NCLEX delegation cheat sheet

Use this page to sort any NCLEX delegation, assignment or supervision question. It follows the NCSBN and ANA National Guidelines for Nursing Delegation (effective April 2019) and the NCLEX-RN test plan effective April 2026, where delegation sits in Management of Care (15% to 21% of the exam).

The five rights of delegation

1. Right task: the activity is in the delegatee's job description or the setting's written policies.
2. Right circumstances: the client is stable, the outcome is predictable, and equipment and support are available.
3. Right person: the delegatee is allowed to do the task and has shown they can do it safely.
4. Right directions and communication: specific, two-way instructions, including what to report and when to stop.
5. Right supervision and evaluation: the RN stays available, follows up and checks the client's response.

What stays with the RN

- Assessment, including admission assessments and new findings
- Writing or changing the care plan
- Initial teaching, including discharge teaching and new medicines
- Evaluating whether care worked
- Clients who are unstable or whose condition is changing

Who suits which client

Role	Clients they suit	Typical tasks
RN	New admissions, unstable or changing clients	Assessment, care plans, initial and discharge teaching, evaluation
LPN/VN	Stable clients with predictable outcomes	Data collection, sterile dressings, suctioning, urinary catheters, oral, subcutaneous and IM medicines, reinforcing teaching
UAP	Stable clients needing routine care	Hygiene, feeding without swallowing problems, walking on an established plan, vital signs, intake and output, weights, routine specimens

Every task still depends on state law, the job description and verified competency for that specific task.

A 4-step method for any delegation item

1. Check the client: stable and predictable, or new, sudden or changing?
2. Name what the task involves: assessment, care planning, initial teaching or evaluation stays with the RN.
3. Match the lowest-level person who is both allowed and competent.

4. Check the directions and follow-up: specific instructions, reporting limits, and judgment kept with the RN.

Red flags in a stem

- "Says they have done it before" or "watched once": competence not verified
- "New", "sudden" or "just admitted": RN assessment needed
- "When you have time" or "at handoff": directions too vague
- Difficulty swallowing: no feeding by a UAP
- A different state: the law where care is given applies