WISCONSIN

NURSE AIDE CANDIDATE HANDBOOK

EFFECTIVE MARCH 1ST, 2020

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Table of Contents

Introduction 3
Registry 4
Registry Maintenance 4
Registry Renewal 4
Nurse Aide / Medication Aide Registry Status 5
Registry Reciprocity / Out-of-State Transfers 6
Out-of-State Process 6
Out-of-State Eligibility – Active Certification 7
Out-of-State Eligibility – Inactive Certification 8
Student Nurse / Graduate Nurse Training 8
Requirements 8
Caregiver Program 9
Caregiver Background Check 9
Rehabilitation Review 9
Caregiver Misconduct Registry 9
Work Limitations 10
Americans with Disabilities Act (ADA) 10
ADA Compliance 10
The Wisconsin Nurse Aide Competency Exam 10
Schedule an Exam 10
Payment Information 11
Test Day 12
Testing Attire 12
Identification 12
Instructions for the Knowledge and Skill Tests 13
Testing Policies 13
Security 14
Reschedule / Cancellation / No Show Policies 14
Reschedule 14
Cancellations 14
No Shows 15
No Show Exceptions 15
Inclement Weather Policy 15
Test Results 15
Retaking the Nurse Aide Test 16
Test Result Review Requests 16

The Knowledge/Oral Test 16
Knowledge Test *17*
Knowledge Practice Test *17*
Skills Demonstration Test 18
Skill Test Tasks *18*
Skill Tasks Listing *18*
Ambulation with Gait Belt 19
Apply an Anti- embolic Stocking to One Leg 19
Bedpan and Output with Hand Washing Required 20
Bed Bath – Whole Face and One Arm, Hand and Underarm 21
Catheter Care with Hand Washing Required 22
Denture Care 22
Dressing Bedridden Resident 23
Feeding the Dependent Resident 23
Foot Care One Foot 24
Isolation Gown and Gloves and Empty Urinary Bag with Hand Washing Required 25
Mouth Care – Brushing Teeth 26
Perineal Care Female with Hand Washing Required 27
Positioning Resident on Side 28
Pulse and Respirations 28
Stand and Pivot Transfer a Weight Bearing Resident from Bed to Wheelchair Using a Gait Belt 29
Range of Motion Hip & Knee 29
Range of Motion Shoulder 30
Weighing an Ambulatory Resident 31
Knowledge Test Vocabulary List 31
Notes 36

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

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide (NA) 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.

There are two parts to the nurse aide competency examination; a multiple-choice knowledge test, and a skill test. Candidates must successfully complete an approved Wisconsin Nurse Aide training program, pass both parts of the exam and meet all requirements of the Wisconsin Department of Health Services (DHS) to be listed on the Wisconsin Nurse Aide Registry (WNAR).

Wisconsin has approved D&S Diversified Technologies LLP (D&SDT) dba HEADMASTER LLP to provide testing and scoring services for the nurse aide competency exam and to maintain the Wisconsin Nurse Aide Registry. Contact D&SDT-HEADMASTER toll free at 888-401-0462 for questions related to testing and scoring services or 888-401-0465 for questions related to the WNAR. Additional information is available at hdmaster.com.

This handbook is designed to provide information related to testing and registry services in Wisconsin and help you prepare for the Wisconsin nurse aide competency examination or renew your current NA certification.

Registry

The Wisconsin Nurse Aide Registry (WNAR) lists the names of nurse aides who, through training, testing and experience, meet federal and/or state requirements to work as a nurse aide in Wisconsin. The Registry lists the type of regulated facilities that a nurse aide is eligible to work in and indicates any special certifications held by a nurse aide. Additionally, the Registry includes substantiated findings of caregiver abuse, neglect, misappropriation of client property, or exploitation involving a caregiver at a DHS regulated facility.

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 WNAR. Review the Nurse Aide Competency Exam section below to help prepare for the exam.

Registry Maintenance

Once placed on the WNAR, it is your responsibility to maintain your demographic information so that renewal notifications/alerts can be delivered to you in a timely manner. This is done by logging into your TMU© account at wi.tmuniverse.com. Your email address is your default username. If you're new to the system or have forgotten your password, click <*Forgot Your Password?*>. A valid email address will be sent a link to follow and reset/create a password. 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.

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, faxed, or mailed to D&SDT-HEADMASTER PO Box 418, Findlay, OH 45839-0418.

Registry Renewal

To maintain eligibility to work in a federally certified facility (Medicare and/or Medicaid certified), you must renew your federal eligibility every 24 months. To be eligible to renew, you must work for pay as a nurse aide in a health care setting such as a nursing home, hospital, or home health agency for at least eight (8) hours during the previous 24 months. Paid work hours must be completed under supervision of a registered nurse or licensed practical nurse. Please note, self-employment, private-duty experience, or work in an assisted living facility is not recognized as work experience eligible to maintain federal eligibility.

To renew your eligibility, you will login to TMU© at wi.tmuniverse.com and list your work hours and where you were employed. An email verification link will be sent to the employer contact on record. When the employer verifies your listed work experience, your federal eligibility will be extended an additional 24 months. Please note, out of state employers are not listed in TMU© but may still be eligible to renew certification. Your employer should contact DHS at WIDQA_NATCEP@wi.gov to confirm work as a nurse aide for pay. DHS will review to determine if it meets Wisconsin's requirements and extend federal eligibility accordingly.

Working in a hospital or a State licensed facility only (not federally certified Medicare and/or Medicaid provider) does not require you to report your employment history. This means that your federal eligibility to work in a federally certified facility will lapse, but you still may work in a State licensed facility and be listed on the WNAR as State certified only. Hospitals or State licensed facilities may request that nurse aides report their employment history to maintain federal eligibility by logging into TMU© at wi.tmuniverse.com for verification of work hours through TMU© employer verification link.

Under federal regulations, a nurse aide becomes ineligible for employment in a federally certified (Medicare and/or Medicaid certified) nursing home, home health agency or hospice 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 re-establish federal employment eligibility on the WNAR, you must successfully pass both components of the approved Wisconsin nurse aide competency examination. **Contact D&SDT-HEADMASTER for authorization to schedule the competency test to regain federal employment eligibility status**.

Nurse Aide / Medication Aide Registry Status

The Wisconsin Department of Health Services includes both nurse aides (NA) and medication aides (MA) on the WNAR.

Nurse Aide: Upon completing a DHS approved nurse aide training program and successfully passing the required knowledge and skill exams or completing an alternate DHS approved route, individuals will be listed on the WNAR at wi.tmuniverse.com. A newly trained nurse aide candidate must successfully pass both the knowledge and skill exams within one (1) year of successfully completing a training program.

Medication Aide: A nurse aide in good standing on the WNAR who provides direct nursing related duties and has completed a Wisconsin-approved medication aide course may administer certain medications in long-term care facilities. To be eligible to complete a medication aide course and be listed on the WNAR as a MA, a nurse aide must:

- Be at least eighteen (18) years of age;
- Have a high school diploma, High School Equivalency Diploma (HSED), or a General Education Diploma (GED);
- Be listed on the Nurse Aide Registry, with current eligibility to work in federally certified facilities;
- Have at least 2000 hours experience in direct patient care in the past three (3) years;
- Have worked a minimum of forty (40) hours, within the last ninety (90) days or by the time the course clinical experience begins, caring for the same residents the student will be working with during the medication aide clinical experience;
- Be recommended in writing by the director of nursing and the administrator of the agency in which the student will be working during clinical experience; and
- Be recommended in writing by two (2) licensed charge nurses, one of whom must be a registered nurse.

If you successfully complete an approved medication aide course, your training program will assist you in submitting a Medication Aide Registry Application. Your medication aide status will be added to your record on the WNAR.

Training Exemptions: You may be exempt from taking a medication aide course if you are one of the following:

- Current nursing student who has successfully completed a pharmacology course;
- Graduate nurse who does not hold a license; or
- Nurse aide who has been a medication aide in a nursing home in another state and has taken a medication aide training course that is determined to be equivalent to the Wisconsin-approved medication aide training course.

If you are one of the above, and you wish to become a medication aide for a nursing home, you must complete a Challenge Examination Application for Nurse Aides/Medication Aide available at dhs.wisconsin.gov/regulations/nh/medaides-requirements.htm and mail it to:

Wisconsin Department of Health Services
Division of Quality Assurance

Attn: Pharmacy Consultant
PO Box 2969
Madison WI 53701-2969

After your application is received and reviewed, you will be informed of your eligibility to challenge test out of the Wisconsin medication aide course. The minimum passing score for the Medication Aide Challenge Examination is 85%. For questions regarding medication aides or to obtain a list of organizations that offer an approved skilled nursing medication aide course, see dhs.wisconsin.gov/regulations/nh/medaides-requirements.htm

Registry Reciprocity / Out-of-State Transfers

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

Out-of-State Process

There are multiple methods by which you may be eligible for placement on the WNAR via the Out-of-State registry process. In any case, you must be current and in good standing on a nurse aide registry in a state other than Wisconsin to be considered.

To apply for placement on the WNAR, you must complete an Out-of-State application. You may obtain an Out-of-State application on D&SDT-HEADMASTER'S website at hdmaster.com or calling D&SDT-HEADMASTER at 888-401-0465. It is recommended that all out-of-state candidates apply as far in advance as possible, as multiple state agencies must verify and process your application.

Individuals transferring from Arizona, California, Colorado, District of Columbia, Florida, Illinois, Louisiana, Mississippi, Missouri, North Carolina, North Dakota, Pennsylvania, or Tennessee should mail your:

1. completed Out-of-State application and
2. certificate/diploma from a basic nurse aide course that includes the date of completion, or a transcript or letter (must be on letterhead) from the training program verifying the number of hours of nurse aide training received to:

   Wisconsin Department of Health Services
   Division of Quality Assurance
   Attn: Nurse Aide Training Consultant
   PO Box 2969
   Madison, WI 53701-2969

Individuals transferring from all other states (*not listed above*) must mail completed applications to the state they received their initial basic nurse aide training from. A complete list of State Nurse Aide Registries is available at: ncsbn.org/Directory_of_Nurse_Aide_Registries.pdf.

Once your completed application has been received, DHS staff will start your TMU© informational record. **You must have a valid email address** in order to receive a user name and temporary password so you can login to TMU© to complete the reciprocity process. Once you receive an email regarding your application, you must login to TMU© at wi.tmuniverse.com and change your password to one of your choosing. **Remember it.** You will then be required to finish entering your demographic information. Any personal information entered into TMU© will only be used to determine whether you can work as a nurse aide in Wisconsin. Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the WNAR.

Out-of-State Eligibility – Active Certification

1. If you are a nurse aide candidate from another state who has completed a training program of 120 hours, which included 32 hours of clinical, and you have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination within one (1) year training completion, your name will be placed on the WNAR. You must have a valid email address in order to receive a username and temporary password. Once you have received your username and password you must log into TMU© at wi.tmuniverse.com to complete the transfer process.

2. If you are a nurse aide candidate from another state who has completed a training program of 120 hours, which included 32 hours of clinical, and you successfully completed a nurse aide competency exam **but the exam is not the same or substantially similar** to the Wisconsin competency examination, you will be required to successfully complete the Wisconsin examination within one (1) year of receiving approval to test. You must have a valid email address in order to receive a username and temporary password. Once you have received your username and password you must log into TMU© at wi.tmuniverse.com to pick a test event and location of your choice. Upon passing the applicable exam, your name will be placed on the WNAR.

3. If you are a nurse aide candidate from another state who has completed a training program of 120 hours, which included 32 hours of clinical, but you have **not tested and are within a year of completing your training program**; you will be required to successfully complete the Wisconsin competency examination. You must have a valid email address in order to receive a user name and temporary password. Once you have received your username and password you must log into TMU© at wi.tmuniverse.com to pick a test event and location of your choice. Upon passing the knowledge and skills exams, your name will be placed on the WNAR.

   If you are a nurse aide candidate from another state who has completed a training program of 120 hours, which included 32 hours of clinical, you have **not tested, and are past one year of completing your training program**, you will be denied and required to successfully complete an approved DHS training program and successfully complete the Wisconsin competency examination.

4. If you are a nurse aide candidate from another state who has completed a training program of less than 120 hours, but at a minimum, 75 hours and you have been employed as a nurse aide for a minimum of 2088 hours in the previous 24 months, you will receive Employment Verification forms that must be completed by your employer(s). The completed, **notarized** forms must be returned to DHS in order to proceed with your application:

   Wisconsin Department of Health Services
   Division of Quality Assurance
   Attn: Nurse Aide Training Consultant
   PO Box 2969
   Madison, WI 53701-2969

   If your employer(s) verify a minimum of 2088 hours of employment as a nurse aide, and you have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination within one (1) year of completing your training program, your name may be placed on the WNAR. You must have a valid email address in order to receive a username and temporary password. Once you have received your username and password, you must log into TMU© at wi.tmuniverse.com to complete the transfer process.

5. If you are a nurse aide candidate from another state who has completed a training program of less than 120 hours, but at a minimum, 75 hours, and you have been employed as a nurse aide for a minimum of 2088 hours in the previous 24 months but have not successfully completed a nurse aide competency exam that is the same or substantially similar to the Wisconsin examination, you will be required to successfully complete the Wisconsin competency examination within one (1) year of receiving approval to test. You must have a valid email address in order to receive a user name and temporary password. Once you have received your username and password you must log into TMU© at wi.tmuniverse.com to pick a test event and location of your choosing. Upon passing both the knowledge and skills exams your name will be placed on the WNAR.

Out-of-State Eligibility – Inactive Certification

If you are a nurse aide currently listed on another state's Registry, but have an Inactive status, and have completed an approved nurse aide training program of at least 120 hours with at least 32 hours of clinical training in another state, you must successfully pass the Wisconsin competency exam in order to be eligible for placement on the WNAR. To apply for placement on the WNAR, you must complete an Out-of-State application. You may obtain an Out-of-State application on at hdmaster.com or by calling D&SDT-HEADMASTER at 888-401-0465. It is recommended that all out-of-state candidates apply as far in advance as possible, as multiple state agencies must verify and process your application.

If you have questions regarding your Out-of-State registry status, please contact DHS, Division of Quality Assurance Nurse Aide Training Consultant at 608-261-8319.

If you have questions about the WNAR, please call D&SDT-HEADMASTER staff at 888-401-0465.

Student Nurse / Graduate Nurse Training

Requirements

A Student Nurse (SN) currently enrolled in a state-approved nursing education program preparing for registered nurse or practical nurse licensure, or a Graduate Nurse (GN) who has completed a state-approved nursing education program who has not taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN*) or Practical Nurses (NCLEX-PN*) must submit an original transcript and a Student/Graduate Nurse Verification form verifying he/she has met all training requirements for a nurse aide program.

The verification form must first be sent to DHS for approval at:

Wisconsin Department of Health Services
Division of Quality Assurance
Attn: Nurse Aide Training Consultant
PO Box 2969
Madison, WI 53701-2969

You will be required to successfully complete the Wisconsin competency examination. You must have a valid email address in order to receive a username and temporary password. Once you have received your user name and password from DHS you must log into TMU© wi.tmuniverse.com to pick a test event and location of your choosing. Upon passing both the knowledge and skills exams your name will be placed on the WNAR.

A GN who has completed a state-approved nursing education program who has not taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN*) or Practical Nurses (NCLEX-PN*) must submit an original transcript and a Student/Graduate Nurse Verification form verifying he/she has met all training

requirements for a nurse aide program. SN/GN Verification Form is available at the Wisconsin webpage at hdmaster.com.

A GN who has taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN*) or Practical Nurses (NCLEX-PN*) and failed, must submit a copy of the letter from the State Board of Nursing verifying you failed the NCLEX and a Student/Graduate Nurse Verification form verifying he/she has met all training requirements for a nurse aide program.

The verification form must first be sent to DHS for approval at:

Wisconsin Department of Health Services
Division of Quality Assurance
Attn: Nurse Aide Training Consultant
PO Box 2969
Madison, WI 53701-2969

You will be required to successfully complete the Wisconsin competency examination. You must have a valid email address in order to receive a user name and temporary password. Once you have received your username and password, you must log into TMU© at wi.tmuniverse.com to pick a test event and location of your choosing. Upon passing both the knowledge and skills exams your name will be placed on the WNAR.

Caregiver Program

Wisconsin's Caregiver Program responds to concerns about potential physical, emotional and financial abuse and neglect of vulnerable citizens by caregivers in health care settings. The program applies to all caregivers, including nurse aides, who have access to residents/clients and work in facilities regulated by the Department of Health Services. The program provisions include:

Caregiver Background Check

Facilities must complete a caregiver background check for employees who have access to and are responsible for the safety and security of vulnerable residents/clients and their property. Caregivers with convictions of serious crimes or a history of improper behavior may be barred from working in facilities regulated by the Department of Health Services.

Rehabilitation Review

Caregivers who have been convicted of serious crimes or have a finding of misconduct entered on the Caregiver Misconduct Registry may request a Rehabilitation Review to give clear evidence that a repeat of the conduct that led to their conviction is not likely. A Rehabilitation Review Application may be filed with DHS at any time. You may obtain this application and other caregiver misconduct information at the Department's website at dhs.wisconsin.gov/caregiver/misconduct.htm or by contacting the Department's Office of Legal Counsel at 608-266-8428. The Rehabilitation Review panel reviews the caregiver's application and other personal and professional information. Caregivers are encouraged to meet with the Rehabilitation Review panel to answer any questions. The panel will issue a decision based on the evidence of the caregiver's ability to safely work in state regulated facilities.

Caregiver Misconduct Registry

The Department keeps a record of nurse aides and other caregivers who have a substantiated finding of misconduct on the Caregiver Misconduct Registry. Misconduct includes abuse, neglect or exploitation of a

resident/client or misappropriation of a residents/client's property, as defined under Ch. DHS 13 of the Wisconsin Administrative Code. Examples include, but are not limited to:

- physical abuse: hitting, slapping, pinching, and kicking to intentionally cause harm;
- sexual abuse: harassment, inappropriate touching, or assault;
- verbal abuse: threats of harm, saying things to intentionally frighten a resident/client;
- mental abuse: humiliation, harassment, intimidation with threats of punishment or depriving a resident/client of care or possessions;
- neglect: intentional conduct of withholding care, failure to carry out a plan of care that could reasonably be expected to cause pain, injury or death of a resident/client;
- misappropriation of property: theft of money, credit cards or jewelry, misuse of property, such as using a residents/client's phone or other personal items without consent; and
- exploitation: taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

For more information: visit dhs.wisconsin.gov/caregiver/misconduct.htm

Work Limitations

Under federal regulations, nurse aides with a finding of misconduct are permanently barred from working in federally certified nursing homes and, in certain situations, may be barred from working in federally certified intermediate care facilities for individuals with intellectual disabilities (ICFs/IIDs). State regulations bar all caregivers with a finding of misconduct from working in facilities regulated by DHS, unless approved under the Rehabilitation Review process.

Americans with Disabilities Act (ADA)

ADA Compliance

D&SDT-HEADMASTER certifies that it complies with the provisions of the Americans with Disability Act (42 U.S.C. 12101 et seq.). A nurse aide candidate who has a disability may request special arrangements for testing. This request should be made as soon as it is known that a special accommodation will be needed, and **before** a candidate applies for testing. Accommodations must be approved by D&SDT-HEADMASTER and DHS and cannot change the examination in any way. The request for ADA Accommodation Form 1404WI is available on the Wisconsin page of the D&SDT-HEADMASTER website at hdmaster.com. This form must be submitted to D&SDT-HEADMASTER. The signed copy with documentation attachments must be emailed to hdmastereast@hdmaster.com, faxed to 406-442-3357 or mailed to D&SDT-HEADMASTER, PO Box 418, Findlay, OH 45839-0418. All required documentation listed on the second page of the ADA application must be included. When you are scheduling to take your exam, please make sure you or your training program has submitted the ADA Accommodation Form(s) to our staff far enough in advance to not delay testing with your classmates. Please note that you do not need ADA approval to take the Oral examination.

The Wisconsin Nurse Aide Competency Exam

Schedule an Exam

In order to schedule the Wisconsin competency examination, candidates must have successfully completed a DHS approved nurse aide training program or have DHS issued approval to test letter. All nurse aide candidates must be registered with D&SDT-HEADMASTER by their training program or alternate registration route in the TestMaster Universe (TMU©) software at wi.tmuniverse.com. Your demographic registration information will be placed on the WNAR accessible at wi.tmuniverse.com upon passing both portions of the NA exam or via an alternate eligibility route.

Your training program will enter your initial TMU© registration information online. You must login to wi.tmuniverse.com and complete your demographic information. Your training program instructor will verify the name entered into TMU© against the identification you will present when you sign in at a test event. Your ID must be a non-foreign government issued, signed, unexpired photo bearing ID. You will receive a verification form during your training to sign, attesting to the fact that there is an exact match. If you discover your ID name doesn't match your name as listed in TMU©, please call D&SDT-HEADMASTER at 888-401-0462. Once your instructor or training program enters the date you successfully complete training into TMU©, you may schedule your exam date online at wi.tmuniverse.com. On the main screen, select Test Event/Reschedule. Login with your secure username and password provided to you by your training program. If you do not know your username and password, enter your email as username and click <Forgot Your Password?>. This will give you an opportunity to reset your password and then login. If you are unable to login for any reason contact D&SDT-HEADMASTER staff by calling 888-401-0462.

If you have a DHS issued approval to test letter, you will also receive a username and password via email or text. Once you have received this notification, you must log into TMU© at wi.tmuinverse.com, complete your demographic information and select a test event and location and pay for your test.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program where you trained has already scheduled your test. Regional test seats are open to all candidates. Regional test dates and seats are posted in the dynamic test scheduler in TMU©. Login to the system at wi.tmuniverse.com, using your username and password. You follow the link from the Wisconsin NA page of our public website at hdmaster.com or from the DHS web site at dhs.wisconsin.gov/caregiver/nurse-aide/natd-registry.htm. Read important notes that may be on the screen.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule up to 3 business days prior to a scheduled test date of your choice and receive your test confirmation notification online, via text or email, 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 on the same day. To change or reschedule your test date, login to TMU© at wi.tmuniverse.com to update no less than 3 business days before your scheduled test date.

Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation notice on the screen at the time they are scheduled online. Candidates can also view their confirmation notice any time by logging into their TMU© account at wi.tmuniverse.com. **D&SDT-HEADMASTER does not send postal mail test confirmation letters to candidates.**

You must schedule and pass a test **within one year of your date of training program completion.** After one year, you must complete another DHS approved training program in order to be eligible to schedule testing.

If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at 888-401-0462.

Payment Information

- Money Orders, Cashier's Checks and Facility Checks are accepted on behalf of candidates
- MasterCard or Visa payments are accepted from both candidates and facilities

Exam Description	Price
Knowledge and Demonstration/Skills	$ 125
Oral and Demonstration/Skills	$ 130

Knowledge Only	$32
Oral Only	$37
Demonstration/Skills Only	$93

Please note, personal checks or cash ARE NOT accepted from candidates.

Test Day

You should arrive at your confirmed test site fifteen to twenty (15-20) minutes before your test is scheduled to start.(For example: if your test start time is 8:00 AM, you will need to be at the test site for check-in no later than 7:45 AM)

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. Artificial nails are not allowed while testing. This includes, but is not limited to, extenders, bondings, acrylic tips, appliqués, wrapping, tapes, gels, fiber, or nail jewelry including glued or pierced. Natural fingernails should be short and well-kept and no longer than ¼ inch in length. Visible tattoos and or body art must be covered to the greatest extent possible. Body piercings that are not covered by scrubs are not acceptable and must be removed or covered. Ear Gauges are not acceptable and must be replaced by flesh or clear plugs.

Before entering the skill test room, large jewelry or accessories, smart watches, fitness monitors, and any wireless communication such as blue tooth earrings, eyeglasses and the like will be required to be removed.

Please note: You will not be admitted for testing if you are not wearing scrubs attire and appropriate shoes. This is considered a NO SHOW and you will have to pay for another test and date.

Identification

You must bring a **NON-FOREIGN GOVERNMENT ISSUED, SIGNED, UNEXPIRED, PHOTO BEARING ID**. Examples of the forms of US government issued, photo ID's that are acceptable are:

- State or Other United States Government Issued Driver's License
- State Identification Card that meets all identification criteria
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
- Alien Registration Card
- Tribal Identification Card that meets all identification criteria
- Work Authorization Card
- Military ID that meets all identification criteria

The **FIRST** and **LAST** names listed on the ID 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 WI nurse aide database by your training program. You may call D&SDT-HEADMASTER at 888-401-0462 to confirm that your name of record matches your non-foreign government issued ID, or log in at wi.tmuniverse.com using your personal username and password to check on or change your demographic information.

It is recommended that you print out, read and bring your test confirmation notice with you on your test day, although it is not required for test admission.

Please note: You will not be admitted for testing if you do not bring proper identification. Be sure your identification is not expired. Check to be positive that both your FIRST and LAST printed names on your identification card match your current name of record in TMU©. In the case where names do not match, this is considered a NO SHOW and you will have to reschedule and pay for another test and date.

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 version is also available anytime from your smart phone via the link on D&SDT-HEADMASTER's Wisconsin website at hdmaster.com. These instructions detail the process and what you can expect during your exams. 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 site. The RN Observer or 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 for up to four (4) hours.
- If you do not bring appropriate non-foreign government issued ID that is unexpired with your picture and your signature, you will not be admitted to the test and any test fees paid will not be refunded.
- If your FIRST and LAST printed names on your username do not match your current TMU© name of record, you will not be admitted to the test and any test fees paid will not be refunded.
- If you arrive late for your confirmed test, you will not be admitted to the test and any test fees paid will not be refunded.
- If you do not wear scrubs with appropriate shoes (waived if testing at one of the four DHS facilities) and conform to all testing polices, you will not be admitted to the test and any test fees paid will not be refunded.
- If you NO SHOW for your testing day, any test fees paid will not be refunded. You must login to TMU© using your username and password to schedule another test date.
- Cell phones, smart watches, fitness monitors, electronic recording 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 to be collected when you complete your test(s). All electronic devices must be **turned off**. Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. 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.
- No translation dictionaries are allowed, either paper format or electronic.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink or smoke during the test.
- You are not allowed to leave a testing room (knowledge test room or skills lab) once your test has started ***for any reason***. If you do leave during your test event, you will not be allowed back into the testing room to finish your test. Any test fees paid will not be refunded.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct, or attempting to take any notes or testing materials from the testing room, you will be dismissed from the test and reported to DHS.
- No visitors, guests, pets (including companion animals) or children are allowed.

- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-HEADMASTER 888-401-0462 immediately if you are on doctor's orders. You must fax a doctor's order **within 3 business days** of your scheduled testing day to qualify for a reschedule with no rescheduling fee. **Note:** The calculation of 3 business days includes the day of your test day.

Security

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to DHS and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure, and you will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from DHS 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, etc.), 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. You will be considered a No Show status and your name will be reported to DHS and you may need to obtain permission from DHS in order to be eligible to test again.

Reschedule / Cancellation / No Show Policies

Reschedule

You may reschedule your test event online, at no additional cost, up to three (3) business days before your scheduled test event. Reschedule your test event online in your record in TMU© at wi.tmuniverse.com.

For example, to reschedule at no additional cost:

- If scheduled test is Monday, you need to reschedule by 7:00 PM (CST) the previous Thursday.
- If scheduled test is Tuesday, you need to reschedule by 7:00 PM (CST) the previous Friday.
- If scheduled test is Wednesday, you need to reschedule by 1:00 PM (CST) the previous Saturday.
- If scheduled test is Thursday, you need to reschedule by 7:00 PM (CST) the previous Monday.
- If scheduled test is Friday, you need to reschedule by 7:00 PM (CST) the previous Tuesday.
- If scheduled test is Saturday/Sunday, you need to reschedule by 7:00 PM (CST) the previous Wednesday.

Cancellations

If you change your mind and do not wish to test or if you are unable to schedule a test date prior to your training expiration date you may request a refund. A cancellation request must be made in writing. If you cancel more than seven (7) days in advance of your scheduled test event, all fees will be refunded to the remitter of record. Requests made after seven (7) days before and up to two (2) business days preceding a scheduled test day will qualify for a full refund of any testing fees paid minus a $30 cancellation fee. Sundays and holidays are not considered business days. Written requests for cancellations can be faxed to 406-442-3357 or emailed to hdmaster@hdmaster.com.

For example, to cancel a test and receive a refund when approaching the two (2) business day window:

- If scheduled test is Monday, you need to cancel by 7:00 PM (CST) the previous Friday.
- If scheduled test is Tuesday, you need to cancel by 1:00 PM (CST) the previous Saturday.
- If scheduled test is Wednesday, you need to cancel by 7:00 PM (CST) the previous Monday.
- If scheduled test is Thursday, you need to cancel by 7:00 PM (CST) the previous Tuesday.

- If scheduled test is Friday, you need to cancel by 7:00 PM (CST) the previous Wednesday.
- If scheduled test is Saturday/Sunday, you need to cancel by 7:00 PM (CST) the previous Thursday.

No Shows

If you are scheduled for a test component and do not show up without prior notification at least two (2) business days prior to your scheduled test event 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 costs incurred for services requested and resulting work that is performed. If you do not reschedule or submit a written cancellation request (see timeline above) prior to test event, a No Show status will exist. You then must log into TMU© at wi.tmuniverse.com, re-pay and re-schedule into a new test event of your choice.

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, test fees will be refunded to the remitter of record or a free reschedule will be authorized **with appropriate documentation provided**.

- **Car Breakdown**: D&SDT-HEADMASTER must be contacted via phone call, fax, or email within one (1) business day of the breakdown. A tow bill or other appropriate documentation must be submitted within two (2) business days of the missed test event. If proof is not received within the two (2) business day time frame, your No Show status will stand, all fees paid will be forfeited and you must submit a new testing fee to be scheduled into a new test event.
- **Medical Emergency**: D&SDT-HEADMASTER must be contacted via phone call, fax or email within one (1) business day. A doctor's note must be submitted within five (5) business days of the missed test event. If proof is not received within the five (5) business day time frame, your No Show status will stand, all fees paid will be forfeited and you must submit a new testing fee to be scheduled into a new test event.
- **Death in the Family**: D&SDT-HEADMASTER must be contacted and an obituary must be submitted within ten (10) business days of the missed test event. This applies for ***immediate*** family members only. If proof is not received within the ten (10) business day time frame, your No Show status will stand, all fees paid will be forfeited and you must submit a new testing fee to be scheduled into a new test event.

Inclement Weather Policy

If an exam date is cancelled due to inclement weather or other unforeseen circumstances, D&SDT-HEADMASTER staff will make every effort to contact you using the contact information you have listed in TMU©. Please make sure you keep your contact information up to date. D&SDT-HEADMASTER will reschedule you, for no charge, to a mutually agreed upon new test event.

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 are available to you the next business day after your test event. You may check your test results on-line by going to wi.tmuniverse.com, and logging in with your username and password. Upon successful completion of both components of the competency exam, your name will be placed on the WNAR. You may print a hard copy of your results and check the payer of record as listed in your payment accounting record in TMU©. If you fail either test component, you must reapply to retake the component that you failed. Procedures for reapplying and detailed test results are included in the link emailed to your email address of record. You are eligible to test as many times as needed

within one year of your date of training program completion. After one year, you must complete another DHS approved training program in order to be eligible to schedule further testing.

Note: Federal and State regulations allow health care facilities to employ students for up to 120 days from the first day of class in an approved nurse aide training and competency evaluation program. **However, if you fail either portion of the state competency exam, the facility is no longer allowed to employ you to perform nurse aide duties**. Also, if your name is not listed on the Registry by the 120th day from the date of enrollment in your training program, you are no longer able to work as a nurse aide.

Retaking the Nurse Aide Test

You can schedule a test or a re-test online at wi.tmuniverse.com by logging in with your secure username and password. Once payment is made by Visa or MasterCard, you will then be able to schedule. If you forget your password, use the password reset function on your TMU© login screen, <Forgot Your Password?>. Call D&SDT-HEADMASTER at 888-401-0462 during business hours, whenever assistance is needed.

Test Result 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, submit $25 (cashier's check, money order, credit or debit card payment) along with a detailed explanation of why you feel your dispute is valid **within 7 business days** of your test date. Sundays and Holidays are not business days. Test result review requests can be faxed, emailed, or mailed. Late requests or requests missing review fees will be returned and will not be considered.

Please call D&SDT-HEADMASTER at 888-401-0462 and discuss the test outcome you are questioning before committing to sending the $25 test review request fee 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 Dispute Review Request.

The outcome of your dispute review will determine who pays for any re-tests granted. If the results of the review are in your favor, D&SDT-HEADMASTER will pay for your re-test fee and refund your $25 test dispute review fee deposit. D&SDT-HEADMASTER will review your detailed description, your knowledge test markings and any skill task measurements you recorded at the time of your test. D&SDT-HEADMASTER will also review all markings, notations and measurements recorded by the RN Test Observer during your test. We will also interview the actor or knowledge test proctor about the facts detailed in your dispute documentation. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor and other candidates who were on site at your test event for any additional information about the test event. D&SDT-HEADMASTER will complete your dispute review request no more than 10 business days after the receipt of your dispute deposit and detailed review request and will email or mail the outcome of your dispute review results to your email address or physical address of record and DHS.

The Knowledge/Oral Test

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of sixty (60) minutes to complete the 75 question Knowledge Test. For Oral Tests, only the first 67 questions will be read orally, the remaining 8 questions will have to be answered without oral assistance to assess your English reading comprehension. After forty-five (45) minutes have elapsed, you will be told when fifteen (15) minutes remains. 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 71% or better to pass the knowledge portion of the exam.

Electronic testing in TMU©, using Internet connected devices, is utilized at the test sites in Wisconsin. For electronic tests, the Knowledge Test portion of your exam will be displayed on a screen for you to read and key/click/tap in your answers. Testing electronically (online) with TMU© allows no later than next business day official scoring of tests, release of official test results and placement on the registry for candidates who successfully complete the nurse aide competency evaluation. Online testing eliminates examination material shipping time or faxing delays so placement on the registry happens several days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available for anyone requesting it. You must request an Oral Test when you initially schedule your test. There is a five dollar ($5) additional charge for an Oral Test. For TMU© electronic testing, you will hear the questions over the computer/tablet headphones and have control buttons on the screen to play, rewind, pause etc.

All test materials must be left in the testing room when you leave. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to DHS.

Knowledge Test

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the approved DHS test plan and include questions from all the required categories as defined in Federal regulations. The number of questions in each subject area is as follows:

Safety (8)	Communication (5)
Infection Control (7)	Data Collection (4)
Personal Care (8)	Basic Nurse Skills (10)
Mental Health (4)	Role and Responsibility (5)
Care Impaired (8)	Disease Process (4)
Resident Rights (7)	Aging Process & Restorative Care (5)

Knowledge Practice Test

D&SDT-HEADMASTER offers a free knowledge test question of the day and a ten question online static practice test available on our web site at hdmaster.com. A mastery learning testing method is used and each practice test taken will be unique. 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 any practice test. A list of vocabulary words to study is provided at the end of each practice test. Single or discounted group purchase plans are available for the practice test.

The following are 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**

Skills Demonstration Test

The purpose of the Skill Test is to evaluate your performance when demonstrating Wisconsin approved nurse aide skill tasks. You will find a complete list of possible skill tasks in this handbook.

- 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 three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be given no more than thirty **(30) minutes** to complete your three (3) or four (4) tasks. After 15 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key stepson each task assigned in order to pass the Skill Test. If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step. You may repeat or correct **any step** or **steps** you believe you have performed incorrectly at **any time** during your allotted thirty (30) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- Skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist you in providing safety for the resident.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

Skill Test Tasks

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

- Bedpan and Output with Required Hand Washing
- Catheter Care with Required Hand Washing
- Isolation Gown & Gloves - Empty Urinary Drainage Bag - with Required Hand Washing
- Perineal Care of a Female with Required Hand Washing

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

You will also receive additional two (2) or three (3) randomly selected tasks from the **Skills 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. You will be scored only on the steps listed. You must have a score of 80% on each task ***without missing any key steps*** (the **Bolded** steps) 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 only 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.

Note: The skill task steps included in this handbook are the discrete skill tasks steps used for objective testing purposes only. The steps included herein are not intended to be used to provide complete care that would be inclusive of best care practiced in an actual work setting.

Ambulation with Gait Belt

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Obtain gait belt for the resident.
4. **Lock bed brakes to ensure resident's safety.**
5. **Lock wheelchair brakes to ensure resident's safety.**
6. Position bed so the resident's feet will rest comfortably flat on the floor when sitting on the bed.
7. Bring resident to sitting position with resident's feet flat on the floor.
8. Properly place gait belt around resident's waist.
9. Tighten gait belt.
10. Check gait belt for tightness by slipping fingers between gait belt and resident.
11. Assist resident to put on non-skid footwear BEFORE standing.
12. Bring resident to standing position.
13. Use proper body mechanics at all times.
14. Grasp gait belt.
15. Stabilize resident.
16. **Ambulate resident at least 10 steps.**
17. Assist resident to pivot/turn.
18. Sit resident in the wheelchair.
19. Sit resident in a controlled manner.
20. Ensure safety at all times.
21. Remove gait belt.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Place call light or signal device within easy reach of the resident.
24. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Apply an Anti- embolic Stocking to One Leg

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Raise bed height
4. Provide for privacy.

5. Provide for resident's privacy by only exposing one leg.
6. Roll, gather or turn stocking down inside out to the heel.
7. Place stocking over the resident's toes, foot, and heel.
8. Roll OR pull stocking up the leg.
9. Check toes for possible pressure from stocking.
10. Adjust stocking as needed.
11. **Leave resident with stocking that is smooth/wrinkle free.**
12. Lower bed, if it was raised.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Place call light or signal calling device within easy reach of the resident.
15. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Bedpan and Output with Hand Washing Required

(One of the possible mandatory first tasks)

1. Knock.
2. Introduce yourself to resident.
3. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
4. Explain the procedure to the resident.
5. Provide for privacy.
6. Candidate puts on gloves.
7. Position resident on bedpan/fracture pan correctly. (Pan not upside down, is centered, etc.)
8. Position resident on bedpan/fracture pan using correct body mechanics.
9. Raise head of bed to comfortable level.
10. Leave tissue within reach of resident.
11. Leave call light within reach of resident.
12. Move to an area of the room away from the Actor.
13. When the RN Test Observer indicates, candidate returns.
14. Obtain a wet wash cloth.
15. Wash/assist resident to wash hands.
16. Dry/assist resident to dry hands.
17. Discard soiled linen in designated laundry hamper.
18. Gently remove bedpan/fracture pan.
19. Hold the bedpan/fracture pan for the RN Test Observer while an unknown quantity of liquid is poured into bedpan/fracture pan.
20. Place graduate on level, flat surface.
21. With graduate at eye level, read output.
22. Empty equipment used into designated toilet. (Bedpan/Fracture Pan - Graduate)
23. Rinse equipment used and empty rinse water into designated toilet. (Bedpan/Fracture Pan - Graduate)
24. Remove gloves turning inside out.
25. Properly dispose of gloves.
26. Record output on recording form.
27. **Candidate's measured reading is within 25ml of RN Test Observer's reading.**
28. Maintain respectful, courteous interpersonal interactions at all times.
29. Place call light or signaling device within reach of the resident.
30. Wash hands: Begin by wetting hands.

31. Wash hands: Apply soap to hands.
32. Wash hands: Rub hands together using friction.
33. Wash hands: Rub hands together for at least twenty (20) seconds.
34. Wash hands: Interlace fingers pointing downward.
35. Wash hands: Wash all surfaces of hands with soap.
36. Wash hands: Wash wrists with soap.
37. Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
38. Wash hands: Dry hands on clean paper towel(s).
39. Wash hands: Turn off faucet with a clean, dry paper towel.
40. Wash hands: Discard paper towels to trash container as used.
41. **Washes hands: Does not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.**

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 completely dry.
2. Explain the procedure to the resident.
3. Provide for privacy.
4. Fill basin with warm water.
5. Raise bed height.
6. Cover resident with a bath blanket.
7. Fanfold bed linens at least down to waist or move linens to opposite side.
8. Remove resident's gown without exposing resident.
9. Dispose of gown in designated laundry hamper.
10. Wash face WITHOUT SOAP.
11. Pat dry face.
12. Place towel under arm, exposing one arm.
13. Wash arm with soap.
14. Wash hand with soap.
15. Wash underarm soap.
16. Rinse arm.
17. Rinse hand.
18. Rinse underarm.
19. Pat dry arm.
20. Pat dry hand.
21. Pat dry underarm.
22. Assist resident to put on a clean gown.
23. Empty equipment.
24. Rinse equipment.
25. Dry basin.
26. Return equipment to storage.
27. Dispose of soiled linen in designated laundry hamper.
28. Lower bed, if raised.
29. Maintain respectful, courteous interpersonal interactions at all times.
30. Place call light or signal calling device within reach of the resident.
31. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Catheter Care with Hand Washing Required

(One of the possible mandatory first tasks)

1. Knock.
2. Introduce yourself to resident.
3. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
4. Explain the procedure to the resident.
5. Provide for privacy.
6. Put on gloves.
7. Avoid over exposure throughout the procedure. (Effective 11-1-2019)
8. Check to see that urine can flow, unrestricted, into the drainage bag.
9. Use soap and water to carefully wash around the catheter where it exits the urethra.
10. **Hold catheter where it exits the urethra with one hand.**
11. While holding catheter, clean 3-4 inches down the catheter tube.
12. **Clean with strokes only away from the urethra.**
13. Use clean portion of washcloth for each stroke.
14. Rinse using a clean wash cloth with strokes only away from the urethra. (Effective 11-1-2019)
15. Rinse using clean portion of washcloth for each stroke.
16. Pat dry.
17. Do not allow the tube to be pulled at any time during the procedure.
18. Replace gown over resident's peri area. (Effective 11-1-2019)
19. Leave resident in a position of safety and comfort.
20. Place call light or signaling device within reach of resident.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Wash hands: Begin by wetting hands.
23. Wash hands: Apply soap to hands.
24. Wash hands: Rub hands together using friction.
25. Wash hands: Rub hands together for at least twenty (20) seconds.
26. Wash hands: Interlace fingers pointing downward.
27. Wash hands: Wash all surfaces of hands with soap.
28. Wash hands: Wash wrists with soap.
29. Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
30. Wash hands: Dry hands on clean paper towel(s).
31. Wash hands: Turn off faucet with a clean, dry paper towel.
32. Wash hands: Discard paper towels to trash container as used.
33. **Washes hands: Does not re-contaminate hands by touching 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 completely dry.
2. Explain the procedure to the resident.
3. Line bottom of the sink with a protective lining that would help prevent damage to the dentures. (Towel, washcloth or paper towels are allowed for lining.)
4. Put on gloves.
5. Apply denture cleanser.
6. Remove denture from cup.

7. Handle denture carefully to avoid damage.
8. Handle denture carefully to avoid contamination.
9. Thoroughly brush denture inner surfaces of upper or lower dentures. (Denture brush or toothbrush)
10. Thoroughly brush denture outer surfaces of upper or lower dentures. (Denture brush or toothbrush)
11. Thoroughly brush denture chewing surfaces of upper or lower dentures. (Denture brush or toothbrush)
12. Rinse denture using clean cool water.
13. Place denture in rinsed cup.
14. Add cool clean water to denture cup.
15. Rinse equipment.
    a. Denture brush or toothbrush
16. Return equipment to storage.
17. Discard protective lining in an appropriate container.
18. Remove gloves, turning inside out as they are removed.
19. Dispose of gloves in an appropriate container.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Place call light or signaling device within easy reach of the resident.
22. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Dressing Bedridden Resident

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for privacy.
4. Raise bed height
5. Keep resident covered while removing gown.
6. Remove gown from unaffected side first.
7. Place used gown in designated laundry hamper.
8. Dress the resident in a button-up shirt. Insert 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 weak side first.**
10. Assist the resident to raise his/her buttocks or turn the 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 the weak side leg first.**
12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Put on the resident's non-skid footwear, slip each non-skid footwear on the resident’s feet.
14. Leave the resident comfortably/properly dressed.
15. Leave the resident in a position of safety.
16. Lower bed, if raised.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Place call light or signaling device within easy reach of the resident
19. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Feeding the Dependent Resident

1. Perform hand hygiene.

   a. Cover all surfaces of hands with hand sanitizer.
   b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Ask resident to state name and verify name matches the name on the diet card.
4. Position the resident in an upright position, at least 45 degrees.
5. Protect clothing from soiling by using napkin, clothing protector, or towel.
6. Assist resident to clean hands BEFORE feeding. (May use a wet wash cloth and dry wash cloth/towel to wash/dry resident's hands –OR- may use hand sanitizer making sure to completely cover all surfaces of the resident's hands and rub until hands are completely dry.)
7. Ensure resident's hands are dry BEFORE feeding.
8. Position yourself at eye level facing the resident while feeding resident.
9. Describe the foods being offered to the resident.
10. Offer each fluid frequently.
11. Offer small amounts of food at a reasonable rate.
12. Allow resident time to chew and swallow.
13. 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.
14. Leave resident clean.
15. Leave resident in bed with head of bed set up to at least 30 degrees.
16. Record intake as a percentage of total solid food eaten on the previously signed recording form.
17. **Candidate's calculation must be within 25 percentage points of the RN Test Observer's.**
18. Record sum of estimated fluid intakes in ml on the previously signed recording form.
19. **Candidate's calculation must be within 60ml of the RN Test Observer's.**
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Place call light or signaling device within easy reach of the resident.
22. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely 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 completely dry.
2. Explain the procedure to the resident.
3. Fill foot basin with warm water.
4. Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)
5. Immerse foot in warm water.
   a. You may verbalize the 5 to 20 minutes soaking time after you begin soaking the foot.
6. Use water and soapy washcloth.
7. Wash entire foot.
8. Wash between toes.
9. Rinse entire foot.
   a. Soapy wash cloth dipped in basin and wrung out is okay for rinsing.
10. Rinse between toes.
11. Dry foot thoroughly.
12. **Dry thoroughly between toes.**
13. Warm lotion by rubbing it between hands.
14. Massage lotion over entire foot.
15. Avoid getting lotion between the toes.

16. If any excess lotion, wipe with a towel.
17. Replace sock on foot.
18. Empty basin. (11-1-2019)
19. Rinse basin.
20. Dry basin.
21. Return basin to storage area.
22. Place dirty linen in designated laundry hamper.
23. Leave resident in position of safety in proper alignment in the chair.
24. Maintain respectful, courteous interpersonal interactions at all times.
25. Place call light or signaling device within reach of resident.
26. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Isolation Gown and Gloves and Empty Urinary Bag with Hand Washing Required

(One of the possible mandatory first tasks)

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Face the back opening of the gown.
3. Unfold the gown.
4. Place arms through each sleeve.
5. Secure the neck opening.
6. Secure the waist, making sure that the back flaps cover clothing as completely as possible.
7. Put on gloves.
8. Glove overlap gown sleeves at the wrist.
9. Knock.
10. Introduce yourself to resident.
11. Explain the procedure to the 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 drainage bag. (Effective 11-1-2019)
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 equipment emptying into designated toilet.
23. Return equipment to storage.
24. Leave resident in a position of comfort and safety.
25. Place call light or signaling device within reach of the resident.
26. Maintain respectful, courteous interpersonal interactions at all times.
27. Remove gloves, turning inside out.
28. Remove gloves BEFORE removing gown.
29. Dispose of the gloves in appropriate container.
30. Unfasten gown at the neck.
31. Unfasten gown at the waist.

32. Remove gown by folding soiled area to soiled area.
33. Dispose of gown in an appropriate container.
34. Record the output in ml on previously signed recording form.
35. **Candidate's recorded measurement is within 25ml of the RN Test Observer's measurement.**
36. Wash hands: Begin by wetting hands.
37. Wash hands: Apply soap to hands.
38. Wash hands: Rub hands together using friction.
39. Wash hands: Rub hands together for at least twenty (20) seconds.
40. Wash hands: Interlace fingers pointing downward.
41. Wash hands: Wash all surfaces of hands with soap.
42. Wash hands: Wash 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 clean, dry paper towel.
46. Wash hands: Discard paper towels to trash container as used.
47. **Washes hands: Does not re-contaminate hands by touching 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 completely dry.
2. Explain the procedure to the resident.
3. Provide for privacy.
4. Put on gloves only AFTER supplies have been gathered.
5. Drape resident's chest with a towel (cloth or paper) to prevent soiling.
6. Wet toothbrush.
7. Apply toothpaste to toothbrush.
8. **Brush resident's teeth, including the inner surfaces of all upper and lower teeth, while verbalizing the surfaces you are cleaning.**
9. **Brush resident's teeth, including the outer surfaces of all upper and lower teeth, while verbalizing the surfaces you are cleaning.**
10. **Brush resident's teeth, including chewing surfaces of all upper and lower teeth, while verbalizing the surfaces you are cleaning.**
11. Clean resident's tongue.
12. Assist the resident in rinsing mouth.
13. Wipe resident's mouth.
14. Remove soiled chest barrier.
15. Place soiled chest barrier (cloth or paper) in the appropriate container.
16. Empty emesis basin.
17. Rinse emesis basin.
18. Dry emesis basin.
19. Rinse toothbrush.
20. Return equipment to storage.
21. Remove gloves turning inside out.
22. Dispose of gloves in appropriate container.
23. Leave resident in position of comfort.
24. Place call light or signaling device within easy reach of the resident.
25. Maintain respectful, courteous interpersonal interactions at all times.

26. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Perineal Care Female with Hand Washing Required

(One of the possible mandatory first tasks)

1. Knock.
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 completely dry.
4. Explain the procedure to the resident. (mannequin)
5. Provide for privacy.
6. Raise the bed height
7. Fill basin with warm water.
8. Put on gloves.
9. Direct RN Test Observer to stand on opposite side of the bed or raise side rail on opposite side of bed.
    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 (candidate will choose barrier such as a towel, water proof pad, chux, etc.) under buttocks.
11. Expose perineum only.
12. Separate labia.
13. Use water and soapy wash cloth.
14. Clean one side of labia from top to bottom.
15. Use a clean portion of a wash cloth, clean other side of labia from top to bottom.
16. **Use a clean portion of a wash cloth, clean the vaginal area from top to bottom.**
17. Use a clean washcloth, rinse one side of labia from top to bottom.
18. Use a clean portion of a wash cloth, rinse other side of labia from top to bottom.
19. Use a clean portion of a wash cloth, rinse the vaginal area from top to bottom.
20. Pat dry.
21. Avoid over exposure throughout the procedure. (Effective 11-1-2019)
22. Assist resident to turn onto side away from the candidate.
    a. RN Test Observer may help hold the mannequin on its side ONLY after the candidate has turned the mannequin.
23. Use a clean wash cloth.
24. Use water, washcloth and soap.
25. **Clean from vagina to rectal area.**
26. Use a clean portion of a wash cloth with any stroke.
27. Use a clean wash cloth, rinse from vagina to rectal area.
28. Use a clean portion of a wash cloth with any stroke.
29. Pat dry.
30. Safely remove barrier from under buttocks.
31. Position resident (mannequin) on her back.
32. Dispose of soiled linen in designated laundry hamper.
33. Empty equipment.
34. Rinse equipment.
35. Dry equipment.
36. Return equipment to storage.
37. Remove gloves, turning inside out.

38. Dispose of gloves in appropriate container.
39. Lower bed, if it was raised.
40. Maintain respectful, courteous interpersonal interactions at all times.
41. Place call light or signaling device within reach of resident.
42. Wash hands: Begin by wetting hands.
43. Wash hands: Apply soap to hands.
44. Wash hands: Rub hands together using friction.
45. Wash hands: Rub hands together for at least twenty (20) seconds.
46. Wash hands: Interlace fingers pointing downward.
47. Wash hands: Wash all surfaces of hands with soap.
48. Wash hands: Wash wrists with soap.
49. Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
50. Wash hands: Dry hands on clean paper towel(s).
51. Wash hands: Turn off faucet with a clean, dry paper towel.
52. Wash hands: Discard paper towels to trash container as used.
53. **Washes hands: Does not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.**

Positioning Resident on Side

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to resident.
3. Provide for privacy.
4. Position bed flat.
5. Raise bed height.
6. **Raise side rail on side of the bed opposite working side of bed to provide safety.**
7. From the working side of bed - move resident's upper body toward self.
8. From the working side of the bed - move resident's hips toward self.
9. From the working side of the bed - move resident's legs toward self.
10. Assist/turn resident on his/her left/right side.(Side will be read to candidate by RN Test Observer.)
11. Ensure that the resident's face never becomes obstructed by the pillow.
12. Check to be sure resident is not lying on down side arm.
13. Ensure resident is in correct body alignment.
14. Place support devices under the resident's head.
15. Place support devices under the resident's up side arm.
16. Place support devices behind back.
17. Place support devices between knees.
18. Leave resident in a position of comfort and safety.
19. Lower bed, if raised.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Place call light or signaling device within easy reach of the resident.
22. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Pulse and Respirations

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.

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

Stand and Pivot Transfer a Weight Bearing 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 completely dry.
2. Explain the 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. Position bed so resident's feet will be flat on floor when resident is sitting on the bed.
7. Assist resident to a sitting position.
8. Position wheelchair arm/wheel touching the side of the bed.
9. **Lock wheelchair brakes to ensure resident's safety.**
10. Place gait belt around waist to stabilize trunk.
11. Tighten gait belt.
12. Check gait belt for tightness by slipping fingers between gait belt and resident.
13. Face resident.
14. Grasp gait belt with both hands.
15. Bring resident to standing position.
16. Use proper body mechanics.
17. **Assist resident to pivot in a controlled manner that ensures safety.**
18. Sit resident in the wheelchair in a controlled manner that ensures safety.
19. Remove gait belt.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Place call light or signaling device within easy reach of the resident.
22. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Range of Motion Hip & Knee

1. Perform hand hygiene.
   a. Cover all surfaces of hands with hand sanitizer.

   b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. **Do not cause discomfort/pain anytime during ROM.**
4. Raise bed height.
5. Provide for privacy.
6. Position resident supine (bed flat).
7. Position resident in good body alignment.
8. Place one hand under the knee.
9. Place the other hand under the ankle.
10. ROM for Hip: Move the entire leg away from the body.
    a. abduction
11. Move the entire leg 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 the knee and hip at least three times.
17. Do not force any joint beyond the point of free movement.
18. **You 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, if raised.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Place call light or signaling device within easy reach of the resident
23. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Range of Motion Shoulder

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. **Do not cause discomfort/pain at any time during ROM.**
4. Provide for privacy.
5. Raise bed height.
6. Position resident supine (bed flat).
7. Position resident in good body alignment.
8. Place one hand under the elbow.
9. Place other hand under the resident's wrist.
10. Raise the 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 shoulder at least three times.
13. Continue same support for shoulder joint.

14. Move the resident's entire arm out away from the body.
    a. abduction
15. Return 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. **You 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, if raised.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Place call light or signaling device within easy reach of the resident.
23. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Weighing an Ambulatory Resident

1. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.
2. Explain the procedure to resident.
3. Balance (or zero) scale.
4. Assist resident to stand.
5. Walk resident to the scale.
6. Assist resident to step on scale.
7. Check that resident is centered on scale.
8. Check that resident has arms at side.
9. Ensure resident is not holding on to anything that would alter reading of the weight.
10. Adjust weights until scale is in balance or read analog scale.
11. Return resident to the chair.
12. Assist resident to sit in chair.
13. Record weight on previously signed recording form.
14. **Recorded weight from signed recording form varies no more than 2 lb. from RN Test Observer's.**
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Place call light or signal calling device within easy reach of the resident.
17. Perform hand hygiene.
    a. Cover all surfaces of hands with hand sanitizer.
    b. Rub hands together until hands are completely dry.

Knowledge Test Vocabulary List

abandonment
abdominal thrust
abductor wedge
abnormal vital signs
absorption
abuse
accidents
accountable
acquired immunodeficiency syndrome (AIDS)
activities
activities of daily living (ADL)
acute
adaptive
adaptive equipment
adduction
admission
admitting resident
advance directives
afebrile
affected side
aging process
agitation
Alzheimer's
ambulation

amputee
anatomy
anemia
angina
anterior
antibiotics
anti-embolic stocking
anxiety
aphasia
apical
apnea
arteries
arteriosclerosis
arthritis
aspiration
assault
assistive device
atrophy
audiologist
authorized duty
axillary temperature
bacteria
basic needs
bath water temperature
bathing
bed cradle
bed height
bed making
bed position
bedrest
behavior
behavioral care plan
beliefs
biohazard
bipolar disorder
bladder training
bleeding
blindness
body alignment
body fluid
body language
body mechanics
body system
body temperature
bone loss
bowel program
brain stem
breathing
brittle bones
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation (CPR)
cardiovascular system
care impaired
care plan
care planning
cast
cataract
catheter
catheter care
cc's consumed
cc's in an ounce
central nervous system
cerebrovascular accident (CVA)
chain of command
charge nurse
chemical disinfection
chemical restraint
chemotherapy
choking
chronic
chronic obstructive pulmonary disease (COPD)
circulation
circulatory system
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
cold pack
colostomy
colostomy care
coma
combative resident
communicable
communication
competency evaluation
conduct
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure (CHF)
constipation
constrict
contamination
contracture
converting measures
coronary artery disease
coughing excessively
cultural
culture
cyanotic
dangling
death & dying
decubitus ulcer
deeper tissue
de-escalation
defense mechanism
dehydration
delegation
delusions
demanding resident
dementia
denture care
dentures
dependability
depression
development
developmental disability
diabetes
dialysis
diaphragm
diet
dietitian
digestion
dilate

dirty linen
discharging resident
disease
disease process
disinfection
disoriented
disposing of contaminated materials
disrespect
dizziness
do not resuscitate (DNR)
documentation
domestic abuse
dorsiflexion
dressing
droplets
drowsy
dry skin
dying
dysphagia
dyspnea
dysuria
edema
edentulous
elastic stockings
elderly
elimination
emesis
emesis basin
emotional abuse
emotional labiality
emotional lability
emotional needs
emotional stress
emotional support
empathy
emphysema
enema
epilepsy
essential behaviors
ethics
etiquette
evacuation
eye glasses
falls
false imprisonment
fasting
fecal impaction
feces
feeding
financial abuse
fire
fire safety
first aid
flatus
Foley catheter
foot board
foot care
foot drop
Fowler's
fracture pan
fractures
fraud
frayed cord
free from disease
gait belt
gastric feedings
gastrostomy tube
geriatrics
gerontology
gestures
gifts
glass thermometer
gloves
grand mal seizure
grieving process
group settings
hair care
hand care
hand tremors
hand washing
health information portability & accountability act (HIPAA)
health-care team
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
heat application
height
Heimlich maneuver
helping residents
hemiplegia
hepatitis A
hereditary
hip prosthesis
holistic care
hormones
hospice
human immunodeficiency virus (HIV)
Huntington's
hyperglycemia
hypertension
hyperventilation
hypoglycemia
ileostomy
immobility
impaired
impairment
incident report
incontinence
indwelling catheter
infection
infection control
infection prevention
in-house transfer
initial observations
in-service programs
insomnia
intake
intake and output (I&O)
integumentary system
inter-generational care
interpersonal skills
Intravenous care (IV)
invasion of privacy
ischemia
isolation
isolation precautions
jaundice
job application
job description

lactose intolerance
laxatives
life support
lift/draw sheet
linen
living will
log roll
log rolling
loose teeth
male perineal care
Maslow
masturbation
material safety data sheets (MSDS)
measuring height
measuring temperature
mechanical lift
medical asepsis
medical record
medication administration
medications
memory loss
mental health
mentally impaired
metastasis
microorganism
military time
minerals
misappropriation
mistakes
mobility
mouth care
moving
mucous membrane
Multiple Sclerosis
muscle spasms
musculoskeletal
nail care
nasal cannula
neglect
non-contagious disease
non-verbal communication
nosocomial
nothing by mouth (NPO)
nurse aide's role
nurse's station
nutrition
objective
objective data
obsessive compulsive
occupied bed
Ombudsman
omnibus budget reconciliation act (OBRA)
oral care
oral hygiene
oral temperature
orientation
oriented
orthopneic
orthosis
osteoarthritis
osteoporosis
ostomy bag
output
overbed table
oxygen
oxygen use
palliative care
paralysis
paranoia
Parkinson's
passive
pathogen
patience
perineal care
peripheral artery disease (PAD)
peripheral vascular disease (PVD)
peristalsis
personal belongings
personal care
personal items
personal protective equipment (PPE)
personal values
pet therapy
petit mal seizure
phone etiquette
physical needs
physical therapist
physician's authority
plaque
plate rim
pleura
podiatrist
policy book
positioning
postmortem care
post-traumatic stress disorder (PTSD)
postural hypotension
postural supports
precautions
pressure ulcer
preventing falls
privacy
progressive
pronation
prostate gland
prosthesis
psychiatrist
psychological needs
psychosocial
pulse
pureed diet
quadriplegia
quality of life
radial
ramps
range of motion
reality orientation
rectal
rectal temperature
refusal
regulation
rehabilitation
religious service
reminiscence therapy
reminiscing
renewal
reporting
reposition
rescue alarm confine extinguish (RACE)
resident abuse
resident belongings
resident independence

resident pain
resident pictures
resident right
resident treatment
resident trust
resident unit
residents
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respiration
respiratory symptoms
respiratory system
responding to resident behavior
responsibility
restorative care
restraint
resuscitation
rights
rigor mortis
risk factor
role
rotation
safety
safety procedures
sanitizer
scale
scope of practice
seclusion
secretions
seizure
self-esteem
semi fowlers
sensory system
sexual abuse
sexual harassment
sexual needs
shampoo tray
sharing information
sharps container
shaving
shearing
side rails
Sitz bath
skilled care facility
skin integrity
skin observation
slander
smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum
sputum specimen
stages of grief
standard precautions
state tested
stealing
stereotypes
sterilization
stethoscope
stress
stroke
subjective
subjective data
sundowning
supine
supplemental feedings
suprapubic
survey
swelling
tachycardia
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thick fluid
thickened liquids
threatening resident
thrombus
tips
toenails
trachea
transfer belt
transfers
transient ischemic attack (TIA)
transporting
transporting food
transporting linens
trochanter roll
tub bath
tubing
twice daily (BID)
tympanic
tympanic temperature
unaffected
unconscious
unethical behavior
unsteady
urethral
urinary catheter bag
urinary elimination
urinary system
urinary tract
urinary tract infection (UTI)
urination
urine
validation
validation therapy
varicose veins
violent behavior
vision change
visual impairment
vital signs
vitamins
vocabulary
vomitus
walker
wandering resident
warm application
water faucets
water pitcher
water temperature
weak side

weakness
weighing
weight
well balanced meal
well-being
wheelchair safety
white blood cells
withdrawn resident
workplace violence

Notes