

# ***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](http://www.utahcna.com).** To take the practice exam online, go to [www.utahcna.com](http://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.**

**Student nurse:** A student/graduate nurse is an individual who has successfully completed 'nursing fundamentals' in a state approved RN or LPN nursing program. Nursing fundamentals fulfills the requirement of an OBRA nursing assistant training program. A student/graduate must submit a copy of an **official** school transcript along with their testing application.

**Military nursing assistant candidate:** A military nursing assistant is an individual who is a Medical Service Apprentice from the Air Force, a Corpsman from the Navy, or a Medical Specialist from the Army. A military nursing assistant candidate must submit a copy of their DD 214 along with the testing application and appropriate fees. Those military personnel who wish to obtain a waiver of a NATCEP must be active military, in the reserves or have been in the military within the past 2 years.

**Out-of-State nursing assistant:** An out-of-state student/graduate nurse or nursing assistant is an individual who has successfully completed the OBRA portion of a curriculum of at least eighty (80) hours. Request an out-of-state application from the Utah Nursing Assistant Registry (UNAR).

**Expired nursing assistant:** A certified nursing assistant who allows his/her certification to expire and does not renew within the appropriate time-frame may renew by requesting an application to retest. You are 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](http://www.utahcna.com), click on 'UNAR CNA 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**

1. **Avoid allowing person to remain in one position for a long period of time**
2. **Check for reddened areas when you are providing care**
3. **Provide good skin care**
4. **Encourage mobility**
5. **Encourage good nutrition & hydration**
6. **Minimize skin injury caused by friction or shearing**
7. **Anticipate toileting needs**
8. **Use pressure-reducing devices**

#### **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**
  - a. **No smoking when oxygen is in use**
  - b. **Tubing free of kinks**
  - c. **Do not adjust the flow of oxygen**
  - d. **Check water level in humidifier(if using one)**
  - e. **Check for signs of irritation behind or around person's ears and over cheeks**
  - f. **Provide oral hygiene**

#### **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 required 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](http://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	body alignment	delusions
abduction	body fluids	demanding resident
abuse	body language	dementia
accidents	body mechanics	denial
activity	bowel and bladder programs	dentures
acute	bowel movements	depression
adduction	breathing	diabetes
ADL's	burnout	diabetes mellitus
admitting residents	call light	dialysis
affected side	cancer	diarrhea
aging process	cardiovascular system	diastolic
AIDS (HIV)	care plan	diet
Alzheimer's	cast	discharging resident
ambulate with assistance	cataracts	disinfectants
ambulation	catheter drainage bag	disinfection
ambulatory resident	central nervous system	disoriented resident
amputees	cerebral vascular accident	disposing of contaminated materials
anemia	chemical disinfectants	disrespectful treatment
anger	chemotherapy	dizziness
Angina pectoris	chest pain	DNR
antiembolic stockings	choking	documentation
anxiety	chronic	documentation
aphasia	circulatory system	documentation
apical	clarification	dressing resident
appropriate response	cleaning spills	droplet secretions
arteries	clear liquid diet	dry skin
arthritis	cold compress	dying process
aseptic	colostomy	dysphagia
aspiration	comfort care	dyspnea
assistive device	communicable	dysuria
atrophy	communication	edema
autism	confidential information	elastic stockings
avoiding falls	confidentiality	elimination of wastes
axillary temperature	confused resident	emotional lability
back strain	congestive heart failure	emotional needs
bacteria	constipation	empathetic
bargaining	constrict	empathy
basic human needs	contamination	emphysema
basic skin care	contracture	endocrine system
bathing	converting measures	ethical code
bed bath	COPD	ethical issues
bed cradle	coughing excessively	extremity
bed height	CVA	eye glasses
bed position	cyanosis	falls
bedpan	cyanotic	fecal impaction
bedrest	decubitus ulcer	feeding resident
BID	dehydration	feeding tube
biohazard bag		fire safety procedures
bladder training		flexed
bleeding		flexion
blindness		Foley catheter
blood pressure		

foot board	mentally impaired	pill-rolling
foot care	microorganisms	plaque
foot drop	military time	plate rim
Fowler's position	minerals	positioning resident
fractures	morning care	post mortem care
gait belt	mouth care	pressure sore
gastrostomy tube	moving a resident	pressure ulcer
geriatrics	mucous membrane	preventing falls
gerontology	multiple sclerosis	privacy
grieving process	musculoskeletal system	PRN
hair care	myocardial infarction	progressive
hallucination	nail care	prone
hand tremors	nasal cannula	prosthesis
hand-washing	neglect	protective equipment
hazardous substances	non-contagious disease	providing privacy
health-care team	nonverbal communication	psychological needs
health care related infection	nosocomial	pulmonary disease
hearing aid	NPO	pulse
hearing impaired	nursing assistant behavior	quadriplegia
heart attack	nursing assistant's role	RACE (acronym)
heart muscle	objective	radial
Heimlich maneuver	observation	ramps
hemiplegia	ombudsman	range of motion
hepatitis B	oral care	rectal temperature
hereditary	oral hygiene	rehabilitation
hip prosthesis	oral temperature	reminiscing
HIPAA	orientation	reporting abnormal changes
Huntington's disease	oriented	reporting observations
hypertension	osteoarthritis	reposition residents
hyperventilation	osteoporosis	resident
hypoglycemia	over the bed table	independence
immobility	oxygen	resident rights
incident report	pain	resident unit
incontinence	paralysis	residents
indwelling catheter	paraphrasing	Resident's Bill of Rights
infection	parenteral nutrition	resident's chart
in-house transfer	Parkinson's disease	resident's environment
initial observations	partial assistance	resident's families
input and output	passive	respectful treatment
intake and output	pathogens	respirations
Integumentary system	patience	respiratory condition
interpersonal skills	perineal care	responding to resident behavior
isolation	peripheral vascular disease	restorative care
job description	peristalsis	restrained resident
lift/draw sheets	personal care	restraints
linen	personal possessions	resuscitation
liquid diet	personal protective equipment	right to refuse care
low sodium diet	phantom pain	safety and security needs
making occupied bed	physical needs	scale
Maslow	physician's authority	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

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

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

ansiedad  
apical  
arco de movimiento  
arterias  
artritis  
aséptica  
aspiración  
ataque de apoplejía  
ataque de isquémia  
transitorio  
ataque del corazón  
ataques  
atrofia  
audífono  
autoestima  
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

urethral  
urinary catheter bag  
urinary system  
urination  
urine  
urine filter  
varicose veins  
ventilation  
visually impaired  
vital signs  
vitamins  
vomiting  
walker  
wandering resident  
warm and cold  
applications  
water faucets  
water temperature  
weak side  
weighing resident  
wheelchair safety  
white blood cells

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	distensión en la espalda	hipertensión
comunicación no verbal	disuria	hiperventilación
condición respiratoria	DNR	hipoglucemia
confidencialidad	documentación	impacción fecal
contaminación	dolor	impedimento auditivo
contractura	dolor de fantasma	impedimento visual
	dormir	incontinencia
convertir unidades	dos veces un día	independencia del residente
crónico	edema	infarto agudo del miocardio
cuadriplejía	el papel de la asistente de enfermería	infección
cuerpo fluidos	eliminación de desechos	infección de nosocomial
cuestiones éticos	embolia/derrame cerebral	inflamación
cuidado básico en la piel	empatía	información confidencial
cuidado de boca	enfermedad de Huntington	ingestión y salida (en inglés - intake/output)
cuidado de cabello	enfermedad de Parkinson	inmovilidad
cuidada de confort	enfermedad pulmonar	insuficiencia cardíaca
cuidado de pies	enfermedad pulmonar obstructiva crónica	congestiva
cuidado de uñas	enfermedad que no es contagiosa	ira
cuidado después de la muerte	enfermedad terminal	jerarquía de necesidades de Maslow
cuidado matutino(por la mañana)	enfermedad trasmisible	la enfermedad de Alzheimer
cuidado oral	enfermedad vascular periférica	labiality emocional
cuidado perineal	enfisema	lado afectado
cuidado personal	enojo	lado fuerte
cuidado restaurativo	entrenar el intestino o la vejiga	lado no afectado
	equipo de atención en salud	las aplicaciones frías y tibios
cuña	equipo de protección personal	lavado de manos
cuna de cama	esclerosis múltiple	lenguaje corporal
dando privacidad	esterilización	lentes
delirios	estreñimiento	limpiar los derrames
demencia	estrés	lino sucio
dentaduras	evacuaciones	líquido peligroso
depresión	examen sputum	llaves para el agua
derecho a rehusar cuidado	expediente médico	luz de llamada
derechos de los residentes	extremidad	maniobra de Heimlich
descanso en cama	familia del residente	mareo
descripción de trabajo	filtro de orina	mecánica corporal
descuido	flexionado	mediador (en inglés - ombudsman)
deshidratación	fractura simple	medias antiembolias
desinfección	fracturas	medias elásticas
desinfectantes	fumar	medicamentos
desorientación	gerontología	medir la estatura
deterioro de la piel	glóbulos blancos	membrana mucosa
diabetes	gráfico de residente	mesa sobre cama
diabetes melitus	habilidades interpersonales	microorganismos
diálisis	habituarse al intestino o la vejiga	minerales
diarrea	hemiplejía	molde
diastólica	hepatitis B	movimientos de dedos que se parecen al rodar de pildoras
dieta	higiene oral	muestra de heces
dieta baja en sodio	HIPAA	músculo de corazón
dieta líquida		necesidades básicas del ser humano
dieta mecánica suave		
disfagia		
disnea		
dispositivo de ayuda		

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  
 pronó  
 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	ac	before meals
abd		abdomen	ADA	American Disability Act

ADA	American Diabetic Association	H or hr	hour
ADLs	activities of daily living	H <sub>2</sub> O <sub>2</sub>	hydrogen peroxide
ad lib	as desired	H/A	headache or hearing aid
AIDS	Acquired Immunodeficiency Syndrome	HOB	head of bed
AM/am	hours between midnight and noon	H <sub>2</sub> O	water
amb	ambulate, walk	HS or hs	hour of sleep
amt	amount	Ht	height
ap	apical	IM	intramuscular
ASAP	as soon as possible	I & O	intake and output
as tol	as tolerated	IV	intravenous
ax	axillary		
BID bid	twice daily	Kg	kilogram
BM	bowel movement	Lab	laboratory
B/P, BP	blood pressure	L/lt	left
BR	bed rest, bathroom	L	liter
BRP	bathroom privileges	lb	pound
—		LOA	leave of absence
c	with	LOC	level of consciousness
C	Centigrade/ Celsius	LPN	licensed practical nurse
CA	cancer	LTC	long term care
cath	catheter		
CBC	complete blood count	meds	medications
cc	cubic centimeters	ml	milliliter
CHF	congestive heart failure	MI	myocardial infarction
CNA	certified nursing assistant	MS	Multiple sclerosis
c/o	complains of		
COPD	chronic obstructive pulmonary disease	NAS	no added salt (diet order)
CPR	cardiopulmonary resuscitation	NCR	no cardiac resuscitation
CVA (stroke)	cerebrovascular accident	Neg	negative
		NG	naso-gastric
		NKA	no known allergies
		noc	night, nocturnal
		NPO	nothing by mouth
D/C or DC	discontinue/ discharge		
DNR	do not resuscitate	O <sub>2</sub>	oxygen
DON	Director of Nursing	OD	right eye
drsg	dressng	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		
GI	gastrointestinal	po	by mouth
GU	genitourinary	postop	after surgery

preop	before surgery	TCDB	turn, cough and deep breath
PRN, prn	when necessary	TED hose	brand name of anti-embolism stocking
pt	patient/resident	TIA	transient ischemic attack (little or silent stroke)
PT	physical therapy	TID/tid	three times a day
q	every	TLC	tender loving care
qd	every day	TPR	temperature, pulse, respiration
qh	every hour	tsp	teaspoon
qhs	every bed time	Tx	treatment
q2h	every two hours	UA or U/A	urinalysis
QID/qid	four times daily	URI	upper respiratory infection
R	rectal or respirations	UTI	urinary tract infection
R/rt	right	VS or V/S	vital signs
RACE	rescue, alarm, contain, extinguish	WBC	white blood cells
RBC	red blood cell	w/c	wheelchair
reg	regular	WNL	within normal limits
rehab	rehabilitation	wt	weight
RN	registered nurse	x	times (i.e. 3xhr = three times an hour)
ROM	range of motion	i/ii/iii	one/two/three
RT	recreational therapy or respiratory therapy	-	negative
Rx	prescription	+	positive
-	without	<	less than
s	skilled nursing facility	>	greater than or more than
SNF	short of breath		
SOB	soap suds enema		
SSE	staphylococcus bacteria		
staph	at once, immediately		
stat	symptoms		
Sx	temperature		
T	tuberculosis		
TB	tablespoon		
tbsp			

## 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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