

IVY TECH CNA PROGRAM EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://ivytechcnaprogram1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. Which step emphasizes privacy by closing curtains, drapes, and doors and keeping the resident covered?**
 - A. Step 7
 - B. Step 2
 - C. Step 8
 - D. Step 10

- 2. What blood pressure reading indicates hypertension in most CNA guidelines?**
 - A. 120/80 mmHg
 - B. 130/85 mmHg
 - C. 140/90 mmHg or higher
 - D. 150/100 mmHg

- 3. Which safety practice helps prevent siderail entrapment?**
 - A. Ensure siderails are at the proper height and position
 - B. Keep rails up at all times without checking
 - C. Disable bed alarms
 - D. Replace siderails with a solid wall

- 4. How is scabies spread?**
 - A. Direct contact only
 - B. Indirect contact only
 - C. Both direct and indirect contact
 - D. Airborne transmission

- 5. If you notice redness on a resident's skin that does not blanch when pressed, what is the appropriate action?**
 - A. Ignore it.
 - B. Document and monitor; report to nurse per policy.
 - C. Relieve pressure, monitor, and notify the nurse per policy.
 - D. Apply ointment and continue care.

6. What does BM stand for?

- A. Bowel Movement
- B. Blood Monitor
- C. Brain Matter
- D. Bone Mass

7. In the initial steps, which step requires identifying yourself by name and title?

- A. Step 2
- B. Step 4
- C. Step 6
- D. Step 8

8. What is palliative care?

- A. Care focused on cure and aggressive treatment
- B. Care focused on comfort and dignity in terminal illness
- C. Care only for pediatric patients
- D. Care that replaces family involvement

9. Who is responsible for delegating nursing tasks within a facility, and what is the CNA's role regarding delegation?

- A. CNAs decide what tasks to delegate to others.
- B. Residents delegate tasks to CNAs.
- C. Licensed nurses are responsible for delegation; CNAs perform tasks within their scope and do not delegate to others.
- D. Caregivers outside the facility delegate tasks.

10. During a seizure, which action should be avoided?

- A. Restrain the patient
- B. Stay with the patient
- C. Protect the head with a soft cushion
- D. Clear the area of hazards

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which step emphasizes privacy by closing curtains, drapes, and doors and keeping the resident covered?

- A. Step 7**
- B. Step 2
- C. Step 8
- D. Step 10

Protecting privacy and maintaining resident dignity is the key idea here. Closing curtains, drapes, and doors and keeping the resident covered creates a private environment so that care can be given without unnecessary exposure. This supports the resident's comfort, reduces embarrassment, and upholds their rights during any care activity that could reveal parts of the body, such as bathing, dressing changes, or personal care. Other steps may deal with safety, positioning, or preparing supplies, but they don't directly address privacy in the moment, which is why this step is the best choice.

2. What blood pressure reading indicates hypertension in most CNA guidelines?

- A. 120/80 mmHg
- B. 130/85 mmHg
- C. 140/90 mmHg or higher**
- D. 150/100 mmHg

Hypertension is identified when systolic pressure is 140 mmHg or higher or diastolic pressure is 90 mmHg or higher. This threshold marks when cardiovascular risk begins to rise, which is why it's the standard definition used in many CNA guidelines. A reading of 120/80 is normal, and 130/85 is considered elevated in some newer guidelines but not the traditional hypertension cutoff. A reading like 150/100 is above the threshold and would be classified as hypertension, but the key point is that the defining line is 140/90 or higher. In practice, such a reading should be repeated on a separate occasion to confirm and promptly reported to the nurse.

3. Which safety practice helps prevent siderail entrapment?

- A. Ensure siderails are at the proper height and position**
- B. Keep rails up at all times without checking
- C. Disable bed alarms
- D. Replace siderails with a solid wall

The key safety idea here is making sure siderails are set at the right height and in the right position to prevent entrapment. When a rail is adjusted correctly, the gap between the rail and the mattress or bed frame is eliminated or reduced so the patient cannot squeeze into a space where a body part could get trapped. Regularly checking and adjusting height and alignment helps protect patients who may shift position, roll toward the edge, or have limited mobility, reducing the risk of getting caught between the rail and the mattress. Keeping rails up without checking can still be dangerous—if the height or position is off, entrapment can still occur. Disabling bed alarms removes a critical safety signal that alerts staff to potential danger. Replacing siderails with a solid wall isn't practical and would severely restrict patient movement and comfort, creating other risks. So, the best practice is to ensure siderails are at the proper height and position to minimize entrapment risk.

4. How is scabies spread?

- A. Direct contact only
- B. Indirect contact only
- C. Both direct and indirect contact**
- D. Airborne transmission

Scabies spreads through close, prolonged skin-to-skin contact and by sharing items that have been in contact with an infested person. Direct contact means touching the skin of an infected person, which is how the mites primarily transfer. Indirect contact involves contact with contaminated objects—like bedding, towels, clothing, or furniture—where mites or their eggs can be present. Because both routes can transmit the infestation, the best answer is that transmission occurs via both direct and indirect contact. Airborne spread isn't a typical route for scabies, since the mites don't survive well long enough in the air to infect someone at a distance.

5. If you notice redness on a resident's skin that does not blanch when pressed, what is the appropriate action?

- A. Ignore it.
- B. Document and monitor; report to nurse per policy.
- C. Relieve pressure, monitor, and notify the nurse per policy.**
- D. Apply ointment and continue care.

Non-blanchable redness means the skin has been damaged by pressure and may be starting a pressure injury. The best action is to relieve pressure on that spot right away, keep an eye on it for changes, and report to the nurse per facility policy so the care plan can be adjusted. Simply documenting and monitoring without addressing the pressure doesn't stop the injury from progressing, and applying ointment or ignoring it could mask or worsen the problem. Reposition the resident, use a pressure-relieving surface, and notify the nurse as directed to prevent further tissue damage.

6. What does BM stand for?

- A. Bowel Movement**
- B. Blood Monitor
- C. Brain Matter
- D. Bone Mass

BM in nursing documentation refers to bowel movement—the act of passing stool. This is a fundamental way to monitor a patient's digestive function, track constipation or diarrhea, and guide care like hydration, fiber intake, or stool-softening interventions. Understanding this abbreviation helps you interpret charts quickly and respond to changes in GI status. The other terms aren't standard meanings in daily CNA notes for patient output—blood monitor, brain matter, or bone mass don't describe a patient's stool passage.

7. In the initial steps, which step requires identifying yourself by name and title?

- A. Step 2
- B. Step 4**
- C. Step 6
- D. Step 8

Introducing yourself by name and title happens at the very start of your interaction, and that establishes who you are and what your role is for the patient and the team. This personal and professional identification helps ensure clear communication, accountability, and patient safety before any care or assessment begins. It sets the expectation for how you'll interact and what you're authorized to do, which is essential as you begin the encounter. The other steps are about preparing, assessing, or delivering care, which come after the initial introduction.

8. What is palliative care?

- A. Care focused on cure and aggressive treatment
- B. Care focused on comfort and dignity in terminal illness**
- C. Care only for pediatric patients
- D. Care that replaces family involvement

Palliative care centers on comfort and preserving dignity for people with serious or terminal illnesses. It focuses on relieving pain and other distressing symptoms like shortness of breath, nausea, and fatigue, while also addressing emotional, social, and spiritual needs. Importantly, it isn't about curing the disease; it's about improving quality of life and ensuring the care plan aligns with the patient's values and goals. This approach can be used alongside disease-directed treatments that aim to cure or slow progression, and it's appropriate for adults and children alike. Family involvement and support are a key part of palliative care, helping loved ones cope and participate in decisions. That emphasis on comfort, symptom relief, dignity, and support for the patient and family explains why this option is the best description of palliative care.

9. Who is responsible for delegating nursing tasks within a facility, and what is the CNA's role regarding delegation?

- A. CNAs decide what tasks to delegate to others.
- B. Residents delegate tasks to CNAs.
- C. Licensed nurses are responsible for delegation; CNAs perform tasks within their scope and do not delegate to others.**
- D. Caregivers outside the facility delegate tasks.

Delegation of nursing tasks is handled by licensed nurses because they are accountable for patient safety and the overall care plan. After evaluating the patient's needs, the licensed nurse determines which tasks can be safely assigned to a CNA, ensuring the task is within the CNA's scope of practice, that the CNA has the necessary competence, and that appropriate supervision is available. The CNA's role is to carry out those delegated tasks under that supervision and within their scope. CNAs do not have authority to assign or delegate tasks to others; if something is unclear or appears unsafe, the CNA should ask the licensed nurse for clarification or assistance rather than trying to delegate. Residents or outside caregivers aren't responsible for delegating in a facility setting—the licensed nurses handle delegation, and CNAs perform what they're directed to do.

10. During a seizure, which action should be avoided?

- A. Restrain the patient**
- B. Stay with the patient**
- C. Protect the head with a soft cushion**
- D. Clear the area of hazards**

Restraint during a seizure should be avoided because trying to hold someone down can cause injuries to both the person seizing and the caregiver, and it doesn't stop the seizure. The safest approach focuses on protection and comfort: stay with the person, clear the area of hazards, gently cushion the head, and loosen any restrictive clothing. Time the event and monitor breathing. Once the convulsions stop, turn the person onto their side to help keep the airway clear and continue to observe until they're fully awake. Do not put anything in the mouth or attempt to forcefully stop the movements.

SAMPLE

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://ivytechnaprogram1.examzify.com>

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

SAMPLE