D&S Diversified Technologies LLP

Headmaster LLP

North Dakota Nurse Aide Candidate Handbook

EFFECTIVE FOR TESTING: July 1, 2024 | UPDATED: October 2026

Version 6

Contact Information

Questions regarding: testing process • test scheduling • eligibility to test
..... **(800) 393-8664**

Questions regarding: obtaining information on official regulations and guidelines for nurse aides • nurse aide certification • renewals • North Dakota Nurse Aide Registry
..... **(701) 328-2353**

D&SDT-Headmaster, LLP PO Box 6609 Helena, MT 59604-6609 *Email:* **northdakota@hdmaster.com** *Website:* www.hdmaster.com *North Dakota Nurse Aide TMU©:* **nd.tmutest.com**	Monday through Friday 6:00AM – 5:00PM *Mountain Time (MT)* 7:00AM – 6:00PM *Central Time (CT)*	Phone #: (800) 393-8664 Fax #: (406) 442-3357
North Dakota Department of Health and Human Services (DHHS) **Health Facilities Unit** 1720 Burlington Dr., Suite A Bismarck, ND 58504-7736 Email: naregistry@nd.gov Website: https://www.hhs.nd.gov/health/regulation-licensure-and-certification/health-facilities-unit/nurse-aide-registry	Monday through Friday 8:00AM – 5:00PM *Central Time (CT)*	Phone #: (701) 328-2353

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Introduction

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

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide-related knowledge and skills. The program aims to ensure that candidates 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 nurse aide competency examination process and is designed to help prepare candidates for testing. The examination has two parts: a multiple-choice, knowledge/audio test, and a skill test. To qualify for certification as a nurse aide in North Dakota, exam candidates must be registered, complete approved training, pass both parts of the exam, and meet all other requirements of the North Dakota Department of Health and Human Services (DHHS).

The North Dakota Department of Health and Human Services (DHHS) has approved Headmaster, LLP to provide tests and scoring services for North Dakota nurse aide testing. For questions not answered in this handbook, please check the North Dakota webpage at www.hdmaster.com or contact Headmaster at (800)393-8664. The information in this handbook will help you prepare for your examination.

The Registry

The North Dakota Department of Health and Human Services (DHHS) maintains information regarding the certification of nurse aides in North Dakota. It operates according to federal and state requirements and guidelines. Anyone may contact the North Dakota Department of Health and Human Services (DHHS) to inquire about their status as a nurse aide, lapsed certification, and certification transfer to or from another state.

Initial CNA certification is two years; renewal is required approximately every two years. Initial certification is two years, and renewal is required every two years. Renewal notices will be mailed 60 days before the renewal date to the last known address on file with the Registry.

The North Dakota Department of Health and Human Services (DHHS) must be kept informed of your current address. If your address or name changes at any time after you are placed on the Registry, you may call the North Dakota Department of Health and Human Services (DHHS) Nurse Aide Registry at (701)328-2353 or visit their website at https://www.hhs.nd.gov/health/regulation-licensure-and-certification/health-facilities-unit/nurse-aide-registry.

NOTE: Effective July 1, 2024, the option to Challenge the North Dakota Certified Nurse Aide Exam is no longer available.

Reactivation by Exam

As of July 1, 2024, the option to Challenge the North Dakota Certified Nurse Aide Exam is no longer available.

CNAs who have let their CNA license expire on the North Dakota Nurse Aide Registry may be eligible to reactivate their license by examination (taking both components of the nurse aide competency exam – knowledge and skills).

To be eligible to 'Reactive by Exam', a candidate must meet the following qualifications:

- The candidate was previously listed on the North Dakota Certified Nurse Aide Registry and
- The candidate did not Challenge the exam for initial placement on the North Dakota Registry.
  - → *The candidate must have completed an NDDHHS-approved certified nurse aide training program and can show proof of training completion.*

If you qualify to Reactive by Exam, please complete and submit the **REACTIVATION BY EXAMINATION** found on the North Dakota TMU© main page under 'APPLICATIONS'. Or click on this link: https://nd.tmutest.com/apply/6.

Americans with Disabilities Act (ADA)

ADA Compliance

The North Dakota Department of Health and Human Services (DHHS) and D&SDT-Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-Headmaster must approve accommodations in advance of examination. Complete the **ADA Accommodation Request Application** found on the North Dakota TMU© main page under 'APPLICATIONS' to be reviewed for accommodation.

ADA Accommodation Request Applications submitted without the required supporting documentation of a diagnosed disability will not be reviewed until the required documentation is provided. D&SDT-HEADMASTER will email you if further documentation or information is required using the email in your TMU© account.

Please allow additional time for your request to be approved. If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (800)393-8664.

North Dakota Nurse Aide TestMaster Universe TMU©

This is the North Dakota Nurse Aide TMU© main page **nd.tmutest.com**.



Completing your TMU© Account

Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

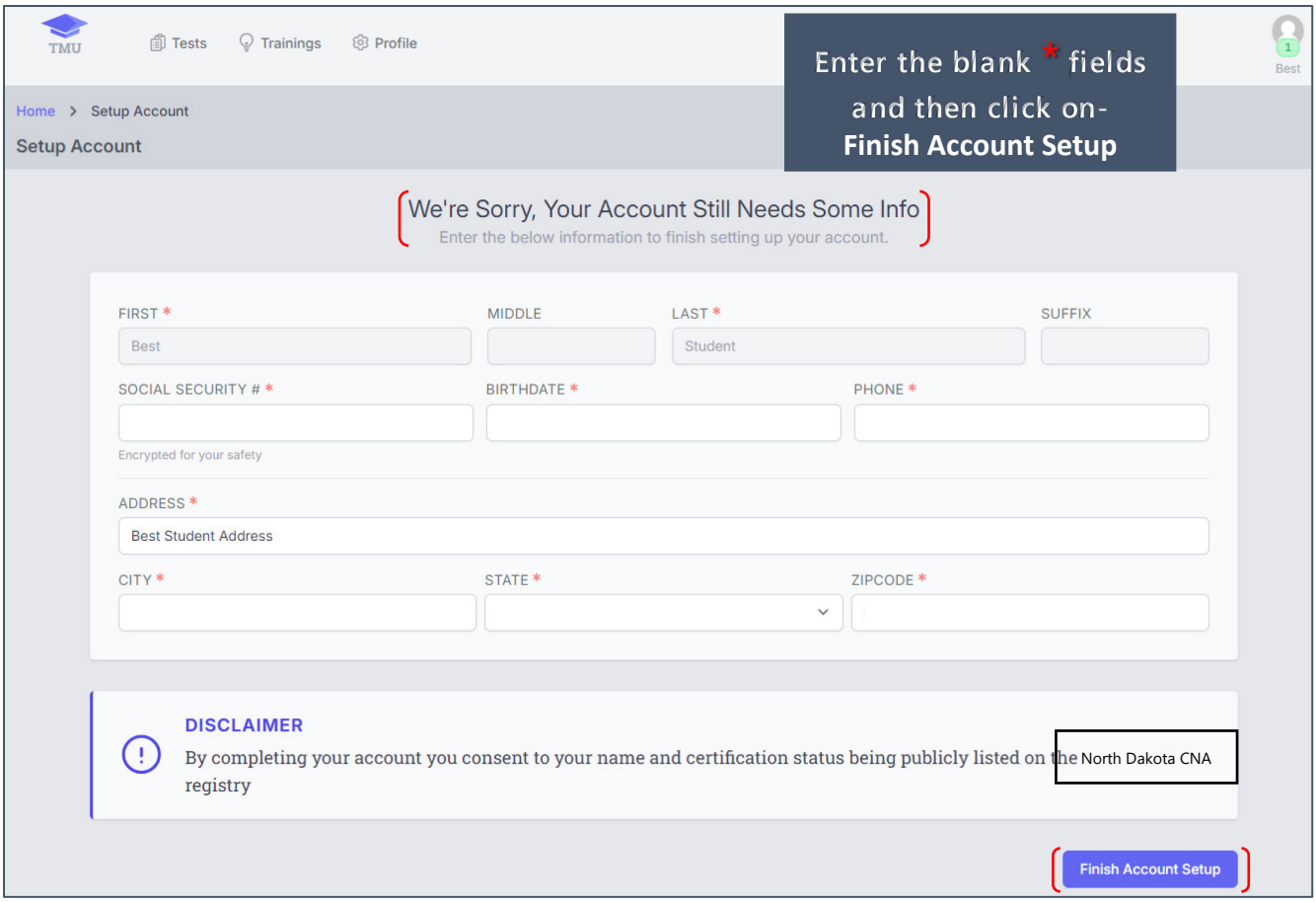
IMPORTANT: Before you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete the missing demographic information *prior to testing*. Failure to do so may result in you being turned away from testing.

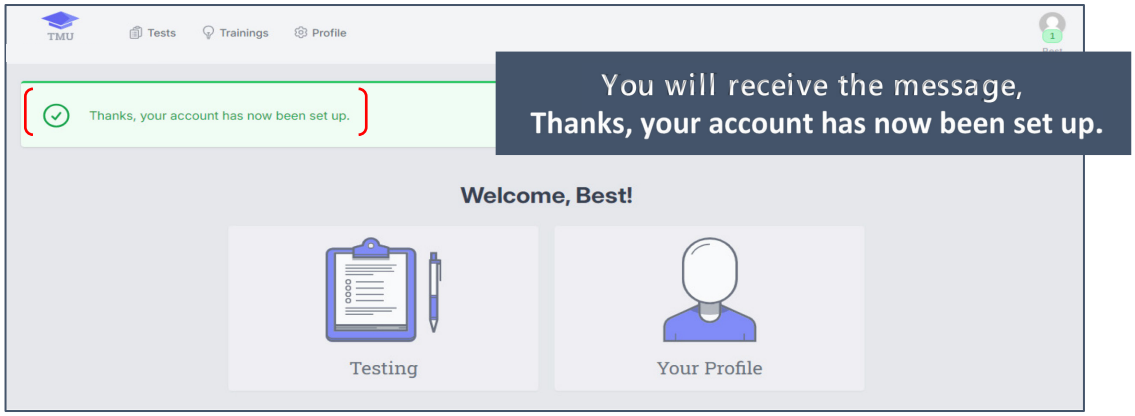
- Upon receiving your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you need to sign in to your account, update your password, and complete your demographic information. **This must be done before scheduling a test event.**

If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under **'Forgot your Password and Recover your Account'**). If you cannot sign in, contact D&SDT-Headmaster at (800)393-8664.

-Continued on the next page-

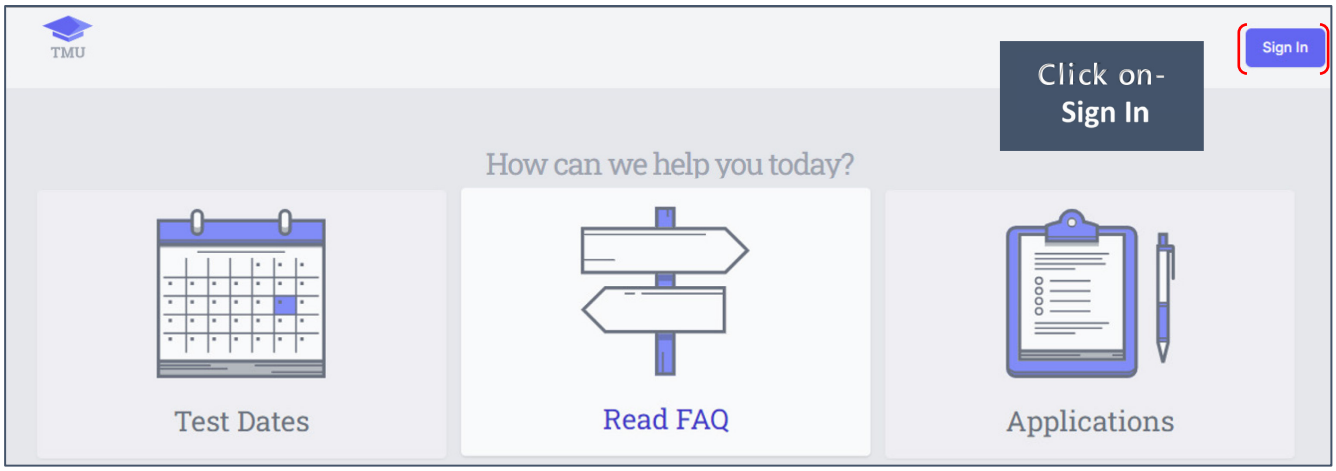
This is the screen you will see the first time you sign in to your TMU© account ***with the demographic information you need to enter to complete your account****:*

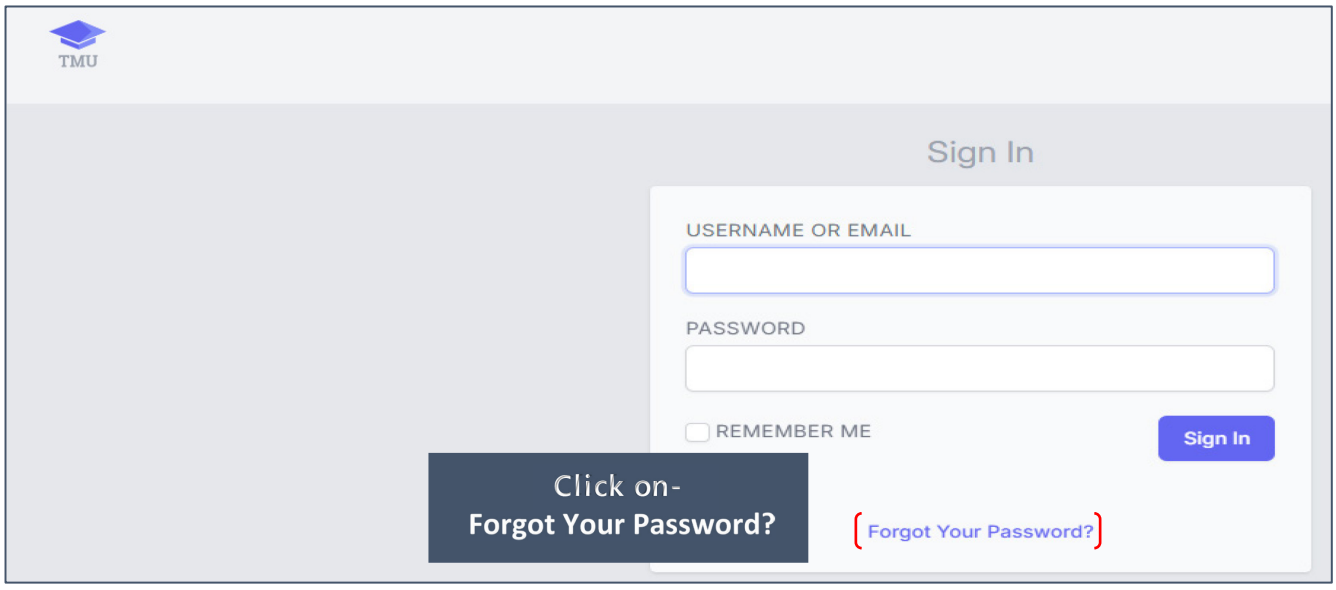


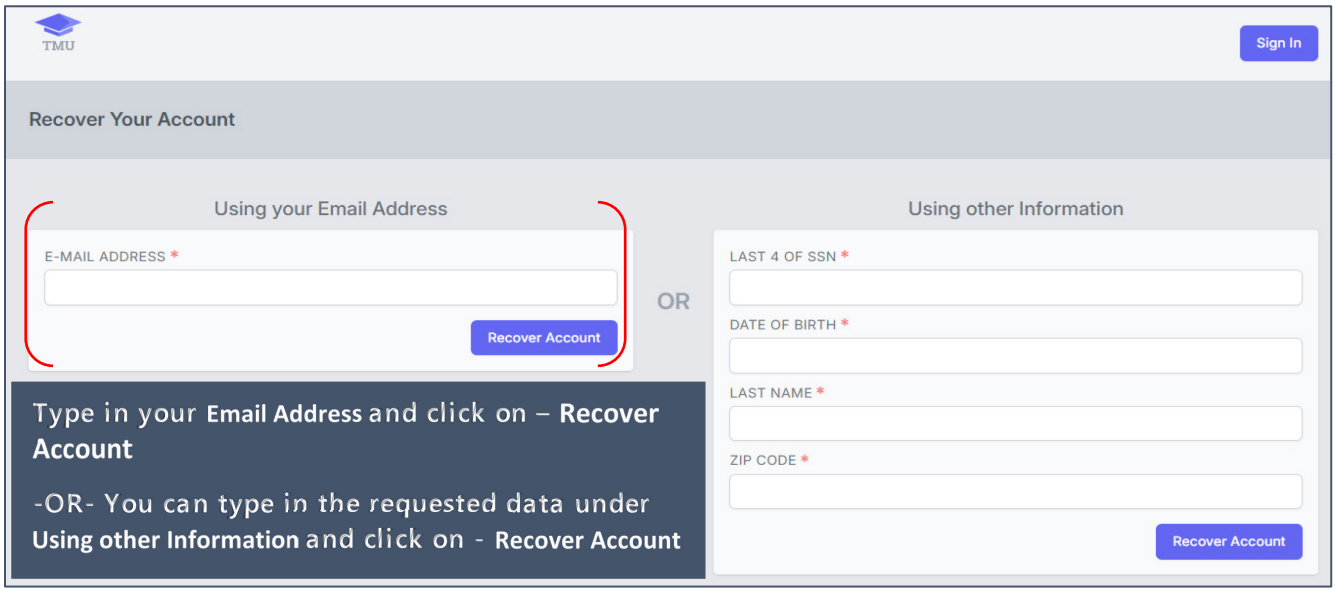


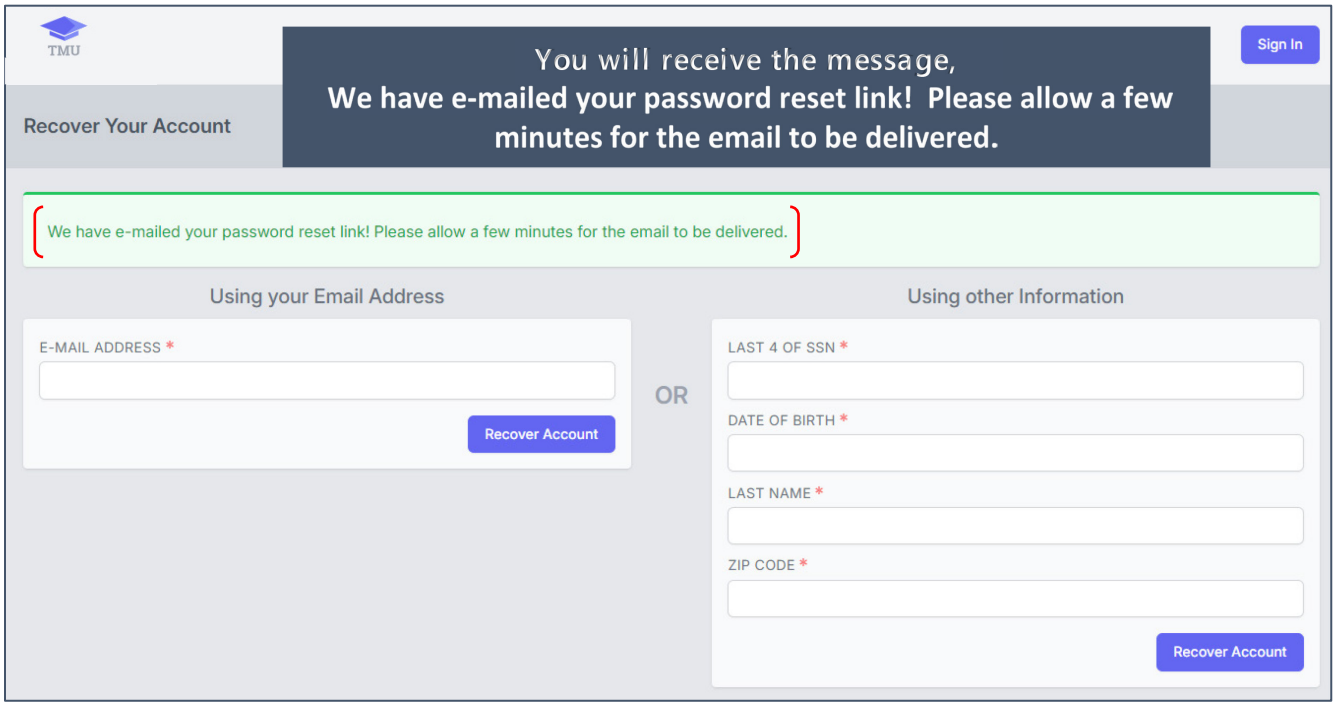
Forgot your Password and Recover your Account

If you have forgotten or do not know your Password, follow the instructions below to reset it and Recover your Account. Go to **nd.tmutest.com**.

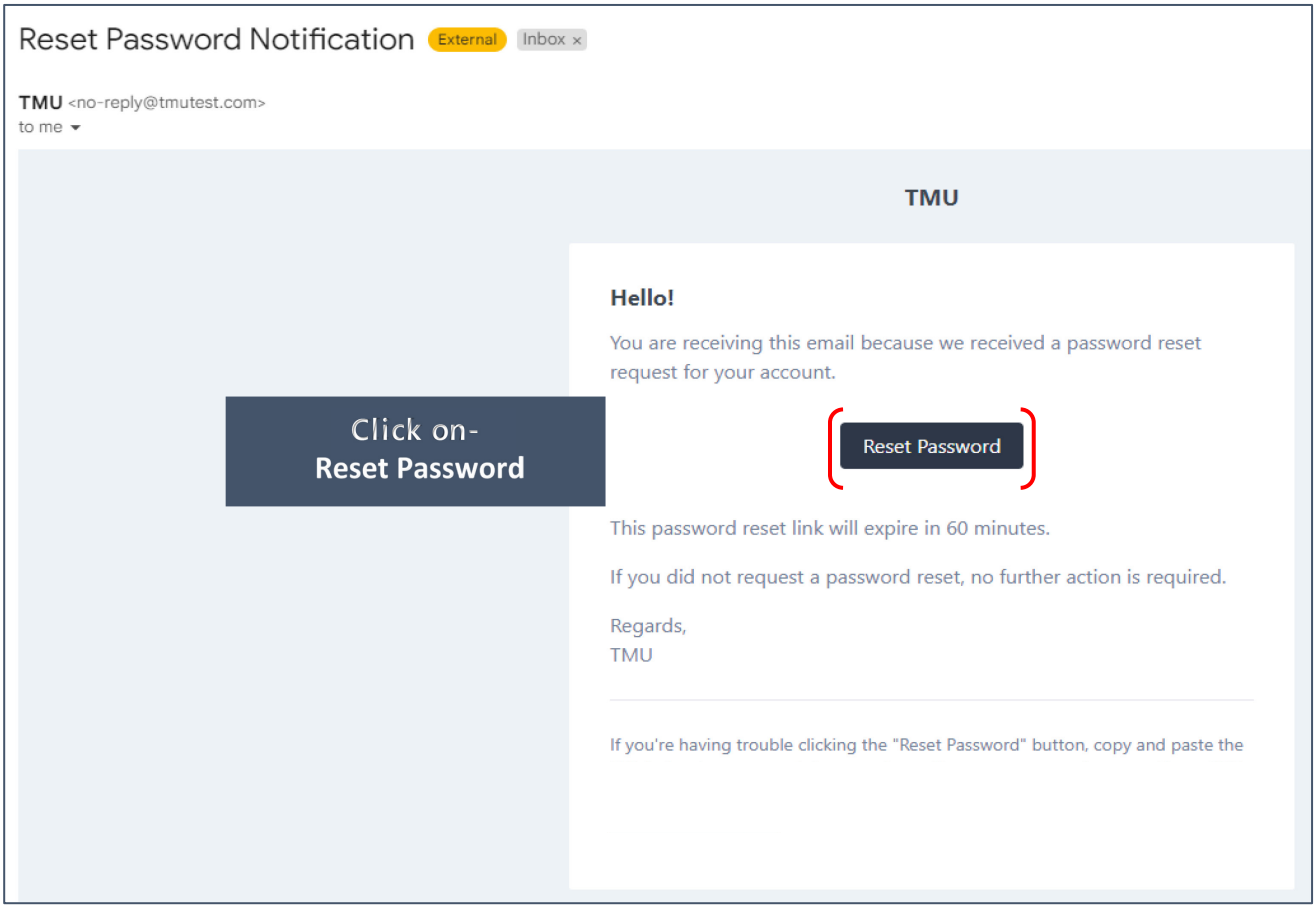




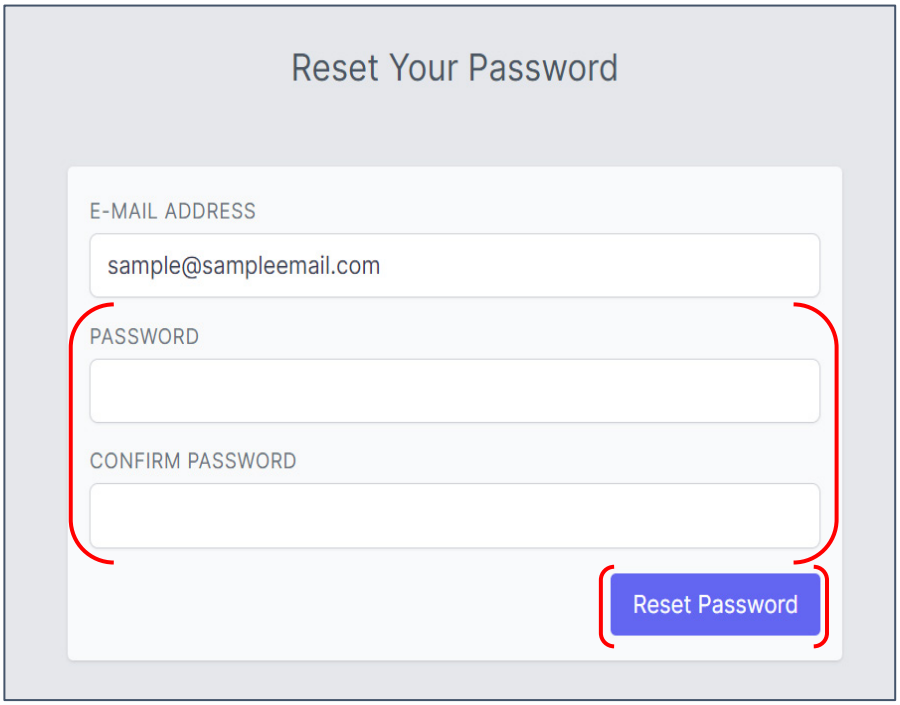




This is what the email will look like (check your junk/spam folder for the email):



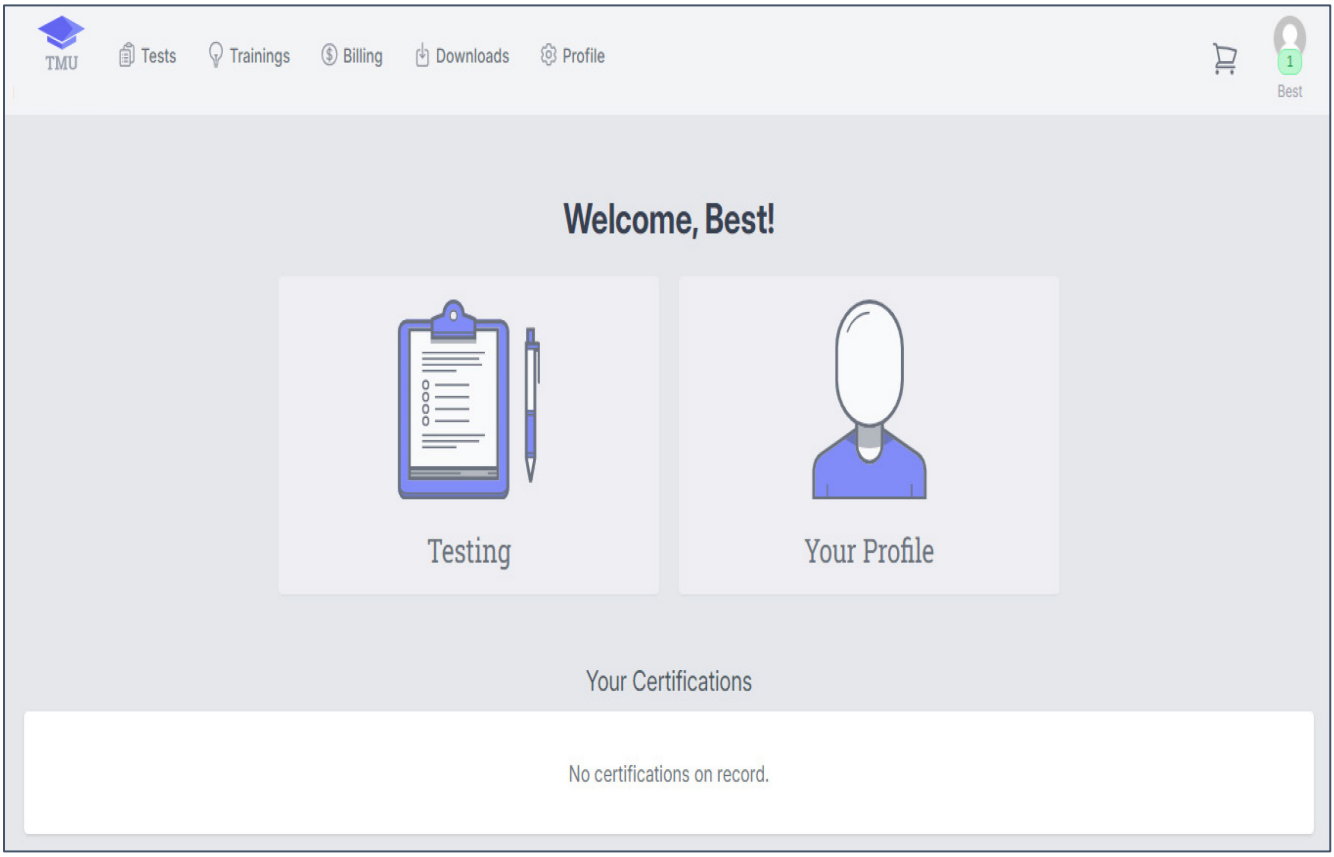
Note: If you do not reset your password right away, the link expires in 60 minutes, and after that time, you will need to request a new link.



Type in your **Password** and **Confirm Password**,

then click on – **Reset Password**

This is the home screen you will see once you have reset your password:



The North Dakota Nurse Aide Competency Exam

Scheduling a North Dakota Nurse Aide Exam

To schedule an examination date, candidates must have successfully completed a nurse aide training and competency program (NATCP) approved by the North Dakota Department of Health and Human Services. In addition, all nurse aide certification exam candidates must be registered with D&SDT-Headmaster by their training program. Your registration information will be transmitted to the North Dakota Department of Health and Human Services upon passing both portions of the CNA exam.

Nurse Aide Training Program Candidates

Your training program will enter your initial training information into the TMU© database.

Scheduling a Test Event

To schedule a test or re-test, contact your training facility where you previously tested or contact a regional testing facility listed on the Test Site List 1700 on D&SDT-Headmaster's North Dakota website.

The Test Site List Form 1700ND lists the regional testing facility's contact person and phone number.

Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam starts. (*For example*, if your test start time is 8:00AM, you must be at the test site for check-in no later than 7:30 to 7:40AM).

Testing Attire

Although testing attire is not required, it is recommended that you wear full clinical attire (scrubs and closed-toed shoes).

- Bluetooth-connected devices, smartwatches, or fitness monitors **are not permitted**.

Identification

Mandatory: You must bring a **United States (US) government-issued, *signed, non-expired photo-bearing form of identification *AND* your Social Security Card**.

→ **NOTE:** Electronic or digitally stored forms of identification (for example, Apple or Google Wallet) ***will not be accepted.***

*Examples of the forms of US government-issued, *signed, non-expired, acceptable photo IDs are:*

- State-issued Driver's License
  - *You may use the letter issued from the Department of Motor Vehicles (DMV) that you receive when you apply for or renew your driver's license while waiting to receive your new license.*
- State-issued Identification Card
- Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
  - * *Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature).*

- Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
    * *Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.*
- U.S. Military Identification Card
    * *Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature*
- Tribal Identification Card *(a signed photo ID with an expiration date (not expired) issued by a federally recognized Tribal Nation/Indian Tribe)*
- School ID *(with a photo)*

The **FIRST** and **LAST** names listed on your ID and Social Security Card presented to the RN Test Observer during check-in at your test event ***MUST EXACTLY MATCH*** the FIRST and LAST names entered in the North Dakota Nurse Aide TMU© database. You may sign in to your TMU© account or call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your photo-bearing ID.

Note:

- **You will not be admitted for testing if you do not bring proper/valid identification and your Social Security card**.
    - Be sure your US government-issued identification is signed and not expired.
    - Check to ensure that the FIRST and LAST printed names on your photo ID and social security card match your current name of record in your TMU© account.
    - A driver's license or state-issued ID card with a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID.

- In cases where names do not match or your ID(s) are not proper/valid, you may not be allowed to test.

Instructions for the Knowledge and Skills Exams

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test.

These instructions detail the process and what you can expect during your exam. Please read the instructions ***before*** entering the knowledge exam room or skills lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask questions about the instructions you read when entering the testing rooms.

The **Knowledge and Skill Exam Instructions** are also available under the **'DOWNLOADS'** tab in your TMU© account. Refer to this handbook's 'Accessing the Candidate Handbook and Testing' for instructions.

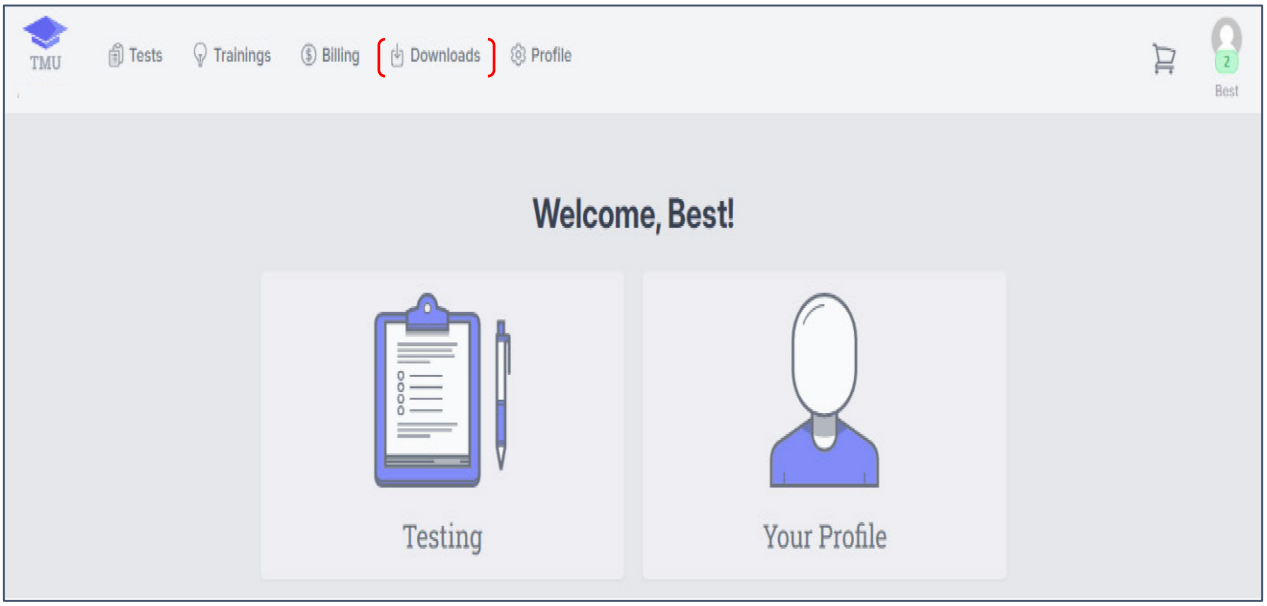
Testing Policies

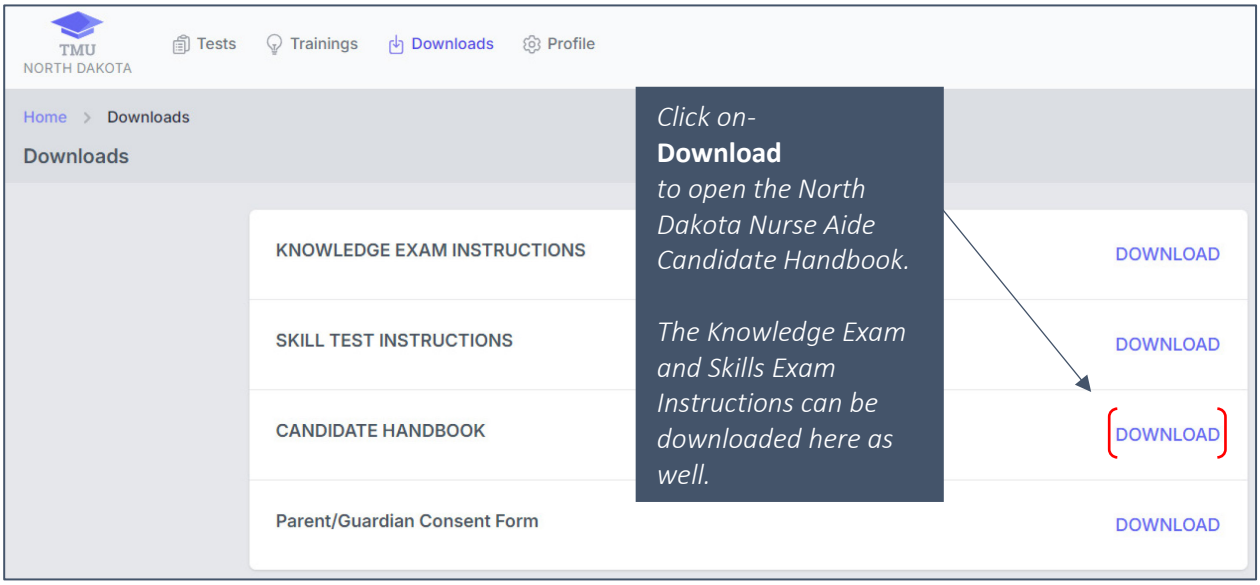
The following policies are observed at each test site—

- Make sure you have signed in to your TMU© account at **nd.tmutest.com** well before your test date to update your password and complete your demographic information. Refer to this handbook's 'Completing Your TMU© Account' section for instructions and information.
    - **If you have not signed in and completed/updated your TMU© account when you arrive for your test, you may not be admitted to the exam.**
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government-issued, non-expired, *signed photo ID and your social security card, you will not be admitted to the exam.
    - If the **FIRST** and **LAST** names listed on your ID and social security card presented to the RN Test Observer during check-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the North Dakota Nurse Aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- **PERSONAL ITEMS:** Such as water bottles, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in the testing room. The testing team will inform you of the designated area to place your personal items, and you will collect these items when you complete your test.
- **ELECTRONIC DEVICES:** Cell phones, smartwatches, fitness monitors, electronic recording devices, and Bluetooth-connected devices are not permitted on or near you in the testing room. The testing team will inform you of the designated area to place your electronic devices, and you are to collect these items when you complete your test.
    - All electronic devices must be **turned off**.
    - Smartwatches, fitness monitors, and Bluetooth-connected devices must be removed from your wrist/body.
- Anyone caught using any electronic recording device during testing will be dismissed from the exam, have their test scored as a failed attempt, forfeit all testing fees, and reported to your training program and the North Dakota Department of Health and Human Services (DHHS). You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink, or study material while waiting to test.
- Translation dictionaries, devices, or non-approved language translators ***are not allowed***.
- You may bring a basic calculator. You may not use the calculator on your cell phone or any other electronic device.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the exam.

- You are not allowed to leave the testing rooms once the exam has begun ***for any reason***. If you do leave during your test event, you will not be allowed back into the testing rooms to finish your exams.
- If you are discovered cheating, causing a disturbance of any kind, engaging in misconduct, being visibly impaired, or trying to take notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, you will not be allowed to test for six months, and you will be reported to the North Dakota Department of Health and Human Services (DHHS).
- Test sites, RN Test Observers, and Knowledge Test Proctors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- Latex/Powder Allergies: If you have an allergic reaction to latex or the powder in latex gloves, please bring latex/powder-free gloves with you to the test site to use during your skill exam.
- You may not test if you are ill (sick). Call your instructor or training program to reschedule.
- You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.) Call your instructor or training program to reschedule.
- ***Please refer to this Candidate Handbook for testing and/or policy updates before your test day.***
- The Candidate Handbook can also be accessed within your TMU© account under your 'Downloads' tab.

Accessing the Candidate Handbook and Testing Instructions





Security

If you are caught cheating, refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and forfeit any testing fees paid. A report of your behavior will be given to the North Dakota Department of Health and Human Services (DHHS). You will not be allowed to retake the test for a minimum period of six months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to their training program and the North Dakota Department of Health and Human Services (DHHS) and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. You will not be allowed to retake the test for a minimum period of six months. You will need to obtain permission from DHHS to be eligible to test again.

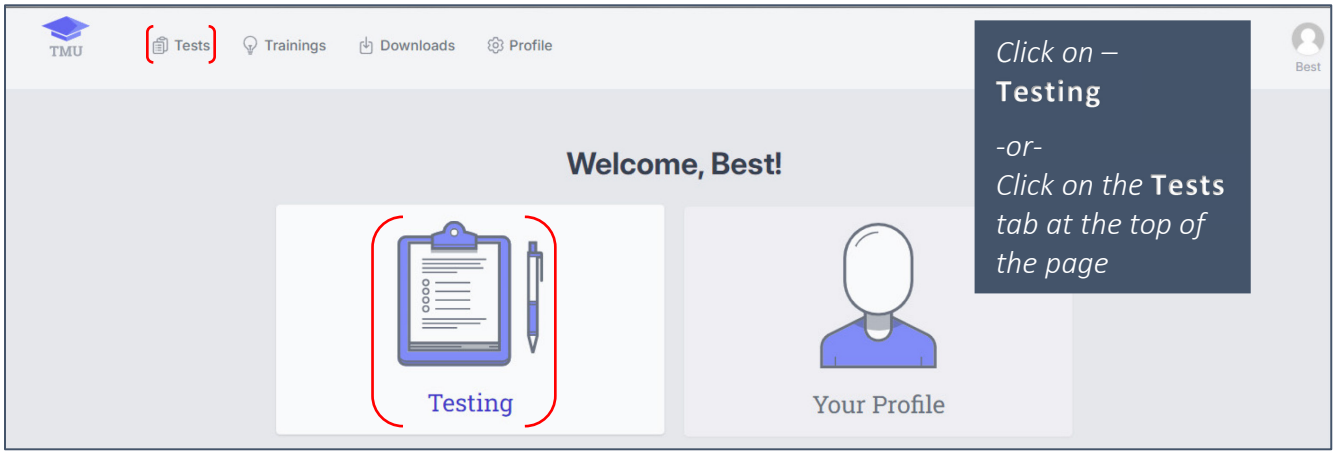
If you give or receive help from anyone during testing (which also includes using electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room, and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to DHHS, and you may need to obtain permission from DHHS to be eligible to retake the test.

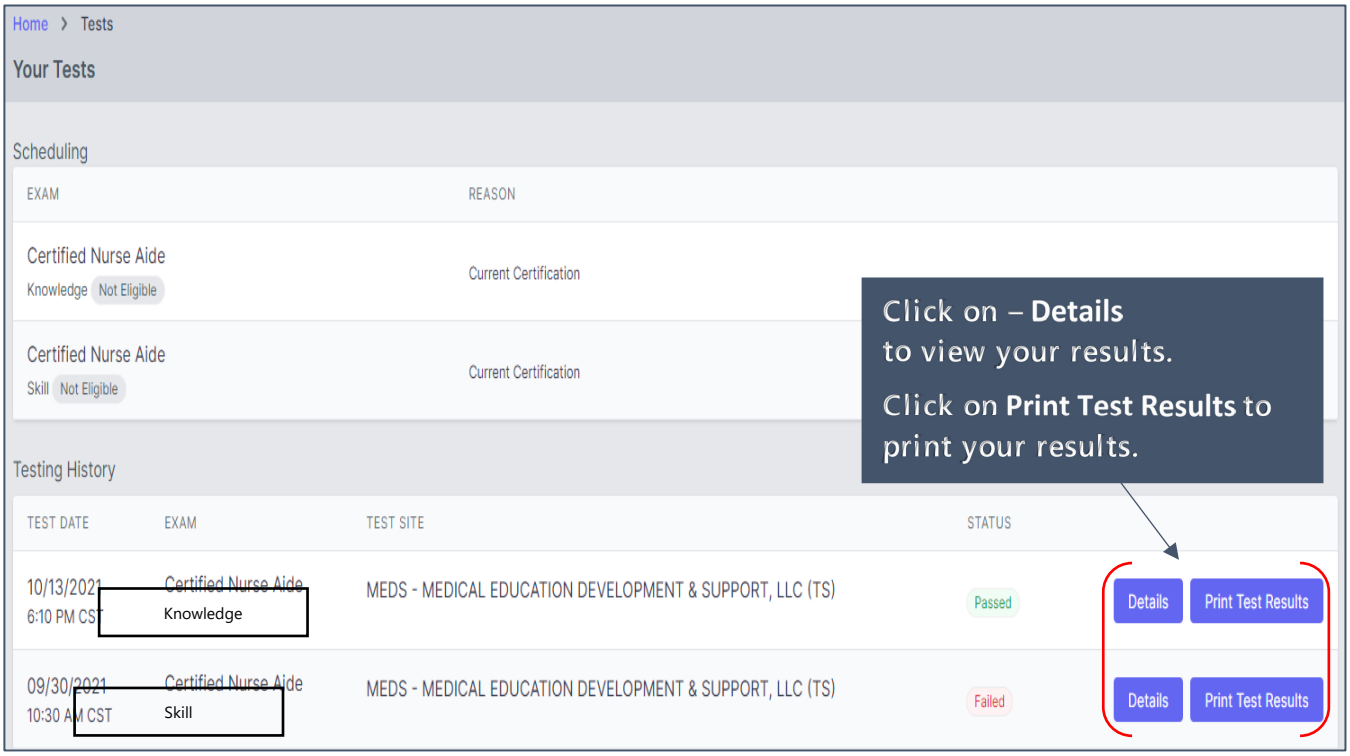
Test Results

After you have completed both the Knowledge and Skills Exams components of the competency exam, your tests will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 6:00PM (CT) the business day after your test event.

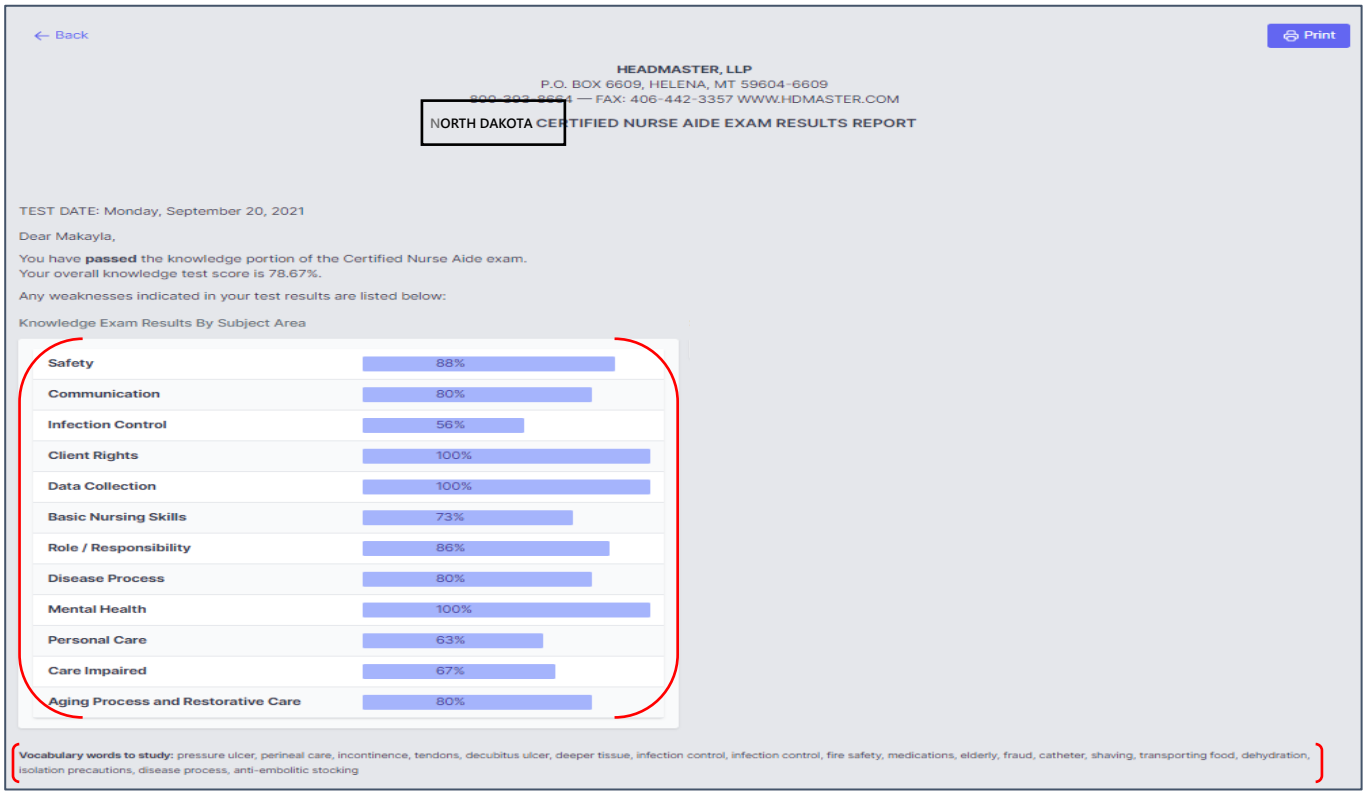
Note: D&SDT-Headmaster does not send postal mail test result letters to candidates.

Sign in to your TMU© account at **nd.tmutest.com** to view your test results. (Refer to the screenshots below.)





Knowledge Exam Test Results Example:



← Back

Print

HEADMASTER, LLP
P.O. BOX 6609, HELENA, MT 59604-6609
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

NORTH DAKOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT

TEST DATE: Monday, September 20, 2021

Dear Makayla,

You have **passed** the knowledge portion of the Certified Nurse Aide exam.
Your overall knowledge test score is 78.67%.

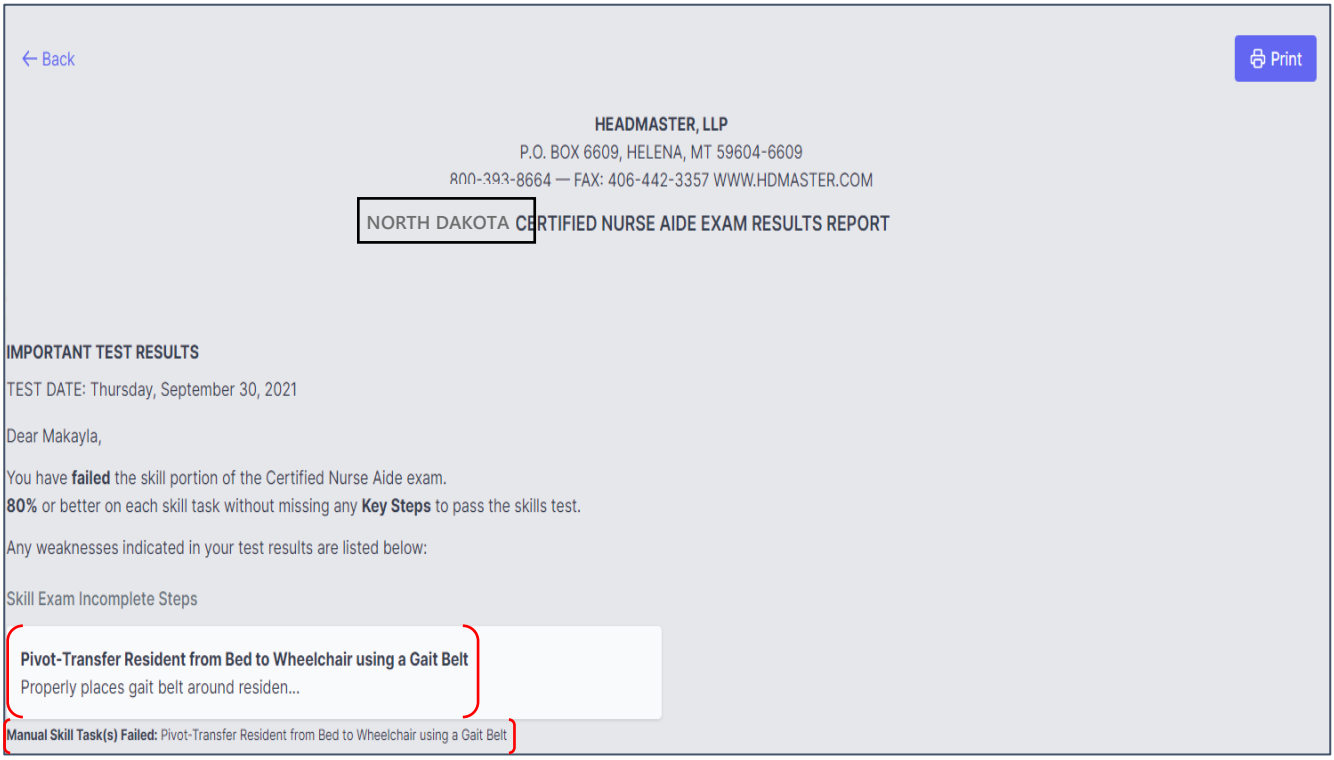
Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

Safety	88%
Communication	80%
Infection Control	56%
Client Rights	100%
Data Collection	100%
Basic Nursing Skills	73%
Role / Responsibility	86%
Disease Process	80%
Mental Health	100%
Personal Care	63%
Care Impaired	67%
Aging Process and Restorative Care	80%

Vocabulary words to study: pressure ulcer, perineal care, incontinence, tendons, decubitus ulcer, deeper tissue, infection control, infection control, fire safety, medications, elderly, fraud, catheter, shaving, transporting food, dehydration, isolation precautions, disease process, anti-embolitic stocking

Skill Exam Test Results Example:



← Back

Print

HEADMASTER, LLP
P.O. BOX 6609, HELENA, MT 59604-6609
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

NORTH DAKOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT

IMPORTANT TEST RESULTS

TEST DATE: Thursday, September 30, 2021

Dear Makayla,

You have **failed** the skill portion of the Certified Nurse Aide exam.
80% or better on each skill task without missing any **Key Steps** to pass the skills test.

Any weaknesses indicated in your test results are listed below:

Skill Exam Incomplete Steps

Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt
Properly places gait belt around residen...

Manual Skill Task(s) Failed: Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt

Test Attempts

A candidate who has completed training with an approved training program is allowed **three (3) attempts** to pass both portions of the exam from the date of training completion. If a candidate fails three attempts; knowledge, skills, or both, the candidate would have to go through an approved nurse aide training program again.

An individual who has been on the ND Nurse Aide Registry and can prove they completed an approved NATCEP in the past but whose registration expired may reactivate it by taking the exam (see information in the 'Reactivation by Examination' section).

Checking your North Dakota Nurse Aide Registry Certification

After you have successfully passed both the knowledge and skills test components of the nurse aide exam, D&SDT-Headmaster will electronically send your test results to the North Dakota Department of Health and Human Services (DHHS).

You will be certified by the North Dakota Department of Health and Human Services (DHHS) only after you meet all DHHS requirements. To check on your nurse aide certificate, go to DHHS's website at https://services.ndnar.org/ and under Registration Verifications, click on "Verify a Registration" (or go to https://www.health.nd.gov and click "Regulations and Licensure" then click on "Nurse Aide Registry and CNA", then on "Nurse Aide Registry On-Line Services" and under Registration Verifications, click on "Verify a Registration").

Retaking the Nurse Aide Exam

If you fail the knowledge and/or skill portion of the exam, you will need to pay for the portion you failed before scheduling a new exam date when you apply for a retest.

To schedule a test or retest, contact your training facility where you previously took the test or contact a regional testing facility listed on the Test Site List 1700 on the D&SDT-Headmaster's North Dakota website.

The Test Site List Form 1700ND lists the contact person and phone number of the regional testing facility.

Test Review Requests

You may request a review of your test results or dispute any other testing condition. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test.

***PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 5:00PM MT/7:00AM to 6:00PM CT, excluding Saturdays, Sundays, and Holidays, and discuss the test outcome you are questioning before committing to sending the $25 test review request deposit fee. Once you have further details about the scoring of your test, you will often gain a better understanding of the scoring process and learn how to prepare more effectively for subsequent exam attempts. If, after discussing your concerns with D&SDT-Headmaster staff, you still have concerns about your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a $25 non-refundable test review deposit fee. To request a review, complete the **Test Review Request and Payment Application**, available on the North Dakota TMU© main page under 'APPLICATIONS' (before logging in to your account) at nd.tmutest.com. Test Review Requests must be received **within three (3) business days** from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in North Dakota is demonstrated by passing an examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any retests that may be granted. If, after investigation, the review finding is in your favor, you will be refunded the $25 test review deposit. If the finding of the review is *not in your favor*, the $25 test review deposit will stand, and the fee is non-refundable. D&SDT-Headmaster will review your detailed recollection, knowledge test markings, and any skill task measurements you recorded at the time of your test, as well as review the markings, notations, and measurements recorded by the RN Test Observer at the time of your test. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-Headmaster cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test reviews with the candidate. D&SDT-Headmaster will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18. D&SDT-Headmaster will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address and the North Dakota Department of Health and Human Services (DHHS).

The Knowledge/Audio Exam

Knowledge Exam Content

The Knowledge Exam consists of 72 multiple-choice questions. Questions are selected from subject areas based on the DHHS-approved North Dakota test plan and include all the required categories defined in OBRA regulations.

The subject areas are as follows on the next page.

Knowledge Exam Subject Areas

Subject Area	# of Questions
Basic Nursing Skills	11
Care Impaired	5
Communication and Interpersonal Skills	6
Data Collection	3
Disease Process	5
Growth & Development Across the Ages	2
Infection Control	5
Mental Health	4
Personal Care	6
Resident Rights	6
Role and Responsibility	11
Safety	8

Subject Area Information

Questions regarding the following subject areas would involve or include:

Basic Nursing Skills: This is a broad subject area that includes any act or activity that would be considered a basic skill necessary to perform the job of a CNA.

Care Impaired: Questions dealing with residents who are physically or mentally limited from receiving "standard" care. CNAs must perform more extensively or differently to accommodate these residents.

Communication and Interpersonal Skills: Any communication, both verbal and non-verbal, written and spoken; any communication related to hearing, seeing, feeling, tasting, or smelling.

Data Collection: Questions relating to date acquisition, handling, and routing.

Disease Process: Questions dealing with the stages of disease(s) and/or the theory of disease(s) and the detection, prevention, or treatment of disease(s).

Growth and Development Across the Ages: The process and progression of humans becoming what they will be as they move along the timeline of their lives.

Infection Control: Relating to the nature of infections; causes and prevention, correct methods and procedures for dealing with infection.

Mental Health: Mental processes of residents, signs, and stages of mental states of residents, both normal and care impaired; mental well-being and interaction of a CNA and co-workers.

Personal Care: Includes activities or acts performed by a CNA for or to residents that are personal in nature, accommodations necessary for care-impaired residents, and stages and/or the theory of diseases, detection, prevention, and treatment.

Resident Rights: Rights residents are legally entitled to; facility and CNA roles in ensuring those rights.

Role and Responsibility: A broad subject area, including any act or activity that would be considered part of the basic role or responsibility of a CNA in the workplace.

Safety: Safety of residents, CNAs, facility safety issues, and safety of facility personnel in general.

The Knowledge Exam

The Knowledge Test Proctor will provide instructions for taking the Knowledge Exam.

You will have **ninety (90) minutes** to complete the 72-question Knowledge/Audio Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?").

You must have a 75% or better score to pass the knowledge portion of the exam.

Electronic testing using TMU© internet-connected computers is utilized at all sites in North Dakota. The knowledge exam portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

NOTE: **You will need your TMU© Username or Email and Password to sign in to your knowledge exam.** Please see the information under **'Completing your TMU© Account'** to sign in to your TMU© account.

NOTE: *The Knowledge Test Proctor will provide you with a code to begin your test at the test event.*

An audio (oral) version of the knowledge test is available and is offered electronically only. However, you must request an Audio exam before you submit your testing fee payment. There is an additional charge for an audio exam. For the Audio version of the knowledge exam, questions are neutrally read to you and can be heard through headphones or earbuds plugged into the computer, which has control buttons on the screen (play, rewind, pause, etc.).

You may bring a basic calculator. You may not use a cell phone or computer calculator.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the North Dakota Department of Health and Human Services (DHHS).

Per the North Dakota Department of Health and Human Services (DHHS), foreign translation dictionaries (either paper or electronic format), translating devices, or non-approved language translators ***are not allowed***.

Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten-question online static practice test available on our website at www.hdmaster.com. Candidates may purchase complete, randomly generated practice tests based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting

correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

Note: Make sure you select **NORTH DAKOTA** from the drop-down list.

The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam:

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's 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

The Manual Skill Test

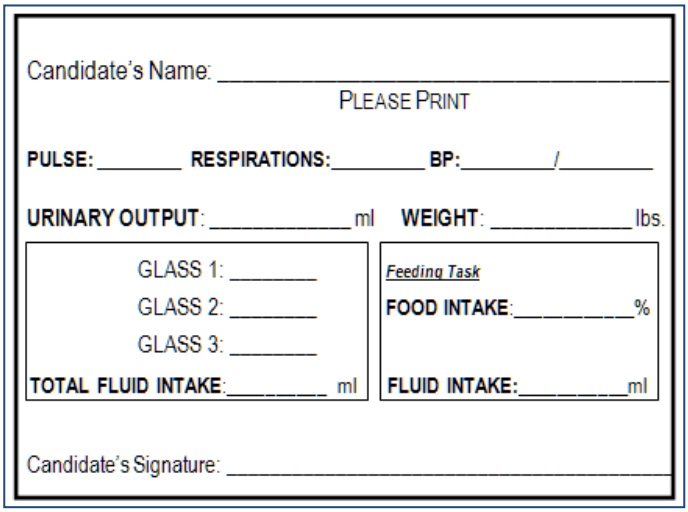
- The Skill Test aims to evaluate your performance when demonstrating North Dakota-approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID, which you previously showed to the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before beginning your skill task demonstrations. Once the Skill Test begins and the timer starts, you may not ask questions, and the RN Test Observer may not answer questions.
- Each of your randomly selected **three (3) or four (4) tasks** will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed **thirty (30) minutes** to complete your tasks. After 15 minutes have elapsed, you will be alerted that fifteen (15) minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- To pass the Skill Test, you must correctly perform all **key** (in **bold font**) steps and 80% of all non-key steps on each task assigned.

- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are generally not order-dependent unless the words ***BEFORE*** or ***AFTER*** are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated 'relaxation area.' When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

Skill Test Recording Form

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed below. You will be asked to sign your recording form during the equipment and supplies demonstration before you begin your skill test.

Recording Form:


Candidate's Name: _____
PLEASE PRINT

PULSE:_____ **RESPIRATIONS:**_____ **BP:**_____/_____

URINARY OUTPUT: _____ ml **WEIGHT**: _____ lbs.

GLASS 1: _____
GLASS 2: _____
GLASS 3: _____
TOTAL FLUID INTAKE:_____ ml

Feeding Task
FOOD INTAKE:_____%
FLUID INTAKE:_____ml

Candidate's Signature: _____

Skill Test Mandatory First Tasks

You will be assigned one of the following mandatory tasks as your first task:

- Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing
- Donn [PUT ON] an Isolation Gown and Gloves, then Empty a Urinary Drainage Bag, Measure and Record Output, and Doff [REMOVE] the Gown and Gloves with Hand Washing
- Perineal Care of a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]

Note: Hand washing using actual soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will receive two or three randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty, which is why some skill tests will have a different number of tasks.

Skill Tasks Listing

To receive credit, you must perform every step and demonstrate it during your skill test demonstration.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. For all tasks except the perineal care task, which will be demonstrated on a manikin, the steps will be performed on a live resident actor.

You will be scored only on the steps listed. To pass the skill component of your competency evaluation, you must score 80% on each task without missing any **key** (critical) steps. If you fail the Skill Test, you will have to retake it with three or four tasks, one of which will be one of the previously failed tasks.

Tasks included in your Skill Test are randomly chosen to ensure that every Skill Test is comparable in difficulty and has an average time to completion. The RN Test Observer will observe your demonstrations of the skill tasks and record what they observe you doing. D&SDT-Headmaster scoring teams will officially score and double-check your test.

Note: The skill scenario steps outlined in this handbook are provided as guidelines to help prepare candidates for the North Dakota nurse aide skills test. The steps included herein are not intended to provide complete care that would be all-inclusive of best care in an actual work setting.

FIRST MANDATORY TASKS WITH EMBEDDED HANDWASHING

Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing

(One of the possible mandatory first tasks)

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Put on gloves.
7) Raise the bed height.
8) Position the resident on the bedpan or fracture pan correctly. *(Pan is not upside down; it is centered, etc.)*
9) Position the resident on a bedpan or fracture pan using correct body mechanics.
10) Raise the head of the bed to a comfortable level.
11) Place tissues within easy reach of the resident.
12) Leave the call light or signal calling device within easy reach of the resident.
13) Move to an area of the room away from the Actor.
14) When the RN Test Observer indicates, the candidate returns.
15) Wash/assist resident to wash hands. *(Using a wet washcloth or a disposable wipe.)*
16) Place soiled linen in a designated laundry hamper or dispose of wipes.
17) Lower the head of the bed.
18) Gently remove the bedpan or fracture pan.
19) Hold the bedpan or fracture pan for the RN Test Observer while the liquid is poured into it.
20) Place the graduate on a level, flat surface.
21) With the graduate at eye level, read the output.
22) Record the output in mls on the previously signed recording form.
23) The candidate's recorded output measurement is within 25mls of the RN Test Observer's pre-measured output amount.
24) Lower bed.
25) Empty equipment used in the designated toilet.
26) Rinse the equipment used and empty rinse water into the designated toilet.
27) Dry equipment used.
28) Remove gloves, turning them inside out.
29) Dispose of gloves in an appropriate container.
30) Place the call light or signal calling device within easy reach of the resident.
31) Maintain respectful, courteous interpersonal interactions at all times.
32) Wash hands: Turn on water.
33) Begin by wetting your hands.
34) Apply soap to hands.
35) Rub hands together using friction.
36) Rub your hands together for at least 20 seconds.

37) Using friction, rub interlaced fingers together while pointing downward.
38) Wash all surfaces of your hands with soap.
39) Wash wrists with soap.
40) Rinse hands thoroughly under running water with fingers pointed downward.
41) Dry hands with a clean paper towel(s).
42) Turn off the faucet with a paper towel.
43) Discard paper towel(s) in a trash container as used.
44) Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

Donn (Put On) an Isolation Gown and Gloves, then Empty a Urinary Drainage Bag, Measure and Record the Output, Doff (Remove) the Gown and Gloves with Hand Washing

(One of the possible mandatory first tasks)

1) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
2) Face the back opening of the gown.
3) Unfold the gown.
4) Place arms through each sleeve.
5) Secure the neck opening.
6) Secure the waist, ensuring the back flaps cover clothing as completely as possible.
7) Put on gloves.
8) Gloves overlap gown sleeves at the wrist.
9) Knock on the door.
10) Introduce yourself to the resident.
11) Explain the procedure to the resident.
12) Provide privacy for the resident – pull the curtain.
13) Place a barrier on the floor under the drainage bag.
14) Place the graduate on the previously placed barrier.
15) Open the drain to allow the urine to flow into the graduate.
16) Avoid touching the graduate with the tip of the tubing.
17) Close the drain.
18) Replace the drain in the holder.
19) Place the graduate on a level, flat surface.
20) With the graduate at eye level, read the output.
21) Empty the graduate into the designated toilet.
22) Rinse the equipment and empty it in the designated toilet.
23) Return equipment to storage.
24) Leave the resident in a position of comfort and safety.
25) Record the output in mls on the previously signed recording form.
26) The candidate's recorded output measurement is within 25mls of the RN Test Observer's pre-measured output amount.
27) Place the call light or signal calling device within easy reach of the resident.
28) Maintain respectful, courteous interpersonal interactions at all times.

29) Remove gloves, turning them inside out.
30) Dispose of the gloves in an appropriate container.
31) Unfasten the gown at the neck.
32) Unfasten the gown at the waist.
33) Remove the gown by folding the soiled area to the soiled area.
34) Bare hands never touch the soiled surface of the gown.
35) Dispose of the gown in the garbage can or place it in a designated container.
36) Wash hands: Turn on water.
37) Begin by wetting your hands.
38) Apply soap to hands.
39) Rub hands together using friction.
40) Rub your hands together for at least 20 seconds.
41) Using friction, rub interlaced fingers together while pointing downward.
42) Wash all surfaces of your hands with soap.
43) Wash wrists with soap.
44) Rinse hands thoroughly under running water with fingers pointed downward.
45) Dry hands with a clean paper towel(s).
46) Turn off the faucet with a paper towel.
47) Discard paper towel(s) in a trash container as used.
48) Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

Perineal Care for a Female Resident with Hand Washing

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident. (manikin)
5) Provide privacy for the resident – pull the curtain.
6) Fill a basin with warm water.
7) Raise the bed height.
8) Put on gloves.
9) Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail on the opposite side of the bed.
10) Turn the resident or raise the hips and place the barrier under the buttocks. *The candidate will choose a barrier, such as a towel, waterproof pad, or Chux pad.*
11) Expose the perineum only.
12) Separate labia.
13) Use water and a soapy washcloth.
14) Clean one side of the labia from top to bottom.
15) Use a clean portion of a washcloth and clean the other side of the labia from top to bottom.
16) Use a clean portion of a washcloth; clean the vaginal area from top to bottom.
17) Use a clean washcloth and rinse one side of the labia from top to bottom.

18) Use a clean portion of a washcloth; rinse the other side of the labia from top to bottom.
19) Use a clean portion of a washcloth; rinse the vaginal area from top to bottom.
20) Pat dry.
21) Cover the exposed area with the bath blanket, gown, or a combination of both.
22) Assist the resident in turning onto the side away from the candidate.
23) Use a clean washcloth.
24) Use water, a washcloth, and soap.
25) Clean only from the vagina to the rectal area.
26) Use a clean portion of a washcloth with any stroke when cleaning.
27) Use a clean washcloth, and rinse from the vagina to the rectal area.
28) Use a clean portion of a washcloth with any stroke when rinsing.
29) Pat dry.
30) Safely remove the barrier from under the buttocks.
31) Position the resident (manikin) on its back.
32) Lower bed.
33) Place soiled linen in a designated laundry hamper.
34) Empty equipment in the designated sink or toilet.
35) Rinse equipment.
36) Dry equipment.
37) Return equipment to storage.
38) Remove gloves, turning them inside out.
39) Dispose of gloves in an appropriate container.
40) Place the call light or signal calling device within easy reach of the resident.
41) Lower side rail, if it was used.
42) Maintain respectful, courteous interpersonal interactions at all times.
43) Wash hands: Turn on water.
44) Begin by wetting your hands.
45) Apply soap to hands.
46) Rub hands together using friction.
47) Rub your hands together for at least 20 seconds.
48) Using friction, rub interlaced fingers together while pointing downward.
49) Wash all surfaces of your hands with soap.
50) Wash wrists with soap.
51) Rinse hands thoroughly under running water with fingers pointed downward.
52) Dry hands with a clean paper towel(s).
53) Turn off the faucet with a paper towel.
54) Discard paper towel(s) in a trash container as used.
55) Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

OTHER TASKS

Abdominal Thrust

1) **The candidate is able to identify symptoms of choking. Evaluate choking by asking the resident, "Are you choking?"**
2) **The candidate verbalizes that they would call for help.**
3) Stand behind the resident and wrap arms around the resident's waist.
4) Make a fist with one hand.
5) Place the thumb side of the fist against the resident's abdomen.
6) Position your fist slightly above the navel and below the xiphoid process.
7) Grasp the fist with the other hand and press the fist and hand into the resident's abdomen with an inward, upward thrust 6-10 times. Must demonstrate at least one upward thrust and then verbalize the rest.
8) **Stop and ask the resident, "Are you still choking?" If the resident indicates yes –**
9) The candidate should indicate that they would repeat this procedure until it is successful or until the resident loses consciousness.
10) The candidate verbalizes that they would notify the nurse.

Ambulation with a Gait Belt

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Obtain a gait belt.
6) **Lock the bed brakes.**
7) Position the bed so that the resident's feet will rest comfortably flat on the floor when sitting on it.
8) Bring the resident to a sitting position.
9) Place a gait belt around the resident's waist to stabilize the trunk.
10) Tighten the gait belt.
11) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
12) Assist the resident in putting on non-skid footwear.
13) Stand in front of and face the resident.
14) Grasp the gait belt on each side of the resident with an underhand grip.
15) Ensure the resident is stable.
16) Bring the resident to a standing position.
17) Use proper body mechanics at all times.
18) Grasp the gait belt with one hand, using an underhand grip.
19) Stabilize the resident with the other hand by holding the forearm, shoulder, or other appropriate method to stabilize the resident.
20) Ambulate the resident for at least 10 steps and return them to their chair.
21) Assist the resident in sitting in the chair in a controlled manner.

22) Remove the gait belt.
23) Leave the resident in a position of comfort.
24) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
25) Place the call light or signal calling device within easy reach of the resident.
26) Maintain respectful, courteous interpersonal interactions at all times.

Ambulation with a Walker

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene
    a. Cover all surfaces of hands with hand sanitizer
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Obtain a gait belt.
6) **Lock the bed brakes to ensure the resident's safety.**
7) Lower the bed so that the resident's feet are flat on the floor when sitting on the edge of the bed.
8) Bring the resident to a sitting position with the resident's feet flat on the floor.
9) Place a gait belt around the resident's waist to stabilize the trunk.
10) Tighten the gait belt.
11) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
12) Assist resident in putting on non-skid footwear BEFORE standing.
13) Stand in front of and face the resident.
14) Grasp the gait belt on each side of the resident with an underhand grip.
15) Bring the resident to a standing position.
16) Ensure the resident is stable.
17) Position the walker in front of the resident.
18) Ensure the resident has a stabilized walker.
19) Position yourself behind and slightly to the side of the resident.
20) Instruct the resident on the proper use of a walker.
21) The candidate walks to the side, a little behind the resident.
22) Safely ambulate the resident 10 steps and return them to their chair.
23) Assist the resident in sitting in the chair in a controlled manner that ensures safety.
24) The candidate uses correct body mechanics at all times.
25) Remove the gait belt.
26) Leave the resident in a position of comfort and safety.
27) Perform hand hygiene
    a. Cover all surfaces of hands with hand sanitizer
    b. Rub your hands together until they are completely dry.
28) Place the call light or signal calling device within easy reach of the resident.
29) Maintain respectful, courteous interpersonal interactions at all times.

Applying an Anti-Embolic Stocking to One Leg

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident by only exposing one leg.
6) Roll, gather, or turn the stocking down inside out to the heel.
7) Place the stocking over the resident's toes, foot, and heel.
8) Roll or pull the stocking up the leg.
9) Check toes for possible pressure from the stocking and adjust as needed.
10) Leave the resident with a stocking that is smooth and wrinkle-free.
11) Leave the resident with a stocking that is properly placed without restriction.
12) Cover the exposed leg.
13) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry
14) Place the call light or signal calling device within easy reach of the resident.
15) Maintain respectful, courteous interpersonal interactions at all times.

Bed Bath (Partial)- Whole Face and One Arm, Hand and Underarm

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Raise bed height.
7) Cover the resident with a bath blanket.
8) Remove the remaining top linens. *(Fold top linens to the bottom of the bed or place them aside.)*
9) Remove the resident's gown without exposing the resident.
10) Place the gown in the designated laundry hamper.
11) Fill a basin with warm water.
12) Wash face WITHOUT SOAP.
13) Use a clean portion of the washcloth with each wipe.
14) Pat dry the resident's face.
15) Exposes one arm.
16) Place a towel under the arm, exposing one arm.
17) Wash arm with soap.
18) Wash hand with soap.
19) Wash underarm with soap.
20) Rinse arm.

21) Rinse hand.
22) Rinse underarm.
23) Pat dry arm.
24) Pat dry hand.
25) Pat dry underarm.
26) Assist the resident in putting on a clean gown.
27) Lower bed.
28) Empty equipment in the designated sink or toilet.
29) Rinse equipment.
30) Dry equipment.
31) Return equipment to storage.
32) Place soiled linen in a designated laundry hamper.
33) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
34) Place the call light or signal calling device within easy reach of the resident.
35) Maintain respectful, courteous interpersonal interactions at all times.

Denture Care

[ONLY ONE PLATE IS USED FOR TESTING]

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Line the bottom of the sink with a protective lining (such as a towel, washcloth, or paper towel) or fill the sink with water to prevent damage to the denture in case it is dropped.
6) Put on gloves.
7) Carefully remove the denture from the cup.
8) Handle the denture carefully to avoid damage.
9) Rinse the denture cup.
10) Never place the denture on or in a contaminated surface.
11) Apply denture cleanser or cream to a denture brush or toothbrush.
12) Thoroughly brush the inner surfaces of the denture.
13) Thoroughly brush the outer surfaces of the denture.
14) Thoroughly brush the chewing surfaces of the denture.
15) Thoroughly brush the denture groove or plate that touches the gum surface.
16) Rinse the denture using clean, cool running water.
17) Place the denture in a rinsed denture cup.
18) Add cool, clean water to the denture cup.
19) Rinse equipment.
20) Dry equipment.
21) Return equipment to storage.
22) Place the sink protective lining in an appropriate container or drain the sink.

23) Remove gloves, turning them inside out.
24) Dispose of gloves in an appropriate container.
25) Place the call light or signal calling device within easy reach of the resident.
26) Maintain respectful, courteous interpersonal interactions at all times.
27) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.

Dressing a Bedridden Resident

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Keep the resident covered while removing the gown.
7) Remove the gown from the unaffected (strong) side first.
8) Place the soiled gown in the designated laundry hamper.
9) Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.
10) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.
11) Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
12) When dressing the resident in pants, always dress the affected (weak) side leg first.
13) Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
14) Leave the resident in correct body alignment.
15) Leave the resident properly dressed.
16) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
17) Place call light or signal calling device within easy reach of the resident.
18) Maintain respectful, courteous interpersonal interactions at all times.

Feeding a Dependent Resident

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Look at the diet card to check that the resident has received the correct tray.
6) Position the resident in an upright position, at least 90 degrees.
7) Protect clothing from soiling by using an appropriate clothing protector.

8) Wash the resident's hands BEFORE feeding. (You may use a wet washcloth or disposable wipe.)
9) Place soiled linen in the designated laundry hamper or dispose of the wipes.
10) Sit next to the resident while assisting with feeding.
11) Describe the foods being offered to the resident.
12) Offer fluid frequently.
13) Offer small amounts of food at a reasonable rate.
14) Allow resident time to chew and swallow.
15) Wipe the resident's hands and face during the meal as needed.
16) Leave the resident clean and in a position of comfort.
17) Place call light or signal calling device within easy reach of the resident.
18) Maintain respectful, courteous interpersonal interactions at all times.
19) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
20) Record intake as a percentage of total solid food eaten on the previously signed recording form.
21) The candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.
22) Record the sum of estimated fluid intake in mls on the previously signed recording form.
23) The candidate's calculation must be within 30ml of the RN Test Observer's calculation.

Fluid Intake

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Observe the dinner tray.
6) Uses paper, pencil, and/or mental computation to determine the number of mls consumed.
7) Decide on mls of fluid consumed from each container.
8) Candidate obtains total fluid consumed in mls.
9) Record the total ml consumed from the tray on the previously signed recording form.
10) **The candidate's calculated total and the pre-measured total are within the required range.**
11) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
12) Place the call light or signal calling device within easy reach of the resident.
13) Maintain respectful, courteous interpersonal interactions.

Making an Occupied Bed

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Gather linen.
6) Transport linen away from the body.
7) Place clean linen on a clean surface (bedside stand, chair, or overbed table).
8) Provide privacy for the resident – pull the curtain.
9) Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail opposite the working side of the bed.
10) Raise the bed height.
11) The resident must always remain covered with a sheet or blanket.
12) Assist the resident to roll onto the side toward the RN Test Observer or the side rail.
13) Roll or fan-fold the linen, with the dirty side inside, to the center of the bed.
14) Place the clean bottom sheet along the center of the bed. Roll or fan-fold the linen against the resident's back, and then unfold the remaining half.
15) Secure two fitted corners.
16) Direct the RN Test Observer to the opposite side of the bed or raise the side rail opposite the working side of the bed.
17) Assist the resident in rolling over the bottom linen to prevent trauma and avoidable pain to the resident.
18) Remove dirty linen without shaking.
19) Avoid placing dirty linen on the overbed table, chair, or floor.
20) Avoid touching the linen to the uniform.
21) Place dirty linen in a designated laundry hamper.
22) Pull through and smooth out the clean bottom linen.
23) Secure the other two fitted corners.
24) Make sure the resident's body never touches the bare mattress.
25) Place clean top linen over the covered resident. Remove dirty linen while keeping the resident unexposed at all times.
26) Tuck in the top linen at the foot of the bed.
27) Make mitered corners at the foot of the bed.
28) Apply a clean pillow case with zippers and/or tags to the inside, gently lifting the resident's head to replace the pillow.
29) Lower bed.
30) Lower side rails, if they were used.
31) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
32) Place the call light or signal calling device within easy reach of the resident.
33) Maintain respectful, courteous interpersonal interactions at all times.

Mouth Care—Brushing a Resident's Teeth

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Drape the resident's chest with a towel to prevent soiling.
7) Put on gloves.
8) Apply toothpaste to the resident's toothbrush or toothette.
9) **Brush the resident's teeth, including the inner surfaces of all upper and lower teeth.**
10) **Brush the resident's teeth, including the outer surfaces of all upper and lower teeth.**
11) **Brush the resident's teeth, including the chewing surfaces of all upper and lower teeth.**
12) Clean the resident's tongue.
13) Assist the resident in rinsing their mouth.
14) Wipe the resident's mouth.
15) Remove soiled linen.
16) Place soiled linen in the designated linen hamper.
17) Empty emesis basin.
18) Rinse the emesis basin.
19) Dry emesis basin.
20) Rinse the toothbrush or discard the toothette.
21) Return equipment to storage.
22) Remove gloves, turning them inside out.
23) Dispose of gloves in an appropriate container.
24) Leave the resident in a position of comfort.
25) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
26) Place the call light or signal calling device within easy reach of the resident.
27) Maintain respectful, courteous interpersonal interactions at all times.

Nail Care – One Hand

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Soak nails in comfortably warm, soapy water for at least five (5) minutes. *The five minutes may be verbalized.*
6) Gently clean under the nails with a file or nail brush. Nails may be cleaned as they soak.
7) Dry hands thoroughly, being careful to dry between fingers.
8) Gently push the cuticle back with a towel or washcloth.

9) Offer to cut the resident's nails.
10) Clean equipment and return to storage.
11) Place dirty linen in the designated laundry hamper.
12) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
13) Place the call light or signal calling device within easy reach of the resident.
14) Maintain respectful, courteous interpersonal interactions at all times.

Passing Fresh Water

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Scoop ice (or marbles) into a water pitcher.
5) **Properly use the ice scoop.**
    a. Do not allow ice to touch your hand and fall back into the container.
    b. Or use an ice dispenser without contaminating water.
6) Properly store the ice scoop after use.
    a. The scoop is placed in the appropriate receptacle after each use.
7) Add water to the pitcher.
8) Return pitcher to resident.
9) Pour a glass of water for the resident.
10) Leave the pitcher and glass at the bedside.
11) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
12) Place the call light or signal calling device within easy reach of the resident.
13) Maintain respectful, courteous interpersonal interactions at all times.

Position Resident on their Side in Bed

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Position the bed flat.
7) Raise bed height.
8) Ensure the resident's face is never obstructed by the pillow.
9) Direct the RN Test Observer to stand on the side opposite the working side of the bed to provide safety, use the side rail, or always turn the resident towards yourself.
10) Move the resident's upper body toward yourself from the working side of the bed.

11) Move the resident's hips toward yourself from the working side of the bed.
12) Move the resident's legs toward yourself from the working side of the bed.
13) Move to the opposite side of the bed if the RN Test Observer wasn't directed or the side rail wasn't used, and turn the resident toward self. Otherwise, the resident may remain on the working side of the bed and turn toward the RN Test Observer or raised side rail.
14) Assist/turn the resident on their left/right side. (Turned to correct side read to candidate by RN Test Observer.)
15) Check to be sure the resident is not lying on their downside arm.
16) Maintain correct body alignment with the head of the bed flat.
17) Ensure/place support device(s) under the resident's head.
18) Place support device(s) under the resident's upside arm.
19) Place support device(s) behind back.
20) Place support device(s) between knees.
21) Lower bed.
22) Lower side rail, if it was used.
23) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
24) Place the call light or signal calling device within easy reach of the resident.
25) Maintain respectful, courteous interpersonal interactions at all times.

Range of Motion Exercise for a Resident's Hip and Knee

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) Raise bed height.
7) Position the bed flat.
8) Position the resident supine (bed flat).
9) Position the resident in good body alignment.
10) Support leg joints (knee and ankle) with one hand under the knee and one hand under the ankle at all times.
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 support the joints correctly by placing one hand under the resident's knee and the other under the resident's ankle.
15) Bend the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
16) Straighten the knee and hip. (extension of knee and hip at the same time)
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) **The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
20) Leave the resident in a comfortable position.
21) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
22) Place the call light or signal calling device within easy reach of the resident.
23) Maintain respectful, courteous interpersonal interactions at all times.

Range of Motion Exercise for a Resident's Shoulder

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Provide privacy for the resident – pull the curtain.
6) **Support arm joints (elbow and wrist) with one hand under the elbow and one hand under the wrist at all times.**
7) Raise the resident's arm up and over the resident's head. (flexion)
8) Bring the resident's arm back down to the resident's side. (extension)
9) Complete flexion and extension of the shoulder at least three times.
10) Continue to correctly support the joints by placing one hand under the elbow and the other hand under the wrist.
11) Move the resident's entire arm out away from the body. (abduction)
12) Return the arm to the side of the resident's side. (adduction)
13) Complete abduction and adduction of the shoulder at least three times.
14) Do not force any joint beyond the point of free movement.
15) **The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
16) Leave the resident sitting in the wheelchair.
17) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
18) Place the call light or signal calling device within easy reach of the resident.
19) Maintain respectful, courteous interpersonal interactions at all times.

Stand and Pivot-Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair using a Gait Belt

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.

4) Explain the procedure to the resident.
5) Obtain a gait belt.
6) Position the wheelchair arm or wheel so that it touches the side of the bed.
7) Lock wheelchair brakes to ensure the resident's safety.
8) Lock bed brakes to ensure the resident's safety.
9) Bring the resident to a sitting position using proper body mechanics, with the bed positioned at a height that allows the resident's feet to rest naturally flat on the floor.
10) Assist the resident in putting on non-skid footwear.
11) Place a gait belt around the resident's waist to stabilize the trunk.
12) Tighten the gait belt.
13) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
14) Grasp the gait belt in an underhand grip with both hands to stabilize the resident.
15) Ensure the resident is stable.
16) Bring the resident to a standing position using proper body mechanics.
17) Do not ambulate the resident.
18) Assist the resident in pivoting and sitting in a wheelchair in a controlled manner that ensures safety.
19) Remove the gait belt.
20) Leave the resident in a position of safety and comfort.
21) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
22) Places resident within easy reach of the call light or signaling device, moving the wheelchair, if necessary.
23) Maintain respectful, courteous interpersonal interactions at all times.

Stand and Pivot-Transfer a Weight-Bearing, Non-Ambulatory Resident from a Wheelchair to their Bed using a Gait Belt

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Obtain a gait belt.
6) Position the wheelchair arm or wheel so that it touches the side of the bed.
7) The wheelchair is placed at a slight angle to the bed.
8) Raise the bed to the same level as the wheelchair seat.
9) Lock wheelchair brakes to ensure the resident's safety.
10) Lock bed brakes to ensure the resident's safety.
11) Place a gait belt around the resident's waist to stabilize the trunk.
12) Tighten the gait belt.
13) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
14) Ensure the resident's feet are flat on the floor.
15) Instruct the resident to place hands on the wheelchair armrests.

16) Ensure the resident is stable.
17) Grasp the gait belt in an underhand grip with both hands to stabilize the resident.
18) Bring the resident to a standing position using proper body mechanics.
19) Do not ambulate the resident.
20) Assist the resident in pivoting and sitting on the bed in a controlled manner that ensures safety.
21) Remove the gait belt.
22) Remove the resident's footwear.
23) Assist the resident to lie down in the center of the bed, supporting extremities as necessary.
24) Make sure the resident is comfortable and in good body alignment.
25) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
26) Place the call light or signal calling device within easy reach of the resident.
27) Maintain respectful, courteous interpersonal interactions at all times.

Vital Signs: Count and Record a Resident's Pulse and Respirations

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Locate the resident's radial pulse by placing your fingertips on the thumb side of the resident's wrist.
6) Count pulse for 60 seconds.
    a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
7) Count respirations for 60 seconds.
    a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
8) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
9) Place the call light or signal calling device within easy reach of the resident.
10) Maintain respectful, courteous interpersonal interactions at all times.
11) Record your pulse reading on the previously signed recording form.
12) The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded rate.
13) Record your respiration reading on the previously signed recording form.
14) **The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.**

Vital Signs: Take and Record a Resident's Manual Blood Pressure

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Position the resident with the forearm supported in a palm-up position.
6) Position the resident with the forearm approximately at the heart level.
7) If the resident is wearing a top with sleeves, roll the sleeve up about 5 inches above the elbow.
8) Apply the appropriate-sized cuff around the upper arm, just above the elbow.
9) Align the line cuff arrows with the brachial artery.
10) Clean the earpieces of the stethoscope appropriately and place them in your ears.
11) Clean the diaphragm of the stethoscope.
12) Place stethoscope earpieces in the ears.
13) Locate the brachial artery with fingertips.
14) Place the stethoscope diaphragm over the brachial artery and hold it in place snugly.
15) Inflate the cuff to 160- 180 mmHg or 30 mmHg above where the pulse was last heard or felt.
16) Inflate the blood pressure cuff no more than two times per arm.
17) Slowly release air from the cuff until the pulsations disappear. Remove cuff.
18) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
19) Place call light or signal calling device within easy reach of the resident.
20) Maintain respectful, courteous interpersonal interactions at all times.
21) Record reading on the previously signed recording form.
22) The candidate's recorded systolic blood pressure is within 4 mmHg of the RN Test Observer's systolic blood pressure recording.
23) **The candidate's recorded diastolic blood pressure is within 4 mmHg of the RN Test Observer's diastolic blood pressure recording.**

Weighing an Ambulatory Resident

1) Knock on the door.
2) Introduce yourself to the resident.
3) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
4) Explain the procedure to the resident.
5) Balance (or zero) scale.
6) Assist the resident to stand.
7) Walk the resident to the scale.
8) Assist the resident in stepping on the scale.
9) Check that the resident is centered on the scale.
10) Check that the resident has their arms at their sides.

11) Check that the resident is not holding onto anything that would alter the weight reading.
12) Appropriately adjust weights until the scale is in balance.
13) Return the resident to the chair.
14) Assist the resident to sit in the chair.
15) Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub your hands together until they are completely dry.
16) Place the call light or signal calling device within easy reach of the resident.
17) Maintain respectful, courteous interpersonal interactions at all times.
18) Record weight on the previously signed recording form.
19) **The candidate's recorded weight varies no more than two (2) pounds from the RN Test Observer's recorded weight.**

Knowledge Exam Vocabulary List

abandonment
abdominal thrusts
abduction
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute
adaptive
adaptive devices
adaptive equipment
adduction
ADL
admission
admitting residents
advance directives
afebrile
affected side
aggressive residents
aging process
agitation
AIDS

alternating pressure mattress
Alzheimer's
Alzheimer's care
Alzheimer's disease
ambulation
amputees
anatomy
anger
angina
antibiotics
anti-embolic stocking
anxiety
aphasia
apical pulse
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device

atrophy
attitudes
authorized duty
axillary temperature
bacteria
bargaining
basic human needs
basic needs
basic nursing skills
basic skin care
bath water temperature
bathing
bed cradle
bed making
bed position
bedrails
bedrest
bedsore
behavior
behavioral
behavioral care plan
beliefs
biohazard

bladder training
blindness
blood pressure
body alignment
body fluid
body mechanics
body system
body temperature
bowel and bladder programs
bowel program
BP
bradycardia
breathing
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataract
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
chain of command

charge nurse
chemical restraint
chemical safety
chemotherapy
CHF
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
colostomy bag
colostomy care
coma
comatose resident
combative resident
comfort care
communicable
communication
compensation
compression
conduct
confidentiality
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contact isolation

contamination
contracture
converting measures
COPD
coughing excessively
CPR
cueing
CVA
cyanotic
data collection
death
death and dying
decubitus ulcer
deeper tissue
defamation
dehydration
delegation
delirium
dementia
denial
denture care
dentures
depression
development
developmental disability
diabetes
diabetes mellitus
diabetic
dialysis
diastolic
diet
digestion
dilate
discharging resident
disease

disease process
disinfection
disoriented
disoriented resident
disposing of contaminated materials
disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dressing
droplets
drowsy
drug tolerance
dry skin
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
elevate head
elimination
emergency situation
emesis
emesis basin
emotional abuse
emotional needs
emotional stress
emotional support
empathy

emphysema
end of life care
enema
epilepsy
ethics
evacuation
eye glasses
falls
false imprisonment
fasting
fecal impaction
feces
feeding
feeding resident
financial abuse
fire
fire safety
first aid
flatus
flexed
flexion
fluid intake
Foley catheter
foot care
Fowler's
Fowler's position
fractures
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatrics
germ transmission

gerontology
gestures
gifts
gloves
grand mal seizure
grieving process
group settings
HAI
hair care
hallucination
hand tremors
hand washing
hazardous substance
health-care team
hearing
hearing aid
hearing impaired
hearing loss
heart muscle
heat application
height
hemiplegia
HIPAA
HIV
hormones
hospice
hospice care
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O
immobility
immune
impaired

impairment
incontinence
indwelling catheter
infection
infection control
infection prevention
infectious disease
in-house transfer
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
isolation precautions
jaundice
job description
kidney failure
life support
lift/draw sheet
linen
listening
living will
log roll
logrolling
loose teeth
low sodium diet
manipulative behavior
Maslow
Maslow's

masturbation
material safety data sheets
MDS
measuring height
measuring temperature
mechanical lift
mechanical soft diet
medical asepsis
medical record
medications
memory loss
mental health
mentally impaired
metastasis
microorganism
microorganisms
milliliters
minerals
misappropriation
mobility
mouth care
moving
MSDS
mucous membrane
multiple sclerosis
musculoskeletal
musculoskeletal system
myocardial infarction
nail care
neglect
negligence
new resident

non-contagious disease
non-verbal communication
nosocomial
nosocomial infection
NPO
nurse's station
nursing assistant behavior
nursing assistant's role
nutrition
objective
objective data
OBRA
observation
official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
overbed table
oxygen
pain
palliative care
paralysis
paranoia
Parkinson's

partial assistance
passive
passive range of motion
pathogen
pathogens
patience
pediculosis
perineal care
personal belongings
personal care
personal items
personal protective equipment
personal stress
personal values
pet therapy
phantom pain
phone etiquette
physical needs
physician's authority
plaque
podiatrist
policy book
positioning
positioning resident
postmortem care
postural supports
PPE
pressure ulcer
pressure ulcers
preventing falls
preventing injury
privacy
professional boundaries

progressive
projection
pronation
prone
prostate gland
prosthesis
prosthetic
psychological needs
psychosis
psychosocial
pulse
QID
quadriplegia
quality of life
radial
ramps
range of motion
rationalization
reality orientation
receptive aphasia
rectal
refusal
regulation
rehabilitation
religious service
reminiscence therapy
reminiscing
renewal
reporting
reporting abnormal changes
reporting abuse
reporting observations
reposition

resident abuse
resident belongings
resident centered care
resident identification
resident independence
resident pain
resident pictures
resident right
resident rights
resident treatment
resident unit
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respiration
respiratory symptoms
respiratory system
responding to resident behavior
responsibility
restorative
restorative care
restraint
restraints
resuscitation
right to refuse care
rights
rigidity

risk factor
rotation
safety
scabies
scale
seclusion
security
seizure
self-esteem
semi Fowlers
sensory system
sexual harassment
sexual needs
sexuality
sharps container
shaving
shearing
side rails
Sim's position
skilled care facility
skin integrity
slander
smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum test
standard precautions
standard/universal precautions
STAT
stealing
sterile

sterilization
stethoscope
stomach
stress
stroke
strong side
subjective
subjective data
substance abuse
suicide
sundowning
supine
suprapubic
survey
swallowing
swelling
systolic
tachycardia
TED hose
telephone etiquette
temperature
tendons
terminal illness
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transferring
transfers
transporting
transporting food
tub bath
tube feeding
tubing

twice daily
tympanic
tympanic temperature
unaffected
unconscious
undressing
urethral
urinary catheter bag
urinary drainage bag
urinary elimination
urinary problems
urinary system
urinary tract
urination
urine
urine filter
validation
validation therapy
violent behavior
vision change
visually impaired
vital signs
vitamins
vocabulary
vomitus
walker
wandering resident
water faucets
water intake
water temperature
weak side
weakness
weighing
weight
well balanced meal

well-being
wheelchair safety
white blood cells
withdrawn resident
workplace violence

Notes: