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-VERY IMPORTANT INFORMATION
****CNA training is valid for one year from the completion date of training.
****All testing must be completed within 1 year from the completion date of training or you will have to complete another program (100+ hours)
****All expired CNAs must test within 1 year from their certificate expiration date or they will need to complete another program (100+ hours)
****CNA certificates must be renewed every two years.

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

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

****Do not rely on your place of work or anyone else to send in your renewal. Should your license not be renewed in the allowed timeframe, you will need to pay for vouchers and retest. If you do not test within a year, you will need to completely retrain.
The UNAR must be kept informed of your current address. If your address or name changes at any time after you are placed on the Registry. You may call the registry with your new address or send us written notification. If it is a name change, you will need to send supporting documentation, such as a copy of your social security card or Utah drivers license, or a copy of your marriage certificate with your new name.

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

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

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

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

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

ADA, Vocational Rehabilitation, Special Education, 504
All testing sites comply with the ADA (American Disabilities Act) [42U.S.C. § 12101 et seq] and all other documented disabilities. If you have a disability or require an accommodation, you will need to make arrangements with the testing center when you call for your testing appointment.
1. The written examination is offered online at an approved testing site.
2. It is also available in audio, where the candidate can have headphones, and listen and read at the same time. All testing sites must have this available. The test sites would like to know if you require this in advance.
3. If a candidate has a 504, ADA disability, is with Vocational Rehab or in a Special Education class in High School, they may have a reader from the testing site. They cannot bring their own reader. This must be available at all sites.
4. The candidate is not allowed to have a foreign language interpreter.
5. A candidate may use a translation dictionary in their native language, (not a definition dictionary); only after the test center proctor has checked the dictionary for notes and verified that it is a translation-only dictionary. (Please allow the test center time to review the dictionary)

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

EXAM FEES:
Skills evaluation $40.00 Written examination $35.00 Retests—same for each

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

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

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

After completing your Certified Nursing Assistant Course:

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

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

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

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

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

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

Valid Picture ID Includes:

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

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

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

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

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

Eligibility
All candidates applying to take the NATCEP examination in Utah are eligible after successful completion of a Utah State approved CNA training program.
You must complete an “Application for Certification Testing” to apply for testing under any of the following eligibility routes:
New nursing assistant: A new nursing assistant is an individual who has never been certified as a nursing assistant and has successfully completed a Utah state-approved OBRA nursing assistant training program. Your instructor must sign your Application for Certification Testing and have the correct completion date on the form.
The UNAR office may grant a waiver of training in the following cases if specific requirements are met:
A. The UNAR office may grant a waiver of training in the following cases if specific requirements are met:
  a. To a nursing student who has completed the first semester of nursing school within the past two years and to a current nursing student. An official transcript of a nursing fundamentals class must accompany the Application for Certification Testing. If the candidate does not pass either the skills or written portion of the CNA examination after three attempts, the candidate must complete a UNAR approved training program;
  b. To an expired licensed nurse who can show proof of previous licensure in any state and who was in good standing with that state’s professional board. UNAR shall grant the candidate one attempt to pass both the skills and written portion of the examination. If the candidate does not pass either portion, the candidate must complete a Utah approved training program.
  c. An expired Utah CNA who is in good standing with UNAR. UNAR shall grant the candidate one attempt to pass both the skills and written portion of the examination. If the candidate does not pass either portion; the candidate must complete a UNAR-approved nursing assistant training program; Expired certificate holders must test within one year from expiration date.
  d. any out of state CNA currently certified and in good standing with another state’s survey agency. UNAR grants reciprocity upon the CNA providing proof of certification.
  e. All out of state expired CNAs must retrain at a Utah approved training program.
The Nursing Assistant is responsible for completing the appropriate section of the application form and returning it to the UNAR office. The candidate application for testing is available online at www.utahcna.com, click on ‘UNAR Testing Forms’ and on the next screen, click on ‘Candidate Application’. Print the application and fill out completely.
**Payment must be in the form of a money order; certified (cashier’s) check or credit card information (found at bottom of application). The UNAR does not accept cash or personal checks. All payments must come through the mail service.**

**Beginning and Ending Procedures**

**Essential Behaviors to All Skills**

**Skill Task Listing**

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

**CRITICAL CRITERIA**

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

They include:

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

**BEGINNING PROCEDURE ACTIONS**

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

**ENDING PROCEDURE ACTIONS**

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

**REQUIRED VITAL SIGNS**

**BLOOD PRESSURE**

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

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

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

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

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

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

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

SKILL 1
PRESSURE ULCER PREVENTION
1. Demonstrate 2 ways to prevent pressure ulcers:
   For example:
   a. Proper use of bed cradle
   b. Elbow/heel protector
   c. Using pillows to reduce skin to skin contact
   d. Making sure sheets are wrinkle free
2. Explain 2 other ways to prevent pressure ulcers
   For example:
   a. Changing position frequently
   b. Good nutrition and hydration
   c. Provide good perineal care (keep resident clean and dry)
   d. Be careful of the resident’s skin (no shearing or friction)
   e. Check resident’s skin carefully—provide good skin care
   f. Assist your resident to the bathroom frequently
   g. Encourage mobility
   h. Use pressure reducing devices
SKILL 2
POSITION FOLEY CATHETER/BAG/TUBING
1. Secure tubing to resident's inner thigh or abdomen
2. Place tubing over leg
3. Position tubing to facilitate gravitational flow, no kinks
4. Attach to bed frame (not over or on side rail) always-below level of bladder
5. Keep catheter bag from touching floor

SKILL 3
OXYGEN
1. Demonstrate correct placement of O2 nasal cannula (place prongs following the contour of the nasal passage, tubing around ears and under chin (not behind head)
2. When asked by nurse—demonstrate how to check the oxygen flow meter and verbalize actions needed if flow rate is not accurate. Do not adjust the flow of oxygen—if incorrect, alert the nurse immediately
3. Verbalize 3 oxygen use guidelines
   For Example:
   a. Avoid lighting matches or smoking around oxygen use
   b. Ensure that all electrical equipment is in good repair
   c. No kinks in the tubing
   d. Make sure the device is placed correctly on the resident
   e. Do not remove the mask or nasal cannula, unless you are specifically told to do so by a nurse
   f. Make sure the water level in the humidity bottle does not get too low
   g. Provide oral care frequently
   h. Watch for signs of skin irritation behind the person’s ears, over his or her cheeks, or around his or her ears and nose
   i. Check to make sure oxygen is flowing

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

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

SKILL 6
MEASURE AND RECORD FLUID INTAKE
1. Calculate intake in mL
2. Measure on a flat, level surface
3. Record intake accurately within +/- 25 mL’s of nurses reading

SKILL 7
CONVERTING OUNCES TO ML’S- 30 mL’s = 1 ounce
1. Convert ounces to mL
2. Record amount accurately within +/- 25 mL’s of nurses reading
SKILL 8
MEASURE/RECORD URINE OUTPUT
1. Place container on flat surface, measure accurately in mLs
2. Dispose of properly into toilet
3. Rinse and dry container
4. Remove gloves, wash hands
5. Record output accurately within +/- 25 mL’s of nurses reading

SKILL 9
CONSCIOUS CHOKING
1. Candidate is able to identify symptoms of choking, asks resident “Are you choking?”
2. Call for help
3. Stands behind resident and wraps arms around resident’s waist
4. Places the thumb side of the fist against the resident’s abdomen
5. Positions fist slightly above navel
6. Grasp fist with other hand, press fist and hand into the resident’s abdomen with an inward, upward thrust
7. Candidate should indicate that they would repeat this procedure until it is successful or until the victim loses consciousness

SKILL 10
OBTAIN AND RECORD WEIGHT AND HEIGHT
WEIGHT
(Standing scale only)
1. Move weights to zero before assisting resident on to scale
2. Assist resident to stand on scale
3. Ensure resident is balanced and centered on the scale with arms at side
4. Accurately record weight within +/- 0.25 lbs. of nurse’s measurement

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

SKILL 11
APPLICATION OF ANTI-EMBOLISM STOCKINGS (TED hose)
1. Explain what position resident should be in when applying stocking- apply while resident is in bed or with feet elevated
2. Hold foot and heel of stocking and gather up stocking – turning the stocking inside out down to the heel, aids in application
3. Smooth up and over leg so hose is even, snug and not twisted or wrinkled
4. Heel and toe in proper location
5. The toe hole may be on the top or bottom of the toes, depending on the manufactures design

SKILL 12
PASSIVE RANGE OF MOTION 2 JOINTS -Examiners choice
1. Exercise passively 2 joints
2. When asked by examiner, explain or demonstrate that you understand to never exercise past the point of pain or resistance
3. Provide support for joint
4. Avoid fast jerky movements; demonstrate flexion, extension, adduction, abduction and rotation if applicable
5. Repeat exercise at least 3 times or as ordered
SKILL 13
MOVING AND POSITIONING RESIDENTS - Examiners choice
With each of the above positions you must demonstrate:
• Raise side rail while turning patient except on side you are working on
• Demonstrate proper body mechanics
• Maintain residents proper alignment at all time, for all positions
  1. Draw Sheet:
     • Move using a draw sheet (2 persons): Provide support for resident’s head. Grasp rolled draw sheet near residents shoulder’s and hips
  2. Fowlers:
     • Position in Fowler’s (high Fowler’s is 60 -90 degrees; semi-Fowler’s is 30-45 degrees; knees may be elevated approximately 15 degrees
  3. Supine:
     • Position in supine, in proper anatomical alignment
  4. Chair/Wheelchair:
     • Position in chair or W/C: provide good alignment-upper body and head erect, back and buttocks against back of chair, feet flat on floor or on W/C footrests
  5. Sims (Semi Prone):
     • Position in Sims /Semi prone on the correct side as directed by examiner, Left: Resident left side lying, right leg flexed, lower arm behind resident.
       Right: Resident right side lying, left leg flexed, lower arm behind resident.
     Provide good alignment. Place a pillow under the head, upper arm and flexed leg
  6. Lateral: (Right or Left)
     • Position lateral/ side-lying on the correct side as directed by examiner. Provide good alignment. Place a pillow between legs, behind back and under arm
     • Note: For enema position place resident in left Sims or left lateral position

SKILL 14
ASSISTING TO AMBULATE
Demonstrating proper use of gait belt
  1. Resident should have footwear with non-skid soles
  2. Sit resident up, allow to dangle
  3. Apply gait belt properly around resident’s waist; avoid restricting circulation or breathing, or injury to skin
  4. Assist resident to stand while holding gait belt. Grasp the gait belt at each side, not the front. Do not allow resident to hold onto your around your neck while transferring
  5. Maintain own body mechanics while assisting resident to stand
  6. Walk at resident’s side or slightly behind (on weak side, if resident has a weak side)
  7. Demonstrate proper use of assistive devices (walker, cane-should be place on resident’s strong side)

SKILL 15
PIVOT TRANSFER FROM A BED TO A WHEELCHAIR/ Demonstrating proper use of gait belt
  1. Lock the bed wheels
  2. Resident should have footwear with non-skid soles
  3. Position wheelchair close to bed on residents’ strong side
  4. Move or remove foot rests from wheelchair
  5. Lock wheelchair brakes
  6. Lower bed and rails
  7. Sit resident up, allow to dangle
  8. Apply gait belt properly around resident’s waist; avoid restricting circulation or breathing, or injury to skin
  9. Assist resident to stand while holding gait belt. Grasp the gait belt at each side, not the front. Do not allow resident to hold onto your around your neck while transferring
  10. Maintain own body mechanics while assisting resident to stand
  11. Transfer to the strong side by pivoting on the strong side toward the wheelchair, using proper technique
  12. Position resident properly in wheelchair with residents hips against back of seat
  13. Remove gait belt without harming resident
  14. Place foot rests under residents’ feet
SKILL 16
FEEDING THE DEPENDENT RESIDENT
1. Check that the name and diet on the meal tray matches the name of resident receiving it
2. Positions the resident in an upright position. Minimum 60 degrees
3. Wash and dry resident's hands before feeding
4. If resident wears dentures check to make sure dentures are in
5. Protects clothing from soiling by using napkin, clothing protector, or towel
6. Describes the foods being offered to the resident and maintain eye level contact while feeding resident
7. Offer fluid frequently
8. When asked by examiner, explain the pace and amount when feeding resident (offer food in small amounts, allow resident to chew and swallow)
9. Wipe resident's hands and face during meal as needed
10. When asked by examiner verbalize need to stop feeding when complications occur and report to nurse
For Example:
a. Choking
b. Persistent coughing
c. Mouth sores
d. Drooling
e. Cyanosis
f. Difficulty swallowing
11. Leave resident clean and in a position of comfort

SKILL 17
DENTURE CARE
1. Before handling dentures, protect dentures from possible damage (line the bottom of the sink with a towel/washcloth or fill with water)
2. When asked by examiner, explain that water for cleaning dentures should be lukewarm (not hot or cold)
3. Brush dentures under running water with brush and paste provided
4. Place dentures in denture cup with water, adding cleaning tablet (if available), and cover with lid and allow to soak
5. Perform mouth care while dentures are out of the mouth

SKILL 18
LOG ROLLING RESIDENT WITH HIP FRACTURE PRECAUTIONS
1. Use at least 2 persons
2. Lower head of bed as flat as possible
3. Do not roll resident onto injured side
4. Place abduction splint or pillows between legs to support hip
5. On the count of “three” roll person in a single movement, being sure to keep the person's head, spine and legs aligned

SKILL 19
ORAL CARE FOR AN UNCONSCIOUS RESIDENT/ASPIRATION PRECAUTIONS
1. Verbalize frequency of oral care (every 2 hours)
2. Place towel or drape under the resident's head
3. Position resident (as resident's medical condition indicates) to prevent aspiration:
   a. Position resident in supine position with head to side or side lying (lateral) to prevent aspiration or with HOB elevated and head turned to side, as resident's medical condition indicates
4. Insert swab/sponge tip gently into resident's mouth
5. Do not use toothpaste/toothbrush unless approved by nurse
6. Rotate against all tooth surfaces, mucous membranes and tongue
7. Clean resident's lips
8. Moisturize lips
9. Report abnormalities such as bleeding gums
SKILL 20
BACK RUB/MASSAGE
1. Place resident in a sitting or lateral position
2. Pour small amount of lotion into palm of hand and rub hands together to warm lotion
3. Apply with gentle pressure, using both hands from buttocks to back of neck without pulling skin, using long firm strokes
4. Use short circular strokes across the shoulders using both hands
5. Perform backrub for 3-5 min. or as ordered
6. Assess skin condition
7. Remove excess lotion
8. When asked by examiner, verbalize actions needed if redness or skin break down are noticed. Do not rub reddened area and report immediately to nurse

SKILL 21
FOOT/TOENAIL CARE
1. Inspect for cracked, broken nails/skin and between toes
2. Do not clip toenails
3. Soak feet in warm water
4. Dry feet completely including between toes
5. Apply lotion if desired but not between toes
6. Apply socks/shoes
7. Report abnormalities

SKILL 22
DRESSING/UNDRESSING RESIDENT (Must dress and undress)
1. Demonstrate how to properly dress/undress resident with hemiplegia
2. Provide privacy during entire procedure
3. Dress weak side first
4. Undress weak side last

SKILL 23
SHAVING WITH RAZOR BLADE
1. Place towel to protect resident’s clothing
2. Soften beard with warm washcloth and apply shaving cream
3. Gently pull skin taut
4. Use short strokes of razor in the direction the hair is growing
5. Rinse razor often
6. Rinse and dry resident’s face
7. Apply after shave if desired
8. Dispose blade in sharps container

SKILL 24
PROVIDE PERI-CARE (male or female examiners choice)
FEMALE
1. Assist resident in removing clothing, only as necessary, exposing only area being washed. Provide privacy (remembering dignity)
2. Obtain bath basin with water of a safe and comfortable temperature
3. Apply appropriate cleanser preferred by resident to wash cloth
4. Separate the labia, clean inside the labia downward from front to back (clean to dirty). Then wash the outside of the labia from front to back starting outside the labia and then going to the inside of the thighs. Repeat until the area is clean, using a different part of the wash cloth for each stroke
5. Rinse and gently dry each area thoroughly after washing
6. Turn the resident on their side
7. Clean the anal area from front to back
8. Rinse and gently dry each area thoroughly after washing
9. Redress resident
MALE
1. Assist resident in removing clothing, only as necessary, exposing only area being washed. Provide privacy (remembering dignity)
2. Obtain bath basin with water of a safe and comfortable temperature
3. Apply appropriate cleanser preferred by resident to wash cloth. Cleanse the penis from tip to base (clean to dirty). Repeat until the area is clean, using a different part of the wash cloth for each stroke
   a. If male is uncircumcised retract the foreskin by gently pushing the skin toward the base of the penis and clean as directed above. Replace foreskin after drying thoroughly
4. Rinse and gently dry each area thoroughly after washing
5. Turn the resident on their side
6. Clean the anal area from front to back
7. Rinse and gently dry each area thoroughly after washing
8. Redress resident

SKILL 25
ASSISTING WITH A BEDPAN/FRACTURE PAN
1. Positions the bedpan/fracture pan under the resident correctly (If using a fracture pan, the flat side should be toward the back of the resident)
2. Raises head of bed to a comfortable level
3. Place tissue within reach of resident
4. Position call light within reach of the resident
5. Provide privacy
6. Gently removes bedpan
7. Provide or assist with peri-care as needed
8. Empty bedpan in toilet
9. Rinse, dry and store bedpan in proper location
10. Washes/assists resident to wash and dry hands
11. Record results accurately

SKILL 26
COLLECTING A STOOL SPECIMEN
1. Properly fill out label given and place on specimen container
2. Using a tongue depressor take a sample of feces from the bedpan or specimen collection device
3. Note color, amount and quality of the feces
4. Dispose of tongue depressor in a disposable bag
5. Empty remaining contents of bedpan or specimen collection device into toilet
6. Put lid tightly on the specimen cup
7. Place specimen cup into transport bag
8. Wash hands
9. Take the specimen cup to the designated location
abandonment  abandonment thrust  abduction  abduction thrust  abduction pillow  abduction wedge  abuse  accidents  activities  acute  adaptive  adaptive devices  adaptive equipment  adduction  ADL  admission  admitting resident  affected side  aging process  AIDS  alternative therapy  Alzheimer's  ambulation  amputees  anemia  anger  Angina pectoris  anti-embolitic stocking  anxiety  aphasia  apical  apnea  applying gloves  appropriate response  arteries  arthritis  aseptic  aspiration  assault  assistive device  atrophy  authorized duties  autism  axillary temperature  bacteria  bargaining  basic needs  bathing  battery  bed cradle  bed height  bed making  bed position  bedpan  bedrest  beliefs  biohazard  bladder training  bleeding  blindness  blood pressure  body alignment  body fluids  body mechanics  body systems  body temperature  bowel program  BP  breathing  burnout  call light  cancer  cardiovascular system  care impaired  care plan  cast  cataracts  cerebral vascular accident  chemical disinfection  chemotherapy  chest pain  CHF  choking  chronic  circulation  circulatory system  clarification  cleaning  clear liquid diet  cognitively impaired  cold compress  cold pack  colostomy  colostomy care  cognitive impairment  comfort care  communicable  communication  competency evaluation  competency evaluation program  confidentiality  confused resident  congestive heart failure  constipation  constriction  contamination  contracture  converting measures  COPD  Coronary Artery Disease  coughing excessively  cultural  CVA  cyanosis  cyanotic  dangling  death & dying  decubitus ulcer  defamation  dehydration  delusions  dementia  denial  dentures  depression  developmental disability  diabetes  diabetic  dialysis  diarrhea  diastolic  diet  dirty linen  discharging resident  disease  disease process  disinfection  disoriented  disposing of contaminated materials  disrespect  disrespectful treatment  dizziness  DNR  documentation  draw sheet  dressing  droplets  dying  dysphagia  dyspnea  dysuria  edema  elastic stockings  elderly  elevate head  elimination  emesis  emotional labiality  emotional needs  empathy  emphysma  endocrine system  enema  epilepsy  ethics  exercise  extremity  eye glasses  falls  fecal impaction  feces  feeding  financial abuse  fire  flexed  flexion  Foley catheter  foot board  foot care  foot drop  Fowler's  fractures  fraud  frayed cord  free from disease
shock
side rails
simple fracture
skin
skin integrity
slander
sleep
smoking
social needs
soiled linen
specimen
spiritual needs
sputum
sputum specimen
sputum test
standard precautions
state tested
sterilization
stethoscope
stool specimen
stress
stroke
subjective
subjective data
sundowning
supine

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

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

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
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
tracheostomy
transferring
transporting food
treating residents with respect
tub bath
tube feeding
tuberculosis
twice daily
tympanic temperatures
unaffected side
unconscious resident
uniform
unsteady
urethral
urinary catheter bag
urinary system
urination
urine
urine filter
varicose veins
ventilation
visually impaired
vital signs
vitamins
vomiting
walker
wandering resident
warm and cold applications
water faucets
water temperature
weak side
weighing resident
wheelchair safety
white blood cells
### Abbreviations (7-10-14)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>á</td>
<td>Before</td>
</tr>
<tr>
<td>abd</td>
<td>abdomen</td>
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<td>ac</td>
<td>before meals</td>
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<tr>
<td>ADA</td>
<td>American Diabetes Association</td>
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<td>activities of daily living</td>
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<td>ad lib</td>
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<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AM/am hours</td>
<td>between midnight and noon</td>
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<tr>
<td>amb</td>
<td>ambulate, walk</td>
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<tr>
<td>amt</td>
<td>Amount</td>
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<tr>
<td>Ap</td>
<td>Apical</td>
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<td></td>
</tr>
<tr>
<td>APS</td>
<td>Adult Protective Services</td>
</tr>
<tr>
<td>ASAP</td>
<td>as soon as possible</td>
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<tr>
<td>as tol</td>
<td>as tolerated</td>
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<tr>
<td>ax</td>
<td>Axillary</td>
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<td>BID, bid</td>
<td>twice daily</td>
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<td>bowel movement</td>
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<td>B/P, BP</td>
<td>blood pressure</td>
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<td>BRP</td>
<td>bathroom privileges</td>
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<td>c</td>
<td>with</td>
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<tr>
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<td>Centigrade/Celsius</td>
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<td>cath</td>
<td>Catheter</td>
</tr>
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<td>cubic centimeters</td>
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<td>Centers for Disease Control</td>
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<td>C.Diff</td>
<td>Clostridium difficile</td>
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<td>Central Nervous System</td>
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<table>
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<td>complains of</td>
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<td>CP</td>
<td>Cerebral Palsy</td>
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<td>cerebrovascular accident (stroke)</td>
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<td>D/C or DC</td>
<td>discontinue/discharge</td>
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<td>do not resuscitate</td>
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<td>DON</td>
<td>Director of Nursing</td>
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<td>Decubitus Ulcer</td>
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<td>Doctor</td>
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<td>dx</td>
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<td>Gastrostomy Tube</td>
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<td>H or hr.</td>
<td>Hour</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>Human Immunodeficiency Virus</td>
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<td>Abbreviation</td>
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<tr>
<td>HOB</td>
<td>head of bed</td>
</tr>
<tr>
<td>H2O</td>
<td>Water</td>
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<tr>
<td>HS or hs</td>
<td>hour of sleep</td>
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<td>ht</td>
<td>Height</td>
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<tr>
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<td>intake and output</td>
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<tr>
<td>Kg</td>
<td>Kilogram</td>
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<td>Lab</td>
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<tr>
<td>(L)/L/lt</td>
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<tr>
<td>L</td>
<td>Liter</td>
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<tr>
<td>lb.</td>
<td>pound</td>
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<tr>
<td>LCS</td>
<td>Low Concentrated Sweets</td>
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<tr>
<td>LOA</td>
<td>leave of absence</td>
</tr>
<tr>
<td>LOC</td>
<td>level of consciousness</td>
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<tr>
<td>LPN</td>
<td>licensed practical nurse</td>
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<td>LTC</td>
<td>long-term care</td>
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<td>LTCO</td>
<td>Long Term Care Ombudsman</td>
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<td>MD</td>
<td>Medical Doctor</td>
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<tr>
<td>meds</td>
<td>medications</td>
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<tr>
<td>ml</td>
<td>Milliliter</td>
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<tr>
<td>MI</td>
<td>myocardial infarction</td>
</tr>
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<td>mmHg</td>
<td>Millimeters mercury</td>
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<tr>
<td>MRSA</td>
<td>Multi-drug resistant staphylococcus aureus</td>
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<tr>
<td>MS</td>
<td>Multiple sclerosis</td>
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<td>NAS</td>
<td>no added salt (diet order)</td>
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<td>no cardiac resuscitation</td>
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<tr>
<td>NG</td>
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<td>no known allergies</td>
</tr>
<tr>
<td>noc</td>
<td>night, nocturnal</td>
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<tr>
<td>NPO</td>
<td>nothing by mouth</td>
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<tr>
<td>O2</td>
<td>oxygen</td>
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<tr>
<td>OBRA</td>
<td>Omnibus Budget</td>
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<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
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<tr>
<td>OOB</td>
<td>out of bed</td>
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<td>OR</td>
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<td>ortho</td>
<td>orthopedics</td>
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<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<td>oz.</td>
<td>ounce</td>
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<td>after</td>
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<tr>
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<td>pulse</td>
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<td>PASS</td>
<td>Pull, Aim. Squeeze, Sweep</td>
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<tr>
<td>pc</td>
<td>after meals</td>
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<tr>
<td>per</td>
<td>by/via or through</td>
</tr>
<tr>
<td>peri</td>
<td>perineal areas</td>
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<td>PHI</td>
<td>Protected Health Information</td>
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<tr>
<td>Pm/PM</td>
<td>hours between noon and midnight</td>
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<td>PNS</td>
<td>Peripheral Nervous System</td>
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<tr>
<td>po</td>
<td>by mouth</td>
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<td>POLST</td>
<td>Physician Order for Life Sustaining Treatment</td>
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<td>postop</td>
<td>after surgery</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>preop</td>
<td>before surgery</td>
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<td>PRN, prn</td>
<td>when necessary</td>
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<td>PROM</td>
<td>passive range of motion</td>
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<td>physical therapy</td>
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<td>Peripheral Vascular Disease</td>
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<tr>
<td>q</td>
<td>every</td>
</tr>
<tr>
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<td>every day</td>
</tr>
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<td>every hour</td>
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<td>every bed time</td>
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<td>q2h</td>
<td>every two hours</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>QID/qid</td>
<td>four times daily</td>
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<tr>
<td>R</td>
<td>rectal or respirations</td>
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<td>Right</td>
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<td>RA</td>
<td>Rheumatoid Arthritis</td>
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<td>RACE</td>
<td>rescue, alarm, contain, extinguish</td>
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<td>RBC</td>
<td>red blood cell</td>
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<td>reg</td>
<td>Regular</td>
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<td>rehab</td>
<td>rehabilitation</td>
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<td>RN</td>
<td>registered nurse</td>
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<td>ROM</td>
<td>range of motion</td>
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<tr>
<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
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<tr>
<td>RT</td>
<td>recreational therapy or respiratory therapy</td>
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<td>Rx</td>
<td>prescription</td>
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<td>s</td>
<td>Without</td>
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<td>SDS</td>
<td>Safety Data Sheet</td>
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<td>SNF</td>
<td>skilled nursing facility</td>
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<td>SOB</td>
<td>short of breath</td>
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<td>stat</td>
<td>at once, immediately</td>
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<tr>
<td>S and S</td>
<td>sign and symptoms</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>SW</td>
<td>symptoms</td>
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<td>T</td>
<td>temperature</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TBI</td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td>tbsp</td>
<td>tablespoon</td>
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<tr>
<td>TCDB</td>
<td>turn, cough and deep breath</td>
</tr>
<tr>
<td>TED hose</td>
<td>brand name of anti-embolism stocking</td>
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<tr>
<td>TIA</td>
<td>transient ischemic attack (little or silent stroke)</td>
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<tr>
<td>TID/tid</td>
<td>three times a day</td>
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<td>TPN</td>
<td>Total Parenteral Nutrition</td>
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<td>TPR</td>
<td>temperature, pulse, respiration</td>
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<td>teaspoon</td>
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<td>Tx, tx</td>
<td>treatment</td>
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<td>urinalysis</td>
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<td>Utah Nursing Assistant Registry</td>
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<td>URI</td>
<td>upper respiratory infection</td>
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<td>urinary tract infection</td>
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<td>VS or V/S</td>
<td>vital signs</td>
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<td>WBC</td>
<td>white blood cells</td>
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<td>w/c</td>
<td>wheelchair</td>
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<td>WNL</td>
<td>within normal limits</td>
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<tr>
<td>wt</td>
<td>weight</td>
</tr>
<tr>
<td>x</td>
<td>times (i.e. 3xhr = three times/hr)</td>
</tr>
<tr>
<td>i/ii/iii</td>
<td>one/two/three</td>
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<tr>
<td>-</td>
<td>negative</td>
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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. 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 resident's 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:
   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


PRACTICE EXAM

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

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

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 to 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

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**

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<td>2 B</td>
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Revised 10-14-13
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