

Colorado CNA Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. One way to promote dignity and independence with personal care is to:**
 - A. Allow residents to relax and do nothing**
 - B. Complete tasks quickly for residents**
 - C. Encourage residents to perform tasks independently even if it takes longer**
 - D. Ignore resident preferences**
- 2. In the event of a resident experiencing a seizure, a nursing assistant should:**
 - A. Hold the resident down**
 - B. Stay with the resident and protect them from injury**
 - C. Leave the room to get help**
 - D. Give the resident something to eat**
- 3. Blood pressure is measured using a:**
 - A. Thermometer**
 - B. Stethoscope**
 - C. Sphygmomanometer**
 - D. Heart rate monitor**
- 4. The nurse aide SHOULD place soiled linen:**
 - A. In a plastic bag**
 - B. On the counter**
 - C. In the dirty linen container**
 - D. On the floor**
- 5. How should a standard bedpan be positioned?**
 - A. Feet first, longer end at the feet**
 - B. Longer end should be aligned with the resident's back**
 - C. Narrow end should be aligned with the resident's back**
 - D. The wider end should be aligned with the resident's buttocks**

- 6. Protected health information (PHI) includes:**
- A. A resident's medical record**
 - B. A resident's personal financial information**
 - C. Staff employment data**
 - D. Visitor logs to the facility**
- 7. Which of the following is a guideline for dealing with urinary incontinence?**
- A. Change wet or soiled linens or incontinence briefs immediately**
 - B. Wait until the end of the shift to change linens**
 - C. Inform the resident that they should clean themselves**
 - D. Avoid encouraging hydration**
- 8. Which act was passed to encourage decisions about advance directives?**
- A. Health Insurance Portability and Accountability Act (HIPAA)**
 - B. Omnibus Budget Reconciliation Act (OBRA)**
 - C. Patient Self-Determination Act (PSDA)**
 - D. Privacy Act**
- 9. What should a nursing assistant do if a resident is having a heart attack?**
- A. Ask the resident to chew aspirin**
 - B. Elevate the resident's legs**
 - C. Reassure and comfort the resident**
 - D. Provide water to the resident**
- 10. Which of the following is one of the Five Rights of Nursing Delegation?**
- A. Right Diagnosis**
 - B. Right Medication**
 - C. Right Task**
 - D. Right Treatment**

Answers

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

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Explanations

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1. One way to promote dignity and independence with personal care is to:

- A. Allow residents to relax and do nothing**
- B. Complete tasks quickly for residents**
- C. Encourage residents to perform tasks independently even if it takes longer**
- D. Ignore resident preferences**

Providing context to why the other options are incorrect Option A is not the best way to promote dignity and independence as it takes away the agency of the resident and may make them feel dependent. Option B does not promote independence as the tasks are being completed for the resident, rather than them doing it themselves. Option D completely disregards the resident's preferences and does not promote autonomy. Option C, on the other hand, encourages residents to perform tasks independently, which promotes a sense of control and dignity over their self-care.

2. In the event of a resident experiencing a seizure, a nursing assistant should:

- A. Hold the resident down**
- B. Stay with the resident and protect them from injury**
- C. Leave the room to get help**
- D. Give the resident something to eat**

The correct action for a nursing assistant during a seizure is to stay with the resident and protect them from injury. This means ensuring they are in a safe environment, moving any potentially hazardous objects out of the way, and gently guiding them to the floor if they are standing. Holding the resident down can cause injury to both the resident and the assistant, as it may lead to muscle strain or other injuries during the seizure. Leaving the room to get help is not advisable; it is essential to remain with the resident to monitor their safety until the seizure ends. Lastly, giving food or drink during or immediately after a seizure poses a choking hazard and is not appropriate care during this event.

3. Blood pressure is measured using a:

- A. Thermometer**
- B. Stethoscope**
- C. Sphygmomanometer**
- D. Heart rate monitor**

Blood pressure is the force of blood pushing against the walls of the blood vessels. It is typically measured using a sphygmomanometer, which consists of an inflatable cuff, a measuring device, and a gauge for reading the results. This device is specifically designed for measuring blood pressure, unlike the other options listed. A thermometer is used for measuring body temperature, not blood pressure. A stethoscope is used to listen to a person's heartbeat, but cannot measure blood pressure on its own. A heart rate monitor is also not designed to measure blood pressure, but instead measures the number of heartbeats per minute.

4. The nurse aide SHOULD place soiled linen:

- A. In a plastic bag**
- B. On the counter**
- C. In the dirty linen container**
- D. On the floor**

In a healthcare setting, proper handling of soiled linen is crucial for infection control and maintaining a safe environment. Placing soiled linen in a plastic bag is the correct practice because it helps to contain any contaminants and reduces the risk of spreading pathogens. The use of a plastic bag ensures that the soiled items are securely collected and can be transported to the laundry facility without risk to other areas of the facility or exposure to staff and residents. Other methods, such as placing soiled linen on the counter, in a dirty linen container, or on the floor, are not appropriate. While placing linen in a dirty linen container is generally acceptable, using a plastic bag adds an additional layer of containment that aligns with best practices for hygiene and infection prevention. Storing soiled linen on the counter or the floor can lead to contamination of surfaces and create an unsafe environment. Hence, using a plastic bag is the most effective and safest method for handling soiled linen.

5. How should a standard bedpan be positioned?

- A. Feet first, longer end at the feet**
- B. Longer end should be aligned with the resident's back**
- C. Narrow end should be aligned with the resident's back**
- D. The wider end should be aligned with the resident's buttocks**

The correct positioning of a standard bedpan is crucial for the comfort and safety of the resident. When the wider end of the bedpan is aligned with the resident's buttocks, it allows for better fit and support, accommodating the natural anatomy of the body. This positioning helps to prevent spills and ensures that the bedpan functions effectively. Proper alignment enhances the likelihood that the resident will be able to use the bedpan comfortably and maintain dignity while doing so. If the bedpan is positioned incorrectly, it could lead to messes or discomfort for the resident. The other positioning options, while they might seem logical, do not consider the anatomical advantages that come with aligning the wider end with the buttocks. Such misalignments can lead to complications or challenges in usage, making option D the most appropriate choice for effective and respectful care in a healthcare setting.

6. Protected health information (PHI) includes:

- A. A resident's medical record**
- B. A resident's personal financial information**
- C. Staff employment data**
- D. Visitor logs to the facility**

The correct answer is that protected health information (PHI) includes a resident's medical record. PHI refers to any individually identifiable health information that is held or transmitted by a healthcare organization. This encompasses a variety of information about a person's health status, healthcare provision, or payment for healthcare services. A resident's medical record contains details like diagnoses, treatment plans, medications, and personal health history, all of which are considered sensitive and confidential in nature. In contrast, while a resident's personal financial information is important and requires a certain level of confidentiality, it does not fall under the category of PHI unless it directly relates to health services. Staff employment data, though confidential, pertains to employee information rather than patient information, and visitor logs mainly record non-health-related activities, lacking personal health identifiers. Thus, these options do not qualify as PHI under the regulations that protect patients' health information.

7. Which of the following is a guideline for dealing with urinary incontinence?

- A. Change wet or soiled linens or incontinence briefs immediately**
- B. Wait until the end of the shift to change linens**
- C. Inform the resident that they should clean themselves**
- D. Avoid encouraging hydration**

The guideline of changing wet or soiled linens or incontinence briefs immediately is crucial for maintaining the hygiene and comfort of residents experiencing urinary incontinence. Promptly addressing incontinence helps prevent skin irritation, infection, and the discomfort associated with remaining in soiled clothing or bedding. It demonstrates respect for the resident's dignity and promotes a healthier living environment. Other options do not prioritize the well-being and immediate needs of the resident. Delaying changes until the end of the shift can lead to health complications and emotional distress. Telling residents to clean themselves may not be suitable, especially for those who need assistance due to mobility issues or cognitive impairments. Lastly, avoiding encouragement of hydration can negatively impact the resident's overall health, as adequate fluid intake is important for preventing urinary tract infections and maintaining proper kidney function.

8. Which act was passed to encourage decisions about advance directives?

- A. Health Insurance Portability and Accountability Act (HIPAA)**
- B. Omnibus Budget Reconciliation Act (OBRA)**
- C. Patient Self-Determination Act (PSDA)**
- D. Privacy Act**

The correct answer is the Patient Self-Determination Act (PSDA). This act was specifically designed to encourage individuals to make their own healthcare decisions, particularly regarding advance directives. The PSDA mandates that healthcare providers inform patients of their rights to make decisions about their medical care, including the right to refuse treatment and the right to create advance directives, which document their healthcare preferences should they become unable to communicate those preferences themselves. In contrast, the Health Insurance Portability and Accountability Act (HIPAA) primarily focuses on protecting the privacy and security of individuals' medical information rather than directly addressing decisions about advance directives. The Omnibus Budget Reconciliation Act (OBRA) includes various provisions related to healthcare and long-term care but does not directly target advance directives as its primary aim. The Privacy Act deals with the management of personal information held by the government and does not pertain to advance directives in healthcare contexts.

9. What should a nursing assistant do if a resident is having a heart attack?

- A. Ask the resident to chew aspirin**
- B. Elevate the resident's legs**
- C. Reassure and comfort the resident**
- D. Provide water to the resident**

When a resident is experiencing a heart attack, prompt action is crucial. Asking the resident to chew aspirin is the correct course of action in this situation. Chewing aspirin can help to thin the blood and potentially reduce the severity of the heart attack by improving blood flow. It is important to act quickly and seek further medical assistance as soon as possible. Elevating the resident's legs, reassuring and comforting the resident, or providing water are not appropriate responses to a heart attack.

10. Which of the following is one of the Five Rights of Nursing Delegation?

- A. Right Diagnosis**
- B. Right Medication**
- C. Right Task**
- D. Right Treatment**

One of the Five Rights of Nursing Delegation is the "Right Task". This refers to the responsibility of the nurse to delegate tasks that are appropriate for the level of knowledge, skill and abilities of the person being delegated to. Option A, Right Diagnosis, is not one of the Five Rights of Nursing Delegation as it is the responsibility of the nurse to carry out the proper diagnosis. Option B, Right Medication, is not one of the Five Rights of Nursing Delegation as it falls under the Right Treatment. Option D, Right Treatment, is not one of the Five Rights of Nursing Delegation as it encompasses many factors, including medication and other interventions. The correct answer, C, is the most specific and accurate choice as it directly relates to the action of delegating a task.