

Certified Nursing Assistant (CNA) Prometric 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

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- 1. If a colleague mentions a resident's cancer diagnosis, what is the appropriate response from the nurse aide?**
 - A. Discuss the diagnosis with other staff**
 - B. Advise the staff member to discuss this later**
 - C. Inquire about the resident's treatment**
 - D. Share the information with the resident's family**
- 2. A female patient with a history of seizures is admitted. What action should you take to ensure her safety?**
 - A. Monitor her for signs of dehydration**
 - B. Report changes in sleep, personality, and signs of stress to the nurse immediately**
 - C. Keep her in a dark and quiet environment**
 - D. Limit her mobility to prevent falls**
- 3. What is the most appropriate action when a resident is dying of cancer and requires a sense of hope?**
 - A. Encouraging additional medical treatments**
 - B. Suggesting a visit from family members**
 - C. Pulling the sleeve over the weaker arm first**
 - D. Offering reassurances about their condition**
- 4. What is the most important factor to consider during CPR for a resident?**
 - A. Time since collapse**
 - B. Age of the resident**
 - C. Presence of bystanders**
 - D. Quality of chest compressions**
- 5. What action should a nurse aide take when a resident begins hiding food in their closet?**
 - A. Ignore the behavior**
 - B. Ask the resident if they are hungry**
 - C. Tell the charge nurse about the resident's behavior**
 - D. Remove the food immediately**

6. What can cause an insulin reaction?

- A. Too much food**
- B. Too little food**
- C. Excessive exercise**
- D. High sugar intake**

7. Which pulse rate should be reported to the charge nurse immediately?

- A. A rate of 55 beats per minute**
- B. A rate of 75 beats per minute**
- C. A rate of 90 beats per minute**
- D. A rate of 110 beats per minute**

8. What is the primary purpose of a bed alarm in a healthcare facility?

- A. To alert staff during medication distribution**
- B. To warn about incoming visitors**
- C. To help ensure the patient's safety when getting out of bed**
- D. To notify staff about scheduled meal times**

9. When can restraints be applied according to nursing guidelines?

- A. At the nurse's discretion**
- B. Only during emergencies**
- C. Only with doctor's order**
- D. As needed for safety**

10. What statement best supports a dying cancer patient's need for hope?

- A. You should focus on making arrangements**
- B. You seem stronger today, you sat up for 2 hours while visiting with your son**
- C. It's important to be realistic about your condition**
- D. Let's discuss your treatment options**

Answers

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

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Explanations

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- 1. If a colleague mentions a resident's cancer diagnosis, what is the appropriate response from the nurse aide?**
 - A. Discuss the diagnosis with other staff**
 - B. Advise the staff member to discuss this later**
 - C. Inquire about the resident's treatment**
 - D. Share the information with the resident's family**

When a colleague mentions a resident's cancer diagnosis, advising the staff member to discuss this later is appropriate because it prioritizes the resident's privacy and confidentiality. Healthcare professionals are bound by laws and ethical standards that require them to keep patient information confidential. Discussing sensitive information like a cancer diagnosis inappropriately can lead to breaches of trust and violate privacy rights. This response shows an understanding of the importance of confidentiality and the ethical obligation to protect the resident's personal health information, ensuring that discussions about such matters occur in a more private and appropriate setting. Fostering a culture of respect for the patient's rights is essential in a healthcare environment.

- 2. A female patient with a history of seizures is admitted. What action should you take to ensure her safety?**
 - A. Monitor her for signs of dehydration**
 - B. Report changes in sleep, personality, and signs of stress to the nurse immediately**
 - C. Keep her in a dark and quiet environment**
 - D. Limit her mobility to prevent falls**

The appropriate action to ensure the safety of a female patient with a history of seizures is to report changes in sleep, personality, and signs of stress to the nurse immediately. Monitoring these aspects is vital because changes in a patient's condition can be indicative of factors that may precipitate a seizure, such as stress, fatigue, or changes in medication. By reporting these changes promptly, healthcare staff can take necessary precautions, such as adjusting her treatment plan or monitoring her more closely, to prevent a seizure from occurring. While monitoring for signs of dehydration, creating a dark and quiet environment, and limiting mobility can be helpful considerations in providing general care, they do not directly address the immediate risk factors associated with seizures as effectively as reporting changes in the patient's condition does.

3. What is the most appropriate action when a resident is dying of cancer and requires a sense of hope?

- A. Encouraging additional medical treatments**
- B. Suggesting a visit from family members**
- C. Pulling the sleeve over the weaker arm first**
- D. Offering reassurances about their condition**

The most appropriate action when a resident is dying of cancer and requires a sense of hope involves offering reassurances about their condition. In situations where residents are nearing the end of life, providing emotional support and comfort is crucial. This includes helping them feel secure at a difficult time, which can be achieved through reassurance. It is important for healthcare providers to validate the resident's feelings and provide comfort, perhaps by discussing their experiences, memories, or any unfinished business that may bring them peace. Encouraging additional medical treatments may not be suitable if the focus is on comfort care, as it might lead to further distress or disappointment. Suggesting visits from family members could offer social support, but it doesn't directly address the resident's need for emotional comfort related to their condition. Pulling the sleeve over the weaker arm first might be an act of assistance, but it lacks the emotional support that is so vital in providing a sense of hope during such a challenging time.

4. What is the most important factor to consider during CPR for a resident?

- A. Time since collapse**
- B. Age of the resident**
- C. Presence of bystanders**
- D. Quality of chest compressions**

The most important factor to consider during CPR is the quality of chest compressions. High-quality chest compressions are essential for maintaining blood circulation to vital organs during cardiac arrest. Compressions should be performed at a depth of at least two inches for adults, at a rate of 100 to 120 compressions per minute, and allow full recoil between compressions. This technique maximizes the effectiveness of CPR, as it directly influences the chances of restoring a meaningful heartbeat and improving survival outcomes. While time since collapse, age of the resident, and the presence of bystanders are important factors to acknowledge, they do not take precedence over the fundamental quality of the compressions delivered. The effectiveness of CPR hinges largely on how well the chest compressions are performed, making it the primary focus during this critical intervention.

5. What action should a nurse aide take when a resident begins hiding food in their closet?

- A. Ignore the behavior
- B. Ask the resident if they are hungry
- C. Tell the charge nurse about the resident's behavior**
- D. Remove the food immediately

When a resident begins hiding food in their closet, informing the charge nurse is the appropriate action to take. This behavior may indicate underlying issues such as unmet nutritional needs, emotional distress, or a desire for control over their environment. Reporting this behavior ensures that the charge nurse can assess the situation more thoroughly and implement necessary interventions or modifications in the resident's care plan. Addressing such behaviors with the entire care team is vital for comprehensive care and may lead to important discoveries about the resident's preferences or health status. Additionally, the nurse aide is not equipped to diagnose or interpret the underlying reasons for such actions, which is why this escalation to the charge nurse is crucial for proper assessment and follow-up. In contrast, ignoring the behavior could lead to unaddressed concerns that might worsen over time. Asking the resident if they are hungry could provide insight but does not ensure that the issue is documented and reviewed by a healthcare professional. Removing the food immediately could create feelings of neglect or mistrust if the resident later feels that their autonomy is being infringed upon. Thus, communicating with the charge nurse establishes a collaborative approach to care.

6. What can cause an insulin reaction?

- A. Too much food
- B. Too little food**
- C. Excessive exercise
- D. High sugar intake

An insulin reaction, also known as hypoglycemia, occurs when there is an imbalance between insulin levels and the amount of glucose available in the bloodstream. This situation often arises when a person with diabetes takes insulin or other blood glucose-lowering medications and does not consume enough food to match the insulin dosage. When there is not enough glucose in the bloodstream, symptoms such as shakiness, sweating, confusion, and even loss of consciousness can occur. In this context, too little food can lead to a situation where the insulin administered lowers blood glucose levels excessively, resulting in an insulin reaction. It is crucial for individuals managing insulin to carefully balance their food intake, insulin doses, and physical activity to avoid hypoglycemia. While excessive exercise can also contribute to low blood sugar levels if not managed properly, the key aspect of causing an insulin reaction here specifically points to the insufficiency of food to counteract the effects of insulin. Therefore, understanding the relationship between insulin, food intake, and blood glucose levels is essential in managing diabetes and preventing insulin reactions.

7. Which pulse rate should be reported to the charge nurse immediately?

- A. A rate of 55 beats per minute**
- B. A rate of 75 beats per minute**
- C. A rate of 90 beats per minute**
- D. A rate of 110 beats per minute**

The pulse rate that should be reported to the charge nurse immediately is the one that indicates bradycardia, which is defined as a heart rate that is lower than the normal range for adults, typically below 60 beats per minute. A rate of 55 beats per minute falls into this category. It is crucial to report this finding because bradycardia can indicate an underlying medical condition or a response to medications, and it may require further assessment or intervention. Monitoring vital signs is an essential part of patient care, and sudden changes in pulse rates can have significant implications for a patient's health. The other pulse rates listed are within the normal or mildly elevated range. A pulse rate of 75 beats per minute is considered normal, while rates of 90 and 110 beats per minute indicate mild tachycardia but may not require the same level of immediate attention as bradycardia. Therefore, the pulse rate of 55 beats per minute is the one that necessitates prompt communication with the charge nurse.

8. What is the primary purpose of a bed alarm in a healthcare facility?

- A. To alert staff during medication distribution**
- B. To warn about incoming visitors**
- C. To help ensure the patient's safety when getting out of bed**
- D. To notify staff about scheduled meal times**

The primary purpose of a bed alarm in a healthcare facility is to help ensure the patient's safety when getting out of bed. Bed alarms are designed to alert nursing staff when a patient attempts to get out of bed, which is especially important for those who may be at risk of falls, have mobility issues, or are disoriented. This technology enhances patient safety by providing a means to monitor patients continuously, allowing staff to respond quickly if a patient tries to leave the bed unsafely. Other options mentioned do not align with the primary function of a bed alarm. For instance, alerting staff during medication distribution or notifying staff about scheduled meal times are functions of different systems designed for those specific purposes. Similarly, warning about incoming visitors does not relate to the ongoing safe monitoring of a patient's mobility. The design and implementation of bed alarms focus specifically on preventing falls and promoting safety for patients who may need assistance when moving in or out of bed.

9. When can restraints be applied according to nursing guidelines?

- A. At the nurse's discretion**
- B. Only during emergencies**
- C. Only with doctor's order**
- D. As needed for safety**

Restraints must always be applied in accordance with established guidelines and regulations to ensure patient safety and dignity. Applying restraints requires a physician's order, which helps ensure that restraints are used appropriately and that less restrictive alternatives have been considered and deemed insufficient. The involvement of a physician is crucial as it provides a medical rationale for the use of restraints, ideally based on a thorough assessment of the patient's condition. In cases where restraints may be necessary for safety, such as preventing self-harm or harm to others, obtaining a doctor's order prior to implementation reinforces the importance of both clinical judgment and legal compliance. This process also involves regular reassessment of the patient's need for restraints, reinforcing that they should not be used as a first-line solution but rather a last resort after all other options have been explored. Additionally, while nurses play a critical role in patient care, allowing restraints at a nurse's discretion or at any moment may lead to misuse and abuse, potentially compromising patient autonomy and well-being. Restraints applied during emergencies would still necessitate a subsequent physician's order to ensure ongoing evaluation of the patient's needs. Hence, adherence to a doctor's order is a fundamental principle in the safe application of restraints in nursing practice.

10. What statement best supports a dying cancer patient's need for hope?

- A. You should focus on making arrangements**
- B. You seem stronger today, you sat up for 2 hours while visiting with your son**
- C. It's important to be realistic about your condition**
- D. Let's discuss your treatment options**

The statement that best supports a dying cancer patient's need for hope is the one that recognizes and acknowledges the patient's efforts and small victories, which can be incredibly uplifting during a difficult time. By stating that the patient seems stronger today because they sat up for two hours while visiting with their son, it highlights a positive moment in their day, emphasizing resilience and the importance of personal connections. This approach can foster a sense of agency and accomplishment, which is vital for maintaining hope. It shows support and encouragement, reminding the patient that there are still moments of joy and strength, even amidst their illness. Recognizing such incremental progress can help sustain a sense of hope and emotional well-being, which is crucial for patients facing terminal conditions. The other options, while possibly having their merits, focus either on practicalities or realism that may not align with the psychological and emotional needs of a patient in this stage of life. They do not provide the same encouragement or acknowledgment of the patient's feelings and experiences, which are essential in nurturing hope.

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.

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

<https://certifiednursingassistant-prometric.examzify.com>

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

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