

Certified Nursing Assistant Candidate Handbook State of Utah

Utah Nursing Assistant Registry

550 E 300 S
Kaysville UT 84037
Phone: 801- 547-9947
Fax : 801-593-2584
www.utahcna.com

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 one-time only opportunity.**

THE REGISTRY

******CNA training is valid for one year.**

******All testing must be completed within 1 year from the completion date of training.**

******All expired CNAs must test within 1 year from the certificate expiration date.**

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

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 at a Utah facility (during the two year period following certification).** 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.**

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.

NATCEP Examination

The NATCEP 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 universal 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 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 a designated 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 this in advance.**
4. 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.**
5. A paper and pencil test is available if you are granted an accommodation. **The paper test must be ordered in advance. Prior notification to test site is required.**
6. The candidate is not allowed to have a foreign language interpreter.
7. 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	\$35.00
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 or certified (cashier's) check. 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 \$70 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 and 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 or a current, valid ID, nor can a voucher from our office be faxed. 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.**

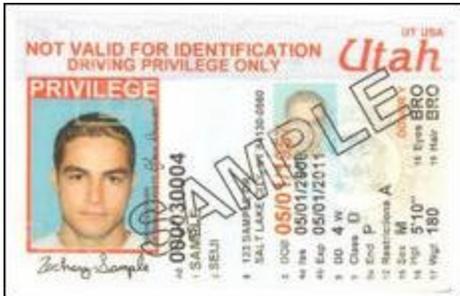
Should you fail either of the examinations, another application and directions will be enclosed in the envelope. Check with your training program instructor for more information on retesting.

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.
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.
7. Only 2 prompts (very helpful hints) from the skills examiner during the **entire** test.
8. If after given a 2 prompts, the student will be failed if they continue to miss one critical point (**bolded**) in the skill.
9. **The candidate will not be able to test if the above protocol is not followed.**
10. **If a candidate is aware they:**
 - failed one of the five selected skills,
 - cannot perform the Vital Signs or Hand Washing,
 - have not used universal precautions or infection control measures with each skill, **the candidate may complete the entire test or may choose to discontinue the test and leave.**
11. **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 pretending to be a resident. 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 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) We do not accept cash or personal checks. All payments must come through the mail service.**

Beginning and Ending Procedures Essential Behaviors to All Skills

***All **bolded** statements are very, very important.

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 and in a position of safety
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**
10. Document action and observations

CRITICAL CRITERIA

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

They include:

1. **Infection control and universal 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)**

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.**

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 and diaphragm over artery
5. Inflate cuff to no more that 180mm/Hg or may use pulse obliteration method, candidate choice
6. Deflate cuff, note systolic reading, note point of diastolic reading
7. **Accurate reading within 4mmHg window on both systolic & diastolic**
8. **Accurately record blood pressure**

TEMPERATURE (Tympanic, electronic, digital or glass) (Examiners choice)

Tympanic:

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

Electronic or Digital:

1. **Oral: 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 auxiliary 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. **Document accurately**

Glass or disposable:

1. **Clean thermometer prior to use**
2. **Oral: Ask the person if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes**
3. **Shake thermometer to below 95 degrees**
4. **Place a sheath on the probe**
5. Follow all above procedures for all thermometers
6. Hold or leave the thermometer in place for 3 to 5 minutes
7. **Document 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 15-30 seconds, including wrist, nails and between fingers**
5. Rinse with fingertips down
6. Use dry paper towel to dry hands
7. **Use same paper towel to turn off faucets**
8. Discard paper towels appropriately

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

SKILL 1

PRESSURE ULCER PREVENTION

1. **Demonstrate 2 ways to prevent pressure ulcers:**
 - a. Proper use of bed cradle
 - b. Elbow/heel protector
 - c. Using pillows to reduce skin to skin contact
2. **Explain 2 other ways to prevent pressure ulcers**
 - 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 mask or nasal cannula (place prongs following the contour of the nasal passage)**
2. **Demonstrate how to check the oxygen flow meter and verbalize actions needed if flow rate is not accurate**
3. **Verbalize 3 oxygen use guidelines**
 - 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 adjust the flow of oxygen-if incorrect, alert nurse
 - f. Do not remove the mask or nasal cannula, unless you are specifically told to do so by a nurse
 - g. Make sure the water level in the humidity bottle does not get too low
 - h. Provide oral care frequently
 - i. Watch for signs of skin irritation behind the person's ears, over his or her cheeks, or around his or her ears.

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 patient 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 patient
6. Place and tuck in clean draw sheet on working side
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 PACK OR WARM COMPRESS

1. **Cover cold pack/warm compress with towel or other protective cover (pack or 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 pack/compress on resident (initially check after 5 minutes/do not leave on patient for more than 20 minutes)**

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 intake accurately within +/- 25 mL's of nurses reading

SKILL 8

EMPTY DOWN DRAINAGE BAG AND MEASURE/RECORD URINE OUTPUT

1. Collect paper towel/measuring container
2. Place paper towel on floor and place measuring container on paper towel
3. Remove drainage tube from storage sheath
4. Unclamp while directed toward container and facilitate gravity flow
5. Empty contents- (tube should not touch side of graduate)
6. Clean tip of drainage tube with alcohol swab
7. Re-clamp and reinsert tube into storage sheath
8. **Place on flat surface, measure accurately in mL's**
9. Dispose of properly into toilet
10. Rinse and dry container
11. Remove gloves, wash hands
12. **Record intake accurately within +/- 25 mL's of nurses reading**

SKILL 9

ISOLATION PRECAUTIONS

Step 1: Putting on Gown

1. Put on gown by slipping arms into the sleeves
2. Secure the gown around your neck
3. **Overlap edges of gown so your uniform is completely covered**

Step 2: Putting on Mask:

1. Place mask over nose and mouth
2. Tie the upper strings or ear loops over your ears
3. Tie the lower strings at the back of your neck
4. **Make sure that the mask fits snugly around your face**

Step 3: Putting on Gloves

1. **Put on gloves- the cuffs of the gloves should extend over the cuffs of the gown**

Step 4: Remove Gloves

1. **Make sure glove touches only glove**
2. Grasp a glove just below the cuff
3. Hold the removed glove with the other gloved hand
4. Reach inside the other glove with the first two fingers of your ungloved hand
5. Pull the glove down (inside out) over your hand and the other glove
6. **Discard the gloves in trash**

Step 5: Removing Gown:

1. Untie the ties of gown
 2. Untie the neck tie and loosen the gown at the neck
 3. Removing Gown:
 - **Slip the fingers of your dominant hand under the cuff of the gown on the opposite sleeve and pull the sleeve over your hand. Be careful not to touch the outside of the gown with either hand**
 - **Use your gown-covered hand to pull the cuff and sleeve over your other hand, and then pull the gown off both arms**
- OR**
- **because your hands are clean, you may use your dominant hand to grab the cuff (which is clean), and pull the sleeve over your hand, then**
 - **Use your gown-covered hand to pull the cuff and sleeve over your other hand, and then pull the gown off both arms.**

4. **Pull the gown inside out as it is removed**
5. **Roll up the gown away from you**
6. **Discard of gown in residents room**

Step 6: Removing Mask:

1. Untie bottom strings first and then untie top strings
2. **Remove mask by holding the ties only**
3. **Dispose of the mask in container located in residents room**

Step 7: Wash Hands

SKILL 10

POSTMORTEM CARE

1. **Position the body supine in proper body alignment**
2. **Bathe soiled areas and dry thoroughly**
3. Place a clean gown on the body
4. **Gently pull eyelids over eyes**
5. Insert dentures if needed
6. Remove any jewelry
7. List all jewelry removed and secure according to facility policy
8. Brush and comb hair as necessary
9. Cover the body to the shoulders with a sheet if the family will view the body
10. **Make sure room is neat**
11. **Allow family to view the body, provide privacy**
12. Give the person's belongings to the family
13. Close mouth -place a rolled towel under the chin to support the mouth if necessary

SKILL 11

ABDOMINAL THRUST (Conscious Patient only)

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 and below the xiphoid process**
6. Grasp fist with other hand, press fist and hand into the resident's abdomen **with an inward, upward thrust**

Candidate should indicate that they would repeat this procedure until it is successful or until the victim loses consciousness

SKILL 12

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 patient to stand on scales with height measurement facing away from the measuring bar
2. Resident is balanced and centered on the scale with arms at side
3. Raise folded measuring bar above patient 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 13

APPLICATION OF ANTI-EMBOLISM STOCKINGS (TED hose)

1. **Should 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. If there is a hole at the foot portion of the hose, it makes no difference if it is on top of the foot or the bottom. (The hole was put there by the different manufacturers, to check circulation of the toes)

SKILL 14

PASSIVE RANGE OF MOTION 2 JOINTS -Examiners choice

1. Exercise passively 2 joints
2. **Never exercise past the point of pain or resistance**
3. **Provide support for joint**
4. Avoid fast jerky movements, use **flexion, extension, adduction, abduction or rotation if applicable**
5. Repeat exercise at least 3 times or as ordered

SKILL 15

MOVING AND POSITIONING RESIDENTS -Examiners choice

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; all includes elevating knees 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/Enema/Semi Prone :**
 - Position in **Sims' position -left side lying, right leg flexed**, lower arm behind resident. Provide good alignment by placing a pillow under the head, upper arm and upper leg
6. **Lateral:**
 - Position in **lateral/side-lying on the correct side as directed by examiner, using pillows for proper anatomical alignment**

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 proper alignment at all time, for all positions**

SKILL 16

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
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 residents strong side)**

SKILL 17

TRANSFERRING 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. Move or remove foot rests from wheelchair
4. **Lock wheelchair brakes**
5. Lower bed and rails
6. Sit resident up, allow to dangle
7. **Apply gait belt properly around resident's waist; avoid restricting circulation or breathing, or injury to skin**
8. Assist resident to stand while holding gait belt
9. Maintain own body mechanics while assisting resident to stand
10. **Transfer to the strong side, using proper technique**
11. Position resident properly in wheelchair with residents hips against back of seat
12. Remove gait belt without harming resident
13. Place footrests under residents' feet

SKILL 18

RESTRAINTS

1. Apply restraint properly to individuals, secure but not tight (1-2 finger width)
2. **You must secure restraint to stable foundation (bed frame if patient is in bed)**
3. **Demonstrate how to tie a quick-release knot**
4. Assess breathing/circulation
5. **When asked by examiner verbalize frequency of checks and how often to release restraint for exercise, toileting or other activity**

SKILL 19

DENTURE CARE

1. Before handling dentures, protect dentures from possible damage (**line the sink or basin with a towel or washcloth or fill with water**)
2. Brush dentures under running water (**neither hot nor cold**) with toothbrush and toothpaste
3. Place dentures in denture cup with water, adding cleaning tablet (if available), cover with lid and allow to soak
4. Perform mouth care while dentures are out of the mouth

SKILL 20

LOG ROLLING RESIDENT WITH HIP FRACTURE PRECAUTIONS

1. **Use at least 2 persons and draw sheet**
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. Maintain proper body alignment a throughout movement

SKILL 21

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 patient/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 patient's/resident's medical condition indicates**
4. Insert swab/sponge tip gently into resident's mouth.
5. Do not use toothpaste/toothbrush
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 22

BACK RUB/MASSAGE

1. Pour small amount of lotion into palm of hand and rub hands together to warm lotion
2. Apply with gentle pressure, **using both hands** from buttocks to back of neck without pulling skin, using long firm strokes
3. Use short circular strokes across the shoulders using both hands
4. Perform backrub for 3-5 min. or as ordered
5. Assess skin condition
6. **When asked by examiner verbalize actions needed if redness or skin break down are noticed**

SKILL 23

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 24

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 25

SHAVING (Simulate)

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

SKILL 26

PROVIDE PERI-CARE (Simulate: male or female examiners choice)

FEMALE

1. Assist resident in removing clothing, only as necessary, **exposing only area being washed**
2. **Provide privacy** (remembering dignity)
3. Obtain bath basin with water of a safe and comfortable temperature
4. Cleanse labia (inside then outside) and all skin folds from **front to back (clean to dirty)** with soapy wash cloth
5. Rinse and gently dry each area thoroughly after washing
6. Clean the anal area from **front to back**
7. Rinse and gently dry each area thoroughly after washing
8. Redress resident

MALE

1. Assist resident in removing clothing, only as necessary, **exposing only area being washed**
2. **Provide privacy** (remembering dignity)
3. Obtain bath basin with water of a safe and comfortable temperature
4. Cleanse the penis from tip to base (**clean to dirty**) with soapy wash cloth
 - 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.
5. Rinse and gently dry each area thoroughly after washing
6. Clean the anal area from **front to back**
7. Rinse and gently dry each area thoroughly after washing
8. Redress resident

SKILL 27

ASSISTING WITH A BEDPAN/FRACTURE PAN

1. **Positions the bedpan/fracture pan under the patient correctly (If using a fracture pan, the flat side should be toward the back of the patient)**
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 28

COLLECTING A STOOL SPECIMEN

1. **Properly label specimen container with residents name, DOB, date and time of specimen collection and type of specimen**
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)

24 hr. urine collection	Body language	Cyanotic
Abandonment	Body mechanics	Cystitis
Abbreviations	Bony prominences	Death rattle
Abdominal thrust	Bowel movement (BM)	Decubitus (Pressure) Ulcer
Abduction	Bowel Obstruction	Defamation
Ability	Bowel retraining	Defecation
Abuse	Brachial artery	Dehydration
Abuse registry	Bradycardia	Delegation
Active Assisted Range of Motion	Bradypnea	Dementia
Active Range of Motion	Brain	Denture
Acute	Briefs	Diabetic Diet
Adaptive devices	Bronchi	Dialysis
Adduction	Call light	Diaphragm
ADLs	Cane	Diarrhea
Adult Protective Services (APS)	Carbohydrates	Diastolic
Advance directive	Cardiac	Dietary aide
Alignment	Cardiac Arrest	Dietician
Alveoli	Care plan	Digital thermometer
AM care	Catheter	Dignity
Ambulate	Centigrade	Disability/disabled
Anemia	Central nervous system (CNS)	Disinfectants
Anorexia	Certification	DNR (Do Not Resuscitate)
Anus	Chain of Infection	Documentation
Anxiety	Cheyne-Stokes	DOH (Department of Health)
Apical	Choking	Down drain
Apnea	Chronic	Drape
Arteries	Circumcised	Draw/lift sheet
Artery	Clean	Dysphagia
Asepsis	Clean catch/midstream	Dyspnea
Aseptic	Clear Liquid	Dysuria
Aspiration	Clergy	Ear canal
Assault	Client	Edema
Assisted living	Closed bed	Emesis basin
Atrophy	CNA (certified nursing assistant)	Empathy
Axilla	Colon	Enema
Axillary	Colostomy	Epidermis
Bacteria	Communicable	Epiglottis
Base of support	Communication	Erection
Battery	Competency evaluation	Esophagus
Bed cradle	Condom catheter	Estrogen
Bed pan	Confidentiality	Ethics
Belief	Confusion	Exhale
Belonging	Consent to release information	Expectorate
Beside commode	Constipation	Expiration
Biohazard	Contact precautions	Expire
Bladder	Contamination	Exposure incident
Bladder retraining	Contracture	Extension
Blood clot	Cross contamination	Fahrenheit
Blood pressure	Culture	Faith
Blood sugar	Customs	Fallopian tubes
Bloodborne pathogens	Cyanosis	False imprisonment
		Fanfold

Fats	Isolation	Occupational Safety & Health
Fecal Impaction	Job description	Admin (OSHA)
Feces	Joint	Occupational therapist (OT)
Fiber	Kidney	Occupied bed
Flatus	Kidney Failure	Ombudsman
Flexion	Kidney stone	Open bed
Fluid restriction	Labia	Oral
Foley catheter	Large intestine	Ovaries
Food Pyramid	Larynx	Ovum
Foot drop	Lateral	Pacemaker
Footboard	Leg bag	Pain
Force fluids	Licensed practical nurse (LPN)	Pallor
Fowler's	Life Support systems	Pan/hat specimen
Fracture pan	Lift/draw sheet	Pancreas
Fraud	Ligament	Paraplegia
Full Liquid	Living will	Passive Range of Motion
Gait	Log rolling	Pathogen
Gait belt	Long Term Care	Patient
Gastrointestinal	Love	Patient chart
Gastrostomy tube	Malignant	Patient rights
Geriatrics	Malpractice	Pediatric
Glucometer	Maslow's hierarchy	Pediculosis
Graduate	Masturbation	Penis
Grooming	Material Safety Data Sheets	Perineal care
Handicap	(MSDS)	Perineum
Health Care Team	Mechanical lift	Peripheral nervous system
Hearing impaired	Mechanical Soft	Peristalsis
Hemiplegia	Medicaid	Personal protective equipment
Hemorrhoids	Medical doctor (MD)	(PPE)
HIPAA	Medical record	Phantom pain
Holism	Medical terminology	Physical
Home health	Medicare	Physical therapist (PT)
Hormones	Menopause	Pivot
Hospice	Mental health	Pneumonia
Hospital	Mentally ill	Post mortem
HS/PM care	Message	Power of attorney
Hygiene	Metabolism	Pressure ulcer
Hypertension	Microorganism	Prone
Hypotension	Mitered corner	Prostate
Ileostomy	Mobility skills	Prosthesis
Impotence	Mottling	Proteins
Incident report	Mucous membrane	Psychosocial
Incontinence	Nares	Pulse
Incontinent pad	Nasogastric tube	Pulse obliteration
Infection	Neglect	Quadriplegia
Inflammation	Nerves	Quick release knot
Inhalation	Non-pathogen	RACE
Inhale	Non-skid soles	Radial artery
Inspiration	Non-verbal communication	Rash
Insulin	Normal flora	Receiver
Integumentary	Nosocomial	Rectum
Intercourse	NPO	Registered nurse (RN)
Interdisciplinary	Nursing team	Registry
Intravenous (IV)	Objective	Regular diet
Inventory list	OBRA: Omnibus Budget	Rehabilitation
Irregular	Reconciliation Act of 1987	Religion

Renewal
Reporting
Resident
Resident rights
Respirations
Respiratory Arrest
Respiratory Distress
Respiratory therapist (RT)
Restoration
Restorative nursing care
Restraint
Reverse isolation
Rigor mortis
Rotation
Safety
Saliva
Sample/specimen
Scope of practice
Scope of responsibility
Scrotum
Security
Seizure
Self esteem
Self-care deficit
Semi-fowler's
Sender
Sexual harassment
Sexuality
Side rails
Signs
Sim's
Skilled Nursing Facility
Small intestine

Social worker (SW)
Sodium
Soft
Speech Therapist
Speech therapist (ST)
Sperm
Sphygmomanometer
Spinal cord
Spiritual
Spiritual needs
Standard (universal)
precautions
Sterile
Stethoscope
Stoma
Stool
Stool/feces/bowel movement
Straight catheter
Stress
Subjective
Sundowning
Supine
Supportive devices
Suprapubic catheter
Symptoms
Systolic
Tachycardia
Tachypnea
Temperature
Tendon
Terminal illness
Terminally ill
Testes

Testosterone
Thermometer
Thyroid
Toe tuck (pleat)
Total hip replacement
Total parenteral nutrition (TPN)
Trachea
Transfer belt
Trapeze
Trendelenberg
Tympanic
UNAR (Utah Nursing Assistant
Registry)
Uncircumcised penis
Unconscious
Ureters
Urethra
Urinal
Urinalysis
Urinary incontinence
Urinary meatus
Urinary tract infection (UTI)
Uterus
Vagina
Values
Veins
Verbal communication
Virus
Vital Signs
Vomiting/emesis
Voucher
Vulva
Walker

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
nosocomial
NPO
nursing assistant behavior
nursing assistant's role
objective
observation
ombudsman
oral care
oral hygiene
oral temperature
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

a	Before	amb	ambulate, walk	CBC	complete blood coun
abd	abdomen	amt	Amount	cc	cubic centimeters
ac	before meals	ap	Apical	C.Diff	Clostridium difficile
ADA	American Disability Act	ASAP	as soon as possible	CHF	congestive heart failure
		as tol	as tolerated		
ADA	American Diabetic Assoc.	ax	Axillary	CNA	certified nursing assistant
		BID bid	twice daily		
ADL's	activities of daily living	BM	bowel movement	c/o	complains of
		B/P, BP	blood pressure		
ad lib	as desired	BR	bed rest, bathroom	COPD	chronic obstructive pulmonary disease
		BRP	bathroom privileges		
AIDS	Acquired Immunodeficiency Syndrome	\bar{c}	with	CPR	cardiopulmonary resuscitation
		C	Centigrade/Celsius		
AM/am hours	between midnight and noon	CA	Cancer	CVA	cerebrovascular accident (stroke)
		cath	Catheter		
				D/C or DC	discontinue/discharg

DNR	do not resuscitate	ortho	orthopedics	TPR	temperature, pulse, respiration
DON	Director of Nursing	O.T.	occupational therapy	tsp	teaspoon
drsg	Dressing	oz.	ounce	Tx	treatment
Dr.	Doctor	p̄	after	UA or U/A	urinalysis
Dx	diagnosis	P	pulse	URI	upper respiratory infection
ER	Emergency Room	pc	after meals	UTI	urinary tract infection
F	Fahrenheit	per	by/via or through	VS or V/S	vital signs
FBS	fasting blood sugar (blood test)	peri	perineal areas	WBC	white blood cells
Foley	indwelling urinary catheter	Pm/PM	hours between noon and midnight	w/c	wheelchair
Fx	Fracture	po	by mouth	WNL	within normal limits
GI	gastrointestinal	postop	after surgery	wt	weight
GU	genitourinary	preop	before surgery	x	times (i.e. 3xhr = three times/hr)
H or hr	Hour	PRN, prn	when necessary	i/ii/iii	one/two/three
HA	headache or hearing aid	PROM	passive range of motion	-	negative
HOB	head of bed	pt	patient/resident	+	positive
H2O	Water	PT	physical therapy	<	less than
HS or hs	hour of sleep	q	every	>	greater than or more than
Ht	Height	qd	every day	△	change
I & O	intake and output	qh	every hour		
IV	intravenous	qhs	every bed time		
Kg	Kilogram	q2h	every two hours		
Lab	laboratory	QID/qid	four times daily		
(L)/L/lt	Left	R	rectal or respirations		
L	Liter	®/(R)/R/rt	Right		
lb	pound	RACE	rescue, alarm, contain, extinguish		
LOA	leave of absence	RBC	red blood cell		
LOC	level of consciousness	reg	Regular		
LPN	licensed practical nurse	rehab	rehabilitation		
LTC	long-term care	RN	registered nurse		
meds	medications	ROM	range of motion		
ml	Milliliter	RT	recreational therapy or respiratory therapy		
MI	myocardial infarction	Rx	prescription		
MRSA	Methicillin resistant staphylococcus aureus	s̄	Without		
MS	Multiple sclerosis	SNF	skilled nursing facility		
NAS	no added salt (diet order)	SOB	short of breath		
NCR	no cardiac resuscitation	stat	at once, immediately		
Neg	Negative	S&S	sign and symptoms		
NG	naso-gastric	Sx	symptoms		
NKA	no known allergies	T	temperature		
noc	night, nocturnal	TB	tuberculosis		
NPO	nothing by mouth	tbsp	tablespoon		
O2	oxygen	TCDB	turn, cough and deep breath		
oob	out of bed	TED hose	brand name of anti embolism stocking		
OR	operating room	TIA	transient ischemic attack (little or silent stroke)		
		TID/tid	three times a day		

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:
- 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:
- 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
- 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:

- on the client's strong side
- on the client's weak side
- from behind the client
- with a wheelchair

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

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

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

- use them as a restraint
- have a place to connect the call signal
- protect the client from injury
- keep the client warm

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

- adduction
- range of motion
- abduction
- 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

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

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

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
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