UTAH CNA SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://utahcnaskills.examzify.com

Table of Contents

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

1. Describe the steps to correctly take a manual blood pressure using a stethoscope and sphygmomanometer.

A. Apply cuff to upper arm at heart level, palpate brachial pulse, inflate cuff 30-40 mmHg above palpated systolic, listen for the first korotkoff sound and the diastolic point, slowly release, record value and ensure comfort

B. Palpate brachial artery, place stethoscope over radial artery, inflate 20 mmHg above pulse, listen for systolic

C. Inflate cuff to 200 mmHg, listen for korotkoff sounds, then slowly release

D. Apply cuff to forearm, palpate radial pulse, place stethoscope over brachial artery, inflate 30-40 above palpated systolic, listen for the first korotkoff sound

2. Describe the proper procedure for changing bed linens while preventing cross-contamination and ensuring comfort?

A. Drag soiled linens over the resident to remove them.

B. Remove soiled linens without dragging them over the resident, maintain privacy, place clean linens on a barrier, roll resident or move them as needed, tuck sheets smoothly to prevent wrinkles, replace pillowcase, ensure resident is comfortable.

C. Place clean linens directly on bare bed without barrier.

D. Leave resident exposed while changing linens.

3. What is an acceptable tolerance when recording fluid intake compared to the nurse's reading?

A. ±5 mL

B. ±25 mL

C. ±50 mL

D. ±75 mL

4. What is an essential step when giving a bed bath to a dependent resident to protect privacy and comfort?

A. Expose large areas to speed through the bath.

B. Maintain privacy, keep resident warm, wash from head to toe with mild soap, rinse thoroughly, dry completely, apply lotion if allowed, keep resident modest and comfortable, change water as needed.

C. Use hot water to accelerate drying.

D. Skip drying to save time.

5. Which action best supports safe meal assistance and accurate intake documentation?

A. Rushing through the meal.

B. Document intake at the end only.

C. Check diet order, sit at eye level, ensure proper posture, offer small bites and sips, observe for coughing or swallowing difficulties, pace feeding, and document intake.

D. Avoid monitoring swallowing to prevent alarms.

6. When should you stop performing abdominal thrusts?

A. Until the obstruction is expelled.

B. Until the resident loses consciousness.

C. Only when you are exhausted.

D. Until the obstruction is expelled or the victim loses consciousness.

7. What is the proper technique for applying a barrier to protect a resident's skin during peri-care?

A. Apply a clean barrier cream or moisture barrier if ordered; maintain cleanliness; perform from clean to dirty; avoid cross-contamination; wash hands before and after.

B. Apply barrier cream after finishing peri-care and after documenting.

C. Use any cream without regard to cleanliness.

D. Skip washing hands.

8. What temperature should the bath basin water be for peri-care?

A. Very hot

B. Cold

C. Safe and comfortable

D. Boiling

9. When placing a nasal cannula, prongs should follow the contour of which area?

A. Over the nose

B. Around the ears and under the chin

C. Behind the head

D. Under the tongue

10. What should you do before entering a resident's room to obtain permission?

A. Greet

B. Knock

C. Announce

D. Open Door

Answers

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

Explanations

1. Describe the steps to correctly take a manual blood pressure using a stethoscope and sphygmomanometer.

A. Apply cuff to upper arm at heart level, palpate brachial pulse, inflate cuff 30-40 mmHg above palpated systolic, listen for the first korotkoff sound and the diastolic point, slowly release, record value and ensure comfort

B. Palpate brachial artery, place stethoscope over radial artery, inflate 20 mmHg above pulse, listen for systolic

C. Inflate cuff to 200 mmHg, listen for korotkoff sounds, then slowly release

D. Apply cuff to forearm, palpate radial pulse, place stethoscope over brachial artery, inflate 30-40 above palpated systolic, listen for the first korotkoff sound

Take a manual blood pressure reading by occluding the brachial artery and listening for the return of blood flow. Have the person seated with back supported, feet uncrossed, and the arm supported at heart level. Place a properly sized cuff on the upper arm, with the cuff bladder centered over the brachial artery and the lower edge about an inch above the elbow. Palpate the brachial pulse to guide placement and to estimate where to position the cuff so the artery lies under the center of the cuff. Put the stethoscope over the brachial artery (not under clothing) and ensure a quiet environment. Inflate the cuff to about 20-30 mmHg above the palpated systolic pressure (some protocols use 30-40 mmHg above) to reliably occlude the artery. Begin to slowly deflate, about 2-3 mmHg per second, while listening for Korotkoff sounds. The systolic value is read at the first tapping sound, and the diastolic value is read when the sounds disappear (or at the fifth Korotkoff sound, depending on the method used). Record the reading accurately and ensure the patient is comfortable. Use the correct technique throughout, including supporting the arm at heart level and avoiding a forearm cuff or placing the stethoscope over the radial artery, as those steps lead to inaccurate results.

2. Describe the proper procedure for changing bed linens while preventing cross-contamination and ensuring comfort?

A. Drag soiled linens over the resident to remove them.

B. Remove soiled linens without dragging them over the resident, maintain privacy, place clean linens on a barrier, roll resident or move them as needed, tuck sheets smoothly to prevent wrinkles, replace pillowcase, ensure resident is comfortable.

C. Place clean linens directly on bare bed without barrier.

D. Leave resident exposed while changing linens.

The main idea here is to keep the resident safe from contamination while also protecting dignity and comfort during a linen change. The best approach starts with handling soiled linens without letting them touch the resident or their skin, and by using a barrier or clean surface to place the clean linens. This prevents any transfer of germs from dirty linens to the resident or the bed. Keeping the resident covered and maintaining privacy throughout the process are essential, so you'd shift or roll the resident as needed rather than dragging dirty linens over them. Then you place the clean linens on the barrier, apply them to the bed, and smooth everything out to avoid wrinkles that can cause discomfort or pressure points. Replacing the pillowcase and ensuring the resident is tucked in comfortably completes the process. Leaving the resident exposed or dragging dirty linens over them would increase temperature loss, risk of contamination, and breach of modesty, which is why these steps are not appropriate.

3. What is an acceptable tolerance when recording fluid intake compared to the nurse's reading?

A. ±5 mL

B. ±25 mL

C. ±50 mL

D. ±75 mL

When recording fluid intake, there is a practical tolerance to account for everyday measurement variability. A plus-or-minus 25 milliliters range is used because it balances accuracy with the realities of how we measure liquids—small spills, rounding to the nearest 5 or 10 mL on a cup, and the slight differences between two readings. This range keeps fluid-balance data reliable for monitoring hydration without demanding impossible precision. If the nurse measures a certain amount, recording within 25 mL of that amount is considered acceptable. A tolerance much tighter, like ±5 mL, is not realistic given measurement tools and human factors. A tolerance much looser, such as ±50 or ±75 mL, could hide meaningful differences in intake and skew a patient's hydration status and care decisions.

4. What is an essential step when giving a bed bath to a dependent resident to protect privacy and comfort?

A. Expose large areas to speed through the bath.

B. Maintain privacy, keep resident warm, wash from head to toe with mild soap, rinse thoroughly, dry completely, apply lotion if allowed, keep resident modest and comfortable, change water as needed.

C. Use hot water to accelerate drying.

D. Skip drying to save time.

Maintaining privacy and comfort is essential when giving a bed bath. Keep the resident covered with a bath blanket and only uncover the area you are washing at that moment, so their modesty is protected and they stay warm. Use a mild soap and wash from head to toe in a gentle, controlled sequence, then rinse thoroughly to remove all soap residue. Dry the skin completely to prevent chilling and irritation, and if allowed by policy, apply lotion to keep the skin moisturized. Change the water as needed to prevent contaminating clean areas and to maintain a comfortable, clean feeling throughout the bath. Exposing large areas, using hot water to dry faster, or skipping drying would compromise privacy, safety, and comfort.

5. Which action best supports safe meal assistance and accurate intake documentation?

A. Rushing through the meal.

B. Document intake at the end only.

C. Check diet order, sit at eye level, ensure proper posture, offer small bites and sips, observe for coughing or swallowing difficulties, pace feeding, and document intake.

D. Avoid monitoring swallowing to prevent alarms.

The instruction emphasizes keeping the person safe while accurately recording what they eat and drink. Start by confirming the diet order so the texture and consistency are appropriate for swallowing safety. Then position the resident upright and at eye level, with good posture, so swallowing is easier and you can watch for signs of trouble. Offer small bites and sips and pace the feeding to give time for swallowing and reduce the risk of choking. Throughout the meal, observe closely for coughing, throat clearing, facial grimacing, or other signs of swallowing difficulty, and be prepared to stop if any issues arise. Document intake as you go—record the amount eaten or declined, the type of food and fluids given, any assistance provided, and any swallowing concerns—so the care team has an accurate, up-to-date picture of intake and safety. Rushing meals, delaying documentation until the end, or not monitoring swallowing all compromise safety and accuracy.

6. When should you stop performing abdominal thrusts?

A. Until the obstruction is expelled.

B. Until the resident loses consciousness.

C. Only when you are exhausted.

D. Until the obstruction is expelled or the victim loses consciousness.

Abdominal thrusts keep being performed to relieve a blockage in the airway in a conscious choking person. You continue until the object is expelled or the person becomes unresponsive. If they lose consciousness, stop the thrusts and begin CPR right away while calling for help. The decision isn't about exhaustion; it's about whether the airway has been cleared or the person's condition has changed to unresponsiveness.

7. What is the proper technique for applying a barrier to protect a resident's skin during peri-care?

A. Apply a clean barrier cream or moisture barrier if ordered; maintain cleanliness; perform from clean to dirty; avoid cross-contamination; wash hands before and after.

B. Apply barrier cream after finishing peri-care and after documenting.

C. Use any cream without regard to cleanliness.

D. Skip washing hands.

Protecting the skin during peri-care hinges on using a barrier only when ordered, and applying it with clean technique after the area has been properly cleaned and dried. If a barrier cream or moisture barrier is prescribed, you apply it to clean, dry skin so the product can form an effective protective layer against moisture, friction, and irritants. Use a clean technique that moves from clean to dirty, keeping contaminants away from the areas you just cleaned, which helps prevent cross-contamination and skin irritation. Hand hygiene is essential—wash your hands both before you start and after you finish—to minimize the spread of germs and maintain a safe environment around the peri area. These steps ensure the barrier does its job without introducing moisture or contaminants, and only when it's medically appropriate.

8. What temperature should the bath basin water be for peri-care?

A. Very hot

B. Cold

C. Safe and comfortable

D. Boiling

Safe and comfortable water temperature is essential for peri-care. The skin in the peri area is very sensitive, and using water that's too hot can cause burns or irritation, while water that's too cold can be uncomfortable and distressing for the resident. To ensure safety, test the water by feeling it with the inside of your wrist or elbow; it should be warm, not hot. If the resident has a preferred temperature, adjust to that within a safe range. In practice, aim for a lukewarm, comfortable temperature to clean effectively while protecting the skin and preserving the resident's dignity.

9. When placing a nasal cannula, prongs should follow the contour of which area?

A. Over the nose

B. Around the ears and under the chin

C. Behind the head

D. Under the tongue

Nasal cannula tubing is secured by following the natural contours around the ears and under the chin. The prongs sit in the nostrils, but the tubing is routed over the ears and under the chin so the device stays in place with gentle tension and won't tug on the nose. This path uses the face's curves to keep the cannula stable during movement, reduces the risk of dislodgement, and prevents pressure on the nostrils. Ensure the prongs point slightly downward and forward into the nostrils, and the tubing lies comfortably behind the ears and under the chin without kinks or tight spots.

10. What should you do before entering a resident's room to obtain permission?

A. Greet

B. Knock

C. Announce

D. Open Door

Knocking is the first step to respect the resident's privacy and safety. It gives them a chance to respond, confirm who is at the door, and indicate whether it's okay to enter. After knocking, wait for a response and only enter with their permission. Greeting someone once you're inside is appropriate, but it doesn't obtain entry consent. Opening the door without notice can startle the resident or invade their privacy and is not acceptable.

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://utahcnaskills.examzify.com

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