

# Certified Nursing Assistant Handbook

## for the State of Utah



*550 East 300 South  
Kaysville, Utah 84037  
801-547-9947  
utahcna.com*

---

# TABLE OF CONTENTS

---

OBRA and Utah State Requirements .....	2
Important Information Regarding the Registry .....	3
State Certification Exam .....	4
ADA, Vocational Rehabilitation, Special Education, 504 Information .....	4
Important Testing Details .....	5
Important Skills Exam Information .....	6
Skills Tasks .....	7
Practical Skills .....	11
Practice Exam One .....	24
Answers to Practice Exam One .....	29
Practice Exam Two .....	30
Answers to Practice Exam Two .....	38

---

# OBRA AND UTAH STATE REQUIREMENTS

---

## What is a nursing assistant?

A nursing assistant is a person who assists licensed nursing personnel in the provision of nursing care. They primarily assist with activities of daily living such as; bathing, dressing, ambulating, transferring, positioning, feeding, and toileting. They also measure vital signs and may assist with other nursing tasks if appropriately delegated by a licensed nurse.



## What is a CNA?

A certified nursing assistant has completed an approved nursing assistant training and competency evaluation program and successfully passed the state's written and skills certification exams.

## How do I become a CNA?

To become a CNA in the state of Utah you must complete a UNAR approved NATCEP consisting of a minimum of 100 hours of training, and pass the state written and skills certification exams.

## What is OBRA?

The Omnibus Budget Reconciliation Act of 1987 is a federal law established to improve the quality of care given in long term care facilities. Each state is responsible for following the terms of this federal law.



## What is UNAR?

The Utah Nursing Assistant Registry (UNAR) is the state agency created as a result of the OBRA requirement. UNAR approves nursing assistant training & competency evaluation programs (NATCEP), certifies nursing assistants who have completed an approved NATCEP and passed the state written and skills certification exams, renews certifications of qualified CNA's, monitors all UNAR test sites, and maintains an abuse registry for all substantiated allegations of abuse, neglect, or misappropriation of property by a CNA.

## Nursing Facility Requirements

Nursing Assistants who work in a nursing facility that participates in the Medicare and Medicaid programs are required by law to have a valid Utah CNA certificate. Facilities may hire uncertified nursing assistants for up to 120 days. This means you may get a job working for a facility before completing a NATCEP but you are expected to complete the NATCEP and certification exams within those 120 days.

This is a one-time opportunity only.



---

# IMPORTANT INFORMATION REGARDING THE REGISTRY

---

## **How long is my certification valid?**

Your certification must be renewed every **two years**. Keeping your certification current is your responsibility, you should not depend entirely upon UNAR or your place of employment to notify you of your upcoming expiration.

You will be mailed a renewal notice as a courtesy only, to the last address on record at UNAR approximately 45 days prior to your expiration.. If you do not receive this notice you must contact UNAR.

Once you have received this notice you must have a licensed nurse verify and sign that you have completed a minimum of 200 paid hours in nursing or nursing related duties under the direction of a licensed nurse. *If your place of employment does not* have a licensed nurse to verify that you have met this requirement you will not be able to renew your certification without taking and passing the state's written and skills exam again.

Return the completed form to the UNAR and it will be processed and updated in the system\*.

## **What do I do if my certificate is expired?**

You should not be working in a nursing facility that participates in Medicare/Medicaid programs with an expired certificate and should be aware of your expiration date and plan accordingly.

If you do allow your certification to expire you have up to 6 months to recertify by returning a renewal notice that includes verification by a licensed nurse that you have completed the minimum of 200 hours as stated above and paying a late fee that accumulates monthly.

If you are more than 6 months expired but less than 12 months, you may recertify by successfully completing the state written and skills certification exams.

Expired certification forms can be found at [www.utahcna.com](http://www.utahcna.com) . This form must be returned along with any required fees to recertify, or receive vouchers to retest.

## **Contact info or name change?**

You must keep UNAR informed of any changes to your contact information by completing and submitting a change form available online at [www.utahcna.com](http://www.utahcna.com) or by contacting UNAR by phone.

*\*Note that updating the system can take as long as 5 days.*

---

# STATE CERTIFICATION EXAM

---

## What is the State certification exam?

The state certification exam is a measure of nursing assistant's knowledge and skill level. There are two parts to this exam, a written portion and a skills portion.

## The skills exam

Your ability to properly complete skills will be evaluated by a state approved RN skills examiner. The skills examiner will give you up to 2 helpful prompts if needed during the exam. You have a maximum of 40 minutes to complete the exam. You will be expected to complete;

- Verbalization of beginning and ending procedures
- A set of vital signs
- Handwashing
- 5 randomly selected skills of the 26 skills listed in this handbook

## The written exam

Consists of 100 multiple choice questions. You must receive a minimum score of 75%. This exam will be administered on a computer with audio available through the use of headphones. If you have a documented disability this exam may also be administered in a paper form.

## ADA, Vocational Rehabilitation, Special Education, 504 Information

All testing sites are expected to comply with the American Disabilities Act. Any accommodations that you are requesting at the testing site must have been made in your training program and you must provide appropriate documentation as proof. It is suggested that you contact the testing site ahead of time to make them aware of your needs.

## How do I register for the exam?

UNAR must receive your completed testing application signed by your course instructor. *This application is given out by the instructors only.* Once your application has been processed, testing vouchers and a list of approved testing sites will be mailed to your address on record. If you need to retest or are testing on an expired certificate it is the same procedure, but you will only need to complete the retest voucher form or expired certification forms. Please note that on average it takes **20 days for you** to receive testing vouchers, this includes mail speed, so please plan accordingly. **Priority processing is available for an additional fee by contacting UNAR.**

## How long will it take to receive my test results?

After completing both tests it takes approximately 8-10 days to receive your results by mail. We will not disclose your results over the phone. If you have passed both the written and skills exam you may be listed on the registry before you receive your results. Check for your name on the registry and **wait at least 10 days after completing both tests to contact the registry if you have not received your results.** The registry is at [www.utahcna.com](http://www.utahcna.com).

---

# IMPORTANT TESTING DETAILS

---

## Testing vouchers

- You cannot schedule to test until you have your voucher in hand
- You will not be allowed to test under any circumstances without a voucher and picture ID
- If your test requires an appointment, arrive 10 to 15 minutes early
- Only the testing candidate is allowed into the testing area
- Testing staff, including skills examiners, are prohibited from disclosing results

## Valid picture ID

- Must be a picture ID
- Current, valid driver's license from any state
- Current, valid driving learner permit or temporary operator card
- Current, valid ID card issued by any branch, department, or agency of the United States Government or State of Utah
- Current, valid ID from a high school, technical school, college, or professional school located within the State of Utah
- Current, valid Utah concealed weapons permit
- Current, valid United States passport
- Current, valid tribal ID card

## What is allowed during testing?

- Calculator for both skills and written
- Translation dictionary for written only
  - Translation dictionary's must be provided to testing center in advance for inspection

## Dress appropriately for skills exam

- Scrubs
- Hair tied back
- Closed toe shoes
- No dangling jewelry

## Who will be the resident?

- A mannequin or another testing candidate
- Speak to the resident as you would a real person

---

# IMPORTANT SKILLS EXAM INFORMATION

---

- Please arrive at your confirmed test site at least 10 to 15 minutes before you are scheduled to start
- **All students must be wearing their appropriate attire to the skills test**
- Only the CNA testing candidate is allowed into the testing area
- **Each candidate will be given 5 skills in a scenario and be required to complete a set of vitals and handwashing**
- **Only 2 prompts will be given by the skills examiner during the entire test**
- **After the two prompts have been given the student will be failed if they miss another critical point**
- **The skills examiner is not able to disclose the test results after testing is complete**

---

# SKILLS TASKS

---

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

## Critical Criteria:

**Critical criteria are part of every skill**  
**being tested**

**Infection control and standard precautions**  
Following all rules of medical asepsis

**Safety**  
Protect the resident and yourself from  
physical harm

**Residents rights**  
Taking action to prevent or minimize emotional stress to the resident, including  
providing privacy.

**Communication**  
Explaining the procedure to the resident prior to initiating it

**Recognizing and reporting changes**  
Observing and reporting abnormalities

## Handwashing

1. Do not touch the sink with your uniform
2. Turn the water to warm
3. Wet and soap your hands
4. **Wash your hand with your fingers pointing down for a minimum of 20 seconds**
  - This must include your wrist, nails and in between your fingers
5. Rinse with your fingertips down
6. Use a dry paper towel to dry your hands
7. **Use a paper towel to turn off the faucets**
8. **Immediately discard the paper towels in a trash without touching it to your other hand**

## **Beginning and Ending Procedures**

### Beginning Procedure Steps

1. **Wash your hands thoroughly before entering the room or when you are in the room**
  - Hand washing is necessary and is evaluated as part of the critical criteria
2. Assemble needed equipment
3. Go to the resident's room, knock and pause before entering
4. **Introduce yourself 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 the procedure**
  - This means pulling the curtains, shutting the door, and properly covering the resident as needed
8. **Explain the procedure to the resident,**
  - Speak clearly, slowly, and directly
  - Maintain face-to-face contact whenever possible
9. Answer the residents questions about the procedure
10. Allow the resident to assist as much as possible
11. **Raise the bed to an appropriate working height**

### Ending Procedure Steps

1. **Position the resident comfortably**
2. **Return the bed to its lowest position**

3. **Leave the signal cord, telephone and water within reach**
4. **Perform a general safety check**
5. Open the curtains
6. Care for equipment following policy
7. **Wash your hands**
8. Let the visitors know they can return
9. **Report completion of task and observation of any abnormalities and record those actions and observations**

## **Vital Signs**

### **Blood Pressure – Manual**

1. Clean ear pieces and diaphragm with antiseptic wipes
2. Position the residents arm with it resting on a firm surface and the palm facing up
3. Wrap the cuff around the arm with the bladder over the artery, 1 inch above antecubital space make sure the cuff is even and snug
4. Place the ear pieces in your ears (directed forward towards your eardrums) and place the diaphragm over the artery
5. Inflate the cuff to no more than 180mm/Hg
  - Or you may use the pulse obliteration method (candidates choice)
6. Deflate the cuff and note systolic reading and the point of diastolic reading
7. **This reading must be accurate within a 4mmHg window on both the systolic and diastolic**
8. **Accurately record blood pressure**

### **Radial or Apical Pulse**

1. Locate the pulse at the correct site
2. Count the pulse for 30 seconds and double or count for one full minute
3. **Accuracy within + or – 4 beats per minute**
4. **Obtain and record and accurate pulse**

### **Respiratory Rate**

1. Count respirations for 30 seconds and double or count for one full minute
2. **Accuracy must be within + or – 2 breaths**
3. **Obtain and record and accurate respiratory rate**

## Temperature

Tympanic, Oral or Axillary with an electronic thermometer  
(Examiners Choice)

### Tympanic

1. Place the tympanic thermometer cover on
2. Ask the patient to turn their head so the ear is in front of you and put a new probe cover on
3. Pull back on the ear (gently but firmly) to straighten the ear canal and insert the probe gently in the ear canal directly towards the nose
4. Start the thermometer
5. Wait until you hear a beep or see the flashing light and then remove
6. **Obtain and record an accurate temperature**

### Oral or Axillary

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

---

# PRACTICAL SKILLS

---

The following is a list of skills that an examiner could ask you on a skills exam. You will be asked 5 of these essential skills and we recommend that you study them all.

## Skill 1

### Pressure Ulcer Prevention

1. **Demonstrate two ways to prevent pressure ulcers**

*For Example:*

- Proper use of a bed cradle
- Elbow and heel protector
- Use pillows to float heels off of the bed
- Place pillow under arm to cushion elbow
- Place pillow between the legs to prevent skin to skin contact
- Making sure sheets are wrinkle free

2. **Explain two other ways to prevent pressure ulcers**

*For Example:*

- Changing position frequently, at least every 2 hours
- Good nutrition and hydration
- Provide good perineal care by keeping the resident clean and dry
- Be careful of the residents skin with emphasis on no shearing or friction
- Check the residents skin carefully and provide good skin care
- Assist your resident to the bathroom frequently
- Encourage mobility
- Use pressure reducing devices
- Backrubs

## Skill 2

### Indwelling Foley Catheter Care

1. **Don gloves**

2. **When asked by the examiner, verbalize the need to**

- a. **Clean the catheter tubing (with a cleansing wipe according to facility policy, but not alcohol) at least twice a day.** Including during perineal care and after each bowel movement.

3. **Wash the tubing 4 inches, beginning at the urinary meatus and working downwards**

4. **Secure the tubing to the residents inner thigh or abdomen**

5. **Place the tubing over the leg**

6. **Position the tubing to facilitate gravitational flow, meaning no kinks**

7. **Attach tubing to the bed frame (not over or on the side rail) and always below the level of the bladder**

8. **When asked by the examiner, verbalize the need to empty the catheter bag frequently** (According to facility policy or when the bag is over 1/2 full)
9. Keep the bag from touching the floor and provide privacy cover for the bag
10. Remove gloves and wash hands
11. Document all catheter care

### **Skill 3**

#### Oxygen

1. **Demonstrate correct placement of O2 nasal cannula**
  - a. **Place prongs following the contour of the nasal passage and tubing around the ears and under the chin, not behind the head**
2. **When asked by the examiner, demonstrate how to check the oxygen flow meter and verbalize actions needed if the flow rate is not accurate**
  - a. **Never adjust the flow of oxygen, alert the nurse immediately if it is incorrect**
3. **Verbalize three 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 are in the tubing
  - d. Make sure the device is place 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 residents ears, over their cheeks or around their ears and nose

### **Skill 4**

#### Occupied Draw Sheet Change

1. **Don gloves**
2. Place clean draw sheet on a clean surface within reach
3. Lower the head of the bed and place the resident in supine position
4. **After raising the side rail, assist the resident to their side moving them toward the raised side rail**
5. Loosen the draw sheet, roll the soiled draw sheet toward the resident
6. **Place and tuck in the clean draw sheet on the working side(this must be done before turning the resident)**
7. Raise the side rail and assist the resident to turn onto a clean draw sheet

8. Remove the soiled linens and draw sheet. Avoid contact with your scrubs and place them in an appropriate location within the room. Do not ever put them on the floor.
  9. Pull and tuck in the clean draw sheet finish with a sheet that is free of wrinkles
  10. Remove gloves and wash hands
- \*Change gloves anytime they become soiled.

## **Skill 5**

### Applying a Cold Compress

1. Cover the cold compress with a towel or other protective cover (never place on bare skin without a covering)
2. Properly place on the correct site as directed by the skills examiner
3. When asked by the examiner, verbalize the frequency of checks and how long you would leave the compress on the resident. Initially check after 5 minutes. Do not leave on resident for more than 20 minutes.
4. Assess the site for redness, swelling, irritation and pain, if this occurs remove the compress and report it to the nurse immediately

## **Skill 6**

### Measure and Record Fluid Intake

1. Calculate intake in mL
2. Measure on a flat, level surface
3. Record the intake accurately within + or - 25mLs of the examiners reading

## **Skill 7**

### Converting Ounces to mL's

$$30 \text{ mL's} = 1 \text{ ounce}$$

1. Convert ounces to mL's
2. Record amount accurately within + or - 25mL's of the examiners reading

## **Skill 8**

### Measure and Record Urine Output

1. Don gloves
2. Measure the urinary output in a urinal/graduated container
3. Place on a flat surface and measure accurately, reading at eye level
4. Dispose of the urine properly into a toilet
5. Rinse the container

6. Remove gloves, wash hands
7. **Record output accurately within + or - 25 ml's of examiners reading**

## **Skill 9**

### Conscious Choking

1. **Candidate is able to identify the symptoms of choking, asks the resident, "Are you choking?"**
2. **When asked by examiner, verbalize the need to call for help**
3. Stands behind resident and wraps arms around residents waist
4. Places the thumb side of the fist against the residents 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

1. Move the weights to zero before assisting the resident onto the scale
2. Assist the resident on the scale
3. Ensure the resident is balanced and centered on the scale with their arms at their side
4. **Accurately record the weight within + or - .25lbs of the examiners measurement**

#### Height-Standing

1. Assist the resident to stand on the scale
2. Resident should be balanced and centered on the scale with their arms at their side
3. Raise the folded measuring bar above the residents head. Open and lower it gently until the bar rests on top of their head, not their hair.
4. **Accurately record the height within + or - .5 inch of the examiners measurement**

## **Skill 11**

### Application of an Anti-Embolism Stocking (TED Hose)

1. **When asked by examiner, explain what position the resident should be in when applying the stocking. Apply while resident is in bed or with feet elevated.**

2. Hold the foot and heel of the stocking and gather up the stocking, turning the stocking inside out down to the heel, aids in application
3. **Smooth the stocking up and over the leg so the hose is even, snug and not twisted or wrinkled**
4. **Be sure that the heel and toe are in the proper location**
5. The toe hole may be on the top, or bottom of the toes depending on the design

## **Skill 12**

### Empty Down Drain Bag and Measure/Record Urine Output

1. **Don gloves**
2. Collect paper towel/measuring container
3. Place paper towel, then measuring container on floor under drainage bag
4. Remove drainage tube from storage sheath
5. Unclamp while directed toward the container and facilitate the gravity flow
6. Empty the contents and **ensure the drainage tube does not touch the side of the measuring container**
7. **Re-clamp and clean the tip of the drainage tube with an alcohol swab**
8. Reinsert tube into storage sheath
9. **Place on a flat surface, measure accurately, leave on flat surface and read at eye level**
10. Dispose of urine properly into a toilet
11. Rinse the container
12. Remove gloves, wash hands
13. **Record output accurately within + or - 25ml's of examiners reading**

## **Skill 13**

### Moving and Positioning Residents

*With each of the following positions you must demonstrate:*

- **Raising the side rail while turning the resident except on the side you are working on**
- **Demonstrate proper body mechanics**
- **Maintain the residents proper alignment at all times, for all positions**

*Examiners Choice*

1. Draw sheet
  - a. **Must use 2 people**
  - b. Lay the bed flat
  - c. Provide support for the residents head

- d. **Grasp the rolled draw sheet near residents shoulders and hips**
  - e. **On the count of “three” lift and move resident up toward the top of the bed (make sure you keep the persons head, spine and legs aligned)**
- 2. **Fowlers**
  - a. **Provide good alignment**
  - b. **High Fowlers is between 60 to 90 degrees**
  - c. **Semi Fowlers is between 30 to 45 degrees**
  - d. **The knees may be elevated approximately 15 degrees**
- 3. **Supine**
  - a. **Place in supine position**
  - b. **Provide good alignment**
- 4. **Lateral (Right or Left)**
  - a. **Lay the bed flat**
  - b. **Position lateral/side lying on the correct side as directed by the examiner**
  - c. **Provide good alignment**
  - d. **Place a pillow between the legs, behind the back and under the arm**

## **Skill 14**

### Assisting to Ambulate

#### **Demonstrating the proper use of the gait belt**

Check that bed wheels are locked.

1. Resident should have footwear with non-skid soles
2. Sit the resident up on the side of the bed allowing resident to adjust to the upright position
3. **Apply the gait belt properly around the residents waist**
  - a. **Avoid restricting circulation or breathing along with any injury to the skin**
4. Lower the bed until residents feet touch the ground
5. Assist the resident to stand while holding the gait belt
  - a. **Grasp the gait belt at each side, not the front. Do not allow the resident to hold onto you around your neck while transferring.**
6. Maintain your own body mechanics while assisting the resident to stand
7. **Walk at the residents side or slightly behind them on the weak side if the resident has one**
8. **Demonstrate proper use of assistive devices**
  - a. Walker
  - b. Cane, **remember canes should be placed on residents strong side**

## **Skill 15**

### Pivot Transfer from a Bed to a Wheelchair/Demonstrating the Proper use of a Gait Belt

1. Lock the bed wheels
2. **Position the wheelchair close to the bed on the residents strong side**
3. Move or remove the footrests from the wheelchair
4. **Lock the wheelchair brakes**
5. Lower the bedrail
6. Sit the resident up on the side of the bed, allowing resident to adjust to the upright position
7. **Apply a gait belt properly around the residents waist** (as directed in skill 14)
8. The resident should have footwear with non-skid soles
9. Lower bed until residents feet are on the floor
10. Assist the resident to stand while you are holding the gait belt. Grasp the gait belt at each side, not the front.
11. **Do not allow the resident to hold onto you around your neck while you are transferring them**
12. Maintain your own body mechanics while assisting the resident to standing
13. **Transfer the resident to the strong side by pivoting on the strong side toward the wheelchair using the proper techniques**
14. **When asked by the evaluator, state the need to position the resident properly in the wheelchair.** Provide good alignment with the upper body and head erect, the back and buttocks against the back of the chair and feet flat on the floor or on footrests with the residents hips against the back of the seat.
15. Remove the gait belt without harming the resident

## **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 at a minimum of 60 degrees**
3. Wash and dry the residents hands before feeding them
4. If the resident wears dentures check to make sure they are in
5. **Offer the resident a clothing protector. Place clothing protector if the resident desires.**
6. Describe the food being offered to the resident and maintain eye level contact while feeding the resident
7. Allow the resident to choose food as they are able
8. Offer fluid frequently
9. **When asked by the examiner, explain the pace and amount of food when feeding the resident**
  - a. **Offer food in small amounts and allow the resident to chew and swallow**
10. Wipe the residents hands and face during the meal as needed

11. **When asked by the examiner, verbalize the need to stop feeding when complications occur and report them to the nurse**

For example:

- a. Choking
  - b. Persistent coughing
  - c. Mouth sores
  - d. Drooling
  - e. Cyanosis
  - f. Difficulty swallowing
  - g. Resident refusing food
12. When asked by the examiner, explain the need to leave the resident clean and in a position of comfort

## **Skill 17**

### Denture Care

1. **Don gloves**
2. Before handling the residents dentures, protect them from possible damage
  - a. **Line the bottom of the sink with a towel or washcloth or fill the sink with water**
3. **When asked by the examiner, explain that the water for cleaning the dentures should be lukewarm**
4. Brush the dentures under running water with a toothbrush and toothpaste that has been provided
5. Be sure to remove all adhesive from the dentures
6. Place the dentures in a denture cup with water, adding a cleaning tablet if available and cover with a lid and allow them to soak
7. Remove gloves and wash hands
8. Always store dentures in water to avoid warping
9. After soaking the dentures always rinse them prior to reinserting them into the residents mouth
10. **When asked by the examiner, verbalize the need to perform oral care while the dentures are out of the residents mouth**

## **Skill 18**

### Log Rolling the Resident with Hip Fracture Precautions

1. **Use at least two people**
2. Raise the side rails as needed
3. Lower the head of the bed to the flattest position possible
4. **Do not roll the resident onto the injured side**
5. **Place an abduction splint or pillows between the legs to support the residents hips**

6. **On the count of “three” roll the person in one single movement**
7. **Make sure to keep the residents head, spine and legs aligned**

## **Skill 19**

### Oral Care for an Unconscious Resident and Aspiration Precautions

1. **Don gloves**
2. **When asked by examiner, verbalize the frequency of oral care (every 2 hours)**
3. Place the towel or drape under the residents head
4. Position the resident, as the residents medical condition indicates, to prevent aspiration
  - a. **Position the resident in a supine position with the head to the side or side lying to prevent aspiration**
  - b. **Or with HOB elevated and their head turned to the side as the residents medical condition indicates**
5. Wet sponge, roll sponge along rim of cup to remove excess fluid
6. Insert a swab or sponge tip gently into the residents mouth
7. **Do not use a toothbrush or toothpaste**
8. Rotate the swab or sponge against all tooth surfaces, mucous membranes and the tongue
9. Clean the residents lips
10. Moisturize the lips
11. Remove gloves and wash hands
12. **When asked by the examiner, report any abnormalities such as bleeding gums**

## **Skill 20**

### Backrub or massage

1. **Place the resident into a position they desire, either sitting or a lateral position**
2. Provide lotion if it is desired by the resident
3. Pour a small amount of lotion into the palm of your hands and rub your hands together to warm the lotion
4. Apply the lotion with gentle pressure **using both hands** from buttocks to the back of the neck without pulling the skin
5. Use long firm strokes
6. Perform the backrub for 3-5 minutes, or as ordered
7. Assess the skin condition
8. Remove any excess lotion
9. **When asked by the examiner, verbalize the actions needed if redness or skin breakdowns are noticed. Do not rub any reddened areas and report them immediately to the nurse.**

## **Skill 21**

### Foot and Toenail Care

1. **Don gloves**
2. **When asked by examiner, verbalize the need to inspect the feet and toes.** Identify cuts, sores, redness or swelling.
3. **When asked by the examiner, verbalize that you would not clip toenails**
4. **Wash the residents feet in warm water, do not soak them**
5. Dry the residents feet completely, including between the toes
6. Apply lotion if desired but do not put lotion between the toes
7. Apply socks and shoes if desired by resident
8. Remove gloves and wash hands
9. **Report any abnormalities**

## **Skill 22**

### Dressing and Undressing the Resident

1. Don gloves if the clothing could possibly be soiled
2. Allow the resident to choose clothing if they are able
3. Demonstrate how to properly undress and dress the resident with hemiplegia
4. **When undressing, be sure to undress the strong side and then the weak side**
5. **When dressing, be sure to dress the weak side then the strong side**

## **Skill 23**

### Shaving with a Razor Blade

1. **Don gloves**
2. Place a towel to protect the residents clothing
3. Soften the beard with a warm washcloth and apply shaving cream liberally
4. **When asked by examiner, verbalize need to gently pull the skin taut**
5. **Use short strokes of the razor in the direction the hair is growing (downward strokes on the face and upward strokes on the neck)**
6. Rinse the razor often
7. Rinse and dry the residents face
8. Apply after shave if desired by the resident
9. Remove gloves and wash hands
10. When asked by the examiner, verbalize the treatment needed if the resident is cut (apply direct pressure and notify the nurse immediately)
11. **When asked by examiner, verbalize the need to dispose the blade in a sharps container**

## Skill 24

### Providing Perineal/Anal care

Male or Female Perineal Care Evaluators choice

#### Female

1. **Don gloves**
2. Assist the resident in removing their clothing, only as necessary and **exposing only the area being washed**
3. Place waterproof pad under the resident
4. Obtain no-rinse perineal wipes
5. Separate the labia and **clean inside the labia in a downward motion from front to back (clean to dirty)**
6. **Wash the outside of the labia from front to back** starting outside the labia and then going to the inside of the thighs
7. Repeat until the area is clean using a different part of the wipe for each stroke. Obtain clean wipes as they become soiled.
8. Turn the resident onto their side
9. **Clean the anal area from front to back**
10. Apply moisturizers or moisture barrier products as ordered
11. Remove gloves and wash hands
12. Re-dress the resident

#### Male

1. **Don gloves**
2. Assist the resident in removing their clothing, only as necessary and **exposing only the area being washed**
3. Obtain no-rinse perineal wipes
4. **Cleanse the penis from tip to base (clean to dirty)**
5. Repeat until the area is clean using a different part of the wipe for each stroke. Obtain clean wipes as they become soiled.
6. If the male resident is uncircumcised retract the foreskin by gently pushing the skin toward the base of the penis and clean as directed above. Replace the foreskin after drying area if needed.
7. Turn the resident onto their side
8. **Clean the anal area from front to back**
9. Apply moisturizers or moisture barrier products as ordered

10. Remove gloves and wash hands
11. Re-dress the resident

## **Skill 25**

### Assisting with a Bedpan or Fracture Pan

1. **Don gloves**
2. **Position the bedpan or fracture pan under the resident correctly. (If you are using a fracture pan the flat side should be towards the back of the resident.)**
3. Raise the head of the bed to a comfortable level
4. Place a tissue within reach of the resident
5. **Position the call light within reach of the resident**
6. Gently remove the bedpan or fracture pan
7. Provide or assist with any perineal/anal care as needed
8. Empty the bedpan into the toilet. Rinse, dry and store the bedpan in a proper location.
9. Remove gloves and wash hands
10. Wash or assist with washing the residents hands (if resident requires assistance don gloves)
11. Record the results accurately

## **Skill 26**

### Brief Change (Bedbound)

1. **Don gloves (discard and replace gloves anytime they become soiled)**
2. Place the resident in a supine position with the bed flat
3. Place a waterproof pad under the resident
4. Undo the front tabs on the brief and roll the brief down to between their legs. This is done rolling inward from front to back.
5. **Wipe front genital area with a disposable wipe, wiping from front to back.** Repeat until the area is clean, using a different part of the wipe for each stroke. Obtain clean wipes as they become soiled. Discard the soiled disposable wipe in a plastic bag or trash can.
6. Roll the resident onto their side
7. **Wipe the anal area with a disposable wipe, wiping from front to back.** Discard the disposable wipe in a plastic bag or trash can.
8. Remove the soiled brief being careful not to tear the brief or drop the contents (if the brief is pulled it will tear and spill)
9. Tuck the clean brief under the resident. Apply protective cream or powder if ordered.
10. Roll the resident back onto their back and secure the brief in place
11. Remove the waterproof pad if desired or if it becomes soiled

12. Remove gloves and wash hands
13. **When asked by examiner, verbalize the need to remove the trash can liner or plastic bag and dispose of it outside of the residents room. Also verbalize the need to check a residents brief every 2 hours.**

---

# PRACTICE EXAM ONE

---

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. 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 of 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:
- A. Hold the resident up and call for help
  - B. Hold the resident up and continue walking
  - C. Ease the resident to the floor and call for help
  - D. Carry the resident back to bed and then go for help
21. A resident's call light:
- A. May be answered when you have time
  - B. May be kept out of the residents reach
  - C. Should be answered as quickly as possible
  - D. 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:
- A. Unethical
  - B. Neglect/abuse
  - C. Breaking confidentiality
  - D. False imprisonment
23. The most comfortable position for a resident with a respiratory problem is:
- A. Prone
  - B. Supine
  - C. Lateral
  - D. Fowler's
24. Restraints should be unfastened or released:
- A. Daily
  - B. Never
  - C. Q1-2 hours
  - D. 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?
- A. Speech therapist
  - B. Registered nurse
  - C. Physical therapist
  - D. Occupational therapist

---

# ANSWERS TO PRACTICE EXAM ONE

---

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 TWO

---

1. What is the term for a device used to take the place of a missing body part?
  - A. Pronation
  - B. Abduction
  - C. External rotation
  - D. Prosthesis
  
2. When a client has left-sided weakness, what part of a sweater is put on first?
  - A. Both sleeves
  - B. Left sleeve
  - C. Client's choice
  - D. Right sleeve
  
3. It is appropriate for a nurse aide to share the information regarding a client's status with:
  - A. Any one the nurse aide sees fit
  - B. The client's family members
  - C. The client's roommate
  - D. 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
  
9. 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 perineal 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
17. 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
32. 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

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
45. How many tips does a quad-cane base have?
- A. 1
  - B. 2
  - C. 3
  - D. 4

---

# ANSWERS TO PRACTICE EXAM TWO

---

- |       |       |
|-------|-------|
| 1. D  | 25. A |
| 2. B  | 26. D |
| 3. D  | 27. D |
| 4. B  | 28. A |
| 5. C  | 29. B |
| 6. C  | 30. A |
| 7. B  | 31. C |
| 8. C  | 32. D |
| 9. B  | 33. C |
| 10. D | 34. D |
| 11. C | 35. D |
| 12. B | 36. B |
| 13. B | 37. A |
| 14. B | 38. B |
| 15. B | 39. B |
| 16. D | 40. D |
| 17. D | 41. C |
| 18. B | 42. A |
| 19. B | 43. C |
| 20. B | 44. C |
| 21. C | 45. D |
| 22. D |       |
| 23. B |       |
| 24. B |       |