



D&S Diversified Technologies LLP

Headmaster LLP

Missouri Nursing Assistant Candidate Handbook

EFFECTIVE: TBD – January 2021

Version 1



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Introduction

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

As defined in the OBRA regulations, a 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 examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge test and a skill test. Candidates must pass both parts of the nurse aide competency exam to be identified and listed on the Missouri Nurse Aide Registry.

The Missouri Department of Health and Senior Services (DHSS) has approved D&S Diversified Technologies (D&SDT)-HEADMASTER, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-HEADMASTER at (888)401-0462 or go to the [Missouri webpage](#). The information in this handbook will help you prepare for your examination.

Nurse Aide Registry Requirements

The Missouri Nurse Aide Registry (MOCNAR) lists the name of certified nurse aides who, through training, testing and experience meet federal and/or state requirements to work as a certified nurse aide in Missouri. The Registry also identifies candidates who have been placed on the EDL (Employee Disqualification List) or who have a Federal Indicator (a CNA employed in a certified facility that has been found guilty of abuse, neglect or misappropriation of property) on their license.

A nurse aide candidate, upon successful completion of training, passing both the knowledge and skills portions of the competency exam, and meeting federal and/or state requirements will be listed on the Missouri Certified Nurse Aide Registry (MOCNAR). A newly trained nurse aide candidate must successfully pass both the knowledge and skills exams within one (1) year of training start date. Review the Nurse Aide Competency Exam section below to help prepare for the exam.

Registry Maintenance

Once placed on the Missouri CNA Registry, it is your responsibility to maintain your demographic information so that renewal notifications/alerts can be delivered to you in a timely manner. You must renew electronically by signing in to your TMU© account at <https://mo.tmutest.com>. Use your Email or Username and Password to sign in. If you are new to the system or have forgotten your password, refer to the 'Forget my Password and Recover My Account' section in this handbook to reset your password. If you need assistance signing in to your record, call D&SDT-HEADMASTER at (888)401-0462 or (888)401-0465 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays. Renewal reminders are emailed to your email address of record and/or texted to your SMS capable phone, so it is important to keep your contact information up to date.

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Note: Renewal notifications/alerts are sent 60 days before your certification expiration date via email and text message. No renewal certifications are sent via USPS mail. It is important to keep your TMU© demographic information updated to receive your renewal notification.

You can check your registry status at any time, update your address and phone number and check your eligibility expiration date from any Internet capable device.

Registry name changes (marriage/divorce, etc.) must be verified with appropriate documentation. Copies of documentation must be emailed (hdmaster@hdmaster.com), faxed (406)442-3357, or mailed to D&SDT-HEADMASTER, P.O. Box 6609, Helena, MT 59604.

Registry Renewal

To maintain eligibility to work you must renew your eligibility every 24 months. To be eligible to renew, you must work for pay as a certified nurse aide performing nursing or nursing-related services at least eight (8) consecutive hours during the previous 24 months. Certified nurse aides with a Federal Indicator on the Registry are not eligible for renewal.

To renew, sign in to your TMU© record at <https://mo.tmutest.com> and list your work hours and where you were employed. An email verification link will be sent to the employer contact you choose from the list of employers. When the employer verifies your work experience, your eligibility will be extended an additional 24 months.

Under federal regulations, a certified nurse aide becomes ineligible for employment if they do not perform at least 8 hours of nursing related services for pay in a health care setting during a period of 24 consecutive months. To reestablish employment eligibility on the MOCNAR, you must successfully pass both components (knowledge and skills) of the approved Missouri nurse aide competency examination.

Registry Reciprocity

This information is for applicants who want to be entered on the MOCNAR through the Missouri Reciprocity/Out-of-State registry placement process.

How to Transfer your Certified Nurse's Assistant (CNA) Certification to Missouri from another State

You must be current and in good standing on a certified nurse aide registry in a state other than Missouri to be considered for placement on the MOCNAR.

For the criteria and to apply for reciprocity placement on the MOCNAR, you must complete an Out-of-State reciprocity form. You may fill out an Out-of-State reciprocity form by browsing to D&SDT-HEADMASTER's [Missouri webpage](#).

Once your completed application and all required documentation have been received by DHSS, they will determine if you are eligible to be added to the Missouri Certified Nurse Aide Registry. You must have a valid email address in order to receive your TMU© login user name and temporary password. You may check your listing on the Missouri Nurse Aide Registry (MOCNAR) at <https://mo.tmutest.com>. Any personal information

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entered into TMU© will only be used to determine whether you can work as a certified nurse aide in Missouri. Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the MOCNAR.

Criteria to Challenge the Certified Nurse Aide Training Requirement

Individuals who meet special criteria may be eligible to take just the final certification examination (both knowledge and skills) without taking the certified nursing assistant course. For detailed information on the criteria to challenge the exam, follow the Missouri Department of Health and Senior Services link below:

health.mo.gov/safety/cnaregistry/

Americans with Disabilities Act (ADA)

ADA Compliance

The Missouri Department of Health and Senior Services 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. Accommodations must be approved by D&SDT-HEADMASTER in advance of examination. The request for accommodations can be found on the [Missouri](#) webpage, click on the [ADA Accommodation Form 1404MO](#). This form must be electronically submitted to D&SDT-HEADMASTER with the required documentation listed on the second page of the ADA application in order to be reviewed for an accommodation. Please allow additional time for your request to be approved. If you have any questions regarding the ADA review process or specific required documentation please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays.

The Missouri Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$40
Skill Test or Retake	\$95

Completing your Initial Login

Your initial information will be entered in D&SDT-HEADMASTER's TestMaster Universe© (TMU©) software. You must sign in to TMU© at <https://mo.tmutest.com> using your secure email or username and password and complete your demographic information. If you do not know your username and/or password, enter your

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email address and click on “Forgot Your Password?” You will be asked to re-enter your email and then click “Recover your Account” a ‘reset password link’ will be sent to your email (see instructions under ‘Forgot your Password and Recover your Account’). If you are unable to sign in for any reason, contact D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays.

Schedule an Exam

Once your completed record is in the D&SDT-HEADMASTER TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Missouri TMU© webpage at <https://mo.tmutest.com> using your email and password (see instructions under ‘Schedule/Reschedule into a Test Event’). If you are unable to sign in with your email, please call D&SDT-HEADMASTER for assistance at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. In some cases, testing fees may be paid by a training program or sponsoring facility. After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests. To schedule or reschedule your test date, sign in to the Missouri TMU© webpage at <https://mo.tmutest.com> with your email and password. If you are unable to schedule/reschedule on-line, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays for assistance.

This is the Missouri TMU© home page:

The image displays two screenshots of the Missouri TMU© website. The left screenshot shows the home page with the TMU MISSOURI logo in the top left and a 'Sign In' button in the top right, which is highlighted with a red box. Below the logo is the heading 'How can we help you today?' and three main navigation options: 'See Available Test Dates' (with a calendar icon), 'Search Missouri Registry' (with a person icon and magnifying glass), and 'Read FAQ' (with a signpost icon). The right screenshot shows the sign-in page with the TMU MISSOURI logo and a 'Sign In' button in the top right. The main heading is 'Sign In'. Below it is a form with three input fields: 'USERNAME OR EMAIL', 'PASSWORD', and a 'REMEMBER ME' checkbox. A 'Sign In' button is located to the right of the password field, and a 'Forgot Your Password?' link is at the bottom of the form. Both the sign-in form and the 'Sign In' button are highlighted with a red box.

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Forgot your Password and Recover Your Account

Click on
Forgot Your Password?

Type in your **Email Address**
Click on **Recover Account**
An email with the reset link will be emailed to you
Click on the reset link in your email to reset your password.
-OR-
You can type in the requested data under **Using other information**
Click on **Recover Account**

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TMU MISSOURI Sign In

Reset Your Password

E-MAIL ADDRESS
sample@email.com

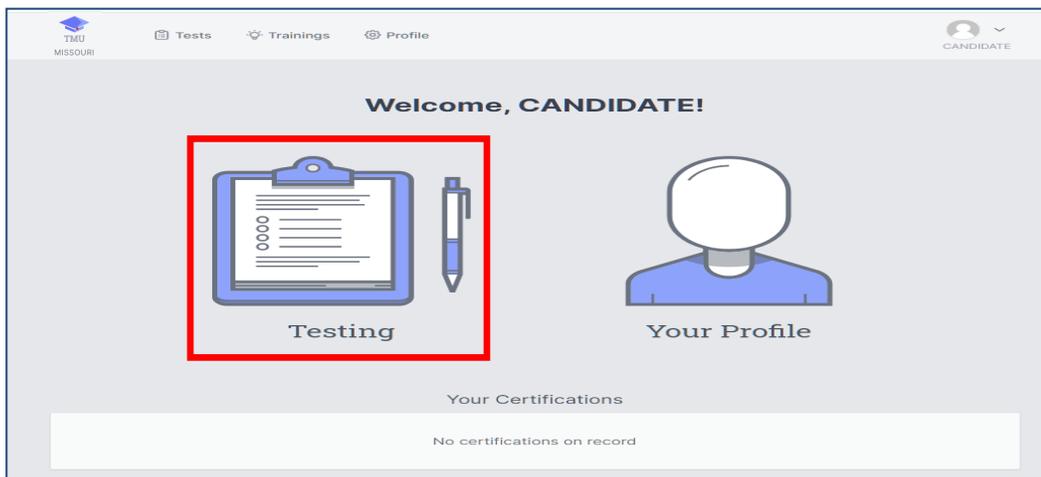
PASSWORD

CONFIRM PASSWORD

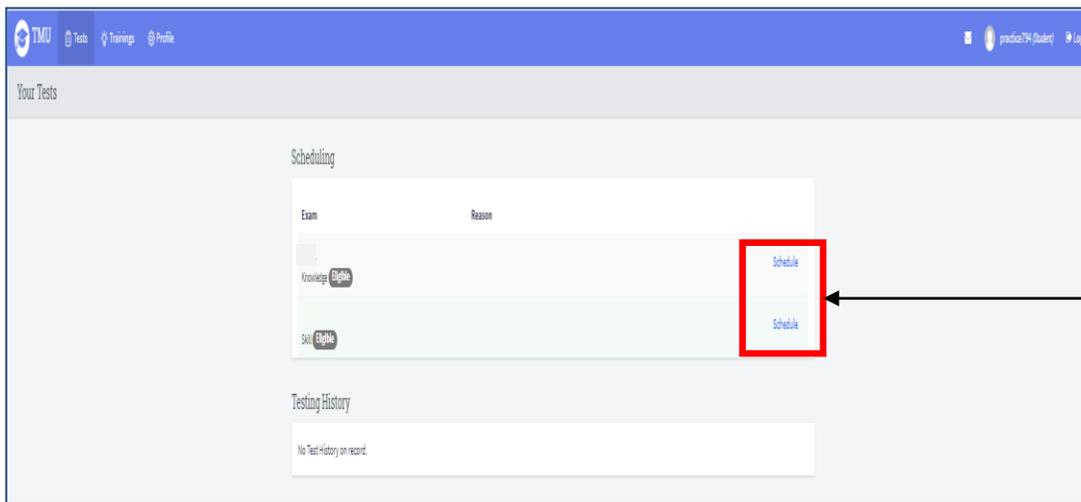
Reset Password

Schedule/Reschedule into a Test Event

This is the home screen you will see once you have signed in:



Click on **Testing**



All eligible test events will appear in this format.

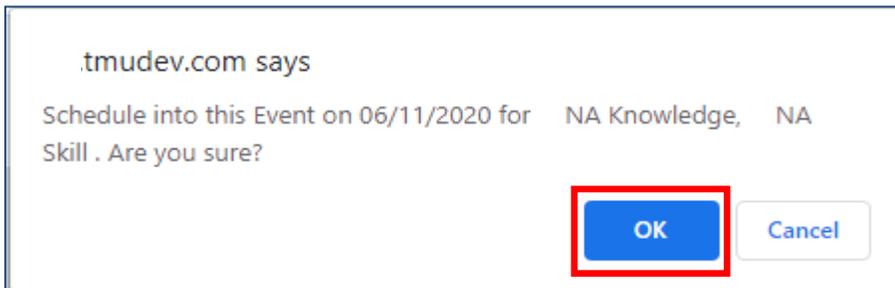
To select a test, click on **Schedule**

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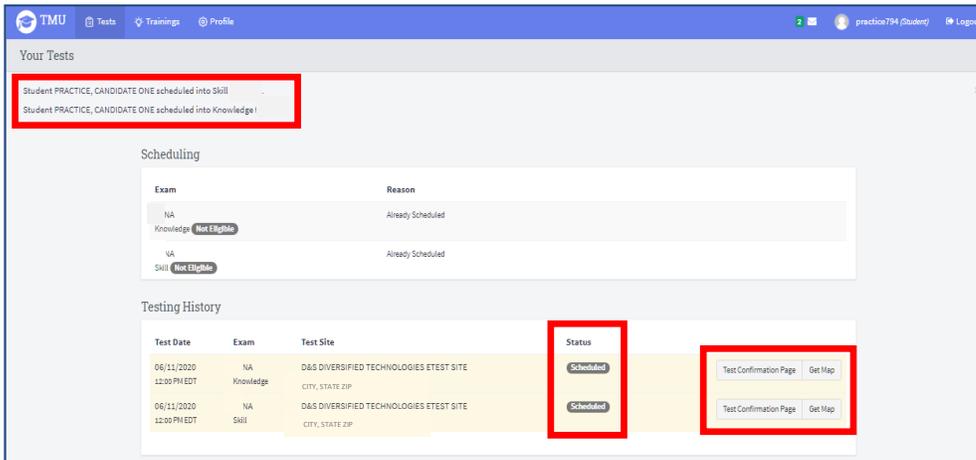
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To select a test site and date, click on **Schedule**



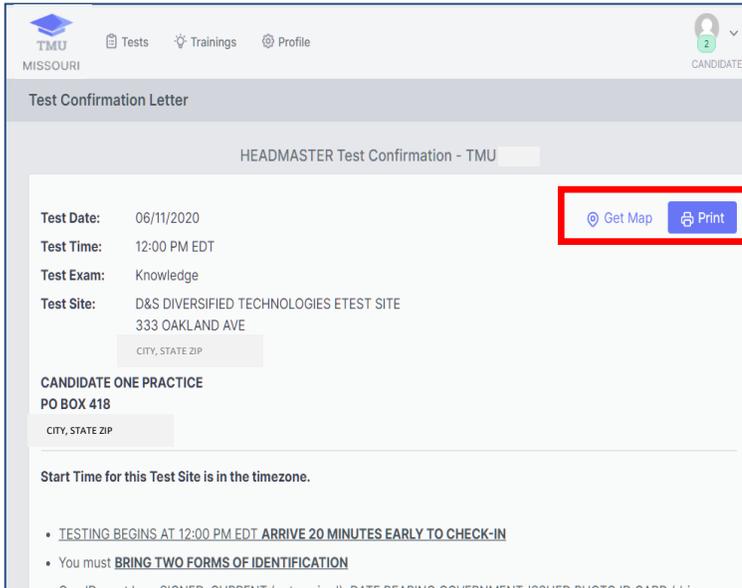
Click **OK** on the screen that pops up confirming this is the date and site you wish to schedule into.



This screen confirms you are scheduled into a test date to take your knowledge and skills exams. Your status shows **Scheduled** and a note at the top of your screen also shows you are scheduled. Click on **Test Confirmation Page** to see your test confirmation with important reminders for testing.

See the next page for the Test Confirmation Letter.

Test Confirmation Letter



Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

You can print your confirmation letter by clicking on **Print**.

Click on **Get Map** to get directions to the test site.

The body of the test confirmation letter will give you state specific instructions on what time to arrive by, ID requirements, dress code, etc.

It is important you read this letter.

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

Time Frame for Testing from Training Program Start Date

You must schedule a test **within one year of your training program start date**. After one year, you must complete another Missouri DHSS approved nurse aide training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Missouri TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (888)401-0462, during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays.

Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:40AM.) If you arrive late, you will not be allowed to test.

Testing Attire

You must be in full clinical attire (scrubs). No opened toed shoes are allowed. Scrubs and shoes can be any color/design. You may bring a standard watch with a second hand. *No smart watches or fitness monitors are allowed.* Long hair must be pulled back.

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Please note: You will not be admitted for testing if you are not wearing scrubs attire and appropriate shoes with long hair pulled back. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

Mandatory: You must bring a **United States (US) government issued, signed, non-expired photo bearing form of identification AND your social security card** (a signature is not required and a photo-copy of your social security card is acceptable). Some examples of US government issued, signed, non-expired photo bearing forms of identification are:

- State or Other United States Government Issued Driver's License
 - *You may use your 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 (that meets all identification criteria)
- Signed US Passport (Foreign Passports and Passport Cards *are not* acceptable)
- Military Identification Card (that meets all identification criteria)

Please note: *A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date. *

The **FIRST** and **LAST** names printed on your mandatory United States (US) government issued, signed, non-expired photo bearing form of identification *and* your social security card presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the TMU© database. You may call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays, to confirm that your name of record matches your two forms of mandatory identification, or sign in to your record in TMU© to check or change your demographic information.

Please note: You will not be admitted for testing if you do not bring your two forms of mandatory identification. Be sure your US government issued identification is not expired and that it is signed. Check to be positive that both your FIRST and LAST printed names on your photo ID and social security card match your current name of record in TMU©. In cases where names do not match, you will be considered a NO SHOW and you will forfeit your testing fees and have to pay for another exam date.

You will be required to show your ID again when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam event.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the knowledge test and skill test instruction links on the D&SDT-HEADMASTER Missouri webpage, www.hdmaster.com under the Candidate column.

These instructions detail the process and what you can expect during either component of the exam. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test event. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

Testing Policies

The following policies are observed at each test site:

- Plan to be at the test site up to 5 hours, in the worst-case scenario. *(Due to COVID, scheduling time frames have been altered and the time at the test site may be significantly shorter.)*
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 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 a valid and appropriate United States (US) government issued, signed, non-expired photo bearing form of identification and your social security card (photo copies of social security card are acceptable), you will not be admitted to the exam and any exam fees paid **will NOT be refunded**.
- If the FIRST and LAST names on your United States (US) government issued, signed, non-expired photo bearing form of identification and social security card do not match the FIRST and LAST names in your TMU© record, you will not be admitted to the exam and any exam fees paid **will NOT be refunded**.
- If you do not wear scrubs with appropriate shoes and have long hair pulled back, and conform to all testing policies, you will not be admitted to the exam and any exam fees paid **will NOT be refunded**.
- If you NO SHOW for your exam day, any test fees paid **will NOT be refunded**.
- Cell phones, watches of any kind, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices in the designated area and you are to collect these items when you complete your test(s).
- All electronic devices must be **turned off**. Smart watches and fitness monitors must be removed from your wrist.
- Anyone caught using any type of electronic recording device during either component of the exam will be dismissed from the exam, your test will be scored as a fail, you will forfeit all testing fees and you will be reported to your training program and the Missouri Department of Health and Senior Services. 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 to have while waiting to test.
- Foreign language translation dictionaries in any form are not allowed during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke (e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your

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test will be scored as a fail, you will forfeit all testing fees and you will be reported to your training program and the Missouri Department of Health and Senior Services.

- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate 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.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nurse aide (examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-HEADMASTER immediately during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays, if you are on doctor's orders. You must fax a signed doctor's order **within 3 business days** of your scheduled exam day to qualify for a free reschedule.
- ***Please review this Missouri Candidate Handbook before your test day for any updates to testing and/or policies.***

Inclement Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-HEADMASTER staff will make every effort to contact you via email, text message and phone call using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you.

Candidate Feedback - Exit Survey

Candidates are provided the opportunity to complete an exit survey via a link to a Google Docs Survey when checking their test results in their TMU© record. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to the Missouri DHSS. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to the Missouri DHSS and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You must obtain permission from the Missouri DHSS in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during either component of the exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failure. You will forfeit any testing fees paid. You will be reported to the Missouri Department of Health and Senior Services and you must obtain permission from DHSS in order to be eligible to test again.

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Reschedules

All candidates may reschedule for free online at <https://mo.tmutest.com> any time up until one (1) business day before a scheduled test day, excluding Saturdays, Sundays and Holidays. Reschedules are subject to a \$35 fee that must be paid in full prior to a D&SDT-HEADMASTER staff assisted reschedule.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online for free by signing in to your record at <https://mo.tmutest.com>. (See instructions under 'Schedule/Reschedule into a Test Event'.)

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam. D&SDT-HEADMASTER is open 7:00AM to 7:00PM Monday through Friday Central time, excluding Holiday.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

Please note: Reschedules will not be granted less than one full business day prior to a scheduled test date.

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Missouri nurse aide certification test at all.

Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 6:00PM Mountain time.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

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- 3) Refund requests must be made within thirty (30) days of payment of original testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.

Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-HEADMASTER at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-HEADMASTER cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received at least one full business day before a scheduled test event, excluding Saturdays, Sundays and Holidays (see examples under Reschedules and Refunds of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record providing **the required documentation is received within the appropriate time frames outlined below:**

- **Car breakdown:** D&SDT-HEADMASTER must be contacted within one business day via phone call fax or email and a tow bill, mechanic bill or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a No Show.
- **Medical emergency:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a No Show.

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- Death in the family:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame, you will have to pay as though you were a No Show. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other.)

Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be available by signing in to your TMU© record after 7:00PM the business day after your test event.

D&SDT-HEADMASTER does not send postal mail test results letters.

To view your test results, sign in to your record in TMU© at <https://mo.tmutest.com/>. (Refer to the screen shots below.)

The image contains two screenshots of the TMU© candidate portal. The left screenshot shows the 'Welcome, CANDIDATE!' page with a 'Testing' icon highlighted by a red box and a callout 'Click on Testing'. The right screenshot shows the 'Testing History' table with a 'Details' button highlighted by a red box and a callout 'Click on Details to view your results.'

Test Date	Exam	Test Site	Status
06/06/2020 2:00 PM EDT	NA Knowledge	D&S DIVERSIFIED TECHNOLOGIES ETEST SITE FINDLAY, OH	Failed Details Print Test Results
06/06/2020 2:00 PM EDT	NA Skill	D&S DIVERSIFIED TECHNOLOGIES ETEST SITE FINDLAY, OH	Passed Details Print Test Results

Test Attempts

You have **3 attempts** to pass the knowledge and skill test portions of the exam within one year from your start of nurse aide training date. If you do not complete testing within one year from your start of training date, you must retrain in order to become eligible to further attempt Missouri nursing assistant examinations.

Retaking the Nursing Assistant Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

You can schedule a test or re-test online by signing in to your TMU© record at <https://mo.tmutest.com/>. (See screen shots under “Schedule/Reschedule into a Test Event” for rescheduling instructions.)

You will need to pay with a Visa, Master Card or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-HEADMASTER's main webpage at www.hdmaster.com. Submit the Test Review Fee of \$25 (Visa, MasterCard or debit card) and a detailed explanation of why you feel your dispute is valid **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered.

Note: Please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM Monday through Friday, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-HEADMASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request. If, after investigation, the finding of the review is in your favor, you will receive your \$25 test review deposit back in full.

Since one qualification for certification as a Missouri nurse aide is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-HEADMASTER will pay your re-test fee. D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s). After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test disputes with the candidate or the candidate's training program/instructor. D&SDT-HEADMASTER will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT-HEADMASTER will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address and to the Missouri DHSS.

The Knowledge/Oral Test

You will be required to present your ID again when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of 60 minutes (one hour) to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as “What does this question mean?”). **You must have a score of 80% or better to pass the knowledge portion of the exam.**

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

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional \$10 charge for an Oral Test. The questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer. When taking an electronic Oral exam, the oral control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

Please note: On the Oral Knowledge Test, only the first 67 questions will be read orally, the remaining 8 questions will have to be answered without oral assistance to assess English reading comprehension.

No foreign translation dictionaries in any format are allowed during testing.

All test materials (including scratch paper and calculator) must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Missouri DHSS.

COVID Procedure: Virtual Knowledge Exam Option

You will have the option to take the knowledge exam virtually.

- You will need a smart phone to download the facetime app that D&SDT-HEADMASTER will provide you information for.
- You will also need a reliable internet connection and a laptop/tablet/desktop computer to take your virtual knowledge exam from a distraction and interruption free area of your home, etc.
- The night before your scheduled virtual knowledge exam, D&SDT-HEADMASTER will email you a reminder with the password protected link to join the test event.
- You will need to show your mandatory forms of identification to the test proctor at sign in before starting your virtual knowledge exam.

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Knowledge Test Content

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

SUBJECT AREA	NUMBER OF QUESTIONS
Aging Process and Restorative Care	5
Basic Nursing Skills	8
Care Impaired	5
Communication	6
Data Collection	4
Disease Process	6
Infection Control	8
Mental Health	6
Personal Care	8
Resident Rights	5
Role and Responsibility	5
Safety	9

Knowledge Practice Test

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

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

1. Clean linens that touch the floor should be:
 - (A) Picked up quickly and placed back on the clean linen cart
 - (B) Used immediately on the next resident bed
 - (C) Considered dirty and placed in the soiled linen hamper
 - (D) Used only in the room with the floor the linen fell on
2. A soft, synthetic fleece pad placed beneath the resident:
 - (A) Takes pressure off the back
 - (B) Provides warmth for the resident
 - (C) Gives the resident a sense of security
 - (D) Should only be used with bedridden residents
3. A resident's psychological needs:
 - (A) Should be given minor consideration
 - (B) Make the resident withdrawn and secretive
 - (C) Are nurtured by doing everything for the resident
 - (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C 2-A 3-D

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The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Missouri DHSS approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your photo ID previously shown to the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected 3 or 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 a maximum of **30 minutes** to complete your three or four tasks. After 20 minutes have elapsed, you will be alerted that 10 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.
- You must successfully complete 100% of the tasks you are assigned. You may not miss any key steps (the **bolded** steps) and must achieve 80% or higher on the non-key steps on each task to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are 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

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

RECORDING FORM 

Candidate's Name: _____	
PLEASE PRINT	
PULSE: _____	RESPIRATIONS: _____
URINARY OUTPUT: _____ ml	
BLOOD PRESSURE: _____ / _____	
GLASS 240ml: _____	
GLASS 120ml: _____	
TOTAL FLUID INTAKE: _____ ml	FOOD INTAKE: _____ %
Candidate's Signature: _____	

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Skill Test Tasks

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

- Catheter Care for a Female with Hand Washing
- Changing an Adult Brief and Perineal Care for a Male with Hand Washing
- Donning an Isolation Gown and Gloves then Emptying a Urinary Drainage Bag with Hand Washing
- Perineal Care for a Female with Hand Washing

Please note: Hand washing with soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will also receive an additional 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. That is why some skill tests will have a differing number of tasks.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks. The catheter care, changing an adult brief and perineal care for a male and perineal care for a female task will be done on a manikin. You will be scored only on the steps listed.

You must successfully complete 100% of the tasks you are assigned. You may not miss any key steps (the bolded steps) and must achieve 80% or higher on the non-key steps on each task to pass the skill component of your competency evaluation.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be the one of the four mandatory tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill task steps and record what she/he sees you do. D&SDT-HEADMASTER scoring teams will officially score and double check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Missouri nurse aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

Abbreviated Bed Bath- Whole Face and One Arm, Hand and Underarm

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Fill basin with warm water.
- 5) Raise bed height.
- 6) Cover resident with a bath blanket.
- 7) Fan fold bed linens at least down to the waist or moves linens to opposite side.
- 8) Put on gloves.
- 9) Remove resident's gown without exposing resident.
- 10) Dispose of soiled gown in designated laundry hamper.
- 11) Wash face WITHOUT SOAP.**
- 12) Pat dry face.
- 13) Place towel under arm, only expose one arm.
- 14) Wash arm, hand and underarm using soap and water.**
- 15) Rinse arm, hand, and underarm.**
- 16) Pat dry arm, hand and underarm.**
- 17) Assist resident to put on a clean gown.
- 18) Empty, rinse, dry and return equipment to storage.
- 19) Dispose of soiled linen in designated laundry hamper.
- 20) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 22) Lower bed.
- 23) Place call light or signaling device within easy reach of the resident.
- 24) Maintain respectful, courteous interpersonal interactions at all times.

Ambulation from Bed to Wheelchair using a Gait Belt

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to resident.
- 3) Obtain gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.**
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Bring resident to a sitting position with resident's feet flat on the floor.
- 7) Properly place gait belt around resident's waist to stabilize trunk.**
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid footwear BEFORE standing.
- 10) Bring resident to a standing position using proper body mechanics at all times.

- 11) Grasp gait belt.
- 12) Stabilize resident.
- 13) Ambulate resident at least 10 steps to the wheelchair.**
- 14) Lock wheelchair brakes to ensure resident's safety.**
- 15) Assist resident to pivot/turn and sit in wheelchair.
- 16) Sit resident in the wheelchair in a controlled manner that ensures safety at all times.
- 17) Remove gait belt.
- 18) Place resident within easy reach of the call light or signaling device.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Ambulation from Wheelchair to Bed using a Gait Belt

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to resident.
- 3) Obtain gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.**
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Lock wheelchair brakes to ensure resident's safety.**
- 7) Properly place gait belt around resident's waist to stabilize trunk.**
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Ensure resident's feet are flat on the floor.
- 10) Ask resident to place hands on wheelchair arm rests.
- 11) Grasp gait belt with both hands.
- 12) Bring resident to a standing position using proper body mechanics at all times.
- 13) Continue grasping gait belt.
- 14) Stabilize resident.
- 15) Ambulate resident at least 10 steps to the bed.**
- 16) Assist resident to pivot/turn and sit on the bed.
- 17) Sit resident on the bed in a controlled manner that ensures safety at all times.
- 18) Remove gait belt.
- 19) Remove resident's non-skid footwear.
- 20) Assist resident to lie down in the center of the bed making sure the resident is comfortable and in good body alignment.
- 21) Lower bed.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Catheter Care for a Female with Hand Washing

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Fill basin with warm water.
- 7) Put on gloves.
- 8) Avoid over exposure throughout the procedure.
- 9) Check to see that urine can flow, unrestricted, into the drainage bag (helpful to verbalize checking while looking for kinks in tubing, etc.).
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold catheter where it exits the urethra with one hand.**
- 12) While holding the catheter where it exits the urethra, clean 3-4 inches down the catheter tube.
- 13) Clean with strokes only away from the urethra. (At least two strokes.)**
- 14) Use a clean portion of the wash cloth for each stroke.
- 15) Rinse using strokes only away from the urethra.
- 16) Rinse using a clean portion of the wash cloth for each stroke.
- 17) Pat dry.
- 18) Do not allow the tube to be pulled at any time during the procedure.
- 19) Replace the resident's gown over the perineal area.
- 20) Replace top cover over the resident.
- 21) Leave resident in a position of safety and comfort.
- 22) Empty, rinse, dry and return basin to storage.
- 23) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 24) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 25) Place call light or signaling device within easy reach of the resident.
- 26) Maintain respectful, courteous interpersonal interactions at all times.
- 27) Wash hands: Begin by wetting hands.
- 28) Wash hands: Apply soap to hands.**
- 29) Wash hands: Rub hands together using friction for at least 20 seconds with soap.**
- 30) Wash hands: Interlace fingers pointing downward with soap.
- 31) Wash hands: Wash all surfaces of hands with soap.**
- 32) Wash hands: Wash all surfaces of wrists with soap.
- 33) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 34) Wash hands: Dry hands on clean paper towel(s).**

35) Wash hands: Turn off faucet with a paper towel.

36) Wash hands: Discard paper towels into trash container as used.

37) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

Changing an Adult Brief and Perineal Care for a Male with Hand Washing

(One of the possible first mandatory tasks.)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Raise the bed height.
- 7) Fill basin with warm water.
- 8) Obtain brief.
- 9) Put on gloves.
- 10) Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety. (RN Test Observer does not move into position unless directed to do so by the candidate.)
- 11) Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, water proof pad, chux, etc.)
- 12) Expose perineum only.
- 13) Remove soiled brief.
- 14) Discard soiled brief in the designated container.
- 15) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 17) Put on gloves.
- 18) Gently grasp the penis.
- 19) Use a clean soapy wash cloth.
- 20) Clean tip of penis starting at the urethral opening working outward away from the urethral opening.
- 21) Clean shaft of the penis away from the tip of the penis.
- 22) Use a clean portion of a wash cloth with each stroke.**
- 23) With a clean wash cloth with soap and water, clean the scrotum.
- 24) Clean scrotum with a clean portion of a wash cloth with any stroke.
- 25) With a clean wash cloth, rinse penis.
- 26) Rinse penis using a clean portion of a wash cloth with each stroke.
- 27) Rinse scrotum using a clean portion of a wash cloth with each stroke.
- 28) Pat dry the area.
- 29) Cover the exposed area.

- 30) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 31) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 32) Put on gloves.
- 33) Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on his side ONLY after the candidate has turned the manikin.)
- 34) Use a new soapy wash cloth to clean the rectal area.
- 35) Clean area from scrotum to rectal area using a clean portion of a wash cloth with each stroke.**
- 36) With a clean wash cloth, rinse area from scrotum to rectal area.
- 37) Use a clean portion of a wash cloth with any stroke.
- 38) Pat dry.
- 39) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 40) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 41) Put on gloves.
- 42) Apply a new brief.
- 43) Ensure brief is even on both sides of the resident [manikin].
- 44) Safely remove barrier from under buttocks.
- 45) Dispose of all soiled linen in the designated container.
- 46) Position resident on his back.
- 47) Lower bed.
- 48) Empty, rinse, dry and return equipment to storage.
- 49) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 50) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 51) Leave resident in a position of comfort and safety.
- 52) Place call light or signaling device within easy reach of the resident.
- 53) Maintain respectful, courteous interpersonal interactions at all times.
- 54) Wash hands: Begin by wetting hands.
- 55) Wash hands: Apply soap to hands.**
- 56) Wash hands: Rub hands together using friction for at least 20 seconds with soap.**
- 57) Wash hands: Interlace fingers pointing downward with soap.
- 58) Wash hands: Wash all surfaces of hands with soap.**
- 59) Wash hands: Wash all surfaces of wrists with soap.
- 60) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 61) Wash hands: Dry hands on clean paper towel(s).**
- 62) Wash hands: Turn off faucet with a paper towel.**
- 63) Wash hands: Discard paper towels into trash container as used.
- 64) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.**

Denture Care

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Line bottom of sink with a protective lining that would help prevent damage to the dentures. (Towel, wash cloth or paper towels are allowed for lining.)**
- 4) Put on gloves.
- 5) Apply denture cleanser.
- 6) Remove denture from cup.
- 7) Handle dentures carefully to avoid damage.**
- 8) Handle dentures carefully to avoid contamination.
- 9) Rinse denture cup.
- 10) Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures. (Only one plate is used during testing.)
- 11) Rinse dentures using clean cool water.
- 12) Place dentures in rinsed denture cup.
- 13) Add cool clean water to denture cup.**
- 14) Rinse equipment. (Denture brush or toothbrush.)
- 15) Return equipment to storage.
- 16) Discard protective lining in an appropriate container.
- 17) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

Dressing a Dependent Resident

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Raise bed height.
- 5) Keep resident covered while removing gown.
- 6) Remove gown from unaffected side first.
- 7) Place soiled gown in designated laundry hamper.
- 8) When dressing the resident in a button-up shirt, insert your hand through the sleeve of the shirt and grasp the hand of the resident.
- 9) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
- 10) Assist the resident to raise their buttocks or turn resident from side to side and draw the pants over the buttocks and up to the resident's waist.

- 11) **When dressing the resident in pants, always dress from the affected (weak) side first.**
- 12) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 13) Leave the resident in comfortably/properly dressed and in a position of safety.
- 14) Lower the bed.
- 15) Place call light or signaling device within easy reach of the resident.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Feeding a Dependent Resident

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) **Position the resident in an upright position, at least 45 degrees.**
- 4) Ask the resident to state name and verify name matches the name on the diet card.
- 5) Protect clothing from soiling by using napkin, clothing protector, or towel.
- 6) Provide hand hygiene for the resident BEFORE feeding. (Candidate may use a disposable wipe and dispose of in trash can –or- wash the resident's hands with a wet wash cloth –or- they may rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 7) Ensure resident's hands are dry BEFORE feeding. (If a wet wash cloth was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, make sure the hands are dry.)
- 8) Position yourself at eye level facing the resident while feeding resident.
- 9) Describe the food being offered to the resident.
- 10) **Offer fluids frequently from each glass.**
- 11) Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 12) Wipe resident's face during meal at least one time.
 - a. Actor will say, "I'm full" before all the solid food and fluids are gone.
- 13) Leave resident clean.
- 14) **Leave resident in bed with the head of the bed up to at least 30 degrees.**
- 15) Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 16) **Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.**
- 17) Record the sum total of estimated fluid intake in ml's on the previously signed recording form.
- 18) **Candidate's recorded sum total consumed fluid intake is within 60ml's of the RN Test Observer's recorded fluid intake.**
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Foot Care One Foot

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Fill foot basin with warm water.
- 4) Put on gloves.
- 5) Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)
- 6) Immerse foot in warm water.
 - a. You may verbalize the 5 to 20 minutes soaking time after you begin soaking the foot.
 - b. Once the 5 to 20 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."
- 7) Use water and soapy wash cloth.
- 8) Wash entire foot.
- 9) Wash between toes.
- 10) Rinse entire foot.
- 11) Rinse between toes.
- 12) Dry foot thoroughly.
- 13) Dry thoroughly between toes.**
- 14) Warm lotion by rubbing it between hands.
- 15) Massage lotion over entire foot.**
- 16) Avoid getting lotion between the toes.
- 17) If any excess lotion, wipe with a towel.
- 18) Replace sock on foot.
- 19) Empty, rinse, dry and return basin to storage.
- 20) Place soiled linen in designated laundry hamper.
- 21) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 23) Leave resident in a position of safety in proper body alignment in the chair.
- 24) Place call light or signaling device within easy reach of the resident.
- 25) Maintain respectful, courteous interpersonal interactions at all times.

Isolation Gown and Gloves, then Emptying a Urinary Drainage Bag with Hand Washing

(One of the possible mandatory first tasks)

- 1) Perform hand hygiene BEFORE touching the gown.**
 - a. Cover all surfaces of hands with hand sanitizer.**
 - b. Rub hands together until hands are 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 making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves.
- 8) Gloves overlap sleeves at the wrist.
- 9) Knock on door.
- 10) Introduce yourself to the resident.
- 11) Explain the procedure to resident.
- 12) Place a barrier on the floor under the drainage bag.
- 13) Place the graduate on the previously placed barrier.
- 14) Open the drain to allow the urine to flow into the graduate.
- 15) Avoid touching the graduate with the tip of the tubing.
- 16) Close the drain.
- 17) Wipe the drain with alcohol wipe AFTER emptying the drainage bag.
- 18) Replace drain in holder.
- 19) Place graduate on level, flat surface.
- 20) With graduate at eye level, read output.
- 21) Empty graduate into designated toilet.
- 22) Rinse graduate and empty rinse water into designated toilet.
- 23) Return graduate to storage.
- 24) Leave resident in a position of comfort and safety.
- 25) Record output on the provided, previously signed recording form.
- 26) Candidate's measured output reading is within 25ml's of RN Test Observer's output reading.**
- 27) Place call light or signaling device within easy reach of the resident.
- 28) Maintain respectful, courteous interpersonal interactions at all times.
- 29) Remove gloves, turning inside out as they are removed.
- 30) Remove gloves BEFORE removing gown.
- 31) Dispose of the gloves in the appropriate container.
- 32) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 33) Unfasten gown at the neck.
- 34) Unfasten gown at the waist.
- 35) Remove gown by folding soiled area to soiled area.
- 36) Dispose of the gown in the appropriate container.
- 37) Wash hands: Begin by wetting hands.
- 38) Wash hands: Apply soap to hands.**
- 39) Wash hands: Rub hands together using friction for at least 20 seconds with soap.**
- 40) Wash hands: Interlace fingers pointing downward with soap.
- 41) Wash hands: Wash all surfaces of hands with soap.**
- 42) Wash hands: Wash all surfaces of wrists with soap.
- 43) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.

44) Wash hands: Dry hands on clean paper towel(s).

45) Wash hands: Turn off faucet with a paper towel.

46) Wash hands: Discard paper towels into trash container as used.

47) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

Mouth Care—Brushing Teeth

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered.
- 5) Drape the resident's chest with towel (cloth or paper) to prevent soiling.
- 6) Wet toothbrush.
- 7) Apply toothpaste to toothbrush.
- 8) Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.**
- 9) Clean tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth.
- 12) Remove soiled chest barrier.
- 13) Place soiled chest barrier (cloth or paper) in the appropriate container.
- 14) Empty, rinse and dry emesis basin.
- 15) Rinse toothbrush.
- 16) Return equipment to storage.
- 17) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Leave resident in position of comfort.
- 3) Place call light or signaling device within easy reach of the resident.
- 4) Maintain respectful, courteous interpersonal interactions at all times.

Mouth Care for a Comatose Resident

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered
- 5) Turn resident to a side lying position to avoid choking or aspiration.**
- 6) Drape chest/bed as needed to protect from soiling.
- 7) Use swab(s) and cleaning solution (water). (May not use toothbrush or toothpaste.)

- 8) **Gently and thoroughly clean the inner, outer, and chewing surfaces of all upper and lower teeth.**
- 9) Gently and thoroughly clean the gums and tongue.
- 10) Wipe resident's mouth.
- 11) Return resident to position of comfort and safety.
- 12) Discard swab(s) in designated container.
- 13) Place soiled linen in designated hamper.
- 14) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Maintain respectful courteous, interpersonal interactions at all times.

Nail Care One Hand

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Fill basin with warm water.
- 4) Put on gloves.
- 5) Immerse right/left hand nails in warm water. (The scenario read to you will specify right or left.)
 - a. You may verbalize the at least 5 minutes soaking time after you begin soaking the nails.
 - b. Once the at least 5 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."
- 6) Dry hand thoroughly.
- 7) **Specifically, dry between the fingers.**
- 8) **Gently cleans under nails with an orange stick.**
- 9) Gently pushes cuticles back with a towel or wash cloth.
- 10) Files each fingernail.
- 11) Empty, rinse and dry basin.
- 12) Return equipment to storage.
- 13) Discard soiled linen in designated laundry hamper.
- 14) Remove gloves turning inside out as they are removed and dispose of gloves in designated container
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

Perineal Care of a Female with Hand Washing

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Raise the bed height.
- 7) Fill basin with warm water.
- 8) Put on gloves.
- 9) Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety.
 - a. RN Test Observer does not move into position unless directed to do so by the candidate.
- 10) Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, water proof pad, chux, etc.)
- 11) Expose perineum only.
- 12) Separate labia.
- 13) Use water and soapy wash cloth.
- 14) Clean one side of labia from front to back.
- 15) Using a clean portion of a wash cloth, clean other side of labia from front to back.
- 16) Using a clean portion of a wash cloth, clean the vaginal area from front to back.**
- 17) Use a clean wash cloth, rinse one side of labia from front to back.
- 18) Using a clean portion of a wash cloth, rinse the other side of labia from front to back.
- 19) Using a clean portion of a wash cloth, rinse the vaginal area from front to back.
- 20) Pat dry.
- 21) Cover the exposed area.
- 22) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 23) Perform hand hygiene AFTER disposing of gloves.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 24) Put on gloves.
- 25) Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.)
- 26) Use a clean wash cloth with water and soap.
- 27) Clean from vagina to rectal area.**
- 28) Use a clean portion of the wash cloth with any stroke.
- 29) Use a clean wash cloth, rinse from vagina to rectal area.
- 30) Use a clean portion of a wash cloth with any stroke.
- 31) Pat dry.
- 32) Safely remove barrier from under buttocks.
- 33) Position resident (manikin) on her back.

- 34) Lower bed.
- 35) Dispose of soiled linen in designated laundry hamper.
- 36) Empty, rinse, dry and return equipment to storage.
- 37) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 38) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 39) Place call light or signaling device and water within easy reach of the resident.
- 40) Maintain respectful, courteous interpersonal interactions at all times.
- 41) Wash hands: Begin by wetting hands.
- 42) Wash hands: Apply soap to hands.**
- 43) Wash hands: Rub hands together using friction for at least 20 seconds with soap.**
- 44) Wash hands: Interlace fingers pointing downward with soap.
- 45) Wash hands: Wash all surfaces of hands with soap.**
- 46) Wash hands: Wash all surfaces of wrists with soap.
- 47) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 48) Wash hands: Dry hands on clean paper towel(s).**
- 49) Wash hands: Turn off faucet with a paper towel.**
- 50) Wash hands: Discard paper towels into trash container as used.
- 51) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.**

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

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.**
- 5) Assist resident in putting on non-skid footwear.
- 6) Adjust bed height to ensure resident's feet will be flat on the floor.
- 7) Assist resident to a sitting position.
- 8) Position wheelchair at the foot or head of the bed with the wheelchair arm/wheel touching the side of the bed.
- 9) Lock wheelchair brakes to ensure resident's safety.**
- 10) Properly place gait belt around the resident's waist to stabilize trunk.**
- 11) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 12) Grasp the gait belt with both hands.
- 13) Bring resident to a standing position using proper body mechanics.
- 14) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.**
- 15) Remove gait belt.
- 16) Place resident within easy reach of the call light or signaling device.

- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

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

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.**
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Position wheelchair at foot or head of bed with wheelchair arm/wheel touching the side of the bed.
- 7) Lock wheelchair brakes to ensure resident's safety.**
- 8) Properly place gait belt around the resident's waist to stabilize trunk.**
- 9) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and the resident.
- 10) Ensure the resident's feet are flat on the floor.
- 11) Ask resident to place hands on the wheelchair arm rests.
- 12) Grasp the gait belt with both hands.
- 13) Bring resident to standing position using proper body mechanics.
- 14) Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.**
- 15) Remove gait belt.
- 16) Remove resident's non-skid footwear.
- 17) Assist resident to lie down in the center of the bed.
- 18) Make sure resident is comfortable and in good body alignment.
- 19) Lower bed.
- 20) Place call light or signaling device with easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Position Resident on Side in Bed

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Position bed flat.
- 5) Raise bed height.

- 6) **Direct the RN Test Observer to stand on the side of the bed opposite working side of bed –or- raises side rail on side of the bed opposite working side of the bed to provide for safety.**
- 7) From the working side of the bed, move upper body, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 8) Assist/turn resident on his/her side.
- 9) Ensure that the resident's face never becomes obstructed by the pillow.
- 10) Check to be sure that resident is not lying on his/her downside arm.
- 11) Ensure resident is in correct body alignment.
- 12) **Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident's head.**
- 13) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident's upside arm.
- 14) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- behind the resident's back.
- 15) **Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- between the resident's knees.**
- 16) Leave resident in a position of comfort and safety.
- 17) Lower bed.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Range of Motion for the Hip and Knee

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Raise bed height.
- 4) Provide for privacy, pull privacy curtain.
- 5) Position resident supine (bed flat).
- 6) Position resident in good body alignment.
- 7) Place one hand under the knee.
- 8) Place the other hand under the ankle.
- 9) **Do not cause discomfort/pain anytime during ROM.**
- 10) ROM for hip: Move the entire leg away from the body.
 - a. abduction
- 11) Move the entire leg back toward the body.
 - a. adduction
- 12) Complete abduction and adduction of the hip at least three times.
- 13) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.

- 14) Bend the resident's knee and hip toward the resident's trunk.
 - a. flexion of hip and knee at the same time
- 15) Straighten the knee and hip.
 - a. extension of knee and hip at the same time
- 16) Complete flexion and extension of knee and hip at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) Candidate *must ask* at least once during the ROM exercise if there is/was any discomfort/pain.**
- 19) Leave resident in a comfortable position.
- 20) Lower bed.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Range of Motion for the Shoulder

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy.
- 4) Raise bed height.
- 5) Position resident supine (bed flat).
- 6) Position resident in good body alignment.
- 7) Place one hand under the elbow.
- 8) Place the other hand under the resident's wrist.
- 9) Do not cause discomfort/pain at any time during ROM.**
- 10) Raise resident's arm up and over the resident's head.
 - a. flexion
- 11) Bring the resident's arm back down to the resident's side.
 - a. extension
- 12) Complete flexion and extension of the shoulder at least three times.
- 13) Continue same support of for shoulder joints by placing one hand under the resident's elbow and one hand under the resident's wrist.
- 14) Move the resident's entire arm out away from the body.
 - a. abduction
- 15) Return the resident's arm to the resident's side.
 - a. adduction
- 16) Complete abduction and adduction of the shoulder at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) Candidate *must ask* at least once during the ROM exercise if there is/was any discomfort/pain.**
- 19) Leave resident in a comfortable position.
- 20) Lower bed.

- 21) Place call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Vital Signs – Blood Pressure

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to resident.
- 3) Provide for privacy - pull privacy curtain.
- 4) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 5) Roll resident's sleeve up about 5 inches above the elbow.
- 6) Apply the cuff around the upper arm just above the elbow and line cuff arrows up with brachial artery.**
- 7) Clean earpieces of stethoscope appropriately and place in ears.
- 8) Clean diaphragm of the stethoscope.
- 9) Place stethoscope over brachial artery.**
- 10) Hold stethoscope snugly in place.
- 11) Slowly release air from cuff to disappearance of pulsations.
- 12) Remove cuff.
- 13) Record reading on the previously signed recording form.
- 14) Candidate's recorded systolic blood pressure is within 6mmHg of the RN Test Observer's recorded systolic blood pressure.**
- 15) Candidate's recorded diastolic blood pressure is within 6mmHg of the RN Test Observer's recorded diastolic blood pressure.**
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Vital Signs - Pulse and Respirations

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to resident.
- 3) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 4) Count pulse for a full minute (60 seconds).
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.

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- 5) Count respirations for a full minute (60 seconds).
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting
- 6) Record pulse rate on the previously signed recording form.
- 7) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 8) Record respirations on the previously signed recording form.
- 9) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 10) Place call light or signaling device within easy reach of the resident.
- 11) Maintain respectful, courteous interpersonal interactions at all times.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Knowledge Test Vocabulary List

abandonment	ambulation	bed making
abdominal thrust	amputees	bedrails
abductor wedge	anemia	bedrest
abnormal vital signs	angina	behavior
abuse	anterior	beliefs
accidents	antibiotics	biohazard
accountable	anti-embolitic stocking	bladder training
activities	antisepsis	bleeding
acute	anxiety	blindness
adaptive	aphasia	blood pressure
adaptive devices	apical	body alignment
adaptive equipment	apnea	body fluid
adduction	arthritis	body language
ADL	aspiration	body mechanics
admission	assault	body system
admitting resident	assistive device	body temperature
advance directives	atrophy	bone loss
afebrile	autoclave	bowel program
affected side	axillary temperature	brain stem
aging process	bacteria	breathing
agitation	basic needs	brittle bones
AIDS	bathing	burnout
Alzheimer's	bed height	call light

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cancer	conflict	disinfection
cardiac arrest	conflict resolution	disoriented
cardiopulmonary resuscitation	confused resident	disposing of contaminated materials
cardiovascular system	congestive heart failure	disrespect
care impaired	constipation	dizziness
care plan	contamination	DNR
care planning	contracture	documentation
cast	converting measures	domestic abuse
cataract	COPD	dorsiflexion
catheter	coughing excessively	draw/lift
catheter care	culture	dressing
cc's in an ounce	CVA	droplets
central nervous system	cyanotic	dying
chain of command	dangling	dysphagia
charge nurse	death and dying	dyspnea
chemical disinfection	decubitus ulcer	dysuria
chemical restraint	de-escalation	edema
chemotherapy	dehydration	elastic stockings
choking	delegation	elderly
chronic	demanding resident	elimination
circulation	dementia	elopement
circulatory system	denture care	emesis
cleaning	dentures	emesis basin
cleaning spills	dependability	emotional abuse
clear liquid diet	depression	emotional needs
clergy	dermatitis	emotional support
cognitively impaired	development	empathy
cold pack	developmental disability	emphysema
colostomy	diabetes	enema
colostomy care	diaphragm	epilepsy
coma	diet	essential behaviors
combative resident	diets	ethics
communicable	digestion	eye glasses
communication	dilate	falls
competency evaluation	dirty linen	fecal impaction
conduct	disease	feces
confidentiality	disease process	

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feeding	HIPAA	log roll
fire	HIV	log rolling
fire safety	holistic care	loose teeth
first aid	hormones	male perineal care
flatus	hospice	Maslow
Foley catheter	hyperglycemia	masturbation
foot board	hypertension	measuring height
foot care	hyperventilation	measuring temperature
foot drop	I&O	mechanical lift
Fowler's	immobility	medical asepsis
fracture pan	impaired	medical record
fractures	impairment	medications
fraud	incontinence	memory loss
frayed cord	indwelling catheter	mental health
gait belt	infection	mentally impaired
gastric feedings	infection control	microorganism
gastrostomy tube	infection prevention	minerals
geriatrics	in-house transfer	mistakes
gerontology	initial observations	mobility
gestures	in-service programs	mouth care
gifts	insomnia	moving
gloves	intake	MSDS
grieving process	intake and output	musculoskeletal
group settings	integumentary system	NA role
hand care	interpersonal skills	nail care
hand tremors	invasion of privacy	nasal cannula
hand washing	isolation	neglect
health-care team	isolation precautions	non-contagious disease
hearing aid	jaundice	non-verbal communication
hearing impaired	job application	NPO
hearing loss	job description	nursing assistant's role
heart attack	lactose intolerance	nutrition
heart muscle	laxatives	objective
Heimlich maneuver	life support	objective data
helping residents	lift/draw sheet	OBRA
hemiplegia	linen	occupied bed
hip prosthesis	living will	ombudsman

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oral care	prostate gland	respiratory symptoms
oral hygiene	prosthesis	respiratory system
oral temperature	psychological needs	responsibility
orientation	PTSD	restorative care
osteoporosis	pulse	restraint
output	pureed diet	resuscitation
oxygen	quadriplegia	rights
oxygen use	quality of life	rigor mortis
palliative care	RACE (acronym)	risk factor
paralysis	radial	role
paranoia	range of motion	rotation
Parkinson's	reality orientation	safety
passive	rectal	safety procedures
pathogen	refusal	saliva
patience	regulation	sanitizer
perineal care	rehabilitation	scale
peristalsis	religious service	seclusion
personal care	reminiscence therapy	secretions
personal items	reminiscing	seizure
personal protective equipment	renewal	self-esteem
personal values	reporting	Semi-Fowlers
pet therapy	reposition	sensory system
phone etiquette	resident abuse	sexual abuse
physical needs	resident belongings	sexual harassment
physical therapist	resident independence	sexual needs
physician's authority	resident pain	sharing information
plaque	resident pictures	Sharp's container
plate rim	resident right	shaving
podiatrist	resident treatment	shearing
positioning	resident trust	side rails
PPE	residents	skin observation
precautions	Resident's Bill of Rights	slander
pressure ulcer	resident's chart	smoking
preventing falls	resident's environment	social needs
privacy	resident's families	social worker
progressive	respectful treatment	specimen
pronation	respiration	spills

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spiritual needs	thrombus	unconscious
stages of grief	TIA	UTI
standard precautions	tips	vaginal drainage
state tested	toenails	varicose veins
stealing	trachea	vision change
stereotypes	transfer belt	vital signs
stethoscope	transfers	vitamins
stress	transporting	vocabulary
stroke	transporting food	vomitus
subjective data	transporting linens	walker
sundowning	tub bath	wandering resident
supine	twice daily	water faucets
supplemental feedings	tympanic	water pitcher
survey	tympanic temperature	weakness
swelling	unsteady	weighing
tachycardia	urethral	weight
TED hose	urinary catheter bag	well-being
temperature	urinary elimination	wheelchair safety
tendons	urinary system	white blood cells
terminal illness	urinary tract	withdrawn resident
terminology	urination	
thick fluid	urine	
threatening resident	unaffected	

Notes:
