

Certified Nursing Assistant Candidate Handbook for the State of Utah

Utah Nursing Assistant Registry

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Mission

The mission of the UNAR is to affect quality patient care by certifying quality Nursing Assistants.

Introduction

This handbook is designed for candidates seeking nursing assistant certification in Utah. It describes the process of applying for and taking the NATCEP (Nursing Assistant Training and Competency Evaluation Program) examination.

National Nursing Assistant Assessment Program

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

Who is a Nursing Assistant?

Nursing Assistants are defined by law as people who assist licensed nursing personnel in the provision of nursing care. The authorized duties for CNAs include assisting with their client's daily living activities, such as bathing, dressing, transferring, ambulating, feeding, and toileting. CNAs also perform tasks such as measuring vital signs, positioning and range of motion. Utah CNAs must attend a Utah Nursing Assistant Registry (UNAR) approved training program and pass the UNAR approved state examinations to become certified.

Certification is required in Utah

CNAs are required by law to have a valid Utah CNA certificate prior to assuming CNA duties. ***There is one exception:*** If an individual works in a licensed nursing facility as an uncertified nursing assistant and is seeking initial certification, he/she has four months (120 days) from the date of hire to obtain initial certification.

NATCEP Examination

The NATCEP examination is a measure of nursing assistant related knowledge, skills and abilities. There are two parts to this exam: (1) a skills examination and (2) a written examination. **The candidate must perform a set of Vital Signs during the Skills Examination and perform five (5) selected skills from the approved state list of nursing skills. You must pass off Vital Signs and all 5 skills competently, within the stated guidelines and perform the skills with only two prompts from the instructor. Please use universal precautions and infection control measures with each skill. Memorize the**

Beginning and Ending Procedures

The written examination consists of one hundred (100) multiple-choice questions. **You must obtain a 75% for a passing score.** It is computer-based and is also available as paper and pencil or audio. You may use headphones for the audio while taking the written test on the computer. **The purpose of the examination is to ensure that you understand and can safely perform the job of an entry-level nursing assistant.**

Exam Overview

You must pass both parts of the examination in order to be certified and listed on the Utah Nursing Assistant Registry (UNAR) for certification. At the skills evaluation you will be asked to perform a minimum of five (5) selected nursing assistant skill tasks and pass off Vital Signs. **You will be given twenty to thirty minutes to complete the five (5) tasks.** You will be rated on these skills by a Nursing Assistant Skills Examiner. A complete listing of the skill tasks is located in this handbook. The listing of skills will assist you in the knowledge of what you may be tested on and how to practice. **Please pay attention to the bolded items.**

The written examination consists of one hundred (100) multiple-choice questions. You must achieve a 75% to pass. **Sample examination questions are provided in this handbook and on line at www.utahcna.com. To take the practice exam online, go to www.utahcna.com and click on 'on-line practice exam' and when the next screen comes up, disregard all the items and click on 'Practice Exam' and begin your exam.**

ADA

All testing sites comply with the ADA (American Disabilities Act) [42U.S.C. § 12101 et seq]. If you have a disability or require an accommodation, you will need to make arrangements with the testing center **when you call** for your testing appointment.

1. The written examination is offered in English and Spanish on the computer.
2. There is a toggle, where the student can go back and forth between English and Spanish. So if they start the examination in English and want to check it out in Spanish, they can do so, and vice versa.
3. It is also available in audio, where the candidate can have headphones, and listen and read at the same time. **All testing sites must have this available. The test sites would probably like to know this in advance, but not required.**
4. If the student has a note from a physician, a 504 disability or a letter from an agency that deals with disabilities, they may have a reader from the testing site. They cannot bring their own reader. **This must be available at all sites. Prior notification to test site is required.**
5. A paper and pencil test is available if you are granted an accommodation. **The paper test must be ordered in advance. (Instructors, please tell your students to alert the testing site of their need for a paper-pencil test).**
6. The candidate is not allowed to have an interpreter.
7. A candidate may use a translation dictionary, not a definition dictionary in their native language, only after the test center proctor has checked the dictionary for notes and verified that it is a translation-only dictionary. **(Please allow the test center time to review the dictionary)**

All questions on the written and skills state examinations are secure and not up for discussion. Please do not call the Registry with questions about the exams.

The Skills Evaluation

You must have a valid skills voucher in order to make an appointment at a test center and to enter the test. Your voucher is your 'ticket' to be allowed to sit for the Skills and Written Examination. Expired vouchers are not acceptable. The test center will not allow you to test, nor can a voucher from our office be faxed. You will not be allowed to test if you do not have the proper vouchers.

You will not be allowed to test without your voucher under any circumstances. When you arrive for your Skills or Written examination, you will need to show your **skills or written test voucher** and **some form of a picture ID, or you will not be allowed to test.** (Driving Privilege cards **Can Not** be used for I.D.)

Skill Examination Protocol

1. Please arrive at your confirmed test site at least 10-15 minutes before your test is scheduled to start.
2. Exam time for skills is a minimum of 20 minutes and 30 minutes **per student** maximum.
3. If a candidate shows up, and fails one of the five selected skills, cannot perform the Vital Signs or does not use universal precautions or infection control measures with each skill, the candidate may complete the entire test or may choose to discontinue the test and leave.
4. Only 2 prompts (helpful hints) from the skills examiner during the **entire** test.
5. The student will be failed if they miss one critical point (**bolded**) in the skill.
6. Each student will be given 5 skills in a scenario and required to complete a set of Vital Signs.
7. The students can use calculators in the skills test; they cannot in the written.
8. **All students must wear appropriate attire to the skills test. Scrubs, hair tied back, watch on, no dangling jewelry and must have appropriate shoes**
9. **Only CNA testing candidates are allowed in the testing area.**
10. **The candidate will not be able to test if the above protocol is not followed.**

- **The Setting**

The skills evaluation is set up to resemble an actual care giving situation. It will have all the equipment necessary to perform the assigned skills.

- **The Tasks**

Your skill test will be made up of a minimum of five (5) nursing assistant tasks and you will be required to complete a set of Vital Signs. These tasks are randomly chosen from the complete set of skill tasks listed in this handbook and given to the candidate in a scenario. Each task is one that you will be asked to perform in your job and has been broken down into a series of steps. The State Skills Examiner will not answer questions nor will you receive any help from anyone during the skill test. If you do have any questions, please ask them before the skill test begins, two prompts are allowed.

- **Who will be the resident?**

The part of the 'resident' may be played by another nursing assistant candidate pretending to be a resident. While you perform the tasks, speak to the candidate as you would speak to an actual resident in a nursing assistant work setting. You are encouraged to speak to the candidate, not only because it is part of quality care, but also because it will help you to relax as you perform the skill test.

Eligibility

All candidates applying to take the NATCEP examination in Utah are eligible **after successful completion of a Utah State approved training program**. All candidates who are employed in or have an offer of employment in a Medicare/Medicaid-certified nursing home are required to be sponsored by their employer.

You must complete a Utah State application to apply for testing under any of the following eligibility routes:

New nursing assistant: A new nursing assistant is an individual who has never been certified as a nursing assistant and has successfully completed a Utah state-approved OBRA nursing assistant training program. **Your instructor must sign your application to test and have the correct completion date on the form.**

The UNAR office may grant a waiver in the following cases if specific requirements are met:

- a. To a nursing student who has completed the first semester of nursing school within the past 2 years and to a current nursing student. An official transcript of a 'Nursing Fundamentals' class must accompany the waiver request. If the candidate fails either the skills or written portion of the CNA examination after three attempts, the candidate must complete a UNAR approved NATCEP.
- b. To an expired licensed nurse who can show proof of previous licensure and who is in good standing with their professional board. The candidate will have 1 attempt to pass both the skills and written portion of the examination or the candidate must complete a UNAR approved NATCEP.
- c. To an expired UTAH CNA who is in good standing with the UNAR. The candidate will have 1 attempt to pass both the skills and written portion of the examination or the candidate must complete a UNAR approved NATCEP.
- d. All out of state expired CNAs must retrain at a UNAR approved NATCEP.

The Nursing Assistant is responsible for completing the appropriate section of the application form and returning it to the UNAR office. The candidate application for testing is available online at www.utahcna.com, click on '**UNAR Testing Forms**' and on the next screen, click on '**Candidate Application-mail in**'. Print the application and fill out completely. Make sure that you include the testing fees in the form of a **check or money order**. We do not accept cash or credit/debit cards.

Beginning and Ending Procedures **Essential Behaviors to All Skills**

BEGINNING PROCEDURE ACTIONS

1. Wash hands thoroughly prior to entering room or when in room
2. Assemble needed equipment
3. Go to resident's room, knock, and pause before entering
4. Introduce self by name and title
5. Identify the resident by facility policies
6. Address resident by name
7. Ask visitors to leave the room and inform them where they may wait
8. Provide privacy throughout procedure; pull curtains, shut door
9. Explain procedure to resident; speak clearly, slowly and directly to resident, maintaining face to face contact whenever possible
10. Answer resident's questions about the procedure
11. Allow resident to assist as much as possible
12. Raise the bed to a comfortable working height

ENDING PROCEDURE ACTIONS

1. Position resident comfortably and in a position of safety
2. Return bed to lowest position
3. Leave signal cord, telephone and water within reach
4. Perform a general safety check
5. Open curtains
6. Care for equipment following policy
7. Wash hands

8. Let visitors know they may return
9. Report completion of task & observation of any abnormalities
10. Document action and observations

Skill Task Listing

The following is a listing of skill tasks that you may be asked to demonstrate. Following each task is a list of the steps that should be performed to demonstrate the task. You must be ready to correctly demonstrate each step. The **bolded** statements are very, very important.

REQUIRED

VITAL SIGNS

BLOOD PRESSURE

1. Clean ear pieces and diaphragm with antiseptic wipe
2. Position residents arm resting on firm surface with palm up
3. **Wrap cuff around arm with bladder over artery 1" above antecubital space- cuff even and snug.**
4. Or may use pulse obliteration method, candidate choice
5. Place ear pieces in ears and diaphragm over artery
6. Deflate cuff, note systolic reading, note point of diastolic reading
7. **Accurate reading within 4mmHg window**
8. **Accurately record blood pressure**

TEMPERATURE (Tympanic, electronic, temporal, digital or glass) (Examiners choice)

Tympanic:

1. Place tympanic thermometer cover on.
2. Ask person to turn his head so ear is in front of you, new probe cover on
3. **Pull back on the ear (gentle, firm) to straighten the ear canal and insert probe gently**
4. Start the thermometer
5. Wait until you hear a beep or flashing light and remove
6. **Read the temperature and record accurately**

Electronic or Digital:

1. **Oral: Ask the person if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.**
2. **Place a sheath on the probe**
3. Correct placement for obtaining oral reading or axillary reading
4. If necessary, hold the probe in place for oral
5. **Always hold the probe in place for axillary**
6. Leave the probe in place until the instrument beeps
7. Remove the probe sheath from the probe and dispose of properly
8. Replace the probe.
9. **Document accurately.**

Glass or disposable:

1. **Clean thermometer prior to use.**
2. **Oral: Ask the person if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.**
3. **Shake thermometer to below 95 degrees**
4. Follow all above procedures for all thermometers.
5. Hold or leave the thermometer in place for 3 to 5 minutes.
6. **Document accurately.**

RADIAL or APICAL PULSE

1. **Locate pulse at the correct site**
2. **Count pulse for 30 sec. and double or count for 1 full min. accuracy within + or – 4 beats per minute.**
3. **Document accurately**

RESPIRATORY RATE

1. **Count respirations for 30 sec. and double or count for 1 full min. Accuracy within + or - 2 breaths**
2. **Document Accurately**

SKILL 1

PRESSURE ULCER PREVENTION

Demonstrate or explain 4 ways to prevent Pressure Ulcers

SKILL 2

POSITION FOLEY CATHETER/BAG/TUBING

1. **Secure tubing**
2. **Place tubing over leg**
3. **Position tubing to facilitate gravitational flow, no kinks**
4. **Attach to bed frame (not over or on side rail) and always-below level of bladder**

SKILL 3

OXYGEN

1. **Demonstrate correct placement of O2 mask or nasal cannula.**
2. **Check oxygen flow**
3. **Verbalize 3 oxygen use guidelines**

SKILL 4

OCCUPIED Draw sheet

1. **Place clean draw sheet on clean surface within reach (chair, over-the-bed table)**
2. **Provide privacy throughout procedure**
3. **Lower head of bed, placing patient in supine position**
4. **After raising side rail, assist resident to turn onto side, moving toward raised side rail**
5. **Loosen draw sheet, roll soiled draw sheet toward patient**
6. **Place and tuck in clean draw sheet on working side**
7. **Raise side rail and assist resident to turn onto clean draw sheet**
8. **Remove soiled linens/draw sheet, avoiding contact with clothes, and place in appropriate location within room – never on floor**
9. **Pull and tuck in clean draw sheet, finishing with sheet free of wrinkle**

SKILL 5

APPLY COLD PACK OR WARM COMPRESS

1. **Cover cold pack/warm compress with towel or other protective cover. (Pack or compress should not be placed on bare skin without covering.)**
2. **Properly place on site**
3. **Initially check after 5 minutes**
4. **Do not leave on patient for more than 20 minutes**

SKILL 6

MEASURE AND RECORD FLUID INTAKE

1. **Calculate intake**

2. **Measure on a flat, level surface**
3. Record intake accurately

SKILL 7

CONVERTING OUNCES TO ML'S

1. **Convert ounces to mL's 30 ml s = 1 ounce**
2. Record intake accurately

SKILL 8

STEPS FOR EMPTYING DOWN DRAINAGE BAG

1. Collect paper towel/measuring container
2. Remove drainage tube from storage sheath
3. Unclamp while directed toward container and facilitate gravity flow
4. Clean tip of drainage tube with alcohol swab
5. Empty contents- (tube should not touch side of graduate)
6. Re-clamp and reinsert tube into storage sheath
7. **Place on flat surface, Measure accurately**
8. Dispose of properly
9. Rinse container
10. Remove gloves, wash hands
11. Record accurately

SKILL 9

MEASURE/RECORD URINE OUTPUT

1. **Measure urinary output in urinal/hat/graduated container**
2. **Keep container level**
3. **Read measurements in mL's**
4. Record accurately on appropriate form

SKILL 10

POSITION FOR AN ENEMA

1. **Place resident in left Sim's or left side lying**
2. Drape/cover appropriately

SKILL 11

ABDOMINAL THRUST (Conscious Patient only)

1. Candidate is able to identify symptoms of choking, **asks resident "Are you choking?"**
2. Call for help
3. Stands behind resident and wraps arms around resident's waist.
4. Places the thumb side of the fist against the resident's abdomen.
5. **Positions fist slightly above navel and below the xyphoid process.**
6. Grasp fist with other hand, press fist and hand into the resident's abdomen **with an inward, upward thrust.**

Candidate should indicate that they would repeat this procedure until it is successful or until the victim loses consciousness

SKILL 12a

WEIGHT (Standing scale only)

1. Check balance of scale before weighing.
2. Assist resident to stand on scale.
3. **Ensure resident is balanced and centered on the scale with arms at side.**
4. **Read scale**

5. **Accurately record weight**

SKILL 12b

HEIGHT

Standing or supine (choose one or the other)

STANDING

1. Assist patient to stand on scales with height measurement facing away from the measuring bar.
2. Resident is balanced and centered on the scale with arms at side.
3. Raise folded measuring bar above patient head, open and lower gently until bar rests on top of the head (not hair).
4. **Accurately read and record measurement**

SUPINE

1. **Body extended, bed flat, and pillow removed.**
2. Mark sheet at **top of head and bottom of heel** (not toes) – then measure the distance between the marks on the sheet, **not over patient body.**
3. **Accurately read and record measurement**
4. Safely return patient to position of comfort and safety.

SKILL 13

APPLICATION OF ANTI-EMBOLISM STOCKINGS (TED hose)

1. Should apply while resident is in bed or with feet elevated.
2. Hold foot and heel of stocking and gather up stocking – turning the stocking inside out down to the heel, aids in application.
3. **Smooth up and over leg so hose is even, snug and not twisted or wrinkled.**
4. **Heel and toe in proper location.**
5. If there is a hole at the foot portion of the hose, it makes no difference if it is on top of the foot or the bottom. (The hole was put there by the different manufacturers, to check circulation of the toes)

SKILL 14

RANGE OF MOTION

1. Exercise passively one extremity. Examiners choice
2. **Never exercise past the point of pain or resistance**
3. **Provide support for joint**
4. Avoid fast jerky movements, use **flexion, extension, adduction, abduction.**
5. Repeat exercise at least 3 times or as ordered

SKILL 15

MOVING AND POSITIONING RESIDENTS (Examiner's choice, minimum of 1)

1. Move using a lift sheet (2 persons)
2. **Logroll using 2 people (If the scenario involves a total hip replacement, a pillow or other supportive device is required)**
3. Position in semi-prone (Sim's)
4. **Raise side rail-Critical Criteria**
5. Position in supine, in proper anatomical alignment
6. Position in Fowler's (high Fowler's is 60 -90 degrees; semi-Fowler's is 3-45 degrees; all includes elevating knees approximately 15 degrees with knee gatch or pillow)
7. Position in lateral/side-lying, using pillows for proper anatomical alignment

8. **Raise side rail-Critical Criteria**
9. **Position in wheelchair with brakes applied**
10. **Maintain proper alignment at all time, for all positions**

SKILL 16

ASSISTING TO AMBULATE (With or Without Devices)

1. **Resident should have non-skid footwear**
2. Use good body mechanics
3. **Walk at resident's side or slightly behind (on weak side, if resident has a weak side)**
4. **Use assistive devices (walker, cane)**
5. **Demonstrate use of a gait belt**

SKILL 17

TRANSFERRING FROM A BED TO A WHEELCHAIR/one man pivot

1. Lock the bed wheels
2. Move or remove foot rests
3. Resident should have footwear with non-skid soles
4. Lower bed and rails
5. Sit resident up, allow to dangle
6. **Lock wheelchair brakes**
7. **Transfer to the strong side, using proper technique**
8. Use safety devices, (transfer belt for one man pivot) as needed

SKILL 18

RESTRAINTS

1. Apply restraint properly to individuals, secure but not tight (1-2 finger width)
2. **Must have a quick-release knot**
3. Assess breathing/circulation
4. Release every 2 hours, checking every 15 minutes

SKILL 19

DENTURE CARE

1. **Before handling dentures, protect dentures from possible damage (line the sink or basin with a towel or washcloth or fill with water)**
2. Brush dentures under running water (**neither hot nor cold**) with toothbrush and toothpaste
3. Place dentures in denture cup with water, adding cleaning tablet (if available). Cover with lid and allow to soak
4. Perform mouth care while dentures are out of the mouth

SKILL 20

ORAL CARE FOR CONSCIOUS PATIENT/NATURAL TEETH

1. Prepare toothbrush with toothpaste
2. Clean all tooth surfaces in an **up and down/circular motion** paying special attention to gum lines
3. Allow resident to expectorate into appropriate container
4. Assist resident to rinse mouth, wiping lips and mouth
5. Moisturize lips
6. Report abnormalities such as bleeding gums

SKILL 21

ORAL CARE FOR AN UNCONSCIOUS RESIDENT/ASPIRATION PRECAUTIONS

1. Verbalize frequency of oral care (every 2 hours)

2. Place towel or drape under the resident's head
3. **Position resident (as resident's medical condition indicates) to prevent aspiration:**
 - a. **In the side lying position (lateral) or**
 - b. **With the head of the bed elevated with head turned to the side**
4. Insert swab/sponge tip/toothbrush gently into resident's mouth.
5. Rotate against all tooth surfaces, mucous membranes and tongue.
6. Clean resident's lips.
7. Moisturize lips
8. Report abnormalities such as bleeding gums

SKILL 22

BACK RUB/MASSAGE

1. Pour small amount of **lotion into palm** of hand and rub hands together to warm lotion
2. Apply with gentle pressure, **using both hands** from buttocks to back of neck without pulling skin, using long firm strokes
3. Use short circular strokes across the shoulders **using both hands**
4. **Inspect for reddened areas and skin condition**

SKILL 23

FOOT/NAIL CARE

1. **Inspect for cracked, broken nails/skin and between toes and report abnormalities**
2. **Do not clip toenails**
3. Soak in warm water. Before applying socks/shoes leave feet clean and dry

SKILL 24

DRESSING/UNDRESSING RESIDENT (Must dress and undress)

1. **Dress weak side first**
2. **Undress weak side last**

SKILL 25

SHAVING (Simulate)

1. Place towel to protect resident's clothing (electric/blade)
2. Soften beard with warm washcloth and apply shaving cream (blade)
3. **Gently pull skin taut** (electric/blade)
4. Use short strokes of razor in the direction the hair is growing (electric/blade)
5. Rinse razor often (blade)
6. Rinse and dry resident's face
7. **Dispose blade in sharps container**

SKILL 26

BATHS

Partial bed bath (Simulate)

1. Assist resident in removing clothing, only as necessary, **exposing only area being washed /providing privacy** (remembering dignity) while **keeping patient warm**
Partial: face, hands, axillary, back, buttocks and peri-area
2. Using washcloth, wash **front to back /clean to dirty**
3. Rinse and gently dry each area thoroughly after washing
4. Redress resident

SKILL 27

ASSISTING WITH A BEDPAN/FRACTURE PAN

1. **Positions the bedpan under the patient correctly.** (If using a fracture pan, the flat side should be toward the back of the patient).
2. Raises Head of Bed to a comfortable level.
3. **Position call light and tissue within reach of the resident**
4. **Provide privacy.**
5. Gently removes bedpan.
6. Provide or assist with peri-care
7. Empties and cleans the bedpan and graduate
8. Washes/assists resident to wash and dry hands
9. Record results accurately

SKILL 28

POSITION RESIDENT FOR MEALS

In bed

- a. High Fowler's or in position of comfort (ask patient)
- b. **Proper anatomical alignment**

Chair or wheelchair

- a. High Fowler's
- b. Feet support
- c. **Proper anatomical alignment**

Exam Fees:

Skills evaluation

\$35.00

Written examination

\$35.00

Retests—same for each

***Under Federal and Utah state laws, if you are an employee or have an offer of employment at a nursing home, the nursing home is required to pay for the nursing assistant competency exams for their nursing assistant employees.**

***Payment must be in the form of a money order or check. Credit cards are not accepted by our office.**

***If you are not currently employed at a nursing home or do not have an offer of employment at a nursing home, you are responsible to pay the fees yourself.**

Exam Scheduling:

After completing your Certified Nursing Assistant Course:

1. Your instructor will present you with your **Application for Certification Testing.**
2. You must fill it out completely and send a **check or money order** in the amount of **\$70** and the completed application to **UNAR, 550 E. 300 S., Kaysville, Utah 84037.**
3. After 5-10 days, you will receive your **voucher to test (a skills & written voucher)** in the mail and a list of testing centers. **(You may not schedule a testing appointment until you receive your vouchers in the mail).**
4. After you receive your **voucher to test** you may call one of the testing centers and make your appointment.
5. **Please be on time for your scheduled appointment.** If you are late or do not show up, then you will be charged a **\$10 late fee** by the testing center and will not be able to test again until you have paid your late fee.

6. Should you require additional accommodations due to a disability, these arrangements **must be made with the testing site when you make your appointment.**

Exam rescheduling:

If it is necessary to reschedule an exam, call the test center to reschedule.

The computer will unofficially score your written test immediately when you finish the written test. **You will receive your official results in the mail 5 to 7 days after testing. Do not call the UNAR asking about your certification until 7 days have elapsed.**

When you receive your official test results by mail, if you need to retake the exam, another application and directions will be enclosed in the envelope. Check with your training program instructor for more information on retesting.

THE REGISTRY

CNA certificates must be renewed every two years. To qualify for renewal the Certified Nursing Assistant must provide proof of **nursing or nursing related duties under the direct supervision of a licensed nurse for at least 200 hours during the two year period.** Renewal is two years from **initial certificate issue date.**

Renewal notices are mailed **as a courtesy only** approximately 45 days before the renewal date to the **last known address** on file with the Registry. **The candidate is responsible for the renewal of their license.**

Do not rely on your place of work or anyone else to send in your renewal. Should your license not be renewed in the allowed timeframe, you will need to pay for vouchers and retest.

The UNAR must be kept informed of your current address. If your address or name changes at any time after you are placed on the Registry, you must send a written notification of this change or submit a change of address on line at www.utahcna.com. If it is a name change, the UNAR needs supporting documentation—a copy of your social security card showing the new name or your Utah driving license.

VOCABULARY WORDS TO KNOW

(Spanish words available at the end of the list, but not required)

abdominal thrusts
abduction
abuse
accidents
activity
acute
adduction
ADL's
admitting residents
affected side
aging process

AIDS (HIV)
Alzheimer's
ambulate with assistance
ambulation
ambulatory resident
amputees
anemia
anger
Angina pectoris
antiembolic stockings
anxiety

aphasia
apical
appropriate response
arteries
arthritis
aseptic
aspiration
assistive device
atrophy
autism
avoiding falls

axillary temperature
back strain
bacteria
bargaining
basic human needs
basic skin care
bathing
bed bath
bed cradle
bed height
bed position
bedpan
bedrest
BID
biohazard bag
bladder training
bleeding
blindness
blood pressure
body alignment
body fluids
body language
body mechanics
bowel and bladder
 programs
bowel movements
breathing
burnout
call light
cancer
cardiovascular system
care plan
cast
cataracts
catheter drainage bag
central nervous
 system
cerebral vascular
 accident
chemical disinfectants
chemotherapy
chest pain
choking
chronic
circulatory system
clarification
cleaning spills
clear liquid diet
cold compress
colostomy
comfort care
communicable
communication
confidential
 information
confidentiality

confused resident
congestive heart
 failure
constipation
constrict
contamination
contracture
converting measures
COPD
coughing excessively
CVA
cyanosis
cyanotic
decubitus ulcer
dehydration
delusions
demanding resident
dementia
denial
dentures
depression
diabetes
diabetes mellitus
dialysis
diarrhea
diastolic
diet
discharging resident
disinfectants
disinfection
disoriented resident
disposing of
 contaminated
 materials
disrespectful
 treatment
dizziness
DNR
documentation
dressing resident
droplet secretions
dry skin
dying process
dysphagia
dyspnea
dysuria
edema
elastic stockings
elimination of wastes
emotional lability
emotional needs
empathetic
empathy
emphysema
endocrine system
ethical code

ethical issues
extremity
eye glasses
falls
fecal impaction
feeding resident
feeding tube
fire safety procedures
flexed
flexion
Foley catheter
foot board
foot care
foot drop
Fowler's position
fractures
gait belt
gastrostomy tube
geriatrics
gerontology
grieving process
hair care
hallucination
hand tremors
hand-washing
hazardous
 substances
health-care team
health care related infection
hearing aid
hearing impaired
heart attack
heart muscle
Heimlich maneuver
hemiplegia
hepatitis B
hereditary
hip prosthesis
HIPAA
Huntington's disease
hypertension
hyperventilation
hypoglycemia
immobility
incident report
incontinence
indwelling catheter
infection
in-house transfer
initial observations
input and output
intake and output
Integumentary system
interpersonal skills
isolation
job description

lift/draw sheets
linen
liquid diet
low sodium diet
making occupied bed
Maslow
measuring height
mechanical soft diet
medical record
medications
memory loss
mentally impaired
microorganisms
military time
minerals
morning care
mouth care
moving a resident
mucous membrane
multiple sclerosis
musculoskeletal
system
myocardial infarction
nail care
nasal cannula
neglect
non-contagious
disease
nonverbal
communication
nosocomial
NPO
nursing assistant
behavior
nursing assistant's
role
objective
observation
ombudsman
oral care
oral hygiene
oral temperature
orientation
oriented
osteoarthritis
osteoporosis
over the bed table
oxygen
pain
paralysis
paraphrasing
parenteral nutrition
Parkinson's disease
partial assistance
passive
pathogens

patience
perineal care
peripheral vascular disease
peristalsis
personal care
personal possessions
personal protective
equipment
phantom pain
physical needs
physician's authority
pill-rolling
plaque
plate rim
positioning resident
post mortem care
pressure sore
pressure ulcer
preventing falls
privacy
PRN
progressive
prone
prosthesis
protective equipment
providing privacy
psychological needs
pulmonary disease
pulse
quadriplegia
RACE (acronym)
radial
ramps
range of motion
rectal temperature
rehabilitation
reminiscing
reporting abnormal
changes
reporting observations
reposition residents
resident
independence
resident rights
resident unit
residents
Resident's Bill of
Rights
resident's chart
resident's
environment
resident's families
respectful treatment
respirations
respiratory condition
responding to resident

behavior
restorative care
restrained resident
restraints
resuscitation
right to refuse care
safety and security
needs
scale
security
seizure
self-actualization
self-esteem
sensory system
sexual needs
sharps container
shaving
shearing of skin
side rails
simple fracture
skin breakdown
sleep
smoking
social needs
social well being
soiled linen
specimen
spiritual needs
sputum test
standard precautions
standard/universal
precautions
sterilization
stool specimen
stress
stroke
strong side
subjective
sun downing
supine
supplemental
feedings
swelling
systolic
tachycardia
TED hose
tendons
terminal illness
TIA
tips
trachea
tracheostomy
transferring
transporting food
treating residents with

respect
tub bath
tube feeding
tuberculosis
twice daily
tympanic temperatures
unaffected side
unconscious resident
uniform
unsteady

urethral
urinary catheter bag

abducción
abuso al residente
accidente cerebro vascular
accidentes
actividad
actividades de la vida diaria
actualización de si mismo
admitir un residente
aducción
afasia
afeitar a un residente
agudo
ahogarse
aislamiento
alimentación por sonda
alimentación suplementaria
alimentando al residente
alineación del cuerpo
altura de cama
alucinación
ambiente del residente
ambular
amplitud de movimiento
amputación
andador
anemia
angina de pecho
ansiedad
apical
arco de movimiento
arterias
artritis
aséptica
aspiración
ataque de apoplejía
ataque de isquémia
transitorio
ataque del corazón
ataques
atrofia
audífono
autoestima

urinary system
urination
urine
urine filter
varicose veins
ventilation
visually impaired
vital signs
vitamins
vomiting
walker
wandering resident
warm and cold
auto-realización

autoridad del médico
ayuda parcial
ayudar a un residente a
vestirse
ayudar a un residente para
ambular
bacteria
bañar
bañera
baño de bañera

baño de tina
baño en cama
báscula
BID
bienestar social
bolsa de biohazard
bolsa de catéter urinaria
caídas
cáncer
cansar de trabajar
cánula nasal
carriles de lado
cataratas
catéter
catéter continuo
catéter de Foley
ceguera
cianosis
cianótica
cinturón para andar
clarificación
código ético
colocando al residente
colostomía
comida transportada
comportamiento de la
asistente de enfermera
comprimido frío
comunicación
comunicación no verbal

applications
water faucets
water temperature
weak side
weighing resident
wheelchair safety
white blood cells

condición respiratoria
confidencialidad
contaminación
contractura

convertir unidades
crónico
cuadriplejía
cuerpo fluidos
cuestiones éticos
cuidado básico en la piel
cuidado de boca
cuidado de cabello
cuidada de confort
cuidado de pies
cuidado de uñas
cuidado después de la
muerte
cuidado matutino(por la
mañana)
cuidado oral
cuidado perineal
cuidado personal
cuidado restaurativo

cuña
cuna de cama
dando privacidad
delirios
demencia
dentaduras
depresión
derecho a rehusar cuidado
derechos de los residentes
descanso en cama
descripción de trabajo
descuido
deshidratación
desinfección
desinfectantes
desorientación
deterioro de la piel
diabetes

diabetes melitus
diálisis
diarrea
diastólica
dieta
dieta baja en sodio
dieta líquida
dieta mecánica suave
disfagia
disnea
dispositivo de ayuda
distensión en la espalda
disuria
DNR
documentación
dolor
dolor de fantasma
dormir
dos veces un día
edema
el papel de la asistente de enfermería
eliminación de desechos
embolia/derrame cerebral
empatía
enfermedad de Huntington
enfermedad de Parkinson
enfermedad pulmonar
enfermedad pulmonar obstructiva crónica
enfermedad que no es contagiosa
enfermedad terminal
enfermedad transmisible
enfermedad vascular periférica
enfisema
enojo
entrenar el intestino o la vejiga
equipo de atención en salud personal
esclerosis múltiple
esterilización
estreñimiento
estrés
evacuaciones
examen sputum
expediente médico
extremidad
familia del residente
filtro de orina
flexionado
fractura simple
fracturas

fumar
gerontología
glóbulos blancos
gráfico de residente
habilidades interpersonales
habituarse al intestino o la vejiga
hemiplejía
hepatitis B
higiene oral
HIPAA
hipertensión
hiperventilación
hipoglucemia
impacción fecal
impedimento auditivo
impedimento visual
incontinencia
independencia del residente
infarto agudo del miocardio
infección
infección de nosocomial
inflamación
información confidencial
ingestión y salida (en inglés - intake/output)
inmovilidad
insuficiencia cardíaca congestiva
ira
jerarquía de necesidades de Maslow
la enfermedad de Alzheimer
labialidad emocional
lado afectado
lado fuerte
lado no afectado
las aplicaciones frías y tibias
lavado de manos
lenguaje corporal
lentes
limpiar los derrames
lino sucio
líquido peligroso
llaves para el agua
luz de llamada
maniobra de Heimlich
mareo
mecánica corporal
mediador (en inglés - ombudsman)
medias antiembolias
medias elásticas
medicamentos
medir la estatura
membrana mucosa

mesa sobre cama
microorganismos
minerales
molde
movimientos de dedos que se parecen al rodar de píldoras
muestra de heces
músculo de corazón
necesidades básicas del ser humano
necesidades de seguridad
necesidades emocionales
necesidades espirituales
necesidades físicas
necesidades psicológicas
necesidades sexuales
necesidades sociales
negación
negociar
no reanimar
NPO
nutrición parenteral total
objetiva
observaciones iniciales
oprimir los conductos sanguíneos
orientación
orientado
orinar
osteoartritis
osteoporosis
oxígeno
paciencia
parafrasear
parálisis
pasivo
patógenos
pérdida de memoria
peristalsis
pesar un residente
peso
pie caído
piel seca
placa
plan de cuidado
plato con borde
posesiones personales
posición de cama
posición de Fowler
precauciones estándares / universales
presión abdominal
prevención de caídas
privacidad
PRN

procedimientos de seguridad
 contra incendios
 proceso de aflicción
 proceso de darle la salida a
 un residente
 proceso de envejecimiento
 proceso de pena
 proceso moribundo
 programas del intestino o de
 la vejiga
 progresiva
 pronóstico
 propinas
 prótesis

prótesis de cadera

pulso
 pulso radial
 quimioterapia
 RACE
 radial
 rampas
 recipiente para agujas
 rectal
 recuerdo/memoria
 rehabilitación
 reportando cambios
 anormales
 reportando los signos vitales
 anormales
 reportar observaciones
 reporte de incidente
 reposicionar a los residentes

residente ambulatorio
 residente confundido
 residente en restricciones
 residente exigente
 residente inconsciente
 residente vagabundo
 residentes
 respiración
 respondiendo a
 comportamiento del residente
 respuesta apropiada
 restricciones
 resucitación
 ropa blanca
 ruptura de la piel
 sábanas para voltear
 sangrado
 secreciones de gotita
 seguridad de silla de rueda
 signos vitales
 síndrome del anochecer
 sistema cardiovascular
 sistema circulatorio
 sistema de endocrina
 sistema integumentario
 sistema músculo-esquelético
 sistema nervioso central
 sistema sensorial
 sistema urinario
 sistólico
 subjetiva
 supina
 tablas de pie
 taquicardia
 temblores de mano

temperatura axilar
 temperatura del agua
 temperatura oral
 temperatura rectal
 temperatura timpánica
 tendido de una cama
 ocupada
 tendón
 tener un impedimento visual
 tensión arterial
 tiempo internacional
 torceduras de espalda
 toser excesivamente
 tráquea
 traqueotomía
 trasladar un residente
 traslado dentro de una
 facilidad
 tratamiento irrespetuoso de
 la residente
 tratamiento respetuoso
 tubo de gastrostomía
 úlcera de decúbito
 úlcera de presión
 unidad del residente
 uniforme
 uretra
 venas varicosas
 VIH y SIDA
 vitaminas
 vomitar

ABBREVIATIONS

a	before	ax	axillary
abd	abdomen	BID bid	twice daily
ac	before meals	BM	bowel movement
ADA	American Disability Act	B/P, BP	blood pressure
ADA	American Diabetic Association	BR	bed rest, bathroom
ADLs	activities of daily living	BRP	bathroom privileges
ad lib	as desired	—	with
AIDS	Acquired Immunodeficiency Syndrome	c	Centigrade/ Celsius
AM/am	hours between midnight and noon	C	cancer
amb	ambulate, walk	CA	catheter
amt	amount	cath	complete blood count
ap	apical	CBC	cubic centimeters
ASAP	as soon as possible	cc	congestive heart failure
as tol	as tolerated	CHF	certified nursing assistant
		CNA	complains of
		c/o	chronic obstructive
		COPD	

CPR	pulmonary disease cardiopulmonary resuscitation	NCR Neg NG NKA noc NPO	no cardiac resuscitation negative nasogastric no known allergies night, nocturnal nothing by mouth
CVA (stroke)	cerebrovascular accident		
D/C or DC	discontinue/ discharge		
DNR	do not resuscitate	O ₂	oxygen
DON	Director of Nursing	OD	right eye
drsg	dressing	OS	left eye
Dr.	doctor	OU	both eyes
Dx	diagnosis	oob	out of bed
		OR	operating room
EEG	electroencephalogram	ortho	orthopedics
EKG/ECG	electrocardiogram	O.T.	occupational therapy
ER	Emergency Room	oz.	ounce
		—	
F	Fahrenheit	p	after
FBS	fasting blood sugar (blood test)	P	pulse
Foley	indwelling urinary catheter	pc	after meals
Fx	fracture	per	by/via or through
		peri	perineal areas
		pm	hours between noon and midnight
GB	gallbladder	po	by mouth
GI	gastrointestinal	postop	after surgery
GU	genitourinary	preop	before surgery
H or hr	hour	PRN, prn	when necessary
H ₂ O ₂	hydrogen peroxide	pt	patient/resident
H/A	headache or hearing aid	PT	physical therapy
HOB	head of bed		
H ₂ O	water	q	every
HS or hs	hour of sleep	qd	every day
Ht	height	qh	every hour
		qhs	every bed time
IM	intramuscular	q2h	every two hours
I & O	intake and output	QID/qid	four times daily
IV	intravenous		
		R	rectal or respirations
Kg	kilogram	R/rt	right
		RACE	rescue, alarm, contain, extinguish
Lab	laboratory	RBC	red blood cell
L/lt	left	reg	regular
L	liter	rehab	rehabilitation
lb	pound	RN	registered nurse
LOA	leave of absence	ROM	range of motion
LOC	level of consciousness	RT	recreational therapy or respiratory therapy
LPN	licensed practical nurse		
LTC	long term care	Rx	prescription
meds	medications	—	
ml	milliliter	s	without
MI	myocardial infarction	SNF	skilled nursing facility
MS	Multiple sclerosis	SOB	short of breath
NAS	no added salt (diet order)	SSE	soap suds enema

staph	staphylococcus bacteria	UTI	urinary tract infection
stat	at once, immediately		
Sx	symptoms	VS or V/S	vital signs
T	temperature	WBC	white blood cells
TB	tuberculosis	w/c	wheelchair
tbsp	tablespoon	WNL	within normal limits
TCDB	turn, cough and deep breath	wt	weight
TED hose	brand name of anti- embolism stocking	x	times (i.e. 3xhr = three times an hour)
TIA	transient ischemic attack (little or silent stroke)	i/ii/iii	one/two/three
TID/tid	three times a day	-	negative
TLC	tender loving care	+	positive
TPR	temperature, pulse, respiration	<	less than
		>	greater than or more than
tsp	teaspoon		
Tx	treatment		
UA or U/A	urinalysis		
URI	upper respiratory infection		

PRACTICE WRITTEN EXAM

The following questions are samples of the kinds of questions that you will find on the written examination.

1. Reality orientation therapy should include:
 - A. Talking about your interest
 - B. Using nicknames like "granny"
 - C. Calling the resident by his name
 - D. Telling imaginative stories to the resident

2. You are giving mouth care to an UNCONSCIOUS resident. You must be especially careful to prevent the resident from:
 - A. Aspirating any fluid
 - B. Eating the toothpaste
 - C. Talking during the procedure
 - D. Biting down on the toothbrush

3. While dressing a post CVA resident with one-sided weakness, which arm should be put through the sleeve first ?
 - A. Weak arm
 - B. Strong arm
 - C. It doesn't matter
 - D. Both arms at the same time

4. If a resident refuses to eat a certain food because of a religious preference, the CNA should:
 - A. Allow the resident to go hungry
 - B. Ask the family to bring in special foods
 - C. Respect the residents religion and notify the dietician
 - D. Tell the resident to eat the food, no preference is given

5. Which of the following **best** helps reduce pressure on the bony prominences
 - A. Several pillows
 - B. Sheepskin

- C. Flotation mattress
 - D. Repositioning every shift
6. While an unsteady resident is showering you should:
- A. Leave to respect privacy
 - B. Go start another shower
 - C. Use a shower chair
 - D. Ambulate a resident just outside the door
7. If the CNA is confused about instructions of a task that the nurse told the CNA to do, the CNA should:
- A. Do the best job possible and not bother co-workers with the misunderstanding
 - B. Ask the other CNA's to do the job
 - C. Ask the nurse to clarify the instructions
 - D. Ask the patient what to do
8. When caring for a confused resident what should a nursing assistant do?
- A. Give simple directions
 - B. Give the patient activities
 - C. Say nothing
 - D. Allow the patient to plan daily activities
9. When removing soiled bed linen, they should be:
- A. Rolled dirty side out
 - B. Shaken to get all the crumbs off
 - C. Put on the floor, it's dirty also
 - D. Rolled dirty side in
10. You are assigned to care for a new resident. You do not know what to call her. You should introduce yourself then:
- A. Call her by her first name
 - B. Call her "dear" or "honey" to be friendly
 - C. Ask her by what name she would like to be called
 - D. Ask a family member what name to call him/her
11. Insulin, a hormone, regulates:
- A. The rhythm of the heart
 - B. The amount of salt retained in the blood
 - C. The strength of the skeletal muscles
 - D. The amount of sugar in the blood
12. When assisting a blind resident to walk it is important to:
- A. Hold the resident's elbow
 - B. Stand slightly behind them
 - C. Have him use a white cane
 - D. Allow the resident to hold your arm
13. A nursing assistant closes the door, pulls curtains between beds, and covers the resident with a bath sheet when giving a bath. This is an example of maintaining a resident's:
- A. Choice
 - B. Privacy
 - C. Confidentiality
 - D. Right of expression
14. When you are giving hair care you should particularly observe for the following:
- A. Hair curl
 - B. Split ends

- C. Hair color change
 - D. Lice, nits, and sores
15. What can you do to allow a helpless resident some independence when he must be fed?
- A. Feed the resident lying down
 - B. Feed the resident with a fork
 - C. Always stand to feed the resident
 - D. Ask which foods the resident would like to eat first
16. ROM exercises will help prevent:
- A. Obesity
 - B. Depression
 - C. Contractures
 - D. Pressure sores
17. Keeping information confidential about a client is:
- A. Not important
 - B. Fairly important
 - C. Applies only to medical records
 - D. A legal responsibility
18. NPO means:
- A. Nothing by mouth
 - B. Nothing per ostomy
 - C. Only ice chips per mouth
 - D. Nothing by mouth except water
19. Which of the following is a right of residents in a nursing facility?
- A. Smoking in their room
 - B. Making as much noise as they want
 - C. Refusing treatment ordered by the doctor
 - D. To take all the drugs they want
20. A nursing assistant is helping a resident to walk. If the resident becomes faint and begins to fall, the assistant should:
- A. Hold the resident up and call for help
 - B. Hold the resident up and continue walking
 - C. Ease the resident to the floor and call for help
 - D. Carry the resident back to bed and then go for help
21. A resident's call light:
- A. May be answered when you have time
 - B. May be kept out of the residents reach
 - C. Should be answered as quickly as possible
 - D. May only be answered by the nursing assistant assigned to that client
22. You don't answer a call light because the patient is always hitting it accidentally. This would be considered:
- A. Unethical
 - B. Neglect/abuse
 - C. Breaking confidentiality
 - D. False imprisonment
23. The most comfortable position for a resident with a respiratory problem is:
- A. Prone
 - B. Supine

- C. Lateral
- D. Fowler's

24. Restraints should be unfastened or released:

- A. Daily
- B. Never
- C. Q1-2 hours
- D. Q3-5 hours

25. Which of the following people provide treatment for persons who have difficulty talking due to disorders such as a stroke or physical defects?

- A. Speech therapist
- B. Registered nurse
- C. Physical therapist
- D. Occupational therapist

Answers: 1. c., 2. a., 3. a., 4. c., 5. c., 6. c., 7. c., 8. a., 9. d., 10. c., 11. d., 12. d., 13. b., 14. d., 15. d., 16. c., 17. d., 18. a., 19. c., 20. c., 21. c., 22. b., 23. d., 24. c., 25. a.

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