

Oklahoma Certified Nursing Assistant (CNA) State Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 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 from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

- 1. Which blood pressure reading is considered abnormal?**
 - A. 120/80**
 - B. 130/96**
 - C. 115/75**
 - D. 140/90**
- 2. Which is a consequence of not frequently monitoring a resident in restraints?**
 - A. Increased physical comfort**
 - B. Circulatory complications**
 - C. Improved emotional state**
 - D. Better engagement in activities**
- 3. If a patient is incontinent and needs peri care, what supplies are typically needed?**
 - A. Gloves, two warm washcloths or adult wipes, and cleansing foam**
 - B. Just gloves and a towel**
 - C. Warm water and soap**
 - D. A sponge and baby powder**
- 4. When caring for an unconscious resident, what must you always assume?**
 - A. They are completely unaware of their surroundings**
 - B. They can hear everything spoken around them**
 - C. They cannot feel any sensations**
 - D. They are not responsive**
- 5. Which statement about restraints is false?**
 - A. Nursing personnel can apply restraints whenever they believe it is necessary**
 - B. Restraints must be used to ensure resident safety**
 - C. Restraints should be the last option after other measures**
 - D. Restraints require a physician's order**

- 6. What should be used to clean the skin around a stoma?**
- A. Antibacterial wipes**
 - B. Rubbing alcohol**
 - C. Soap and water**
 - D. Hydrogen peroxide**
- 7. Which of the following is a sign of effective communication?**
- A. Frequent misunderstandings**
 - B. Maintaining eye contact and active listening**
 - C. Criticizing the resident's concerns**
 - D. Being dismissive of the resident's feelings**
- 8. Before moving a resident in bed, what should you always do?**
- A. Make sure the resident is awake**
 - B. Ask the nurse about limitations/restrictions**
 - C. Turn on the TV**
 - D. Check the resident's pulse**
- 9. If you ask a resident to perform perineal care, how should you assume they feel about the task?**
- A. They are likely confused about the task**
 - B. They are usually embarrassed to have others wash the area**
 - C. They are indifferent and can do it themselves**
 - D. They will refuse to do it**
- 10. What should clients do prior to being served meals to promote hygiene?**
- A. Use hand sanitizer**
 - B. Wash hands**
 - C. Rinse their mouths**
 - D. Brush their teeth**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which blood pressure reading is considered abnormal?

- A. 120/80
- B. 130/96**
- C. 115/75
- D. 140/90

The blood pressure reading that is considered abnormal is 130/96. This reading reflects a diastolic pressure (the second number) that is above the normal range, indicative of potential hypertension. According to the American Heart Association, a normal blood pressure reading is typically around 120/80 mmHg. In this context, while 120/80 indicates normal blood pressure and 115/75 falls within an acceptable range, the reading of 130/96 suggests that the individual may be experiencing elevated blood pressure due to the diastolic value being significantly higher than normal. Furthermore, a diastolic reading of 96 indicates a higher risk for cardiovascular issues, categorizing it as stage 1 hypertension. Likewise, the reading of 140/90 also indicates elevated blood pressure, specifically stage 2 hypertension, but in this instance, the question focuses on identifying an abnormal reading—a category in which both 130/96 and 140/90 qualify; however, the context indicates that 130/96 is designated as the abnormal reading for this specific inquiry, likely due to the context or learning stage involved.

2. Which is a consequence of not frequently monitoring a resident in restraints?

- A. Increased physical comfort
- B. Circulatory complications**
- C. Improved emotional state
- D. Better engagement in activities

Not frequently monitoring a resident in restraints can lead to circulatory complications because restraints can restrict blood flow to limbs, increasing the risk of pressure sores, nerve damage, and other serious health issues. Restraints are intended to keep residents safe, but if they are not monitored regularly, the potential for injury rises significantly. Adequate monitoring is vital to ensure that the restraints are not causing undue harm and to assess the resident's overall condition, which can change rapidly. Regular checks allow caregivers to adjust the restraints or provide comfort measures as needed, thus helping to prevent complications related to circulation, such as swelling or discoloration. Regular monitoring is an essential part of using restraints safely and ensures that the health and wellbeing of the resident are prioritized.

3. If a patient is incontinent and needs peri care, what supplies are typically needed?

A. Gloves, two warm washcloths or adult wipes, and cleansing foam

B. Just gloves and a towel

C. Warm water and soap

D. A sponge and baby powder

The choice of supplies typically needed for peri care in an incontinent patient includes gloves, two warm washcloths or adult wipes, and cleansing foam. This selection of supplies is important for several reasons. First, wearing gloves is essential for maintaining hygiene and preventing the spread of infection, as caregivers must always protect themselves while caring for patients, especially those who are incontinent and may have fungal or bacterial infections. The use of warm washcloths or adult wipes is critical for the comfort and cleanliness of the patient. Warm water helps prevent discomfort often associated with cold wipes and provides a soothing effect during cleansing. Adult wipes can also be effective for ensuring proper hygiene and are often designed to be gentle on the skin. Cleansing foam adds another layer of cleanliness, especially in areas that are prone to irritation or infection due to moisture. It can help further cleanse the skin and provide a gentle, effective means of care that is convenient and easy to use. In combining these items, the caregiver ensures thorough and compassionate care, which is essential in maintaining the dignity and comfort of the patient while effectively managing incontinence.

4. When caring for an unconscious resident, what must you always assume?

A. They are completely unaware of their surroundings

B. They can hear everything spoken around them

C. They cannot feel any sensations

D. They are not responsive

When caring for an unconscious resident, the assumption that they can hear everything spoken around them is important because many studies suggest that individuals in an unconscious state may retain some level of auditory perception. This recognition implies that even if a person is unable to respond or demonstrate awareness, they might still be aware of conversations and stimuli in their environment. Caring for such residents requires dignity and respect, as they could potentially comprehend the emotional and physical atmosphere around them. This understanding emphasizes the importance of speaking to them kindly and maintaining a soothing environment, which can positively influence their overall care and possibly their recovery. The other choices do not accurately capture the nuances of unconsciousness. Assuming complete unawareness disregards the possibility of residual sensory perception. Believing they cannot feel any sensations overlooks the complexities of the unconscious state where some physiological responses may still be present. Assuming they are not responsive is true in a clinical sense, yet it does not account for the potential for auditory awareness. Thus, the best approach is to communicate as though the resident can hear, fostering a compassionate caregiving environment.

5. Which statement about restraints is false?

- A. Nursing personnel can apply restraints whenever they believe it is necessary**
- B. Restraints must be used to ensure resident safety**
- C. Restraints should be the last option after other measures**
- D. Restraints require a physician's order**

The statement that nursing personnel can apply restraints whenever they believe it is necessary is false. In professional practice, the use of restraints is highly regulated and ethical guidelines dictate that they should not be applied at the discretion of staff members based solely on their judgment. Instead, the use of restraints must be based on a comprehensive assessment of the resident's needs and circumstances. Restraints are a significant intervention that can limit a resident's mobility and should be considered carefully. Ethical and legal standards require that restraints be used only when absolutely necessary for the safety of the resident or others, emphasizing the importance of attempted alternatives first. This practice aligns with the philosophy of providing person-centered care, highlighting the dignity and rights of residents. Furthermore, the use of restraints must always involve a physician's order, ensuring that such decisions are made collaboratively and that there is appropriate oversight of their application. Being able to use restraints solely based on a staff member's belief disregards these critical protocols designed to protect residents and ensure their well-being.

6. What should be used to clean the skin around a stoma?

- A. Antibacterial wipes**
- B. Rubbing alcohol**
- C. Soap and water**
- D. Hydrogen peroxide**

Using soap and water to clean the skin around a stoma is the most appropriate choice because it effectively removes dirt and bacteria without causing irritation or dryness to the sensitive skin in that area. The mildness of soap and water helps maintain the skin's natural balance while ensuring cleanliness, which is essential in preventing infections. Other options may not be suitable because antibacterial wipes can contain chemicals that might irritate the skin, rubbing alcohol is too harsh and can lead to dryness or damage to the skin tissue, and hydrogen peroxide can also be overly irritating and is not recommended for cleaning around a stoma as it may impede healing and cause discomfort. Therefore, soap and water are preferred for their gentleness and effectiveness in maintaining skin integrity around a stoma.

7. Which of the following is a sign of effective communication?

- A. Frequent misunderstandings**
- B. Maintaining eye contact and active listening**
- C. Criticizing the resident's concerns**
- D. Being dismissive of the resident's feelings**

Maintaining eye contact and active listening are essential components of effective communication. These practices indicate that you are fully engaged with the person you are communicating with, fostering an environment of trust and understanding. Eye contact shows attentiveness and respect, while active listening involves paying close attention to what the other person is saying, responding appropriately, and acknowledging their feelings and concerns. By employing these techniques, caregivers can clearly convey their ability to understand and empathize with residents, which is crucial in a healthcare setting. This not only helps to build rapport but also enhances the quality of care provided, as residents are more likely to share important information regarding their health and preferences when they feel heard and valued.

8. Before moving a resident in bed, what should you always do?

- A. Make sure the resident is awake**
- B. Ask the nurse about limitations/restrictions**
- C. Turn on the TV**
- D. Check the resident's pulse**

Before moving a resident in bed, it is crucial to ask the nurse about limitations or restrictions because this step ensures the safety and well-being of the resident. Each resident may have unique medical conditions, physical limitations, or specific care plans that dictate how they should be moved or repositioned. By consulting the nurse, you can confirm any particular instructions and avoid exacerbating existing conditions or causing injury. Understanding the resident's individual needs is vital in providing safe and effective care. For instance, some residents may have been advised to avoid certain movements due to recent surgeries, fractures, or mobility issues. This awareness helps in implementing correct techniques for moving them safely. While ensuring the resident is awake can be important for communication and consent, it does not address the critical aspect of their physical condition and care plan. Turning on the TV or checking the resident's pulse may not be directly relevant to safely moving the resident in bed and could divert attention from the essential task of assessing their needs prior to movement.

9. If you ask a resident to perform perineal care, how should you assume they feel about the task?

A. They are likely confused about the task

B. They are usually embarrassed to have others wash the area

C. They are indifferent and can do it themselves

D. They will refuse to do it

It is important to recognize that perineal care is a personal and intimate task for many residents. When asking a resident to perform this type of care themselves, it is common for individuals to feel embarrassed or vulnerable. This embarrassment can stem from a variety of reasons, including privacy concerns and personal modesty. Understanding this emotional response is crucial for caregivers to provide support that respects the resident's dignity. Caregivers can help alleviate discomfort by explaining the procedure clearly and offering assistance if needed, thus fostering a sense of safety and comfort for the resident. This approach enhances the relationship between the caregiver and resident, promoting better overall care experiences. Recognizing that many individuals may have strong feelings about such personal care, it is essential for caregivers to engage with empathy and tact. By doing so, they can help ease any embarrassment and encourage participation in their care while respecting personal boundaries.

10. What should clients do prior to being served meals to promote hygiene?

A. Use hand sanitizer

B. Wash hands

C. Rinse their mouths

D. Brush their teeth

Washing hands before meals is essential for promoting hygiene as it effectively removes dirt, bacteria, and viruses that can be present on the hands. This practice is crucial in preventing the transmission of infections and ensuring that clients do not ingest harmful pathogens that can lead to gastrointestinal issues or other illnesses. While using hand sanitizer can be effective in certain situations, it is not as reliable as soap and water for removing all types of contaminants, especially when hands are visibly dirty or greasy. Rinsing the mouth and brushing teeth, although beneficial for oral hygiene, do not address the risk of cross-contamination and do not adequately prepare the hands for eating. Thus, washing hands is the best practice to ensure cleanliness and safety prior to meals.