

# California Certified Nursing Assistant (CNA) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. What is a vital sign that must be frequently monitored in suspected dehydration?**
  - A. Blood pressure**
  - B. Respiratory rate**
  - C. Pulse rate**
  - D. Temperature**
- 2. What should the nursing assistant document after changing a non-sterile dressing?**
  - A. The patient's emotional state**
  - B. Color, odor, amount, and consistency of the drainage on the old dressing**
  - C. The time dressing was changed**
  - D. The type of dressing used**
- 3. What documents detail a resident's treatment preferences when they cannot communicate?**
  - A. Medical records**
  - B. Advanced Directives**
  - C. Resident Bill of Rights**
  - D. Policies and Procedures**
- 4. How should a CNA deal with a patient experiencing a seizure?**
  - A. Protect the patient's head and body, clear the area, and call for emergency assistance**
  - B. Hold the patient down to prevent movement**
  - C. Leave the area immediately and notify someone else**
  - D. Give the patient water during the seizure**
- 5. What is the purpose of elastic stockings?**
  - A. To completely restrict blood flow**
  - B. To help maintain blood flow and reduce discomfort and swelling**
  - C. To provide warmth to the legs**
  - D. To prevent movement in the legs**

- 6. What is an appropriate response if a resident expresses fear about a procedure?**
- A. Ignore their concerns**
  - B. Reassure them with information and support**
  - C. Tell them not to worry**
  - D. Encourage them to refuse treatment**
- 7. How many continuing education hours must a nursing assistant complete to renew their certification in California every two years?**
- A. 24 hours**
  - B. 36 hours**
  - C. 48 hours**
  - D. 60 hours**
- 8. What should a CNA do if they suspect a patient may be dehydrated?**
- A. Encourage the patient to drink more fluids**
  - B. Administer medication immediately**
  - C. Suspend the patient's food intake**
  - D. Notify the patient's physician only**
- 9. What should a CNA do if a patient is found unresponsive?**
- A. Call for help and assess airway, breathing, and circulation**
  - B. Shake the patient to wake them up**
  - C. Leave the patient alone to recover**
  - D. Immediately start CPR without calling for help**
- 10. Which of the following can be a life-threatening symptom of an allergic reaction?**
- A. Headaches**
  - B. Swelling of the throat**
  - C. Stomachache**
  - D. Dry mouth**



## **Answers**

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1. A
2. B
3. B
4. A
5. B
6. B
7. C
8. A
9. A
10. B

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## **Explanations**

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**1. What is a vital sign that must be frequently monitored in suspected dehydration?**

- A. Blood pressure**
- B. Respiratory rate**
- C. Pulse rate**
- D. Temperature**

In cases of suspected dehydration, blood pressure becomes a crucial vital sign to monitor frequently. Dehydration causes a decrease in blood volume, which can lead to a drop in blood pressure. Monitoring blood pressure helps in assessing the severity of dehydration and the body's response to the loss of fluids. When blood pressure decreases, it can indicate that the body is struggling to maintain adequate circulation, which may lead to further complications if not addressed. Although respiratory rate, pulse rate, and temperature are also important to monitor, blood pressure specifically highlights potential cardiovascular issues that can arise from dehydration. An abnormal blood pressure reading can signify that the patient may require interventions such as rehydration therapy, making it essential to keep a close watch on this vital sign in suspected dehydration cases.

**2. What should the nursing assistant document after changing a non-sterile dressing?**

- A. The patient's emotional state**
- B. Color, odor, amount, and consistency of the drainage on the old dressing**
- C. The time dressing was changed**
- D. The type of dressing used**

After changing a non-sterile dressing, it is essential to document the color, odor, amount, and consistency of the drainage on the old dressing. This information is crucial because it helps to assess the status of the wound and healing progress. By noting the characteristics of the drainage, healthcare professionals can monitor for signs of infection or complications, such as increased drainage, changes in color, or unusual odor. This detailed documentation provides important information for further assessment and ensures continuity of care. While documenting the other options can also be important, the specifics of the drainage are particularly vital in understanding the wound's current state and guiding treatment plans. The patient's emotional state, the time of the dressing change, and the type of dressing used have their significance but may not provide as immediate or specific insight into the condition of the wound as the details of the drainage would.

### **3. What documents detail a resident's treatment preferences when they cannot communicate?**

- A. Medical records**
- B. Advanced Directives**
- C. Resident Bill of Rights**
- D. Policies and Procedures**

Advanced Directives are legal documents that allow individuals to outline their treatment preferences in advance, particularly when they may become unable to communicate those wishes due to illness or incapacity. These documents can include a living will, which specifies the types of medical treatments and interventions a person wishes to receive or avoid under certain conditions, and a healthcare proxy, which designates someone to make medical decisions on their behalf. The significance of Advanced Directives in a healthcare setting lies in their ability to guide healthcare providers, including Certified Nursing Assistants, in delivering care that aligns with the individual's wishes, thereby respecting their autonomy and ensuring that their treatment preferences are honored even in challenging circumstances. Other options, while important in their own right, do not serve this specific function. Medical records primarily document the clinical history and health status of a resident but do not explicitly outline their preferences. The Resident Bill of Rights focuses on the rights and dignities of residents but does not specify treatment preferences. Policies and Procedures provide guidelines for operations and standard practices within a facility but are not individual directives pertaining to patient care.

### **4. How should a CNA deal with a patient experiencing a seizure?**

- A. Protect the patient's head and body, clear the area, and call for emergency assistance**
- B. Hold the patient down to prevent movement**
- C. Leave the area immediately and notify someone else**
- D. Give the patient water during the seizure**

When a patient is experiencing a seizure, it is crucial to prioritize their safety and well-being. The correct approach involves protecting the patient's head and body to prevent injury, clearing the area of any hazards that might pose a risk during the seizure, and calling for emergency assistance if necessary. This proactive response ensures that the patient remains safe while the seizure occurs, as sudden movements and external objects can lead to injuries. Protecting the patient's head can be achieved by placing something soft, like a cushion or your own hands, underneath their head. Clearing the area involves moving any nearby furniture or objects that could cause harm. Calling for emergency assistance is vital if the seizure lasts longer than a few minutes or if it is the patient's first seizure, as medical intervention may be required. The other options suggest actions that could potentially harm the patient or worsen the situation. Holding a patient down could lead to further injury during their involuntary movements. Leaving the area and notifying someone else delays critical assistance that could prevent harm. Providing water during a seizure is also dangerous, as the patient may be unable to swallow properly, increasing the risk of choking. Thus, understanding the correct method is essential for a CNA to effectively manage a seizure situation.

**5. What is the purpose of elastic stockings?**

- A. To completely restrict blood flow
- B. To help maintain blood flow and reduce discomfort and swelling**
- C. To provide warmth to the legs
- D. To prevent movement in the legs

The purpose of elastic stockings primarily revolves around enhancing circulation and alleviating discomfort and swelling in the legs. These stockings are designed to apply graduated compression, which means that they are tighter at the ankle and gradually decrease in pressure as they move up the leg. This compression supports venous return, helping to push blood back toward the heart and reduce the pooling of blood in the lower extremities. Using elastic stockings can significantly benefit individuals who may be at risk for conditions such as deep vein thrombosis (DVT) or those who experience varicose veins or chronic venous insufficiency. Beyond circulation assistance, these stockings can also help minimize symptoms of edema by containing excess fluid in the tissues, providing comfort and improving overall leg health. The other options do not accurately reflect the primary benefits of elastic stockings, as they do not restrict blood flow, provide warmth, or prevent movement in the legs. Instead, they facilitate better blood flow and are integral to managing leg health.

**6. What is an appropriate response if a resident expresses fear about a procedure?**

- A. Ignore their concerns
- B. Reassure them with information and support**
- C. Tell them not to worry
- D. Encourage them to refuse treatment

Reassuring a resident with information and support is a crucial aspect of a CNA's role in providing care. When a resident expresses fear about a procedure, addressing their concerns with empathy and clear explanations helps to create a trusting relationship between the caregiver and the resident. Fear often stems from a lack of understanding about what to expect during a procedure, so providing details about the process, what it entails, and how it will benefit them can alleviate anxiety. Offering support not only informs the resident but also validates their feelings. This approach encourages open communication, allowing them to express any further worries they may have. By fostering an environment of trust and reassurance, you help the resident feel more comfortable and in control, which is essential for their emotional well-being and can lead to a more positive experience during their care.

**7. How many continuing education hours must a nursing assistant complete to renew their certification in California every two years?**

- A. 24 hours**
- B. 36 hours**
- C. 48 hours**
- D. 60 hours**

To renew their certification in California, a nursing assistant is required to complete 48 hours of continuing education every two years. This requirement is in place to ensure that nursing assistants remain updated on current practices, protocols, and advancements in patient care. The completion of these hours is essential for maintaining competency and ensuring high-quality care for patients. The other options reflect incorrect hour requirements that do not align with California regulations for nursing assistants. Understanding the continuing education requirements is crucial for nursing assistants seeking renewal of their certification, as it impacts their professional standing and ability to provide care.

**8. What should a CNA do if they suspect a patient may be dehydrated?**

- A. Encourage the patient to drink more fluids**
- B. Administer medication immediately**
- C. Suspend the patient's food intake**
- D. Notify the patient's physician only**

Encouraging the patient to drink more fluids is the appropriate action when a CNA suspects that a patient may be dehydrated. Dehydration can lead to various complications and worsening health conditions, so increasing fluid intake is crucial for rehydrating the patient and restoring their electrolyte balance. In many cases, patients can be assisted in drinking water or other hydrating fluids which can help alleviate symptoms of dehydration. The CNA is often the first to notice signs of dehydration, and their role includes promoting hydration when necessary, always following facility protocols and guidelines. While notifying the patient's physician is essential if the patient shows significant symptoms or if the hydration strategy does not appear effective, the immediate action should be to encourage fluid intake. Administering medication is generally outside the CNA's scope of practice, and suspending food intake can be harmful and is not typically indicated solely based on dehydration concerns.

**9. What should a CNA do if a patient is found unresponsive?**

**A. Call for help and assess airway, breathing, and circulation**

**B. Shake the patient to wake them up**

**C. Leave the patient alone to recover**

**D. Immediately start CPR without calling for help**

When a CNA encounters an unresponsive patient, the first and most crucial step is to call for help and assess the patient's airway, breathing, and circulation. This approach is grounded in the principles of basic life support and emergency response. By calling for help, the CNA ensures that additional medical assistance is on the way, which is essential for the timely treatment of the patient. Assessing airway, breathing, and circulation is critical because these three components are vital signs of life. If the airway is obstructed or if the patient is not breathing, immediate action must be taken to restore breathing and circulation before further interventions can be performed. This systematic approach allows for the quick identification of the patient's condition and guides subsequent actions, such as initiating CPR if necessary. The other options, while they may seem intuitive, do not align with proper emergency protocols. For instance, shaking the patient to wake them could potentially cause harm or worsen their condition. Leaving the patient alone to recover is also inappropriate, as an unresponsive individual may have a serious underlying medical issue that requires immediate attention. Lastly, starting CPR without first assessing the situation and calling for help is not recommended, as CPR should be performed based on the patient's needs and after ensuring that help is being summoned.

**10. Which of the following can be a life-threatening symptom of an allergic reaction?**

**A. Headaches**

**B. Swelling of the throat**

**C. Stomachache**

**D. Dry mouth**

Swelling of the throat is indeed a life-threatening symptom of an allergic reaction. This condition, known as angioedema, can obstruct the airway, leading to difficulty breathing and, in severe cases, can result in asphyxiation. Such swelling occurs when an allergy triggers the immune system to release histamines, causing blood vessels to leak and tissues to swell. Immediate medical intervention is crucial in these situations, as they can escalate quickly into life-threatening emergencies. In contrast, while headaches, stomachaches, and dry mouth can accompany allergic reactions, they typically do not pose an immediate threat to life. These symptoms may indicate discomfort or a less severe allergic response but do not have the same potential for rapid escalation as swelling of the throat does.



## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://californiacertifiednursingassistant.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**