

SOUTH DAKOTA CNA LEVEL 2 PRACTICE EXAM (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 provides guidance on how to position persons in bed?**
 - A. The attending physician
 - B. The head nurse
 - C. The nurse in charge
 - D. The patient themselves
- 2. The practice of each person having their own personal care items is an example of what?**
 - A. Medical asepsis
 - B. Surgical asepsis
 - C. Universal precautions
 - D. Isolation precautions
- 3. What situation would necessitate an incident report?**
 - A. A minor fall without injury
 - B. Suffocation of a client
 - C. A medication error that does not affect the patient
 - D. A client refusing care
- 4. What is the term for the position where a person lies on their abdomen with the head turned to one side?**
 - A. Supine position
 - B. Prone position
 - C. Lateral position
 - D. Sitting position
- 5. What should you cover the person with when making an occupied bed?**
 - A. A fitted sheet
 - B. A flat sheet
 - C. A bath blanket
 - D. A comforter

- 6. What is a key characteristic of a lateral position?**
- A. The client is lying flat on their back.
 - B. The client is on their side.
 - C. The client is sitting upright.
 - D. The client is lying prone.
- 7. What is a potential cause of suffocation in clients?**
- A. Administering too much oxygen
 - B. Using restraints without a physician's order
 - C. Not monitoring vital signs
 - D. Sitting clients up during mealtime
- 8. Which of the following statements about body temperature in older adults is correct?**
- A. They have a higher normal body temperature
 - B. Their normal body temperature remains unchanged
 - C. They may have a lower normal body temperature
 - D. They often experience fever more frequently
- 9. Which action is considered a violation of a client's rights?**
- A. Informing the client about their treatment plan
 - B. Forcing them to comply with routine procedures
 - C. Encouraging their involvement in care
 - D. Discussing their care with appropriate personnel
- 10. What is the term for leaving a facility before completing an assignment without notification?**
- A. Negligence
 - B. Abandonment
 - C. Misconduct
 - D. Dereliction of duty

Answers

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

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Explanations

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1. Who provides guidance on how to position persons in bed?

- A. The attending physician
- B. The head nurse
- C. The nurse in charge**
- D. The patient themselves

The nurse in charge plays a critical role in providing guidance on how to position patients in bed. This responsibility includes assessing the specific needs of each patient, understanding their medical condition, and considering any mobility limitations. The nurse in charge is trained to implement best practices for positioning that promotes comfort, safety, and prevents complications such as pressure ulcers or falls. It is essential that positioning is approached with a comprehensive understanding of the patient's overall care plan. The nurse in charge ensures that positioning techniques are tailored to individual patient needs, taking into account factors such as their mobility, diagnosis, and overall well-being. Other roles, such as the attending physician, head nurse, or patient themselves, may have relevant insights or input into the patient's care, but it is ultimately the nurse in charge who has the training and authority to direct specific positioning techniques effectively. This role involves collaboration with other healthcare professionals while leading the direct care team to uphold the patient's best interests.

2. The practice of each person having their own personal care items is an example of what?

- A. Medical asepsis**
- B. Surgical asepsis
- C. Universal precautions
- D. Isolation precautions

The practice of each person having their own personal care items is an example of medical asepsis. Medical asepsis refers to the practices aimed at reducing the number and spread of microorganisms. By ensuring that individuals use dedicated personal care items, such as toothbrushes or razors, the risk of cross-contamination and the spread of infections among patients is minimized. This practice helps maintain a clean environment and supports overall hygiene, which is critical in healthcare settings. In contrast, surgical asepsis focuses on maintaining a sterile environment, typically in operating rooms or during invasive procedures, to prevent infection during surgeries. Universal precautions are guidelines designed to prevent the transmission of bloodborne pathogens and require the assumption that all blood and body fluids are potentially infectious. Isolation precautions are protocols used to prevent the spread of infectious diseases to others, typically by isolating the patient and using specific protective measures. Each of these concepts plays a role in infection control but does not specifically refer to the individual ownership of personal care items as medical asepsis does.

3. What situation would necessitate an incident report?

- A. A minor fall without injury
- B. Suffocation of a client**
- C. A medication error that does not affect the patient
- D. A client refusing care

An incident report is a formal document that is used to record any unusual occurrences that may affect a patient's safety or wellbeing while they are receiving care. The purpose of writing an incident report is to ensure that there is a thorough record for analysis and to help prevent similar incidents in the future. Suffocation of a client is a serious medical incident that poses an immediate threat to the individual's life and health. It requires detailed documentation to evaluate the circumstances surrounding the event, identify contributing factors, and implement corrective actions to enhance safety protocols. Recording such an event is crucial for legal protection, quality assurance, and effective communication within the healthcare facility. In contrast, while a minor fall without injury, a medication error that does not affect the patient, and a client refusing care are situations warranting attention, they do not reach the level of immediate danger or severe consequence that would require an incident report. These occurrences might be documented in different ways within healthcare protocols, but they typically do not necessitate the same level of urgency and formal reporting as suffocation does.

4. What is the term for the position where a person lies on their abdomen with the head turned to one side?

- A. Supine position
- B. Prone position**
- C. Lateral position
- D. Sitting position

The term for the position where a person lies on their abdomen with the head turned to one side is referred to as the prone position. This position is commonly used in various medical contexts, such as during certain examinations, surgeries, or to promote lung function and drainage. In the prone position, lying on the stomach allows for better expansion of the lungs and can be beneficial in certain treatment protocols. This position also helps with pressure redistribution and can prevent pressure ulcers in patients who are immobile. Understanding body positions like this is crucial for a CNA, as it affects patient comfort, safety, and overall care. The other options refer to different positions: the supine position is when a person lies on their back; the lateral position involves lying on one side; and the sitting position requires a person to be upright. Each of these positions serves specific purposes in patient care but does not accurately describe the position of lying on the abdomen with the head turned.

5. What should you cover the person with when making an occupied bed?

- A. A fitted sheet
- B. A flat sheet
- C. A bath blanket**
- D. A comforter

When making an occupied bed, covering the person with a bath blanket is crucial for several reasons. A bath blanket is designed to provide warmth and modesty while allowing for easy movement and flexibility. It is typically lightweight and can be easily adjusted to prevent overheating or discomfort. This is especially important when the person in the bed is still occupying it, as it helps maintain their dignity and comfort during the bed-making process. In contrast, a fitted sheet is used to cover the mattress, a flat sheet generally serves as the upper layer for sleeping, and a comforter is more of an outer decorative layer that may not provide the same level of ease or modesty during the process. Therefore, using a bath blanket ensures a respectful and comfortable way to change the bedding without exposing the individual unnecessarily.

6. What is a key characteristic of a lateral position?

- A. The client is lying flat on their back.
- B. The client is on their side.**
- C. The client is sitting upright.
- D. The client is lying prone.

A key characteristic of a lateral position is that the client is on their side. This position is commonly used to enhance comfort, facilitate medical procedures, or promote airway patency, especially for individuals who may have difficulty breathing when lying flat on their back. In the lateral position, the body is aligned so that the individual can rest comfortably, and gravity can aid in the drainage of secretions from the lungs if necessary. The other options describe different positions: lying flat on the back refers to the supine position, sitting upright indicates an upright posture that is typically known as the upright position, and lying prone involves the individual lying face down. Understanding these different positions is essential for providing appropriate care, particularly in terms of comfort and safety for clients in various health scenarios.

7. What is a potential cause of suffocation in clients?

- A. Administering too much oxygen
- B. Using restraints without a physician's order**
- C. Not monitoring vital signs
- D. Sitting clients up during mealtime

Using restraints without a physician's order can lead to a potential cause of suffocation in clients because it may restrict their movement and ability to breathe comfortably. When individuals are restrained, especially if done improperly or unnecessarily, they can become increasingly anxious and may struggle to free themselves, which could result in compromise to their airway. Proper use of restraints requires careful monitoring and clinical justification to ensure the safety and dignity of the client. Additionally, using restraints without physician guidance can violate protocols that ensure the well-being of clients, increasing risks for physical harm or psychological distress, all of which can contribute to dangerous situations, including suffocation.

8. Which of the following statements about body temperature in older adults is correct?

- A. They have a higher normal body temperature
- B. Their normal body temperature remains unchanged
- C. They may have a lower normal body temperature**
- D. They often experience fever more frequently

In older adults, it is accurate to state that they may have a lower normal body temperature compared to younger individuals. This can be attributed to several physiological changes that occur with aging, such as a decrease in metabolic rate and thinner skin, which can lead to a less efficient thermoregulation. As a result, it's not uncommon for older adults to exhibit lower baseline temperatures, which can sometimes complicate the recognition of fever or illness, as their body temperature might not rise as significantly as in younger persons. Recognizing this variation is essential for healthcare providers to ensure accurate assessment and appropriate care for older patients.

9. Which action is considered a violation of a client's rights?

- A. Informing the client about their treatment plan
- B. Forcing them to comply with routine procedures**
- C. Encouraging their involvement in care
- D. Discussing their care with appropriate personnel

Forcing a client to comply with routine procedures represents a violation of their rights as it disregards their autonomy and ability to make choices about their own care. In healthcare settings, clients have the right to be treated with respect and dignity, which includes the right to make informed decisions about their treatment options. When individuals are coerced into compliance, it can lead to feelings of powerlessness and violation of personal agency. Respecting a client's right to consent or refuse treatment is a fundamental principle in providing ethical care. In contrast, informing clients about their treatment plans, encouraging their involvement in care decisions, and discussing their care with appropriate personnel are actions that support clients' rights and promote collaboration in their health management. These practices empower clients and help build trust in the caregiver-client relationship.

10. What is the term for leaving a facility before completing an assignment without notification?

- A. Negligence
- B. Abandonment**
- C. Misconduct
- D. Dereliction of duty

The term for leaving a facility before completing an assignment without notification is abandonment. This term specifically refers to the act of a caregiver or healthcare worker leaving their post or responsibilities without prior communication or approval from their supervisor or the relevant authority. Abandonment is a serious offense in the healthcare field as it can jeopardize the safety and well-being of patients who rely on the consistent care of their caregivers. In the context of nursing or caregiving, abandonment may leave patients unattended or without the necessary support they require, which can lead to negative outcomes. By clearly defining this behavior as abandonment, it emphasizes the ethical and professional responsibility that health workers have towards their patients. In situations where care is interrupted without proper notification, it can also raise concerns regarding legal and professional standards, as any abrupt departure may be perceived as neglecting the duty of care expected of healthcare providers.

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://sdcnalevel2.examzify.com>

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

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