IVY TECH CNA PROGRAM EXAM 4 PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. 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.

2. How should you provide mouth care for an unconscious resident?

A. Position the resident on the back and rinse with water.

B. Rinse with large amounts of water to ensure hydration.

C. Moisten the mucosa with damp swabs and spit out.

D. Use suction as needed, moisten mucosa with moistened swabs or gauze, position on side, avoid aspirating water; ensure patient safety.

3. What communication approach is recommended for residents with dementia or confusion?

A. Speak loudly and quickly

B. Use medical jargon

C. Use simple clear statements, speak slowly, address by name, maintain eye contact, and validate feelings

D. Ignore feelings

4. What system do the mouth, esophagus, and intestines belong to?

A. Cardiovascular System

B. Immune System

C. Respiratory System

D. Digestive System

5. How should you report signs of skin breakdown to the nurse?

A. Promptly, with details about redness, warmth, moisture, and changes.

B. At the end of shift only.

C. Only if there is pain.

D. Only if there is bleeding.

6. 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

7. What is the purpose of a draw sheet?

A. It is used to decorate the bed.

B. Helps with turning/repositioning and reduces shear forces.

C. To measure bed height.

D. To secure linens.

8. Who should have access to resident incident reports?

A. Authorized personnel only.

B. Any staff member.

C. Family members always.

D. The resident only.

9. Which of the following is NOT a symptom of Cerebral Palsy?

A. Muscles becoming tight

B. Spastic body movements

C. Fever

D. Swallowing difficulties

10. Which pain assessment scale is most appropriate for a nonverbal adult resident?

A. The FLACC scale (Face, Legs, Activity, Cry, Consolability) or a similar observational scale.

B. Numeric Rating Scale (0-10).

C. Wong-Baker Faces scale for children.

D. Visual Analog Scale using meters.

Answers

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

Explanations

1. 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.

2. How should you provide mouth care for an unconscious resident?

A. Position the resident on the back and rinse with water.

B. Rinse with large amounts of water to ensure hydration.

C. Moisten the mucosa with damp swabs and spit out.

D. Use suction as needed, moisten mucosa with moistened swabs or gauze, position on side, avoid aspirating water; ensure patient safety.

Mouth care for an unconscious resident centers on protecting the airway while keeping the mouth moist. Because the person can't swallow safely, fluids and secretions can easily enter the airway, so care must minimize the risk of aspiration. The best approach is to use suction as needed to clear secretions, moisten the mucosa with damp swabs or gauze (not a large rinse of water), clean thoroughly, and place the resident on their side to allow drainage and reduce the chance of choking. This combination maintains oral moisture and hygiene while prioritizing safety and airway protection. Water rinses or large amounts of liquid increase the risk of aspiration, and attempting to "spit out" or rinse without suction or positioning does not address the aspiration risk or the need to keep the airway clear.

3. What communication approach is recommended for residents with dementia or confusion?

A. Speak loudly and quickly

B. Use medical jargon

C. Use simple clear statements, speak slowly, address by name, maintain eye contact, and validate feelings

D. Ignore feelings

Clear, patient, person-centered communication works best with residents who have dementia or confusion. Using simple, clear statements helps them understand without overloading working memory. Speaking slowly gives them time to process what you're saying. Addressing them by name orients them to who they're talking to, which can reduce confusion. Maintaining eye contact shows you're focused on them and helps there be a shared moment of connection, improving understanding. Validating their feelings—acknowledging emotions like frustration, fear, or sadness—helps reduce agitation and builds trust, making it easier to communicate and cooperate. Speaking loudly and quickly can be overwhelming and hard to process; medical jargon is likely to confuse; ignoring their feelings ignores their emotional experience and can increase distress.

4. What system do the mouth, esophagus, and intestines belong to?

A. Cardiovascular System

B. Immune System

C. Respiratory System

D. Digestive System

The mouth, esophagus, and intestines are all integral components of the digestive system, which is responsible for breaking down food, absorbing nutrients, and eliminating waste. The mouth begins the digestion process through mechanical and chemical means, while the esophagus serves as the passageway for food to travel to the stomach. The intestines, consisting of both the small and large intestines, continue the digestion process and are crucial for nutrient absorption and waste formation. Understanding the specific functions of each of these organs highlights their role in the overall digestive process, reinforcing the classification of these organs as part of the digestive system. This system not only involves the physical breakdown of food but also the intricate coordination of various organs working together to ensure that nourishment is provided to the body effectively.

5. How should you report signs of skin breakdown to the nurse?

A. Promptly, with details about redness, warmth, moisture, and changes.

B. At the end of shift only.

C. Only if there is pain.

D. Only if there is bleeding.

Noticing skin changes early and telling the nurse right away is crucial for preventing pressure ulcers. If you see an area of skin that is red, warm, or moist, or any change in color, texture, or size, you should report it immediately with as many details as you can provide. Describe exactly where it is (for example, on the heel or sacrum), how large it is, whether the redness blanches when you press, if the skin feels warm, if there is moisture or drainage, any odor, and whether the area is changing or spreading. This information helps the nurse assess risk, adjust care (such as repositioning, incontinence management, keeping the skin clean and dry, and applying protective barriers), and monitor to prevent progression. Waiting for pain or bleeding to appear delays appropriate care, and delays in reporting can lead to worsening skin breakdown. Prompt, detailed reporting is the best practice.

6. 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.

7. What is the purpose of a draw sheet?

A. It is used to decorate the bed.

B. Helps with turning/repositioning and reduces shear forces.

C. To measure bed height.

D. To secure linens.

A draw sheet is used to help staff move and reposition a patient in bed while protecting the skin. By placing a flat sheet under the patient, caregivers can grip and slide or lift with it rather than dragging the person on the mattress, which reduces friction and shear forces that can cause skin breakdown. It's especially important for turning or transferring to a chair and for safer, easier repositioning; it isn't for decoration, measuring bed height, or securing linens.

8. 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.

9. Which of the following is NOT a symptom of Cerebral Palsy?

A. Muscles becoming tight

B. Spastic body movements

C. Fever

D. Swallowing difficulties

Cerebral Palsy is a neurological disorder that affects muscle coordination and movement due to damage to the brain. The symptoms typically associated with Cerebral Palsy include muscle tightness (often referred to as spasticity), spastic body movements, and difficulties with swallowing, which is linked to impaired muscle control. Fever, on the other hand, is not a symptom of Cerebral Palsy itself. Fever is generally a response to infection or illness and does not derive from the neurological and muscular impairments characteristic of Cerebral Palsy. Thus, the understanding that fever is not related to the condition reinforces the correct answer, as it highlights the specific symptoms directly associated with the disorder.

10. Which pain assessment scale is most appropriate for a nonverbal adult resident?

A. The FLACC scale (Face, Legs, Activity, Cry, Consolability) or a similar observational scale.

B. Numeric Rating Scale (0-10).

C. Wong-Baker Faces scale for children.

D. Visual Analog Scale using meters.

Pain in a nonverbal adult is best assessed with a tool that relies on observable behaviors rather than asking the person to tell you how they feel. The FLACC scale fits this need by rating five areas—Face, Legs, Activity, Cry, and Consolability—each scored 0, 1, or 2, for a total between 0 and 10. This behavior-based approach lets caregivers infer pain intensity from what they can see and hear, which is essential when self-report isn't possible due to communication or cognitive limits. The Wong-Baker Faces scale is designed for children and uses child-oriented facial expressions to gauge pain, which doesn't translate well to adults and can lead to misinterpretation. Numeric Rating Scale and Visual Analog Scale require the resident to verbalize or mark pain on a line, which nonverbal adults may be unable to do reliably. So, using an observational tool like FLACC provides a more accurate, actionable assessment for an adult resident who cannot self-report.

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://ivytechcnaprogram4.examzify.com

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