

Ivy Tech CNA Program Exam 2 Practice (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. Why is tracking vital signs over time important?**
 - A. To memorize patient data for reports.**
 - B. To identify trends and detect potential health issues early.**
 - C. To show family during visits.**
 - D. To replace daily assessment by nursing staff.**

- 2. How should you reposition a resident to prevent pressure injuries?**
 - A. Reposition at least every 2 hours, use turning sheets, and offload pressure points with pillows.**
 - B. Reposition once per shift.**
 - C. Reposition only when resident complains.**
 - D. Reposition never to avoid friction.**

- 3. What describes the difference between a resident's rights and responsibilities?**
 - A. Rights are optional**
 - B. Rights are guaranteed; responsibilities involve participating in care and following rules; both support autonomy.**
 - C. Responsibilities are optional**
 - D. Rights require obedience only**

- 4. What precautions should you take when using a mechanical lift?**
 - A. Ignore training and operate by feel**
 - B. Receive training, check equipment, ensure proper position, have assistance as required, and follow manufacturer instructions**
 - C. Operate without checking equipment as long as it feels light**
 - D. Use the lift only on flat surfaces**

- 5. Which pulse is used when taking blood pressure?**
 - A. Carotid pulse**
 - B. Radial pulse**
 - C. Brachial pulse**
 - D. Femoral pulse**

- 6. What is the first step in making an unoccupied bed?**
- A. Do Initial Steps**
 - B. Gather supplies**
 - C. Position resident**
 - D. Remove old linens**
- 7. Which actions help prevent falls during care?**
- A. Keep call bell within reach; keep pathways clear; use bright lighting only.**
 - B. Keep bed high and wheels unlocked; do not use a gait belt.**
 - C. Keep call bell out of reach to force independence.**
 - D. Keep call bell within reach, keep pathways clear, lock wheelchair brakes, keep bed in low position when not delivering care, use gait belt.**
- 8. If hands are visibly dirty, what hand hygiene method is appropriate before resident care?**
- A. Use soap and water for at least 20 seconds.**
 - B. Use an alcohol-based hand sanitizer only.**
 - C. Rinse hands with cold water only.**
 - D. Apply hand lotion and rewash later.**
- 9. What safety checks should you perform before moving a resident in a wheelchair?**
- A. Check brakes and adjust seat height only**
 - B. Ensure back support is removed**
 - C. Make sure resident's feet are not on footrests**
 - D. Check brakes, footrests, seat height, back support, and ensure feet are on footrests**
- 10. What is the proper approach to peri care for a female resident?**
- A. Clean from front to back to prevent infection; use clean washcloths; maintain privacy.**
 - B. Clean from back to front; reuse washcloths; skip privacy.**
 - C. Only rinse; no cleaning; no privacy.**
 - D. Use shared washcloths; ignore infection risk.**

Answers

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

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Explanations

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1. Why is tracking vital signs over time important?

- A. To memorize patient data for reports.
- B. To identify trends and detect potential health issues early.**
- C. To show family during visits.
- D. To replace daily assessment by nursing staff.

Tracking vital signs over time shows how a patient's condition is changing, not just what one reading looks like in isolation. By establishing a baseline and watching trends, you can spot early signs of trouble—like a fever creeping up, blood pressure dropping, or breathing becoming rapid and shallow—before it becomes a bigger problem. This helps guide timely interventions, such as adjusting fluids, starting treatments, or alerting a clinician, to prevent deterioration. It's a part of ongoing assessment that supports care decisions, not just a data dump to memorize, not something used to show family, and not a replacement for normal daily nursing assessments.

2. How should you reposition a resident to prevent pressure injuries?

- A. Reposition at least every 2 hours, use turning sheets, and offload pressure points with pillows.**
- B. Reposition once per shift.
- C. Reposition only when resident complains.
- D. Reposition never to avoid friction.

Regular turning and pressure relief is essential to prevent pressure injuries. These injuries develop when sustained pressure over a bony area blocks blood flow to the skin and underlying tissue, especially over the sacrum, heels, hips, and elbows. Repositioning at least every two hours relieves that pressure and promotes circulation, reducing the risk of tissue damage. Using a turning sheet helps caregivers move the resident smoothly, which cuts down on friction and shear that can injure the skin during transfers and repositioning. Offloading pressure points with pillows or foam supports redistributes weight away from prominences—placing a pillow under the heels or between the ankles, behind the back or hips as appropriate—so the skin isn't pressed directly into the bed for long periods. Choosing to reposition only once per shift or only when the resident complains leaves the skin under continuous pressure and increases risk, while never repositioning would fail to relieve pressure altogether.

3. What describes the difference between a resident's rights and responsibilities?

A. Rights are optional

B. Rights are guaranteed; responsibilities involve participating in care and following rules; both support autonomy.

C. Responsibilities are optional

D. Rights require obedience only

Autonomy is supported when residents have guaranteed protections and also clear responsibilities that involve their participation. Rights are guarantees—protected by law and facility policy—covering dignity, privacy, informed consent, safe treatment, and access to information. Responsibilities are the expected actions that help ensure good care and a safe environment, such as participating in care decisions and following reasonable rules and routines. When a resident exercises their rights and meets their responsibilities, they retain independence while actively contributing to their own care and to the smooth operation of the facility. Rights aren't optional, and responsibilities aren't mere obedience; together they balance protection with participation, reinforcing the resident's autonomy. For example, choosing to ask questions and discuss a care plan shows engagement (a responsibility) while still having the right to be informed and to consent.

4. What precautions should you take when using a mechanical lift?

A. Ignore training and operate by feel

B. Receive training, check equipment, ensure proper position, have assistance as required, and follow manufacturer instructions

C. Operate without checking equipment as long as it feels light

D. Use the lift only on flat surfaces

Safe use of a mechanical lift comes from preparation and following established procedures. You should receive training so you know how to operate the lift, position the patient and the device correctly to prevent tipping or skin injury, and understand all safety steps. Before each use, check the lift, slings, brakes, and wheels for any faults, ensuring everything is in good working condition. Have assistance if the patient's size, weight, or condition requires it, and always follow the manufacturer's instructions for limits and operation. Each part matters: training prevents misuse, checks catch problems before they cause harm, proper positioning protects both patient and caregiver, assistance adds safety for heavy or complex transfers, and manufacturer guidelines ensure you're working within designed limits. Ignoring training, skipping equipment checks, or trying to rely on feel can lead to equipment failure, patient falls, or injury. The takeaway is to prepare, verify, and follow the correct procedures every time.

5. Which pulse is used when taking blood pressure?

- A. Carotid pulse
- B. Radial pulse
- C. Brachial pulse**
- D. Femoral pulse

Blood pressure is measured with a cuff wrapped around the upper arm while listening for sounds over the brachial artery with a stethoscope. The brachial artery runs right under the cuff in the antecubital area, so placing the stethoscope there lets you hear the Korotkoff sounds as the cuff deflates and you determine systolic and diastolic pressures. The radial pulse at the wrist is useful for quick pulse checks but isn't used to measure BP because the cuff and auscultation need to involve the brachial artery. Carotid and femoral pulses are checked for circulation or in emergency assessments, not for routine BP measurement. So, the pulse used when taking blood pressure is the brachial pulse.

6. What is the first step in making an unoccupied bed?

- A. Do Initial Steps**
- B. Gather supplies
- C. Position resident
- D. Remove old linens

Beginning with the initial steps sets the task up safely and efficiently. In making an unoccupied bed, you first perform the preparations that prevent contamination and keep you organized—hand hygiene and gathering any needed supplies. This protects against spreading germs and ensures you don't have to pause mid-task to fetch items. Once those first steps are done, you proceed with the actual bed-making steps in a smooth sequence: remove any old linens, place clean linens, adjust the bed as needed, and finish the setup for comfortable use. Positioning a resident isn't part of this scenario since the bed is unoccupied, so starting with the initial steps keeps you aligned with proper procedure and infection-control practices from the very start.

7. Which actions help prevent falls during care?

- A. Keep call bell within reach; keep pathways clear; use bright lighting only.
- B. Keep bed high and wheels unlocked; do not use a gait belt.
- C. Keep call bell out of reach to force independence.
- D. Keep call bell within reach, keep pathways clear, lock wheelchair brakes, keep bed in low position when not delivering care, use gait belt.**

Fall prevention during care relies on environmental safety, proper equipment use, and safe handling during movements. Keeping the call bell within reach allows a patient to request help before attempting to move, which reduces the risk of falls. Clear pathways remove tripping hazards that can cause slips. Locking wheelchair brakes prevents unintended movement when a patient is seated or transfers are attempted. Keeping the bed in a low position when not delivering care lowers the height from which a fall could occur and makes assisted transfers safer. Using a gait belt gives you a secure grip and better control during transfers or repositioning, helping prevent loss of balance. Together, these steps create safer conditions and support safer care. Other options omit essential safeguards, such as enabling assistance when needed, preventing movement, or relying on lighting alone.

8. If hands are visibly dirty, what hand hygiene method is appropriate before resident care?

- A. Use soap and water for at least 20 seconds.**
- B. Use an alcohol-based hand sanitizer only.
- C. Rinse hands with cold water only.
- D. Apply hand lotion and rewash later.

When hands are visibly dirty, washing with soap and water is necessary because mechanical cleaning with soap lifts soil and microbes from the skin and running water flushes them away. Do this for at least 20 seconds, scrubbing all surfaces—palms, backs of hands, between fingers, under nails, and wrists—then rinse thoroughly. Dry with a clean disposable towel and use it to turn off the faucet to avoid recontamination. Alcohol-based sanitizers don't remove visible dirt, so they aren't appropriate here. Rinsing with cold water alone won't remove the soil, and delaying washing or just reapplying lotion and washing later won't adequately clean the hands before resident care.

9. What safety checks should you perform before moving a resident in a wheelchair?

- A. Check brakes and adjust seat height only**
- B. Ensure back support is removed**
- C. Make sure resident's feet are not on footrests**
- D. Check brakes, footrests, seat height, back support, and ensure feet are on footrests**

Before moving a resident in a wheelchair, you must confirm that the chair is stable and properly supports the person. Lock the brakes so the chair won't roll while you assist with transfers and repositioning. Check that the footrests are in place and that the resident's feet are on them, not dangling, to prevent foot injuries or feet from getting caught in the wheels. Make sure the seat height is appropriate so knees and hips are aligned and the resident can sit securely without forcing posture or creating instability. Keep the back support in place to help the resident maintain an upright, balanced position during movement, reducing the risk of tipping or sliding. Together, these checks support safe movement and transfer. Relying on only some items—like brakes and seat height—leaves out critical protections for posture and feet, which can lead to injury or instability.

10. What is the proper approach to peri care for a female resident?

- A. Clean from front to back to prevent infection; use clean washcloths; maintain privacy.**
- B. Clean from back to front; reuse washcloths; skip privacy.**
- C. Only rinse; no cleaning; no privacy.**
- D. Use shared washcloths; ignore infection risk.**

During peri care for a female resident, the priority is preventing infection while respecting the resident's privacy. Clean from front to back to avoid moving bacteria from the anal area toward the urinary tract and vagina, which helps prevent infections. Use clean washcloths and keep them separate for each area or use fresh material, so you aren't recontaminating or spreading microorganisms. Maintain privacy by properly draping and keeping the resident covered as much as possible. Rinsing alone or using shared washcloths would leave bacteria and increase infection risk, and ignoring privacy would compromise dignity. This approach best protects the resident's health and dignity.

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://ivytechcnaprogram2.examzify.com>

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

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