

ARIZONA

NURSING ASSISTANT CANDIDATE HANDBOOK VERSION 15.2

EFFECTIVE 2-1-2018

UPDATE: 6-1-2018 TRANSLATION DICTIONARIES NO LONGER ALLOWED DURING TESTING PER AZBN



D&S Diversified Technologies LLP

Headmaster LLP

P.O. Box 6609

Helena, MT 59604-6609

1-800-393-8664 -- FAX: 406-442-3357

E-mail: hdmaster@hdmaster.com

www.hdmaster.com





D&S Diversified Technologies LLP

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P.O. Box 6609, Helena, MT 59604-6609
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VERSION 15.1

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CONTACT INFORMATION

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

HEADMASTER, LLP 8:00 am to 6:00 pm M-F (800) 393-8664
P.O. Box 6609 (Mountain Time)
Helena, MT 59604-6609 Fax: (406) 442-3357

QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

ARIZONA STATE BOARD OF NURSING .. 8:00 am to 5:00 pm M-F (602) 771-7800
1740 W. Adams Street, Suite 2000
Phoenix, AZ 85007-2607

**The Arizona State Board of Nursing (AZBN)
has moved to a new location.
Please note their new address.**

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Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistant related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

This handbook describes the process of taking the Nursing Assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant competency examination—a multiple-choice, knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Arizona Board of Nursing (AZBN) for certification in Arizona.

Arizona has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Nursing Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

Proof of Legal Presence in the United States

As of June 13, 2016, every Arizona Nursing Assistant student will need to have proof of legal presence in the United States on file with D&S Diversified Technologies – Headmaster, LLP in order for the instructor/training program staff to enter a completion of training date in the student's WebETest© record and thus for the student to be scheduled for the Arizona knowledge and manual skills CNA exams. All NA training programs will need to collect the documentation, photo or scan the document, attach it to an email and send it to Headmaster upon registration before a training completion date can be entered. This identification document should be the same as the ID document(s) the student is going to use for state testing, e.g. AZ Driver's License issued after 1996 or a US Passport. The FIRST and LAST names on the document must exactly match the FIRST and LAST names entered in the system. A comprehensive list of documents acceptable for proof of legal presence is available on our website at www.hdmaster.com and on the Arizona State Board of Nursing website at: www.azbn.gov.

CNA (Certified Nursing Assistant) & LNA (Licensed Nursing Assistant)

The Arizona State Board of Nursing (Board) has 2 levels of nursing assistant:

- **Certified Nursing Assistant (CNA)**: Upon passing the required exams and providing proof of legal residence, all qualified persons testing after July 1, 2016 will be listed on the CNA Registry without an additional application to AZBN and can use the initials "CNA".
- **Licensed Nursing Assistant (LNA)**: In addition to the requirements to be on the CNA Registry, an LNA applicant must submit a separate application to the AZBN with fingerprints and pay a \$100 fee (\$50 for the application and \$50 for a one-time fingerprint background check). If the applicant meets Board requirements, the Board will license the applicant as an LNA and the applicant can use the initials "LNA". Applications for LNA are available on the Board's website: www.azbn.gov

Americans with Disabilities Act (ADA) Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by the Arizona State Board of Nursing (AZBN) in advance of examination. The request for ADA Accommodation Form 1404AZ is available on the Arizona page of the Headmaster website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

Scheduling Your Nursing Assistant Exam

In order to schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved, nursing assistant (NA) training program or have an AZBN-approved NA Education Waiver. In addition, all nursing assistant certification exam candidates must be registered with D&S Diversified Technologies – Headmaster LLP by their training program, unless a waiver is granted by the AZBN. Your registration information will be transmitted to the AZBN upon passing both portions of the CNA exam.

Nursing Assistant Training Program Candidates: Once your training program has completed your CNA registration information online, you may schedule your exam date online at www.hdmaster.com (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at 800-393-8664. Securely processed VISA or MASTERCARD credit card or debit card information is required first. You will then be able to schedule your exam date and receive your test confirmation online (Headmaster does not send test confirmation emails to candidates who self schedule or who are scheduled by their training program).

If you wish, you may schedule an exam date by mailing to Headmaster a Scheduling and Payment Form 1402 indicating your exam date choices along with your payment:

- ◆ Complete your Scheduling and Payment Form 1402 by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days. All Headmaster forms can be found on the Arizona NA page of our website at www.hdmaster.com

Please note:

1. Forms with missing information, payment or signatures will be returned to the candidate.
2. If you fax your Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies.
3. If we are able to schedule you to test within 8 business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply.
4. We do not accept personal checks or cash for testing fees.
5. We accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards (we do not accept personal checks or cash).

You will be scheduled to take your knowledge and skill tests on the same day and notified via email.

Many training programs host and pre-schedule exam dates for their graduating students. Check with your instructor to see if this is the case before you request an exam date. Regional test sites are open to all candidates. Regional test dates are posted on the AZ NA page of our website, www.hdmaster.com under the “Candidate Forms” column. Click on the button “Three Month Test Schedule”. Be sure to read the important notes at the top of the first calendar. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm mountain time if you have questions or problems.

Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled online.

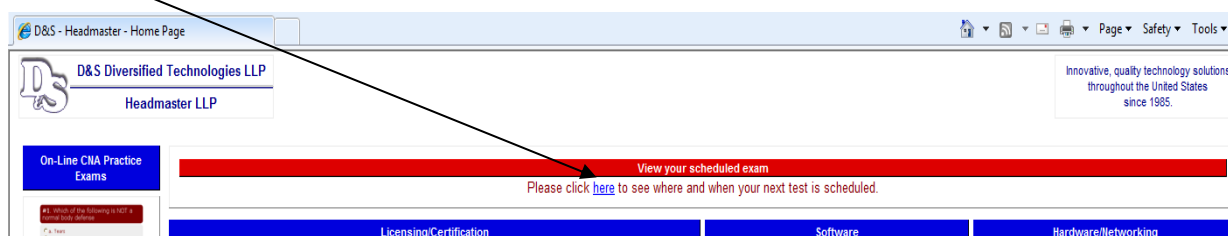
Education Waivers for Military, Foreign Graduate or Nursing Student: If you have an AZBN-approved NA Education Waiver (military, foreign graduate or nursing student), Headmaster will complete your registration and scheduling upon receipt of your application. Complete the Headmaster NA Application Form 1101, and the Headmaster Scheduling and Payment Form 1402, and mail these forms to Headmaster at the address shown on the forms along with:

- Payment: money order, cashier’s check, facility check made out to Headmaster; Visa or MasterCard – no personal checks or cash.
- A copy of your AZBN NA Education Waiver or your Certificate of Completion of Training (your name on your Certificate of Completion of Training must exactly match the FIRST AND LAST names on your application or your forms will be returned).
- For information on NA Education Waivers visit the AZBN website www.azbn.gov then click on Applications & Forms and scroll down to “Other Form Downloads”.
- You must also submit a copy of proof of legal presence in the United States. This identification document should be the same as the ID document(s) that you will use for state testing, e.g. AZ Driver’s License issued after 1996 or US Passport. The FIRST and LAST names on the document must exactly match the FIRST and LAST names on your application. A comprehensive list of documents acceptable for proof of legal presence in the United States is available on our website at www.hdmaster.com and on the AZBN website at www.azbn.gov.

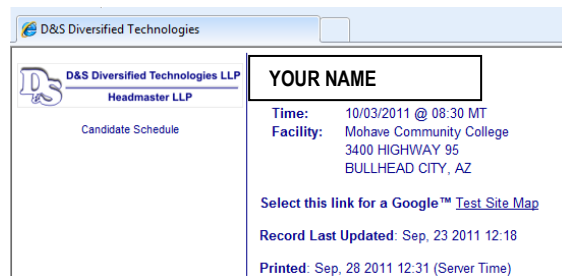
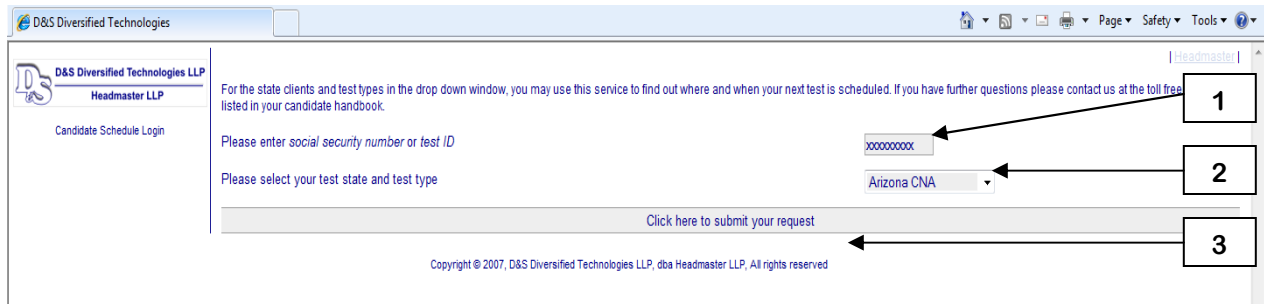
Please print neatly, double-check your address, phone number, email address and social security number before signing the Headmaster testing application. Unsigned applications will be returned to you, which will delay testing.

When a candidate is scheduled by Headmaster, we will notify the candidate via email of their test date and time. If you do not hear from Headmaster within 5 business days of sending us your scheduling request and payment, call us immediately or leave us a message on the answering machine at 1-800-393-8664.

You may also verify your test date on-line by going to our home page at www.hdmaster.com and clicking here:



1. Type in your social security number
2. Choose Arizona CNA from the drop down box
3. Click on “Click here to submit your request”



Exam Day: Exam Check-In (Identification) | Dress Code | Allowed Items

- You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start. (*For example:* if your test start time is 8:00 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)
- SCRUBS** (which consists of: a scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting) and closed-toed, soft-soled shoes are the required dress code for testing. You will not be admitted for testing if you are not wearing scrubs attire and the appropriate shoes. You will be considered a NO SHOW. You will have to pay for another exam date.
- You must bring a-

US GOVERNMENT ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION

Examples of the forms of US government issued, photo ID's that are acceptable are:

- ◆ **Driver's License** (*Arizona Driver's License must be issued January 1, 1997 and later*)
- ◆ **State issued Identification Card** (*Arizona State ID must be issued January 1, 1997 and later*)
- ◆ **US Passport** (Foreign Passports **are not** acceptable)
- ◆ **Military Identification**
- ◆ **Alien Registration Card**
- ◆ **Tribal Identification Card**
- ◆ **Work Authorization Card**

****A DRIVER'S LICENSE OR STATE-ISSUED ID CARD THAT HAS A HOLE PUNCHED IN IT IS NOT VALID AND WILL NOT BE ACCEPTED AS AN ACCEPTABLE FORM OF ID****

- Your **FIRST** and **LAST** printed names on your ID that you will present to the RN Test Observer during sign-in at your exam event **MUST EXACTLY MATCH** your FIRST and LAST names that were entered in the AZ nursing assistant database by your training program. You may call Headmaster at 1-800-393-8664 to confirm that your name of record is matching your US government issued ID.

-
- You will not be admitted for testing if you do not bring proper ID, your ID is invalid (*see note above) or if your FIRST and LAST printed names on your ID do not match your current name of record. You will be considered a NO SHOW. You will have to pay for another exam date.
 - For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.
 - You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

Testing Policy

The following policies are observed at each test site—

- Plan to be at the test site up to 5 hours.
- If you arrive late for your confirmed exam, if you do not bring appropriate US government issued ID, your ID is invalid or your FIRST and LAST printed names on your ID do not match your current name of record, or you do not wear scrubs and the appropriate shoes, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day you must re-pay your testing fees on-line in your own record using your ID and PIN#'s or submit Form 1402 (Scheduling and Payment Form) to schedule another exam date. If your exam is paid for by a US government funded facility, that facility will be charged a No Show fee.
- Cell phones, smart watches, activity trackers (Fit Bit) (must be removed from wrist), electronic devices (must be turned OFF) and personal items are not permitted in the testing room and there is no place for storage of personal belongings. Anyone caught using these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. You may, however, use them during your free time.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected at the front of the testing rooms and available for you to pick up as you leave the testing room when you have completed the exam. You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun for any reason. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam and reported to your training program and the Arizona State Board of Nursing.
- No visitors, guests, pets or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a Nursing Assistant. (examples: Cast, Braces, Crutches, etc.) Call Headmaster immediately if you are on doctor's orders and you must fax a doctor's order within 5 working days of your scheduled exam day to qualify for a free reschedule.

Reschedule / Cancellation / No Show Policy

Reschedules- All candidates are entitled to one free reschedule any time up until **one (1) business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.**

- ❖ Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (Headmaster is open until 6:00pm Mountain time) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a reschedule would not be granted on the Friday.

Cancellations- Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel an exam any time up until one (1) business day preceding a scheduled exam, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$28 cancellation fee. We accept faxed or emailed requests for cancellation.

- ❖ Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to submit a written cancellation request by close of business (Headmaster is open until 6:00pm Mountain time) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a cancellation would not be granted on the Friday.

No Shows- If you are scheduled for your exam and do not show up without notifying Headmaster at least one business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, you will be considered a **NO SHOW** and must repay the full testing fee to be scheduled for a new exam.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received before the one business day preceding a scheduled test date, excluding Saturdays, Sundays, and Holidays (see examples under Reschedules and Cancellations), a **NO SHOW** status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new exam date.

If you No Show for any of the following reasons please provide the following documentation:

Car breakdown: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the exam date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.

Medical emergency: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.

Death in the family: Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed exam date. (Immediate family is parents, grand and great-grand parents, siblings, children or spouse)

Test Result Review Requests

Test Result Review Requests: You may request a review of your test results. There is a \$25 test review fee. To request a review submit \$25 (cashier's check, money order, credit or debit card with expiration date) along with a detailed explanation of why you feel your results are incorrect. Since one qualification for certification as a nursing assistant in Arizona is demonstration by examination of minimum nursing assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. You must submit your request for a review, the payment and a detailed explanation via email, fax or mail **within 10 business days** of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Arizona Board of Nursing.

Exam Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, you will be dismissed from the exam site, your examination will not be scored, your fees will not be refunded and a report of your behavior will be given to the AZBN. You will not be allowed to retest for a minimum period of six months

Anyone who records or tries to remove examination information or material from the exam site will be prosecuted to the full extent of the law. In addition, your exam will be documented as a failure. If you give or receive help from anyone during the examination (which also includes the use of any electronic devices ie; cell phones, smart watches, activity trackers, etc., during testing), the exam will be stopped, your exam will not be scored, you will be dismissed from the exam site, and you will forfeit any examination fees paid. You will have a failure status documented as the outcome of your test attempt and your actions will be reported to the AZBN.

The Knowledge/Oral Test

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?") For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 75% or better to pass the knowledge portion of the exam.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Arizona. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test when you submit your application. There is an additional charge for an Oral Test. The questions are read to you, in a neutral manner, from an MP3 player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test. For WebEtest© you will hear the questions on the computer headphones and have control buttons on the computer screen. (play, rewind, pause etc.) On the Oral Knowledge Test, only the first 63 questions will be read orally, the remaining questions will have to be answered without oral assistance to assess English reading comprehension.

Effective 6-1-2018: Per the Arizona State Board of Nursing, translation dictionaries are not allowed during testing.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

Knowledge Test Content

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the AZBN approved Arizona test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- | | |
|--------------------------|--|
| 1) Safety (7) | 7) Communication (7) |
| 2) Infection Control (8) | 8) Data Collection (7) |
| 3) Personal Care (9) | 9) Basic Nursing Skills (9) |
| 4) Mental Health (4) | 10) Role and Responsibility (7) |
| 5) Care Impaired (4) | 11) Disease Process (4) |
| 6) Resident Rights (5) | 12) Older Adult Growth & Development (4) |

The Manual Skill Test

The purpose of the Skill Test is to evaluate your Nursing Assistant skills. You will find a complete list of skill tasks in this handbook. You will be assigned one of the following mandatory tasks as your first task:

- ❖ Perineal Care of a Female
- ❖ Bedpan and Output
- ❖ Perineal Care of a Male with Changing a Soiled Brief

You will also receive an additional two (2) or three (3) randomly selected tasks from the following list for you to perform on your Skill test. The steps that are listed for each skill are the steps required for a Nursing Assistant to completely demonstrate the skill task. You will be scored on these steps. You must have a score of 80% on each task without missing any KEY steps (the **Bolded** steps) to pass the skill portion of the test. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated. If you fail the skill test you will have to take another skill test with three or four tasks on it, one of which will be one of the tasks you failed, one of the three mandatory tasks and 1 or 2 others that will be randomly chosen.

Manual Skills Test - What to Expect

- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- You will be handed a copy of the Skill Test Instructions and asked to read along as the RN Test Observer reads the instructions to you.
- Each of the three or four scenarios associated with your three or four assigned tasks will be read to you immediately before you do each task.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin because you may not ask questions once the Skill Test begins.
- When you finish each task, tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration the RN Test Observer will read the scenario for your next task.
- You will be allowed a maximum of **forty (40) minutes** to complete the three (3) or four (4) tasks. You must correctly perform all three (3) or four (4) tasks in order to pass the Skill Test. You will be told when 15 minutes remain.
- If you believe you made a mistake while performing a task, tell the RN Test Observer and then repeat the step(s) on the task you believe you performed incorrectly. You may repeat any skill step or steps you believe you have performed incorrectly any time during your allotted 40 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- **All steps must actually be done, steps that are only verbalized WILL NOT COUNT.**

****THE SKILL TASK STEPS INCLUDED IN THIS HANDBOOK ARE OFFERED AS GUIDELINES TO HELP PREPARE CANDIDATES FOR THE ARIZONA NURSING ASSISTANT SKILL TEST AND THE STEPS INCLUDED HEREIN ARE NOT INTENDED TO BE USED TO PROVIDE COMPLETE CARE THAT WOULD BE ALL INCLUSIVE OF BEST CARE PRACTICED IN AN ACTUAL WORK SETTING****

Skill Task Listing

Every step must actually be performed and demonstrated during testing to receive credit

BEDPAN AND OUTPUT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Raises bed to a comfortable working height.
- 6) Candidate puts on gloves and positions resident on bedpan correctly using correct body mechanics.
- 7) Raises head of bed to comfortable level.
- 8) Leaves call light and tissue within reach of resident.
- 9) Lowers bed.
- 10) Candidate steps away to a private area of room away from resident.

BEDPAN AND OUTPUT (CONTINUED)

- 11) When signaled by the RN Test Observer the candidate returns.
- 12) Raises bed to a comfortable working height.
- 13) Washes/assists resident to wash hands using a wet wash cloth with soap.
- 14) Assists resident to dry hands.
- 15) Lowers head of the bed.
- 16) Discards soiled linen in appropriate container.
- 17) Candidate gently removes bedpan and holds while the Observer adds a known quantity of fluid.
- 18) Candidate measures output.
- 19) Lowers bed.
- 20) Empties, rinses and dries bedpan and graduate.
- 21) Removes and disposes of gloves properly.
- 22) Records output on provided recording form.
- 23) Candidate's recorded output is within 30ml of RN Test Observer's recorded output.**
- 24) Washes Hands: Begins by wetting hands.
- 25) Applies soap to hands.
- 26) Rubs hands together using friction for at least 20 seconds with soap.
- 27) Interlaces fingers pointing downward with soap.
- 28) Lathers all surfaces of hands and wrists with soap.
- 29) Rinses hands thoroughly under running water with fingers pointed downward.
- 30) Dries hands on clean paper towel(s).
- 31) Turns off faucet with a clean dry paper towel(s).
- 32) Discards paper towels into trash container.
- 33) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 34) Maintains respectful, courteous interpersonal interactions at all times.
- 35) Leaves call light or signaling device and water within easy reach of the resident.

PERINEAL CARE FEMALE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident/mannequin.
- 4) Provides privacy for resident, pulls privacy curtain.**
- 5) Removes covers from resident.
- 6) Fills basin with comfortably warm water.
- 7) Raises the bed to a comfortable working height.
- 8) Directs RN Test Observer to stand on the opposite side of the bed to provide for safety. (*)
- 9) Turns resident toward observer or raises resident's hips and places water proof pad under buttocks.
- 10) Puts on gloves.
- 11) Lifts resident's gown to expose perineum only.
- 12) Separates labia. (Candidate must also verbalize separating.)
- 13) Uses water and soapy wash cloth.
- 14) Cleans one side of labia from top to bottom. (*)
- 15) Using a clean portion of a wash cloth, cleans other side of labia from top to bottom.
- 16) Using a clean portion of a wash cloth, cleans the vaginal area from top to bottom.
- 17) Using a clean portion of a wash cloth, rinses one side of labia from top to bottom.
- 18) Using a clean portion of a wash cloth, rinses the other side of labia from top to bottom.
- 19) Using a clean portion of a wash cloth, rinses the vaginal area from top to bottom.
- 20) Dries the area.
- 21) Covers the exposed area with the resident's gown.
- 22) Assists resident to turn onto side away from the candidate.
- 23) With a clean wash cloth, cleans the rectal area.
- 24) Uses water, wash cloth and soap.
- 25) Cleans area from vagina to rectal area. (*)

PERINEAL CARE FEMALE (CONTINUED)

- 26) Uses a clean portion of a wash cloth with any stroke.
- 27) Using a clean portion of a wash cloth, rinses the rectal area from vagina to rectal area.
- 28) Uses a clean portion of a wash cloth with any stroke.
- 29) Dries area.
- 30) Turns resident toward observer or raises hips and removes water proof pad from under buttocks.
- 31) Positions resident (mannequin) on her back.
- 32) Disposes of soiled linen in an appropriate container.
- 33) Lowers bed.
- 34) Empties, rinses and dries equipment.
- 35) Returns equipment to storage.
- 36) Removes and disposes of gloves properly.
- 37) Washes Hands: Begins by wetting hands.
- 38) Applies soap to hands.
- 39) Rubs hands together using friction for at least 20 seconds with soap.
- 40) Interlaces fingers pointing downward with soap.
- 41) Lathers all surfaces of hands and wrists with soap.
- 42) Rinses hands thoroughly under running water with fingers pointed downward.
- 43) Dries hands on clean paper towel(s).
- 44) Turns off faucet with a clean dry paper towel(s).
- 45) Discards paper towels into trash container.
- 46) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 47) Maintains respectful, courteous interpersonal interactions at all times.
- 48) Leaves call light or signaling device and water within easy reach of the resident.

PERINEAL CARE MALE WITH CHANGING A SOILED BRIEF

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident/mannequin.
- 4) **Provides privacy for resident, pulls privacy curtain.**
- 5) Removes covers from resident.
- 6) Obtains new brief.
- 7) Fills basin with comfortably warm water.
- 8) Raises the bed to a comfortable working height.
- 9) Directs RN Test Observer to stand on the opposite side of the bed to provide for safety.
- 10) Puts on gloves.
- 11) Turns resident toward observer or raises resident's hips and places water proof pad under buttocks.
- 12) Lifts resident's gown to expose perineum only.
- 13) Removes soiled brief from front to back.
- 14) Dispose of soiled brief by placing soiled brief into plastic bag – ties/seals bag and places in trash.
- 15) Gently grasps penis.
- 16) Uses water and soapy wash cloth.
- 17) Using a clean portion of a wash cloth, cleans tip of penis starting at the urethral opening working away with a circular motion.
- 18) Using a clean portion of a wash cloth for each stroke, cleans the shaft of the penis with firm downward motion.
- 19) Using a clean portion of a wash cloth, cleans scrotum.
- 20) Using a clean wash cloth, rinses.
- 21) Using a clean portion of wash cloth for each stroke, rinses penis.
- 22) Using a clean portion of wash cloth with each stroke, rinses scrotum.
- 23) Dries area.

PERINEAL CARE MALE WITH CHANGING A SOILED BRIEF (CONTINUED)

- 24) Covers the exposed area with the resident's gown.
- 25) Assists resident (mannequin) to turn onto side away from the candidate.
- 26) Uses a clean wash cloth with water and soap to clean the rectal area.
- 27) Using a clean portion of the wash cloth for each stroke, cleans area from scrotum to rectal area.
- 28) Using a clean portion of the wash cloth for each stroke rinses area from scrotum to rectal area.
- 29) Dries the area.
- 30) Turns resident (mannequin) toward observer or raises hips and removes water proof pad from under buttocks.
- 31) Positions resident (mannequin) on his back.
- 32) Marks date and time on brief.
- 33) Initials brief.
- 34) Correctly applies brief.
- 35) Disposes of soiled linen in an appropriate container.
- 36) Lowers bed.
- 37) Empties, rinses and dries equipment.
- 38) Returns equipment to storage.
- 39) Removes and disposes of gloves properly.
- 40) Washes Hands: Begin by wetting hands.
- 41) Applies soap to hands.
- 42) Rubs hands together using friction for at least 20 seconds with soap.
- 43) Interlaces fingers pointing downward with soap.
- 44) Lathers all surfaces of hands and wrists with soap.
- 45) Rinses hands thoroughly under running water with fingers pointed downward.
- 46) Dries hands on clean paper towel(s).
- 47) Turns off faucet with a clean dry paper towel.
- 48) Discards paper towels into trash container.
- 49) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 50) Maintains respectful courteous interpersonal interactions at all times.
- 51) Leaves call light or signaling device and water within easy reach of resident.

AMBULATION WITH GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to be performed to the resident and obtains gait belt.
- 4) Locks bed brakes to ensure resident's safety.**
- 5) Locks wheelchair brakes to ensure resident's safety.**
- 6) Brings resident to sitting position and places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 7) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 8) Brings resident to standing position, using proper body mechanics.
- 9) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates resident at least 10 steps to the wheelchair.
- 10) Assists resident to turn and sit in the wheelchair in a controlled manner that ensures safety.
- 11) Removes gait belt.
- 12) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 13) Maintains respectful, courteous interpersonal interactions at all times.
- 14) Places resident within easy reach of the call light or signaling device and water.

AMBULATION WITH WALKER

- 1) Greets resident by name and performs hand hygiene
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) **Locks bed brakes to ensure resident's safety.**
- 5) **Locks wheelchair brakes to ensure resident's safety.**
- 6) Brings resident to sitting position. Places gait belt around waist to stabilize trunk.
- 7) Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 8) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 9) Positions walker in front of resident.
- 10) Assists resident to stand and ensures resident has stabilized walker.
- 11) Positions self behind and slightly to side of resident.
- 12) Safely ambulates resident at least 10 steps to wheelchair.
- 13) Assists resident to turn and sit in wheelchair, using correct body mechanics.
- 14) Removes gait belt.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Places resident within easy reach of the call light or signaling device and water.

APPLYING AN ANTI-EMBOLIC STOCKING

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Provides for resident's privacy by only exposing one leg.
- 5) Gathers or turns stocking down inside out to the heel.
- 6) Places stocking over the toes, foot, and heel and rolls OR pulls up the leg.
- 7) Checks toes for possible pressure from stocking and adjusts as needed. (*)
- 8) Leaves resident with stocking that is smooth and wrinkle free. (*)
- 9) **Leaves resident with stocking that is properly placed without restriction.**
- 10) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 11) Maintains respectful, courteous interpersonal interactions at all times.
- 12) Leaves call light or signal calling device and water within easy reach of the resident.

BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain. Raises bed to a comfortable working height.
- 5) Prepares resident for a complete bath, even though will be demonstrating a partial bed bath.
- 6) Covers resident with a bath blanket.
- 7) Removes top bed linens to foot of bed.
- 8) Removes resident's gown without exposing resident.
- 9) Fills basin with comfortably warm water.
- 10) Washes and dries face WITHOUT SOAP.
- 11) Uses clean portion of wash cloth and wipes eyes gently from the inner to the outer using a clean portion of the wash cloth with each stroke.
- 12) Places towel under arm, only expose one arm.

BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM (CONTINUED)

- 13) Washes arm, hand and underarm using soap and water.
- 14) Rinses arm, hand, and underarm and dries entire area.
- 15) Assists resident to put on a clean gown.
- 16) Lowers bed.
- 17) Empties rinses and dries equipment and returns to storage.
- 18) Disposes of soiled linen in appropriate container.
- 19) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 20) Maintains respectful, courteous interpersonal interactions at all times.
- 21) Leaves call light or signaling device and water within easy reach of the resident.

BLOOD PRESSURE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident. Provides privacy for resident, pulls privacy curtain.
- 4) Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 5) Rolls resident's sleeve up about 5 inches above the elbow.
- 6) Applies the cuff around the upper arm just above the elbow and lines cuff arrows up with brachial artery.
- 7) Cleans earpieces of stethoscope appropriately and places in ears.
- 8) Cleans diaphragm of the stethoscope.
- 9) Places stethoscope over brachial artery.
- 10) Holds stethoscope snugly in place.
- 11) Inflates cuff *to 30mmHG above* RN Test Observer provided loss of pulse number.
- 12) Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
- 13) Candidate has 2 attempts to take blood pressure (additional attempts will count against the candidate's score).
- 14) Records reading on provided recording form.
- 15) **Candidate's recorded systolic blood pressure is within 6mmHg of the RN Test Observer's recorded systolic blood pressure.**
- 16) **Candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.**
- 17) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device and water within easy reach of the resident.

DENTURE CARE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Lines sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or washcloth, do not use paper towels.)
- 5) Puts on gloves and removes dentures from cup.
- 6) Places dirty dentures in emesis basin.
- 7) Handles dentures carefully to avoid damage. Never places dentures in/on a contaminated surface.
- 8) Rinses denture cup.

DENTURE CARE (CONTINUED)

- 9) Applies denture cleanser and thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper and lower dentures as well as the denture groove and/or plate that will touch any gum surface. (Only one plate is used during testing.)
- 10) Rinses dentures using clean cool water.
- 11) Places dentures in denture cup.
- 12) Adds cool clean water to denture cup.
- 13) Empties, rinses and dries (with a clean, dry paper towel) equipment and returns to storage.
- 14) Discards protective lining in an appropriate container.
- 15) Removes and disposes of gloves properly.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

DRESSING BEDRIDDEN RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Keeps resident covered while removing gown.
- 6) Resident always remains lying in bed.
- 7) Removes gown from unaffected side first.
- 8) Places used gown in laundry hamper.
- 9) From the weak side first, dress the resident in a shirt or blouse, the candidate inserts their hand through the sleeve of the shirt or blouse and grasps the weak hand of the resident. (*) Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.
- 10) From the weak side first, dress the resident in pants, the candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist. (*)
- 11) When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
- 12) Leaves the resident in correct body alignment and properly dressed.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Leaves call light or signaling device and water within easy reach of the resident.

FEEDING THE DEPENDENT RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Candidate looks at (picks up) diet card and indicates that resident has received the correct tray.
- 5) **Positions the resident in an upright position. At least 45 degrees.**
- 6) Provides hand hygiene for the resident before feeding. (Candidate may use hand sanitizer on the resident covering all surfaces of the resident's hands and rubbing the sanitizer in until dry –or– wash and dry the resident's hands using a wet wash cloth with soap.)
- 7) Protects clothing from soiling by using napkin, clothing protector, or towel.
- 8) Discards soiled linen appropriately.
- 9) Remains at eye level or below while feeding resident.

FEEDING THE DEPENDENT RESIDENT (CONTINUED)

- 10) Describes the foods being offered to the resident.
- 11) Offers water or other fluid frequently.
- 12) Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 13) Wipes resident's hands and face during meal as needed.
- 14) Leaves resident clean and in a position of comfort.
- 15) Records intake in percentage of total solid food eaten on provided recording form.
- 16) Records intake of fluid in ml on provided recording form.
- 17) **Candidate's recorded consumed food intake is within 25% of the RN Test Observer's recorded food intake.**
- 18) **Candidate's recorded consumed fluid intake is within 30ml of the RN Test Observer's recorded fluid intake.**
- 19) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 20) Maintains respectful, courteous interpersonal interactions at all times.
- 21) Leaves call light or signaling device and water within easy reach of the resident.

FLUID INTAKE

- 1) Candidate observes dinner tray. Three known capacity containers will have varying fluid levels.
- 2) Candidate may use supplied paper and pencil or calculator, if needed, to arrive at the number of ml consumed.
- 3) Candidate decides on ml of fluid consumed from each container.
- 4) Candidate obtains total fluid consumed in ml.
- 5) Candidate records total fluid consumed on provided recording form.
- 6) **Candidate's total recorded fluid consumed must be within 30ml of correct total.**

ISOLATION GOWN AND GLOVES

- 1) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Candidate faces back opening of gown.
- 3) Candidate unfolds the gown.
- 4) Candidate places arms through each sleeve.
- 5) Candidate fastens the neck opening.
- 6) Candidate fastens the waist, making sure that the back flaps cover clothing as completely as possible.
- 7) Candidate puts on gloves overlapping gown sleeves at the wrist.
- 8) When directed the candidate will remove the gloves, turning inside out and disposes in the biohazard container before removing the gown.
- 9) Unfastens gown at the waist.
- 10) Unfastens gown at the neck.
- 11) Remove gown starting by slipping hands underneath gown at the neck and shoulder and folding/rolls the gown soiled area to soiled area.
- 12) Disposes of gown in the provided biohazard container.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.

MOUTH CARE—BRUSHING TEETH

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Drapes the chest with towel to prevent soiling.

MOUTH CARE—BRUSHING TEETH (CONTINUED)

- 6) Candidate puts on gloves.
- 7) Applies toothpaste to toothbrush.
- 8) **Brushes resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.**
- 9) Cleans tongue.
- 10) Assists resident in rinsing mouth.
- 11) Wipes resident's mouth.
- 12) Removes soiled linen.
- 13) Places soiled linen in hamper or equivalent.
- 14) Empties emesis basin.
- 15) Rinses and dries (with a clean, dry paper towel) emesis basin.
- 16) Rinses toothbrush.
- 17) Returns emesis basin and toothbrush to storage.
- 18) Removes gloves and disposes properly.
- 19) Leaves resident in position of comfort.
- 20) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 21) Leaves call light or signaling device and water within easy reach of the resident.
- 22) Maintains respectful, courteous interpersonal interactions at all times.

MOUTH CARE OF COMATOSE RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) **Turns resident to a side lying position to avoid choking or aspiration.** *(If the resident is too large for the candidate to turn on his/her own, the candidate may ask the RN Test Observer for assistance with turning the resident.)*
- 5) Drapes chest/bed as needed to protect from soiling.
- 6) Puts on gloves, uses swabs and cleaning solution. (May not use toothbrush or toothpaste.)
- 7) Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth.
- 8) Gently and thoroughly cleans the gums and tongue.
- 9) Wipes resident's mouth.
- 10) Returns resident to position of comfort and safety.
- 11) Discards disposable items [swab(s)] in trash.
- 12) Discards towel and/or washcloth in linen hamper. Removes gloves and disposes properly.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 14) Maintains respectful courteous, interpersonal interactions at all times.
- 15) Leaves call light or signaling device and water within easy reach of the resident.

MAKING AN OCCUPIED BED

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Gathers linen.
- 4) Transports linen correctly without touching uniform.
- 5) Places linen on a clean barrier, such as a cloth towel or chux pad. May place linen on the over-bed table, seat of the chair, on night stand or over the end of the bed.
- 6) Explains procedure to resident.
- 7) Provides privacy for resident, pulls privacy curtain.
- 8) Directs observer to stand on opposite side of bed to provide for safety. (*)

MAKING AN OCCUPIED BED (CONTINUED)

- 9) Raises bed to a comfortable working height.
- 10) Resident is to remain covered at all times.
- 11) Assists resident to roll onto side toward observer. Candidate instructs observer to remain standing on opposite side of the bed.
- 12) Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
- 13) Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half.
- 14) Secures two fitted corners.
- 15) Candidate directs the observer to stand on the opposite side of bed. (*)
- 16) Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.
- 17) Removes soiled linen without shaking.
- 18) Avoids placing dirty linen on the over bed table, chair or floor.
- 19) Avoids touching linen to uniform.
- 20) Disposes of soiled linen in hamper or equivalent.
- 21) Pulls through and smooths out the clean bottom linen.
- 22) Secures the other two fitted corners.
- 23) Resident's body never touches the bare mattress. (*)
- 24) Places clean top linen and blanket or bed spread over covered resident.
- 25) Removes used linen keeping resident unexposed at all times.
- 26) Tucks in top linen and blanket or bedspread at the foot of bed.
- 27) Makes mitered corners at the foot of the bed.
- 28) Applies clean pillow case, with zippers and/or tags to inside.
- 29) Gently lifts resident's head while replacing the pillow.
- 30) Lowers bed.
- 31) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 32) Maintains respectful, courteous interpersonal interactions at all times.
- 33) Leaves call light or signaling device and water within easy reach of the resident.

POSITIONING RESIDENT ON SIDE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Positions bed flat. Raises bed to a comfortable working height.
- 6) Ensures that the resident's face never becomes obstructed by the pillow. (*)
- 7) Candidate directs RN Test Observer to stand on the opposite side of the bed to provide for safety, or always turns resident towards self. (*)
- 8) From the working side of the bed, Candidate moves head, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 9) Candidate may remain on the working side of the bed and turns the resident toward the previously positioned observer, or if the observer wasn't directed to side opposite the working side of the bed, candidate moves to opposite side of the bed and turns the resident toward self.
- 10) Assists/turns resident on his/her side.
- 11) Resident is placed on the correct RN Test Observer stated side.
- 12) Check to be sure resident is not lying on his/her arm.
- 13) Maintains correct body alignment.

POSITIONING RESIDENT ON SIDE (CONTINUED)

- 14) Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head, the upside arm, behind the back and between the knees. (*)
- 15) Lowers bed.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION HIP & KNEE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Positions bed flat.
- 6) Positions resident supine.**
- 7) Positions resident in good body alignment.
- 8) Correctly supports joints at all times by placing one hand under the knee and the other hand under the ankle.
- 9) Moves the entire leg away from the body. (abduction)
- 10) Moves the entire leg back toward the body. (adduction)
- 11) Completes abduction and adduction of the hip three times.
- 12) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle. Bends the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
- 13) Straighten the knee and hip. (extension of knee and hip at the same time)
- 14) Complete flexion and extension of knee and hip three times.
- 15) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 16) Leaves resident in a comfortable position.
- 17) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION SHOULDER

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) **Positions resident supine.**
- 6) Positions resident in good body alignment.
- 7) Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
- 8) Raises resident's arm up and over the resident's head. (flexion)
- 9) Brings the resident's arm back down to the resident's side. (extension)
- 10) Completes full range of motion for shoulder through flexion and extension three times.
- 11) Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
- 12) Return the resident's arm to the middle of the resident's body. (adduction)

RANGE OF MOTION SHOULDER (CONTINUED)

- 13) Complete full range of motion for shoulder through abduction and adduction three times.
- 14) **Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 15) Leaves resident in a comfortable position.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to be performed to the resident and obtains a gait belt.
- 4) Positions wheelchair at the foot or head of the bed.
- 5) **Locks wheelchair brakes to ensure resident's safety.**
- 6) **Locks bed brakes to ensure resident's safety.**
- 7) Assists resident to sitting position (on the edge of the bed) using proper body mechanics and places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk. Tightens gait belt.
- 8) Checks gait belt by slipping fingers between gait belt and resident.
- 9) Assist in putting on non-skid slippers/shoes. (No non-skid socks)
- 10) Adjust bed so that resident's feet are comfortably flat on the floor.
- 11) Grasps the gait belt with both hands to stabilize the resident.
- 12) Brings resident to a standing position using proper body mechanics.
- 13) **Does not attempt to ambulate resident.**
- 14) Assist resident to pivot and sit in a controlled manner that ensures safety.
- 15) Removes gait belt.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Places resident within easy reach of the call light or signaling device and water.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to be performed to the resident.
- 4) Positions wheelchair at foot or head of bed.
- 5) Adjust bed so that resident's feet will be comfortably flat on the floor when sitting on the bed.
- 6) **Ensures resident's safety. Locks wheelchair brakes.**
- 7) **Ensures resident's safety. Locks bed brakes.**
- 8) Places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
- 9) Tightens gait belt so that fingers of candidate's hand can be comfortably slipped between gait belt and resident.
- 10) Grasps the gait belt with both hands to stabilize the resident.
- 11) Brings resident to standing position using proper body mechanics.
- 12) **Does not attempt to ambulate resident.**
- 13) Assists resident to pivot and sit on bed in a controlled manner that ensures safety.
- 14) Removes gait belt.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT (CONTINUED)

- 15) Assists resident in removing non-skid slippers.
- 16) Assists resident to move to center of bed, supporting extremities as necessary.
- 17) Makes sure resident is comfortable and in good body alignment.
- 18) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device and water within easy reach of the resident.

VITAL SIGNS - TEMPERATURE, PULSE AND RESPIRATIONS

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Correctly turns on digital oral thermometer and places sheath on thermometer.
- 5) Gently inserts bulb end of thermometer in mouth under tongue.
- 6) Leaves thermometer in place for appropriate length of time.
- 7) Removes thermometer and candidate reads and records the temperature reading on provided recording form.
- 8) Candidate's and RN Test Observer's recorded temperature recordings match.**
- 9) Candidate discards sheath appropriately.
- 10) Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 11) Counts pulse for 60 seconds or 30x2 and records pulse rate on the provided recording form.
- 12) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 13) Candidate counts respirations for 60 seconds or 30x2 and records respirations on provided recording form.
- 14) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device and water within easy reach of the resident.

*******EFFECTIVE 2-1-2018 -- NEW TASK*******

VITAL SIGNS - TEMPERATURE, RESPIRATIONS, PULSE OXIMETRY AND ELECTRONIC BLOOD PRESSURE

- 1) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Greets resident by name.
- 3) Introduces self to resident.
- 4) Explains procedure to resident.
- 5) Correctly turns on digital oral thermometer and places sheath on thermometer.
- 6) Gently inserts bulb end of thermometer in mouth under tongue.
- 7) Leaves thermometer in place for appropriate length of time.
- 8) Removes thermometer and candidate reads and records the temperature reading on provided recording form.
- 9) Candidate's and RN Test Observer's recorded temperature recordings match.**
- 10) Candidate discards sheath appropriately.
- 11) Candidate counts respirations for 60 seconds or 30x2 and records respirations on provided recording form.

VITAL SIGNS - TEMPERATURE, RESPIRATIONS, PULSE OXIMETRY AND ELECTRONIC BLOOD PRESSURE (CONTINUED)

- 12) Candidate's recorded respiratory rate is within 2 breaths of RN Test Observer's recorded respiratory rate.
- 13) Candidate obtains pulse oximeter and clips the pulse oximeter on the top and bottom of the resident's finger.
- 14) Candidate turns on pulse oximeter and leaves pulse oximeter in place, for the appropriate length of time, while oxygen level reading is being taken.
- 15) Removes pulse oximeter and candidate reads and records the oxygen reading on provided recording form.
- 16) Candidate's recorded pulse oxygen percentage is within 1 of the RN Test Observer's recorded percentage.
- 17) Candidate obtains electronic blood pressure cuff.
- 18) Places blood pressure cuff on resident's arm with brachial marker in correct position.
- 19) Aligns arrow on cuff over brachial artery.
- 20) Candidate turns on electronic blood pressure monitor and leaves electronic blood pressure cuff in place, for the appropriate length of time, while blood pressure reading is being taken.
- 21) Removes electronic blood pressure cuff and candidate reads and records the blood pressure reading on provided recording form.
- 22) Candidate's and RN Test Observer's recorded blood pressure recordings match.
- 23) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 24) Maintains respectful, courteous interpersonal interactions at all times.
- 25) Leaves call light or signal calling device and water within easy reach of the resident.

Skill Tasks with Recordings – Recording Form

The RN test observer will provide a recording form similar to the one displayed below if a candidate's skill test includes a skill task which requires recording a count or measurement.

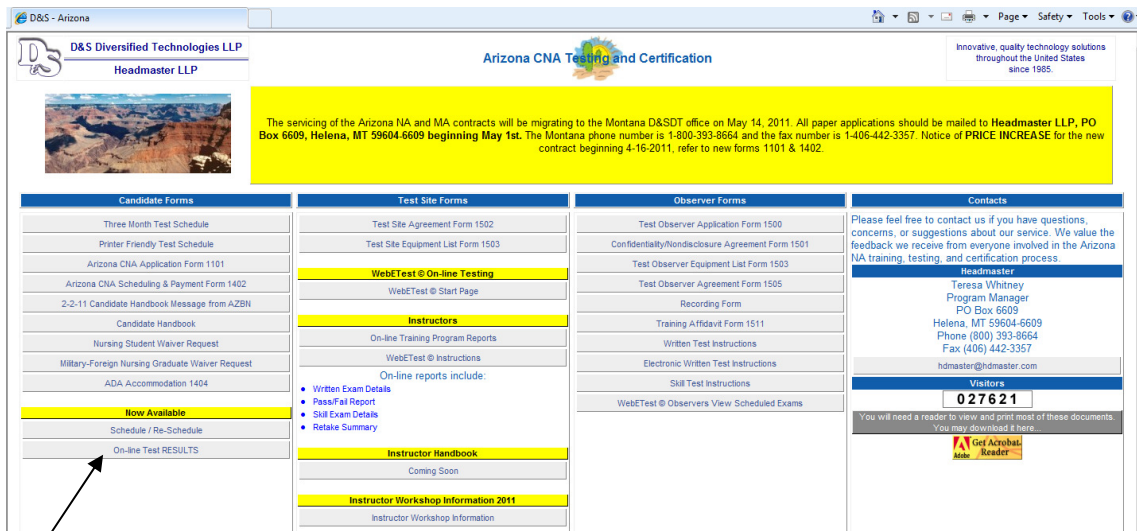
Candidate's Name: _____	
<small>PLEASE PRINT</small>	
TEMP: _____	PULSE: _____
RESP: _____	
BP: _____ / _____	PULSE OX: _____ %
HEIGHT: _____	WEIGHT: _____
GLASS 1: _____	FOOD INTAKE: _____ %
GLASS 2: _____	FLUID INTAKE: _____ ml
: _____	URINARY OUTPUT: _____ ml
Total Intake: _____ ml	
Candidate's Signature: _____	

Candidate Feedback – Exit Survey

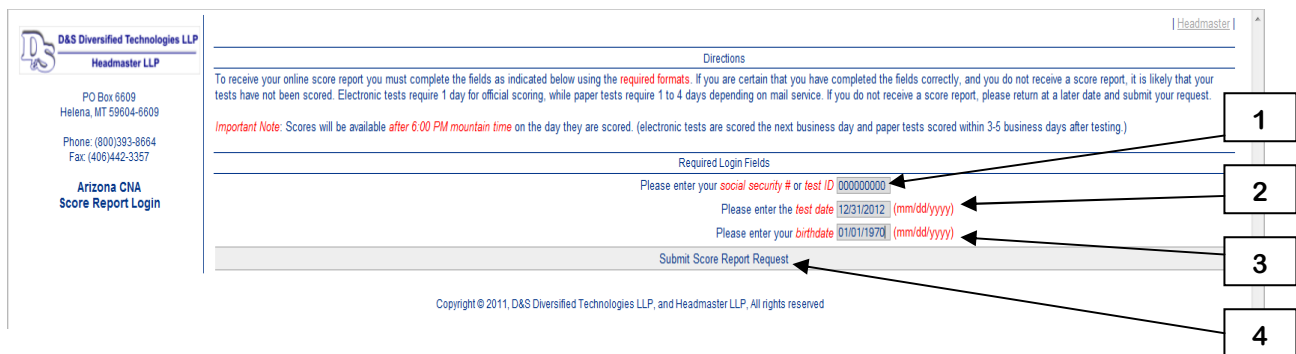
Candidates are provided an exit survey after they finish testing. The survey is confidential and will not have any bearing on the outcome of any test. An envelope is provided to seal the Exit Survey. The surveys are then mailed to Headmaster. You are encouraged to complete the survey questions regarding the examination process to help improve the testing process.

Exam Results

- You will be able to access your test results online after your test is officially scored and double-checked by Headmaster at www.hdmaster.com.
- You will be emailed your test results to the email in your record and/or a copy of your test results can be printed from Headmaster's website any time after your test has been officially scored. **Effective 1-1-2018 test results will no longer be mailed via USPS.**
- To check your test results on-line, go to www.hdmaster.com, click on ARIZONA and click on On-Line Test Results.



1. Type in your social security number
2. Type in your test date
3. Type in your birth date
4. Click on Submit Score Report Request



-
- **EFFECTIVE 2-1-2018:** You have **three attempts** to pass the knowledge and skill test portions of the exam within two years from your date of nursing assistant training program completion. If you fail three times, or do not complete testing within two years from completion of training, you must complete a new AZBN approved training program in order to become eligible to further attempt Arizona nursing assistant examinations.
 - ◆ An attempt means checking in for the competency evaluation and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.
 - After you have successfully passed both the Knowledge Test and Skill Test components of the nursing assistant exam, your test results will be sent to the Arizona Board of Nursing. You will be certified by the Board only after you meet all Board requirements including passing both the knowledge and skill test components.

Retaking the Nursing Assistant Exam

- When your test results inform you that you failed the knowledge and/or skill portion of the examination and when you want to apply for a retest, you will need to repay the appropriate testing fees and schedule an exam date:
 1. You can schedule a test or re-test on-line at www.hdmaster.com with a VISA or MASTERCARD (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# located on your test results letter, you will need to pay with a VISA or MASTERCARD first and then will be able to schedule. Call Headmaster at 800-393-8664 if assistance is needed or to get your ID# and Pin#.)
 2. You may schedule a re-test by completing the Scheduling and Payment Form 1402 available on our website:
 - a. Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402 and choose test dates from the test schedule (Form 1700) and write them on the Scheduling and Payment Form 1402 under Option 1. (Regional Test Site Schedule.)
 - b. You will need to submit your Scheduling and Payment Form 1402 to Headmaster either by fax (\$5.00 extra fax fee applies), email (scan or image and attach) or mail.
 3. If you need assistance scheduling your re-test, please call Headmaster at 1-800-393-8664. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.
 4. Per the Arizona Board of Nursing, a failing candidate may only take the skill test twice with the same observer to reduce any perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of choice you have the option of testing with the same test observer for a third attempt by letting Headmaster know that is your wish, or you may choose another facility to test at.

Knowledge Practice Test

Available on our web site at www.hdmaster.com we offer a free knowledge test question of the day and a ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on the State test plan, and each practice test taken will be unique. A mastery learning testing method is used. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

Sample Questions

The following questions are samples of the kinds of questions that you will find on the Knowledge/Oral test.

1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C 2-A 3-D

Knowledge Test Vocabulary List

abandonment
abbreviations
abdominal thrust
abduction
abduction pillow
abductor wedge
absorption
abuse
accidents
accountability
accountable
activities
acute

adaptive
adaptive devices
adduction
ADL
ADLs
admission
admitting resident
afebrile
affected side
aggressive behavior
aggressive resident
aging process
AIDS

alarm
alarms
alternating pressure mattress
Alzheimer's
ambulation
amputees
anatomy
anger
angina
anorexia
anterior
antibacterial
antibiotics

antibiotic
anxiety
aphasia
apical
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assistive device
assistive devices
atrophy
autoclave
axillary temperature
bacteria
bargaining
basic needs
basic nutrition
basic rights
bath water temperature
bathing
bed cradle
bed height
bed making
bed position
bedrest
behavior
beliefs
biohazard
bladder training
bleeding
blindness
blood pressure
bodily fluids
body fluids
body mechanics
body system
body temperature
bowel program
BPH (benign prostatic hyperplasia)
breathing
breathing rates
broken equipment
burnout
burns
call light
call signal
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cares

cast
cataracts
catheter
catheter care
cc's in an ounce
cell phones
central nervous system
cerebral vascular accident
certification renewal
chain of command
chain of infection
charge nurse
chemical disinfection
chemical restraint
chemotherapy
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
colostomy
combative resident
communication
compression
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
continuity
contracture
converting measures
COPD
Coronary Artery Disease
cultural
CVA
cyanosis
cyanotic
dangle
dangling
death
death and dying
decubitus ulcer
deeper tissue
de-escalation
defamation

defense mechanism
dehydration
delegation
delusions
dementia
denture care
dentures
dependability
depression
developmental disability
diabetes
dialysis
diarrhea
diastolic
diet
dietitian
digestion
digestive system
discharging resident
disease
disease process
disinfection
disoriented
disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dorsiflexion
dressing
droplets
drowsy
dying
dysphagia
dysphasia
dyspnea
edema
elastic
elastic stockings
elevate head
elimination
elopement
emesis
emesis basin
emotional needs
emotional stress
emotional support
empathy
emphysema
epilepsy
ethics
etiquette
evacuation
evacuation procedures
extension

extremity
 eye glasses
 falls
 fecal impaction
 feces
 feeding
 feeding tubes
 fire
 fire safety
 first aid
 flatus
 flexed
 flexion
 fluid
 fluid imbalance
 fluid intake
 Foley catheter
 foot board
 foot care
 foot drop
 force fluid
 Fowler's position
 fractures
 fraud
 frayed cord
 gait belt
 gastrostomy tube
 geriatrics
 germ transmission
 gerontology
 gifts
 gloves
 grieving process
 HAI (health care associated infections)
 hair care
 hallucination
 hand tremors
 hand washing
 harm
 hazardous substance
 health-care team
 hearing aid
 hearing impaired
 hearing loss
 heart muscle
 heart rates
 heat application
 height
 helping residents
 hemiplegia
 hepatitis B
 high fowler's
 HIPAA
 HIV
 hoarding
 holistic care
 hormones
 hospice
 hospice care
 hydration
 hyperglycemia
 hypertension
 hyperventilation
 hypoglycemia
 I&O
 ileostomy
 immobility
 immune
 impairment
 incontinence
 indwelling catheter
 infection
 infection control
 infection prevention
 in-house transfer
 initial observations
 input and output
 in-service programs
 insomnia
 insulin
 intake
 intake and output
 integumentary system
 inter-generational care
 interpersonal skills
 invasion of privacy
 isolation
 isolation precautions
 IV care
 job application
 job description
 kidney failure
 lactose intolerance
 lateral position
 legal ethics
 legal responsibilities
 life support
 lift/draw sheet
 lifting
 linen
 listening
 living will
 log roll
 loose teeth
 low sodium diet
 making occupied bed
 Maslow
 masturbation
 material safety data sheets
 measuring
 measuring height
 measuring temperature
 mechanical lift
 medical asepsis
 medical record
 medications
 memory
 memory loss
 mental health
 mental illness
 mentally impaired
 microorganism
 microorganisms
 military time
 misconduct
 mites
 morning care
 mouth care
 moving
 mucous membrane
 muscle spasms
 musculoskeletal
 musculoskeletal system
 nail care
 nausea and vomiting
 needles
 neglect
 negligence
 new resident
 non-contagious disease
 non-verbal communication
 nosocomial
 NPO
 nurse's station
 nursing assistant's role
 nutrients
 nutrition
 objective
 objective data
 OBRA
 observation
 ombudsman
 open-ended questions
 oral care
 oral hygiene
 oral temperature
 orientation
 oriented
 orthopedic
 orthostatic hypotension
 osteoarthritis
 osteoporosis
 ostomy bag
 output
 overbed table
 oxygen
 oxygen concentrator
 oxygen cylinder

oxygen use
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance
PASS (pull, aim, squeeze, sweep)
passive
pathogen
pathogens
perineal care
peristalsis
personal care
personal items
personal stress
pet therapy
petit mal seizure
phantom pain
phobia
physical needs
physician's authority
physiology
plaque
policy book
positioning
post mortem care
post-operative pneumonia
PPE (personal protective equipment)
pressure ulcers
preventing injury
privacy
professional boundaries
progressive
promoting independence
pronation
prone
prosthesis
prosthetic device
psychological needs
pulse
pulse oximeter
pureed diet
quadrant
quadriplegia
quality of life
radial
ramps
range of motion
reality orientation
rectal
refusal
regulation
regulations
religious service
reminiscence therapy

reminiscing
reporting
reporting abuse
reposition
repositioning
resident belongings
resident centered care
resident harm
resident identification
resident independence
resident right
resident rights
resident trust
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
resident's rights
respectful treatment
respiration
respiratory
respiratory disease
respiratory symptoms
respiratory system
responding to resident behavior
response
responsibilities
responsibility
restorative care
restraint
restraint alternative
restraints
resuscitation
rights
risk factor
roles and responsibilities
rotation
safety
safety and security need
safety precautions
safety techniques
sanitizer
scabies
scale
scope of practice
seclusion
security
seizure
self-esteem
semi fowlers
sensory system
sexual needs
sharps container
shaving
shearing of skin
shingles

side rails
Sitz bath
skin
skin integrity
slander
smoking
social needs
soiled linen
specimen
spills
spiritual needs
spore forming bacteria
sputum
sputum specimen
sputum test
standard precautions
state tested
stealing
sterilization
stethoscope
stockings
stress
stroke
strong side
sub acute care
subjective
subjective data
sundowning
supine
supplemental feedings
suprapubic
survey
swallowing
swelling
systolic
tachycardia
task
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thermometers
thick fluids
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transfers
transmission
transport bag
transporting
transporting food

tub bath
tube feeding
tubing
twice daily
tympanic
types of care
types of isolation
unaffected
unconscious
unethical behavior
unsteady
urethral
urinary bag
urinary catheter bag

urinary elimination
urinary system
urinary tract
urination
urine
UTI
validation
varicella virus
varicose veins
violent behavior
vision change
visual impairment
vital signs
vomit

walker
wandering resident
warm and cold applications
water faucets
water temperature
weak side
weighing
weight
well balanced meal
wheelchair safety
white blood cells
withdrawn resident
workplace violence

NOTES: