



FREE SAMPLE

The Pink Book: NCLEX-NGN Strategy Guide

You are reading 3 pages of a 25-page guide.
These are real pages, not a mock-up.

The full guide is an instant PDF download.
Yours to keep, print and annotate. Nothing ships.



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the whole method, mapped

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THE TRIPLE S METHOD

spot it · sort it · solve it



Why smart students fail.

The NCLEX-NGN is not testing whether you know what a beta blocker does. It is testing whether you can **decide fast**, from a stem that buries the one fact that matters. The test was built for that decision; most nursing programs were not. **The Triple S Method is the decision training your program skipped.**



THE TWO RULES BEHIND EVERY NGN ITEM

The NCJMM. NCSBN grades you against a six-step clinical judgment loop, from recognizing cues to evaluating outcomes. Every NGN format is one step of that loop in disguise. System 7 walks all six. · **Partial-credit scoring.** Many NGN items are scored cell by cell, not all-or-nothing. On the penalty formats, a wrong pick can cancel out a right one. **Pick fewer. Pick cleaner.**

THE THREE PILLARS

PILLAR ONE

01

Spot it.

Find what is wrong.

Spot the danger cue before you read a single option.

PILLAR TWO

02

Sort it.

Decide who is first.

Sort the cues by **who is most at risk**.

PILLAR THREE

03

Solve it.

Pick the right answer.

Name the verb, cut wrong answers, pick **the textbook answer**.

THE 7 SYSTEMS

one method · three lanes

#	SYSTEM	ONE LINE	PILLAR
1	The Radar	SUNA + FLAGS. Spot what changed and what can kill.	Spot
2	The Read	Labs, ABGs, rhythms and strips: read as patterns.	Spot
3	The Priority Ladder	Who do you see first.	Sort
4	The Scope Card	Who does the task. Delegation, no guessing.	Sort
5	The Cut	Name the verb, cut wrong answers, win the 50-50.	Solve
6	The Communication Compass	Therapeutic answers, every time.	Solve
7	The NGN Decode	Crack every Next Gen format.	Solve

ONE METHOD · ONE PAGE

Systems 1 and 5, the Radar and the Cut, run on every question. The rest fire only when the stem hands you a lab, a second patient, a delegation, a conversation, or an NGN format. **On test day you carry just one page: the Pink Sheet on page 22.**

SPOT IT · SYSTEM 01



The Radar.

SUNA + FLAGS. Two questions catch every dangerous patient.



CARRY THIS

SUNA finds what changed. FLAGS names what can kill. Your patient answers yes to both.

SUNA ASKS: WHAT CHANGED?

S STABLE / UNSTABLE

Vitals trending the wrong way.

U UNEXPECTED / EXPECTED

Wrong for this patient.

N NEW / CHRONIC

Not part of the history.

A ACUTE CHANGE

Different from the last shift.

FLAGS ASKS: CAN IT KILL?

- **F** · Failing breath. Stridor, drooling, new dyspnea, dropping SpO₂.
- **L** · Losing pressure. Falling BP, rising HR, hemorrhage, new chest pain.
- **A** · Altered brain. New confusion, dropping GCS, new seizure.
- **G** · Glucose & gauges. Glucose under 70 or DKA range, critical potassium.
- **S** · Sepsis story. Fever, fast heart, fast breathing, early confusion.



THE DAY STAMP TUNES YOUR FLAGS

On a post-op patient, the day is a vital sign: it tells you which FLAG to expect before you read a word. **The table below shows which FLAG flies when.**

POST-OP DAY	THE FLAG MOST LIKELY TO FLY
Day 0-1	Airway, bleeding, anesthesia effects, hypothermia. Restless and short of breath = hypoxia until proven otherwise.
Day 2-3	Pneumonia, PE, wound infection starting, ileus, pain control transitioning.
Day 3-5	Wound infection peaking, DVT, dehiscence, delayed bleeding, discharge readiness.



THAT WAS THE SAMPLE

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