memorize finding-by-finding run out of memory; candidates who learn "left = lungs, right = body" do not.

Item Type 7: Highlight (and Enhanced Hot Spot)

What it looks like. In a **highlight** item, you click the words or findings in a passage — nurses' notes, a chart excerpt — that meet a stated criterion, such as "findings that require follow-up." In an **enhanced hot spot**, you identify a location on an image or chart. **How it's scored:** each correctly identified element earns credit under 0/1 or +/- models depending on the item — either way, both formats are pure Recognize Cues: finding the significant thing inside a larger field of ordinary things.

WORKED EXAMPLE — HIGHLIGHT: THE MORNING NOTE

Nurses' note (client admitted with pneumonia, day 2): "Client slept in intervals. Appetite fair; drank half a glass of juice. **Temperature 39.0°C at 06:00, up from 38.2°C at midnight.** Lungs with crackles right base, as before. **New onset of confusion about place, not present yesterday.** Denies pain. **Urine output 90 mL over the past 6 hours.** Skin warm and dry. Family visiting at bedside."

Instruction: highlight the findings that require follow-up. (The three findings to select are shown in bold.)

Answer walkthrough: Thinking, step by step: (1) Set the criterion before you read: "requires follow-up" means abnormal, new, or changing — not merely present. (2) The rising temperature is a trend moving the wrong way on treatment. New confusion in an older client with infection is a change in mentation — a red-flag cue, never charted-and-forgotten. Ninety milliliters in 6 hours is oliguria — the kidneys are under-perfused or failing. (3) Now defend the rejections, because under +/- scoring they are where the points hide: crackles "as before" are unchanged and expected in pneumonia; fair appetite, juice intake, denied pain, warm dry skin, and a family visit are ordinary findings — the distractors in a highlight item are not false statements, they are unimportant true ones. That distinction is the entire format.

Putting It Together: A 20-Minute Practice Session

Use this guide actively, in short sessions, rather than reading it once and shelving it. Pick one item type. Re-read its worked example and cover the answer; work the example cold, narrating the step names as you go. Then uncover the walkthrough and compare reasoning, not just answers: where your thinking skipped a step — jumping from cues to actions without prioritizing, for instance — is exactly where your exam errors will live. Note that step, in writing, in a simple error log: date, item type, step missed, one sentence on what the correct step required. After a week, the log will show a pattern, and the pattern is your study plan. Most candidates discover they do not have a knowledge problem distributed evenly across all six steps; they have one leaky step, usually Prioritize Hypotheses or a +/- discipline problem on extended multiple response. Fixing one leaky step is a week's work. Fixing "NGN" in the abstract is nobody's work, because it cannot be scheduled. Schedule the step.

The 5 Habits That Raise NGN Scores

1. **Name the step before you read the options.** Every NGN item tests one NCJMM step, and each step allows only certain kinds of correct answers. A Recognize Cues item is never answered by an action; a Take Action item is never answered by a list. Saying "this is a prioritize item" silently deletes half the options before you evaluate any of them.
2. **Convert every SATA option into a true/false statement.** Never compare options to each other; compare each one to the client. Then run the $\pm$ arithmetic in your head: if you cannot defend a selection out loud in one sentence, leave it out — a defended four beats a hopeful seven.
3. **Answer every component.** Under 0/1 and rationale scoring, blanks earn zero with certainty. Classify every matrix row, fill every cloze blank, complete both sides of every bow-tie. A reasoned choice can earn a point; an empty slot cannot.
4. **In case studies, read the newest screen first and let it win.** The unfolding design deliberately includes information that should change your mind. If screen 3 contradicts your screen-1 impression, screen 3 is right — clinging to a first impression is the most expensive habit in the format.
5. **Practice judgment out loud, in sequence.** When you do practice questions, narrate the steps — "the cues are..., they mean..., the priority is..., so first I will..., and I'll know it worked when..." — until the sequence becomes automatic. NGN does not reward nurses who know more facts nearly as reliably as it rewards nurses whose thinking runs in the model's order. Twenty minutes of narrated practice teaches the sequence faster than two hours of silent answering.

Keep Going

This guide taught you how NGN questions work. The full system teaches you the knowledge they work on — and gives you hundreds of chances to practice the thinking until it is reflex.

NCLEX Decoded — Core Bundle (\$39). The complete study system: seven modules mapped to the NCLEX test plan — Fundamentals & Safety; Pharmacology; Medical-Surgical; Maternal-Newborn; Pediatrics; Mental Health; and Prioritization, Delegation & Management of Care — with condensed high-yield notes, must-know tables for every module, hundreds of original practice questions with full rationales, NGN case studies,

bow-ties, trends, and matrix items in every module, flashcards for spaced repetition, and study plans that sequence it all. It is this guide's approach, applied to the whole exam.

Get it here: <https://payhip.com/buy?link=FlK2O>

NCLEX Cram (\$19). The last-two-weeks companion: the 25 labs and 40 drugs that matter most, antidote and isolation tables, system-by-system top facts, prioritization drills, a worked NGN refresher, and a night-before checklist — everything in the Core Bundle, compressed for final review.

Get it here: <https://payhip.com/buy?link=ZLohK>

Whichever you choose, keep the habit this guide started: name the step, defend each selection, and let the newest evidence win. That thinking — not any single fact — is what the Next Generation NCLEX was built to measure, and it is trainable. Go train it.

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