

# Florida Nursing Assistant Competency Pracrice Exam (Sample)

## Study Guide



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**SAMPLE**

## Questions

- 1. What is the primary importance of using medical aseptic techniques?**
  - A. To eliminate the need for handwashing**
  - B. To prevent the spread of infection**
  - C. To speed up treatment processes**
  - D. To enhance patient comfort**
- 2. What is the correct procedure for measuring a patient's blood pressure?**
  - A. Use a thermometer and stethoscope**
  - B. Use a sphygmomanometer and stethoscope, ensuring the cuff is at heart level**
  - C. Check the pulse and watch for symptoms**
  - D. Use an automatic blood pressure cuff only**
- 3. What is the primary use of a bedside commode?**
  - A. For comfort during sleeping**
  - B. For urinal and fecal elimination**
  - C. For medication storage**
  - D. For physical therapy exercises**
- 4. What term is used for microorganisms that can cause disease?**
  - A. Parasites**
  - B. Pathogens**
  - C. Bacteria**
  - D. Viruses**
- 5. What are some signs of infection a nursing assistant should observe for?**
  - A. Itching and dryness**
  - B. Redness, swelling, warmth, and discharge at the site**
  - C. Frequent headaches**
  - D. Low energy and sleepiness**

- 6. What does "UTI" stand for in medical terminology?**
- A. Universal Treatment Intervention**
  - B. Upper Tract Infection**
  - C. Urinary Tract Infection**
  - D. Uncommon Tactile Irritation**
- 7. When collecting a regular urine specimen, what principle should be followed?**
- A. Standard precautions**
  - B. Universal hygiene**
  - C. Isolated handling**
  - D. Personal protection**
- 8. What condition can be prevented through effective skin care?**
- A. Dry skin**
  - B. Pressure ulcers**
  - C. Acne**
  - D. Skin cancer**
- 9. During medication administration, if a client requires t.i.d dosage, how should the nurse aid schedule the doses?**
- A. Once in the morning, once at noon, and once at night**
  - B. Every four hours**
  - C. Three doses evenly spaced throughout the day**
  - D. As needed based on symptoms**
- 10. How can a nursing assistant help promote a patient's independence?**
- A. By doing everything for them**
  - B. Encouraging them to perform tasks as much as possible while offering assistance**
  - C. Restricting their movement to ensure safety**
  - D. Discouraging requests for help**

## **Answers**

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

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## **Explanations**

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**1. What is the primary importance of using medical aseptic techniques?**

- A. To eliminate the need for handwashing**
- B. To prevent the spread of infection**
- C. To speed up treatment processes**
- D. To enhance patient comfort**

The primary importance of using medical aseptic techniques lies in their role in preventing the spread of infection. These techniques are designed to minimize the risk of introducing pathogens into the healthcare environment. This is essential because infections can lead to serious complications for patients, especially those who are already vulnerable due to illness or surgery. By maintaining a clean and controlled environment, healthcare providers can significantly reduce the likelihood of healthcare-associated infections (HAIs). This includes practices such as proper hand hygiene, using sterile equipment, and maintaining cleanliness in patient care areas. These measures not only protect patients but also contribute to the overall safety of the healthcare setting. While handwashing is still necessary in conjunction with aseptic techniques, its elimination is not the focus of these methods. Additionally, while aseptic techniques may indirectly contribute to quicker treatment by promoting patient safety and preventing delays caused by infections, their primary role is infection prevention rather than enhancing patient comfort. Overall, the emphasis on preventing infection is crucial for patient safety and health outcomes in any medical setting.

**2. What is the correct procedure for measuring a patient's blood pressure?**

- A. Use a thermometer and stethoscope**
- B. Use a sphygmomanometer and stethoscope, ensuring the cuff is at heart level**
- C. Check the pulse and watch for symptoms**
- D. Use an automatic blood pressure cuff only**

The correct procedure for measuring a patient's blood pressure involves using a sphygmomanometer and stethoscope while ensuring that the cuff is positioned at heart level. This method is widely recognized for its accuracy in obtaining blood pressure readings. When the cuff is inflated, it occludes the blood flow in the artery, and as the cuff slowly deflates, the healthcare provider listens with a stethoscope for specific sounds known as Korotkoff sounds. The first sound is indicative of the systolic pressure (the pressure during heartbeats), and the point at which the sounds disappear marks the diastolic pressure (the pressure when the heart is at rest between beats). Maintaining the cuff at heart level is crucial because changes in the arm's position can directly affect the accuracy of the readings due to gravitational effects. Using a thermometer and stethoscope is not appropriate for measuring blood pressure, as these instruments serve different purposes in patient assessment. Checking the pulse and watching for symptoms does not provide specific blood pressure measurements; while they may offer insights into a patient's overall cardiovascular health, they are not a substitute for direct measurement. Using an automatic blood pressure cuff can be convenient but may not be suitable for all patients or settings, and manual measurement is often

### 3. What is the primary use of a bedside commode?

- A. For comfort during sleeping
- B. For urinal and fecal elimination**
- C. For medication storage
- D. For physical therapy exercises

The primary use of a bedside commode is for urinal and fecal elimination. This device is specifically designed to assist individuals who may have difficulty accessing a standard bathroom due to mobility issues, illness, or other health conditions. It provides a hygienic and convenient option for patients to relieve themselves while remaining close to their beds. Bedside commodes are often used in situations where patients require assistance or need to minimize the effort of moving long distances, making it easier for caregivers to provide support. The design generally includes a seat with an open top that accommodates a receptacle underneath, ensuring safety and ease of cleaning. Other choices do not align with the primary purpose of a bedside commode; using it for sleep comfort, medication storage, or physical therapy does not reflect its intended functionality.

### 4. What term is used for microorganisms that can cause disease?

- A. Parasites
- B. Pathogens**
- C. Bacteria
- D. Viruses

The term "pathogens" specifically refers to microorganisms that are capable of causing disease. This encompasses a broad range of organisms, including bacteria, viruses, fungi, and parasites. Pathogens can invade the body, evade the immune system, and cause various types of infections or diseases. While bacteria and viruses represent specific categories of pathogens—each with their unique characteristics and mechanisms of causing illness—pathogens include all such disease-causing microorganisms. Therefore, the broad definition of pathogens is critical in understanding disease transmission and infection control in healthcare settings.

**5. What are some signs of infection a nursing assistant should observe for?**

**A. Itching and dryness**

**B. Redness, swelling, warmth, and discharge at the site**

**C. Frequent headaches**

**D. Low energy and sleepiness**

Signs of infection that a nursing assistant should observe for include redness, swelling, warmth, and discharge at the site. These signs indicate that the body is responding to an infection. Redness, often referred to as erythema, occurs due to an increase in blood flow to the affected area as part of the inflammatory response. Swelling, or edema, results from fluid accumulation that can occur when tissues are inflamed. Warmth is a consequence of increased blood flow and metabolic activity in the area of infection. Discharge, which can be purulent (pus-like) or serous (clear fluid), frequently indicates that the body is attempting to expel pathogens or irritants. Recognizing these specific signs enables nursing assistants to identify potential infections early and facilitate appropriate medical interventions. In contrast, itching and dryness typically relate to skin irritation rather than infection. Frequent headaches can stem from various non-infectious causes, such as stress or dehydration. Low energy and sleepiness may indicate fatigue or other conditions, but they are not specific indicators of infection. Understanding the hallmark signs of infection is crucial in nursing care for promoting patient safety and timely treatment.

**6. What does "UTI" stand for in medical terminology?**

**A. Universal Treatment Intervention**

**B. Upper Tract Infection**

**C. Urinary Tract Infection**

**D. Uncommon Tactile Irritation**

In medical terminology, "UTI" stands for Urinary Tract Infection. This term refers to an infection that can occur anywhere along the urinary tract, which includes the kidneys, ureters, bladder, and urethra. Understanding what a UTI entails is crucial for nursing assistants as it helps in recognizing symptoms and providing appropriate care and support to patients. Common symptoms of a UTI may include frequent urination, a strong and persistent urge to urinate, burning sensation during urination, and sometimes cloudy or strong-smelling urine. Knowledge of UTIs is particularly important in patient education and encouraging proper hygiene practices, as well as in identifying potential complications if infections are left untreated. The other definitions do not accurately reflect the common medical understanding of UTI, which helps to clarify why Urinary Tract Infection is the correct answer.

**7. When collecting a regular urine specimen, what principle should be followed?**

**A. Standard precautions**

**B. Universal hygiene**

**C. Isolated handling**

**D. Personal protection**

In the context of collecting a regular urine specimen, following standard precautions is essential to ensure both the safety of the healthcare worker and the integrity of the specimen. Standard precautions are measures designed to prevent the transmission of infections when handling potentially contaminated materials. This includes wearing appropriate personal protective equipment, such as gloves, and practicing hand hygiene before and after the procedure. By adhering to standard precautions, healthcare workers minimize the risk of infection for themselves and others, while also ensuring that the urine specimen is not contaminated, which is crucial for accurate testing and diagnosis. This principle is foundational in healthcare, promoting safety and quality care in clinical settings.

**8. What condition can be prevented through effective skin care?**

**A. Dry skin**

**B. Pressure ulcers**

**C. Acne**

**D. Skin cancer**

Effective skin care is critical in preventing pressure ulcers, which are also known as bedsores or decubitus ulcers. These injuries develop when there is prolonged pressure on the skin, typically in areas where the skin is thin and covers bony areas, such as heels, elbows, and the tailbone. By implementing a routine of regular skin assessments, keeping the skin clean and dry, applying moisturizers, repositioning patients frequently, and using specialized support surfaces like pressure-relieving mattresses, caregivers can significantly reduce the risk of skin breakdown that leads to pressure ulcers. While dry skin, acne, and skin cancer are all important skin conditions that require attention and care, the specific measures for preventing pressure ulcers include both regular skin maintenance and active intervention to alleviate pressure. This is why the focus on pressure ulcer prevention is a key component of effective skin care protocols for individuals at risk, such as those who are immobile or have limited mobility.

**9. During medication administration, if a client requires t.i.d dosage, how should the nurse aide schedule the doses?**

- A. Once in the morning, once at noon, and once at night**
- B. Every four hours**
- C. Three doses evenly spaced throughout the day**
- D. As needed based on symptoms**

The correct answer indicates that when a client requires a t.i.d. dosage, the nurse aide should schedule the doses as three doses evenly spaced throughout the day. This is important because "t.i.d." stands for "ter in die," which is Latin for "three times a day." The goal is to maintain a consistent level of medication in the client's system to ensure its effectiveness while minimizing side effects. By spacing the doses evenly, the aide helps ensure that the medication's therapeutic effect is sustained throughout the day. The other options do not align with the requirements of a t.i.d. dosing schedule. Scheduling doses just once in the morning, noon, and night does not provide the necessary frequency for a t.i.d. order, as it would leave long gaps between doses. Every four hours may not deliver the medication consistently throughout the day if it's not aligned with the proper timing for a t.i.d. regimen. Lastly, providing doses as needed based on symptoms fails to adhere to the prescribed schedule, potentially compromising the treatment's efficacy.

**10. How can a nursing assistant help promote a patient's independence?**

- A. By doing everything for them**
- B. Encouraging them to perform tasks as much as possible while offering assistance**
- C. Restricting their movement to ensure safety**
- D. Discouraging requests for help**

Promoting a patient's independence is a crucial aspect of a nursing assistant's role. Encouraging patients to perform tasks as much as possible while still providing assistance allows them to gain confidence in their abilities and fosters a sense of autonomy. When nursing assistants engage patients in activities like grooming, eating, or dressing, it not only helps the patients practice their skills but also empowers them to take an active role in their own care. This approach recognizes the individual needs and capabilities of each patient, enabling them to learn and adapt to their limitations while maintaining dignity and self-worth. The support from the nursing assistant can be adjusted based on the patient's level of independence, ensuring they're safe while still capable of performing tasks on their own. This balance nurtures a positive environment that enhances the patient's quality of life and encourages greater self-sufficiency. In contrast to this, doing everything for the patient might hinder their ability to develop necessary skills, restricting their independence. Similarly, restricting movement for safety may actually impede their ability to engage in activities, while discouraging requests for help can diminish their confidence and willingness to try tasks independently.