

IVY TECH CNA PROGRAM EXAM 4 PRACTICE (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. What is a correct sequence for transferring a resident from bed to chair using a gait belt?**
 - A. Explain plan, lock wheels, feet flat, assist to sit edge, place gait belt, stand with patient, pivot to chair, lower to seated, remove belt.
 - B. Lock wheels, explain plan, assist to sit edge, place gait belt, stand with patient, pivot to chair, lower to seated, remove belt, feet flat.
 - C. Explain plan, place gait belt, lock wheels, assist to sit edge, stand with patient, pivot to chair, lower to seated, remove belt, feet flat.
 - D. Explain plan, lock wheels, feet flat, assist to sit edge, pivot to chair, stand with patient, place gait belt, lower to seated, remove belt.
- 2. What are the main effects of Osteoarthritis?**
 - A. Inflammation of the lungs
 - B. Worn cartilage and pain in joints
 - C. Rigid muscles
 - D. Eyesight deterioration
- 3. Who should have access to resident incident reports?**
 - A. Authorized personnel only.
 - B. Any staff member.
 - C. Family members always.
 - D. The resident only.
- 4. Which option shows proper documentation of skin color changes?**
 - A. Change clothing
 - B. Note location and duration
 - C. Apply lotion
 - D. Ignore
- 5. How should you handle a resident's glasses, dentures, and hearing aids during bathing?**
 - A. Denture in a pocket; leave hearing aids on.
 - B. Soak dentures in water; remove hearing aids.
 - C. Keep dentures in a labeled container when not in use; protect hearing aids from water; clean and dry glasses; store hearing aids safely.
 - D. Throw away glasses.

6. What does sputum refer to?

- A. Fluid produced in the stomach
- B. Substance expelled from the lungs
- C. Fluid from the bladder
- D. Waste from the kidneys

7. What is the primary responsibility of a CNA to promote resident safety?

- A. Prevent falls and injuries by following the care plan, using proper body mechanics, and applying safety measures (locks, rails, and clutter-free environment).
- B. Diagnose illness and determine treatment plans.
- C. Administer medications without supervision.
- D. Develop care plans without input from the nurse.

8. What is the correct head and neck posture during swallowing precautions for residents at risk of aspiration?

- A. Head back
- B. Chin down
- C. Turn head away
- D. Chin neutral

9. When is it appropriate to use a safety reminder device (bed or chair alarm)?

- A. For all residents at all times
- B. For residents at risk of wandering or getting out of bed
- C. Only during night
- D. Never use alarms

10. How often should residents be repositioned to prevent pressure injuries?

- A. Only when resident complains.
- B. Every four hours.
- C. Once per shift.
- D. Approximately every two hours.

Answers

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

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Explanations

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1. What is a correct sequence for transferring a resident from bed to chair using a gait belt?

- A. Explain plan, lock wheels, feet flat, assist to sit edge, place gait belt, stand with patient, pivot to chair, lower to seated, remove belt.**
- B. Lock wheels, explain plan, assist to sit edge, place gait belt, stand with patient, pivot to chair, lower to seated, remove belt, feet flat.
- C. Explain plan, place gait belt, lock wheels, assist to sit edge, stand with patient, pivot to chair, lower to seated, remove belt, feet flat.
- D. Explain plan, lock wheels, feet flat, assist to sit edge, pivot to chair, stand with patient, place gait belt, lower to seated, remove belt.

Safe transfer with a gait belt relies on a clear plan, a stable base, and controlled movements to protect both the resident and the caregiver. Start by explaining the plan so the resident understands what will happen and can participate. Then lock the wheels to prevent any movement of the bed or chair. Next, ensure the resident has a stable base by having both feet flat on the floor before attempting to stand. Help the resident to sit at the edge of the bed so there's room to work and you can safely stand them. With the resident seated and stable, place the gait belt snugly around the waist to provide a secure grip for support during the stand. Stand with the resident, using the belt to help maintain balance, and pivot toward the chair, guiding them into a seated position. Lower them into the chair slowly, keeping control through the belt until they are safely seated, then remove the gait belt and check comfort and safety.

2. What are the main effects of Osteoarthritis?

- A. Inflammation of the lungs
- B. Worn cartilage and pain in joints**
- C. Rigid muscles
- D. Eyesight deterioration

The main effects of osteoarthritis are characterized by worn cartilage and pain in the joints. Osteoarthritis is a degenerative joint disease that occurs when the cartilage that cushions the ends of the bones wears down over time. As this cartilage deteriorates, the bones can start to rub against each other, leading to pain, stiffness, swelling, and decreased range of motion in the affected joints. This condition most commonly affects joints that are used frequently, such as the knees, hips, hands, and spine. Understanding osteoarthritis as a condition that primarily impacts joint health is crucial for recognizing how it can affect an individual's mobility and quality of life. The other options presented do not relate to osteoarthritis: inflammation of the lungs pertains to respiratory conditions, rigid muscles are often associated with muscular or neurological issues, and eyesight deterioration involves ocular health, none of which are directly linked to the primary characteristics of osteoarthritis.

3. Who should have access to resident incident reports?

- A. Authorized personnel only.
- B. Any staff member.
- C. Family members always.
- D. The resident only.

Access to resident incident reports is restricted because these documents contain confidential information about a resident's health and safety events. Only people who need to know to provide care or to meet legal and ethical responsibilities should view them. This typically includes the direct care team, supervisors, risk management, and medical records staff. This protection helps prevent privacy breaches and ensures accurate, appropriate follow-up actions are taken. Family members do not automatically have access to incident reports; access is generally limited unless the resident or a legally authorized representative has given consent or the facility policy allows. Residents themselves may have rights to view their own records, but confidentiality rules still govern what can be shared and with whom.

4. Which option shows proper documentation of skin color changes?

- A. Change clothing
- B. Note location and duration
- C. Apply lotion
- D. Ignore

Documenting skin color changes hinges on capturing objective, observable details that stay consistent over time. The most effective approach is to note exactly where the color change is on the body and how long it has been present. Location helps you see patterns—whether a change is localized to one area or spread—which can point to different causes, such as localized trauma versus a systemic issue. Duration provides a timeline to track progression or improvement, guiding decisions about interventions and prompting timely alerts if the change worsens or appears suddenly. This creates a clear, shareable record so other caregivers can understand the patient's status and respond appropriately. Other actions aren't about documentation: changing clothing is an environmental step, applying lotion is a treatment, and ignoring a change can miss important warning signs.

5. How should you handle a resident's glasses, dentures, and hearing aids during bathing?

- A. Denture in a pocket; leave hearing aids on.
- B. Soak dentures in water; remove hearing aids.
- C. Keep dentures in a labeled container when not in use; protect hearing aids from water; clean and dry glasses; store hearing aids safely.
- D. Throw away glasses.

Protecting assistive devices from moisture and loss during bathing is essential for resident safety and comfort. Dentures should be kept in a labeled denture cup when they're not in use so they can't be misplaced and stay clean. Hearing aids are sensitive to water, so they should be protected from moisture and stored safely when not worn. Glasses should be cleaned and dried to maintain clear vision and prevent fogging or skin irritation, and kept in a safe place when not on the face. This approach minimizes damage and loss and supports the resident's independence and safety.

6. What does sputum refer to?

- A. Fluid produced in the stomach
- B. Substance expelled from the lungs**
- C. Fluid from the bladder
- D. Waste from the kidneys

Sputum refers specifically to the substance expelled from the lungs, which includes mucus, cellular debris, and other secretions that can occur during respiratory illnesses or conditions. This material is often coughed up from the lower airways in order to clear irritants or pathogens and can be analyzed for diagnostic purposes, helping healthcare professionals assess respiratory health. Understanding sputum is crucial in contexts such as diagnosing infections, allergies, or other lung-related issues. The other options pertain to different bodily fluids: the fluid produced in the stomach is gastric juice, fluid from the bladder refers to urine, and waste from the kidneys is generally urine as well, which eliminates any relation to the respiratory system or sputum.

7. What is the primary responsibility of a CNA to promote resident safety?

- A. Prevent falls and injuries by following the care plan, using proper body mechanics, and applying safety measures (locks, rails, and clutter-free environment).**
- B. Diagnose illness and determine treatment plans.
- C. Administer medications without supervision.
- D. Develop care plans without input from the nurse.

Preventing falls and injuries is the main idea behind promoting resident safety. A CNA promotes safety by following the care plan for mobility and safety, using proper body mechanics during transfers and positioning to protect both the resident and themselves, and applying environmental safety measures like locking wheels, using side rails as prescribed, and keeping the environment free of clutter. This combination helps reduce risk and ensures care aligns with each resident's needs and precautions. The other options go beyond the CNA role: diagnosing illness and deciding on treatments, administering medications without supervision, and developing care plans without nurse input are responsibilities of licensed healthcare professionals and the broader care team. By focusing on these safety practices, CNAs support a safe, effective care environment within their scope.

8. What is the correct head and neck posture during swallowing precautions for residents at risk of aspiration?

- A. Head back
- B. Chin down
- C. Turn head away
- D. Chin neutral**

Maintaining a neutral head and neck position during swallowing precautions supports safe and coordinated swallowing by keeping the airway, pharynx, and esophagus aligned. When the chin is tucked or the head is tipped back, the airway can be opened or redirected in ways that increase the chance of material entering the airway, or can make it harder for the swallow to clear effectively. Turning the head away isn't a general protective posture for swallowing for most residents and can misdirect the bolus. Keeping the head in a neutral position is the baseline posture used to minimize aspiration risk, unless a clinician has directed a different technique for a specific swallowing impairment.

9. When is it appropriate to use a safety reminder device (bed or chair alarm)?

- A. For all residents at all times
- B. For residents at risk of wandering or getting out of bed**
- C. Only during night
- D. Never use alarms

Safety reminder devices are used to protect residents who are at risk of wandering or trying to get out of bed by signaling staff when movement occurs. When a resident is cognitively impaired, confused, or physically likely to leave the bed, an alarm helps staff respond quickly to prevent a fall, injury, or elopement. This tool supports safety while allowing the resident to remain as independent as possible, provided it's part of an agreed-upon care plan and applied correctly. They aren't appropriate for every resident at all times—unnecessary alarms can cause distress, disturb sleep, and contribute to alarm fatigue for caregivers. Use them when there is a known risk, and ensure responses are prompt and respectful, with ongoing reassessment of the resident's needs and comfort.

10. How often should residents be repositioned to prevent pressure injuries?

- A. Only when resident complains.
- B. Every four hours.
- C. Once per shift.
- D. Approximately every two hours.**

Relieving constant pressure on vulnerable body areas by repositioning helps restore blood flow and prevent tissue damage. Repositioning residents approximately every two hours is the standard practice to relieve pressure on bony prominences like the heels, sacrum, and hips, reducing the risk of pressure injuries for immobile individuals. Waiting for a complaint is too reactive—pressure injuries can begin without noticeable pain, and delaying turns increases risk. Turning once per shift or only when the resident complains leaves too long a period with sustained pressure, and four hours between turns is typically not enough to prevent issues. If a resident is at very high risk or has skin problems, more frequent adjustments may be needed, but the two-hour baseline is the common guideline.

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://ivytechnaprogram4.examzify.com>

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

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