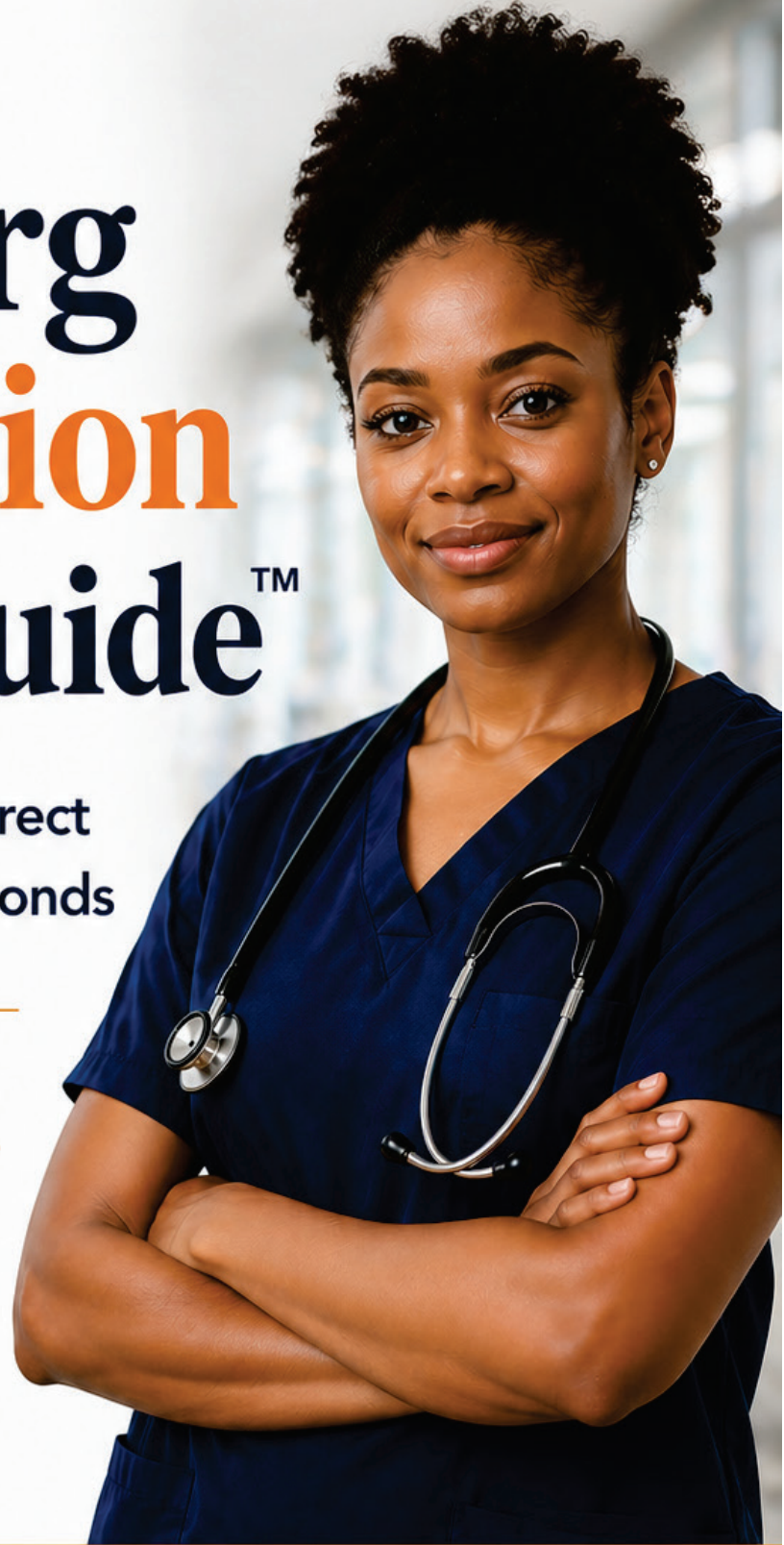


# Med-Surg First-Action Pattern Guide™

How to Recognize the Correct  
First Nursing Action in Seconds

If you hesitate on the first action,  
you will choose the wrong answer —  
even when you know the content.



THINK FASTER. | CHOOSE SMARTER. | PASS THE NCLEX.



# Med-Surg First-Action Pattern Guide

*This tool maps the most common “first action” patterns in high-yield med-surg NCLEX questions. Use it to train your first-action recognition until the response becomes automatic. Pair each stem cue with the correct first move before you read the answer choices.*

## Train your brain to recognize the first safe move fast

### Purpose

This tool helps you answer one of the most common NCLEX med-surg questions:

### What should the nurse do first?

The goal is not to memorize disease treatment.

The goal is to recognize the **first-action pattern** the condition usually demands.

Use this tool when you need to decide:

- The first nursing action
- The immediate nursing priority
- The safest early move
- what must happen before anything else

## How to use this tool

For each condition, ask:

### 1. What is the immediate threat?

Is it oxygenation, perfusion, neuro decline, severe metabolic instability, bleeding, sepsis, loss of limb perfusion

### 2. What is the first safe nursing move?

Not the full treatment plan.

Not the long-term management.

The first move.

### 3. What answer is likely to trap me?

Look for:

- Actions that are true but too late
- Provider notification before nursing action
- Education before stabilization

- Emotional support before physiologic priority
- Treatment before assessment when assessment must come first

### Med-Surg First-Action Pattern Table

Condition	First-Action Pattern	What Usually Comes First	What Students Commonly Do Wrong
<b>Acute MI / ACS</b>	Cardiac ischemia must be recognized and moved into emergency cardiac workup fast	Rapid ECG, cardiac monitoring, aspirin unless contraindicated, oxygen if indicated, nitroglycerin if appropriate	They focus on pain relief alone or delay the cardiac workup
<b>Heart Failure (Acute Decompensation)</b>	Protect oxygenation first	Position upright, assess oxygenation, oxygen as needed, assess breathing status	They jump to teaching, daily weights, or chronic management instead of acute stabilization
<b>Pulseless V-Fib / Pulseless V-Tach</b>	Immediate resuscitation pattern	Defibrillation and emergency response	They overthink the rhythm instead of acting
<b>Stable Dysrhythmia</b>	Assess stability before jumping to emergency treatment	Assess symptoms, perfusion, vitals, monitor rhythm, follow ordered treatment pathway	They treat stable rhythms like a code
<b>DVT</b>	Protect the clot from worsening and prevent embolization	Protect affected leg, avoid massage, prepare for evaluation and anticoagulation pathway	They ambulate or massage the limb
<b>PE</b>	Protect oxygenation and perfusion immediately	Oxygen as needed, rapid assessment, urgent escalation	They focus on the leg history instead of the lung emergency
<b>COPD Exacerbation</b>	Support oxygenation carefully without losing sight of ventilation	Assess breathing effort, titrate oxygen carefully, bronchodilator pathway, monitor mentation	They use oxygen thoughtlessly or delay respiratory assessment
<b>Pneumonia</b>	Assess oxygenation first, then support infection treatment	Check oxygenation, breathing effort, mental status, then move into antibiotics/hydration pathway	They treat fever first or miss deterioration
<b>Tension Pneumothorax</b>	Do-not-wait respiratory emergency	Immediate emergency response and decompression pathway	They wait for imaging or

Condition	First-Action Pattern	What Usually Comes First	What Students Commonly Do Wrong
			additional confirmation
<b>Ischemic Stroke</b>	Time-sensitive neuro rescue begins with diagnosis pathway	Rapid neuro assessment, determine last-known-well, activate stroke pathway, stat head CT	They jump to treatment before hemorrhage is ruled out
<b>Hemorrhagic Stroke</b>	Protect brain, monitor neuro status, control worsening	Rapid neuro assessment, seizure precautions, BP/ICP management as ordered	They use ischemic-stroke thinking
<b>Upper GI Hemorrhage</b>	Protect perfusion first	NPO, large-bore IV access, fluid resuscitation, type and crossmatch	They focus on GI symptoms instead of blood loss
<b>Hepatic Encephalopathy</b>	Protect safety and identify the precipitant	Assess mental status, prevent injury/aspiration, give lactulose as ordered, identify trigger	They focus on ammonia alone instead of the client's mentation
<b>Acute Pancreatitis</b>	Protect volume status and control inflammation-related instability	NPO, aggressive IV fluids, pain control, monitor hemodynamics	They focus on lipase level more than the client
<b>AKI</b>	Look for the life-threatening complication first	Assess urine output, potassium, ECG, fluid status, medication risk	They focus only on creatinine and miss hyperkalemia
<b>DKA</b>	Sequence matters: fluids first, insulin after potassium is assessed	Start IV fluids, check potassium, then insulin as ordered	They start insulin before thinking through potassium
<b>HHS</b>	Severe dehydration comes first	Aggressive IV fluids, neuro assessment, glucose correction as ordered	They treat it exactly like DKA
<b>Hypoglycemia</b>	Correct glucose by the safest route immediately	If safe to swallow: fast carb. If not: IV dextrose or IM glucagon	They give oral intake to an unsafe airway
<b>Compartment Syndrome</b>	Limb perfusion emergency requires immediate escalation	Assess neurovascular status urgently, notify surgeon immediately, prepare for fasciotomy pathway	They elevate, ice, or wait too long

Condition	First-Action Pattern	What Usually Comes First	What Students Commonly Do Wrong
<b>Hip Replacement Post-Op</b>	Protect alignment and circulation first	Abduction protection, neurovascular checks, safe positioning, early mobilization as appropriate	They adduct or internally rotate the operative leg
<b>Sickle Cell Crisis</b>	Treat pain and monitor for oxygen-delivery crisis	Aggressive pain management, hydration, oxygen if needed, assess for acute chest syndrome	They undertreat pain or miss chest symptoms
<b>Sepsis / Septic Shock</b>	Danger-of-delay pattern: act early	Recognize the pattern, obtain IV access, cultures when feasible, prompt antibiotics, fluids, escalate if hypotension persists	They wait for complete proof before acting

#### Med-Surg First-Action Pattern Table Clinical Scenarios

Clinical Scenario	First Action	Why This and Not Something Else
<b>Client becomes suddenly unresponsive on the unit</b>	Check responsiveness and call for help / activate rapid response	Airway and safety are the first priorities; assessment comes before any intervention
<b>Post-op client: BP 80/50, HR 120, pale, cool skin</b>	Assess for hemorrhage; establish IV access and notify provider STAT	Perfusion failure is the immediate threat; fluids and stabilization before comfort or documentation
<b>Client has chest pain, diaphoresis, shortness of breath</b>	Apply oxygen if SpO <sub>2</sub> <94%, obtain 12-lead ECG, establish IV access, call provider	Cardiac ischemia requires rapid stabilization workup; aspirin is the first medication if not contraindicated
<b>COPD client: somnolent, CO<sub>2</sub> rising, RR 8</b>	Assess airway and breathing; prepare for ventilatory support; notify provider STAT	Ventilatory failure, not just oxygenation; escalate rather than simply increasing oxygen flow
<b>Client pulls out NG tube and begins aspirating</b>	Position on side to protect airway, call for help, suction if available	Airway protection is the first priority; everything else comes after the airway is secured

Clinical Scenario	First Action	Why This and Not Something Else
<b>Glucose 42, client is drowsy but responsive</b>	Give 15 grams of fast-acting oral carbohydrate (e.g., juice, glucose tablets)	Client can swallow; oral route is first. If unconscious or unable to swallow, use IV dextrose instead
<b>Glucose 42, client is unconscious, no gag reflex</b>	Administer IV dextrose (D50W) or glucagon IM	No safe oral route; parenteral rescue is the only correct first action
<b>Post-op client: surgical site with bright red, saturating dressing</b>	Apply firm direct pressure; notify surgeon STAT	Active hemorrhage is life-threatening; pressure first, then escalate
<b>Client on heparin infusion: aPTT 150, new hematuria</b>	Hold heparin infusion; notify provider immediately	Supratherapeutic anticoagulation with active bleeding sign requires immediate intervention
<b>Client in traction reports sudden severe pain and numbness in affected limb</b>	Assess neurovascular status immediately: pulses, sensation, cap refill, motor function	Neurovascular compromise from compartment syndrome or dislocation is a limb emergency
<b>Septic client: BP 70/40 after 30 mL/kg IV fluid bolus</b>	Initiate vasopressor therapy (norepinephrine) as ordered; notify provider	Fluid-refractory hypotension = septic shock requiring vasopressor support
<b>AKI client: K<sup>+</sup> 6.8, peaked T waves on ECG</b>	Notify provider STAT; prepare for calcium gluconate, insulin-dextrose, or kayexalate as ordered	Hyperkalemia with ECG changes is a cardiac emergency requiring immediate intervention; dietary restriction alone is insufficient
<b>Client receiving blood transfusion: new fever, chills, back pain, dark urine</b>	Stop the transfusion immediately; maintain IV access with normal saline; notify provider	Classic transfusion reaction signs; stopping the transfusion is the mandatory first nursing action
<b>Client with increased ICP: sudden pupil change, Cushing's triad (bradycardia, widened pulse pressure, irregular breathing)</b>	Notify provider STAT; maintain HOB 30°; minimize stimulation	Cushing's triad signals brain herniation risk — this is a neurological emergency

## Four first-action rules you should memorize

- **Stabilize Before You Teach**  
If the client is unstable, teaching is not first.
- **Assess Before You Escalate, Unless the Client Is Crashing**  
Many questions require independent nursing assessment first. But if the client is in obvious collapse, move into emergency action fast.
- **Treat the Immediate Threat Before the Full Diagnosis**  
The nurse often responds first to oxygenation, perfusion, bleeding, glucose, potassium, or neuro decline.
- **Do Not Jump to a Later Step Too Early**  
A true intervention can still be wrong if it belongs later in the sequence.
- 

### Quick comparison: what first action usually looks like

If the condition is causing...	First action usually focuses on...
Oxygenation failure	Airway, breathing, oxygen support, respiratory assessment
Perfusion failure	IV access, circulation support, bleeding control, hemodynamic assessment
Neuro decline	Rapid neuro assessment, safety, time-sensitive pathway
Severe glucose instability	Immediate glucose rescue or crisis sequencing
Hyperkalemia / lethal labs	Cardiac monitoring, rapid escalation, emergency stabilization
Sepsis pattern	Early recognition, IV access, prompt treatment pathway
Limb perfusion threat	Immediate neurovascular response and surgical escalation

**NCLEX ALERT:** The first action is not always an intervention. For many conditions, the correct first action is assessment. The question is: what kind of assessment? Rapid, focused, specific to the threat — not general or routine. Know the difference between assessing to gather data and assessing to confirm a life-threatening finding.

**KEY CONCEPT:** When you are unsure of the first action, ask two questions: (1) Is there an immediate threat to airway, breathing, or circulation? If yes, address it first. (2) Is there an independent nursing action I must take before calling the provider? If yes, take it first. The provider call comes after you have gathered the data they will need.

## This Is Only One Pattern. The NCLEX Tests Dozens.

If this guide helped you recognize the correct first action faster, it means one thing:

- 👉 You are not missing knowledge.
- 👉 You are missing the decision system behind the exam.

The NCLEX does not reward memorization.

It rewards how you **recognize, prioritize, and act under pressure.**

Inside the **NSA NCLEX-RN Thinking Program for Foreign-Trained Nurses™**, you learn:

- How to break down any NCLEX question in no time
- How to identify what matters before distractions pull you away
- How to consistently choose the safest and most correct answer
- How to think like the NCLEX expects a U.S.-trained nurse to think

**Start building the thinking system that passes the NCLEX.**

Visit: [www.nursingsuccessacademy.com](http://www.nursingsuccessacademy.com)