Sample Test: Module 1- Introduction to Nurse Assistant

1. The term used for persons living in long-term care facilities is:
    A. Senior citizen
    B. Elder adult
    C. Retiree
    D. Patient/resident

2. The successful Nurse Assistant should be:
    A. Honest
    B. Dependable
    C. Organized
    D. All of the above

3. The responsibilities of a Nurse Assistant are listed in a:
    A. Job description
    B. Procedure
    C. Job title
    D. Resume

4. As a Nurse Assistant, your scope of practice includes:
    A. Bathing and dressing patients/residents
    B. Taking telephone orders from the doctor
    C. Assigning patient care
    D. Giving medications

5. What should the Nurse Assistant do if asked to do something he or she doesn't know how to do?
    A. Ask another Nurse Assistant to do the task
    B. Tell the nurse he or she is uncertain and ask for help
    C. Refrain from doing the task
    D. Do the task anyway

6. Which member of the long-term health care team provides the most hands-on care to the resident?
    A. Physician
    B. Charge nurse
    C. Nurse Assistant
    D. Nursing supervisor

7. The direct supervisor of the Nurse Assistant is the:
    A. Physician
    B. Charge nurse
    C. Administrator
    D. Director of Nursing

8. California Code of Regulations, Title 22 establishes:
    A. Salary for certified Nurse Assistant's
    B. Minimum standards of patient care
    C. The certified Nurse Assistant's work schedule
    D. Maximum standards of patient care

9. Which of the following describes the minimum number of theory and clinical hours in a Nurse Assistant program approved by the California Department of Health Services?
    A. 54 Hours theory, 180 hours supervised clinical training
    B. 48 Hours theory, 150 hours supervised clinical training
    C. 40 Hours theory, 60 hours supervised clinical training
    D. 60 Hours theory, 100 hours supervised clinical training

10. A California Nurse Assistant is renewing his/her certification. How many in-service/continuing education hours must an individual take in a two-year period in order to renew Nurse Assistant certification?
    A. 28 Hours
    B. 30 Hours
    C. 48 Hours
    D. 58 Hours

11. How many hours must a Nurse Assistant work for pay in each renewal period?
    A. 48 Hours
    B. 8 Hours
    C. 24 Hours
    D. 50 Hours

12. Which best defines Medicare?
    A. State Medical Welfare Funding
    B. Medical funding for persons under 65 years of age
    C. Medical funding for children only
    D. Medical benefits for persons age 65 and over

13. Which of the following situations should the Nurse Assistant report to the Director of Nursing?
    A. A patient/resident has fallen
    B. The nurse in charge is suspected of abusing a patient/resident
    C. The physician has asked for the Nurse Assistant's help
    D. A patient/resident refuses to cooperate with treatment

14. The role of the ombudsman is to:
    A. Drive the buses for special outings
    B. Listen to and resolve patient/resident problems
    C. Serve snacks
    D. Bring newspapers and magazines

15. HIPAA refers to:
    A. Hepatitis A
    B. Confidentiality
    C. Standard precautions
    D. Nutrition

16. A Nurse Assistant may insure a patient's/resident's dignity by:
    A. Knocking on the patient's/resident's room door before entering
    B. Introducing him/herself prior to giving care
    C. Calling the patient/resident by his/her proper name
    D. All of the above

17. The Nurse Assistant must submit fingerprints to the CDPH:
    A. After taking the state test
    B. When changing employers
    C. Every 2 years
    D. Once in a lifetime upon enrollment in a Nurse Assistant course

18. A mandated reporter:
    A. Must report suspected abuse
    B. Must report actual abuse
    C. Must report abuse told to them by a visitor
    D. All of the above

19. Prior to working directly with patients/residents, the Nurse Assistant must complete a facility orientation and:
    A. Have a TB clearance
    B. Buy a wrist watch
    C. Have a negative drug test
    D. Receive CDPH certification

20. The responsible Nurse Assistant will arrive at work:
    A. Exactly at the designated time
    B. A few minutes before the designated time
    C. Within 15 minutes of the designated start time
    D. With enough time to be ready to start work at the designated time

21. Upon successful completion of a Nurse Assistant training program, the candidate has how much time to complete the state competency exam?
    A. 4 months
    B. 6 months
    C. 1 year
    D. 2 years

22. The overall purpose of OBRA is to:
    A. Set hours when clinical training may be done
    B. Improve quality of life for patients/residents in nursing facilities
    C. Keep safety records up to date
    D. Prevent injuries

23. What is the maximum number of times that the State Competency Exam may be taken?
    A. Once (1)
    B. 3 times
    C. 5 times
    D. 10 times

24. A Nurse Assistant may be dismissed from a job because of:
    A. Falsifying documents or records
    B. Patient/resident neglect
    C. Theft of a patient/resident or hospital property
    D. All of the above

25. The Nurse Assistant should not:
    A. Make a self-introduction to the patient/resident
    B. Ask about the patient's/resident's bank account
    C. Ask how the patient/resident would like to be addressed
    D. Knock each time before entering the patient's/resident's room

Sample Test: Module 2- Patient/Resident Rights

1. The Patient's Bill of Rights is:
   A. Given to patients/residents when they request it
   B. Provided to all patients/residents upon admission
   C. Given to clients who are receiving home care
   D. Not a legal document

2. Consumers of health care are responsible for:
   A. Being honest with the physician
   B. Withholding information from health care providers
   C. Requesting a Nurse Assistant who will care for them
   D. Doing what the physician says

3. Healthcare consumers always have the right to:
   A. Receive respectful and considerate care
   B. Refuse to pay their bill
   C. Select the Nurse Assistant they want to care for them
   D. Have visitors any hour of the day or night

4. Documents that provide instructions about the patient's/resident's wishes for treatment when the patient/resident is unable to communicate their wishes are called:
   A. Medical records
   B. Advanced Directives
   C. Resident Bill of Rights
   D. Policies and Procedures

5. Informed consent means that the:
   A. Physician makes all health care decisions for the patient/resident
   B. The nurse makes some decisions for the patient/resident
   C. The patient/resident makes decisions based on full disclosure of procedures, benefits, and risks
   D. The patient/resident is old enough to sign for treatment

6. A grievance is:
   A. A form the patient/resident fills out when they have a complaint
   B. Denial of services or treatment due to insurance
   C. Patient/resident refusing to pay a bill
   D. A complaint

7. Healthcare workers:
   A. Do not need to know the Patient's Bill of Rights
   B. Should refer questions about "rights" to the admissions coordinator
   C. Must not discuss patient/resident rights because of confidentiality concerns
   D. Must be familiar with the Patient's Bill of Rights

8. When an elderly person is admitted to the long-term care facility, they have the right to:
   A. Have relatives stay overnight in their room
   B. Have personal items in their room
   C. Have the kitchen prepare food for them on their request
   D. Bring their pet with them

9. The rights of patients/residents in long –term care facilities:
   A. Were legislated by OBRA in 1987
   B. Include the right to make independent medical choices
   C. Are more restrictive than rights in other healthcare settings
   D. Do not include informed consent

10. The purpose of a long-term care facility is to:
    A. Provide care for persons who cannot care for themselves at home
    B. Provide emergency care for the elderly
    C. Provide surgical care for the elderly
    D. Keep elderly people together and away from other age groups

11. A resident has been at home with his family all day. The Nurse Assistant notices new bruises on the patient's/resident's back when he returns. The Nurse Assistant should:
    A. Report the bruises to the licensed nurse
    B. Ask family members the next time they visit
    C. Say nothing to the patient/resident about the bruises
    D. Wait to see if it happens again

True or False

12. _____ The Nurse Assistant does not need to be familiar with the Patient's Bill of Rights.
13. _____ The patient/resident has the right to be free from restraints.
14. _____ The patient/resident has the right to know about his or her diagnosis and prognosis.
15. _____ The patient/resident has the right to refuse treatment.
16. _____ The patient/resident has the right to know if a student is providing care for him or her.
17. _____ The patient/resident has the right to know the cost of care.
18. _____ If a visitor asks you a question about a patient's/resident's medical condition, it is alright to tell them.
19. _____ You may be found guilty of invasion of privacy if you open a patient's/resident's mail.
20. _____ Upon admission to the long-term care facility, the patient/resident should receive notices of right, rules, and services.
21. _____ An ombudsman is someone who helps resolve grievances between a patient's/resident's family and the facility.
22. _____ An Advance Directive is part of the admission process and is required.

Matching

A. Patient/Resident Rights	E. Grievance
B. Confidentiality	F. Advanced Directive
C. Client's Rights in Home Care	G. Corporal Punishment
D. Informed Consent	H. HIPAA

23. _____ Not revealing private information
24. _____ Standards and safeguards for documentation and transmission of patient health records
25. _____ Use of physical force
26. _____ The document that guarantees the rights of the consumer of home care facilities
27. _____ Complaint
28. _____ The document that guarantees the rights of the consumer in a long-term care facility
29. _____ A document that states the patient's/resident's wishes for care in the event they are unable to
30. _____ Permission given for care after the procedures have been explained

Sample Test- Module 3- Communication/Interpersonal Skills

1. Which of the following is a physiological need?
    A. Employment
    B. Friendship
    C. Water
    D. Love

2. Which of the following would be a barrier to effective communication?
    A. Listening to a patient/resident tell stories about his or her past
    B. Letting a patient/resident express his or her fears and concerns about dying
    C. Changing the subject each time a patient/resident brings up an uncomfortable topic
    D. Allowing a patient/resident to talk freely about his or her health problems

3. Avoiding eye contact when talking to another person is an example of which type of communication?
    A. Verbal
    B. Non-verbal
    C. Written
    D. Electronic

4. A charge nurse uses a medical word that the Nurse Assistant does not understand. What should you do?
    A. Pretend to understand
    B. Look the word up in a medical dictionary
    C. Ask the nurse to explain the meaning
    D. Ask another Nurse Assistant what the word means

5. A patient/resident asks to see his chart. What is the correct action for the Nurse Assistant?
    A. Give the chart to the patient/resident
    B. Report this to the charge nurse
    C. Report this to the patient's/resident's doctor
    D. Make a copy of the chart for the patient/resident

6. When patients/residents express their feelings and concerns, the Nurse Assistant will best respond by:
    A. Adding his or her opinions
    B. Giving the patient/resident suggestions for feeling better
    C. Sharing personal problems and concerns
    D. Listening to the patient's/resident's concerns

7. A patient's/resident's family asks to meet their mother's new roommate who is sitting in the day room. The nursing assistant will most correctly:
    A. Inform the patient's/resident's family that this is against hospital policy
    B. Take the family and patient/resident to the day room and introduce them to the new roommate
    C. Ask the family to wait until the new roommate has been in the facility at least a week
    D. Report this request to the charge nurse to handle as time permits

8. A Nurse Assistant works on the first floor of a skilled nursing facility. The Nurse Assistant's uncle is a patient/resident on the second floor. Which statement is true about this relationship?
    A. The Nurse Assistant can access her uncle's medical record
    B. The Nurse Assistant can visit her uncle during lunch time
    C. The Nurse Assistant can attend patient/resident care conferences with her uncle
    D. The Nurse Assistant can assist with her uncle's care plan

9. Which form of communication may reveal the most about a patient's/resident's true feelings?
    A. Listening skills
    B. Written communication
    C. Verbal communication
    D. Body language

10. What is the most appropriate way to answer a patient's/resident's telephone?
    A. "Good morning. Mrs. Gray's room"
    B. "Good morning. Third floor"
    C. "Hello. Who is calling?"
    D. "Good morning. Mrs. Gray's room, this is Mary Jones, Nurse Assistant speaking"

11. What information must be included when giving an end of shift report?
    A. The full name and address of the patient/resident.
    B. Facts and specific information that were observed and care given by the Nurse Assistant.
    C. Number of visitors
    D. Personal feelings about the patient/resident

12. Listening skills are enhanced by:
    A. Engaging a patient/resident in an activity
    B. Being animated while listening
    C. Conversing in a public location
    D. Empathy

13. A patient/resident tells the Nurse Assistant that he misses participating in religious activities. The most helpful action by the Nurse Assistant at this time is to:
    A. Tell the patient/resident that it is against policy for the Nurse Assistant to discuss religion with patients/residents
    B. Memorize each patient's/resident's religious preference
    C. Insist that the patient/resident attend the religious services offered by the agency
    D. Talk with the patient/resident about religion to encourage discussion

14. A confused patient/resident was recently moved to a private room at the family's request. The Nurse Assistant understands that:
    A. The patient/resident may experience an increased appetite
    B. Patients/residents with dementia cannot tolerate isolation
    C. Any change in routine can produce anxiety in a patient/resident
    D. The patient/resident probably did not want to change rooms

15. Information that can be seen, heard, or smelled is called:
    A. Assessment
    B. Observation
    C. Objective data
    D. Subjective data

16. When should changes in a patient's/resident's condition be reported?
    A. Right away
    B. As soon as possible
    C. During the patient/resident care conferences
    D. During the end-of-shift report

17. When charting, it is essential to record:
    A. Safety measures performed
    B. What co-workers observed
    C. What co-workers did
    D. Comments of the family and guests

18. A patient/resident was moved out of her home and into a long-term care facility. She is angry about being moved. How will the Nurse Assistant be most helpful for this patient/resident?
    A. Ignore her behavior
    B. Sit with her and let her express her feelings
    C. Tell her that she will get used to the facility
    D. Ask another patient/resident to talk with the new patient/resident

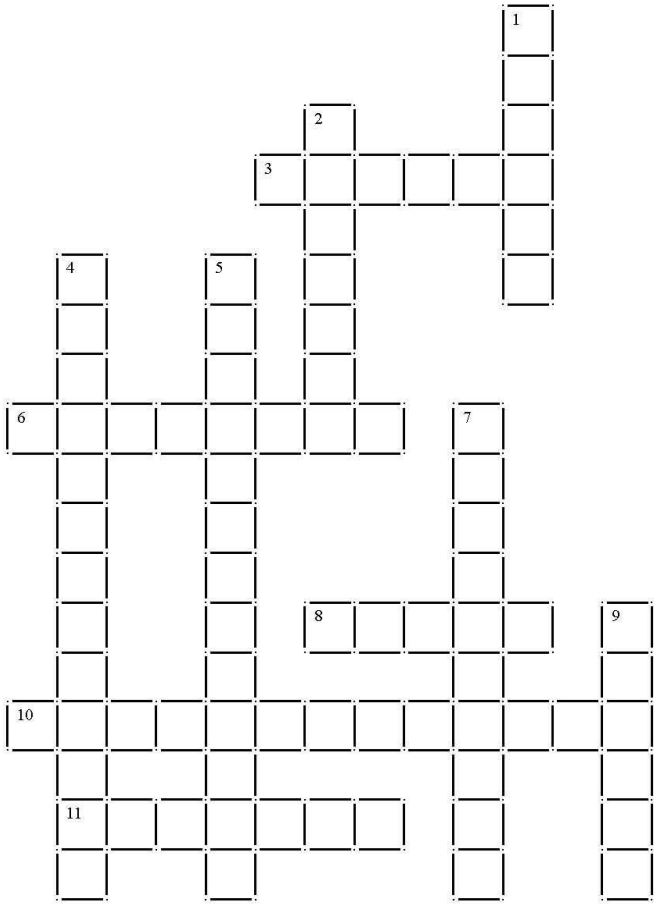
19. Which action is best to do before transferring a telephone call?
    A. Explain that the call is going to be transferred and where
    B. Set the phone down and find out where to transfer the call
    C. Take a message
    D. Find out the reason for the call

20. Stress is best defined as
    A. A vague feeling of apprehension
    B. A response to any demand made on an individual
    C. The main cause of illness
    D. Blaming another for one's problems

21. The Nurse Assistant is assigned to the care of a newly admitted patient/resident who does not speak English. What is the best approach for the Nurse Assistant when beginning care?
    A. Use pictures and gestures to communicate with the patient/resident
    B. Ask the charge nurse to get an interpreter
    C. Delay care until the family can come in to interpret
    D. Find a television station in the language the patient/resident understands

Module 3: Communication Skills Handout 3.1a- Crossword

Communication Skills Crossword



ACROSS

3 A refusal to believe or accept.
6 Person who takes the information.
8 Hostile feelings.
10 Exchange of information.
11 Loss of the ability to speak.

DOWN

1 The person who wrote about the needs of humans.
2 The information sent to the receiver.
4 Type of communication that occurs between two people.
5 Factors which influence communication.
7 To extend one's feelings onto someone else. Rationalization/ To make up acceptable explanations for one's beliefs or acts.
9 The person who sends the message.

Sample Test- Module 4: Prevention and Management of Catastrophe and Unusual Occurrences.

1. Mrs. S, the charge nurse, wants blood work results on Mr Jones immediately. Which of the following terms would indicate "immediately" to the lab?
   A. ASAP
   B. STAT
   C. PRN
   D. AD LIB

2. The Nurse Assistant finds a fire burning in a wastebasket in a patient's/resident's room. What should the Nurse Assistant do first?
   A. Go out into the hall and call out "fire"
   B. Remove the patient from the area of the fire
   C. Run out of the room to find a fire extinguisher
   D. Keep the patient's/resident's room dark to keep him in bed

3. Falls are a common cause of injury. Which of the following might help prevent the patient/resident from becoming injured from falls?
   A. Keep the patient's/resident's bed in the low position
   B. Place a small rug or towel on the floor by the bed to prevent slipping
   C. Have the patient/resident wear only socks when ambulating
   D. Keep the patient's/resident's room dark at night to keep him in bed

4. Mr. B is receiving oxygen therapy. Which of the following is a rule that should be followed with oxygen therapy?
   A. Use nylon blankets so there will be static electricity
   B. Do not allow smoking when oxygen is in use
   C. Use oil-based lotions to lubricate the skin
   D. Use electric razors for shaving the face

5. Mrs. A is being placed in a vest device to keep her from falling from her wheelchair. What should the Nurse Assistant do?
   A. Keep Mrs. A in her room out of sight of other patients/residents
   B. Apply the restraint to help control the patient's/resident's behavior
   C. Explain kindly to Mrs. A that the postural supports are being used to help prevent her from falling
   D. Use electric razors for shaving the face

6. When applying postural supports (restraints) the Nurse Assistant should keep in mind that:
    A. Careful use of restraints can decrease the need for direct patient care
    B. Patients/residents frequently become more calm, docile and compliant when restraints are used
    C. Registered nurses are allowed to order the use of restraints in long-term care facilities
    D. Unauthorized (unordered) use of restraints can result in accusation of “false imprisonment”

7. The Nurse Assistant enters a patient’s/resident’s room and sees the bed is at its highest level. The Nurse Assistant should know that:
    A. The patient/resident wants to get closer to the television set
    B. The patient/resident is very independent and will not be injured
    C. Nurse Assistant’s do not deal with safety issues
    D. The bed should be placed in the lowest position

8. RACE is a term representing activities to be carried out in the event of a fire. The “R” stands for which of the following?
    A. Run for help
    B. Remain at the fire site
    C. Reduce the fire risk
    D. Remove the patient/resident

9. To help prevent fires, the Nurse Assistant should:
    A. Remove the grounding prong from electrical cords
    B. Report frayed electrical cords immediately
    C. Empty ashtrays immediately into the wastebasket (trash)
    D. Encourage patients/residents to smoke only in their beds

10. The Nurse Assistant finds a frayed electrical cord on a fan in a patient’s/resident’s room. Which of the following actions is correct?
    A. Obtain electrical tape and cover the broken wire
    B. Report the situation to the nurse
    C. Activate the fire alarm and remove the patient/resident
    D. Check the fan by turning it on

11. Mr. B is receiving oxygen therapy and requests assistance with shaving. What should the Nurse Assistant do?
    A. Use alcohol to soften the patient’s/resident’s beard
    B. Shave with soap and a safety razor
    C. Use only grounded electrical razors
    D. Refuse to shave the patient/resident because oxygen interferes with blood clotting

12. Suffocation is?
    A. The loss of memory and thinking and reasoning abilities
    B. A sudden event in which people are killed and injured
    C. When breathing stops
    D. When electrical current passes through the body

13. Which person has the greatest risk for accidents and injuries?
    A. A 78-year old woman
    B. A person with dementia
    C. A person with a hearing impairment
    D. A person with impaired smell and touch

14. The Nurse Assistant sees water on the floor. The Nurse Assistant should immediately:
    A. Call the housekeeping staff
    B. Clean up the water
    C. Report the water to the nurse
    D. Place a paper towel over the water

15. Falls are most likely to occur:
    A. During change of shift
    B. During meal times
    C. When visitors are visiting
    D. When care is given

16. Who has the greatest risk of getting caught in the bed rails?
    A. Mr. S - uses bed rails to move and turn in bed
    B. Mrs. W- feels safer with upper bed rails
    C. Mr. G - is confused and disoriented
    D. Mrs. R – has bedrails down

17. For safety reasons, the wheelchair brakes must be locked:
    A. At all times
    B. When transferring into or out of the wheelchair
    C. When wheelchair is parked
    D. Wheelchair brakes should never be locked

18. Hazardous substances include the following EXCEPT:
    A. Oxygen
    B. Drugs used in cancer therapy
    C. Cleaning solutions
    D. Soaps and shampoos

19. You are injured while transferring a person to a wheelchair. Which is true?
    A. This is workplace violence
    B. You need to complete an incident report
    C. This is negligence
    D. This is patient/resident abuse

20. Which of the following items is NOT a fire hazard?
    A. A damaged electrical cord
    B. A full waste basket
    C. A broken three-pronged electrical plug
    D. An open can of cleaning fluid

21. The Nurse Assistant is ambulating a patient/resident with crutches. The Nurse Assistant should:
    A. Walk directly behind the patient/resident
    B. Replace the crutch every week
    C. Hold the patient's/resident's shoulder
    D. Have the patient/resident wear non-skid shoes

22. When applying soft postural supports to a patient/resident, the Nurse Assistant MUST:
    A. Apply the postural supports tightly
    B. Tie the postural supports to the side rails
    C. Apply lotion to the skin
    D. Apply padding over bony areas

23. To use a fire extinguisher, you must first:
    A. Remove the safety pin
    B. Direct the hose at the fire
    C. Squeeze the top handle
    D. Sound the nearest fire alarm

24. When making a patient/patient's/resident's bed, the Nurse Assistant discovers a damaged electrical cord. Which of the following actions should a Nurse Assistant take?
    A. Report the situation to the charge nurse
    B. Unplug the cord
    C. Wrap the exposed wires with tape
    D. Make the patient/patient's/resident's bed

25. To prevent patients/residents from falling, the Nurse Assistant should keep patients/residents
    A. Beds at the highest position, with side rails up
    B. Beds at the lowest position, with side rails up, if ordered
    C. Walkers and canes away from the beds and out of reach when not in use
    D. Wheelchair and walker wheels unlocked for easy movement

26. A patient/resident who is receiving oxygen has a visitor who wants to smoke. The Nurse Assistant should tell the visitor:
    A. To smoke at least three feet away from the patient/resident
    B. To go outside the building to smoke in a designated area
    C. That the oxygen can be stopped when the visitor smokes
    D. That the visitor can only smoke for five minutes

27. Which of the following safety precautions should the Nurse Assistant recognize as one to be used when caring for patients/residents who are receiving oxygen?
    A. Smoking is allowed in the room five feet away from the source of oxygen
    B. The nasal cannula or nose piece should be lubricated with petroleum jelly
    C. The humidifying container should not be connected to nasal oxygen
    D. A "No Smoking: Oxygen in Use" sign is placed on the door of the room

28. The Nurse Assistant discovers that the three-pointed ground plug has a point missing. The Nurse Assistant should:
    A. Plug the cord into the wall outlet
    B. Immediately tell the maintenance department
    C. Plug the cord in and look at it for problems
    D. Continue patient/resident care

29. Upon entering a patient's/resident's room, the Nurse Assistant discovers a fire. Which of the following is the correct sequence of steps that the Nurse Assistant should take?
    A. Contain and extinguish (put out) the fire, activate the safety alarm, and remove the patient/resident
    B. Activate the safety alarm, remove the patient/resident, and contain and extinguish (put out) the fire
    C. Extinguish (put out) the fire, remove the patient/resident, and activate the safety alarm
    D. Remove patient/resident, activate the safety alarm, and contain and extinguish (put out) the fire

30. The Nurse Assistant enters a patient's/resident's room and checks the patient/patient's/resident's environment. Which of the following problems must be taken care of immediately?
    A. The window is open
    B. The lights are flickering
    C. Electrical wires are exposed
    D. The faucet is dripping

31. During a disaster, the Nurse Assistant must:
    A. Know the disaster plan for the facility
    B. Know the facility administrator's telephone number
    C. First call home
    D. Call each patient/patient's/resident's family

32. After hearing the emergency code for fire, the Nurse Assistant should:
    A. Provide a list of all assigned patients/residents by name and room number
    B. Close all room doors and report to the nurse in charge
    C. Wait for the nurse in charge to give directions
    D. Wait for the fire fighters to give directions

33. The Nurse Assistant is caring for a patient/resident who is wearing wrist restraints. The Nurse Assistant should remove the restraints and perform passive range-of-motion exercises for the patient/resident at least every:
    A. 2 hours
    B. 4 hours
    C. 8 hours
    D. 24 hours

34. When a patient/resident is wearing a jacket restraint while in a chair, the Nurse Assistant should:
    A. Tie the restraints tightly as possible
    B. Close the patient's/resident's door to provide privacy during restraint
    C. Release the restraint every two hours for repositioning
    D. Tie the restraint to the side rail of the patient's/resident's bed

35. A patient/resident tells the Nurse Assistant that her wheelchair is broken The Nurse Assistant should FIRST:
    A. Tell the charge nurse
    B. Try to repair the wheelchair
    C. Ignore the situation
    D. Notify the patient's/resident's family

36. Which of the following devices would not be used for patient/resident activities of daily living?
    A. Plate guards and silverware with cuffs or curved handles
    B. A cup or glass holder and silverware attached to a splint
    C. A walker, a cane, and crutches
    D. A stethoscope, a blood pressure cuff, and a thermometer

37. The Nurse Assistant should use a gait belt:
    A. To help the patient/resident ambulate safely
    B. As a patient/resident restraint
    C. For back support when transferring patients/residents
    D. To hold the patient's/resident's oxygen tank on its cart

38. The Nurse Assistant is cleaning the nose of a patient/resident who is receiving continuous oxygen by a nasal tube. The Nurse Assistant should NOT use:
    A. A water-based lubricant
    B. Warm water
    C. An oil-based lubricant
    D. Soap and water

39. Which is the main reason that the Nurse Assistant MUST report broken equipment?
    A. The Nurse Assistant could be held legally responsible for the broken equipment
    B. The Nurse Assistant must care about patient/resident and staff safety
    C. The information will go in an incident report
    D. The information is needed by the nurse in charge

Sample Test: Module 5- Body Mechanics

1. The best reason to use proper body mechanics is to:
    A. Avoid lifting
    B. Prevent injury to the patient as well as the Nurse Assistant
    C. Prevent damage to the equipment in the facility
    D. Use back to lift heavy objects

2. The patient/resident is positioned in bed with the head of the bed in a partial sitting position at a 45 degree angle. This position is referred to as the:
    A. Prone position
    B. Supine position
    C. Sim's position
    D. Semi-fowler's position

3. When placing a patient/resident in the lateral position, you promote good body alignment by placing pillows for support under the:
    A. Head, abdomen and upper arms
    B. Head, shoulders and ankles
    C. Head, upper arm, upper leg and behind the back
    D. Head, lower back, arms and patient's/resident's sides

4. The Nurse Assistant has been asked to assist a patient/resident with ambulation. During the procedure, the Nurse Assistant should:
    A. Stand behind the patient/resident and provide support by holding the patient/resident around the waist
    B. Walk beside the patient/resident with the assistant's arm locked with the patient's/resident's arm
    C. Walk in front of the patient/resident with patient's/resident's hands placed on the assistant's shoulders for support
    D. Walk slightly behind and to one side of patient/resident providing support with the gait belt

5. Nurse Assistants are encouraged to use a gait belt when assisting with patient transfers. The purpose of a gait belt is to:
    A. Hold the patient's/resident's clothing in place
    B. Support the patient/resident when seated and protect the patient/resident from falling out of the chair
    C. Assist in transferring a dependent patient/resident and protect both the patient/resident and Nurse Assistant from injury
    D. Provide a safety handle for the patient/resident

6. Once an object has been lifted, the Nurse Assistant should keep the object:
    A. Under your arm
    B. Held to the side of the body
    C. As close to the body as possible
    D. In front of the body at shoulder height

7. When the Nurse Assistant is moving a patient/resident toward the head of the bed, they should remove:
    A. The foot cradle from the bed and place on floor
    B. The pillow from under the patient's/resident's head and place it against the headboard
    C. The bed covers from the patient/resident and fold at the end of the bed
    D. Any traction equipment that may be attached to the bed

8. When assisting a patient/resident with left sided weakness to transfer from the bed to a chair, the chair should be located:
    A. At the head of the bed, on patient's/resident's right side
    B. At the foot of the bed, on patient's/resident's left side
    C. At the middle of the bed directly across from where the patient/resident sits in the bed
    D. Across the room to encourage the patient/resident to get up and walk

9. When positioning a patient/resident in a side lying position, the Nurse Assistant must first:
    A. Log roll the patient/resident toward the nearest side rail
    B. Move the patient/resident toward the foot of the bed
    C. Move the patient/resident to the side of the bed where the Nurse Assistant is standing
    D. Log roll the patient/resident toward the opposite side rail by yourself

10. When a patient/resident is in good body alignment it means that the patient's/resident's:
    A. Head is in a straight line with the spine
    B. Arms and legs are positioned in a flexed position
    C. Body is used in a careful and efficient manner
    D. Performing exercises to provide movement for the joints

11. Before performing any task at the bedside, the Nurse Assistant should:
    A. Elevate the bed to a comfortable position to help
    B. Lower the bed to the lowest position to prevent the patient from falling out of bed
    C. Move surrounding furniture away from the bed so the Nurse Assistant won't bump into it
    D. Elevate the head of the bed so that the patient/resident can observe what you are doing

12. Which of the following describes the prone position?
    A. Lying on the left side with the upper leg flexed
    B. Lying on the back with toes pointed toward the foot of the bed
    C. Lying on the abdomen with the head turned to one side
    D. A semi-sitting position with knees flexed

13. A patient/resident is being transferred back to bed after being up in the wheelchair for a long period of time. As the Nurse Assistant you can best protect your back by:
    A. Using the stronger muscles of your lower arms and back
    B. Keeping a wide base of support and keeping the patient/resident as close as possible to you as you perform the transfer
    C. Pulling the patient/resident with sudden jerky movements so that you are able to move the patient/resident alone
    D. Providing a lot of space between you and the patient/resident so that you have room for movement

14. Miss Polly Walker has the head of her bed elevated 60 degrees. This position is referred to as:
    A. The supine position
    B. Fowler's position
    C. Sims' position
    D. The prone position

15. Your patient/resident is paralyzed from the waist down (paraplegia) and has maintained good upper body strength. The patient/resident wants to be able to move himself in bed, somewhat, without assistance. Which of the following pieces of equipment might be used for this purpose?
    A. Gurney
    B. Gait belt
    C. Trapeze
    D. Pillow

16. Two surfaces rub together. This is called:
    A. Friction
    B. Shearing
    C. Pressure
    D. Ergonomics

17. Good body alignment is needed:
    A. When standing
    B. When sitting
    C. When lifting
    D. All the time

18. When giving bedside care, the bed should be:
    A. At its highest horizontal level
    B. At its lowest horizontal level
    C. Level with your waist
    D. In Fowler's position

19. Before moving Mr. G up in bed, you need to:
    A. Put nonskid footwear on him
    B. Lock the bed wheels
    C. Apply a transfer belt
    D. Raise the head of the bed
20. You need to transfer Mr. H with a transfer belt. The belt is applied:
    A. After the transfer
    B. Under his clothing
    C. Over his clothing
    D. On his legs

21. Mr. H has weakness on his right side. Where should you position the wheelchair?
    A. Next to the bed on his right side
    B. Next to the bed on his left side
    C. At the foot of the bed
    D. At the head of the bed

22. To prevent falls during transfers, wheelchair, bed, shower chair, and stretcher wheels must:
    A. Be fully inflated
    B. Be locked
    C. Make noise
    D. Be clean

23. After transferring Ms. G to the toilet, you should:
    A. Close the bathroom door and stay in her room
    B. Close the bathroom door and leave the room
    C. Stay in the bathroom with her
    D. Leave the room

24. When ambulating, a patient/resident should be wearing:
    A. Socks
    B. Bedroom slippers
    C. Nonskid shoes
    D. Shower thongs

25. The Nurse Assistant is ambulating a patient/resident with a gait belt. If the patient/resident begins to fall, the Nurse Assistant should:
    A. Lower the patient/resident into a chair
    B. Hold the patient/resident up
    C. Gently lower the patient/resident to the floor
    D. Call out for assistance

26. The Nurse Assistant can prevent a weak patient/resident from falling in the shower by providing a:
    A. Shower chair
    B. Pick-up walker
    C. Gait belt
    D. Three-prong cane

27. An example of poor body mechanics is:
    A. Keeping objects close to the body when lifting them
    B. Keeping knees straight when working at the bedside
    C. Keeping feet apart to provide a wide base of support
    D. Pushing heavy objects rather than lifting them

28. When transferring a patient/resident with a mechanical lift (Hoyer lift), the patient's/resident's arms should be:
    A. Holding the sling
    B. On her chest
    C. Over her head
    D. Dangling at her side

Sample Test: Module 6- Medical and Surgical Asepsis

1. A small living plant or animal that cannot be seen without the aid of a microscope is a:
    A. Microwave
    B. Macrocosm
    C. Microphagus
    D. Microorganism

2. The process by which all microorganisms are destroyed is called:
    A. Isolation
    B. Sterilization
    C. Disinfection
    D. Asepsis

3. A body best protects itself against infections through:
    A. The shedding of tears
    B. Maintaining intact skin
    C. Active peristalsis
    D. A productive cough

4. Hepatitis B is an example of a:
    A. Fungus
    B. Virus
    C. Bacteria
    D. Protozoa

5. Strep (streptococcal) throat results from invasion by:
    A. A fungus
    B. A virus
    C. Rickettsia
    D. Bacteria

6. Microorganisms will grow best in:
    A. High temperatures
    B. Moist places
    C. Direct sunlight
    D. Dry places

7. Which of the following is a sign of infection?
    A. High blood pressure
    B. Bruising
    C. Increased appetite
    D. Fever

8. Washing hands is one way to prevent the spread of infectious agents through:
    A. Direct contact
    B. Droplet spread
    C. Airborne transmission
    D. Food and water

9. The health worker can break the chain of infection:
    A. When a susceptible host exhibits the signs of infection
    B. At any link of the chain
    C. Only at the portal of exit
    D. Only with transmission based precautions

10. Following good aseptic techniques, the health worker will wash hands:
    A. After handling food
    B. Before using the bathroom
    C. Between patients/residents
    D. After going home

11. Which of the following is an example of contamination?
    A. Turning gloves inside out when removing them
    B. Carrying linen away from the uniform
    C. Touching the inside of the sink
    D. Using paper towel to turn off the faucet

12. After bathing a patient/resident, the health worker should wash his/her hands:
    A. Keeping the hands pointed up
    B. Only if they are contaminated
    C. With hot water and bar soap
    D. In a circular motion with friction

13. Asepsis means:
    A. Clean technique
    B. The process of destroying pathogens
    C. An infection acquired after admission to a health care agency
    D. Being free of disease-producing microbes

14. Clean technique is the same as:
    A. Sterile technique
    B. Surgical asepsis
    C. Medical asepsis
    D. Normal flora

15. A person has protection against a certain disease. The person has:
    A. Immunity
    B. Personal protective equipment
    C. A vaccine
    D. A germicide

16. A vaccine is:
    A. A suspension containing weakened or killed microorganisms
    B. Used to disinfect supplies and equipment
    C. Used to treat infection
    D. Normal flora

17. Who can develop nosocomial or Healthcare Associated Infection (HAI)?
    A. Patients/residents
    B. Nursing team
    C. Doctors
    D. Health team

18. Which is the easiest and most important way to prevent infections from spreading?
    A. Standard precautions
    B. Wearing gloves at all times
    C. Transmission-Based Precautions
    D. The Blood borne Pathogen Standard

19. When cleaning the perineal area of the female body, you need to clean:
    A. From bottom to top
    B. Away from your body
    C. From front to back
    D. As fast as possible

20. Standard Precautions apply to:
    A. All persons
    B. All patients/residents
    C. The health team
    D. Persons with infections

21. Soiled linens are:
    A. Handled according to the center's policies
    B. Discarded
    C. Sent home with the family
    D. Washed in the person's room

22. The nurse hands you a used plastic syringe with the needle attached. You should:
    A. Bend the needle
    B. Break the needle off of the syringe
    C. Place cap on the needle
    D. Place the needle and syringe in a puncture-resistant container

23. A wet gown is considered to be:
    A. Sterile
    B. Contaminated
    C. Safe
    D. Clean

24. The hepatitis B vaccination involves:
    A. 1 injection
    B. 2 injections
    C. 3 injections
    D. 4 injections

25. Persons needing isolation precautions often experience
    A. Loss of self-esteem
    B. Self-actualization
    C. Love and belonging
    D. Safety

26. The Nurse Assistant is leaving an isolation room. After hand washing, the Nurse Assistant should:
    A. Use a disposable glove to open the door and put glove in the basket outside the room
    B. Use a paper towel to open the door and put the basket inside the room near the door
    C. Use a paper towel to open the door and put the paper towel in the basket outside the room
    D. Open the door with clean, washed hands

27. Standard precautions require the Nurse Assistant to wear gloves when caring for a patient/resident if the Nurse Assistant has:
    A. A cold
    B. Long fingernails
    C. A cut or sore on the hand
    D. Dirty hands

28. The Nurse Assistant should know that the proper hand washing includes soap, friction and:
    A. A clean sink
    B. Running water
    C. Plenty of towels
    D. An antiseptic solution

29. The correct order for removing protective clothing before leaving a patient's/resident's isolation room is:
    A. Gloves, gown, mask, and wash hands
    B. Mask, gown, gloves, and wash hands
    C. Mask, gloves, gown, and wash hands
    D. Gown, gloves, mask and wash hands

30. When changing bed linens, which actions by the Nurse Assistant would ensure that medical asepsis is being followed?
    A. Hold the clean, new linen close to the body
    B. Shake the linens before placing them on the bed
    C. Place all dirty linens on the floor
    D. Place all clean linens on a clean surface

31. Which of the following is NOT a common sign of infection?
    A. Redness or swelling at a wound site
    B. Elevated temperature or chills
    C. Drainage from a wound
    D. Dizziness when getting up

32. The Nurse Assistant is collecting a urine specimen using standard precautions. Which of the following should the Nurse Assistant do?
    A. Wash hands and apply gloves before beginning the urine collection
    B. Have the patient/resident empty the bladder before the urine collection
    C. Place a label on the specimen container before the urine is collected
    D. Wash the perineum with soap and water

33. After hand washing, the Nurse Assistant should turn off the faucet using:
    A. Clean hands before drying them
    B. Clean hands after drying them
    C. Clean, dry paper towel after hands are dried
    D. Clean elbow before hands are dried

34. Between routine patient/resident contacts, the Nurse Assistant should wash or scrub his/her hands under clean running water for at least:
    A. 10 seconds
    B. 20 seconds
    C. 3 minutes
    D. 5 minutes

35. To most effectively prevent the spread of infection while providing patient/resident care, the Nurse Assistant should:
    A. Bathe the patient/resident every day
    B. Wash hands after caring for each patient/resident
    C. Provide proper fluid and nourishment
    D. Change linen daily

36. To ensure medical asepsis when collecting a specimen from a patient/resident, the Nurse Assistant must:
    A. Use only sterile equipment
    B. Refrigerate the specimen for 24 hours
    C. Wash hands before and after the procedure
    D. Send specimen to the laboratory as soon as possible

37. The Nurse Assistant should wear a mask and gloves when the patient/resident:
    A. Has a skin rash
    B. Has a reddened pressure area on the coccyx
    C. Coughs up bloody secretions
    D. Is using a bedpan

38. The Nurse Assistant comes to work with a cold. Which of the following actions would be appropriate?
    A. Put on a mask and perform patient/resident care as usual
    B. Report the cold to the licensed nurse and put on mask
    C. Tell the patient/resident about the cold
    D. Check own temperature regularly

39. Which of the following should the Nurse Assistant recognize as an important part of standard precautions?
    A. Take blood pressure
    B. Enforce a non-smoking policy near oxygen sources
    C. Raise side rails on patient's/resident's bed
    D. Wear gloves when touching body secretions

40. When caring for a patient/resident who is in isolation, how would the Nurse Assistant safely remove soiled linen?
    A. Leave soiled linen in room for housekeeping to remove
    B. Wear gloves when bringing out the soiled linen
    C. Double-bag the soiled linen when required by your facility
    D. Take soiled linen to a container outside of the room

41. The licensed nurse tells the Nurse Assistant that a patient's/resident's bedpan needs to be cleaned. The MOST effective way to kill all the organisms would be to:
    A. Wash the bedpan with soap and water
    B. Use a chemical disinfectant on the bedpan
    C. Put the bedpan in a bedpan washer
    D. Wash the bedpan in hot water

42. The Nurse Assistant should NOT wear gloves when:
    A. Caring for a patient's/resident's pressure sores
    B. Emptying a urinary catheter collection bag
    C. Feeding a patient/resident
    D. Assisting the nurse during a dressing change

Sample Test: Module 7- Weights and Measures

1. Match the correct household unit of measure to the correct metric units:

A. ounce	____	30 milliliters (ml)
B. inch	____	500 milliliters (ml)
C. pint	____	1000 milliliters (ml)
D. foot	____	30 centimeters (cm)
E. quart		

2. What would be the correct military time if the clock reads 3:00 p.m. in Greenwich time:
   A. 1200
   B. 1500
   C. 1600
   D. 0300

3. When measuring liquid volume with a graduated cylinder, the Nurse Assistant should do all of the following except:
   A. Pour liquid into the graduated cylinder
   B. Place graduated cylinder on a flat surface
   C. Read at eye level
   D. Read measurement at highest level of liquid surface

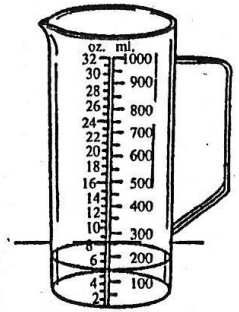
4. Match the correct military time to the correct Greenwich time:

A. 1945	___	7:45 A.M.
B. 1235	___	3:25 P.M.
C. 0745	____	12:35 P.M.
D. 1525	___	7:45 P.M.
E. 0035		

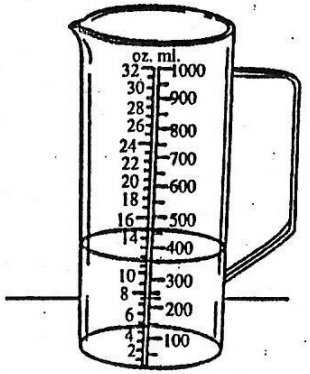
5. A patient/resident weighing 165 pounds is on a reduced calorie diet. The goal is to lose 2 pounds every week. Which of the following weights would meet the goal after one week?
    A. 167 pounds
    B. 165 pounds
    C. 164 pounds
    D. 163 pounds

6. If a person on I&O drinks 12 ounces of milk, the Nurse Assistant should mark on the client's record an intake of:
    A. 30 ml.
    B. 90 ml.
    C. 240 ml.
    D. 360 ml.

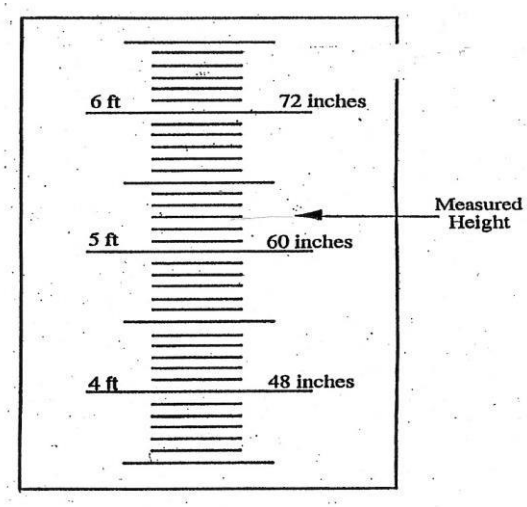
7. How many milliliters are in this graduate?
    A. 5
    B. 11
    C. 150
    D. 350



8. How many milliliters (ml) are in the graduate?
    A. 5
    B. 10
    C. 150
    D. 350



9. The Nurse Assistant measured the height of a patient/resident. Using drawing to the right, what is the patient's/resident's height?
    A. 60 inches
    B. 5 ½ feet
    C. 5 feet 3 inches
    D. 4 feet, 13 inches



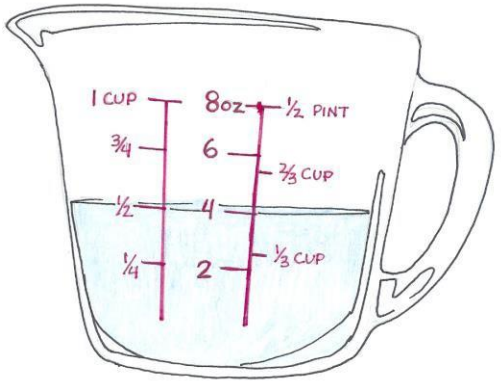
10. The Nurse Assistant is measuring intake and output for a patient/resident who drank 8 ounces of milk. What should the Nurse Assistant record?
    A. 500 ml.
    B. 120 ml.
    C. 240 ml.
    D. 250 ml.

11. A patient/resident is to be repositioned at 6:00 pm. Using military time, the Nurse Assistant repositions the patient/resident at:
    A. 0600
    B. 1200
    C. 1800
    D. 2100

12. Your patient/resident ate the following items for lunch: ½ cup string beans, 3 oz. fish, 6 oz. milk, 2 oz. Jello. What was his fluid intake?
    A. 120 ml.
    B. 240 ml.
    C. 300 ml.
    D. 330 ml.

13. The clock shows 10:32 am. In 24-hour clock time, this is:
    A. 10:32
    B. 1032
    C. 2232
    D. 10:32 am

14. How many milliliters (ml) of fluid are in the cup?
    A. 30 ml.
    B. 60 ml.
    C. 90 ml.
    D. 120 ml.

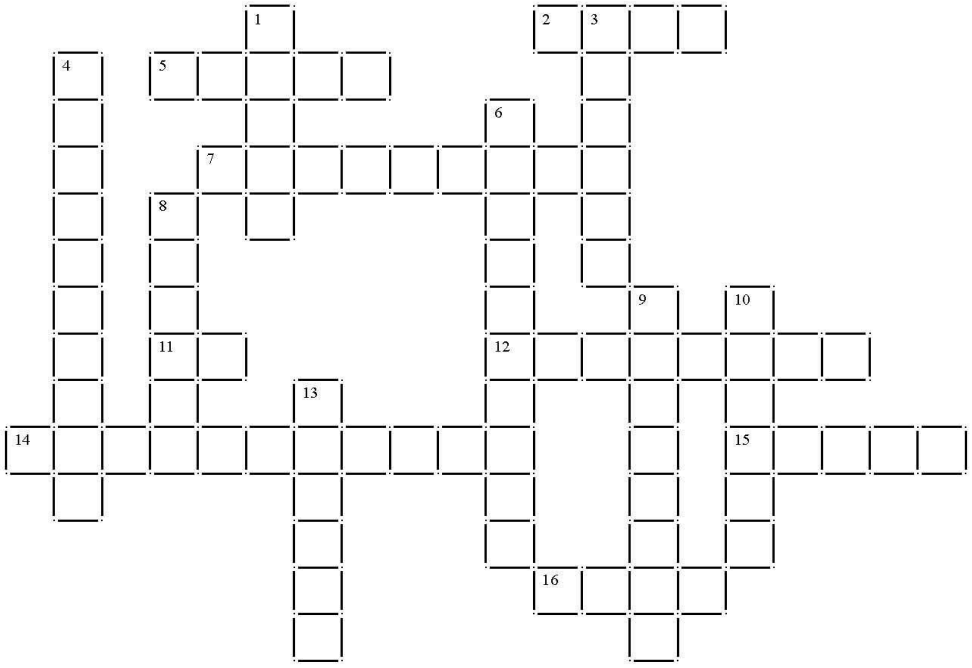


Sample Test Answers: Module 7

1. A - 30 milliliters (ml)
   B - 500 milliliters (ml)
   C - 1000 milliliters (ml)
   D - 30 centimeters (cm)
2. B
3. D
4. C - 7:45 A.M
   D - 3:25 P.M.
   B - 12:35 P.M.
   A - 7:45 P.M.
5. D
6. D
7. C
8. D
9. C
10. C
11. C
12. B
13. B
14. D

Module 15: Weights and Measures

Weights and Measures Crossword



ACROSS

2 Two cups equal a ___.
5 Sixteen ounces equal one ___.
7 Traditional time.
11 Short for cubic centimeter.
12 System of telling time in which 1:00pm is 1300 hours.
14 The size of something.
15 Metric system measure that is about equal to one quart.
16 Basic unit of weight in the metric system.

DOWN

1 Two pints equal one ___.
3 Measurement; 12 ___ makes a foot.
4 A unit of measurement 1/100.
6 One thousandth of a liter.
8 Sixty cc's equals two ___.
9 Equal to 1000 grams.
10 Four quarts equal one ____.
13 The international system of measurement.

Sample Test- Module 8: Patient Care Skills

1. A partial bath would include bathing the following body areas:
    A. Face, hands, underarms, back, buttocks and genital area
    B. Face, neck, chest, and arms
    C. Face, feet and legs
    D. Hands, feet, chest and back

2. A complete bed bath would be given to a patient/resident who:
    A. Has difficulty using his right hand
    B. Cannot step into a bath tub
    C. Is paralyzed on one side
    D. Is unconscious

3. A Nurse Assistant is bathing a patient/resident. Which of the following observations should be reported immediately to the nurse?
    A. Dry skin on the patient's/resident's legs
    B. A vein that curves and stands out
    C. An old bruise is turning yellow
    D. A bleeding skin tear

4. When bathing a patient/resident, the Nurse Assistant sees a swelling around the knee that is tender to touch. The Nurse Assistant should:
    A. Avoid washing the sensitive area during the bath
    B. Apply a warm wet washcloth to the knee
    C. Report this observation to the nurse
    D. Remind the patient/resident not to ambulate without assistance

5. In preparing the bath for the dependent patient/resident, the Nurse Assistant should:
    A. Fill the tub with no more than two inches of water
    B. Make sure that the water temperature is at least 120° F.
    C. Adjust the water temperature to 105° F.
    D. Position the patient/resident in the tub before adding water

6. When bathing a dependent patient/resident, the Nurse Assistant should:
    A. Leave the room at intervals to encourage the patient/resident to bathe on his own
    B. Rinse off all soap completely and dry the skin thoroughly
    C. Rub the skin vigorously to stimulate circulation
    D. Apply soap to all areas before rinsing with fresh water

7. When washing the face of a dependent patient/resident, the Nurse Assistant should:
    A. Use a separate washcloth for washing each eye
    B. Wipe the eyes from the outer edge to the center
    C. Use different corners of the washcloth when washing each eye
    D. Rinse the eyes by pouring a small amount of water on the forehead

8. In a complete bed bath, the water is changed:
    A. At the completion of the bath
    B. After each body area is washed
    C. After the front surfaces of the body are washed
    D. Whenever the water becomes soapy or cool

9. To assist Mrs. B a patient/resident, into a bathtub, the Nurse Assistant should:
    A. Stand at the side of the tub and have the patient/resident hold on to your shoulder as she steps into the tub
    B. Place a chair next to the tub and have the patient/resident hold on to the chair as she steps into the tub
    C. Have the patient/resident hold on to the grab bar in the tub enclosure as she steps into the tub
    D. Have the patient/resident sit on the side of the tub, pick up both legs and pivot them over the side and into the tub

10. Oral hygiene should be done:
    A. After each meal and at bedtime
    B. After breakfast and after last meal or snack of the day
    C. Before and after each meal
    D. Before and after meals or snacks

11. In what position should an unconscious patient/resident be placed when performing oral care?
    A. Lateral (side-lying, head to side) position
    B. Prone (on the stomach) position
    C. Supine (on the back) position
    D. Standing position

12. In assisting a patient/resident with oral hygiene:
    A. Offer a cup of mouthwash to the patient/resident before the toothbrush
    B. Warm the mouthwash in a basin of warm water before it is used
    C. Hold the emesis basin under the patient's/resident's chin when he/she needs to spit
    D. Let the patient/resident rinse his/her mouth with orange juice after brushing teeth

13. When the patient/resident takes his/her dentures out for the evening, the Nurse Assistant should:
    A. Send the dentures home with the family
    B. Store them in a labeled container filled with cool water inside the bedside table drawer
    C. Dry them and store in a plastic bag under the patient's/resident's pillow
    D. Store them in a clean container in the clean utility room

14. When cleaning dentures, the Nurse Assistant should:
    A. Use dental floss to clean between the teeth
    B. Soak the dentures in Lysol type disinfectant solution
    C. Brush only the teeth portion of the dentures
    D. Brush all surfaces of the dentures

15. When giving oral hygiene to an unconscious patient/resident, it is important for the Nurse Assistant to:
    A. Prevent the patient/resident from aspirating (breathing in) any fluid
    B. Hold the patient's/resident's mouth open with your fingers
    C. Use large amounts of mouthwash for rinsing the patient's/resident's mouth
    D. Wait at least 5 hours between each cleaning

16. As you brush Mrs. K's teeth, you notice that her gums are bleeding. The Nurse Assistant should:
    A. Brush harder to toughen up the gums
    B. Notify the charge nurse
    C. Stop brushing the teeth
    D. Increase fluids, because of the loss

17. A patient/resident asks a Nurse Assistant to cut his toenails because they are very thick and hurt when he wears shoes. The Nurse Assistant should:
    A. Soak his feet and then cut the nails using nail clippers
    B. Report his request to the nurse
    C. Give the patient/resident a nail clipper so that he may cut his nails himself
    D. Use a sharp scissor to trim the excess nail after a bath

18. To clean under the fingernails of the patient/resident, the Nurse Assistant should:
    A. Use an orange stick
    B. Use the blunt blade of a bandage scissors
    C. Use the point of fingernail scissors
    D. Trim and file the nails first

19. When performing hair care for a patient/resident, the Nurse Assistant should:
    A. Comb it into a new style each day
    B. Style it according to the patient's/resident's wishes
    C. Apply hair oil to reduce static
    D. Wait until family comes in

20. Before combing or brushing a patient's/resident's hair, the Nurse Assistant should:
    A. Put on gloves
    B. Wet the hair with a spray bottle
    C. Place a towel over the patient's/resident's shoulders
    D. Soak the patient's/resident's comb and brush in a disinfectant solution

21. The purpose of shampooing the hair of patients/residents is to:
    A. Remove tangles
    B. Lower body temperature
    C. Maintain cleanliness and well-being
    D. Be part of daily care of patient/resident

22. A bed shampoo will require:
    A. Shampoo tray, plastic sheet or bag, pitcher and basin
    B. Extra sheet, pillow, and pitcher
    C. Thermometer, graduate, bath basin, and several towels
    D. Spray bottle, emesis basin and washcloth

23. A medicinal shampoo generally requires:
    A. That the shampoo is left in the hair for a period of time before rinsing it out
    B. That the medicinal solution is left in the hair without rinsing it out
    C. Rinsing the hair with disinfectant solution
    D. That the nurse perform the procedure rather than a Nurse Assistant

24. To safely shave a patient/resident with a safety razor, the Nurse Assistant should:
    A. Apply an alcohol pre-shave solution
    B. Keep the skin taut in the area being shaved
    C. Move the razor in the opposite direction as the hair growth
    D. Rinse the razor in a disinfectant solution during shave

25. After shaving a patient/resident with his own electric razor, the Nurse Assistant should:
    A. Apply an oil based lotion to the skin
    B. Clean the blades of the razor with a cleaning brush
    C. Soak the razor in a disinfectant solution
    D. Report the action to the charge nurse

26. The Nurse Assistant is putting a pair of pants on a patient/resident who cannot sit up because of weakness. The Nurse Assistant should slip both feet into the legs of the pants and then:
    A. Ask the patient/resident to bend his knees and raise his buttocks as the Nurse Assistant pulls the pants up to his waist
    B. Attempt to sit the patient/resident on the side of the bed and pull pants up toward the waist
    C. Pull the top of the pants under the buttocks up the waist with the patient/resident flat on his back
    D. Assist the patient/resident to roll from side to side as the Nurse Assistant pulls the pants up to the waist

27. A general rule for dressing a patient/resident who is paralyzed or injured is:
    A. Dress the affected side first and undress it last
    B. Dress the affected side last and undress it first
    C. Have clothing split and snaps applied for easy dressing
    D. Avoid dressing the affected side

28. To accurately weigh the patient/resident, a general rule to follow is to:
    A. Weigh the patient/resident at different times each day
    B. Have the patient/resident be NPO before weighing
    C. Balance the scale before the patient/resident steps on it
    D. Weigh the patient/resident fully dressed

29. If a patient/resident is unable to stand up while being measured it is best to:
    A. Estimate the patient's/resident's height
    B. Measure the patient's/resident's height while lying in bed
    C. Ask the patient/resident how tall he was when ambulatory
    D. Chart that the measurement was not done because the patient/resident could not stand

30. A patient/resident was admitted to the nursing unit several days after surgery. To prevent problems, the Nurse Assistant should:
    A. Leave the patient/resident in bed at all times
    B. Tell the patient/resident to remain in the same position at all times
    C. Tell the patient/resident to cough and deep breathe every two hours
    D. Leave the patient/resident alone to rest all day

31. The Nurse Assistant is caring for a patient/resident who wants to shave with a safety razor. The patient/resident should not use the razor if the patient/resident is:
    A. Receiving oxygen
    B. Confused and disoriented
    C. Unable to ambulate to the bathroom
    D. Visiting with family

32. The Nurse Assistant is collecting supplies for colostomy care. Which of the following is NOT needed?
    A. A bedpan
    B. Toilet tissue
    C. Alcohol wipes
    D. Gloves

33. When changing a colostomy bag, the Nurse Assistant should know:
    A. The colostomy bag must be changed every two hours
    B. All colostomy patients/residents have liquid stools
    C. The colostomy bag needs to be changed when the bag is leaking
    D. A skin barrier will hold the bag in place without a belt

34. The Nurse Assistant is caring for a confused patient/resident who does not like to bathe. The Nurse Assistant should NOT:
    A. Prepare the patient/resident before bathing
    B. Give a sponge bath if patient/resident resists tub or shower
    C. Force the patient/resident into the shower or tub
    D. Schedule bathing when patient/resident is agitated

35. A patient/resident is to be weighed daily. The Nurse Assistant should:
    A. Weigh the patient/resident at the same time of day
    B. Hold the patient/resident on the scale, if unable to stand
    C. Not weigh the patient/resident who is unable to stand on scale
    D. Not allow the patient/resident to urinate before being weighed

36. When preparing to bathe a patient/resident, the Nurse Assistant should provide privacy curtains:
    A. Immediately after entering the room
    B. Before beginning the bath
    C. After washing the patient's/resident's face
    D. After completing the bath

37. The Nurse Assistant is checking the patient's/resident's body for signs of pressure sores. Which of the following areas are more likely to be affected?
    A. Bony areas such as shoulder blades, elbows, heels, and knees
    B. Thicker areas such as thighs and upper arms
    C. The abdomen and breasts
    D. The genital area

38. Which of the following foot care procedures is required for the patient/resident who is paralyzed from the waist down?
    A. Soak the feet in hot water after bathing
    B. Wrap the feet in hot towels, trim toenails if needed, and lubricate feet
    C. Wash and dry feet carefully and thoroughly, and check for any pressure signs
    D. Wash feet carefully, trim toenails and apply lubricant to keep area between toes moist

39. The Nurse Assistant should know that incontinent patients/residents:
    A. Cannot control their bladder or bowels
    B. Are lazy
    C. Are able to control the bladder or bowels
    D. Are confused

40. When putting in dentures, it is important to:
    A. Dry the dentures
    B. Wet the dentures
    C. Rinse with alcohol
    D. Dry the mouth

41. The Nurse Assistant should clean the patient's/resident's genital and anal areas:
    A. Every time the patient/resident uses the bathroom
    B. Only when the patient/resident is soiled
    C. Once a day and when the patient/resident is soiled
    D. Once during each shift

42. If the patient/resident is unable to clean up properly after using a bedside commode, the Nurse Assistant should:
    A. Assist the patient/resident to bed and return later to clean the patient/resident
    B. Give the patient/resident a washcloth and instruct him in proper cleaning techniques
    C. Provide the patient/resident with privacy and clean him gently and thoroughly
    D. Tell the patient/resident that he will be cleaned at bath time

43. Which of the following might the Nurse Assistant do to keep a patient/resident from being incontinent of urine?
    A. Offer the patient/resident the toilet, bedpan or urinal at regular intervals
    B. Tell the patient/resident that he will be assisted to the bathroom every four hours
    C. Leave a bedpan under the patient/resident
    D. Tell the patient/resident not to drink as much water

44. When caring for a patient/resident with dry skin, the Nurse Assistant should use:
    A. Soap
    B. Lotion
    C. Hot water
    D. Talcum powder

45. When providing a bedpan for a patient/resident, the Nurse Assistant should always:
    A. Use the same size bedpan for all patients/residents
    B. Wait until the patient/resident asks for a bedpan before giving one
    C. Place the open end of the bedpan toward the patient's/resident's back
    D. Allow privacy while the patient/resident is using the bedpan

46. When preparing to shave a patient/resident, the Nurse Assistant should soften the patient's/resident's facial hair by using:
    A. A cold towel
    B. A warm towel
    C. Lotion
    D. Alcohol

47. Which bathing method should the Nurse Assistant select for a patient/resident on bed rest who needs total assistance?
    A. A tub bath
    B. A shower
    C. A complete bed bath
    D. A partial bed bath

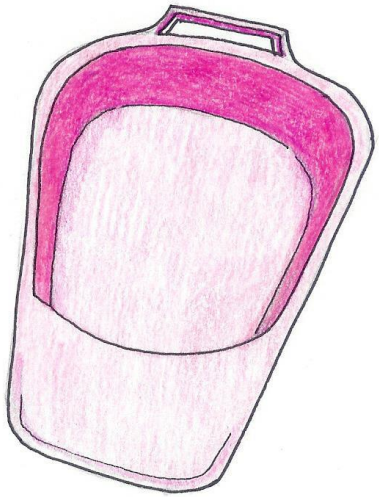
48. The Nurse Assistant should know that dentures should be cleaned at which of the following times?
    A. Before breakfast and at bedtime
    B. After breakfast and at bedtime
    C. After breakfast, lunch and supper
    D. Before breakfast, lunch, supper, and at bedtime

49. A patient/resident asks the Nurse Assistant to help her to the bathroom. The Nurse Assistant responds, "OK, but I'm really busy today. Bring your things with you so you can brush your teeth and fix your hair, too." By making these requests, the Nurse Assistant was:
    A. Lessening the number of decisions the patient/resident must make
    B. Denying the patient/resident the ability to make a personal choice about when her care would be done
    C. Showing the patient/resident who was the boss was on the unit
    D. Performing job duties as expected

50. When bathing a patient/resident, a Nurse Assistant should observe:
    A. Body size
    B. Body tone
    C. Skin condition
    D. Amount of body fat

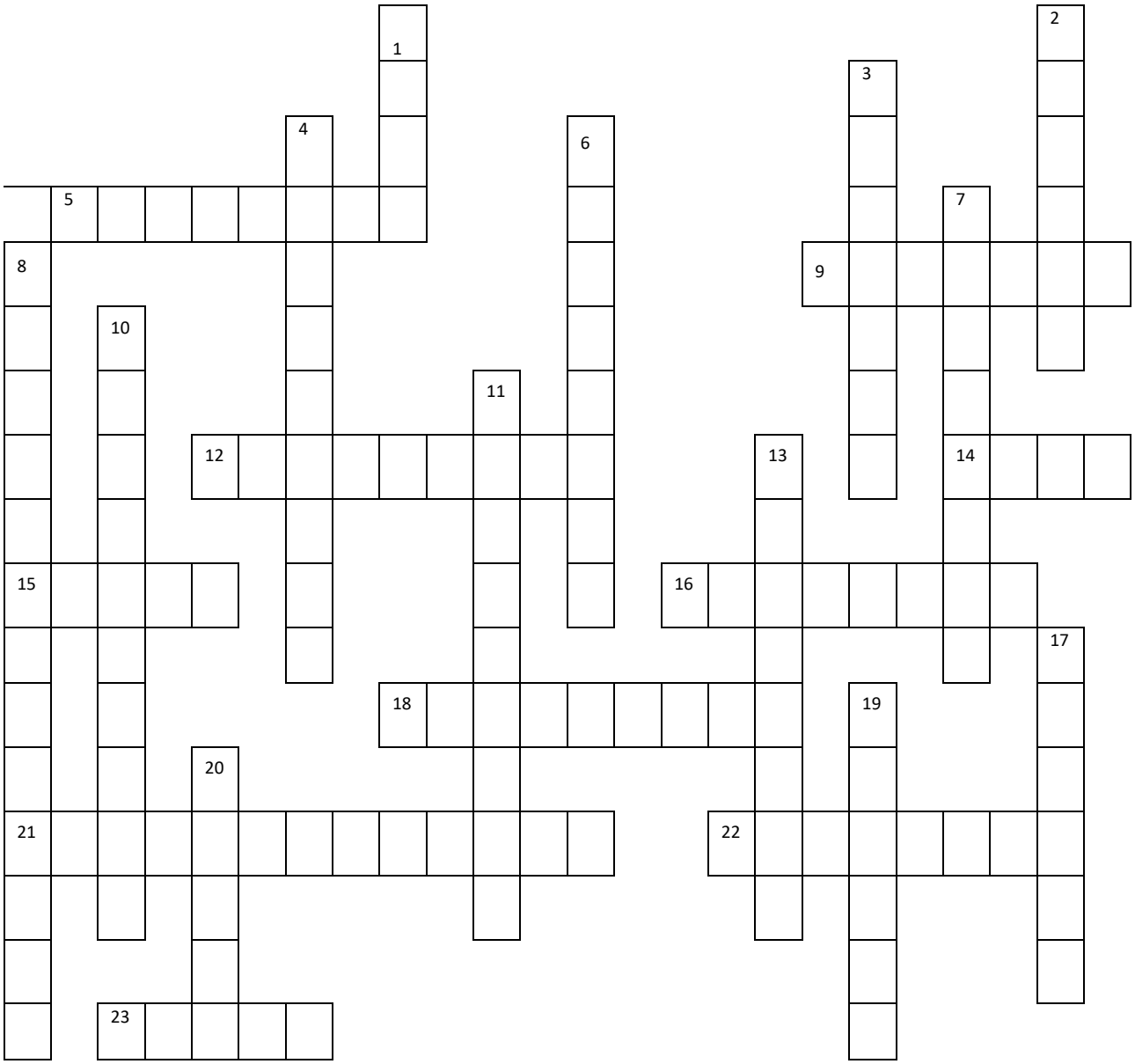
51. The Nurse Assistant is caring for a resident who just received a new pair of glasses. The Nurse Assistant should:
    A. Tell the resident to wear the glasses only at mealtimes
    B. Clean the glasses with a disinfectant solution
    C. Put the glasses on the resident's bedside table when not in use
    D. Put the glasses in a labeled case when not in use

52. The bedpan shown below is a:
    A. Standard pan
    B. Fracture pan
    C. Curved pan
    D. Flat pan



Module 8: Patient/resident Care Skills Handout 8.1a-Crossword #1

Patient/resident Care Skills Crossword #1



Across

5 A spot where skin or mucous membrane has been scraped off.

9 A way of tucking linens under the mattress to keep the linens straight and smooth at the corner.

12 A small sheet placed over the middle of the bottom sheet.

14 Mouth.

15 An open sore.

16 Bluish discoloration of the skin.

18 Outer layer of the skin.

21 The head of the bed is lowered and the foot of the bed is raised.

22 Area of the genitalia and anus.

23 Part on the bed that allows the head or foot of the bed to be raised or lowered.

Down

1 A bed where the top linens are folder to the foot of the bed indicates that it is_____.

2 A bed where the top linens are not folder back indicates that it is_____.

3 Referring to health and cleanliness.

4 Official departure of a patient/resident from a facility or nursing unit.

6 Itching.

7 The death of a group of cells.

8 Skin.

10 A bed with no one in it.

11 Referring to a particular type of skin breakdown, and a recumbent position.

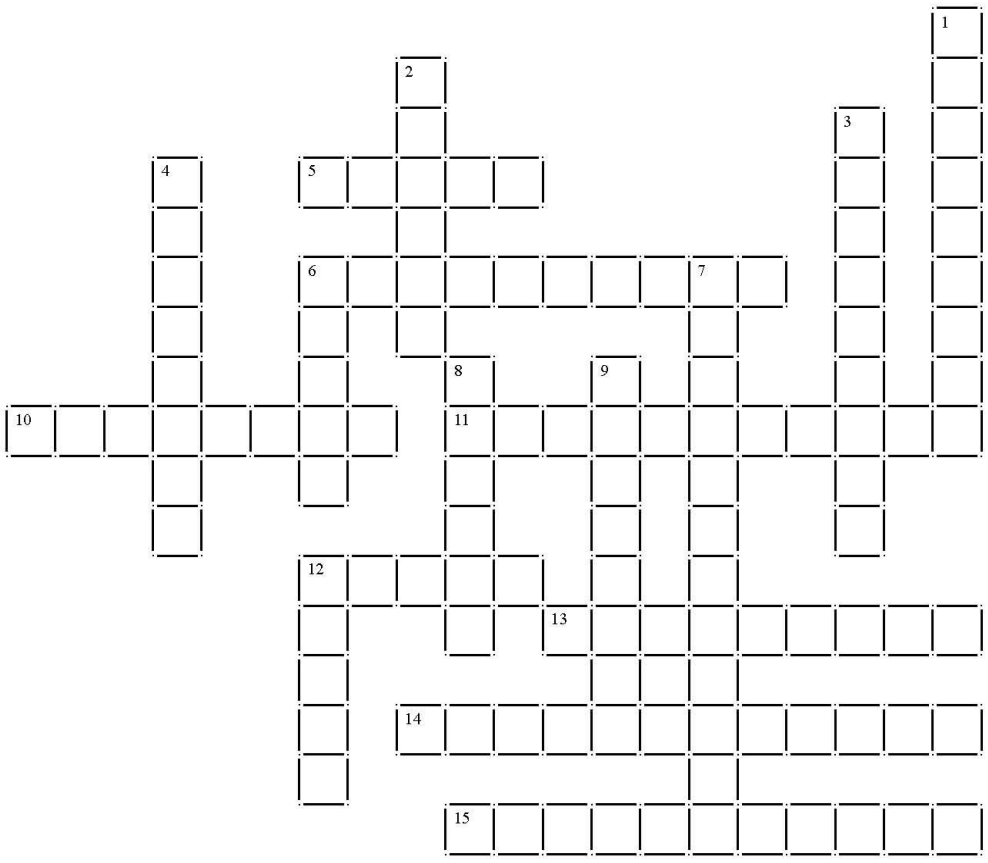
13 Moving a patient/resident from one room, nursing unit, or facility to another.

17 Inner layer of skin.

19 Space under the upper arm.

20 Official entry of a person into a facility or nursing unit.

Resident Care Skills Crossword #2



Across

5 Fluid excreted by the kidneys.

6 Excessive gas in the stomach and intestines.

10 A tube used to drain or inject fluid through a body opening.

Down

1 An artificial opening between the large intestine and the abdominal surface.

2 Used by men for urination.

3 The surgical creation of an opening between the ileum (small intestine) and the abdomen.

Module 8: Patient/resident Care Skills Handout 8.1Cc-Crossword #2

11 A cone-shaped solid medication that is inserted into a body opening.
12 An opening.
13 A buildup of hard feces in the rectum.
14 The inability to control the passage of urine or feces.
15 Excretion of wastes.

4 The frequent passage of liquid stools.
6 The excretions of the bowels.
7 Passage of a hard, dry stool.
8 The surgical creation of an artificial opening.
9 A sample of something.
12 Feces that have been excreted.

Sample Test: Module 9- Patient Care Procedures

1. A patient/resident has diarrhea. You know that liquid feces and frequent wiping can lead to?
    A. Skin breakdown
    B. Dehydration
    C. Oliguria
    D. Death

2. What is the preferred position for giving an enema?
    A. Fowler's or semi-fowlers position
    B. Sims' or left side lying position
    C. Prone or supine position
    D. Supine or right side-lying position

3. Water temperature for an enema solution for adults usually is
    A. 100^{o}
    B. 105^{o}
    C. 110^{o}
    D. Body temperature

4. A patient/resident finished urinating. The person cannot clean her genital area. You need to do the following **EXCEPT**
    A. Wipe her from back to front
    B. Use fresh tissue for each wipe
    C. Provide perineal care if necessary
    D. Wear gloves

5. A male patient/resident is not circumcised. When giving perineal care, which is correct?
    A. Retract the foreskin
    B. Separate the labia
    C. Start at the rectum
    D. Use firm, upward strokes

6. Which linens must be tight and wrinkle-free?
    A. Bottom linens
    B. The blanket
    C. The bedspread
    D. The pillowcase

7. The nurse asks you to collect a random urine specimen. Which is correct?
    A. No special measures are needed
    B. The perineal area is cleaned before collecting the specimen
    C. The first voiding is discarded
    D. The person voids twice

8. The nurse asks you to strain a person's urine. To do this, you need
    A. A midstream urine specimen
    B. A 24-hour urine specimen
    C. A strainer or gauze
    D. Elastic tape

9. Mucus from the respiratory system that is expelled through the mouth is
    A. Phlegm
    B. Saliva
    C. Sputum
    D. Ketone

10. Oral care before collecting a sputum specimen involves
    A. Brushing the teeth
    B. Using mouthwash
    C. Flossing
    D. Rinsing with clear water

11. The nurse asks you to collect a stool specimen from a patient/resident. Which is **INCORRECT**?
    A. Explain what the person needs to do
    B. Explain what you will do
    C. Ask if the person understands what to do
    D. Stay with the person until the person has a bowel movement

12. When collecting a sputum specimen, the person coughs up sputum from the
    A. Mouth
    B. Throat
    C. Upper airway
    D. Bronchi and trachea

13. Normal urine has
    A. A faint odor
    B. A strong odor
    C. A sweet odor
    D. An ammonia odor

14. Which of the following is a characteristic of normal urine?
    A. Pale-yellow urine
    B. Straw-colored urine
    C. Red-colored urine
    D. Clear urine

15. A clean, neat, wrinkle-free bed does the following except
    A. Increase the person's comfort
    B. Help prevent skin breakdown
    C. Help prevent pressure ulcers
    D. Prevent incontinence

16. A patient/resident is up all day. What kind of bed should you make?
    A. Closed bed
    B. Open bed
    C. Occupied bed
    D. Surgical bed

17. Which is **not** a safety measure for making beds?
    A. Raise the bed for body mechanics
    B. Wear gloves when removing linen from the person's bed
    C. After making a bed, lower the bed to its lowest position
    D. After making an occupied bed, always raise the bed rails

18. Linens are held
    A. With forceps
    B. Close to your body and uniform
    C. Away from your body and uniform
    D. With gloves on

19. A patient/resident brought a pillow from home. Which statement is correct?
    A. The person needs to bring a pillowcase, too
    B. The person must use a pillow provided by the nursing center
    C. The person has the right to use the pillow
    D. The pillow must have a safety check by the maintenance department

20. You brought 2 pillowcases into a patient's/resident's room. The person uses 1 pillow. What should you do with the other pillowcase?
    A. Return it to the linen supply
    B. Leave it in the person's room for another time
    C. Take it to another patient's/resident's room
    D. Put it with the dirty laundry

21. You are going to make a bed. For good body mechanics, the bed is
    A. Fowler's position
    B. Raised
    C. Locked into position
    D. Moved so you can reach it with ease

22. Your patient/resident is right-handed. The bedside stand and call signal should be:
    A. On her right side
    B. On her left side
    C. Wherever the facility wants it
    D. Where it will be convenient for you

23. Wet, damp, or soiled linens are changed
    A. Right away
    B. After meals
    C. After the shower or bath
    D. Each shift

24. The bottom sheet is placed on the bed correctly if
    A. The hem-stitching is down
    B. The hem-stitching faces outward
    C. The top edge is even with bottom of the mattress
    D. It completely covers the plastic draw sheet

25. You are removing dirty linens from a person's bed. Which is correct?
    A. Remove all dirty linens at once
    B. Roll each piece away from you
    C. Keep the side that touched the person outside the roll
    D. Place dirty linen on the floor

26. Which is **not** a rule for collecting specimens?
    A. Use a clean container for each specimen
    B. Use the correct container
    C. Label the container accurately
    D. Collect the specimen as soon as you have time

27. A patient/resident has fecal incontinence. You know that
    A. Good skin care is required
    B. A bowel training program will cure the person's incontinence
    C. The condition is permanent
    D. The person has dementia

28. Keeping the person's room clean, neat, safe, and comfortable is the responsibility of
    A. Housekeeping staff
    B. Everyone involved in the person's care
    C. Maintenance staff
    D. The person and family

29. The loss of urine in response to a sudden need to void is called:
    A. Overflow incontinence
    B. Mixed incontinence
    C. Functional incontinence
    D. Urge incontinence

30. You are admitting a new patient/resident. Which is **incorrect**?
    A. Discuss the person's diagnoses and medical history
    B. Complete the clothing list
    C. Orient the person to the room
    D. Orient the person to the nursing unit and the facility

31. The nurse asks you to assist with the admission of a new patient/resident. What can the nurse delegate to you?
    A. Transporting the person to his or her room
    B. Having the person sign admitting papers
    C. Having the person sign a general consent for treatment
    D. Explaining patients/residents rights to the person

32. An infected wound is
    A. A contaminated wound
    B. An open wound
    C. A dirty wound
    D. A full-thickness wound

33. These statements are about skin tears. Which is **incorrect?**
    A. Skin tears can occur during bathing, dressing, repositioning, or transfers
    B. Skin tears are painful
    C. Infection can develop in a skin tear
    D. Skin tears usually occur over a bony area

34. Drainage that is thick green, yellow, or brown is
    A. Purulent drainage
    B. Serosanguineous drainage
    C. Serous drainage
    D. Sanguineous drainage

35. Which will help prevent skin tears?
    A. Keep your fingernails short and smoothly filed
    B. Wear simple earrings
    C. Wear gloves
    D. Practice hand hygiene before and after giving care

36. A patient/resident is going to be discharged. What must occur before the person can leave?
    A. Give the person prescriptions written by the doctor
    B. The person must be transported to the exit area by wheelchair or stretcher
    C. The person must pay the bill
    D. The person must sign a consent form

37. Which is not a guideline for measuring weight and height?
    A. No footwear is worn
    B. The person voids after being weighed
    C. Weigh the person at the same time of day
    D. Use the same scale for daily, weekly, and monthly weights

38. An elastic bandage is applied from the
    A. Lower part to the top part
    B. Top part to the lower part
    C. Back to front
    D. Front to back

39. Elastic stockings also are called
    A. Anti-embolism stockings
    B. Support Hose
    C. Elastic bandages
    D. Montgomery bandages

40. A patient/resident objects to a transfer or a discharge. An ombudsman makes sure that the person's best interests are considered.
    A. True
    B. False

41. When removing dirty linens, roll each piece toward you.
    A. True
    B. False

42. Wet, damp and soiled linens are changed at the end of your shift.
    A. True
    B. False

43. When using a fracture pan, the larger end is placed under the buttocks.
    A. True
    B. False

44. When collecting specimens, you must not touch the inside of the container lid.
    A. True
    B. False

45. Linen can be transferred from one patient's/resident's room to another patient's/resident's room.
    A. True
    B. False

Matching

A. Oliguria
B. Enema
C. Open bed
D. Pressure Ulcer
E. Constipation

46. The passage of a hard, dry stool
47. A type of bed ready for a patient/resident arriving on a stretcher.
48. Scant amount of urine.
49. Open wound on the heel of a patient/resident.
50. The introduction of fluid into the rectum.

Sample Test: Module 10- Vital Signs

1. The amount of force exerted against the walls of the artery by the blood is commonly referred to as:
    A. Blood pressure
    B. Pulse
    C. Metabolism
    D. Hypertension

2. The normal oral temperature of an adult patient/resident is: A. 96.2 °F
    B. 98.6°F
    C. 101.0° F
    D. 99.6° F

3. The Nurse Assistant enters Mr. S's room to take his oral temperature and observes that he is drinking a glass of ice water. The Nurse Assistant should:
    A. Proceed with the oral temperature as planned
    B. Take a rectal temperature instead because the ice water will affect an oral reading
    C. Place a plastic sheath over the oral thermometer so the reading won't be affected
    D. Request that the patient not eat or drink anything else for 15 minutes and then return to take his temperature

4. Which of the steps mentioned below should the Nurse Assistant not do as part of taking a rectal temperature for an adult?
    A. Shake down the thermometer until it registers below 96°F.
    B. Position the patient in the prone position
    C. Lubricate the bulb end of the thermometer
    D. Insert the thermometer one inch into the rectum

5. Which of the following can increase the pulse rate?
    A. Depression
    B. Cold
    C. Pain
    D. Sleep

6. Before using a stethoscope from the nursing unit, the Nurse Assistant should:
    A. Wash the diaphragm with soap and water
    B. Clean the earpieces and the diaphragm with an alcohol wipe
    C. Disinfect the entire stethoscope with a strong disinfectant
    D. Replace the earpieces as they are disposable

7. A patient/resident's diastolic pressure is 104 mm Hg. A high diastolic reading could be serious because it:
    A. Means the patient/resident has hypotension
    B. Means the patient/resident is in shock
    C. Measures the amount of pressure in the arteries when the heart is contracting
    D. Measures the amount of pressure in the arteries when the heart is at rest

8. Mr. Johnson is a 75 year old, who has a cardiac condition and is experiencing bradycardia. Which pulse rate represents bradycardia?
    A. 152 beats per minute
    B. 84 beats per minute
    C. 68 beats per minute
    D. 42 beats per minute

9. The Nurse Assistant is taking routine vital signs on a patient/resident who is known to have an irregular pulse. The Nurse Assistant should take a:
    A. Radial pulse for 15 seconds and multiply by 4
    B. Radial pulse for 30 seconds and multiply by 2
    C. Radial pulse for one full minute
    D. Carotid pulse for 30 seconds and multiply by 2

10. The radial pulse is the most common site used for routine vital signs. The radial pulse is located on the:
    A. Internal side of the arm just below the elbow
    B. External side of the arm just below the elbow
    C. Thumb side of the wrist
    D. Little finger (pinkie) side of the wrist

11. When taking a patient's/resident's temperature, pulse, respirations (TPR), the respiration should be counted after the:
    A. Temperature has been taken
    B. Pulse has been taken, while the fingers remain on the pulse site
    C. Pulse has been taken and written down
    D. Nurse Assistant informs the patient/resident that the respirations will be counted

12. A respiration is defined as:
    A. One deep inhalation
    B. One full inhalation and exhalation cycle
    C. One deep exhalation
    D. A breath counted with each heartbeat

13. A patient/resident has a temperature of 102° F. What can the Nurse Assistant do to assist in lowering the fever without a physician's order?
    A. Give the patient/resident an alcohol bath
    B. Apply an ice cap to the patient's/resident's forehead
    C. Place the patient on a hypothermia blanket
    D. Encourage the patient/resident to drink cool fluids, if allowed to have oral intake

14. Which of the following pulse rates and blood pressure readings are within normal range for adult
    A. Pulse 100, BP 200/100
    B. Pulse 110, BP 140/90
    C. Pulse 72, BP 130/84
    D. Pulse 40, BP 90/60

15. Which of the following signs is not associated with a fever?
    A. Flushed face
    B. Thirst
    C. Skin dry and hot to touch
    D. Decreased pulse

16. When a patient/resident experiences difficult, painful or labored breathing, it is known as:
    A. Tachypnea
    B. Apnea
    C. Dyspnea
    D. Bradypnea

17. Which one of the following statements about blood pressure is true:
    A. The cuff can be placed over clothing
    B. Blood pressure can be measured on an injured arm or one that has an IV inserted
    C. The cuff is inflated 20mm – 30mm above the point where the radial pulse was palpated in the two step procedure
    D. Blood pressure cuffs should be the same size for all patients/residents

18. Which of the following pulses is located at the inner side of the elbow?
    A. Carotid
    B. Apical
    C. Popliteal
    D. Brachial

19. When taking a blood pressure reading, the higher number represents the pressure in the artery at the peak of cardiac contraction. This is called the:
    A. Apical pressure
    B. Diastolic pressure
    C. Systolic pressure
    D. Pulse pressure

20. When a patient/resident must be in a sitting position in order to breathe, this is known as:
    A. Cheyne-stokes respiratory
    B. Orthopnea
    C. Hyperventilation
    D. Snoring

21. When taking a patient's/resident's blood pressure, the Nurse Assistant will need to use a stethoscope and a:
    A. Wrist watch
    B. Specimen container
    C. Thermometer
    D. Sphygmomanometer

22. The Nurse Assistant is preparing to take a patient's/resident's blood pressure. The patient/resident has an IV in the right arm. The Nurse Assistant should:
    A. Take the blood pressure above the IV site in the right arm
    B. Take the blood pressure on the left arm
    C. Use a small cuff to take the blood pressure on the right arm
    D. Report the situation to the licensed nurse

23. The Nurse Assistant should know that the first sounds heard when taking a blood pressure reading is called the:
    A. Pulse pressure
    B. Diastolic pressure
    C. Auscultatory gap
    D. Systolic pressure

24. When taking a patient's/resident's vital signs, which of the following should the Nurse Assistant recognize as abnormal?
    A. Pulse 124
    B. Respirations 18
    C. Oral temperature, 99° F (37.2° C)
    D. Blood pressure 138/60 mmHg.

25. Which of the following is the correct order for the Nurse Assistant to use when recording a patient's/resident's vital signs?
    A. Pulse, temperature, and respirations
    B. Blood pressure, respirations, and temperature
    C. Temperature, pulse, and respirations
    D. Respirations, pulse, and blood pressur

26. When the patient/resident returns to his room after a short walk, he reports shortness of breath and tightness in the chest. Which of the following should the Nurse Assistant do FIRST?
    A. Tell the patient/resident that he will be fine soon
    B. Take their vital signs
    C. Stay with the patient/resident and call for the nurse immediately
    D. Call the family

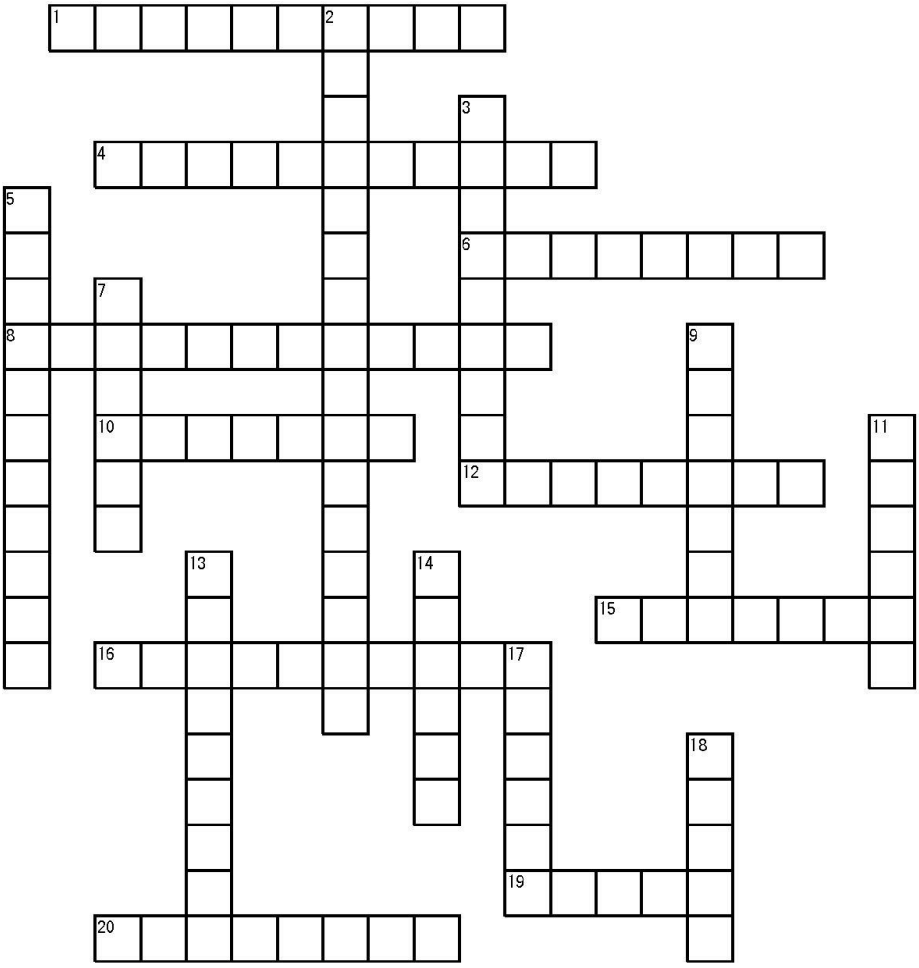
27. When a Nurse Assistant is unable to obtain a patient's/resident's pulse rate:
    A. Ask another nurse assistant to check the pulse
    B. Take the pulse again for 15 seconds and multiply the rate by 4
    C. Ask the patient/resident if her pulse is sometimes hard to find
    D. Take the pulse for a full minute at another location

28. The Nurse Assistant is taking a patient's/resident's temperature. Which of the following would be a normal axillary temperature reading? A. 97.6° F (36.4° C)
    B. 98.6° F (37° C)
    C. 99.6° F (37.6° C)
    D. 100.6° F (38.1° C)

29. The Nurse Assistant is taking a patient's/resident's blood pressure. To read systolic pressure a second time, the Nurse Assistant should:
    A. Immediately pump the cuff back up to 200 mmHg and try again
    B. Deflate the cuff completely, wait 1-2 minutes and retake the blood pressure
    C. Continue to deflate the cuff and add 20 points to the first sound heard
    D. Wait at least 30 minutes before reading the blood pressure again

30. To take a patient's/resident's pulse, the Nurse Assistant should:
    A. Put on gloves
    B. Use the thumb to feel the pulse
    C. Count the pulse for 10 seconds
    D. Take the pulse on the thumb side of the wrist

Vital Signs



Across

1 A particular type of temperature scale
4 Low blood pressure
6 Top or first number of blood pressure
8 High blood pressure
10 Pulse found in neck
12 Blue color to lips or skin
15 Labored breathing
16 Body burns food for energy
19 Not breathing
20 Pulse found at front of elbow

Down

2 Rapid, deep breathing
3 Second or lower number of blood pressure reading
5 Rapid heart beat
7 Pulse located over the heart
9 A centigrade thermometer
11 Pulse at wrist
13 Must sit upright to breathe
14 Underarm
17 A type of membrane in the mouth
18 Referring to the ear

Sample Test: Module 11- Nutrition

1. How much fluid should the average adult take in each day?
    A. 800 ounces
    B. 1,500 milliliters
    C. 2,500 milliliters
    D. 4,000 milliliters

2. Liquid nutritional supplements are offered:
    A. Between meals
    B. To anyone who wants them
    C. Warm
    D. On meal trays

3. Approximately how much daily urine output is normal for an average adult?
    A. 800 ounces
    B. 1,500 milliliters
    C. 2,500 milliliters
    D. 4,000 milliliters

4. Accurate recording of fluid intake includes:
    A. Only the fluid given in the patient's/resident's room
    B. Only the fluid that the nurse gives with medicine
    C. Only the fluid that comes on the dietary tray
    D. All fluid the patient/resident consumes during a shift

5. Which abbreviation is used most frequently to measure fluid intake and output?
    A. ml.
    B. kg.
    C. cm.
    D. mmHg.

6. After totaling the intake and output at the end of a shift, the Nurse Assistant realizes that a patient's/resident's intake is 1200 milliliters and output is 325 milliliters. What is the best action for the Nurse Assistant at this time?
    A. Record this information on the appropriate form
    B. Re-total the intake and output because it is probably an error
    C. Report the information to the charge nurse
    D. Offer the patient/resident additional fluids

7. A patient/resident has a gastrostomy tube. The Nurse Assistant knows that this is:
    A. A tube inserted through the nose to the stomach for feeding
    B. The same as total parenteral nutrition (TPN)
    C. A tube inserted through the abdominal wall into the stomach for feeding
    D. A tube that introduces high-density nutrients into a large vein

8. When caring for a patient/resident who receives tube feedings the Nurse Assistant must always:
    A. Elevate the head while the feeding is infusing
    B. Change the bag at the end of a shift
    C. Check the placement of the tube
    D. Position the patient/resident in the orthopneic position for each feeding

9. Which of the following is included in a clear liquid diet?
    A. Chicken noodle soup
    B. Liquid nutritional supplement
    C. Flavored gelatin
    D. Milk

10. Why is accurate recording of the food consumption of a patient/resident with diabetes important?
    A. Diet and insulin must balance to maintain a healthy protein level
    B. A diabetic patient/resident should not consume more than 2,600 calories per day
    C. The diabetic diet may be balanced by insulin or diabetic medications
    D. Diabetics must consume an adequate amount of sugar at each meal

11. A sign that states NPO is posted on the door of a patient/resident. This means that the patient/resident should:
    A. Not be fed
    B. Not have physical and occupational therapies
    C. Have intake only through a nasogastric or gastrostomy tube
    D. Have nothing by mouth

12. A patient/resident has to order “Force Fluids.” What is the best way to follow this order?
    A. Force the patient/resident to drink a glass of water every hour
    B. Encourage the patient/resident to take in as much fluid as possible
    C. Force the patient/resident to drink 8-10 glasses of water every day
    D. Encourage the patient/resident to drink only water

13. What action is essential before serving a meal tray to a patient/resident?
    A. Check the diet card and patient/resident identification
    B. Wash hands and put on a hairnet
    C. Have the patient/resident go to the bathroom and wash hands
    D. Put on a pair of gloves

14. Hot liquids are best tested by:
    A. Inserting a thermometer into the center of the liquid
    B. Placing a few drops of liquid on the patient’s/resident’s wrist
    C. Placing a few drops of liquid on the Nurse Assistant’s wrist
    D. Touching the outside of the dish or cup

15. When feeding a patient/resident who has had a stroke the Nurse Assistant will most correctly:
    A. Place food as far back on the tongue as possible
    B. Place food in the unaffected side of the mouth
    C. Place food in the affected side of the mouth
    D. Place food on the center of the tongue

16. A sign of dysphagia is:
    A. Shallow respirations
    B. Difficulty breathing
    C. Difficulty swallowing liquids
    D. Difficulty speaking

17. Food thickeners are designed to:
    A. Slow food intake into the mouth
    B. Slow the movement of fluids through the esophagus
    C. Provide a thicker mass for swallowing to help prevent choking
    D. Increase the number of calories the patient/resident consumes

18. While feeding a patient/resident, a Nurse Assistant is observed doing all the following actions. Which of the following is not correct?
    A. Standing at eye level
    B. Alternating liquid and solid food
    C. Only using a spoon for solids
    D. Feeding the patient/resident in his room

19. The Omnibus Budget Reconciliation Act (OBRA) includes all of the following requirements for food served in long-term care facilities except:
    A. Food must smell and taste good
    B. A patient/resident must receive at least three meals a day
    C. Hot food must be served hot, and cold food must be served cold
    D. Special eating equipment and utensils must be provided by the patient/resident or family

20. A patient/resident with a feeding tube is usually:
    A. On a regular liquid diet
    B. In a terminal condition
    C. Not allowed food or liquids by mouth (NPO)
    D. Receiving an intravenous infusion (IV)

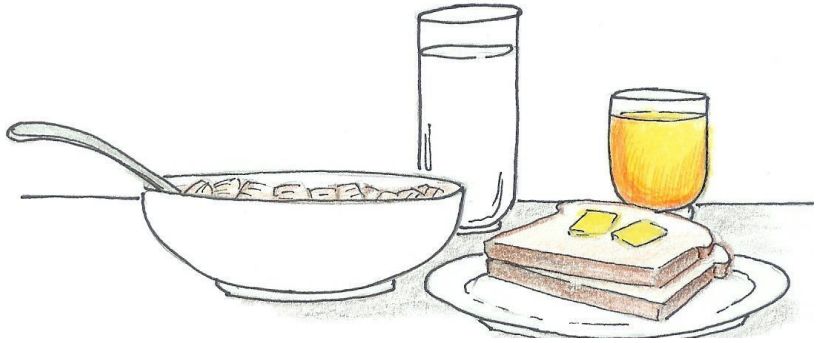
21. A patient/resident begins to cough during lunch in the dining room. No licensed nurses are in the room. Upon observing this, the Nurse Assistant will first:
    A. Place the patient/resident on the floor and open the airway
    B. Raise the patient's/resident's arms over their head
    C. Offer the patient/resident a glass of water
    D. Ask the patient/resident if they can speak

Matching: Match the following definitions with the correct term.

A. Difficulty Swallowing
B. Process of converting food into a form that can be used by the body
C. Excessive water loss
D. Process by which the body uses food for growth and repair and to maintain health
E. Substance that causes sensitivity
F. Vomit

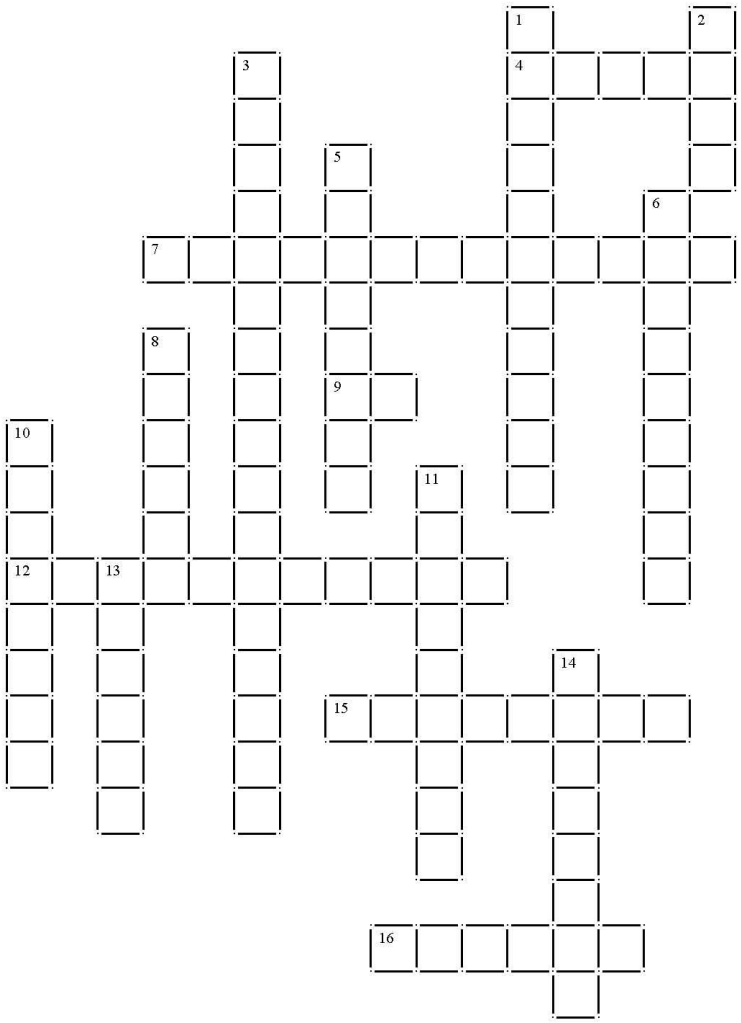
22. _____Allergen
23. _____Dehydration
24. _____Digestion
25. _____Dysphagia
26. _____Emesis
27. _____Nutrition

28. A patient/resident was served the foods seen here. The patient/resident ate all of the cereal, one slice of bread and butter, and drank all of the milk. Approximately what percentage of the breakfast was eaten?
    A. 25%
    B. 50%
    C. 75%
    D. 100%



Module 14- Nutrition Handout 14.1a- Crossword

Nutrition Crossword



ACROSS

4 Extra fluid in body tissues.
7 Provides body with energy- bread.
9 Short for "intravenous".
12 To spit.
15 Needed for growth, vision, bones, "A" is an example.
16 Vomitus.

DOWN

1 Not enough water in body tissues.
2 Adds flavor to food and helps body use some vitamins.
3 Highly concentrated IV solution.
5 Needed for tissue growth and repair.
6 Fiber or roughage; Indigestible.
8 Tube feeding.
10 Calcium and phosphorus are these.
11 The science of food and its relationship to human beings.
13 Food put through the blender is ___.
14 Increased excretion of urine.

Food Content Exercise

Directions: Label food items as protein, carbohydrate, fat, or combination of the above.

1. Pork chop _____
2. Pot pie _____
3. Lettuce _____
4. Apple pie _____
5. Green beans _____
6. Tortilla _____
7. Cupcakes _____
8. Taco _____
9. Banana _____
10. Rice _____
11. Potatoes _____
12. Green onions _____
13. Bread _____
14. Ice cream _____
15. Meatloaf _____
16. Onion _____
17. Strawberries _____
18. Beets _____
19. Pudding _____
20. Grapes _____
21. Turkey _____
22. Egg _____
23. Jello _____
24. Bean sprout _____
25. Enchilada _____
26. Roll _____
27. Broccoli _____
28. Shrimp/lobster _____
29. Hamburger _____
30. Meatloaf _____
31. Chop suey _____
32. Chicken _____
33. Pasta _____
34. Ceaser salad _____
35. Spaghetti _____
36. Tomatoes _____
37. Ham _____
38. Grilled cheese _____
39. Lasagna _____
40. Pear _____
41. Carrot _____
42. Fish _____
43. Beef stew _____
44. Cake _____
45. Bacon _____
46. Macaroni and cheese _____
47. Waldorf salad _____
48. Pizza _____
49. Apple _____
50. Cauliflower _____

Sample Test: Module 12 - Emergency Procedures

1. Most communities have a common emergency telephone number that notifies the Emergency Medical Service (EMS). Which of the following numbers is the emergency number?
    A. 911
    B. 484
    C. 411
    D. 916

2. Mr. Johnson has cut his hand on a broken piece of glass and is bleeding heavily. The Nurse Assistant should:
    A. Apply a circular strap around the wrist to act as a tourniquet
    B. Call 911, STAT (immediately)
    C. Have Mr. Johnson lower his hand below his heart to slow circulation to the site
    D. Apply direct pressure (with a gloved hand) using a pad, raising the hand above the level of the heart

3. A patient/resident has epilepsy. In the event of a seizure, the Nurse Assistant should:
    A. Leave the patient/resident to summon help
    B. Protect the patient/resident from injury
    C. Force the patient's/resident's mouth open
    D. Call for help in order to restrain the patient's/resident's movements

4. Which of the following best describes the "universal choking sign" given by the victim:
    A. Both hands clasped around his/her neck
    B. His/her arms waving up and down
    C. Pointing to his mouth with one hand
    D. The victim coughs and calls for help

5. The Nurse Assistant discovers an unconscious victim on the floor in the hall. What action should the Nurse Assistant take first?
    A. Move the victim to his room
    B. Search the victim for any areas of bleeding
    C. Call for assistance, then open the victim's airway and check for breathing
    D. Straighten out any obvious deformities in the victim's arms & legs

6. Your patient/resident is complaining that he is having pains in his chest. He is sweating and breathing heavily. As the Nurse Assistant who is with the patient/resident, you should:
    A. Tell the patient/resident this happens to you when you eat spicy foods, also
    B. Stay with the patient/resident & call for the nurse in charge
    C. Begin CPR
    D. Tell the patient/resident that he is having a heart attack

7. What procedure is done for a conscious choking patient/resident?
    A. Chest compressions
    B. Rescue breathing
    C. Abdominal thrusts
    D. Head tilt, chin lift

8. Mr. D's family is present when Mr. D has a seizure. Which of the following actions should the Nurse Assistant take for the family?
    A. Ask them to wait in a nearby room
    B. Tell them how you feel the patient's/resident's condition is doing
    C. Ask them to stay with the patient/resident as you get help
    D. Ask them to assist in holding the patient/resident down

9. Which of the following might be most helpful in preventing choking?
    A. Have the patient/resident eat all his solid foods before liquids
    B. Cut foods, especially meat into small, bite size pieces
    C. Feed the patient/resident quickly to reduce the risk of choking
    D. Have the patient/resident stand while eating so it will go down better

10. Which of the following are causes for hypoglycemia?
    A. Not enough insulin
    B. Decrease activity, vomiting, and undiagnosed diabetes
    C. Too much insulin, omitting a meal, vomiting
    D. Stress, increased activity

11. Which of the following might be a sign of an obstructed airway?
    A. Elevated temperature
    B. Pinpoint pupils
    C. Inability to speak
    D. Coughing

12. When performing abdominal thrusts, place the fist in one hand:
    A. Just above the pubis and below the navel (belly button)
    B. On the neck
    C. Between the navel and end of the sternum (breast bone)
    D. Over the ribs

13. Mrs. Harvey is complaining that her chest and arm hurt very badly. She is breathing heavily and sweating. While waiting for the nurse what should the Nurse Assistant do?
    A. Perform ROM on all extremities so patient/resident will not lose function of joints
    B. Give patient/resident oxygen
    C. Reassure patient/resident while putting her in a comfortable sitting position
    D. Leave to get emergency equipment in case you need it

14. Mr. Jones is showing the following signs and symptoms: dizziness, headache, weakness on his right side, and aphasia. What could be the cause?
    A. Heart attack
    B. CVA
    C. Syncope
    D. Shock

15. What personal protective equipment would be used when caring for a patient/resident with external bleeding?
    A. Gloves
    B. Goggles
    C. Gown
    D. All of the above

16. While ambulating Mrs. S, she has a fainting episode (syncope). What should the Nurse Assistant do first?
    A. Go get help
    B. Take Mrs. S's vital signs
    C. Assist Mrs. S to the floor
    D. Get Mrs. S a glass of water

17. Which of the following are signs and symptoms of internal bleeding?
    A. Bleeding in spurts
    B. Coffee ground vomit
    C. Normal appearance of urine
    D. Slow oozing of blood

18. What is the Nurse Assistant's role in caring for a patient/resident in shock?
    A. Keep patient/resident calm and warm
    B. Give water and ROM
    C. Maintain open airway and keep cool
    D. Keep active and fed

19. DNR, Living Will and Durable Power of Attorney are examples of:
    A. Boundaries of Care
    B. Scope of Practice
    C. Advanced Directives
    D. Nursing plan

20. CAB in reference to emergency care mean:
    A. Sequence of assessment
    B. Caring, Ambulation, Bathing
    C. Cycle, Airway, Bleeding
    D. Compressions, Airway, Breathing

21. Mr. G is coughing forcefully after swallowing a piece of meat. The Nurse Assistant should:
    A. Call for help
    B. Stay with Mr. G to monitor coughing
    C. Abdominal thrusts only if not coughing
    D. Give Mr. Gomez a glass of water

22. While eating, a patient/resident suddenly clutches his throat. The Nurse Assistant should FIRST:
    A. Give the patient/resident back blows
    B. Have the patient/resident sip some water
    C. Ask the patient/resident if he is choking, call for help
    D. Do a finger sweep of the patient's/resident's mouth

23. A patient/resident is choking and unable to speak. Which of the following actions should the Nurse Assistant take?
    A. Place the patient/resident in a chair
    B. Perform an arm lift
    C. Perform abdominal thrusts
    D. Administer sharp back blows

24. AED delivers an electric shock to the heart. What is an AED?
    A. Automatic External Device
    B. Automated External Device
    C. Automatic External Defibrillator
    D. Automated Exit Defibrillator

25. While eating, a patient/resident suddenly has a problem breathing but is able to say, "I'm choking" and is not coughing. Which of the following should the Nurse Assistant do?
    A. Administer abdominal thrusts
    B. Do a finger sweep of the patient's/resident's mouth
    C. Apply chest thrusts
    D. Give the patient/resident black blows

26. Mr. S has epilepsy and suffers from grand mal seizures. During a seizure it is important to:
    A. Restrain the patient/resident securely
    B. Attempt to keep the patient's/resident's jaws open
    C. Try to get the patient/resident to control his movements
    D. Protect the patient/resident from injury

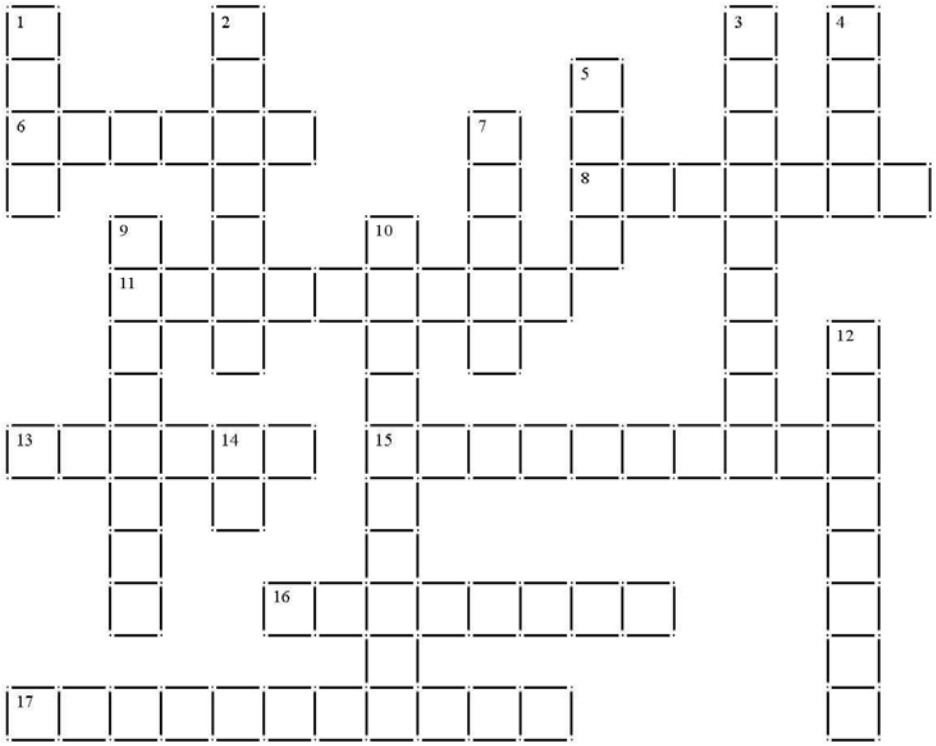
27. The Nurse Assistant finds a patient/resident having shortness of breath. The Nurse Assistant should do all of the following **except**:
    A. Keep calm
    B. Leave the patient
    C. Turn on the call light
    D. Call for help

28. A patient/resident complains of chest pain. The Nurse Assistant should know that the patient/resident may possibly be having:
    A. An insulin reaction
    B. A stroke
    C. Arthritis
    D. A heart attack

Module 12: Emergency Procedures

Handout 12.1a- Crossword

Emergency Procedures Crossword



Across

6 The heart or lungs stop.
8 Protective gloves.
11 A sudden threatening membranes.
13 Pale skin or mucous membranes.

15 Supports used to help prevent injury.
16 A bluish discoloration of the skin or mucous membranes.
17 Excessive perspiration.

Down

1 Immediately.
2 Difficult breathing
3 Restlessness.
4 Written Idea about what to do in case of a fire or disaster.
5 Unconscious.
7 Too much insulin produced.

9 A maneuver to help someone chocking.
10 Abnormal bleeding.
12 Someone having problems breathing has respiratory.
14 Abbreviation for oxygen.

Sample Test: Module 13 - Long Term Care Patient/resident

1. The following are common with otitis media **EXCEPT**
    A. Pain
    B. Hearing loss
    C. Tinnitus
    D. Dizziness

2. Arthritis is
    A. The surgical replacement of a joint
    B. Joint inflammation
    C. A disease in which bones become porous and brittle
    D. The repair of a fracture

3. Tissues die and become black, cold and shriveled. This is
    A. Cancer
    B. Gangrene
    C. Arthritis
    D. Metastasis

4. Which of the following body parts commonly enlarges in the elderly male causing urinary tract obstruction?
    A. Testes
    B. Prostate gland
    C. Ureter
    D. Adrenal gland

5. A malignant tumor
    A. Grows slowly and in a localized area
    B. Can spread to other parts of the body
    C. Invades nearby tissues
    D. Is not cancer

6. A patient/resident has osteoarthritis. The person is overweight. Why is weight loss important for the person?
    A. It will improve the person's mental well-being
    B. The person is too old to be overweight
    C. Weight loss reduces stress on weight-bearing joints
    D. It will be easier to lift and mover the person

7. These statements are about arthritis. Which is incorrect?
    A. It is the most common joint disease
    B. Pain is common
    C. Decreased mobility is common
    D. It is cured with arthroplasty

8. A patient/resident has a fractured right hip. What position is usually not allowed?
    A. Left side-lying position
    B. Right side-lying position
    C. Fowler's position
    D. Semi-Fowler's position

9. The two most common causes of stroke are
    A. Bleeding in the brain and blood clots
    B. Hypertension and diabetes
    C. Infection and accidental injury
    D. Aging and poor nutrition

10. Care of a person after a stroke often includes the following except
    A. Ostomy care
    B. A bowel and/or bladder training program
    C. ROM exercises to prevent contractures
    D. Measures to prevent pressure ulcers

11. Functions lost as a result of stroke depend on
    A. The cause of the stroke
    B. The person's age
    C. The area of brain damage
    D. The person's attitude

12. A patient/resident has heart failure. The doctor is likely to order
    A. A splint or brace
    B. Elastic stockings
    C. Trochanter rolls
    D. A cane or walker

13. When the urinary bladder is removed, a new pathway is needed for urine to exit the body. The new pathway is called a
    A. Urinary diversion
    B. Ureterostomy
    C. Renal pathway
    D. Renal tubule

14. Heart failure means that the heart
    A. Has stopped beating
    B. Is damaged
    C. Cannot pump blood normally
    D. Is old and weak

15. In diabetes, the body lacks or is unable to use
    A. Estrogen
    B. Testosterone
    C. Insulin
    D. Protein and carbohydrates

16. Persons with diabetes need
    A. Good foot care
    B. Frequent oral hygiene
    C. Daily weight measurements
    D. I & O measurements

17. To prevent pressure ulcers, you must:
    A. Keep the person's skin clean and dry
    B. Massage pressure points
    C. Use soap to clean the skin
    D. Scrub and rub the skin during bathing

18. You are applying an elastic bandage to a person's left leg. Which is incorrect?
    A. Position the part in good alignment
    B. Face the person during the procedure
    C. Start at the top (proximal) part of the extremity
    D. Expose the toes if possible

19. A female patient/resident is obese. She is at risk for pressure ulcers in the following areas except.
    A. Between abdominal folds
    B. Under her breasts
    C. Between her legs and buttocks
    D. Her forehead and chin

20. A dressing is loose. What can happen?
    A. Microbes can enter the wound
    B. Wound edges can separate
    C. Dehiscence can occur
    D. The wound can become larger

21. The leading cause of blindness in persons 60 years of age or older is
    A. Glaucoma
    B. Cataract
    C. Eye infection
    D. Age related Macular Degeneration (AMD)

22. A patient/resident has a hearing aid. Which is incorrect?
    A. The hearing aid corrects the person's hearing problems
    B. Hearing aids are costly
    C. Batteries are removed at night
    D. When not in use, the hearing aid is turned off

23. A patient/resident has glaucoma. What do you know about the person's sight?
    A. Print and colors appear faded
    B. The person cannot see to the side
    C. The person is blind in the affected eye
    D. The person's vision is cloudy

24. Which means low blood sugar?
    A. Hyperglycemia
    B. Hypoglycemia
    C. Hyperthyroidism
    D. Hypothyroidism

25. The person with Parkinson's disease needs protection from
    A. Falls
    B. Burns
    C. Poisoning
    D. Cold, damp weather
    E.

26. Risk factors for stroke include the following except
    A. Hypertension and a family history
    B. Diabetes, osteoporosis, and obesity
    C. Heart disease, inactivity, and excessive alcohol use
    D. Smoking and high blood cholesterol

27. The following are common with Parkinson's disease **EXCEPT**
    A. Tremors
    B. Shuffling gait
    C. Facial expression
    D. Flare-ups or relapses

28. With coronary artery disease, the coronary arteries are
    A. Hardened and narrow
    B. Enlarged and less elastic
    C. Infected
    D. Opened or bypassed

29. A hallucination is
    A. A false belief
    B. An exaggerated belief
    C. Seeing, hearing, smelling, or feeling something that is not real
    D. A persistent thought or idea

30. Delirium is
    A. A false belief
    B. The loss of cognitive function caused by changes in the brain
    C. A false disorder of the mind
    D. A state of temporary but acute mental confusion

31. Sundowning is
    A. When signs, symptoms, and behaviors of Alzheimer's disease increase during hours of darkness
    B. The loss of cognitive and social function caused by changes in the brain
    C. A false dementia
    D. A state of temporary but acute mental confusion

32. These statements are about permanent dementia. Which is incorrect?
    A. There is no cure
    B. Loss of cognitive function worsens over time
    C. Disease progression is the same for everyone affected
    D. The person has signs and symptoms of dementia

33. A patient/resident has Alzheimer's disease. She is trying to rub her perineum through her clothes. Which statement is incorrect?
    A. The behavior is sexual
    B. She may be wet or soiled from urine or feces
    C. She may have a urinary or reproductive infection
    D. She may have pain or discomfort in her urinary or reproductive system

34. The Nurse Assistant is providing foot care to a patient/resident with diabetes. What is he/she not allowed to do?
    A. Rub lotion on the patient's/resident's feet
    B. Use an orange stick under the nails
    C. Clip the nails
    D. Check for fungus between the toes

35. A patient/resident has AD. The person has the following behaviors. Which has the greatest risk for danger?
    A. Wandering
    B. Delusions
    C. Catastrophic reactions
    D. Screaming

36. Which is not a risk factor for gastroesophageal reflux disease (GERD)?
    A. Being underweight
    B. Alcohol use
    C. Pregnancy
    D. Smoking

37. What is the greatest risk(s) from osteoporosis?
    A. Fractures
    B. Burns
    C. Infection
    D. Pneumonia

38. The patient/resident has a cast on the right leg. Which action is **INCORRECT**?
    A. Allow the cast to get wet
    B. Use your palms to lift and turn a casted extremity
    C. Turn the person every two hours
    D. Elevate the casted part on pillows

39. The skin is injured. Which is a major threat?
    A. Incontinence
    B. Infection
    C. Gangrene
    D. Evisceration

40. An injury usually from unrelieved pressure is
    A. A wound
    B. A thrombus
    C. Phlebitis
    D. A pressure ulcer

41. Skin tears are caused by the following except
    A. Friction and shearing
    B. Pulling or bumping a body part
    C. Direct pressure on the skin
    D. Incontinence and moisture on the skin

42. The skin or mucous membrane is broken. This is
    A. An open wound
    B. A clean wound
    C. A closed wound
    D. An intentional wound

43. Elastic bandages and elastic stockings do the following except
    A. Promote comfort
    B. Promote circulation
    C. Prevent injury
    D. Prevent infection

44. A patient/resident has cancer. You find him crying in his room. What should you do?
    A. Close the door after leaving the room. He needs to cry in private
    B. Use touch and listening to communicate that you care
    C. Tell the nurse at once
    D. Tell his spiritual advisor what you observed

45. The common causes of chronic renal failure are
    A. Tumors and infections
    B. Hypertension and diabetes
    C. Coronary artery disease and COPD
    D. Severe allergic reactions and severe bleeding

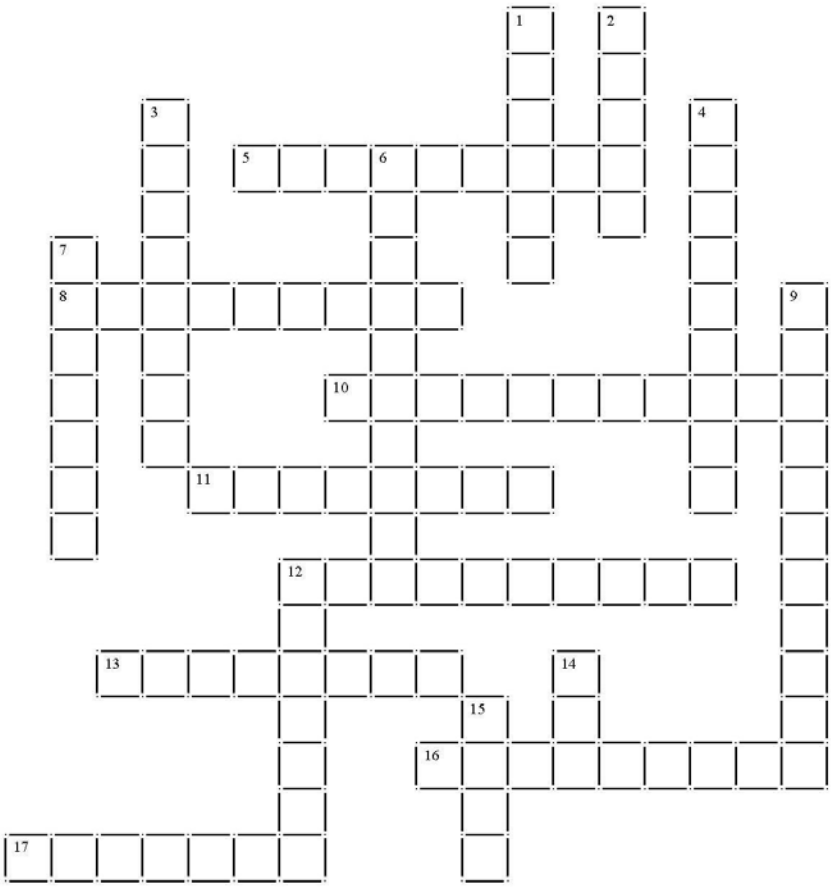
46. Hepatitis A is spread by
    A. Airborne droplets
    B. Blood
    C. The fecal-oral route
    D. Direct contact

47. What is the highest level of anxiety?
    A. Panic
    B. Phobia
    C. Obsession
    D. Compulsion

48. Which is not an early warning sign of dementia?
    A. Getting lost in familiar places
    B. Personality changes
    C. Poor or decreased judgment
    D. Not recognizing self or family members

49. A patient/resident is confused. It is time for the person's shower. What should you do?
    A. Explain what you are going to do and why
    B. Ask the person to undress
    C. Ask if the person wants a tub bath or shower
    D. Let the confusion pass before you assist with the person's shower

Long Term Care Resident Crossword



Across

5 Chemical breakdown of food for use by body

8 Loss of function of a part of the body.

10 The smallest blood vessels.

11 Itching.

12 Refers to signs of Alzheimer's Disease during the hours of darkness.

13 A decline in memory and other thought processes.

16 Disoriented to time, place, and person.

17 Wasting of muscle tissue.

Down

1 A condition causing severe pain in the chest.

2 Blood vessels that carry unoxygenated blood.

3 The front part.

4 The back portion.

6 Breathing out.

7 Loss of ability to speak.

9 Breathing in.

12 Referring to organs responsible for sight, hearing, touch, taste, smell.

14 Short for "Congestive Heart Failure"

15 Short for "Chronic Obstructive Pulmonary Disease."

Sample Test: Module 15- Observation and Charting

1. Which of the following most completely defines observation?
   A. Watching the activities of the patient/resident
   B. Listening to the patient/resident and to staff reports
   C. Reading the charts and records
   D. Gathering patient/resident information by using the four main senses

2. An error made while writing in the patient's/resident's chart is corrected by:
   A. Crossing out the mistake until it can no longer be read
   B. Tearing out the sheet of paper in the chart and write on a new one
   C. Drawing a line through the wrong entry and write an explanation of why it was an error
   D. Drawing a single line through the entry, writing the word "error" above the line, and initial the entry

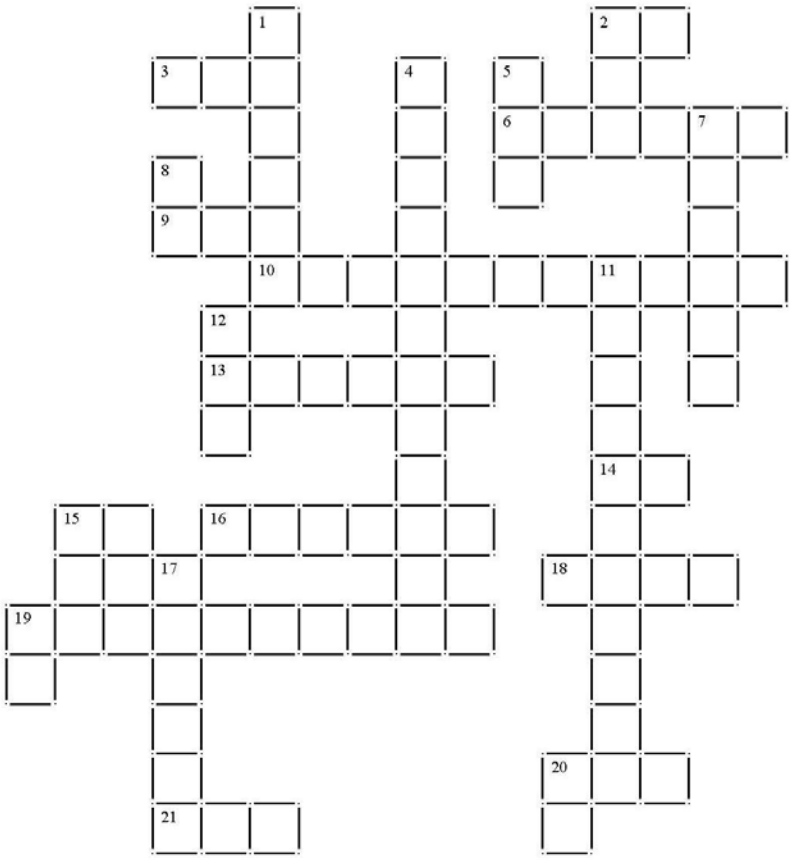
3. Which of the following statements is an example of objective data or information?
   A. "Mrs. O'Hara said she felt sick to her stomach"
   B. "Mr. Jones says he has pain in the lower part of his back"
   C. "Mrs. O'Hara complained of feeling chilled, so I closed the window"
   D. "Mr. Jones vomited 250cc of fluid after lunch"

4. Using the following statement, identify the sentence that uses the correct abbreviations: Patient/resident up in wheelchair all afternoon. Range of motion done three times a day. Physical Therapy to ambulate patient/resident after meals every day. Patient/resident may be out of bed as desired.
   A. Res. in w/c all P.M. ROM TID. P.T. to amb. res. pc qd. Res. OOB ad lib.
   B. R. up in W/C all P.M. ROM three qd. Phys.Ther. to amb. R. pc qd. R. out of bed ad lib.
   C. Res. up in wc. qd Range of mot tid. Pt. to amb res qd Patient/resident may be oobed prn.
   D. Res. up in wc. No c/o pain. To x-ray for UGI series

5. The words "ambulatory," "bathroom privileges" and "before meals" are correctly abbreviated in only one of the sentences below. The correct abbreviations are:
   A. Amb., BR, and p.c.
   B. Amb., BR, and a.c.
   C. Amb., BRP, and a.c.
   D. Amb., BRP and p.c.

6. A quick, easy, source of patient/resident information which includes the patient's/resident's diagnosis, diet, activity, special treatments and routine care measures is known as a:
   A. History and physical
   B. Kardex file
   C. Patient flowchart
   D. Graphic chart
7. The Nurse Assistant has just given Mrs. Kennedy a complete bed bath. What type of information would be appropriate to chart?
   A. The condition of Mrs. Kennedy's skin and how she tolerated the bath
   B. The fact that Mrs. Kennedy accidentally dropped the water pitcher
   C. The fact that Mrs. Kennedy likes her toilet items kept in the overbed table
   D. Mrs. Kennedy's roommate talked to the Nurse Assistant throughout the entire bathing procedure
8. The routine, daily nursing tasks performed for a patient/resident are charted on the:
   A. Progress sheet
   B. Nurses notes
   C. ADL sheet
   D. Incident report
9. When charting on a patient's/resident's medical record, the Nurse Assistant should:
   A. Erase any errors in charting
   B. Always use ink
   C. Skip a line between entries
   D. Chart all procedures to be done
10. A list of the patient's/resident's needs and specific nursing activities to address those needs would be found
    A. Patient's/resident's care plan
    B. Patient's/resident's history and physical
    C. Graphic chart
    D. Nurse's notes
11. The Minimum Data Set (MDS) manual
    A. Gives a standardized approach to care
    B. Gives a structure to facility care
    C. Helps the nurse complete accurate assessments
    D. Triggers needed assessments
    E. All of the above

Observation and Charting Crossword



ACROSS

2 Short for "bowel movement".
3 Short for "licensed vocational nurse".
6 A card file that summarizes information about the resident.
9 Short for "range of motion".
10 Using the senses to collect information.
13 A word element placed at the beginning of a word to change its meaning.
14 Short for "intravenous".
15 Means "every day".

DOWN

1 Means "lung".
2 Short for "bathroom privileges".
4 Shortened version of a word.
5 Short for "electrocardiogram".
7 Means "removal of".
8 Short for "emergency room".
11 Words or terms used in a particular science.
12 Means "nothing by mouth".
15 Every night at bedtime.
17 Near the middle or midline.
19 Means "before meals"

16 A word element placed at the end of a word that changes its meaning.
18 A word element that contains the basic meaning of the word.
19 To observe and make judgments.
20 Stands for "difficult" or "abnormal".
21 Short for "laboratory".

20 Short for "diagnosis".

Sample Test: Module 16- Death and Dying

1. A patient/resident has terminal breast cancer and says she wants to live three more months to see her first grandchild. According to Kubler-Ross, in what stage of the grief process is this patient/resident?
   A. Denial
   B. Bargaining
   C. Depression
   D. Acceptance

2. A patient/resident is dying of a lung disease. He has been recently yelling at the staff. What stage of the grief process may this be?
   A. Anger
   B. Acceptance
   C. Depression
   D. Denial

3. The dying patient/resident has a right to:
   A. Read their facility record at any time they choose
   B. Refuse life-prolonging measures
   C. Refuse to pay for any services
   D. Request the Nurse Assistant to give him medications

4. Mr. Huang is terminally ill and has lost consciousness. The Nurse Assistant should:
   A. Tell his family that death is only a few hours away
   B. Turn and reposition him less frequently
   C. Keep the room very bright and noisy
   D. Remember that the patient/resident may still be able to hear

5. One of the signs of biological death would include:
   A. Bradycardia (slow heart beat)
   B. Hypertension (high blood pressure)
   C. Lack of respirations (patient/resident is not breathing)
   D. Agitation (patient/resident is active and jumpy)

6. Mrs. O'Leary always keeps her rosary and medals with her at all times. These objects should be:
   A. Ignored since it is better to avoid discussion about religion
   B. Placed on bedside table where she can't get to it
   C. Removed as soon as she goes to sleep so they are not lost
   D. Left with Mrs. O'Leary and handled as valuable items

7. One of the goals of hospice care is to:
   A. Help the patient/resident in making the dying process less painful physically and psychologically
   B. Prolong life above all else
   C. Provide an elimination of all disease symptoms and pain
   D. Provide an opportunity for death by giving too many drugs

8. Keeping the terminally ill patients/residents comfortable includes:
   A. Keeping the bed in a flat position
   B. Providing skin care and linen changes
   C. Discouraging any visitors
   D. Only turning the patient/resident every 6 hours

9. It is important for the Nurse Assistant to monitor the condition of the dying patient/resident, who has written an Advanced Directive not to resuscitate him, so that they can:
   A. Provide physical and emotional support
   B. Provide large serving of food frequently
   C. Notify the physician of the exact time of death
   D. Give medication

10. Usually the first task after the patient/resident has died and before the family comes to visit is to:
    A. Wrap the body in a shroud for transfer to a mortuary
    B. Notify the mortuary for immediate transfer of the body
    C. Just leave the patient/resident as is
    D. Prepare the body for viewing by family members

11. Postmortem care includes:
    A. Taping the eyes shut
    B. Bathing as necessary
    C. Removing dentures
    D. Removing prostheses

12. After a patient's/resident's death, the Nurse Assistant should support the family by:
    A. Trying to cheer them
    B. Encouraging the family to talk with the roommate
    C. Listening when the family wants to talk
    D. Assuring the family that the patient/resident is better off

13. When preparing a body for postmortem transfer, the Nurse Assistant should first:
    A. Cover the patient's/resident's body and head with a clean sheet
    B. Straighten the body in supine position
    C. Maintain the patient's/resident's body positions and elevate the head
    D. Provide bright lighting when the family members arrive

14. As part of the care of a patient/resident after death, the Nurse Assistant should:
    A. Dress the patient/resident in regular clothes
    B. Remove all patient's/resident's identification bands
    C. Remove all tubes and drains
    D. Position the patient's/resident's body in normal alignment

15. When caring for a dying patient/resident, the Nurse Assistant should expect:
    A. The patient/resident to be alert
    B. Vital signs to be normal
    C. Breathing to be irregular
    D. Temperature to be unchanged

16. To provide emotional support for the family members of a dying patient/resident, the Nurse Assistant should:
    A. Tell them not to cry
    B. Remind them that everyone dies
    C. Accept their expression of feelings
    D. Recommend that they limit their visits

17. Nurse Assistants who help with postmortem care of a patient/resident should:
    A. Wipe the body with alcohol to remove germs
    B. Be sure the body and clothing are clean and dry
    C. Be sure all jewelry is placed on the body
    D. Notify the nurse if there has been a bowel movement

18. The daughter of a patient/resident who has just died says to the Nurse Assistant, "My father can't be dead. It just isn't possible." Which of the following would be the best response for the Nurse Assistant to make?
    A. "Didn't you know that your father was very sick?"
    B. "Would you like me to call the mortuary for you?"
    C. "This must be very hard for you"
    D. "I will talk to the nurse in charge"

19. While the Nurse Assistant is changing a patient's/resident's bed, the patient/resident just starts crying and says, "No one cares about me. I wish I could just die!" the Nurse Assistant should:
    A. Say nothing and continue to change the bed
    B. Tell the patient/resident that she is too busy to listen
    C. Ask if the patient/resident would like to talk for awhile
    D. Tell the patient/resident to stop being such a baby

20. A dying patient/resident tells the Nurse Assistant, "I'm having a lot of pain." The Nurse Assistant should:
    A. Try to change the subject
    B. Report the pain to the nurse in charge
    C. Talk to the family member about the pain
    D. Leave the room to provide privacy

Sample Test: Module 17 Elder Abuse

1. The following statements about abuse are true except:
   a. Abuse is making judgements before knowing the patient/resident situation.
   b. Abuse is a punishable crime.
   c. Abuse is a willful act that causes harm or injury to the patient/resident.
   d. Abuse is depriving a person of goods and services needed to maintain health.

2. Threatening to touch the person's body without the person's consent is:
   a. Assault
   b. Battery
   c. Defamation
   d. False Imprisonment

3. Restraining a person's movement is:
   a. Neglect
   b. Invasion of privacy
   c. Defamation
   d. False Imprisonment

4. Sharing a person's photos on a social media site is:
   a. Fraud
   b. Allowed with the family's consent
   c. A HIPAA Violation
   d. Allowed if you obtained consent

5. Who is most at risk for being wounded, attacked, or assaulted?
   a. A teenager
   b. A single mother
   c. A caregiver
   d. An older adult

6. You scold an older person for not eating their dinner. This is a form of:
   a. Physical abuse
   b. Neglect
   c. Battery
   d. Verbal abuse

7. You leave your patient before completing your assignment and the patient's/resident's care. This is abuse by:
   a. Abandonment
   b. Neglect
   c. Involuntary seclusion
   d. Battery

8. You fall asleep at work. This is:
   a. Abandonment
   b. Neglect
   c. Malpractice
   d. Emotional abuse

9. Which is a sign of elder abuse?
   a. Stiff joints and joint pain
   b. Weight gain
   c. Poor personal hygiene
   d. Forgetfulness

10. An older adult has a black eye, bruises on their face, bite marks on on their arms. These are signs of:
    a. Physical abuse
    b. Sexual abuse
    c. Neglect
    d. Verbal abuse

11. You suspect a patient/resident has been abused. What should you do?
    a. Tell the nurse

b. Call the police
c. Tell the family
d. Ask the person about the abuse

12. Failure to exercise the degree of care considered reasonable in a given situation is:
    a. Malpractice
    b. Neglect,
    c. Coercion
    d. Physical abuse

13. You overhear another nurse assistant raise their voice loudly in a threatening manner when speaking to their patient/resident. The nurse assistant is guilty of:
    a. Neglect
    b. Physical abuse
    c. Verbal abuse
    d. Invasion of privacy

14. Your patient/resident offers you a dollar to thank you for picking up a newspaper for him. Your best response would be to:
    a. Ignore the money and pretend not to see it
    b. Take the money as you earned it
    c. Report the event to the doctor
    d. Politely refuse because tipping is not allowed

15. T F A patient may not refuse any treatment prescribed by the doctor
16. T F Every patient/resident has the right to considerate and respectful care
17. T F Anxiety can make a patient/resident very demanding
18. T F You fail to follow an order to encourage fluids for your patient/resident. You are guilty of neglect.
19. T F If an error occurs as the nurse assistant gives care, the nurse assistant should report it when they think about it
20. T F A patient/resident gives up their right to privacy when they are admitted to a healthcare facility