

# D&S Diversified Technologies

## Vermont – New Hampshire Candidate Handbook – Updated 4-26-2006- VERSION 1.5

### Contact Information

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**Questions regarding test applications-test scheduling-eligibility to test:**

Diversified Technologies..... 7:30 am to 6:00 pm M-F..... (877) 851-2355  
 333 Oakland Avenue 9:00 am to 2:00 pm Saturday  
 Findlay, OH 45840 Fax..... (419) 422-8328

**Questions about Licensure and LNA Programs:**

**Vermont Nurse Aide Licensure** 7:45 am to 4:30 pm M-F.....(802) 828-2453  
 81 River Street, Heritage Bldg. Fax ... (802) 828-2484  
 Montpelier, Vermont 05609

**New Hampshire Board of Nursing** 8:00 am to 4:30 pm M-F.....(603) 271-2323  
 21 South Fruit St Suite 16  
 Concord, NH 03301-2431

### Table of Contents

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Introduction.....	1
Applying to take the Vermont Nurse Aide Test.....	2
The Written/Oral Test.....	2
Written Test Content Outline and Retaking the Nurse Aide Test.....	3
The Skill Test.....	3
Manual Skill Tasks List.....	4-10
Test Day.....	10
Test Day/NO SHOWS .....	10
Testing Policy/Reschedules.....	10
Security.....	11
Test Results.....	11
Practice Test.....	11
Sample Questions.....	11
Vocabulary List.....	13-15

### Introduction

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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 nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

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

This handbook describes the process of taking the nurse aide competency test is designed to help prepare Candidates for testing. There are two parts to the nurse aide competency test—a multiple-choice Written/Oral Test and a Skill Test. Candidates must pass both parts of the test to be identified as State tested and listed on the State LNA Registry.

Vermont & New Hampshire have approved D&S Diversified Technologies to provide tests and scoring services for Nurse Aide Testing. To learn how to apply to take Nurse Aide Tests, please contact D&SDT at toll free 877-851-2355. This handbook should be kept for future reference.

## Applying to take the Nurse Aide Test\_\_\_\_\_

1. Complete form 1101. (On-line registration is also available at [www.hdmaster.com](http://www.hdmaster.com)) Please print neatly and remember to double check your address, phone number, and social security number before signing the 1101 (if it is not signed your application will be returned.) Please check option 1 or 2. If you completed a nurse aide training course within the past 24 months check Box 1. If you are CURRENTLY enrolled in a pre-licensure approved RN or LPN program contact Bob at Vermont Licensure office at 802-828-2453 for approval forms for VERMONT CANDIDATES. After you receive VBON approval mail form 1101 and testing fee's to D&S DT. If you are employed or have an offer of employment from an approved Medicare/Medicaid skill long-term care facility the facility must complete the lower portion of form 1101 and the Nursing Supervisor for that facility must sign and date form 1101.
  2. Complete Form 1402. A listing of test dates is available on our web site at [www.hdmaster.com](http://www.hdmaster.com) or call our office to have a list faxed or mailed to you. If you choose a test date from our Fixed testing schedule, write your first choice and second choice under Option 2: Fixed Test Dates. Fill out Option 1: Approved Flexible Test Sites if you are pre-scheduled to take a test through your training program. You will be scheduled to take the written and skill tests on the same day. Under PAYMENT OPTIONS please mark the appropriate boxes. (The skill test consists of five skill tasks) Anyone wishing to fax their application will be charged the \$5.00 Priority Fax Service fee and their application will move ahead of mailed in applications. You will need to write your credit card information on Form 1402 if you are paying for your own test.  
-Applicants wishing to test in **less than 10 business** days from the date D&S receives their application may request and pay a \$15 Express Service Fee **per candidate** plus **\$19.50 for over night shipping.**
- ☒ Incomplete applications will be returned to the candidate (missing information, payment, or signature(s))
  - ☒ Candidates may not send personal checks or cash.
  - ☒ We accept Money Orders, Cashier Checks, Facility Checks, Master card or Visa.
  - ☒ Applications must be received in the Findlay office 10 business days before the requested test date.
  - ☒ D&S will notify the candidate via mail or email of their test date and time. If you do not hear from D&S within 5 business days of sending your application, please call our toll free number at 1-877-851-2355.

## Retaking the Nurse Aide Test\_\_\_\_\_

1. Mail or fax the top portion of your failure letter (Form 1301) along with Form 1402 and your payment to D&S. Please ensure you pick a test date from the testing schedule (form 1700) and write it on Form 1402 under Option 2.
2. If you lost your failure letter, you may submit Form 1101 and Form 1402 or call D&S DT for another copy of your failure letter.
3. D&S DT does not schedule re-test dates over the telephone. You will need to submit your retest application to D&S either by fax (\$5.00 Fax fee) or by mail.

## The Written/Oral Test\_\_\_\_\_

The Written Test Proctor will hand out materials and give instructions for taking the Written Test. You will have a maximum of ninety (90) minutes to complete the 72 question Written Test. You will be told when fifteen (15) minutes are left. You may not ask questions about the content of the Written Test (such as "What does this question mean?") Fill in only one (1) oval on the answer sheet for each question, *or select a, b, c, or d with mouse or keyboard if taking a WEBETEST®. 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 an overall score of 80% or better on the written portion of the test to pass the written portion.

An Oral Test may be taken in conjunction with the Written Test if you have difficulty reading English. If you want to take the Oral Test you must request it when you submit your application. There is an additional charge for an Oral Test. The questions are read to you from a cassette tape or CD in addition to having the written test and scan form. WEBETEST® candidates will hear the oral reading over computer speakers or headset while seeing the question on the computer screen. Nine of the questions will not be read for the oral test and **MUST** be read and answered without aide of the oral reading. These nine questions serve as an English reading comprehension requirement. All test materials must be left in the testing room. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution.

## Written Test Content Outline

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The Written Test consists of 72 multiple-choice questions. Questions are selected from subject areas based on the Vermont/New Hampshire test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

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

## The Skill Test

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The purpose of the Skill Test is to evaluate your nurse aide skills. You will find a complete list of skill tasks in this handbook. Handwashing will be one of the tasks you will need to perform. Four (4) additional tasks will be randomly selected from the skill task list for you to perform on your skill test. The steps that are listed for each task are the steps required for a nurse aide 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. If you fail a single task you will have to take another skill test with five tasks on it, one of which will be one of the tasks you failed.

## What To Expect

- ☞ Each of the five scenarios associated with your five randomly 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 five 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.
- ☞ You will be given thirty (35) minutes to complete the five (5) tasks. You must correctly perform all five (5) tasks in order to pass the Skill Test. You will be told when 20 minutes have elapsed.
- ☞ If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 35 minutes or until you tell the RN Test Observer you are finished with the Skill Test. Once the Skill Test has begun, the RN Test Observer may not answer questions.

# Manual Skills Listing

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## Skill 1—Handwashing

1. Introduce yourself to the resident.
2. Turn on water.
3. Wet hands.
4. Apply liquid soap to hands.
5. Rub hands together using friction.
6. Interlace fingers pointing downward.
7. Wash all surfaces of hands and wrist with liquid soap.
8. Rinse hands thoroughly under running water with fingers pointed downward.
9. Dry hands on clean paper towel(s).
10. Turn off faucet with a SECOND (last) clean dry paper towel.
11. Discard paper towels into trash container as used.
- 12. Do not re-contaminate hands at any point during the procedure.**

## Skill 2—Ambulation With Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to be performed to the resident and obtains gait belt.
- 3. Locks bed brakes to ensure resident's safety.**
- 4. Locks wheelchair brakes to ensure resident's safety.**
5. Lowers bed to lowest position.
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.
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.
10. Assists resident to pivot and sit in a controlled manner that ensures safety. Removes gaitbelt.
11. Identifies that hands should be washed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

## Skill 3—Ambulation with Walker using Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
- 3. Locks bed wheels to ensure resident's safety.**
- 4. Locks wheelchair brakes to ensure resident's safety.**
5. 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
6. Assists resident to put on non-skid slippers.
7. Positions walker and stabilizes walker - insures resident has stabilized walker.
8. Brings resident to standing position, using proper body mechanics.
9. Positions self behind and slightly to side of resident.
10. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, assists resident to walk at least 10 steps.
11. Assists resident to pivot and sit in the wheelchair, using correct body mechanics.
12. Identifies that hands should be washed.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signaling device within easy reach of the resident.

## Skill 4—Blood Pressure (New Hampshire ONLY!)

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. Provides for resident's privacy.

4. Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. Rolls resident's sleeve up about 5 inches above the elbow.
6. Applies the cuff around the upper arm just above the elbow.
7. Cleans earpieces of stethoscope appropriately and places in ears.
8. Locates brachial artery by feeling brachial pulse just above bend of elbow.
9. Places stethoscope over brachial artery.
10. Holds stethoscope snugly in place.
11. Inflates cuff until Candidate no longer hears the resident's brachial pulse and inflates an additional 30mm.
12. Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
13. Records reading on paper provided.
- 14. Candidate's recorded systolic and diastolic blood pressure are within 4mmHg of the Test Observers.**
15. Utilized appropriate equipment.
16. Identifies that hands should be washed.
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signal calling device within easy reach of the resident.

## Skill 5—Fluid Intake

1. Introduces self to resident and identifies that hands should be washed.
2. Explains the procedure to resident
3. Candidate observes dinner tray. Three known capacity containers will have varying fluid levels. Candidate must use supplied pad and pencil or calculator for calculations, to arrive at the number of cc or ml consumed from each container and record the obtained amounts on the provided I & O sheet.
4. Candidate records total fluid consumed in cc or ml on I & O sheet.
- 5. Candidates total documented fluid must be + or – 30 cc of correct total.**
6. Identifies that hands should be washed
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leaves call light or signal calling device within easy reach of the resident

## Skill 6—Bedpan and Output

1. Introduces self to resident and identifies that hands should be washed.
2. Explains the procedure to resident.
3. Provides privacy for resident.
4. Candidate puts on gloves and positions resident on bedpan correctly using correct body mechanics.
5. Raises head of bed to comfortable level.
6. Leaves call light and tissue within reach of resident and Candidate steps away to a separate area of room.
7. The Candidate returns when signaled by the RN Test Observer.
8. Gently removes bedpan and holds for the Observer while a known quantity of fluid is poured into the bedpan.
9. Candidate measures output.
10. Empties and cleans bedpan and graduate.
11. Removes and disposes of gloves
12. Washes own hands and assists resident to wash and dry hands or use sanitizer gel.
13. Records output on pad.
- 14. Candidate's recorded output is within 30ccs of RN Test Observer's reading.**
15. Identifies that hands should be washed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.

## Skill 7—Denture Care

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. Lines sink with a protective lining that would help prevent damage to the dentures. (Paper towel, or washcloth)
4. Puts on gloves and removes dentures from cup.
5. Handles dentures carefully to avoid damage.

6. Applies toothpaste and thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper and lower dentures. Toothettes may be utilized instead of a toothbrush as long as the candidate demonstrates cleaning of all of the surfaces listed. (Upper, lower or both dentures can be used)
7. Rinses dentures using clean cool water.
8. Places dentures in rinsed cup.
9. Adds cool clean water to denture cup.
10. Cleans equipment and returns to storage.
11. Discards protective lining in an appropriate container.
12. Removes gloves and disposes of gloves in an appropriate container.
13. Identifies that hands should be washed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.

## Skill 8—Dressing Resident

1. Introduces self to resident and identifies that hands should be washed.
2. Explains the procedure to the resident.
3. Provides privacy for resident. (Pulls curtain.)
4. Keeps resident covered while removing gown.
5. Removes gown from unaffected side first.
6. Places used gown in laundry hamper.
7. **When dressing the resident in a shirt or blouse, the Candidate inserts their hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the weak side first.**
8. **When dressing 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, always dressing from the weak side first.**
9. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth.
10. Leaves the resident in correct body alignment and comfortably dressed.
11. Identifies that hands should be washed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

## Skill 9—Feeding the Dependent Resident

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Candidate looks at diet card and indicates that resident has received the correct tray.
4. **Positions the resident in an upright position. At least 45 degrees.**
5. Protects clothing from soiling by using napkin, clothing protector, or towel.
6. Washes and dries resident's hands with a wet wash cloth before feeding.
7. Discards soiled linen appropriately.
8. Sits down facing the resident while feeding resident.
9. Describes the foods being offered to the resident.
10. Offers water or other fluid frequently.
11. Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.
12. Wipes resident's hands and face during meal.
13. Leaves resident clean and in a position of comfort.
14. Records intake in percentage of total solid food eaten on paper provided.
15. Records intake of fluid in ccs on pad.
16. **Candidate is within 25% of the solids and within 60ccs of the fluids consumed.**
17. Identifies that hands should be washed.
18. Maintains respectful, courteous interpersonal interactions at all times.
19. Leaves call light or signaling device within easy reach of the resident.

## Skill 10—Mouth Care of Comatose Resident

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Provides for residents privacy.

4. **Positions resident on side with head turned well to one side (candidate may ask test observer to assist with turning if desired), to avoid choking or aspiration.**
5. Drapes chest/bed as needed to protect from soiling.
6. Puts on gloves, uses swab and/or toothbrush and cleaning solution or paste
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. Cleans, dries face.
10. Returns bed to lowest position if bed was raised.
11. Cleans and replaces equipment and discards disposable items in waste can.
12. Discards towel and washcloth in linen hamper.
13. Removes gloves and disposes properly.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Identifies that hands should be washed.
16. Leaves call light or signaling device within easy reach of the resident.

### **Skill 11—Nail Care One Hand**

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Immerses nails in comfortably warm water and soaks for at least five (5) minutes. (The five minutes may be verbalized.)
4. Dries hand thoroughly, being careful to dry between fingers.
5. Gently cleans under nails with orange stick.
6. Files each fingernail.
7. Cleans equipment and returns to storage. Discards towel in linen hamper.
8. Identifies that hands should be washed.
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signaling device within easy reach of the resident.

### **Skill 12—Partial Bed Bath-Face, Arm, Hand and Underarm**

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Pulls privacy curtain. Raises bed to appropriate working level.
4. Covers resident with a bath blanket.
5. Removes top bed linens. Fanfolds to residents waist
6. Removes resident's gown without exposing resident.
7. Fills basin with comfortably warm water.
8. Washes and dries face WITHOUT SOAP.
9. Places towel under arm, exposing one arm.
10. Washes arm, hand and underarm using soap and water.
11. Rinses arm, hand, underarm and dries entire area.
12. Assists resident to put on a clean gown.
13. Properly cleans and stores all equipment used.
14. Disposes of soiled linen in appropriate container.
15. Lowers bed if it was raised.
16. Identifies that hands should be washed.
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signaling device within easy reach of the resident.

### **Skill 13—Position Resident on Left Side**

1. Introduces self to resident and identifies that hands should be washed.
2. Explains what is to be done and how the resident may help.
3. Pulls curtain, provides privacy.
4. Positions bed flat. Raises bed to appropriate working height.
5. Raises side rail on left side of the bed, IF BED HAS SIDE RAILS.
6. From the right side—moves upper body toward self.
7. Moves hips toward self.
8. Moves legs toward self.

9. Raises side rail on left side of the bed or positions self on residents (L) side.
10. **Candidate moves to (L) side of bed, if side rail wasn't raised and turns resident toward self, otherwise may remain on right side and turns resident towards residents left raised side rail and insures that the resident's face never becomes obstructed by the pillow.**
11. Checks to be sure resident is not lying on his/her left arm.
12. Maintains correct body alignment.
13. **Places support devices such as pillows, wedges, blankets, etc. to maintain correct body alignment and protect bony prominences, under head and right arm, behind back, between knees.**
14. Lowers bed if it was raised.
15. Lowers side rail if it was raised.
16. Identifies that hands should be washed.
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signaling device within easy reach of the resident.

## Skill 14—Range of Motion Hip & Knee

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Pulls curtain; provides for resident's privacy.
4. Positions resident supine (on back) and in good body alignment.
5. Correctly supports joints at all times by placing one hand under the knee and the other hand under the heel.
6. Moves the entire leg away from the body. (abduction)
7. Moves the entire leg back toward the body. (adduction)
8. Completes abduction and adduction of the hip three times.
9. Continue to correctly support joints and bend the resident's knee and hip toward the resident's trunk. (flexion of the hip and knee at the same time)
10. Straighten the knee and hip. (extension of knee and hip at the same time)
11. Complete flexion and extension of knee and hip three times.
12. **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.**
13. Leaves resident in a comfortable position.
14. Identifies that hands should be washed.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.

## Skill 15—Range of Motion One Shoulder

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to the resident.
3. Pulls curtain; provides for resident's privacy.
4. Positions resident on back (may be supine or in a raised position) in good body alignment.
5. Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
6. Raises resident's arm up and over the resident's head. (flexion)
7. Brings the resident's arm back down to the resident's side. (extension)
8. Completes full range of motion for shoulder through flexion and extension three times.
9. Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
10. Return the resident's arm to the side of the resident's body. (adduction)
11. Complete full range of motion for shoulder through abduction and adduction three times.
12. **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.**
13. Leaves resident in a comfortable position.
14. Identifies that hands should be washed.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.

## Skill 16—Transfer from Bed to Wheelchair using a Gait Belt

1. Introduces self to resident and identifies that hands should be washed.



2. Explains the procedure to be performed to the resident and obtains a gait belt
3. Positions wheelchair at the foot or head of the bed.
- 4. Locks wheelchair brakes to ensure resident's safety.**
- 5. Locks bed brakes to ensure resident's safety.**
6. Lowers bed to lowest position.
7. Assists 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
8. Brings resident to a standing position using proper body mechanics.
9. With one hand grasping the gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, transfers resident from bed to wheelchair.
10. Assists resident to pivot and sit in a controlled manner that ensures safety.
11. Identifies that hands should be washed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

## Skill 17—Vital Signs - Temperature, Pulse and Respiration

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Correctly turns on digital oral thermometer and places sheath on thermometer.
5. Gently inserts bulb end of thermometer in mouth under tongue.
6. Holds thermometer in place for appropriate length of time.
7. Removes thermometer and Candidate reads and records the temperature reading on paper provided.
- 8. Candidate's recorded temperature varies no more than .1 degree from Test Observer's.**
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. Then records on the sheet of paper provided.
- 12. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.**
13. Candidate counts respirations for 60 sec and records results on sheet of paper provided.
- 14. The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
15. Identifies that hands should be washed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.

## Skill 18—Weighing an Ambulatory Resident

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. Checks balance of scale before weighing resident and balances or zeros if necessary. A digital scale is not allowed.
- 4. Insures resident's safety. Locks wheelchair brakes.**
5. Assists resident to stand and walks them to the scale.
6. Assists resident to step on scale.
7. Checks that resident is balanced and centered on scale with arms at side and not holding on to anything that would alter reading of the weight.
8. Appropriately adjusts weights until scale is in balance or observes analog scale.
9. Reads weight.
10. Safely returns resident to wheelchair and assists to sitting position.
11. Records weight on paper provided.
- 12. Candidate's recorded weight varies no more than 2 lb. from RN Test Observer's reading.**
13. Identifies that hands should be washed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.

## Skill 19—Transfer from Wheelchair to Bed using a Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Explains the procedure to be performed to the resident and obtains a gait belt

3. Positions wheelchair at the foot or head of the bed.
4. **Locks wheelchair brakes to ensure resident's safety.**
5. **Locks bed brakes to ensure resident's safety.**
6. Lowers bed to lowest position.
7. Places gait belt around waist to stabilize trunk. Tightens gait belt Checks gait belt by slipping fingers between gait belt and resident
8. Brings resident to a standing position using proper body mechanics.
9. With one hand grasping the gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, transfers resident from wheelchair to bed.
10. Assists resident to pivot and sit in a controlled manner that ensures safety.
11. Removes gait belt.
12. Removes non-skid slippers.
13. Assists resident to lie down in bed.
14. Leaves resident comfortable and in good body alignment.
15. Identifies that hands should be washed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.

## Test Day

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- ☞ You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start.
- ☞ You must bring a **SIGNED, NON-EXPIRED, PHOTO ID**. **You will not be admitted for testing if you do not bring proper ID**. Your test notification card and map should be with you, although they are not required.
- ☞ You must bring several sharpened Number 2 pencils with erasers. **DO NOT BRING or USE INK PENS**. The scanner can't read ink marks on your answer sheet.

## Testing Policy

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The following policies are observed at each test site—

- ☞ If you arrive late for your confirmed test, or if you do not bring appropriate ID, you will not be admitted to the Test and any test fees paid *will NOT be refunded*. **If you NO SHOW for your testing day you will forfeit any testing fees paid or be charged a NO SHOW fee for the test date missed and must re-submit forms 1402 and 1101 to schedule another test date.**
- ☞ Cellular phones, beepers or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings.
- ☞ 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 and returned to you when you have completed the test. Testing staff is not responsible for lost or stolen personal items. The only exception is a language translation dictionary that you must show to the written test proctor before you start the written test.
- ☞ You may not take any notes or other materials from the testing room.
- ☞ You are not permitted to eat, drink, be excused to the bathroom, or smoke during the test.
- ☞ 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 the Vermont Board of Nursing.
- ☞ No visitors, guests, pets, or children are allowed or will be provided for during testing.

## Reschedule/Cancellation Policies

**Reschedules** - An individual may reschedule any time up to the business day preceding a scheduled test day. (Call 1-877-851-2355) Reschedules must be requested from D&S DT and are subject to a \$35 reschedule fee for each reschedule request made after seven business days prior to a scheduled test event. Reschedule fees must be paid in full prior to a reschedule taking place. No reschedule fees will be funded by the Vermont DAIL.

**Cancellations** - A request may be made in writing to cancel a test any time up to 24 business hours prior to a scheduled test time and qualify for a full refund of any testing fees paid minus a \$25 cancellation fee for self pay in advance candidates (Non-DAIL funded tests.)

**No Shows**- If you are scheduled for your test and don't show up without notifying D&S DT within 24 business hours prior to your scheduled testing time you will be considered a **NO SHOW** and forfeit any test fees paid as payment for services requested and provided and must submit a new application with payment to be scheduled for a new test date if you are a self pay candidate (Non-DAIL funded candidate.) If you are a DAIL funded candidate then you must pay the NO SHOW fee in order to be scheduled for another test day.

Facilities that are reimbursed for training and testing costs by DAIL in VERMONT will be charged a Reschedule fee of \$35, a Cancellation fee of \$25, or a No Show fee of \$40 for any candidate that does not test once testing services are requested. These fees may be passed on to the candidate as they are not considered part of training or testing costs as referred to in the OBRA regulations. These fees partially offset D&S costs incurred for services requested and resulting work that is performed because of the work request. No Reschedules, Cancellations, or No Show fees will be funded (reimbursed) by the Vermont Department of Disabilities, Aging, and Independent Living. If a reschedule or cancellation request is not received prior to the business day preceding a scheduled test date a NO SHOW status will exist and new application forms 1101 and 1402 (along with a full test fee for advance paid test candidates or the No Show fee for DAIL (VERMONT) reimbursed candidates) must be submitted to D&SDT to secure a new test date and time.

Please provide the following documentation for cases where these circumstances caused you to miss a scheduled test date:

\*A tow bill faxed with 48 hours of the test date, if we do not receive proof within that time frame you will have to pay as though you were a No Show.

\*Doctor notes within 5 working days if we do not receive proof within that time frame you will have to pay as though you were a No Show.

\*Obituaries of immediate family only within 14 business days from the missed test date or you will be considered a No Show.

## **Security**

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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 be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials, other than this candidate handbook, may not be brought to the test site. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, resulting in a NO SHOW status in our computer scoring system, and your name will be reported to the appropriate agency.

## **Test Results**

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After you have successfully passed both the Written/Oral Test and Skill Test, you will be eligible to complete licensure with the VBON or the NHBON and to then be placed on the LNA Registry. If you fail, you may reapply to retake the LNA test up to three times. Procedures for reapplying and detailed test diagnostics are included with a failure notification letter or email that you will receive in addition to the information found on page 3.

## **Written Practice Test**

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Available on our web site at [www.hdmaster.com](http://www.hdmaster.com) we offer a free written test question of the day and a free ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on your 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 on 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 practice test purchase plans are available. Visit [www.hdmaster.com](http://www.hdmaster.com) for more details.

## Sample Questions

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The following questions are samples of the kinds of questions that you will find on the Written/Oral Test. Check your answers to these questions using the answers below. Also, visit our web site for additional sample questions at [hdmaster.com](http://hdmaster.com)

**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 where 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

Ans: 1C, 2A, 3D

## Vocabulary Listing:

abdominal thrust  
abduction  
abnormal  
accidents  
activity  
adduction  
ADL's  
admission  
aging process  
AIDS  
alarms  
Alzheimer's  
ambulate with assistance  
ambulation  
angry resident  
antibiotics  
antiseptis  
anxiety  
aphasia  
appropriate response  
arteries  
arthritis  
aseptic  
aspiration  
atrophy  
attitudes  
audiologist  
axillary temperature  
back strain  
backache  
bacteria  
bargaining  
basic needs  
basic skin care  
bathing  
bed bath  
bed position  
bed rest  
bedfast  
bedpan  
bedsore  
bladder training  
bleeding  
blindness  
blood pressure  
bodily fluids  
body heat  
body language  
body mechanics  
body temperature  
bowel and bladder programs  
bowel movements  
brain stem  
break time  
breathing  
broken equipment

burnout  
burns  
call light  
cancer  
cane  
cardiopulmonary resuscitation  
cardiovascular system  
care plan  
caring for elderly  
cast  
cataracts  
catheter care  
catheter drainage bag  
central nervous system  
cerebral vascular accident  
charge nurse  
chart  
chemotherapy  
chest pain  
choking  
chronic disease  
circulatory system  
cleaners  
cleaning spills  
cleaning up of spills  
clear liquid diet  
clergy  
cold compress  
colostomy  
colostomy bag  
combative resident  
communication  
communication with depressed resident  
compensation  
confidentiality  
confused resident  
congestive heart failure  
constipation  
constrict blood vessels  
contaminated clothing  
contaminated hands  
contamination  
contracture  
converting units  
coughing excessively  
CPR  
CVA resident  
cyanosis  
decubitus ulcer  
dehydration  
delusions  
demanding resident  
dementia  
denial  
dentures  
depression

dermatitis  
diabetes  
diabetes melitus  
dialysis  
diarrhea  
diastolic  
diet  
dietitian  
digestion  
digestive system  
discharging resident  
disease producing organisms  
disinfection  
dizziness  
DNR  
documentation  
draw/lift  
dressing resident  
drowsy  
dry skin  
dying process  
dysphagia  
dyspnea  
dysuria  
edema  
elastic stockings  
electrical equipment  
elimination of wastes  
emesis basin  
emotional abuse  
emotional needs  
emotional support  
empathetic  
  
empathy  
emphysema  
ethical code  
ethical issues  
evacuation  
exercise  
extension  
eye glasses  
facility policy  
falls  
fatigue  
feces  
feeding resident  
feeding tube  
fingernail care  
fire  
flexion  
fluid intake  
Foley catheter  
foot drop  
Fowlers  
fractures  
frequent urination

function with assistance	metastasis	policy book
gait belt	microorganisms	positioning a resident
gastrostomy tube	minerals	positioning resident
geriatrics	mistakes	positive attitude
germ transmission	mistreatment	postural supports
gerontology	mobility	pressure sore
gloves	money	pressure ulcer
grand mal	mouth care	preventing injury
grieving process	moving a dependent resident	privacy
group settings	moving a resident	projection
growth	mucous	prone
hair care	musculoskeletal system	prostate gland
hand tremors	myocardial infarction	prosthesis
hand-washing	nasal cannula	protective equipment
health-care team	natural disaster	psychological needs
hearing aid	needles	pulmonary disease
hearing impaired	neglect	pulse
heart	negligence	quadriplegia
height	new resident	radial
Heimlich maneuver	non-contagious disease	ramps
hydration	nonverbal communication	range of motion
hypertension	nosocomial	rationalization
hyperventilation	NPO	rectal temperature
hypoglycemia	nurses station	reddened/discolored area
immobility	nursing assistant behavior	rehabilitation
impaction	nursing assistant's role	religious service
impairment	nursing station	reminiscence
in-house	nutrition	renal failure
in-service programs	objective	reporting abnormal changes
incontinence	observation	reposition residents
indwelling catheter	ombudsman	resident abuse
infection	oral hygiene	resident belongings
initial observations	oral temperature	resident independence
input and output	osteoporosis	resident rights
insulin	ostomy bag	resident unit
intake and output	over bed	resident's behavior
integumentary system	oxygen	resident's bill of rights
interpersonal skills	paralysis	resident's chart
interventions	paranoia	resident's environment
isolation	Parkinson's	resident's families
jaundice	partial bath	residents
job application	pathogens	resident's environment
job description	patience	respectful treatment
job interview	perineal care	respiration
lethargy	peripheral vascular disease	respirations
lift/draw sheets	peristalsis	respiratory condition
linen	personal care	responding to resident behavior
lying on side	personal items	restorative care
making occupied bed	personal possessions	restraints
mask	personal stress	resume
Maslow's hierarchy	pet therapy	right to refuse care
mealtime	phantom pain	scale
medical asepsis	physical needs	secretions
medications	physical therapist	seizure
memory loss	physician's authority	self-actualization
mentally impaired	podiatrist	sexual advances

sexual expression  
sexual needs  
sexuality  
sharps container  
shaving  
shearing of skin  
side rails  
skin breakdown  
small intestine  
smoking  
social well being  
soiled linen  
specimen  
spilled food  
spills  
spiritual needs  
standard precautions  
standard/universal precautions  
state survey  
stealing  
sterilization  
stethoscope  
stomach  
stool specimen  
stress  
stroke  
subjective  
suicide  
sun-downing  
supine  
supplemental feedings  
suspected abuse  
swallowing difficulties  
swelling  
systolic  
TED hose  
tendons  
terminal illness  
threatening resident  
tips  
toenails  
toileting schedule  
TPR  
transferring  
treating residents with respect  
tub bath  
twice daily  
tympanic temperatures  
ulcers  
unconscious  
uncovered food  
uniform  
universal precautions  
unopened mail  
unsteady  
urinary catheter bag

urinary system  
urinary tract  
urine  
validation therapy  
visually impaired  
vital signs  
vitamins  
vomiting  
vomit  
walker  
wandering resident  
water faucets  
weakness  
weight  
wheelchair safety  
white blood cells  
withdrawal