

LOUISIANA CNA CERTIFICATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Who assists individuals in adapting to disabilities and performing daily activities?**
 - A. Physical therapist
 - B. Occupational therapist
 - C. Speech therapist
 - D. Rehabilitation aide
- 2. Which of the following best describes orthotic devices?**
 - A. Devices that enhance mobility
 - B. Devices that provide pain relief
 - C. Devices that stabilize or support body parts
 - D. Devices used for monitoring health
- 3. When can a routine urine specimen be collected?**
 - A. Only in the morning
 - B. Anytime a resident voids
 - C. Before meals only
 - D. Every scheduled hour
- 4. What are common symptoms of dehydration in elderly patients?**
 - A. Excessive sweating, fever, and chills
 - B. Dry mouth, confusion, and decreased urine output
 - C. Increased appetite, bloating, and fatigue
 - D. Frequent urination and excessive thirst
- 5. What could cyanosis indicate?**
 - A. Dehydration in the skin
 - B. Excess blood flow
 - C. Lack of oxygen in the blood
 - D. Infection in the body
- 6. If an object is not contaminated with pathogens, it can be considered what?**
 - A. Sterile
 - B. Disinfected
 - C. Clean
 - D. Contaminated

- 7. Where should an NA stand when ambulating a resident with a cane?**
- A. In front of the resident
 - B. The strong side
 - C. The weak side
 - D. The back of the resident
- 8. What does "PPE" stand for, and why is it important?**
- A. Personal Protective Equipment; it protects healthcare workers from infections
 - B. Patient Positioning Equipment; it aids in patient comfort
 - C. Physical Performance Evaluation; it assesses patient strength
 - D. Prevention of Pathogen Exposure; it ensures clean environments
- 9. What is PHI? HIPAA identifies certain PHI that must remain confidential.**
- A. Public health information
 - B. Personal health inquiry
 - C. Protected health information
 - D. Patient healthcare information
- 10. How frequently should position changes be made for patients at risk for bedsores?**
- A. Every four hours
 - B. At least every two hours
 - C. Only as needed
 - D. Every hour only

Answers

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

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Explanations

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1. Who assists individuals in adapting to disabilities and performing daily activities?

- A. Physical therapist
- B. Occupational therapist**
- C. Speech therapist
- D. Rehabilitation aide

The role of an occupational therapist is centered around helping individuals adapt to disabilities and enhancing their ability to perform daily activities. This specialization focuses on addressing the needs of patients who may have physical, cognitive, or emotional challenges, enabling them to participate actively in everyday life. Occupational therapists assess individuals to understand their unique challenges and contexts, designing personalized intervention plans that target specific goals. Their work often includes teaching adaptive techniques, providing assistive devices, and modifying environments to improve the individual's independence in daily tasks, such as personal care, work, and leisure activities. The other professions play essential roles in rehabilitation but focus on different aspects. A physical therapist primarily concentrates on improving movement and physical function, a speech therapist specializes in communication and swallowing disorders, and a rehabilitation aide supports various therapy services without having the specialized educational background of the aforementioned therapists. Hence, the occupational therapist's unique focus on daily living skills makes them the best fit for the question regarding assistance in adapting to disabilities.

2. Which of the following best describes orthotic devices?

- A. Devices that enhance mobility
- B. Devices that provide pain relief
- C. Devices that stabilize or support body parts**
- D. Devices used for monitoring health

Orthotic devices are specifically designed to stabilize, support, or correct musculoskeletal issues within the body. Their primary purpose is to assist individuals whose body parts require extra support due to injury, condition, or structural deformity. Examples of orthotic devices include braces, splints, and shoe inserts. These devices play a crucial role in rehabilitation, enabling better function and preventing further injury by maintaining proper alignment and reducing strain on affected areas. While some devices may indeed enhance mobility or provide pain relief, the defining characteristic of orthotics is their function in stabilizing or supporting particular body parts. Monitoring health is not a primary function of orthotic devices, which further emphasizes why "stabilize or support body parts" is the most accurate description.

3. When can a routine urine specimen be collected?

- A. Only in the morning
- B. Anytime a resident voids**
- C. Before meals only
- D. Every scheduled hour

A routine urine specimen can be collected anytime a resident voids because it allows for flexibility and convenience in obtaining the sample. Collecting the specimen at various times throughout the day can help ensure that you capture a normal representation of the patient's urine composition. This is important for accurate testing and diagnosis. Collecting a urine specimen only in the morning or before meals restricts the opportunities to gather a sample that reflects the individual's typical urinary output, which could lead to misleading results. Specimen collection every scheduled hour is impractical and may not align with the resident's natural voiding patterns, making it less effective for routine analysis. Therefore, the most effective practice is to collect urine whenever the resident voids, ensuring an accurate and comprehensive assessment of their health.

4. What are common symptoms of dehydration in elderly patients?

- A. Excessive sweating, fever, and chills
- B. Dry mouth, confusion, and decreased urine output**
- C. Increased appetite, bloating, and fatigue
- D. Frequent urination and excessive thirst

The symptoms of dehydration in elderly patients often include dry mouth, confusion, and decreased urine output. As individuals age, their bodies may become less efficient at regulating fluid balance, leading to a higher risk of dehydration. A dry mouth indicates a lack of adequate moisture in the body, which is a direct symptom. Confusion can occur as dehydration affects cognitive function—fluids are essential for maintaining proper brain activity and overall mental clarity. Decreased urine output is another significant sign, as the body conserves water when dehydrated, resulting in less frequent urination. The other options describe symptoms that may pertain to different medical conditions or scenarios, but they do not align specifically with the typical signs of dehydration in elderly patients. Understanding these symptoms is crucial for caregivers and healthcare professionals since early recognition and intervention can help prevent serious complications associated with dehydration.

5. What could cyanosis indicate?

- A. Dehydration in the skin
- B. Excess blood flow
- C. Lack of oxygen in the blood**
- D. Infection in the body

Cyanosis is a bluish or purplish discoloration of the skin, particularly noticeable in the lips, fingertips, and other extremities. This color change typically occurs when there is a significant lack of oxygen in the blood. When the hemoglobin in the blood is not adequately oxygenated, it can lead to the characteristic blue tint associated with cyanosis. This condition often suggests underlying health issues, such as respiratory distress, heart problems, or other conditions that impede adequate oxygenation of the blood. Observing cyanosis usually prompts healthcare providers to investigate further to determine the cause and initiate appropriate interventions. The other options, while related to health, do not directly correlate with the specific sign of cyanosis. Dehydration in the skin would not result in a blue tint; rather, it typically leads to dryness or flakiness. Excess blood flow might actually give a reddened appearance due to increased circulation rather than blue. Finally, while infection can potentially affect oxygen levels indirectly, it is not a direct cause of cyanosis itself. Thus, lack of oxygen in the blood is the primary and most relevant reason for the occurrence of cyanosis.

6. If an object is not contaminated with pathogens, it can be considered what?

- A. Sterile
- B. Disinfected
- C. Clean**
- D. Contaminated

If an object is not contaminated with pathogens, it can be considered clean. Cleanliness refers to the absence of dirt, debris, and microorganisms, including harmful pathogens. A clean object has undergone some form of cleaning process which can involve removing visible dirt and generally reducing the presence of microorganisms to a safe level, but it does not necessarily mean that it is free of all microorganisms. In contrast, the term sterile indicates that an object has been treated to eliminate all forms of microbial life, including bacterial spores, which is a more stringent standard than simply being clean. Disinfection refers to the process of eliminating or reducing harmful microorganisms on inanimate objects, but it does not guarantee the complete absence of all pathogens. Contaminated, on the other hand, means that the object has been exposed to harmful microorganisms, which contradicts the condition stated in the question. Thus, a clean object accurately reflects a state where it is not contaminated with pathogens.

7. Where should an NA stand when ambulating a resident with a cane?

- A. In front of the resident
- B. The strong side
- C. The weak side**
- D. The back of the resident

When ambulating a resident who is using a cane, the nursing assistant should position themselves on the weak side of the resident. This is because the cane is typically used on the strong side to provide stability and support. By standing on the weak side, the nursing assistant can offer additional support if the resident needs help maintaining balance or if they were to stumble. This positioning allows for a safer ambulation experience, as the nursing assistant can quickly assist the resident by providing physical guidance and protection from falling. In general, the proper use of a cane involves the resident stepping with the weaker leg first, followed by the stronger leg and the cane, which fosters a more stable gait. Thus, the assistant being positioned on the weak side is crucial for effective and safe assistance.

8. What does "PPE" stand for, and why is it important?

- A. Personal Protective Equipment; it protects healthcare workers from infections**
- B. Patient Positioning Equipment; it aids in patient comfort
- C. Physical Performance Evaluation; it assesses patient strength
- D. Prevention of Pathogen Exposure; it ensures clean environments

"PPE" stands for Personal Protective Equipment, and its primary importance lies in its role in safeguarding healthcare workers from infections and other hazardous materials. This protective gear typically includes items such as gloves, masks, gowns, and face shields, which are used to create barriers against direct exposure to blood, bodily fluids, and infectious agents. In healthcare settings, where the risk of transmitting infections is heightened, the use of PPE is crucial. It not only protects the individuals administering care but also plays a vital role in preventing the spread of infections within healthcare facilities. Proper use of PPE can significantly reduce the risk of healthcare-associated infections, ensuring a safer environment for both patients and healthcare professionals. While the other options present valid concepts related to patient care and safety, they do not accurately define "PPE" or capture its critical function in infection control in the healthcare setting.

9. What is PHI? HIPAA identifies certain PHI that must remain confidential.

- A. Public health information
- B. Personal health inquiry
- C. Protected health information**
- D. Patient healthcare information

Protected Health Information (PHI) refers to any individually identifiable health information, which includes details about a person's medical history, mental health conditions, treatment information, and billing details. HIPAA (Health Insurance Portability and Accountability Act) is a federal law that mandates the protection and confidential handling of this sensitive information. The designation of PHI highlights the necessity of keeping such information secure to protect patient privacy and maintain confidentiality in healthcare settings. Under HIPAA regulations, certain types of PHI must be safeguarded against unauthorized access, ensuring patients' rights to privacy are respected. Understanding PHI is essential for all healthcare professionals, including CNAs, to ensure compliance with legal standards and ethical practices in patient care.

10. How frequently should position changes be made for patients at risk for bedsores?

- A. Every four hours
- B. At least every two hours**
- C. Only as needed
- D. Every hour only

Patients at risk for bedsores, also known as pressure ulcers, require careful and regular repositioning to alleviate pressure on vulnerable areas of the body. The recommended frequency for changing a patient's position is at least every two hours. This practice helps to maintain blood flow to the areas that are at risk, reducing the likelihood of skin breakdown and the development of bedsores. The rationale behind this guideline is based on the understanding that prolonged pressure on certain body parts can hinder circulation and create an environment conducive to skin damage. By changing positions every two hours, caregivers can promote better skin integrity and overall patient comfort. Regular repositioning is a critical component of preventative care in nursing and requires diligent attention from CNAs and other healthcare providers. It is essential to establish a routine that allows for this frequency while also considering individual patient needs and comfort levels.

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://lacnacert.examzify.com>

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

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