

CNA Comprehensive Core Competency Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. What right does the privacy rule grant to patients?**
 - A. Examine and obtain a copy of their health records**
 - B. Share their health information with anyone**
 - C. Change any part of their medical history**
 - D. Ignore all medical advice given by healthcare providers**
- 2. What should a CNA do immediately upon encountering a medical emergency?**
 - A. Provide advanced medical treatment**
 - B. Call for help and provide basic support**
 - C. Leave the area to summon a doctor**
 - D. Ignore it if the patient appears stable**
- 3. What symptom of a stroke should a CNA be aware of?**
 - A. Severe headache**
 - B. Persistent cough**
 - C. High fever**
 - D. Rash**
- 4. What does the term “bed-bound” mean?**
 - A. A patient who is unable to leave their bed due to illness or disability**
 - B. A patient who prefers to stay in bed all day**
 - C. A patient who can leave bed but chooses not to**
 - D. A patient confined to bed for long periods due to comfort**
- 5. Why is it important for a CNA to know the patient's history?**
 - A. To provide personalized care and recognize complications**
 - B. To ensure they follow all standard procedures**
 - C. To determine the amount of medication required**
 - D. To decide on the visitation hours**

- 6. Why is it important to observe and report changes in a patient's condition?**
- A. To update the patient's family**
 - B. To ensure timely interventions and improve patient outcomes**
 - C. To maintain the facility's insurance**
 - D. To comply with staff schedules**
- 7. What tool is commonly used to measure blood pressure?**
- A. Thermometer**
 - B. Stethoscope**
 - C. Sphygmomanometer**
 - D. Pulse oximeter**
- 8. Which of the following best defines a person's culture?**
- A. Traditions passed down through generations**
 - B. Values, beliefs, and practices held by a person**
 - C. Language and customs of a particular region**
 - D. Dietary preferences and spiritual practices**
- 9. Sexual harassment is defined as occurring only when what conditions are met?**
- A. Two parties are trading sexual advances**
 - B. One party is in a position of power over another**
 - C. The behavior is witnessed by others**
 - D. There is a formal complaint documented**
- 10. What should a CNA do if a patient falls?**
- A. Assess for injuries, call for help, and document**
 - B. Provide immediate food and water**
 - C. Drag the patient to a safe area**
 - D. Leave the patient to gather help**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What right does the privacy rule grant to patients?

- A. Examine and obtain a copy of their health records**
- B. Share their health information with anyone**
- C. Change any part of their medical history**
- D. Ignore all medical advice given by healthcare providers**

The privacy rule is an essential component of healthcare regulations designed to protect patient information and ensure confidentiality. It grants patients the right to examine and obtain a copy of their health records. This right empowers individuals to be informed about their medical history, understand the data being recorded, and ensure its accuracy. Having the ability to access their health records allows patients to engage more effectively in their own healthcare. They can identify any errors or discrepancies in their records which is crucial for accurate diagnosis and treatment. This transparency is vital for building trust between patients and healthcare providers. The other options don't align with the protections and rights established by the privacy rule. For instance, sharing health information with anyone without restrictions contradicts the aim of the rule, which is to safeguard patient privacy. The ability to change any part of their medical history is not typically granted, as records must accurately reflect medical facts as documented by qualified healthcare providers. Lastly, ignoring medical advice from healthcare professionals is more about patient autonomy and decision-making rather than a right granted by the privacy rule. Thus, the correct answer reflects the fundamental rights of patients regarding their medical information and records.

2. What should a CNA do immediately upon encountering a medical emergency?

- A. Provide advanced medical treatment**
- B. Call for help and provide basic support**
- C. Leave the area to summon a doctor**
- D. Ignore it if the patient appears stable**

Upon encountering a medical emergency, a CNA should prioritize calling for help and providing basic support. This immediate response is crucial for ensuring the safety and well-being of the patient. In emergencies, professional medical assistance is often needed, and the CNA plays a vital role in facilitating that help. By calling for help, the CNA ensures that appropriate medical professionals are notified and can arrive quickly to take over care. Meanwhile, providing basic support—such as monitoring the patient's vital signs, ensuring they are comfortable, or performing basic first aid—can help stabilize the patient until more advanced care is available. Advanced medical treatment is typically outside the scope of a CNA's training and could lead to complications or delays in proper care. Leaving the area to summon a doctor could delay necessary assistance for the patient, which is critical in emergency situations. Ignoring the condition of a stable-appearing patient can also be risky since emergencies can escalate quickly. Therefore, promptly calling for help while providing appropriate basic care is the most responsible action to take.

3. What symptom of a stroke should a CNA be aware of?

- A. Severe headache**
- B. Persistent cough**
- C. High fever**
- D. Rash**

One of the key symptoms of a stroke that a CNA should be aware of is a severe headache. This type of headache can occur suddenly and is often described as the worst headache someone has ever experienced. It may indicate a hemorrhagic stroke, which results from bleeding in the brain. Recognizing this symptom is crucial, as prompt medical attention can significantly affect the outcome for the patient. The other symptoms listed, such as a persistent cough, high fever, and rash, do not typically indicate a stroke. While they may signify other health issues, they are not classic symptoms of stroke and therefore are less relevant for a CNA in recognizing an urgent stroke situation. Understanding these distinctions helps CNAs provide timely and accurate care to patients.

4. What does the term "bed-bound" mean?

- A. A patient who is unable to leave their bed due to illness or disability**
- B. A patient who prefers to stay in bed all day**
- C. A patient who can leave bed but chooses not to**
- D. A patient confined to bed for long periods due to comfort**

The term "bed-bound" specifically refers to a patient who is unable to leave their bed due to illness or disability. This definition highlights that their condition restricts them from mobility, necessitating bed rest and often requiring assistance for basic needs such as eating, bathing, or using the restroom. Such medical or physical conditions can include severe injuries, advanced illnesses, or significant disabilities that prevent a person from being physically capable of getting out of bed. Therefore, the focus is on the inability to move rather than personal choice or comfort.

5. Why is it important for a CNA to know the patient's history?

- A. To provide personalized care and recognize complications**
- B. To ensure they follow all standard procedures**
- C. To determine the amount of medication required**
- D. To decide on the visitation hours**

Understanding a patient's history is crucial for a CNA as it enables the provision of personalized care and aids in recognizing potential complications. Each patient's background, including previous illnesses, surgeries, allergies, and overall health status, informs caregiving decisions. When a CNA is aware of these details, they can tailor their approach to meet the individual needs of the patient effectively. For instance, if a patient has a history of heart problems, the CNA can monitor vital signs more closely and observe for symptoms that may indicate a cardiac issue. Additionally, knowledge of the patient's history helps in identifying any existing conditions that could influence their current health or recovery process, allowing for timely intervention if complications arise. This personalized approach not only enhances patient safety but also fosters trust and rapport between the patient and the healthcare team. In contrast, while following standard procedures and determining medication dosage or visitation hours are essential components of healthcare, they do not directly relate to the importance of understanding a patient's unique historical context in delivering optimal, individualized care.

6. Why is it important to observe and report changes in a patient's condition?

- B. To ensure timely interventions and improve patient outcomes**
- A. To update the patient's family**
- C. To maintain the facility's insurance**
- D. To comply with staff schedules**

Observing and reporting changes in a patient's condition is crucial because it allows for timely interventions that can significantly impact patient outcomes. When healthcare providers diligently monitor patients, they can identify any deviations from expected health status, whether those are improvements or deteriorations. Early detection of changes enables the healthcare team to implement appropriate care strategies, adjust treatments, or escalate care if necessary. This proactive approach is foundational in nursing and patient care, as it helps prevent complications, enhances recovery, and ensures that patients receive the right level of care at the right time. Reporting these changes fosters effective communication among the healthcare team, allowing for coordinated action that can lead to better health results for the patient. While updating the patient's family is important for their understanding and peace of mind, the priority in clinical settings is to focus on the patient's immediate health needs. Similarly, maintaining insurance and scheduling might be necessary administrative tasks; however, they do not directly influence the quality of patient care in the same way that timely interventions do.

7. What tool is commonly used to measure blood pressure?

- A. Thermometer**
- B. Stethoscope**
- C. Sphygmomanometer**
- D. Pulse oximeter**

The sphygmomanometer is the primary tool used for measuring blood pressure. It consists of an inflatable cuff that is wrapped around the upper arm and a dial or electronic display that indicates the pressure reading. When the cuff is inflated and then gradually deflated, it measures the pressure in the arteries, providing two critical values: systolic and diastolic blood pressure. This measurement is integral to assessing cardiovascular health and monitoring conditions such as hypertension. The other tools mentioned serve different purposes. A thermometer is used to measure body temperature, a stethoscope is employed to listen to internal body sounds (such as heart and lung activity), and a pulse oximeter measures the oxygen saturation level in the blood. Each of these devices plays an important role in patient assessment but is not designed for blood pressure measurement.

8. Which of the following best defines a person's culture?

- A. Traditions passed down through generations**
- B. Values, beliefs, and practices held by a person**
- C. Language and customs of a particular region**
- D. Dietary preferences and spiritual practices**

The correct definition of a person's culture encompasses the comprehensive collection of values, beliefs, and practices that shape an individual's worldview. Culture is not limited to specific behaviors or traditions; it is a broad concept that includes the underlying principles and understandings that inform how a person interacts with the world around them. These values and beliefs are often deeply embedded and influence how individuals perceive themselves, their community, and society at large. While traditions, language, customs, and dietary or spiritual practices are all components of culture, they are subsets within the larger framework of values and beliefs. Traditions can change over time, language can evolve, and dietary preferences can vary widely even within a culture. However, it is the core values and beliefs that define one's culture at its essence, making this choice the most inclusive and accurate representation.

9. Sexual harassment is defined as occurring only when what conditions are met?

- A. Two parties are trading sexual advances**
- B. One party is in a position of power over another**
- C. The behavior is witnessed by others**
- D. There is a formal complaint documented**

Sexual harassment is characterized by unwelcome sexual advances or conduct of a sexual nature that creates a hostile or intimidating environment. The correct understanding involves recognizing that it does not require the presence of a formal complaint, witnesses, or a specific power dynamic between the parties involved. In the context of this question, the idea that two parties are trading sexual advances emphasizes that harassment can occur even if one party may feel pressured or uncomfortable about the interaction, regardless of whether the advances are reciprocated. The key factor is that such conduct is unwelcome, and it may create a toxic atmosphere for the affected individual. Thus, the emphasis on two parties trading advances clarifies that sexual harassment can manifest in various forms, including inappropriate or unwanted behavior, without necessitating the involvement of authority figures, documentation, or external witnesses. This understanding is critical for recognizing and addressing instances of sexual harassment effectively in various settings.

10. What should a CNA do if a patient falls?

- A. Assess for injuries, call for help, and document**
- B. Provide immediate food and water**
- C. Drag the patient to a safe area**
- D. Leave the patient to gather help**

When a patient falls, the most appropriate and responsible action for a CNA is to assess for injuries, call for help, and document the incident. This approach prioritizes patient safety and ensures that the patient receives the necessary medical evaluation after the fall. Assessing for injuries is crucial because it helps to identify any immediate medical issues that may need attention, such as fractures or head injuries. Following this, calling for help ensures that additional medical personnel can provide the necessary care and support. Documentation is also an important step; it creates a record of what happened during the incident, which can be important for medical evaluation and facility protocols. The other options would not follow the standard protocols for patient safety and care. Providing immediate food and water after a fall could pose a risk, as the patient may have underlying injuries that require immediate medical assessment rather than consumption of food or drink. Dragging a patient to a safe area can cause further injury, particularly to the spine or joints, and should never be done. Leaving the patient to gather help is unsafe, as it neglects the immediate needs of the patient and delays necessary care.