

TENNESSEE CNA SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. How should you maintain privacy and dignity while changing linens?**
 - A. Close doors/curtains, drape resident, keep covered except area being cared for, wash hands between tasks
 - B. Leave doors open
 - C. Expose more skin
 - D. Skip washing hands between tasks
- 2. After the scale is balanced, what is the next step?**
 - A. Read and mentally note of weight and return resident to wheelchair
 - B. Announce the weight aloud
 - C. Leave the resident standing
 - D. Reset the scale
- 3. Before performing a back rub, which privacy-related step should be done first?**
 - A. Pull privacy curtain
 - B. Raise side rail
 - C. Move resident to chair
 - D. Warm lotion in hands
- 4. How is the rectal area cleaned during Perineal Care for a Female?**
 - A. With 3rd washcloth, clean rectal area with soap and water, front to back
 - B. Wipe from rectum to vagina
 - C. Skip cleaning the rectal area
 - D. Use only water on the rectal area
- 5. Standard precautions are used with every resident care activity to prevent the spread of infection from whom?**
 - A. All residents and all staff
 - B. Only contagious residents
 - C. Only during invasive procedures
 - D. Only when gloves are worn

- 6. What is the proper technique for emptying and measuring a urinary drainage bag?**
- A. Hold bag above bladder level
 - B. Clean the drainage port with alcohol; collect urine in a graduated container; replace port; record output; ensure bag is below bladder level
 - C. Ensure bag is below bladder level; clean the drainage port with alcohol; collect urine in a graduated container; replace port; record output
 - D. Do not clean port
- 7. On which side should you stand to assist a resident during a transfer, and why?**
- A. Stand on the resident's strong side to guide them.
 - B. Stand directly in front of the resident.
 - C. Stand on the resident's weaker side to provide support and prevent falls.
 - D. Stand behind the resident.
- 8. How should you document and monitor a resident's intake during meals?**
- A. Record exact percentages of intake.
 - B. Record approximate intake (amount/status) and total fluids; report concerns to the nurse.
 - C. Do not document intake.
 - D. Record only fluids.
- 9. When a resident refuses care, which action supports dignity while safety?**
- A. Respect the decision, document refusal, offer alternatives or times to revisit, and inform the nurse.
 - B. Force care to protect safety
 - C. Tell the family only
 - D. Ignore the refusal
- 10. Which items are listed as supplies for performing a blood pressure check?**
- A. Cuff, Stethoscope, Alcohol Pads, Record Slip/Pen
 - B. Thermometer, Gloves, Alcohol Pads, Record Slip
 - C. Cuff, Thermometer, Record Slip
 - D. Stethoscope, Tape, Watch, Calibration Device

Answers

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

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Explanations

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1. How should you maintain privacy and dignity while changing linens?

- A. Close doors/curtains, drape resident, keep covered except area being cared for, wash hands between tasks**
- B. Leave doors open
- C. Expose more skin
- D. Skip washing hands between tasks

Maintaining privacy and dignity during linen changes means creating a private, respectful space while keeping the resident comfortable and clean. Close doors or curtains to block view and prevent interruptions, and drape the resident with a clean sheet or blanket so only the area you're working on is exposed. Expose just enough to remove and place the linens, then cover again as soon as possible to preserve modesty and warmth. Wash your hands between tasks to reduce the risk of spreading germs and protect the resident's health. Leaving the room open, exposing more skin than necessary, or skipping hand hygiene would undermine privacy, comfort, and safety.

2. After the scale is balanced, what is the next step?

- A. Read and mentally note of weight and return resident to wheelchair**
- B. Announce the weight aloud
- C. Leave the resident standing
- D. Reset the scale

When weighing a resident, the important step after the scale balances is to read the measurement and record it, then return the resident to a safe, seated position such as their wheelchair. Reading and documenting the weight gives an accurate health record and ensures the resident isn't left standing or exposed to unnecessary risk. Announcing the weight aloud can breach privacy, leaving the resident standing is unsafe, and resetting the scale is something you'd do after you've captured and logged the measurement and helped the resident back to safety.

3. Before performing a back rub, which privacy-related step should be done first?

- A. Pull privacy curtain**
- B. Raise side rail
- C. Move resident to chair
- D. Warm lotion in hands

Protecting privacy is essential before any personal care. The first privacy-related step when giving a back rub is to pull the privacy curtain (or close the door, if applicable) so the resident is shielded from others. This respect for dignity helps the resident feel safe and comfortable and upholds their rights in a shared care setting. Raising a side rail is a safety measure, not a privacy action. Moving the resident to a chair isn't appropriate for a back rub in bed, and warming lotion in the hands is about comfort and technique, not privacy.

4. How is the rectal area cleaned during Perineal Care for a Female?

- A. With 3rd washcloth, clean rectal area with soap and water, front to back**
- B. Wipe from rectum to vagina
- C. Skip cleaning the rectal area
- D. Use only water on the rectal area

Cleaning the rectal area during female perineal care is done from front to back using soap and water with a clean washcloth. This direction helps prevent transferring bacteria from the rectal area toward the vaginal opening or urethra, reducing the risk of infections. Using a separate, clean cloth for this area minimizes cross-contamination, and soap plus water effectively removes debris and bacteria, not just water alone. Wiping backward toward the vagina or skipping cleaning would increase contamination risk, so the front-to-back method with soap and water is the best approach.

5. Standard precautions are used with every resident care activity to prevent the spread of infection from whom?

- A. All residents and all staff**
- B. Only contagious residents
- C. Only during invasive procedures
- D. Only when gloves are worn

Standard precautions are the baseline set of infection prevention measures used with every resident care activity to prevent transmission. Because you can't reliably know who might be carrying an infection, the safest approach is to treat all residents and all staff as potential sources of infection. This means consistent hand hygiene, and using appropriate PPE (gloves, gown, mask, eye protection) based on the task and exposure risk, along with proper handling of sharps and safe environmental cleaning. Gloves are important, but they aren't the whole story—hand hygiene before and after glove use and the use of other PPE when indicated are essential to prevent spread during any resident interaction. Since pathogens can be present in blood, body fluids, mucous membranes, or on non intact skin, precautions apply to everyone involved, not just those who are visibly contagious or during specific procedures.

6. What is the proper technique for emptying and measuring a urinary drainage bag?

- A. Hold bag above bladder level
- B. Clean the drainage port with alcohol; collect urine in a graduated container; replace port; record output; ensure bag is below bladder level
- C. Ensure bag is below bladder level; clean the drainage port with alcohol; collect urine in a graduated container; replace port; record output**
- D. Do not clean port

The technique being tested is maintaining a closed, sterile drainage process while accurately measuring urine output. Start by keeping the drainage bag below the bladder level so urine drips by gravity and backflow is prevented. Then clean the drainage port with alcohol before opening it to minimize infection risk. Collect the urine in a graduated container to obtain an accurate measurement, and after draining, replace the port to restore the closed system. Finally, record the measured output. This order protects both infection control and measurement accuracy; steps that place the bag above bladder level, skip port cleansing, or fail to reseat the system compromise safety and accuracy.

7. On which side should you stand to assist a resident during a transfer, and why?

- A. Stand on the resident's strong side to guide them.
- B. Stand directly in front of the resident.
- C. Stand on the resident's weaker side to provide support and prevent falls.**
- D. Stand behind the resident.

When assisting a transfer, you position yourself on the resident's weaker side to provide immediate support and catch them if they lose balance. This stance lets you guide the movement with a stable grip and use the gait belt effectively, helping to steady the trunk and prevent falls as they shift from bed to chair or during standing attempts. Standing on the weaker side also keeps you closer to where they're most unstable, so you can respond quickly if they stumble. Standing directly in front can block their path and reduce your ability to steady their upper body, while standing behind offers little chance to intervene if they begin to fall forward. Placing yourself on the weaker side gives the best control and safety for both of you during the transfer.

8. How should you document and monitor a resident's intake during meals?

- A. Record exact percentages of intake.
- B. Record approximate intake (amount/status) and total fluids; report concerns to the nurse.**
- C. Do not document intake.
- D. Record only fluids.

Tracking what a resident eats and drinks during meals is about monitoring nutrition and hydration and communicating what you observe. You should document approximate intake—how much of the meal was eaten (for example, most, half, a little) along with the total fluids consumed. This level of detail is practical for CNAs and provides the nurse with enough information to assess whether the resident is getting enough nutrition and fluids. If you notice concerns, such as very little intake, persistent refusals, or signs of dehydration, report them to the nurse right away so care can be adjusted. Exact percentages aren't usually required and can be unreliable in routine observation, and documenting only fluids omits food intake, which is why the combined note of approximate intake plus total fluids is the best approach. Not documenting intake at all would leave the care team unable to track changes or respond appropriately.

9. When a resident refuses care, which action supports dignity while safety?

- A. Respect the decision, document refusal, offer alternatives or times to revisit, and inform the nurse.**
- B. Force care to protect safety
- C. Tell the family only
- D. Ignore the refusal

Respecting a resident's right to refuse care while keeping safety in mind means honoring their autonomy and handling the situation with dignity. When a resident declines, respond calmly, acknowledge their decision, and avoid pressuring or arguing. Document the refusal clearly with the time, exactly what was declined, and any reason given, so the care plan reflects the resident's wishes and there is a clear record for safety and accountability. Then offer alternatives or a different plan that could meet their needs without forcing care, and consider a later time to revisit the request if appropriate. Inform the nurse so the care plan can be reviewed and safety concerns addressed, ensuring the team stays coordinated. Dignity in care involves giving residents some control over their own care and treating them with respect, while safety is addressed through proper communication, observation, and documentation. Involve the resident as much as possible, protect privacy, and avoid sharing sensitive information unnecessarily. Forcing care, or ignoring or merely telling the family without involving the resident or documenting the decision, undermines autonomy and safety.

10. Which items are listed as supplies for performing a blood pressure check?

- A. Cuff, Stethoscope, Alcohol Pads, Record Slip/Pen**
- B. Thermometer, Gloves, Alcohol Pads, Record Slip
- C. Cuff, Thermometer, Record Slip
- D. Stethoscope, Tape, Watch, Calibration Device

The question tests knowing which supplies are actually used to perform a blood pressure check. For taking a BP, you need a cuff to apply and compress the artery, a stethoscope to hear the Korotkoff sounds as the cuff is released, alcohol pads to clean the skin and help with hygiene, and a record slip or pen to document the reading. Those items directly support the measurement and documentation of blood pressure. Items like a thermometer aren't involved in measuring BP, so they aren't required for this task. Gloves aren't necessary for every BP check, unless you're already following infection-control guidelines or there's a specific reason to wear them. Tape, a watch, or a calibration device aren't part of the basic, day-to-day supplies used to obtain a blood pressure reading; a watch might help time the measurement, but it isn't a measurement tool, and calibration devices aren't used during a routine reading.

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://tncnaskills.examzify.com>

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

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