

Certified Nursing Assistant Candidate Handbook State of Utah

8-25-15

Utah Nursing Assistant Registry

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Mission

The mission of the UNAR is to affect quality patient care by certifying quality Nursing Assistants.

Introduction

This handbook is designed for candidates seeking nursing assistant certification in Utah. It describes the process of applying for and taking the NATCEP (Nursing Assistant Training and Competency Evaluation Program) examination.

National Nursing Assistant Assessment Program

The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) is designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nursing assistants who work in long-term care facilities. **Each state is responsible for following the terms of this federal law.**

Who is a Nursing Assistant?

Nursing Assistants are defined by law as people who assist licensed nursing personnel in the provision of nursing care. The authorized duties for CNAs include assisting with their client's daily living activities, such as bathing, dressing, transferring, ambulating, feeding, and toileting. CNAs also perform tasks such as measuring vital signs, positioning and range of motion. **Utah CNAs must attend a Utah Nursing Assistant Registry (UNAR) approved training program and pass the UNAR approved state examinations to become certified.**

Certification is required in Utah

CNAs are required by law to have a valid Utah CNA certificate prior to assuming nursing assistant duties. **There is one exception:** If an individual works in a licensed nursing facility as an uncertified nursing assistant and is seeking initial certification, he/she has four months (120 days) from the date of hire to obtain initial certification. **The 120 days is a onetime only opportunity.**

THE REGISTRY-VERY IMPORTANT INFORMATION

******CNA training is valid for one year from the completion date of training.**

******All testing must be completed within 1 year from the completion date of training or you will have to complete another program (100+ hours)**

******All expired CNAs must test within 1 year from their certificate expiration date or they will need to complete another program (100+ hours)**

******CNA certificates must be renewed every two years.**

RENEWAL

To qualify for renewal the Certified Nursing Assistant must provide proof of **nursing or nursing related duties under the supervision of a licensed nurse for at least 200 hours in Utah during the two year period following certification.** These hours must be paid hours, not volunteer. Private duty does not count as you are not under the supervision of a licensed nurse. Renewal is two years from **initial certificate issue date.**

******Renewal notices are mailed as a courtesy only, approximately 45 days before the renewal date to the last known address on file with the Registry. The candidate is responsible for the renewal of their license.**

******Do not rely on your place of work or anyone else to send in your renewal. Should your license not be renewed in the allowed timeframe, you will need to pay for vouchers and retest. If you do not test within a year, you will need to completely retrain.**

The UNAR must be kept informed of your current address. If your address or name changes at any time after you are placed on the Registry. You may call the registry with your new address or send us written notification. If it is a name change, you will need to send supporting documentation, such as a copy of your social security card or Utah drivers license, or a copy of your marriage certificate with your new name.

CNA EXAMINATION

The CNA examination is a measure of nursing assistant related knowledge, skills and abilities. There are two parts to this exam: (1) a skills examination and (2) a written examination.

THE SKILLS EXAMINATION: You will be rated on these skills by a State approved RN Skills Examiner:

The candidate must perform a set of **Vital Signs** and **Hand washing** during the Skills Examination and perform five (5) selected skills from the Skills Task Listing found in this handbook. You must pass off **Vital Signs, Hand washing and all 5 skills competently**, within the stated guidelines and perform all skills with only **two prompts** (helpful hints) from the Examiner. Please use body substance precautions and infection control measures with each skill. **Memorize the Beginning and Ending Procedures. You will be given a minimum of twenty to thirty minutes and maximum of 40 minutes to complete all the required skills.**

THE WRITTEN EXAMINATION: Consists of one hundred (100) multiple-choice questions. **You must obtain a 75% for a passing score.** It is computer-based with audio. You may use headphones for the audio while taking the written test on the computer. If you have a documented disability, it is also available as a paper and pencil examination. **The purpose of the examination is to ensure that you understand and can safely perform the job of an entry-level nursing assistant.**

*****You must pass both parts of the examination in order to be certified and listed on the Utah Nursing Assistant Registry (UNAR).**

+++Sample examination questions are provided in this handbook and on line at www.utahcna.com. To take the practice exam online, go to www.utahcna.com and click on 'on-line practice exam' and when the next screen comes up, scroll down to 'Practice Exam' and begin your exam. At the end of the practice exam, put the letters SUNSET in all capitals as the password in the blank box right below the stop button. Then press stop and you will get your results.

ADA, Vocational Rehabilitation, Special Education, 504

All testing sites comply with the ADA (American Disabilities Act) [42U.S.C. § 12101 et seq] and all other documented disabilities. If you have a disability or require an accommodation, you will need to make arrangements with the **testing center when you call for your testing appointment.**

1. The written examination is offered online at an approved testing site.
2. It is also available in audio, where the candidate can have headphones, and listen and read at the same time. **All testing sites must have this available. The test sites would like to know if you require this in advance.**
3. If a candidate has a 504, ADA disability, is with Vocational Rehab or in a Special Education class in High School, they may have a reader from the testing site. They cannot bring their own reader. **This must be available at all sites.**
4. The candidate is not allowed to have a foreign language interpreter.
6. A candidate may use a **translation dictionary in their native language**, (not a definition dictionary); only after the test center proctor has checked the dictionary for notes and verified that it is a translation-only dictionary. **(Please allow the test center time to review the dictionary)**

*****All questions on the written and skills state examinations are secure and not up for discussion. Please do not call the Registry with questions about the exams.**

EXAM FEES:

Skills evaluation \$40.00

Written examination \$35.00

Retests—same for each

*****Under Federal and Utah state laws, if you are an employee or have an offer of employment at a nursing home, the nursing home is required to pay for the nursing assistant competency exams for their nursing assistant employees.**

*****Payment must be in the form of a money order, certified (cashier's) check or credit card. You can fill out the credit card information at the bottom of your 'Application for Certification Testing form. We do not accept cash or personal checks. All payments must come through the mail service.**

***If you are not currently employed at a nursing home or do not have an offer of employment at a nursing home, you are responsible to pay the fees.**

EXAM SCHEDULING:

After completing your Certified Nursing Assistant Course:

1. Your instructor will present you with your “Application for Certification Testing”.
2. You must fill it out completely and send a **certified (cashier’s) check, money order or fill in the credit card information located at the bottom of the form** in the amount of \$ with the completed application to UNAR, 550 E. 300 S., Kaysville, Utah 84037. **We do not accept cash or personal checks.**
3. After 5-10 days, you will receive your **vouchers to test (a skills & a written voucher)** in the mail with a list of testing centers. **(You may NOT schedule a testing appointment until you receive your vouchers in the mail).**
4. **Your training and vouchers are good for one year from training completion date.**
5. After you receive your **voucher to test** you may call one of the testing centers and make your appointment.
6. **Your voucher is your ‘ticket’ to be allowed to sit for the Skills and Written Examinations. Expired vouchers are not acceptable. The test center will not allow you to test without a voucher and a current, valid ID Our office cannot fax any vouchers. Your vouchers expire 1 year from your training completion date.**
7. **Please be on time for your scheduled appointment.** If you are late or do not show for your appointment, then you will be charged a **late fee** by the testing center and will not be able to test again until you have paid the fee.
8. Should you require additional accommodations due to a disability, these arrangements **must be made with the testing site when you make your appointment and prior to any testing.**

You will receive your official results in the mail 8 to 10 business days after the UNAR receives your results.

*****Do not call the UNAR asking about your certification until 7 days have elapsed.**

*****Do not call the UNAR for your testing results.**

Should you fail either of the examinations, another application and directions will be enclosed in the envelope. Check with your training program instructor for more information on retesting.

******When you arrive for your Skills or Written examination, you will need to show your skills or written test voucher and a current, valid form of a picture ID, or you will not be allowed to test.**

Valid Picture ID Includes:

1. Current, valid identification card issued by a local government within the state; employer for an employee; or a college, high school, university, technical school, or professional school located within the state
2. Current, valid driver license (Utah or any other state)
3. Current, valid driving learner permit/temporary operator card
4. Current, valid identification card that is issued by: the state; or a branch, department, or agency of the United States
5. Current, valid Utah permit to carry a concealed weapon
6. Current, valid United States passport
7. Valid tribal identification card with photo

Driving Privilege cards **cannot** be used for I.D.

Skill Examination Protocol

1. Please arrive at your confirmed test site at least 10-15 minutes before your test is scheduled to start.
2. **All students must wear appropriate attire to the skills test. Scrubs, hair tied back, watch on, no dangling jewelry and must have closed toes shoes.**
3. **Only CNA testing candidates are allowed in the testing area.**
4. Exam time for skills is a minimum of 20 to 30 minutes and 40 minute maximum.
5. Each student will be given 5 skills in a scenario and required to complete a set of Vital Signs and Hand washing.
6. **The students may use calculators in the skills and written test.** A calculator will be provided by the testing center.
7. Only 2 prompts (very helpful hints) from the skills examiner during the **entire** test.
8. After given 2 prompts, the student will be failed if they miss another critical point (**bolded**) in the skill.
9. **The candidate will not be able to test if the above protocol is not followed.**
10. **The skills examiner is unable to disclose test results after testing is complete. All test results will be mailed.**

• The Setting

The skills evaluation is set up to resemble an actual care giving situation. It will have all the equipment necessary to perform the assigned skills.

• The Tasks

These tasks are randomly chosen from the complete set of skill tasks listed in this handbook and given to the candidate in a scenario. Each task is one that you will be asked to perform in your job and has been broken down into a series of steps. If you do have any questions, please ask them before the skill test begins.

• Who will be the resident?

The part of the 'resident' may be played by another nursing assistant candidate or by use of a mannequin. While you perform the tasks, speak to the candidate or mannequin as you would speak to an actual resident in a nursing assistant work setting. You are encouraged to speak to the candidate or mannequin, not only because it is part of quality care, but also because it will help you to relax as you perform the skill test.

Eligibility

All candidates applying to take the NATCEP examination in Utah are eligible **after successful completion of a Utah State approved CNA training program.**

You must complete an "Application for Certification Testing" to apply for testing under any of the following eligibility routes:

New nursing assistant: A new nursing assistant is an individual who has never been certified as a nursing assistant and has successfully completed a Utah state-approved OBRA nursing assistant training program. **Your instructor must sign your Application for Certification Testing" and have the correct completion date on the form.**

The UNAR office may grant a waiver of training in the following cases if specific requirements are met:

A. The UNAR office may grant a waiver of training in the following cases if specific requirements are met:

- a. To a nursing student who has completed the first semester of nursing school within the past two years and to a current nursing student. An official transcript of a nursing fundamentals class must accompany the Application for Certification Testing. If the candidate does not pass either the skills or written portion of the CNA examination after three attempts, the candidate must complete a UNAR approved training program;
- b. To an expired licensed nurse who can show proof of previous licensure in any state and who was in good standing with that state's professional board. UNAR shall grant the candidate one attempt to pass both the skills and written portion of the examination. If the candidate does not pass either portion, the candidate must complete a Utah approved training program.
- c. An expired **Utah CNA who is in good standing with UNAR. UNAR shall grant the candidate one attempt to pass both the skills and written portion of the examination. If the candidate does not pass either portion; the candidate must complete a UNAR-approved nursing assistant training program; Expired certificate holders must test within one year from expiration date.**
- d. any out of state CNA currently certified and in good standing with another state's survey agency. UNAR grants reciprocity upon the CNA providing proof of certification.
- e. All out of state expired CNAs must retrain at a Utah approved training program.

The Nursing Assistant is responsible for completing the appropriate section of the application form and returning it to the UNAR office. The candidate application for testing is available online at www.utahcna.com, click on 'UNAR Testing Forms' and on the next screen, click on 'Candidate Application'. Print the application and fill out completely.

*****Payment must be in the form of a money order; certified (cashier's) check or credit card information (found at bottom of application) The UNAR does not accept cash or personal checks. All payments must come through the mail service.**

Beginning and Ending Procedures Essential Behaviors to All Skills

Skill Task Listing

The following is a listing of skill tasks that you may be asked to demonstrate. Following each task is a list of the steps that should be performed to demonstrate the task. You must be ready to correctly demonstrate each step. **The bolded statements are very, very important.**

CRITICAL CRITERIA

*****Critical criteria include behaviors that are part of EVERY skill tested.**

They include:

- 1. Infection control and Standard Precautions (Following all rules of medical asepsis)**
- 2. Safety (Protecting resident and self from physical harm)**
- 3. Residents' rights (Taking action to prevent or minimize emotional stress to resident)**
- 4. Communication (Explaining procedure to resident prior to initiating it)**
- 5. Recognizing and reporting changes (Observing and reporting abnormalities)**

BEGINNING PROCEDURE ACTIONS

- 1. Wash hands thoroughly prior to entering room or when in room**
 - Hand washing: Demonstrating hand washing is necessary and is evaluated as part of the critical criteria.**
2. Assemble needed equipment
3. Go to resident's room, knock, and pause before entering
- 4. Introduce self by name and title**
- 5. Identify the resident by facility policies and address them by name**
6. Ask visitors to leave the room and inform them where they may wait
- 7. Provide privacy throughout procedure; pull curtains, shut door, properly cover patient as needed**
- 8. Explain procedure to resident; speak clearly, slowly and directly to resident, maintaining face to face contact whenever possible**
9. Answer resident's questions about the procedure
10. Allow resident to assist as much as possible
11. Raise the bed to a comfortable working height

ENDING PROCEDURE ACTIONS

- 1. Position resident comfortably**
- 2. Return bed to lowest position**
- 3. Leave signal cord, telephone and water within reach**
- 4. Perform a general safety check**
5. Open curtains
6. Care for equipment following policy
- 7. Wash hands**
8. Let visitors know they may return
- 9. Report completion of task & observation of any abnormalities and record actions and observations**

REQUIRED

VITAL SIGNS

BLOOD PRESSURE

1. Clean ear pieces and diaphragm with antiseptic wipe
2. Position residents arm resting on firm surface with palm up
3. Wrap cuff around arm with bladder over artery 1" above antecubital space- cuff even and snug.
4. Place ear pieces in ears (directed forward towards eardrum) and place the diaphragm over artery
5. Inflate cuff to no more than 180mm/Hg or may use pulse obliteration method, candidate choice
6. Deflate cuff, note systolic reading, and note point of diastolic reading
7. Accurate reading within 4mmHg window on both systolic & diastolic
- 8. Accurately record blood pressure**

TEMPERATURE (Tympanic, Oral or Axillary with electronic thermometer) (Examiners choice)

Tympanic:

1. Place tympanic thermometer cover on
2. Ask person to turn his head so ear is in front of you, put new probe cover on
3. Pull back on the ear (gentle, firm) to straighten the ear canal and insert probe gently into ear canal directed toward nose
4. Start the thermometer
5. Wait until you hear a beep or flashing light and remove
6. **Read the temperature and record accurately**

Oral/Axillary-

1. Ask the person if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.
2. Place a sheath on the probe
3. Correct placement for obtaining oral reading or axillary reading
4. If necessary, hold the probe in place for oral
5. Leave the probe in place until the instrument beeps
6. Remove the probe sheath from the probe and dispose of properly
7. Replace the probe
8. **Read the temperature and record accurately**

RADIAL or APICAL PULSE

1. Locate pulse at the correct site
2. Count pulse for 30 sec. and double or count for 1 full min. accuracy within + or - 4 beats per minute
3. **Document accurately**

RESPIRATORY RATE

1. Count respirations for 30 sec. and double or count for 1 full min. Accuracy within + or - 2 breaths
2. **Document Accurately**

REQUIRED

HANDWASHING

1. Don't touch the sink with your uniform
2. Turn water to warm
3. Wet and soap hands
4. **Wash hands with fingers down for at least 20 seconds, including wrist, nails and between fingers**
5. Rinse with fingertips down
6. Use dry paper towel to dry hands
7. **Use a paper towel to turn off faucets**
8. **Immediately discard paper towels in trash without touching to your other hand**

******You will be asked to complete 5 of the following:**

SKILL 1

PRESSURE ULCER PREVENTION

1. Demonstrate 2 ways to prevent pressure ulcers:

For example:

- a. Proper use of bed cradle
- b. Elbow/heel protector
- c. Using pillows to reduce skin to skin contact
- d. Making sure sheets are wrinkle free

2. Explain 2 other ways to prevent pressure ulcers

For example:

- a. Changing position frequently
- b. Good nutrition and hydration
- c. Provide good perineal care (keep resident clean and dry)
- d. Be careful of the resident's skin (no shearing or friction)
- e. Check resident's skin carefully-provide good skin care
- f. Assist your resident to the bathroom frequently
- g. Encourage mobility
- h. Use pressure reducing devices

SKILL 2

POSITION FOLEY CATHETER/BAG/TUBING

1. Secure tubing to resident's inner thigh or abdomen
- 2. Place tubing over leg**
3. Position tubing to facilitate gravitational flow, no kinks
- 4. Attach to bed frame (not over or on side rail) always-below level of bladder**
5. Keep catheter bag from touching floor

SKILL 3

OXYGEN

- 1. Demonstrate correct placement of O2 nasal cannula (place prongs following the contour of the nasal passage, tubing around ears and under chin (not behind head))**
- 2. When asked by nurse-demonstrate how to check the oxygen flow meter and verbalize actions needed if flow rate is not accurate. Do not adjust the flow of oxygen-if incorrect, alert the nurse immediately**
- 3. Verbalize 3 oxygen use guidelines**

For Example:

- a. Avoid lighting matches or smoking around oxygen use
- b. Ensure that all electrical equipment is in good repair
- c. No kinks in the tubing
- d. Make sure the device is placed correctly on the resident
- e. Do not remove the mask or nasal cannula, unless you are specifically told to do so by a nurse
- f. Make sure the water level in the humidity bottle does not get too low
- g. Provide oral care frequently
- h. Watch for signs of skin irritation behind the person's ears, over his or her cheeks, or around his or her ears and nose
- i. Check to make sure oxygen is flowing

SKILL 4

OCCUPIED DRAW SHEET CHANGE

1. Place clean draw sheet on clean surface within reach (chair, over-the-bed table)
2. Provide privacy throughout procedure
3. Lower head of bed, placing resident in supine position
- 4. After raising side rail, assist resident to turn onto side, moving toward raised side rail**
5. Loosen draw sheet, roll soiled draw sheet toward resident
- 6. Place and tuck in clean draw sheet on working side (this must be done before turning resident)**
- 7. Raise side rail and assist resident to turn onto clean draw sheet**
- 8. Remove soiled linens/draw sheet, avoiding contact with clothes, and place in appropriate location within room –never on floor**
9. Pull and tuck in clean draw sheet, finishing with sheet free of wrinkle

SKILL 5

APPLY COLD COMPRESS

- 1. Cover cold compress with towel or other protective cover (compress should not be placed on bare skin without covering)**
- 2. Properly place on correct site as directed by skills examiner**
- 3. When asked by examiner, verbalize frequency of checks and how long you would leave compress on resident (initially check after 5 minutes/do not leave on resident for more than 20 minutes)**
4. Assess for redness, swelling, irritation and or pain if this occurs remove compress and report to nurse immediately

SKILL 6

MEASURE AND RECORD FLUID INTAKE

1. Calculate intake in mL
2. Measure on a flat, level surface
3. Record intake accurately within +/- 25 mL's of nurses reading

SKILL 7

CONVERTING OUNCES TO ML'S- 30 mL's = 1 ounce

1. Convert ounces to mL
2. Record amount accurately within +/- 25 mL's of nurses reading

SKILL 8

MEASURE/RECORD URINE OUTPUT

1. Place container on flat surface, measure accurately in mLs
2. Dispose of properly into toilet
3. Rinse and dry container
4. Remove gloves, wash hands
5. Record output accurately within +/- 25 mL's of nurses reading

SKILL 9

CONSCIOUS CHOKING

1. Candidate is able to identify symptoms of choking, asks resident "Are you choking?"
2. Call for help
3. Stands behind resident and wraps arms around resident's waist
4. Places the thumb side of the fist against the resident's abdomen
5. Positions fist slightly above navel
6. Grasp fist with other hand, press fist and hand into the resident's abdomen **with an inward, upward thrust**
7. Candidate should indicate that they would repeat this procedure until it is successful or until the victim loses consciousness

SKILL 10

OBTAIN AND RECORD WEIGHT AND HEIGHT

WEIGHT

(Standing scale only)

1. Move weights to zero before assisting resident on to scale
2. Assist resident to stand on scale
3. Ensure resident is balanced and centered on the scale with arms at side
4. Accurately record weight within +/- 0.25 lbs. of nurse's measurement

HEIGHT

STANDING

1. Assist resident to stand on scales
2. Resident is balanced and centered on the scale with arms at side
3. Raise folded measuring bar above residents head, open and lower gently until bar rests on top of the head (not hair)
4. Accurately record height within +/- 0.5 inch of nurse's measurement

SKILL 11

APPLICATION OF ANTI-EMBOLISM STOCKINGS (TED hose)

1. Explain what position resident should be in when applying stocking- apply while resident is in bed or with feet elevated
2. Hold foot and heel of stocking and gather up stocking – turning the stocking inside out down to the heel, aids in application
3. Smooth up and over leg so hose is even, snug and not twisted or wrinkled
4. Heel and toe in proper location
5. The toe hole may be on the top or bottom of the toes, depending on the manufactures design

SKILL 12

PASSIVE RANGE OF MOTION 2 JOINTS -Examiners choice

1. Exercise passively 2 joints
2. When asked by examiner, explain or demonstrate that you understand to never exercise past the point of pain or resistance
3. Provide support for joint
4. Avoid fast jerky movements; demonstrate flexion, extension, adduction, abduction and rotation if applicable
5. Repeat exercise at least 3 times or as ordered

SKILL 13

MOVING AND POSITIONING RESIDENTS -Examiners choice

With each of the above positions you must demonstrate:

- **Raise side rail while turning patient except on side you are working on**
 - Demonstrate proper body mechanics
 - **Maintain residents proper alignment at all time, for all positions**
1. **Draw Sheet:**
 - Move using a **draw sheet (2 persons):** Provide support for resident's head. **Grasp rolled draw sheet near residents shoulder's and hips**
 2. **Fowlers:**
 - Position in **Fowler's (high Fowler's is 60 -90 degrees; semi-Fowler's is 30-45 degrees;** knees may be elevated approximately 15 degrees
 3. **Supine:**
 - Position in **supine, in proper anatomical alignment**
 4. **Chair/Wheelchair:**
 - Position in **chair or W/C: provide good alignment-**upper body and head erect, back and buttocks against back of chair, feet flat on floor or on W/C footrests
 5. **Sims (Semi Prone):**
 - Position in **Sims /Semi prone on the correct side as directed by examiner,**
 - Left: Resident left side lying, right leg flexed,** lower arm behind resident.
 - Right:Resident right side lying, left leg flexed,** lower arm behind resident.
 - **Provide goodalignment.** Place a pillow under the head, upper arm andflexedleg
 6. **Lateral: (Right or Left)**
 - Position **lateral/side-lying on the correct side as directed by examiner. Provide good alignment.** Place a pillow between legs, behind back and under arm
 - **Note: For enema position place resident in left Sims or left lateral position**

SKILL 14

ASSISTING TO AMBULATE

Demonstrating proper use of gait belt

1. Resident should have footwear with non-skid soles
2. Sit resident up, allow to dangle
3. **Apply gait belt properly around resident's waist; avoid restricting circulation or breathing, or injury to skin**
4. Assist resident to stand while holding gait belt. **Grasp the gait belt at each side, not the front.Do not allow resident to hold onto you around your neck while transferring**
5. Maintain own body mechanics while assisting resident to stand
6. **Walk at resident's side or slightly behind (on weak side, if resident has a weak side)**
7. **Demonstrate proper use of assistive devices (walker, cane-should be place on resident's strong side)**

SKILL 15

PIVOT TRANSFER FROM A BED TO A WHEELCHAIR/ Demonstrating proper use of gait belt

1. Lock the bed wheels
2. Resident should have footwear with non-skid soles
3. **Position wheelchair close to bed on residents' strong side**
4. Move or remove foot rests from wheelchair
5. **Lock wheelchair brakes**
6. Lower bed and rails
7. Sit resident up, allow to dangle
8. **Apply gait belt properly around resident's waist; avoid restricting circulation or breathing, or injury to skin**
9. Assist resident to stand while holding gait belt. **Grasp the gait belt at each side, not the front. Do not allow resident to hold onto you around your neck while transferring**
10. Maintain own body mechanics while assisting resident to stand
11. **Transfer to the strong side by pivoting on the strong side toward the wheelchair, using proper technique**
12. Position resident properly in wheelchair with residents hips against back of seat
13. Remove gait belt without harming resident
14. Place foot rests under residents' feet

SKILL 16

FEEDING THE DEPENDENT RESIDENT

- 1. Check that the name and diet on the meal tray matches the name of resident receiving it**
- 2. Position the resident in an upright position. Minimum 60 degrees**
3. Wash and dry resident's hands before feeding
4. If resident wears dentures check to make sure dentures are in
- 5. Protects clothing from soiling by using napkin, clothing protector, or towel**
6. Describes the foods being offered to the resident and maintain eye level contact while feeding resident
7. Offer fluid frequently
- 8. When asked by examiner, explain the pace and amount when feeding resident (offer food in small amounts, allow resident to chew and swallow)**
9. Wipe resident's hands and face during meal as needed
- 10. When asked by examiner verbalize need to stop feeding when complications occur and report to nurse**

For Example:

- a. Choking
- b. Persistent coughing
- c. Mouth sores
- d. Drooling
- e. Cyanosis
- f. Difficulty swallowing

- 11. Leave resident clean and in a position of comfort**

SKILL 17

DENTURE CARE

1. Before handling dentures, protect dentures from possible damage **(line the bottom of the sink with a towel/ washcloth or fill with water)**
- 2. When asked by examiner, explain that water for cleaning dentures should be lukewarm (not hot or cold)**
3. Brush dentures under running water with brush and paste provided
4. Place dentures in denture cup with water, adding cleaning tablet (if available), and cover with lid and allow to soak
5. Perform mouth care while dentures are out of the mouth

SKILL 18

LOG ROLLING RESIDENT WITH HIP FRACTURE PRECAUTIONS

- 1. Use at least 2 persons**
2. Lower head of bed as flat as possible
- 3. Do not roll resident onto injured side**
- 4. Place abduction splint or pillows between legs to support hip**
- 5. On the count of "three" roll person in a single movement, being sure to keep the person's head, spine and legs aligned**

SKILL 19

ORAL CARE FOR AN UNCONSCIOUS RESIDENT/ASPIRATION PRECAUTIONS

1. Verbalize frequency of oral care (every 2 hours)
2. Place towel or drape under the resident's head
- 3. Position resident (as resident's medical condition indicates) to prevent aspiration:**
 - a. Position resident in supine position with head to side or side lying (lateral) to prevent aspiration or with HOB elevated and head turned to side, as resident's medical condition indicates**
4. Insert swab/sponge tip gently into resident's mouth
5. Do not use toothpaste/toothbrush unless approved by nurse
6. Rotate against all tooth surfaces, mucous membranes and tongue
7. Clean resident's lips
8. Moisturize lips
9. Report abnormalities such as bleeding gums

SKILL 20

BACK RUB/MASSAGE

1. Place resident in a sitting or lateral position
2. Pour small amount of lotion into palm of hand and rub hands together to warm lotion
3. Apply with gentle pressure, **using both hands** from buttocks to back of neck without pulling skin, using long firm strokes
4. Use short circular strokes across the shoulders using both hands
5. Perform backrub for 3-5 min. or as ordered
6. Assess skin condition
7. Remove excess lotion
8. **When asked by examiner, verbalize actions needed if redness or skin break down are noticed. Do not rub reddened area and report immediately to nurse**

SKILL 21

FOOT/TOENAIL CARE

1. **Inspect for cracked, broken nails/skin and between toes**
2. **Do not clip toenails**
3. Soak feet in warm water
4. Dry feet completely including between toes
5. Apply lotion if desired but not between toes
6. Apply socks/shoes
7. Report abnormalities

SKILL 22

DRESSING/UNDRESSING RESIDENT (Must dress and undress)

1. Demonstrate how to properly dress/undress resident with hemiplegia
2. **Provide privacy** during entire procedure
3. **Dress weak side first**
4. **Undress weak side last**

SKILL 23

SHAVING WITH RAZOR BLADE

1. Place towel to protect resident's clothing
2. Soften beard with warm washcloth and apply shaving cream
3. **Gently pull skin taut**
4. Use short strokes of razor in the direction the hair is growing
5. Rinse razor often
6. Rinse and dry resident's face
7. Apply after shave if desired
8. **Dispose blade in sharps container**

SKILL 24

PROVIDE PERI-CARE (male or female examiners choice)

FEMALE

1. Assist resident in removing clothing, only as necessary, **exposing only area being washed. Provide privacy** (remembering dignity)
2. Obtain bath basin with water of a safe and comfortable temperature
3. Apply appropriate cleanser preferred by resident to wash cloth
4. **Separate the labia, clean inside the labia downward from front to back (clean to dirty). Then wash the outside of the labia from front to back** starting outside the labia and then going to the inside of the thighs. Repeat until the area is clean, **using a different part of the wash cloth for each stroke**
5. Rinse and gently dry each area thoroughly after washing
6. Turn the resident on their side
7. **Clean the anal area from front to back**
8. Rinse and gently dry each area thoroughly after washing
9. Redress resident

MALE

1. Assist resident in removing clothing, only as necessary, **exposing only area being washed. Provide privacy** (remembering dignity)
2. Obtain bath basin with water of a safe and comfortable temperature
3. Apply appropriate cleanser preferred by resident to wash cloth. **Cleanse the penis from tip to base (clean to dirty).** Repeat until the area is clean, **using a different part of the wash cloth for each stroke**
 - a. If male is uncircumcised retract the foreskin by gently pushing the skin toward the base of the penis and clean as directed above. Replace foreskin after drying thoroughly
4. Rinse and gently dry each area thoroughly after washing
5. Turn the resident on their side
6. **Clean the anal area from front to back**
7. Rinse and gently dry each area thoroughly after washing
8. Redress resident

SKILL 25

ASSISTING WITH A BEDPAN/FRACTURE PAN

1. **Positions the bedpan/fracture pan under the resident correctly (If using a fracture pan, the flat side should be toward the back of the resident)**
2. Raises head of bed to a comfortable level
3. Place tissue within reach of resident
4. **Position call light within reach of the resident**
5. **Provide privacy**
6. Gently removes bedpan
7. Provide or assist with peri-care as needed
8. Empty bedpan in toilet
9. Rinse, dry and store bedpan in proper location
10. Washes/assists resident to wash and dry hands
11. Record results accurately

SKILL 26

COLLECTING A STOOL SPECIMEN

1. **Properly fill out label given and place on specimen container**
2. Using a tongue depressor take a sample of feces from the bedpan or specimen collection device
3. Note color, amount and quality of the feces
4. Dispose of tongue depressor in a disposable bag
5. Empty remaining contents of bedpan or specimen collection device into toilet
6. **Put lid tightly on the specimen cup**
7. **Place specimen cup into transport bag**
8. **Wash hands**
9. Take the specimen cup to the designated location

VOCABULARY WORDS TO KNOW (From the State Curriculum)

8-25-15

abandonment	body systems	denial
abdominal thrust	body temperature	dentures
abduction	bowel program	depression
abduction pillow	BP	developmental disability
abductor wedge	breathing	diabetes
abuse	burnout	diabetic
accidents	call light	dialysis
activities	cancer	diarrhea
acute	cardiovascular system	diastolic
adaptive	care impaired	diet
adaptive devices	care plan	dirty linen
adaptive equipment	cast	discharging resident
adduction	cataracts	disease
ADL	catheter	disease process
admission	catheter care	disinfection
admitting resident	cc's in an ounce	disoriented
affected side	central nervous system	disposing of contaminated materials
aging process	cerebral vascular accident	disrespect
AIDS	chemical disinfection	disrespectful treatment
alternative therapy	chemotherapy	dizziness
Alzheimer's	chest pain	DNR
ambulation	CHF	documentation
amputees	choking	draw sheet
anemia	chronic	dressings
anger	circulation	droplets
Angina pectoris	circulatory system	dying
anti-embolitic stocking	clarification	dysphagia
anxiety	cleaning	dyspnea
aphasia	clear liquid diet	dysuria
apical	cognitively impaired	edema
apnea	cold compress	elastic stockings
applying gloves	cold pack	elderly
appropriate response	colostomy	elevate head
arteries	colostomy care	elimination
arthritis	combative resident	emesis
aseptic	comfort care	emotional lability
aspiration	communicable	emotional needs
assault	communication	empathy
assistive device	competency evaluation	emphysema
atrophy	competency evaluation program	endocrine system
authorized duties	confidentiality	enema
autism	confused resident	epilepsy
axillary temperature	congestive heart failure	ethics
bacteria	constipation	exercise
bargaining	constrict	extremity
basic needs	contamination	eye glasses
bathing	contracture	falls
battery	converting measures	fecal impaction
bed cradle	COPD	feces
bed height	Coronary Artery Disease	feeding
bed making	coughing excessively	financial abuse
bed position	cultural	fire
bedpan	CVA	flexed
bedrest	cyanosis	flexion
beliefs	cyanotic	Foley catheter
biohazard	dangling	foot board
bladder training	death & dying	foot care
bleeding	decubitus ulcer	foot drop
blindness	defamation	Fowler's
blood pressure	dehydration	fractures
body alignment	delegation	fraud
body fluids	delusions	frayed cord
body mechanics	dementia	free from disease

gait belt
gastric feedings
gastrostomy tube
geriatrics
gerontology
gestures
gloves
grieving process
hair care
hallucination
hand tremors
hand washing
health-care team
hearing
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
height
Heimlich maneuver
hemiplegia
hepatitis A
hepatitis B
hip prosthesis
HIPAA
hoarding
holistic care
hormones
hospice
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O
ileostomy
immobility
incident report
incontinence
indwelling catheter
infection
infection control
infectious disease
initial observations
intake
intake and output
integumentary system
interpersonal skills
invasion of privacy
isolation
isolation precautions
IV care
job description
life support
lift/draw sheet
linen
liquid diet
listening
living will
log roll
loose teeth
low sodium diet
making occupied bed
male perineal care
Maslow
masturbation
measuring height
measuring temperature
mechanical lift

mechanical soft diet
medical record
medications
memory loss
mental health
microorganism
military time
minerals
misappropriation of property
morning care
mouth care
moving
mucous membrane
multiple sclerosis
musculoskeletal
myocardial infarction
nail care
neglect
negligence
non-contagious disease
nonverbal communication
nosocomial infection
nosocomial/health care associated
infection
NPO
nursing assistant's role
nutrition
objective
objective data
OBRA
observation
obsessive compulsive
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoarthritis
osteoporosis
output
overbed table
oxygen
oxygen use
pain
palliative care
paralysis
paraphrasing
parenteral nutrition
Parkinson's
partial assistance
passive
pathogen
perineal care
peripheral vascular disease
peristalsis
personal care
personal items
personal protective equipment
phantom pain
phone etiquette
physical needs
physician's authority
pill-rolling
plaque
plate rim
polydipsia
positioning

post mortem care
PPE
pressure ulcer
preventing falls
privacy
professional boundaries
progressive
prone
prosthesis
psychological needs
pulmonary disease
pulse
pureed diet
QID
quadriplegia
quality of life
RACE (acronym)
radial
ramps
range of motion
reality orientation
rectal
refusal
regulation
rehabilitation
reminiscence therapy
reminiscing
reporting
repositioning
resident centered care
resident identification
resident independence
resident information
resident rights
resident treatment
resident trust
resident unit
residents
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
resident's rights
respectful treatment
respiration
respiratory symptoms
respiratory system
responding to resident behavior
responsibility
restorative care
restraint
restraints
resuscitation
rights
safety
sanitizer
scale
seclusion
security
seizure
self-actualization
self-esteem
semi fowlers
sensory system
sexual harassment
sexual needs
sharps container
shaving
shearing of skin

shock
side rails
simple fracture
skin
skin integrity
slander
sleep
smoking
social needs
soiled linen
specimen
spiritual needs
sputum
sputum specimen
sputum test
standard precautions
state tested
sterilization
stethoscope
stool specimen
stress
stroke
strong side
subjective
subjective data
sundowning
supine

supplemental feedings
swelling
systolic
tachycardia
temperature
tendons
terminal illness
terminology
thick fluids
TIA
tips
trachea
tracheostomy
transfers
transporting
transporting food
trochanter roll
tub bath
tube feeding
tuberculosis
twice daily
tympanic
tympanic temperatures
unaffected
unconscious
unsteady
urethral

urinary catheter bag
urinary problems
urinary system
urinary tract
urination
urine
urine filter
UTI
varicose veins
violent behavior
vision change
vital signs
vitamins
vocabulary
vomitus
walker
wandering resident
warm application
water faucets
water temperature
weak side
weighing
weight
well-being
wheelchair safety
white blood cells

Vocabulary Words (you may see used on the test in a question or as a distracter)

abdominal thrusts
abduction
abuse
accidents
activity
acute
adduction
ADL's
admitting residents
affected side
aging process
AIDS (HIV)
Alzheimer's
ambulate with assistance
ambulation
ambulatory resident
amputees
anemia
anger
Angina pectoris
antiembolic stockings
anxiety
aphasia
apical
appropriate response
arteries
arthritis
aseptic
aspiration
assistive device

atrophy
autism
avoiding falls
axillary temperature
back strain
bacteria
bargaining
basic human needs
basic skin care
bathing
bed bath
bed cradle
bed height
bed position
bedpan
bedrest
BID
biohazard bag
bladder training
bleeding
blindness
blood pressure
body alignment
body fluids
body language
body mechanics
bowel and bladder programs
bowel movements
breathing
burnout
call light
cancer
cardiovascular system

care plan
cast
cataracts
catheter drainage bag
central nervous system
cerebral vascular accident
chemical disinfectants
chemotherapy
chest pain
choking
chronic
circulatory system
clarification
cleaning spills
clear liquid diet
cold compress
colostomy
comfort care
communicable
communication
confidential information
confidentiality
confused resident
congestive heart failure
constipation
constrict
contamination
contracture
converting measures
COPD

coughing excessively
CVA
cyanosis
cyanotic
decubitus ulcer
dehydration
delusions
demanding resident
dementia
denial
dentures
depression
diabetes
diabetes mellitus
dialysis
diarrhea
diastolic
diet
discharging resident
disinfectants
disinfection
disoriented resident
disposing of
 contaminated
 materials
disrespectful
 treatment
dizziness
DNR
documentation
dressing resident
droplet secretions
dry skin
dying process
dysphagia
dyspnea
dysuria
edema
elastic stockings
elimination of wastes
emotional lability
emotional needs
empathetic
empathy
emphysema
endocrine system
ethical code
ethical issues
extremity
eye glasses
falls
fecal impaction
feeding resident
feeding tube
fire safety procedures
flexed
flexion
Foley catheter
foot board
foot care
foot drop

Fowler's position
fractures
gait belt
gastrostomy tube
geriatrics
gerontology
grieving process
hair care
hallucination
hand tremors
hand-washing
hazardous
 substances
health-care team
health care related infection
hearing aid
hearing impaired
heart attack
heart muscle
Heimlich maneuver
hemiplegia
hepatitis B
hereditary
hip prosthesis
HIPAA
Huntington's disease
hypertension
hyperventilation
hypoglycemia
immobility
incident report
incontinence
indwelling catheter
infection
in-house transfer
initial observations
input and output
intake and output
Integumentary system
interpersonal skills
isolation
job description
lift/draw sheets
linen
liquid diet
low sodium diet
making occupied bed
Maslow
measuring height
mechanical soft diet
medical record
medications
memory loss
mentally impaired
microorganisms
military time
minerals
morning care
mouth care
moving a resident
mucous membrane

multiple sclerosis
musculoskeletal
 system
myocardial infarction
nail care
nasal cannula
neglect
non-contagious
 disease
nonverbal
 communication
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NPO
nursing assistant
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nursing assistant's
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oral care
oral hygiene
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orientation
oriented
osteoarthritis
osteoporosis
over the bed table
oxygen
pain
paralysis
paraphrasing
parenteral nutrition
Parkinson's disease
partial assistance
passive
pathogens
patience
perineal care
peripheral vascular disease
peristalsis
personal care
personal possessions
personal protective
 equipment
phantom pain
physical needs
physician's authority
pill-rolling
plaque
plate rim
positioning resident
post mortem care
pressure sore
pressure ulcer
preventing falls
privacy
PRN
progressive
prone
prosthesis

protective equipment
providing privacy
psychological needs
pulmonary disease
pulse
quadriplegia
RACE (acronym)
radial
ramps
range of motion
rectal temperature
rehabilitation
reminiscing
reporting abnormal
 changes
reporting observations
reposition residents
resident
 independence
resident rights
resident unit
residents
Resident's Bill of
 Rights
resident's chart
resident's
 environment
resident's families
respectful treatment
respirations
respiratory condition
responding to resident
 behavior
restorative care
restrained resident
restraints
resuscitation
right to refuse care

safety and security
 needs
scale

security
seizure
self-actualization
self-esteem
sensory system
sexual needs
sharps container
shaving
shearing of skin
side rails
simple fracture
skin breakdown
sleep
smoking
social needs
social well being
soiled linen
specimen
spiritual needs
sputum test
standard precautions
standard/universal
 precautions
sterilization
stool specimen
stress
stroke
strong side
subjective
sun downing
supine
supplemental
 feedings
swelling
systolic
tachycardia
TED hose
tendons
terminal illness
TIA
tips
trachea

tracheostomy
transferring
transporting food
treating residents with
 respect
tub bath
tube feeding
tuberculosis
twice daily
tympanic temperatures
unaffected side
unconscious resident
uniform
unsteady
urethral
urinary catheter bag
urinary system
urination
urine
urine filter
varicose veins
ventilation
visually impaired
vital signs
vitamins
vomiting
walker
wandering resident
warm and cold
 applications
water faucets
water temperature
weak side
weighing resident
wheelchair safety
white blood cells

Abbreviations (7-10-14)

ā	Before
abd	abdomen
ac	before meals
ADA	American Diabetes Association
ADL's	activities of daily living
ad lib	as desired
AIDS	Acquired Immunodeficiency Syndrome
AM/am hours	between midnight and noon
amb	ambulate, walk
amt	Amount
Ap	Apical
AP	
APS	Adult Protective Services
ASAP	as soon as possible
as tol	as tolerated
ax	Axillary
BID, bid	twice daily
BM	bowel movement
B/P, BP	blood pressure
BPH	Benign Prostatic Hypertension
BR	bed rest, bathroom
BRP	bathroom privileges
̄c	with
C	Centigrade/Celsius
CA	Cancer
CAD	Coronary Artery Disease
cath	Catheter
cc	cubic centimeters
CDC	Centers for Disease Control
C.Diff	Clostridium difficile
CHF	congestive heart failure
CNA	certified nursing assistant
CNS	Central Nervous System

c/o	complains of
COPD	chronic obstructive pulmonary disease
CP	Cerebral Palsy
CPR	cardiopulmonary resuscitation
CVA	cerebrovascular accident (stroke)
D/C or DC	discontinue/discharge
DNR	do not resuscitate
DON	Director of Nursing
DQ	Decubitus Ulcer
drsg	Dressing
Dr.	Doctor
dx	diagnosis
ER	Emergency Room
F	Fahrenheit
FAS	Fetal Alcohol Syndrome
Fx	Fracture
GERD	Gastroesophageal Reflux Disease
G tube	Gastrostomy Tube
GI	gastrointestinal
GU	genitourinary
H or hr.	Hour
HA	headache
HAI	Health Care Associated Infection
HAV	Hepatitis A Virus
HBV	Helpatitis B Virus
HCV	Hepatitis C Virus
HIPPA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus

HOB	head of bed
H2O	Water
HS or hs	hour of sleep
ht	Height
I and O	intake and output
IV	intravenous
Kg	Kilogram
Lab	laboratory
(L)/L/lt	Left
L	Liter
lb.	pound
LCS	Low Concentrated Sweets
LOA	leave of absence
LOC	level of consciousness
LPN	licensed practical nurse
LTC	long-term care
LTCO	Long Term Care Ombudsman
MD	Medical Doctor
meds	medications
ml	Milliliter
MI	myocardial infarction
mmHg	Millimeters mercury
MRSA	Multi-drug resistant staphylococcus aureus
MS	Multiple sclerosis
NAS	no added salt (diet order)
NCR	no cardiac resuscitation
NCS	No Concentrated Sweets
Neg	Negative
NG	naso-gastric
NKA	no known allergies
noc	night, nocturnal
NPO	nothing by mouth
O2	oxygen
OBRA	Omnibus Budget

	Reconciliation Act of 1987
OCD	Obsessive Compulsive Disorder
oob	out of bed
OR	operating room
ortho	orthopedics
OSHA	Occupational Safety and Health Administration
O.T.	occupational therapy
oz.	ounce
\bar{p}	after
P	pulse
PASS	Pull, Aim. Squeeze, Sweep
pc	after meals
per	by/via or through
peri	perineal areas
PHI	Protected Health Information
Pm/PM	hours between noon and midnight
PNS	Peripheral Nervous System
po	by mouth
POLST	Physician Order for Life Sustaining Treatment
postop	after surgery
PPE	Personal Protective Equipment
preop	before surgery
PRN, prn	when necessary
PROM	passive range of motion
pt	patient/resident
PT	physical therapy
PVD	Peripheral Vascular Disease
q	every
qd	every day
qh	every hour
qhs	every bed time
q2h	every two hours

QID/qid	four times daily
R	rectal or respirations
®/(R)/R/rt	Right
RA	Rheumatoid Arthritis
RACE	rescue, alarm, contain, extinguish
RBC	red blood cell
reg	Regular
rehab	rehabilitation
RN	registered nurse
ROM	range of motion
RSV	Respiratory Syncytial Virus
RT	recreational therapy or respiratory therapy
Rx	prescription
s	Without
SDS	Safety Data Sheet
SNF	skilled nursing facility
SOB	short of breath
stat	at once, immediately
S and S	sign and symptoms
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	
Sx	symptoms
T	temperature
TB	tuberculosis
TBI	Traumatic Brain Injury
tbsp	tablespoon

TCDB	turn, cough and deep breath
TED hose	brand name of anti-embolism stocking
TIA	transient ischemic attack (little or silent stroke)
TID/tid	three times a day
TPN	Total Parenteral Nutrition
TPR	temperature, pulse, respiration
tsp	teaspoon
Tx, tx	treatment
UA or U/A	urinalysis
UNAR	Utah Nursing Assistant Registry
URI	upper respiratory infection
UTI	urinary tract infection
VS or V/S	vital signs
WBC	white blood cells
w/c	wheelchair
WNL	within normal limits
wt	weight
x	times (i.e. 3xhr = three times/hr)
i/ii/iii	one/two/three
-	negative
+	positive
<	less than
>	greater than or more than
△	change

Written Practice Exam

The following questions are samples of the kinds of questions that you will find on the written examination.

1. Reality orientation therapy should include:
 - A. Talking about your interest
 - B. Using nicknames like "granny"
 - C. Calling the resident by his name
 - D. Telling imaginative stories to the resident
2. You are giving mouth care to an UNCONSCIOUS resident. You must be especially careful to prevent the resident from:
 - A. Aspirating any fluid
 - B. Eating the toothpaste
 - C. Talking during procedure
 - D. D. Biting down on the toothbrush
3. While dressing a post CVA resident with one-sided weakness, which arm should be put through the sleeve first?
 - A. Weak arm
 - B. Strong arm
 - C. It doesn't matter
 - D. Both arms at the same time
4. If a resident refuses to eat a certain food because of a religious preference, the CNA should:
 - A. Allow the resident to go hungry
 - B. Ask the family to bring in special foods
 - C. Respect the residents religion and notify the dietician
 - D. Tell the resident to eat the food, no preference is given
5. Which of the following **best** helps reduce pressure on the bony prominences?
 - A. Several pillows
 - B. Sheepskin
 - C. Flotation mattress
 - D. Repositioning every shift
6. While an unsteady resident is showering you should:
 - A. Leave to respect privacy
 - B. Go start another shower
 - C. Use a shower chair
 - D. Ambulate a resident just outside the door
7. If the CNA is confused about instructions of a task that the nurse told the CNA to do, the CNA should:
 - A. Do the best job possible and not bother co-workers with the misunderstanding
 - B. Ask the other CNA's to do the job
 - C. Ask the nurse to clarify the instructions
 - D. Ask the patient what to do
8. When caring for a confused resident what should a nursing assistant do?
 - A. Give simple directions
 - B. Give the patient activities
 - C. Say nothing
 - D. Allow the patient to plan daily activities
9. When removing soiled bed linen, they should be:
 - A. Rolled dirty side out
 - B. Shaken to get all the crumbs off
 - C. Put on the floor, it's dirty also
 - D. Rolled dirty side in

10. You are assigned to care for a new resident. You do not know what to call her. You should introduce yourself then:
 - A. Call her by her first name
 - B. Call her "dear" or "honey" to be friendly
 - C. Ask her by what name she would like to be called
 - D. Ask a family member what name to call him/her

11. Insulin, a hormone, regulates:
 - A. The rhythm of the heart
 - B. The amount of salt retained in the blood
 - C. The strength of the skeletal muscles
 - D. The amount of sugar in the blood

12. When assisting a blind resident to walk it is important to:
 - A. Hold the resident's elbow
 - B. Stand slightly behind them
 - C. Have him use a white cane
 - D. Allow the resident to hold your arm

13. A nursing assistant closes the door, pulls curtains between beds, and covers the resident with a bath sheet when giving a bath. This is an example of maintaining a resident's:
 - A. Choice
 - B. Privacy
 - C. Confidentiality
 - D. Right of expression

14. When you are giving hair care you should particularly observe for the following:
 - A. Hair curl
 - B. Split ends
 - C. Hair color change
 - D. Lice, nits, and sores

15. What can you do to allow a helpless resident some independence when he must be fed?
 - A. Feed the resident lying down
 - B. Feed the resident with a fork
 - C. Always stand to feed the resident
 - D. Ask which foods the resident would like to eat first

16. ROM exercises will help prevent:
 - A. Obesity
 - B. Depression
 - C. Contractures
 - D. Pressure sores

17. Keeping information confidential about a client is:
 - A. Not important
 - B. Fairly important
 - C. Applies only to medical records
 - D. A legal responsibility

18. NPO means:
 - A. Nothing by mouth
 - B. Nothing per ostomy
 - C. Only ice chips per mouth
 - D. Nothing by mouth except water

19. Which of the following is a right of residents in a nursing facility?
 - A. Smoking in their room
 - B. Making as much noise as they want
 - C. Refusing treatment ordered by the doctor

- D. To take all the drugs they want
20. A nursing assistant is helping a resident to walk. If the resident becomes faint and begins to fall, the assistant should:
- Hold the resident up and call for help
 - Hold the resident up and continue walking
 - Ease the resident to the floor and call for help
 - Carry the resident back to bed and then go for help
21. A resident's call light:
- May be answered when you have time
 - May be kept out of the residents reach
 - Should be answered as quickly as possible
 - May only be answered by the nursing assistant assigned to that client
22. You don't answer a call light because the patient is always hitting it accidentally. This would be considered:
- Unethical
 - Neglect/abuse
 - Breaking confidentiality
 - False imprisonment
23. The most comfortable position for a resident with a respiratory problem is:
- Prone
 - Supine
 - Lateral
 - Fowler's
24. Restraints should be unfastened or released:
- Daily
 - Never
 - Q1-2 hours
 - Q3-5 hours
25. Which of the following people provide treatment for persons who have difficulty talking due to disorders such as a stroke or physical defects?
- Speech therapist
 - Registered nurse
 - Physical therapist
 - Occupational therapist

Answers: 1. c., 2. a., 3. a., 4. c., 5. c., 6. c., 7. c., 8. a., 9. d., 10. c., 11. d., 12. d., 13. b., 14. d., 15. d., 16. c., 17. d., 18. a., 19. c., 20. c., 21. c., 22. b., 23. d., 24. c., 25. a.

PRACTICE EXAM

1. What is the term for a device used to take the place of a missing body part?

- Pronation
- Abduction
- External rotation
- Prosthesis

2. When a client has left-sided weakness, what part of a sweater is put on first?

- Both sleeves
- Left sleeve
- Client's choice

(D) Right sleeve

3. It is appropriate for a nurse aide to share the information regarding a client's status with:

- any one the nurse aide sees fit
- the client's family members
- the client's roommate
- the staff on the next shift

4. When helping a client who is recovering from a stroke to walk, the

nurse aide should assist:

- (A) on the client's strong side
- (B) on the client's weak side
- (C) from behind the client
- (D) with a wheelchair

5. The nurse aide is caring for a client who is agitated. The nurse aide SHOULD:

- (A) speak loudly so the client can hear the instructions
- (B) ask to reassign the care of this client
- (C) talk in a slow, calm, reassuring manner
- (D) tell the client to be quiet

6. The purpose for padding side rails on the client's bed is to:

- (A) use them as a restraint
- (B) have a place to connect the call signal
- (C) protect the client from injury
- (D) keep the client warm

7. Exercises that move each muscle and joint are called:

- (A) adduction
- (B) range of motion
- (C) abduction
- (D) rotation

8. How can the nurse aide BEST help a client who is not accepting a loss?

- (A) Leave the client alone
- (B) Convince the client to accept the loss
- (C) Encourage the client to talk
- (D) Discourage individual activity

The Heimlich maneuver (abdominal thrust) is used for a client who has:

- (A) a bloody nose
- (B) a blocked airway
- (C) fallen out of bed
- (D) impaired eyesight

10. To BEST communicate with a client who is totally deaf, the nurse aide should:

- (A) smile frequently and speak loudly
- (B) smile often and talk rapidly
- (C) avoid eye contact
- (D) write out information

11. The nurse aide is asked by a confused

client what day it is. The nurse aide should:

- (A) explain that memory loss is natural and the date is not important
- (B) ignore the request
- (C) point to the date on a calendar and say the date
- (D) provide the date and then test the client later

12. To avoid pulling the catheter when turning a male client, the catheter tube must be taped to the client's:

- (A) bed sheet
- (B) upper thigh
- (C) bed frame
- (D) hip

13. A nurse aide can assist clients with their spiritual needs by:

- (A) taking clients to the nurse aide's church
- (B) allowing clients to talk about their beliefs
- (C) avoiding any religious discussions
- (D) talking about the nurse aide's own spiritual beliefs

14. A nurse aide MUST wear gloves when:

- (A) feeding a client
- (B) doing peri-care
- (C) giving a back rub
- (D) doing range of motion

15. When getting ready to dress a client, the nurse aide SHOULD:

- (A) get the first clothes the nurse aide can reach in the closet
- (B) give the client a choice of what to wear
- (C) use the clothes the client wore the day before
- (D) choose clothes that the nurse aide personally likes

16. If the nurse aide discovers fire in a client's room, the FIRST thing do is:

- (A) call the nurse in charge
- (B) try to put out the fire
- (C) open a window
- (D) remove the client

In order to communicate clearly with a client who has hearing loss, the nurse aide should:

- (A) speak in a high pitched tone of voice
- (B) stand behind the client when speaking
- (C) speak in a loud and slow manner
- (D) look directly at the client when speaking

18. Which of the following stages of dying is usually the final stage?

- (A) Anger
- (B) Acceptance
- (C) Bargaining
- (D) Depression

19. If a client says, “God is punishing me” or “Why me?”, how should the nurse aide respond?

- (A) Reply, “God doesn’t punish people.”
- (B) Listen quietly
- (C) Ignore the client
- (D) Make jokes

20. The role of the ombudsman is to:

- (A) run a group of nursing homes
- (B) work with the nursing home to protect clients’ rights
- (C) control the nursing home budget
- (D) prepare classes that nurse aides take to learn about client hygiene

21. A nurse aide who is active in her church is assigned to care for a client who is not a member of any religious group. The nurse aide SHOULD:

- (A) help the client understand the nurse aide’s faith
- (B) tell the client that it is important for the client to join some church, even if it is not the nurse aide’s church
- (C) respect the client’s beliefs and avoid starting religious discussions
- (D) arrange to have the nurse aide’s clergyman visit the client

22. The nurse aide notices that a client’s mail has been delivered to the client’s room. The nurse aide SHOULD:

- (A) open the mail and leave it on the client’s table
- (B) open the mail and read it to the client
- (C) read the mail to make sure it

- doesn’t contain upsetting news
- (D) give the client the unopened mail and offer help as needed

23. Which of the following is a correct measurement of urinary output?

- (A) 40 oz
- (B) 300 cc
- (C) 2 cups
- (D) 1 quart

24. The client offers a nurse aide a twenty dollar bill as a thank you for all that the nurse aide has done. The nurse aide SHOULD:

- (A) take the money so as not to offend the client
- (B) politely refuse the money
- (C) take the money and buy something for the floor
- (D) ask the nurse in charge what to do

25. All of the following situations are examples of abuse or neglect EXCEPT:

- (A) restraining a client according to a physician’s order
- (B) leaving a client alone in a bathtub
- (C) threatening to withhold a client’s meals
- (D) leaving a client in a wet and soiled bed

26. If a client is sitting in a chair in his room masturbating, the nurse aide SHOULD:

- (A) report the incident to the other nurse aides
- (B) tell the client to stop
- (C) laugh and tell the client to go in the bathroom
- (D) leave the client alone and provide Privacy

27. To convert four ounces of juice to milliliters (ml), the nurse aide should multiply:

- (A) 4 x 5 ml
- (B) 4 x 10 ml
- (C) 4 x 15 ml
- (D) 4 x 30 ml

28. In giving care according to the client’s Bill of Rights, the nurse aide SHOULD:

- (A) provide privacy during the client’s personal care
- (B) open the client’s mail without permission
- (C) use the client’s personal

possessions for another client

(D) prevent the client from complaining about care

29. The LAST sense a dying client will lose is:

- (A) smell
- (B) hearing
- (C) taste
- (D) sight

30. A client wakes up during the night and asks for something to eat. The nurse aide SHOULD:

- (A) check client's diet before offering nourishment
- (B) tell the client nothing is available at night
- (C) explain that breakfast is coming in three hours
- (D) tell the client that eating is not allowed during the night

31. The normal aging process is BEST defined as the time when:

- (A) people become dependent and childlike
- (B) Alzheimer's disease begins
- (C) normal body functions and senses decline
- (D) people are over sixty-five years of Age

If a client is confused, the nurse aide should:

- (A) ignore the client until he starts to make sense
- (B) restrain the client so that he does not hurt himself
- (C) keep the client away from other clients
- (D) help the client to recognize familiar things and people

33. What is the process of restoring a disabled client to the highest level of functioning possible?

- (A) Responsibility
- (B) Retention
- (C) Rehabilitation
- (D) Reincarnation

34. When changing an unsterile dressing, the nurse aide should wash hands:

- (A) before the procedure
- (B) after the procedure
- (C) before and after the procedure
- (D) before, after removal of the soiled dressing, and after the procedure

35. Clean bed linen placed in a client's room but NOT used should be:

- (A) returned to the linen closet

(B) used for a client in the next room

(C) taken to the nurse in charge

(D) put in the dirty linen container

36. The nurse aide finds a conscious client lying on the bathroom floor. The FIRST thing the nurse aide should do is:

- (A) help the client into a sitting position
- (B) call for assistance from the nurse in charge
- (C) offer the client a drink of water
- (D) check for signs of injury

37. If a nurse aide finds a client who is sad and crying, the nurse aide should:

- (A) ask the client if something is wrong
- (B) tell the client to cheer up
- (C) tell the client to stop crying
- (D) call the client's family

38. Clients have the right to:

- (A) smoke in any area of the facility
- (B) have access to a telephone
- (C) go anywhere in the facility
- (D) see other clients' medical reports

39. Proper use of a waist restraint requires that the nurse aide:

- (A) release the restraint every four hours
- (B) watch for skin irritation
- (C) tie restraints to the side rail
- (D) apply the restraint tightly so the client cannot move

40. To prevent the spread of infection, how should the nurse aide handle the soiled linens removed from a client's bed?

- (A) Shake them in the air
- (B) Place them in a neat pile on the floor
- (C) Carry them close to the nurse aide's body
- (D) Put them in the dirty linen container

41. A client needs to be repositioned but is heavy, and the nurse aide is not sure she can move the client alone. The nurse aide should:

- (A) try to move the client alone
- (B) have the family do it
- (C) ask another nurse aide to help
- (D) go on to another task

42. To prevent dehydration of the client, the nurse aide SHOULD:

- (A) offer fluids frequently while the client is awake
- (B) wake the client hourly during the night to offer fluids
- (C) give the client frequent baths
- (D) feed the client salty food to increase thirst

45. How many tips does a quad-cane base have?

- (A) 1
- (B) 2
- (C) 3
- (D) 4

43. When transferring a client, MOST of the client's weight should be supported by the nurse aide's:

- (A) back
- (B) shoulders
- (C) legs
- (D) wrists

44. To be sure that a client's weight is measured accurately, the client should be weighed:

- (A) after a meal
- (B) by a different nurse aide
- (C) at the same time of day
- (D) after a good night's sleep

Please refer to the following tables to score your examination. If there is a question you had incorrect, you can refer to the content area listed next to that question number.

Practice Exam Answer Key

Question, Number Answer, Category

1 D MEMBER OF THE HEALTH CARE TEAM
2 B ACTIVITIES OF DAILY LIVING
3 D CLIENT RIGHTS
4 B BASIC NURSING SKILLS
5 C EMOTIONAL AND MENTAL HEALTH NEEDS
6 C BASIC NURSING SKILLS
7 B RESTORATIVE SKILLS
8 C COMMUNICATION
9 B BASIC NURSING SKILLS
10 D COMMUNICATION
11 C COMMUNICATION
12 B BASIC NURSING SKILLS
13 B SPIRITUAL AND CULTURAL NEEDS
14 B ACTIVITIES OF DAILY LIVING
15 B CLIENT RIGHTS
16 D BASIC NURSING SKILLS
17 D COMMUNICATION
18 B EMOTIONAL AND MENTAL HEALTH NEEDS
19 B COMMUNICATION
20 B MEMBER OF THE HEALTH

CARE TEAM
21 C SPIRITUAL AND CULTURAL NEEDS
22 D CLIENT RIGHTS
23 B BASIC NURSING SKILLS

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24 B LEGAL AND ETHICAL BEHAVIOR
25 A CLIENT RIGHTS
26 D CLIENT RIGHTS
27 D BASIC NURSING SKILLS
28 A CLIENT RIGHTS
29 B ACTIVITIES OF DAILY LIVING
30 A CLIENT RIGHTS
31 C EMOTIONAL AND MENTAL HEALTH NEEDS
32 D EMOTIONAL AND MENTAL HEALTH NEEDS
33 C MEMBER OF THE HEALTH CARE TEAM

34 D BASIC NURSING SKILLS
35 D BASIC NURSING SKILLS
36 B MEMBER OF THE HEALTH CARE TEAM
37 A EMOTIONAL AND MENTAL HEALTH NEEDS
38 B CLIENT RIGHTS
39 B LEGAL AND ETHICAL BEHAVIOR
40 D BASIC NURSING SKILLS
41 C BASIC NURSING SKILLS
42 A ACTIVITIES OF DAILY LIVING
43 C BASIC NURSING SKILLS
44 C BASIC NURSING SKILLS
45 D MEMBER OF THE HEALTH CARE TEAM

8-25-15

