



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

*Innovative, quality technology
Solutions throughout the
United States since 1985.*

NEVADA NURSING ASSISTANT CANDIDATE HANDBOOK

VERSION 8.0

EFFECTIVE: 02-15-18

Contact Information

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

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

QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

NEVADA STATE BOARD OF NURSING .. 8:00 am to 5:00 pm (*Pacific Time*) M-F (888) 590-6726

Las Vegas Office
4220 S. Maryland Pkwy, Building B, Suite 300
Las Vegas, NV 89119-7533

Reno Office
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547

Table of Contents

Introduction.....	3
Applying to take the Nevada Nursing Assistant Test.....	3-4
ADA Accommodations.....	4
Test Day.....	4-5
Testing Policy.....	5
Reschedules / Cancellations / NO SHOWS.....	5-6
Security.....	6
The Knowledge Test.....	6
Knowledge Test Content Outline.....	6-7
The Skill Test.....	7
Test Results.....	7-8
Test Result Review Requests.....	9
Retaking the Nevada Nursing Assistant Test.....	9
Manual Skill Tasks Listing.....	10-21
***Bedpan & Output – Assisting a Client to Use a Bedpan & Handwashing.....	10
***Catheter Care & Handwashing.....	10-11
***Isolation Gown & Gloves, Output from a Urinary Drainage Bag & Handwashing.....	11-12
***Perineal Care for a Female Client & Handwashing.....	12-13
***Ambulation of a Client Using a Gait Belt.....	13-14
***Bed Bath (Partial – Face, Arm, Hand & Underarm.....	14
***Blood Pressure.....	14-15
***Denture Care.....	15
***Feeding a Dependent Client a Meal in a Chair.....	15-16
***Foot Care (One Foot).....	16
***Making an Occupied Bed.....	16-17
***Mouth Care – Brushing Teeth.....	17-18
***Pivot Transfer a Weight-Bearing Client from a Bed to Wheelchair.....	18
***Pivot Transfer a Weight-Bearing Client from a Wheelchair to Bed.....	18-19
***Range of Motion (ROM) Hip & Knee.....	19
***Range of Motion (ROM) One Shoulder.....	19-20
***Reposition Client on Side in Bed.....	20
***Undressing and Dressing a Bedridden Client.....	20-21
***Vital Signs – Taking Recording a Radial Pulse and Respirations.....	21
Sample Questions.....	22
Vocabulary List.....	22-26

INTRODUCTION

The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand the State 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 exam and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant (NA) competency test—a multiple-choice knowledge test and a skill test. Candidates must successfully complete a Nevada State Board of Nursing (NSBN) approved training program, pass both components of the competency evaluation and meet all other requirements of NSBN to be placed on the Nurse Aide registry in Nevada.

The Nevada State Board of Nursing has approved Headmaster LLP/D&S Diversified Technologies LLP to provide tests and scoring services for the NA competency evaluation program in Nevada. For questions not answered in this handbook please contact HEADMASTER staff toll free at 800-393-8664 or go to www.hdmaster.com. This handbook may be kept for future reference. For questions regarding placement on the Nevada NA registry please visit the Nevada State Board of Nursing's website at nevadanursingboard.org or call toll free 888-590-6726.

APPLYING TO TAKE THE NURSING ASSISTANT COMPETENCY EXAMINATION

In order to schedule an examination date, you must have successfully completed a Nevada State Board of Nursing (NSBN) approved nursing assistant (NA) training program or have approval from NSBN to take your exam based on your education or background.

If you have completed a state approved training program, your training program has submitted your information to HEADMASTER and provided you with login information. They have possibly scheduled your test and given you the test date confirmation information. You may also go to the Headmaster website, www.hdmaster.com, to check your test date, time and location or to schedule or reschedule yourself for your examination. Call 800-393-8664 if you have any questions about your test date, time or location. We can help you reschedule your test date if you end up with a scheduling conflict or you may reschedule online up until one business day prior to your test event. From www.hdmaster.com, Click on Nevada under the Nurse Aide column, click on Schedule/Reschedule and then log-in with the secure Test ID# and Pin# provided to you by your training program or obtained from Headmaster staff at 800-393-8664.

If your training program has not already scheduled your exam for you, you may either log into our website to pay for and schedule an exam or you may send us a Payment and Scheduling Form 1402 along with your payment (money order, cashier's check, facility check, Visa or MasterCard – no personal checks or cash).

Please note:

- Anyone wishing to fax their Scheduling and Payment Form (1402NV) will be charged the \$5.00 priority fax service fee.
- Incomplete Scheduling and Payment Forms (1402NV) will be returned to the candidate. (Missing information, payment, signature, etc.)
- Candidates may not send personal checks or cash with paper applications.
- We accept money orders, cashier checks, facility checks, Master Card or Visa credit or debit cards.
- Scheduling and Payment Forms (1402NV) must be received in the Helena office at least 10 business days before the requested test date.
- HEADMASTER will notify the candidate via mail or email of their test date and time. If you do not hear from HEADMASTER within 5 business days of sending your application, please call our toll free number at 1-800-393-8664.

If you pay and schedule online, you will need Test ID # and a Pin. These should have been provided

by your training program along with scheduling directions. If you have not received this information from your training program, please contact Headmaster at 1-800-393-8664. A securely processed VISA or MASTERCARD credit or debit card payment is required before you will be allowed to choose a test date. When scheduling online, once payment is made, you will pick a test site and time and be able to print out a test confirmation letter. Please see page 9 regarding paying with a credit card.

If you believe you are eligible to take the Nevada Nursing Assistant Certification Exam based on your education or nursing school/out-of-state/military/foreign training and have not completed an approved NSBN training program, you must first apply to the NSBN for approval to test. NSBN will review your registration and determine your eligibility upon receipt of your application. Complete the appropriate forms and mail them along with copies of your training certificate or proof of education/training and any other required documents to the Nevada State Board of Nursing at the address shown on the forms. Please print neatly and double-check your address, phone number, email address and social security number before submitting your application. Unsigned applications will not be processed and will be returned to you. You will be notified by return mail and/or e-mail if/when you are eligible to test. Please contact Headmaster once you receive notification that you are approved to test. You may use the Test ID and PIN given to you in your notification or during your contact with Headmaster to log in, pay testing fees and schedule an exam date online.

The Headmaster Candidate Handbook, scheduling and payment forms and three month regional test site schedule are available from the Nevada page of the Headmaster website at www.hdmaster.com. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm Mountain Time if you have questions we can help you with.

AMERICANS WITH DISABILITIES ACT COMPLIANCE

If you have a qualified disability, you may request special accommodations for your examination. Accommodations must be approved by Headmaster and/or NSBN in advance of your examination. The request for ADA Accommodation Form 1404 NV is available on the Nevada 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. If you are scheduling to take your exam online or through your training program, please make sure you or your training program has submitted the ADA Accommodation Form(s) to Headmaster and also indicated in your online registration that an accommodation has been requested.

TEST DAY

- ⇒ PLAN TO BE AT THE TEST SITE UP TO 6 HOURS.
- ⇒ You should arrive at the confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start.
- ⇒ You must bring a SIGNED, NON-EXPIRED, US GOVERNMENT ISSUED PHOTO ID. Examples of a signed, non-expired, government issued photo ID are: Driver's License, State ID Card, U.S. Passport (Passport cards and foreign passports are not acceptable), Military ID, Alien Registration Card, Tribal ID. Employment Authorization cards. You will not be admitted for testing if you do not bring proper ID. Your test notification letter should be with you, although it is not required.
- ⇒ Your FIRST and LAST names on the identification you present to the RN Test Observer during test sign-in, must exactly match the FIRST and LAST names on record with Headmaster.
- ⇒ You will not be admitted for testing if you are not wearing the REQUIRED DRESS CODE. (See Page 4)
- ⇒ You will be expected to take the knowledge and the skill test on the same day unless you are retesting on just one failed component of the exam.

TESTING POLICY

The following policies are observed at all times—

- ⇒ If you arrive late for your confirmed test, or if you do not bring appropriate ID (GOVERNMENT ISSUED, SIGNED, NON-EXPIRED PHOTO IDENTIFICATION), you will not be admitted to the Test and any test fees paid will be forfeited as payment for work requested and performed.
- ⇒ THE REQUIRED DRESS CODE FOR TESTING: You must be appropriately dressed in your training program school uniform and/or scrubs consisting of a scrubs top and scrub pants, scrub skirt (LONG, LOOSE-FITTING) OR scrub dress (LONG, LOOSE-FITTING) AND closed-toed, soft soled shoes. 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.
- ⇒ If you NO SHOW for testing you will forfeit all test fees paid and must re-pay and reschedule online or submit the Scheduling and Payment Form 1402 NV to Headmaster along with new test fees in order to secure another exam date.
- ⇒ Cellular phones, beepers, smart watches or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings in the testing area. You are encouraged to bring, a jacket, snack or something to drink while in the holding area 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 area. Any such materials brought into the testing area will be collected and returned to you upon test completion.
- ⇒ You may not take any notes or other materials from the testing area.
- ⇒ You are not permitted to eat, drink, or smoke during the test.
- ⇒ You are not allowed to leave the testing area once a test has begun.
- ⇒ If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and/or the Nevada State Board of Nursing (NSBN). You will not be allowed to retest without an official waiver from NSBN.
- ⇒ No visitors, guests, pets or children are allowed at the test site during testing.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES

Reschedules – Candidates may reschedule online any time prior to 1 full business day preceding a scheduled test day, excluding Saturdays, Sundays and Holidays. (For example, if you are scheduled for a test on a Saturday, Sunday or Monday, you would need to reschedule by the Thursday before your test date.) RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.

If you are unable to reschedule yourself online and you need to contact Headmaster (800-393-8664) to do it for you, you will be charged a \$35 reschedule fee. Each reschedule requested by contacting Headmaster staff will incur the \$35 reschedule fee. The reschedule fee must be paid in full prior to a requested reschedule taking place. To pay the reschedule fee please fax or e-mail a completed Payment and Scheduling Form 1402 NV, found on the Nevada page of the Headmaster website.

Cancellations - A request must be made in writing to cancel a test any time prior to 1 full business day preceding a scheduled test day, excluding Saturdays, Sundays, and Holidays to qualify for a full refund of any testing fees paid minus a \$45 cancellation fee. We accept faxed or emailed requests for cancellation. Cancellation requests must be made within 6 months of payment of fees. Cancellation requests over six months from fee payment date will not be processed.

No Shows- If you are scheduled for a test and do not show up without notifying Headmaster at least 1 full business day prior to your scheduled test event, excluding Saturdays, Sundays, and Holidays, you will be considered a NO SHOW, will forfeit any fees paid, and must re-pay and reschedule online or submit a new payment and scheduling form 1402 NV to Headmaster to be scheduled for a new test 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 after the exam date. If we do not receive proof within the 2 business day time frame you will be considered 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 after the missed exam date. If we do not receive proof within the 5 business day time frame you will be considered a NO SHOW.

Death in the family: Headmaster must be contacted as soon as possible and an obituary for immediate family only must be submitted within 14 business days from a missed test date. If we do not receive proof within the 14 business day time frame you will be considered a NO SHOW.

Cancellation, reschedule and No Show fees partially offset costs incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received before 1 full business day preceding a scheduled test date for online testing, excluding Saturdays, Sundays, and Holidays, a NO SHOW status will exist and a new payment must be submitted to Headmaster to secure a new test time. In the case of a paper test event (rarely occur) the request must be received 10 business days preceding a scheduled test date.

SECURITY

Anyone who removes or tries to remove test material or information from the test site will be prosecuted to the full extent of the law, will have his/her test scored as a failure, will not be allowed to retest for a minimum period of six months and must have clearance to retest from NSBN. If you give help to or receive help from anyone during testing, the test will be stopped, your test will be scored as a failure, you will be dismissed from the testing room and you will forfeit any testing fees paid. You will lose one attempt at taking the exam and your name will be reported to your training program and NSBN.

THE KNOWLEDGE TEST

The knowledge test proctor will log you into the computer to take the knowledge test and give instructions for navigating the screen on the computer. You will have up to ninety (90) minutes to complete the 75 question knowledge test. You will be warned when fifteen (15) minutes remain. You may not ask questions about the content of the knowledge test such as, "What does this question mean?" You must have a score of **77%** or better to pass the knowledge portion of the test. All test materials must remain in the testing room when you exit. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution, their test will be scored as a failure and they will be reported.

THE KNOWLEDGE TEST CONTENT OUTLINE

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the approved Nevada Nursing Assistant test plan. The number of questions for each subject area is as follows:

Safety (7)
Infection Control (9)
Data Collection (5)
Role and Responsibility (9)
Mental Health (4)
Care Impaired (4)

Communication (5)
Resident Rights (6)
Basic Nursing skills (9)
Disease Process (6)
Personal Care (7)
Aging Process and Restorative Care (4)

THE SKILL TEST

The purpose of the skill test is to determine minimum competency in nursing assistant skills. You will find a complete list of skill tasks in this handbook. The steps that are listed for each task are the steps necessary for a Nursing Assistant to completely demonstrate each skill task. 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. The first task you will demonstrate will be one of the following four tasks along with additional, randomly selected, skill tasks included in this handbook:

- ❖ PUTTING ON AND REMOVING GOWN AND GLOVES, MEASURE AND RECORD OUTPUT FROM A URINARY DRAINAGE BAG WITH HAND WASHING
- ❖ CATHETER CARE WITH HAND WASHING
- ❖ PERINEAL CARE FOR A FEMALE CLIENT WITH HAND WASHING
- ❖ BEDPAN AND OUTPUT WITH HAND WASHING

WHAT TO EXPECT WHEN TAKING THE SKILL TEST:

- ❖ Listen carefully to all instructions given by the RN test observer.
- ❖ You may request to have any scenario repeated anytime during your skill test.
- ❖ Be sure you understand all instructions before you begin. You may not ask questions once the skill test begins.
- ❖ You will be given thirty-five (35) minutes to complete the skill task demonstrations. You will hear an audible buzzer when 20 minutes have elapsed and you have 15 minutes remaining.
- ❖ Each skill task scenario will be read to you immediately before you start each task.
- ❖ If you believe you made a mistake while performing a task, say so and then repeat the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly at any time during your allotted 35 minutes or until you tell the RN test observer that you are finished with the skill test.
- ❖ Once the skill test has begun, the RN test observer may not answer questions.
- ❖ If you are demonstrating your last task when the 35 minute buzzer sounds, you will be allowed up to 5 additional minutes to complete that last task. You will not be allowed to start a new skill task or go back and make any corrections to previous tasks after 35 minutes have elapsed.

TEST RESULTS

After completing both the knowledge test and skill test components, your test results will be submitted to the Nevada State Board of Nursing. You will be placed on the Nevada Nurse Aide Registry by the Board only after you meet all Board requirements including passing both the knowledge and skill test components of the exam and all other NSBN requirements. If you fail either test component, you must reapply to retake the one component that you failed (knowledge or skill.) Procedures for reapplying and detailed test results are included in a failure notification letter available when you login to check your test results online.

Nevada test candidates are eligible to take the test three (3) times within one year after successful completion of an NSBN approved training program. If you have not passed the exam within one year after completing training or you fail 3 times on either the knowledge or skill portions of the exam, you must repeat training in order to have further test attempts. You will only need to retake the test

component you did not pass on your previous training after you retrain.

Test results are available the day they are scored after 6:00 p.m. Mountain Time. To view your test results, go to the Nevada page of our website at www.hdmaster.com and click on online test results. (See detailed instructions below.) Online test results are usually available the business day after a test event (excluding Saturdays, Sundays and Holidays).

TO GET TEST RESULTS ON-LINE:

Go to www.hdmaster.com – click on NEVADA – click on TEST RESULTS LOG-IN

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

TEST RESULT REVIEW REQUESTS

You may request a review of your test results. There is a \$25.00 test review fee. To request a review submit \$25.00 (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 Nevada 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 Nevada State Board of Nursing.

RETAKE THE NURSING ASSISTANT TEST

IF PAYING WITH CREDIT CARD ON-LINE:

- ❖ Your personal Identification number and PIN number will be on your test results letter. Or you may call Headmaster if you have lost your ID and PIN#.
- ❖ Go to www.hdmaster.com, click on Nevada and under Candidate Forms click on Schedule/Reschedule.
- ❖ Log in with your test ID and PIN number. Your demographic record will display.
- ❖ Click on the PAY WITH CREDIT CARD button and put in the credit card information requested. Click the SUBMIT button. You will be able to print a receipt of your payment once finished.
- ❖ The test scheduling options will become active once you have paid. Click on the drop down arrows to the right of the test site to choose the site at which you wish to test and to the right of the test date to choose the date you wish from the available dates.
- ❖ If you need any assistance through this process, please call Headmaster staff at 1-800-393-8664.

Note: If you have failed the exam 3 times and retrained, you will only need to retake the portion of the exam that you did not pass.

IF MAILING OR FAXING IN PAYMENT:

- ❖ Mail or fax your Payment and Scheduling Form 1402 along with payment to HEADMASTER. If faxed please be sure to include credit card information on the form and the additional \$5 fax fee.
- ❖ HEADMASTER staff does not process credit card payments over the telephone. You will need to submit your Payment and Scheduling Form 1402 to HEADMASTER either by fax (\$5.00 Fax fee) or by mail or use the payment via credit card option during the on line registration process.

Note: If desired, any test candidate has the option of choosing a different RN test observer and/or test site for their 2nd or 3rd exam attempt. If you wish to schedule at a different location and/or with a different RN test observer and want/need help with this process, please call Headmaster at 1(800)393-8664. We will share all the options available for your consideration.

MANUAL SKILL TASKS LISTING

****THE SKILL TASK STEPS INCLUDED IN THIS HANDBOOK ARE OFFERED AS GUIDELINES TO HELP PREPARE CANDIDATES FOR THE NEVADA NURSING ASSISTANT SKILL EXAM 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****

Perform hand hygiene means: Candidate covers all surfaces of hands with hand sanitizer and rubs hands together until hands are completely dry.

You will receive one of the following four tasks as your first task in your skill exam.

BEDPAN & OUTPUT – ASSISTING A CLIENT TO USE A BEDPAN AND HAND WASHING

1. Knock on door.
2. Perform hand hygiene.
3. Greet client by name.
4. Explain the procedure to the client.
5. Provide privacy for client - pull curtain.
6. Put on gloves.
7. Raise bed to appropriate working height.
8. Position client on bedpan correctly using correct body mechanics.
9. After placing bedpan, raise head of bed to comfortable level.
10. Leave tissue within reach of client.
11. Leave call light within reach of client
12. Leave area until called.
13. Wash/assist client to wash hands (uses wet wash cloth or disposable wipe).
14. Discards soiled linen in appropriate container or disposes wipe in trash.
15. Lowers head of bed if raised.
16. Gently remove bedpan. Hold bedpan for Test Observer while liquid is poured into the bedpan.
17. Measure output using a graduate.
18. Lower bed if it was raised.
19. Empty graduate into toilet/commode.
20. Remove gloves turning inside out and dispose of properly.
21. Maintain respectful, courteous interpersonal interactions.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client.
24. Wash hands - turn on water.
25. Thoroughly wet hands.
26. Apply liquid soap to hands.
27. Rub hands together for 20 seconds using friction.
28. Using friction, rub interlaced fingers together while pointing downward.
29. Clean under fingernails.
30. Wash all surfaces of hands and wrists with liquid soap.
31. Rinse hands thoroughly under running water with fingers pointed downward.
32. Dry hands on clean paper towel(s).
33. Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
34. Discard paper towels to trash container as used.
- 35. Does not recontaminate hands at any time during the hand washing portion of the task.**
36. Record output on recording form.
- 37. Candidate's measurement is within 25cc/ml of Observer's reading.**

CATHETER CARE AND HAND WASHING

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Provide privacy for client – pull curtain.
6. Put on gloves.
7. Position a bath blanket or a combination of bath blanket and gown to maintain privacy.
8. Check to see that urine can flow, unrestricted, into the drainage bag.
9. Use soap and water to carefully wash around the catheter tubing where it exits the urinary meatus.
- 10. Hold catheter where it exits the urethra with one hand.**
11. While holding catheter with fingers near urethra, cleans at least 3-4 inches down the catheter tube.
12. Clean with stroke(s) only away from the urethra.
13. Use clean portion of cloth for stroke(s).
14. Rinse using stroke(s) only away from the urethra.
15. Rinse using clean portion of cloth for stroke(s).
16. Pat dry.
17. Do not allow the tube to be pulled at any time during the procedure.
18. Replace top cover over client.
19. Remove bath blanket.
20. Leave client in a position of safety and comfort.
21. Maintain respectful, courteous interpersonal interactions.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client.
24. Wash hands - turn on water.
25. Thoroughly wet hands.
26. Apply liquid soap to hands.
27. Rub hands together for 20 seconds using friction.
28. Using friction, rub interlaced fingers together while pointing downward.
29. Clean under fingernails.
30. Wash all surfaces of hands and wrists with liquid soap.
31. Rinse hands thoroughly under running water with fingers pointed downward.
32. Dry hands on clean paper towel(s).
33. Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
34. Discard paper towels to trash container as used.
- 35. Does not recontaminate hands at any time during the hand washing portion of the task.**

ISOLATION GOWN AND GLOVES, MEASURE AND RECORD OUTPUT FROM A URINARY DRAINAGE BAG, AND HAND WASHING

1. Perform hand hygiene.
2. Face the back opening of the gown.
3. Unfold the gown.
4. Place arms through each sleeve.
5. Tie the neck opening.
6. Tie the waist in the back or on side.
7. Ensures back flap covers clothing as completely as possible.
8. Put on gloves.
9. Gloves overlap gown sleeves at the wrist.
10. Knock on door.
11. Greet client by name.
12. Explain urinary output procedure to client.
13. Provide for privacy – pull curtain.
14. Leave call light or signaling device within easy reach of the client.
15. Leave water within easy reach of client.
16. Place a barrier on the floor under the drainage bag.

17. Place the graduate on the previously placed barrier.
18. Open the drain to allow the urine to flow into the graduate.
19. Completely empties urinary drainage bag.
- 20. Do not touch the graduate with the tip of the tubing.**
21. Close the drain.
22. Wipe the drain with antiseptic wipe.
23. Secure drain.
24. Place a barrier on a flat surface.
25. Place graduate on previously placed barrier on a flat surface.
26. With graduate at eye level, measure output.
27. Empty graduate into toilet/commode.
28. Leave client in a position of safety and comfort.
29. Maintain respectful, courteous interpersonal interactions.
30. Remove gloves before removing gown or uses the alternate method of pulling/popping gown off by pulling on the front of the gown with gloves on.
31. Remove gloves turning inside out or uses the alternate method of pulling/popping gown off by pulling on the front of the gown.
32. Disposes of the gloves in trash container or peels gloves off keeping them inside out and rolled up in the inside of the gown.
33. Unfasten gown at the neck, if not using alternate method of removal.
34. Unfasten gown at the waist, if not using alternate method of removal.
- 35. Remove gown by folding soiled area to soiled area.**
36. Bare hands never touch soiled surface of gown.
37. Dispose of gown in trash container.
38. Wash hands - turn on water.
39. Thoroughly wet hands.
40. Apply liquid soap to hands.
41. Rub hands together for 20 seconds using friction.
42. Using friction, rub interlaced fingers together while pointing downward.
43. Clean under fingernails.
44. Wash all surfaces of hands and wrists with liquid soap.
45. Rinse hands thoroughly under running water with fingers pointed downward.
46. Dry hands on clean paper towel(s).
47. Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
48. Discard paper towels to trash container as used.
- 49. Does not recontaminate hands at any time during the hand washing portion of the task.**
50. Record the output in cc/ml on recording form.
- 51. Candidate's measurement is within 25cc/ml of Observer's measurement.**

PERINEAL CARE FOR A FEMALE CLIENT AND HAND WASHING

1. Knock on door.
2. Greet client by name.
3. Performs hand hygiene.
4. Explain procedure to the client (mannequin).
5. Provide privacy for client - pull curtain.
6. Raise the bed to an appropriate working height.
7. Position bath blanket or combination of bath blanket and gown so client remains covered at all times.
8. Fill basin with comfortably warm water.
9. Direct Observer to stand on opposite side of the bed or use side rails.
10. Put on gloves.
11. Expose perineum only.
12. Separate labia.
13. Use water and soapy washcloth.
- 14. Clean one side of labia from top to bottom.**
15. Use a clean portion of a wash cloth, cleans other side of labia from top to bottom.

16. Use a clean portion of a wash cloth, clean the vaginal area from top to bottom.
17. Use a clean portion of a wash cloth, rinse one side of labia from top to bottom.
18. Use a clean portion of a wash cloth, rinse other side of labia from top to bottom.
19. Use a clean portion of a wash cloth, rinse the vaginal area from top to bottom.
20. Pat dry.
21. Cover the exposed area with the bath blanket or gown or combination of both.
22. Assist client to turn onto side away from candidate.
23. Use a clean washcloth, water and soap to clean rectal area.
- 24. Clean from vagina to rectal area.**
25. Use a clean portion of a wash cloth for any cleaning stroke(s).
26. Use a clean portion of a wash cloth, rinse from vagina to rectal area.
27. Use a clean portion of a wash cloth for any rinsing stroke(s).
28. Pat dry.
29. Position client (mannequin) on her back.
30. Dispose of soiled linen in an appropriate container.
31. Remove gloves turning inside out and dispose of in trash container.
32. Lower bed, if it was raised.
33. Lower side rail, if it was used.
34. Maintain respectful, courteous interpersonal interactions.
35. Leave call light or signaling device within easy reach of the client.
36. Leave water within easy reach of client.
37. Wash hands - turn on water.
38. Thoroughly wet hands.
39. Apply liquid soap to hands.
40. Rub hands together for 20 seconds using friction.
41. Using friction, rub interlaced fingers together while pointing downward.
42. Clean under fingernails.
43. Wash all surfaces of hands and wrists with liquid soap.
44. Rinse hands thoroughly under running water with fingers pointed downward.
45. Dry hands on clean paper towel(s).
46. Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
47. Discard paper towels to trash container as used.
- 48. Does not recontaminate hands at any time during the hand washing portion of the task.**

You will receive 2 or 3 of the following tasks (depending on the length of the task) in addition to the first task in your skills exam.

AMBULATION OF A CLIENT USING A GAIT BELT

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to be performed to the client.
5. Obtain gait belt.
- 6. Lock bed brakes to ensure client's safety.**
7. Ensures client's feet are flat on the floor.
8. Bring client to sitting position.
9. Place gait belt around waist. Tighten gait belt.
10. Check gait belt by slipping fingers between gait belt and client.
11. Assists client to put on non-skid socks.
12. Stand in front of and face the client.
13. Grasp the gait belt on each side of the client with an underhand grip.
14. Ask client if he/she is stable/okay/dizzy.
15. Bring client to standing position, using proper body mechanics.
16. Grasp gait belt with one hand, using under hand grip.

17. Stabilize client with other hand by holding forearm, shoulder, or using other appropriate method to stabilize client.
18. Ambulate the client 10 steps and return client to chair.
19. Assist client to sit in the chair in a controlled manner that ensures safety.
20. Remove gait belt.
21. Leave client in position of comfort and safety.
22. Perform hand hygiene.
23. Maintain respectful, courteous interpersonal interactions at all times.
24. Leave call light or signaling device within easy reach of the client.
25. Leave water within easy reach of client.

BED BATH (PARTIAL - FACE, ARM, HAND AND UNDERARM)

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.
5. Provide privacy for client - pull curtain.
6. Raise bed to appropriate working height.
7. Cover client with a bath blanket.
8. Remove remaining top bed linen. Fold top linens to bottom of bed or place aside.
9. Remove client's gown without exposing client.
10. Fill basin with comfortably warm water.
11. Wipe eyes gently from inner eye toward outer eye.
12. Uses a clean portion of the wash cloth with each wipe.
13. Washes clients whole face without soap.
14. Dry face.
15. Exposes one arm.
16. Places towel under exposed arm.
17. Using soap: wash arm, hand, and underarm.
18. Rinse arm, hand, and underarm.
19. Dry arm, hand, and underarm.
20. Assist client to put on a clean gown.
21. Rinse and dry basin and put it away.
22. Dispose of soiled linen in appropriate container.
23. Lower bed if it was raised.
24. Perform hand hygiene.
25. Maintain respectful, courteous interpersonal interactions at all times.
26. Leave call light or signaling device within easy reach of the client.
27. Leave water within easy reach of client.

BLOOD PRESSURE – TAKING & RECORDING BLOOD PRESSURE (ONE-STEP PROCEDURE)

1. Knock on door.
2. Greet client by name.
3. Provide privacy.
4. Perform hand hygiene.
5. Explain procedure to client.
6. Position client with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
7. Roll client's sleeve up about 5 inches above the elbow.
8. Apply the appropriate size cuff around the upper arm just above the elbow.
9. Correctly align cuff over brachial artery.
10. Clean earpieces of stethoscope appropriately and place in ears.
11. Clean diaphragm.
12. Locate brachial artery with fingertips.
13. Place stethoscope diaphragm over brachial artery.

14. Hold stethoscope diaphragm snugly in place.
15. Inflate cuff to 160-180mmHg or 30mmHg above where pulse was last heard or felt.
16. Inflates the blood pressure cuff no more than two times per arm if using the one step method.
17. Slowly release air from cuff to disappearance of pulsations.
18. Remove cuff.
19. Perform hand hygiene.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave call light or signaling device within easy reach of the client.
22. Leave water within easy reach of client.
23. Record blood pressure reading on recording form.
24. **Candidate's recorded systolic and diastolic blood pressure is within 6mmHg of the Test Observer's.**

DENTURE CARE

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Line bottom of sink (towel, washcloth or paper towels) with a protective lining or fill with water to prevent damage to the dentures in case they are dropped.
6. Put on gloves.
7. Carefully remove dentures from cup.
8. Handle dentures carefully to avoid damage.
9. Rinse denture cup.
10. Never put dentures in/on a contaminated surface.
11. Apply denture cleanser to toothbrush.
12. Thoroughly brush dentures, including the inner, outer, and chewing surfaces of upper and/or lower dentures.
13. Thoroughly brush dentures, including the denture groove or plate that touches gum surface.
14. Rinse dentures using clean cool running water.
15. Place dentures in denture cup.
16. Add cool clean water to denture cup.
17. Rinse and dry equipment and return to storage.
18. Discard sink's protective lining in an appropriate container, or drain sink.
19. Removes gloves turning inside out and dispose in appropriate container.
20. Perform hand hygiene.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client.

FEEDING A DEPENDENT CLIENT A MEAL IN A CHAIR

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.
5. Read diet card aloud to client.
6. Protect clothing from soiling by using clothing protector.
7. Wash client's hands before feeding with wet wash cloth or disposable wipe
8. Discards soiled linen in appropriate container or disposes wipe in trash can.
9. Sit to assist with feeding.
10. Describe the foods being offered to the client.
11. Offer fluid frequently.
12. Offer small amounts of food at a reasonable rate.
13. Allow client time to chew and swallow.
14. Wipe client's hands and face during meal as needed.
15. Leave client clean and in a position of comfort.

16. Perform hand hygiene.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the client.
19. Leave water within easy reach of client.
20. Record intake of total solid food eaten as a percentage on recording form.
- 21. Candidate's calculation must be within 25% of the Observer's.**
22. Record fluid intake as ml's consumed on recording pad.
- 23. Candidate's calculation is within 30 ml's of the Observer's.**

FOOT CARE (ONE FOOT)

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.
5. Provide privacy for client - pull curtain.
6. Fill foot basin with comfortably warm water.
- 7. Remove non-skid sock from the correct Test Observer stated side.**
8. Immerse foot in comfortably warm water for 10 to 20 minutes (time is to be verbalized).
9. Use water and soapy washcloth.
10. Wash entire foot.
11. Wash between toes.
12. Rinse entire foot.
13. Rinse between toes.
14. Dry foot thoroughly, dry between toes thoroughly.
15. Offer to cut client's toenails.
16. Warm lotion by rubbing it between hands.
17. Massage lotion over entire foot, do not get lotion between toes.
18. If any excess lotion, wipe with a towel.
19. Replace non-skid sock on foot.
20. Pour used water in toilet/commode or sink.
21. Rinse and dry basin.
22. Return equipment to storage area.
23. Place dirty linen in hamper.
24. Leave client in position of safety in proper alignment in the chair.
25. Perform hand hygiene.
26. Maintain respectful, courteous interpersonal interactions.
27. Leave call light or signaling device within easy reach of the client.
28. Leave water within easy reach of client.

MAKING AN OCCUPIED BED

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Gather linen.
5. Transport linen away from body.
6. Place clean linen on a clean surface. (bedside stand, chair, or overbed table)
7. Explain procedure to client.
8. Provide privacy for client - pull curtain.
9. Direct Observer to stand on the opposite side of the bed or use side rails.
10. Raise bed to appropriate working height.
11. Client is to remain covered at all times with sheet or gown.
12. Assist client to roll onto side.
13. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
14. Place clean bottom sheet on mattress along the center of the bed and roll or fan fold against the client's back and unfold remaining half.
15. Secure two fitted corners.

16. Direct Observer to opposite side of the bed or use side rails.
17. Assist the client to roll over the bottom linen, preventing trauma and avoidable pain to client.
18. Remove soiled linen without shaking.
19. Avoid placing dirty linen on the overbed table, bedside stand, chair or floor.
20. Avoid touching linen to uniform.
21. Dispose of soiled linen in hamper.
22. Pull through and smooth out the clean bottom linen.
23. Secure the other two fitted corners.
24. Client's body never touches bare mattress.
25. Place clean top linen over covered client.
26. Remove used top linen keeping client unexposed at all times.
27. Tuck in clean top linen at the foot of bed.
28. Make mitered corners at the foot of the bed.
29. Apply clean pillowcase with zippers and/or tags to inside.
30. Gently lift client's head while replacing the pillow.
31. Lower bed, if it was raised.
32. Lower side rail, if it was used.
33. Perform hand hygiene.
34. Maintain respectful, courteous interpersonal interactions at all times.
35. Leave call light or signaling device within easy reach of the client.
36. Leave water within reach of client.

MOUTH CARE – BRUSHING TEETH

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.
5. Provide privacy for client - pull curtain.
6. Drape the chest with towel to prevent soiling.
7. Put on gloves.
8. Apply toothpaste to toothbrush.
- 9. Brush all inner surfaces of upper and lower teeth.**
- 10. Brush all outer surfaces of upper and lower teeth.**
- 11. Brush all chewing surfaces of upper and lower teeth.**
12. Clean tongue.
13. Assist client in rinsing mouth.
14. Wipe client's mouth.
15. Remove soiled linen.
16. Place soiled linen in hamper.
17. Empty emesis basin.
18. Rinse emesis basin.
19. Dry emesis basin.
20. Rinse toothbrush.
21. Return equipment to storage.
22. Remove gloves turning inside out and dispose of properly.
23. Leave client in position of comfort.
24. Perform hand hygiene.
25. Maintain respectful, courteous interpersonal interactions at all times.
26. Leave call light or signaling device within easy reach of the client.
27. Leave water within easy reach of client.

PIVOT-TRANSFER A WEIGHT-BEARING CLIENT FROM BED TO WHEELCHAIR USING A GAIT BELT

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.

5. Obtain a gait belt.
6. Position wheelchair at foot or head of bed.
7. Wheelchair touches bed.
- 8. Lock wheelchair brakes.**
- 9. Lock bed brakes.**
10. Bring client to a sitting position using proper body mechanics.
11. Ensure client's feet are flat on the floor.
12. Assist client to put on non-skid socks.
13. Place gait belt around client's waist.
14. Tighten gait belt so that fingers can be slipped between gait belt and client.
15. Grasp the gait belt in underhand grip with both hands to stabilize the client.
16. Ask client if he/she is stable/okay/dizzy.
17. Bring client to a standing position using proper body mechanics.
18. Do not ambulate the client.
19. Assist client to pivot and sit in wheelchair in a controlled manner that ensures safety.
20. Remove gait belt.
21. Leave client in a position of safety and comfort.
22. Perform hand hygiene.
23. Maintain respectful, courteous interpersonal interactions at all times.
24. Place client within easy reach of call light or signaling device.
25. Place client within easy reach of water.

PIVOT-TRANSFER A WEIGHT-BEARING CLIENT FROM WHEELCHAIR TO BED USING A GAIT BELT

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Obtain a gait belt.
6. Position wheelchair at foot or head of bed.
7. Position wheelchair at a slight angle to the bed. Wheelchair touches bed.
8. Raise bed to same level as wheelchair seat.
- 9. Lock wheelchair brakes.**
- 10. Lock bed brakes.**
11. Place gait belt around client's waist.
12. Check gait belt for fit by sliding fingers under belt to determine if it is snug but not too tight.
13. Ensure client's feet are flat on the floor.
14. Instruct client to place hands on wheelchair arm rests.
15. Asks client if he/she is stable/okay/dizzy.
16. Grasp the gait belt in underhand grip with both hands.
17. Bring client to a standing position using proper body mechanics.
18. Do not ambulate client.
19. Assist client to pivot and sit on bed in a controlled manner that ensures safety.
20. Remove gait belt.
21. Remove client's shoes.
22. Assist client to lie down in the center of the bed, supporting extremities as necessary.
23. Make sure client is comfortable and in good body alignment.
24. Perform hand hygiene.
25. Maintain respectful, courteous interpersonal interactions at all times.
26. Leave call light or signaling device within easy reach of the client.
27. Leave water within easy reach of client.

RANGE OF MOTION (ROM) LOWER EXTREMITIES (HIP AND KNEE)

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.

5. Provide privacy for client - pull curtain.
6. Position bed flat.
7. **Position client supine.**
8. Position client in good body alignment.
9. **Support joints at all times on the side indicated by the Test Observer.**
10. **Ask if causing any discomfort or pain sometime during ROM procedure.**
11. Move the entire leg away from the body. (abduction)
12. Move the entire leg toward the body. (adduction)
13. Complete abduction and adduction of the hip at least three times.
14. Continue to correctly support joints by placing one hand under the client's knee and the other hand under the client's ankle.
15. Bend the client's knee and hip toward the client's trunk. (flexion of hip and knee at the same time - may also do separately)
16. Straighten the knee and hip. (extension of knee and hip in the same motion - may also do separately)
17. Complete flexion and extension of the knee and hip at least three times.
18. Do not force any joint beyond the point of free movement.
19. Leave client in a comfortable position.
20. Perform hand hygiene.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client.

RANGE OF MOTION (ROM) UPPER EXTREMITIES (ONE SHOULDER)

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to the client.
5. Provide privacy for client - pull curtain.
6. Position the bed flat.
7. **Position client on back.**
8. Position client in good body alignment.
9. **Support joints at all times on the side indicated by the Test Observer.**
10. **Ask if causing any discomfort or pain sometime during ROM procedure. Added step.**
11. Raise the client's arm up and over the client's head. (flexion)
12. Bring the client's arm back down to the client's side. (extension)
13. Complete flexion and extension of shoulder at least three times.
14. Continue same support for shoulder joint.
15. Move the client's entire arm out away from the body. (abduction)
16. Return arm to side of the client's body. (adduction)
17. Complete abduction and adduction of the shoulder three times.
18. Do not force any joint beyond the point of free movement.
19. Leave client in a comfortable position.
20. Perform hand hygiene.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client.

RE-POSITION CLIENT ON SIDE IN BED

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Provide privacy for client - pull curtain.
6. Position bed flat.
7. Raise bed to appropriate working height.
8. Ensure that the client's face never becomes obstructed by the pillow.

9. Direct Observer to stand in position opposite working side of bed to ensure safety, or use side rails, or always turns client towards self.
10. From the working side of bed - move client's upper body toward self.
11. From working side of bed - move client's hips toward self.
12. From working side of bed - move client's legs toward self.
13. Move to opposite side of bed, if Observer wasn't directed, or side rails are not used and turn client toward self, otherwise may remain on the working side of the bed and turn client toward the Observer or raised side rail.
- 14. Assist/turn client onto the correct side as read to him/her in the scenario.**
15. Check to be sure client is not lying on his/her downside arm.
16. Maintain client's correct body alignment with head of bed flat.
17. Place support devices under the client's head and upper arm, behind back, and between knees and ankles.
18. Lower bed, if it was raised.
19. Lower side rail, if it was used.
20. Performs hand hygiene.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the client.
23. Leave water within easy reach of client

UNDRESSING AND DRESSING A BEDRIDDEN CLIENT

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain the procedure to the client.
5. Provide privacy for client - pull curtain.
6. Keep client covered while removing gown.
7. Remove gown from unaffected side first.
8. Place used gown in laundry hamper.
- 9. When dressing the client in a shirt, always dresses the weak side first.**
10. When dressing the client in a shirt/blouse, insert your hand through the sleeve of the shirt/blouse and grasp the hand of the client.
11. When dressing the client in sweat pants, assist the client to raise his/her buttocks or rock client side to side and draw the pants over the buttocks and up to the client's waist without exposing client.
12. When putting on the client's socks, draw the socks up the client's foot until they are smooth.
13. Leave client in correct body alignment.
14. Leave the client properly dressed.
15. Perform hand hygiene.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave call light or signaling device within easy reach of the client.
18. Leave water within easy reach of client.

VITAL SIGNS - TAKING & RECORDING A RADIAL PULSE & RESPIRATIONS

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Locate the radial pulse by placing tips of fingers on the thumb side of the client's wrist.
6. Count pulse for 60 seconds.
7. Count respirations for 60 seconds.
8. Perform hand hygiene.
9. Maintain respectful, courteous interpersonal interactions at all times.
10. Leave call light or signaling device within easy reach of the client.
11. Leave water within easy reach of the client.
12. Record pulse count on the recording form.
- 13. Candidate's recorded pulse rate is within 4 beats of the Observer's recorded rate.**

14. Record respirations count on the recording form.

15. Candidate's recorded respiratory rate is within 2 breaths of the Observer's recorded rate.

Skill Tasks with Recordings

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. Candidates will be asked to sign this form during the equipment and supplies demonstration portion of their skill test. It will be kept on a small clipboard during testing that the candidate may move to any location in the skills lab as needed.

Candidate's Name: _____ <small>PLEASE PRINT</small>		
TEMP: _____	PULSE: _____	RESP: _____
BP: _____ / _____	URINARY OUTPUT: _____ ml	
GLASS 1: _____	FOOD INTAKE: _____ %	
GLASS 2: _____	FLUID INTAKE: _____ ml	
GLASS 3: _____	WEIGHT: _____	
Total Intake: _____ ml	HEIGHT: _____	
Candidate's Signature: _____		

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the knowledge test. Check your answers to these questions using the answer box below.

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	Alzheimer's care	audiologist
abdominal thrust	ambulation	axillary temperature
abduction	amputees	back strain
abduction pillow	anemia	bacteria
abductor wedge	anger	bargaining
abnormal vital signs	angina	basic needs
absorption	Angina pectoris	basic skin care
abuse	anorexia	bath water temperature
acceptance	anterior	bathing
accidents	antibacterial	battery
activities	antibiotics	bed cradle
acute	anti-embolitic stocking	bed height
adaptive devices	anxiety	bed making
adaptive equipment	aphasia	bed position
addiction	apical	bedpan
adduction	apnea	bedrest
ADL	appropriate response	behavior
admission	arteries	behavioral care plan
admitting resident	arteriosclerosis	beliefs
advance directives	arthritis	biohazard
afebrile	artificial eye	bipolar disorder
affected side	aseptic	bladder training
aging process	aspiration	bleeding
agitation	assault	blindness
AIDS	assistive device	blood pressure
alarms	atherosclerosis	blood pressure reading
alternating pressure mattress	atrophy	body alignment
Alzheimer's	attitudes	body fluids

body language
body mechanics
body systems
body temperature
bone loss
bowel program
brain stem
breathing
brittle bones
broken equipment
burnout
burns
call light
cancer
cane
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataracts
catastrophic reactions
catheter
catheter care
cc's in an ounce
central nervous system
Cerebral Palsy
cerebral vascular accident
charge nurse
chemical disinfection
chemotherapy
chest pain
CHF
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
cold pack
colostomy
colostomy bag
colostomy care
combative resident
comfort care
communicable
communication
compensation

competency evaluation
competency evaluation program
compressions
confidentiality
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
contracture
converting measures
COPD
coughing excessively
CPR
cross contamination
cultural
CVA
cyanosis
cyanotic
cystitis
dangling
death and dying
decubitus ulcer
deeper tissue
defense mechanism
dehydration
delegation
delusions
demanding resident
dementia
denial
denture care
dentures
dependability
depression
developmental disability
developmental process
diabetes
diabetic
dialysis
diaphragm
diarrhea
diastolic
diet
dietitian
diets
digestion
dilate
discharging resident
disease
disease process
disinfection
disoriented
disoriented resident
disposing of contaminated materials

disrespect
disrespectful treatment
dizziness
DNR
documentation
dorsiflexion
dressing
droplets
drowsy
dry skin
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
elevate head
elimination
emesis
emesis basin
emotional abuse
emotional liability
emotional needs
emotional stress
emotional support
empathy
emphysema
end of life care
endocrine system
enema
enteral nutrition
epilepsy
epithelial tissue
essential behaviors
ethics
evacuation
exercise
extension
extremity
eye glasses
falls
false imprisonment
fatigue
fecal impaction
feces
feeding
financial abuse
fire
fire safety
first aid
flatus
flexed
flexion
fluid intake
Foley catheter

foot board
foot care
foot drop
Fowler's
fracture pan
fractures
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
genetic disease
geriatrics
germ transmission
gerontology
gestures
gloves
glucometer
grand mal seizure
grieving process
group settings
hair care
hallucination
hand tremors
hand washing
hazardous substance
health-care team
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
heat application
height
Heimlich maneuver
helping residents
hemiplegia
hepatitis A
hepatitis B
hereditary
hip prosthesis
HIPAA
HIV
holistic care
hormones
hospice
Huntington's
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O
ice bag

ileostomy
immobility
immune system
impaired
impairment
incident report
incontinence
indwelling catheter
infection
infection control
in-house transfer
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
intoxicated resident
intravenous therapy
ischemia
isolation
isolation precautions
IV care
jaundice
job application
job description
kidney failure
laxatives
libel
life support
lift/draw sheet
linen
liquid diet
living will
log roll
log rolling
loose teeth
low sodium diet
macular degeneration
making occupied bed
male perineal care
manipulative behavior
mask
Maslow
masturbation
material safety data sheets
measuring height
measuring temperature
mechanical lift
mechanical soft diet
medical asepsis
medical record
medications

memory loss
mental health
mentally impaired
metastasis
microorganism
military time
minerals
misappropriation of property
mistakes
mistreatment
mobility
morning care
mouth care
moving
mucous membrane
Multiple Sclerosis
muscle spasms
musculoskeletal
musculoskeletal system
myocardial infarction
nail care
nares
nasal cannula
nausea
needles
neglect
negligence
new resident
non-contagious disease
nonverbal communication
nosocomial
nosocomial infection
NPO
nursing assistant's role
nutrition
objective
objective data
OBRA
observation
obsessive compulsive
occupied bed
ombudsman
open bed
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
orthopedic
osteoarthritis
osteoporosis
ostomy bag
overbed table
oxygen
oxygen use

pain
palliative care
paralysis
paranoia
paraphrasing
parenteral nutrition
Parkinson's
Parkinson's disease
partial assistance
partial bath
passive
pathogen
pathogens
pathologic process
patience
perineal care
peripheral vascular disease
peristalsis
personal belongings
personal care
personal items
personal protective equipment
personal stress
personal values
pet therapy
petit mal seizure
phantom pain
phone etiquette
physical needs
physical therapist
physician's authority
pill-rolling
plaque
plate rim
pleura
podiatrist
policy book
polydipsia
positioning
positioning resident
post mortem care
post-operative pneumonia
post-surgical care
postural hypotension
PPE
precautions
pressure ulcer
pressure ulcers
preventing falls
preventing injury
prioritizing
privacy
professional boundaries
progressive
projection
pronation

prone
prostate gland
prosthesis
protective equipment
prothesis
psychiatrist
psychological needs
psychosocial
PTSD
pulmonary disease
pulse
pureed diet
QID
quadrant
quadriplegia
quality of life
RACE (acronym)
radial
ramps
range of motion
rationalization
reality orientation
rectal
refusal
regulation
rehabilitation
reminiscing
reporting
reporting abuse
reposition
repositioning
resident abuse
resident belongings
resident identification
resident independence
resident pain
resident rights
resident treatment
resident trust
resident unit
residents
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
resident's rights
respectful treatment
respiration
respirations
respiratory symptoms
respiratory system
responding to resident behavior
responsibility
restorative care
restraint
restraints

resume
resuscitation
rights
rigidity
rigor mortis
risk factor
rotation
safety
safety and security need
sanitizer
scabies
scale
seclusion
secretions
security
seizure
self-actualization
self-esteem
Semi Fowlers
semi-prone position
sensory system
sexual abuse
sexual advances
sexual harassment
sexual needs
sexuality
shampoo tray
sharing information
sharps container
shaving
shearing of skin
side rails
simple fracture
Sims position
Sitz bath
skilled care facility
skin
skin integrity
skin observation
slander
sleep
smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum
sputum test
stages of grief
stages of pressure ulcer
standard precautions
state tested
stealing
stereotypes

sterilization
stethoscope
stomach
stress
stroke
strong side
subjective
subjective data
suicide
sundowning
supine
supplemental feedings
suprapubic
survey
swelling
systolic
tachycardia
TED hose
telephone etiquette
temperature
tendons
terminal illness
thick fluids
thickened liquids
threatening resident
thrombus
TIA
tips
toenails

toileting schedule
trachea
tracheostomy
transfer belt
transfers
transport bag
transporting
transporting food
transporting linens
treating residents with respect
trochanter roll
tub bath
tube feeding
tuberculosis
tubing
twice daily
tympanic
tympanic temperatures
unaffected
unconscious
unethical behavior
unsteady
urethral
urinary catheter bag
urinary elimination
urinary problems
urinary system
urinary tract
urination

urine
urine filter
UTI
validation
validation therapy
varicose veins
violent behavior
vision change
vital signs
vitamins
vocabulary
vomitus
walker
wandering resident
warm and cold applications
warm application
water intake
water pitcher
water temperature
weak side
weakness
weighing
weight
well balanced meal
well-being
wheelchair safety
white blood cells
withdrawn resident
workplace violence

