

South Carolina Credentia CNA Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. Which dietary consideration is essential for clients who have diabetes?**
 - A. Avoiding all carbohydrates**
 - B. Monitoring sugar intake**
 - C. Increasing protein consumption**
 - D. Restricting fats entirely**
- 2. Which of the following practices ensures the respect of a client's privacy?**
 - A. Discussing their care openly in front of other staff**
 - B. Keeping information confidential**
 - C. Leaving the door open during personal care**
 - D. Sharing client information for education purposes**
- 3. What is one sign of dehydration in elderly patients?**
 - A. Increased urination**
 - B. Dry mucous membranes or skin turgor**
 - C. Excessive thirst**
 - D. Swelling in the ankles**
- 4. When given confidential information about a client by a nurse, what should the nurse aide do?**
 - A. Share the information with family members**
 - B. Keep the information private**
 - C. Discuss it with other aides**
 - D. Write it down for future reference**
- 5. What are common symptoms of a respiratory infection in patients?**
 - A. Headache, nausea, and vomiting**
 - B. Cough, fever, and difficulty breathing**
 - C. Rash, fatigue, and joint pain**
 - D. Confusion, dizziness, and blurred vision**

- 6. Where should the linens be placed when preparing to make a bed?**
- A. A chair or table beside the bed**
 - B. On the floor next to the bed**
 - C. In a drawer near the bed**
 - D. On the bed itself**
- 7. According to HIPAA regulations, which of the following actions is considered a violation of client confidentiality?**
- A. Discussing care plans with the family**
 - B. Informing housekeeping staff that the client is in the dialysis unit**
 - C. Providing patient information to another nurse**
 - D. Updating records in a secure location**
- 8. When a client wakes up during the night and asks for something to eat, what should the nurse aide do first?**
- A. Check the client's diet before offering nourishment**
 - B. Offer any available food immediately**
 - C. Ask the client how they are feeling**
 - D. Ignore the request and let the client sleep**
- 9. When assisting with dressing a client who has left-sided weakness, what part of a sweater should be put on FIRST?**
- A. Right sleeve**
 - B. Left sleeve**
 - C. Head opening**
 - D. Bottom hem**
- 10. What is the proper method for transferring a patient from a bed to a wheelchair?**
- A. Lift them directly without assistance**
 - B. Use a slide board if available**
 - C. Drag them across the floor**
 - D. Ask them to walk unaided**

Answers

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

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Explanations

1. Which dietary consideration is essential for clients who have diabetes?

- A. Avoiding all carbohydrates**
- B. Monitoring sugar intake**
- C. Increasing protein consumption**
- D. Restricting fats entirely**

Monitoring sugar intake is essential for clients who have diabetes because fluctuations in blood sugar levels can lead to significant health complications. Diabetes management focuses on maintaining stable blood glucose levels, which involves careful regulation of carbohydrate and sugar consumption. While it is important to manage overall carbohydrate intake, completely avoiding all carbohydrates is not practical or necessary, as they are a vital source of energy. Instead, individuals with diabetes should focus on understanding how different types of carbohydrates affect their blood sugar levels and incorporate healthy carbohydrate sources into their diets, such as whole grains and fruits, while being mindful of portion sizes. Increasing protein consumption may not address the core issue of managing blood sugar levels and can have varying effects depending on the individual's overall health and dietary needs. Additionally, restricting fats entirely is not advisable for most individuals; healthy fats play a crucial role in a balanced diet. Instead, it is more beneficial to focus on the types of fats consumed, prioritizing unsaturated fats over saturated and trans fats. Thus, monitoring sugar intake is crucial because it directly impacts blood glucose levels, allowing clients to manage their diabetes more effectively.

2. Which of the following practices ensures the respect of a client's privacy?

- A. Discussing their care openly in front of other staff**
- B. Keeping information confidential**
- C. Leaving the door open during personal care**
- D. Sharing client information for education purposes**

Keeping information confidential is essential for ensuring that a client's privacy is respected. Confidentiality is a cornerstone of patient-centered care; it helps to build trust between the client and the caregiver. When caregivers maintain confidentiality, they protect private information that clients have shared with them, which may include sensitive health details, personal histories, and other intimate aspects of their lives. When caregivers share or discuss a client's information openly, as in discussing their care in front of other staff without a valid reason or in a manner that does not respect privacy, it can lead to a breach of trust and potentially harm the client's dignity. Similarly, leaving the door open during personal care can expose clients to unnecessary scrutiny and discomfort, violating their right to privacy. Sharing client information for educational purposes could only be acceptable when done with consent and respecting confidentiality, which is not aligned with the question's focus on ensuring privacy. Therefore, maintaining confidentiality is the most direct and effective way to uphold a client's privacy.

3. What is one sign of dehydration in elderly patients?

- A. Increased urination
- B. Dry mucous membranes or skin turgor**
- C. Excessive thirst
- D. Swelling in the ankles

Dry mucous membranes or skin turgor is a significant indicator of dehydration, particularly in elderly patients. As the body loses fluids, it can manifest through visible signs such as the dryness of the mouth and lips or a decrease in skin elasticity. When skin is pinched, it should spring back quickly; however, in a dehydrated individual, this elasticity is often compromised, resulting in slower recovery. Recognizing these physical changes is crucial for caregivers, as elderly individuals have a higher risk of dehydration due to factors like age-related decline in thirst sensation, medication side effects, or mobility issues that prevent adequate fluid intake. Monitoring for such signs can facilitate early intervention and help prevent further complications associated with dehydration.

4. When given confidential information about a client by a nurse, what should the nurse aide do?

- A. Share the information with family members
- B. Keep the information private**
- C. Discuss it with other aides
- D. Write it down for future reference

The appropriate course of action when a nurse aide is given confidential information about a client is to keep that information private. Maintaining confidentiality is a fundamental principle of healthcare, as it helps to protect the client's privacy and builds trust in the caregiver-client relationship. The Health Insurance Portability and Accountability Act (HIPAA) establishes guidelines for the protection of patient information, emphasizing that such information should only be disclosed to individuals who are authorized to receive it. If a nurse aide shares confidential information with family members, discusses it with other aides who are not directly involved in the client's care, or writes it down for future reference, they could be violating the client's privacy rights and potentially facing disciplinary actions. Therefore, prioritizing confidentiality is essential in preserving the integrity and respect of the healthcare profession.

5. What are common symptoms of a respiratory infection in patients?

- A. Headache, nausea, and vomiting**
- B. Cough, fever, and difficulty breathing**
- C. Rash, fatigue, and joint pain**
- D. Confusion, dizziness, and blurred vision**

The common symptoms of a respiratory infection primarily include cough, fever, and difficulty breathing, making this choice the accurate one. Coughing is a typical response of the body trying to clear the airways, and it can be caused by irritation or inflammation in the respiratory tract. Fever often accompanies respiratory infections as the body's immune response kicks in to combat the infection, indicating that the body is fighting off pathogens. Difficulty breathing can occur if the infection causes inflammation and blockage in the airways or affects lung function in more severe cases. Other options listed include symptoms that are not specific to respiratory infections. For instance, headache, nausea, and vomiting can be associated with various conditions, including gastrointestinal issues or migraines, and are not typically indicative of respiratory pathology. Rash, fatigue, and joint pain are more closely related to systemic infections or allergic reactions, rather than being direct signs of a respiratory infection. Lastly, confusion, dizziness, and blurred vision can indicate neurological issues or other conditions affecting the central nervous system, rather than symptoms connected to respiratory infections. Understanding these distinctions helps in recognizing and assessing symptoms directly related to respiratory health issues.

6. Where should the linens be placed when preparing to make a bed?

- A. A chair or table beside the bed**
- B. On the floor next to the bed**
- C. In a drawer near the bed**
- D. On the bed itself**

When preparing to make a bed, placing the linens on a chair or table beside the bed is the most appropriate choice. This method ensures that the linens are within easy reach, allowing for a seamless and organized approach to changing the bedding. It also keeps the linens clean and free from dust or dirt that may be present on the floor. Choosing a location that minimizes contamination and promotes efficiency is key in healthcare settings. A chair or table provides a designated space where linens can be neatly arranged before they are applied to the bed. This practice supports good hygiene, as linens placed on the floor or in drawers can pick up unwanted contaminants. Moreover, positioning the linens on the bed itself prior to making it may create confusion, as it can be difficult to handle them while trying to smooth and arrange the fitted sheets and blankets effectively. Therefore, setting up the linens on a designated surface is the best approach in maintaining cleanliness and promoting an efficient workflow.

7. According to HIPAA regulations, which of the following actions is considered a violation of client confidentiality?

- A. Discussing care plans with the family**
- B. Informing housekeeping staff that the client is in the dialysis unit**
- C. Providing patient information to another nurse**
- D. Updating records in a secure location**

Informing housekeeping staff that a client is in the dialysis unit is considered a violation of client confidentiality under HIPAA regulations. HIPAA, or the Health Insurance Portability and Accountability Act, puts strict guidelines in place to protect the privacy of patient information. This includes any specific details about the patient's location or treatment. The reason this action violates confidentiality is that it discloses a person's private health information to individuals who do not need this information to perform their job duties. Housekeeping staff typically do not require knowledge of a patient's specific medical treatment or status to fulfill their responsibilities effectively. This breach can undermine the patient's right to privacy and may expose the healthcare facility to legal repercussions. In contrast, discussing care plans with the family can be appropriate if the patient has consented to this sharing of information, and therefore it is not a violation. Providing patient information to another nurse is often part of the care coordination process and is acceptable as long as it adheres to the necessary privacy protocols. Updating records in a secure location aligns with HIPAA guidelines, as it emphasizes safeguarding patient information from unauthorized access.

8. When a client wakes up during the night and asks for something to eat, what should the nurse aide do first?

- A. Check the client's diet before offering nourishment**
- B. Offer any available food immediately**
- C. Ask the client how they are feeling**
- D. Ignore the request and let the client sleep**

When a client wakes up at night and requests something to eat, the first action should be to check the client's diet before offering any nourishment. This is crucial because dietary restrictions can significantly affect a patient's health and recovery. Some clients may have specific dietary needs due to medical conditions, allergies, or prescribed diets, such as low-sodium or diabetic diets. Confirming the client's dietary restrictions ensures that the food offered aligns with their health requirements and avoids any potentially harmful situations. For instance, if a client is on a clear liquid diet, offering solid food could be inappropriate and detrimental to their condition. By checking the client's diet first, the nurse aide can provide appropriate nourishment that meets both the client's needs and healthcare guidelines. The other options may not prioritize the client's health and safety effectively. Offering any available food immediately could violate dietary restrictions, while asking how the client is feeling does not address their immediate need for food. Ignoring the request altogether would not be an appropriate response to a client who is alert and asking for assistance.

9. When assisting with dressing a client who has left-sided weakness, what part of a sweater should be put on FIRST?

- A. Right sleeve**
- B. Left sleeve**
- C. Head opening**
- D. Bottom hem**

When assisting a client with left-sided weakness in dressing, it is essential to prioritize which part of the clothing to put on first to ensure comfort and ease of dressing. In this situation, putting the left sleeve on first is the correct approach. Putting the left sleeve on first allows for more control and support when dressing the client, as it accommodates their weaker side. After securing the left sleeve, the caregiver can then help the client into the right sleeve more easily. This technique minimizes the risk of strain on the client and promotes a smoother dressing experience, as it keeps the weaker side supported throughout the process. Other options, such as starting with the right sleeve or the head opening, do not address the specific needs of a client with left-sided weakness and could potentially make the dressing process more complicated and uncomfortable for them. The focus should always be on facilitating the client's independence and maintaining their comfort.

10. What is the proper method for transferring a patient from a bed to a wheelchair?

- A. Lift them directly without assistance**
- B. Use a slide board if available**
- C. Drag them across the floor**
- D. Ask them to walk unaided**

Using a slide board to transfer a patient from a bed to a wheelchair is considered the proper method because it facilitates a safer and more manageable transfer for both the caregiver and the patient. The slide board acts as a bridge, allowing the patient to glide smoothly from one surface to another. This reduces the risk of injury to the caregiver and helps ensure that the patient remains stable and secure throughout the transfer process. In contrast, lifting the patient directly without assistance poses a risk of injury due to the physical strain it places on the caregiver and the potential for the patient to fall if not secured properly. Dragging a patient across the floor is hazardous as it can cause discomfort and injury to the patient, as well as increase the likelihood of a fall. Asking the patient to walk unaided may not be appropriate, especially for individuals who have mobility issues or are at risk of falling, as it could lead to accidents and injuries. Overall, the use of a slide board is aligned with best practices in patient safety and comfort, making it the preferred method for this type of transfer.

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://sccredentiaca.examzify.com>

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