Basic Nursing Care Skills pdf

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1. client on intake and output eats 1/2 cup of mashed potatoes, 4 ounces of cranberry juice, 7 ounces of milk, and a hot roast beef sandwich. What is the client's FLUID intake?

A. 120 mL

B. 280 mL

C. 330 mL

D. 450 mL

Answer: C. 330 mL

The client's fluid intake is 330 mL, calculated by converting 4 ounces of juice and 7 ounces of milk to milliliters and adding them together.

Fluid intake on an intake and output record includes all liquids the client drinks, such as juice, milk, water, coffee, and tea. Solid foods like mashed potatoes and a sandwich are not counted as fluids, even though they contain some water. To find the total, convert each liquid from ounces to milliliters using the standard conversion of 1 ounce equals 30 mL. The 4 ounces of cranberry juice equals 120 mL, and the 7 ounces of milk equals 210 mL. Adding 120 mL plus 210 mL gives 330 mL of fluid intake. This step-by-step conversion keeps the record accurate and supports monitoring the client's hydration status.

A) 120 mL

This number matches only the cranberry juice after conversion and leaves out the milk entirely. It can look appealing if you focus on just one liquid on the tray, but intake records require adding every fluid the client consumed.

B) 280 mL

This figure does not match a correct conversion of the liquids listed. It may result from a math slip or from using an inaccurate ounce-to-milliliter conversion, so double-check your conversion factor and add each fluid carefully.

D) 450 mL

This total is higher than the actual fluid volume and may come from mistakenly counting the mashed potatoes or the sandwich as fluids or from adding an extra item. Only liquids the client drinks belong in the fluid intake total.

Conclusion

For intake and output questions, count only the liquids consumed, convert ounces to milliliters at 30 mL per ounce, and add each liquid separately. Solid foods stay out of the fluid total, and careful step-by-step math prevents common conversion errors.

2. NPO means:

A. no pulling on body

B. nurse please observe

C. nothing per ostomy

D. nothing by mouth

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Answer: D. nothing by mouth

NPO stands for "nothing by mouth," meaning the resident receives no food or fluids orally.

NPO comes from the Latin phrase nil per os, which translates to nothing by mouth. This order tells the nursing team to withhold all food, fluids, and oral medications so the resident takes nothing through the mouth. It is used before surgery, during certain tests, or when swallowing is unsafe, such as after a stroke or with aspiration risk. As a CNA, you honor this order by removing water pitchers and food trays, reminding the resident not to eat or drink, and reporting any request for fluids to the nurse. Oral care and watching for signs of thirst or dryness remain important parts of care even when the resident cannot swallow anything.

A) No pulling on body

This phrase sounds like a safety instruction and might seem plausible if you associate NPO with movement precautions, but it has no connection to nutrition or medical orders. NPO is a dietary and medication abbreviation, not a handling rule.

B) Nurse please observe

This option plays on the letters and sounds like a request for monitoring, which can feel reasonable in a care setting. However, NPO does not mean the nurse should simply watch the resident; it is an order to stop all oral intake.

C) Nothing per ostomy

This choice uses a real medical term, which makes it tempting, but NPO applies to the mouth and the entire digestive tract by mouth, not specifically to an ostomy. Ostomy care has its own separate instructions and abbreviations.

Conclusion

Remember that NPO means nothing by mouth, so your job is to keep food, fluids, and oral medications away from the resident and report any intake requests or signs of discomfort to the nurse. Knowing this abbreviation helps you follow orders safely and protect residents from aspiration or other harm.

3. Meeting the right to physical accommodation means:

A. unlimited TV

B. keep long nails if desired

C. allow soiled clothing

D. keep clean & groomed

Answer: D. keep clean & groomed

Meeting the right to physical accommodation means keeping the resident clean and well groomed.

The right to physical accommodation covers the resident's basic needs for a safe, comfortable, and dignified physical environment and personal care. Helping a resident stay clean and groomed supports hygiene, skin health, comfort, and self-esteem, and it falls within the CNA's daily care duties. Facilities must provide this care while respecting the resident's preferences and privacy.

A) Unlimited TV

Television access relates to recreation and activities, not to physical accommodation. It may seem appealing because entertainment is part of quality of life, but it does not address the resident's physical care needs.

B) Keep long nails if desired

Long nails can harbor bacteria and pose a scratch or injury risk, especially for residents with fragile skin or compromised health. Honoring a preference is important, but it does not override infection control and safety, so this is not what physical accommodation means.

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C) Allow soiled clothing

Permitting soiled clothing would neglect hygiene and dignity and could lead to skin breakdown or infection. It might be confused with respecting a resident's choice, but allowing unsanitary conditions is not accommodation; it is a failure of care.

Conclusion

Physical accommodation centers on providing clean, safe, dignified personal care. When a question mentions resident rights, look for the option that supports health, safety, and dignity rather than convenience or unchecked preference.

4. Absence of breathing is:

A. apnea

B. Kussmaul

C. bradypnea

D. hypoxia

Answer: A. apnea

Absence of breathing is called apnea.

Apnea means there are no breaths at all, so a CNA who sees no chest rise, hears no air movement, and feels no breath on the cheek should recognize this as an emergency and call for help immediately. Recognizing the term helps you report findings clearly to the nurse and respond quickly, since a person who is not breathing needs urgent intervention.

B) Kussmaul

Kussmaul respirations are deep, rapid, and labored breaths often linked to a metabolic problem, so breathing is still happening. The word may sound serious and easy to confuse with a complete stop, but it describes a pattern of breathing rather than its absence.

C) Bradypnea

Bradypnea means breathing that is slower than normal, but breaths are still present. Because it also refers to an abnormal breathing rate, it can seem close to a full stop, yet the key difference is that air movement continues.

D) Hypoxia

Hypoxia means the body tissues are not getting enough oxygen, which can happen even when a person is breathing. It describes an oxygen shortage rather than the absence of breathing, so it may look similar in a struggling resident but does not mean respirations have stopped.

Conclusion

Remember that apnea means no breathing at all, while the other terms describe abnormal breathing patterns or low oxygen. Knowing these distinctions helps you describe what you observe accurately and act fast in an emergency.

5. When giving mouth care to an unconscious client, the nurse aide SHOULD:

A. avoid cleaning the client's teeth

B. turn the client's head to the side

C. give the client sips of mouthwash

D. leave the privacy curtain open

Answer: B. turn the client's head to the side

Turning the client's head to the side keeps the airway protected by letting fluids drain out of the mouth during care.

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An unconscious client cannot swallow or cough, so secretions, water, or toothpaste can easily slide toward the back of the throat and into the lungs. Turning the head to the side allows gravity to carry fluids out of the mouth instead of down the airway, which helps prevent choking and aspiration. The aide should also use a small amount of fluid, keep the mouth open with a bite block or padded tongue blade as allowed by facility policy, and suction or wipe the mouth as needed while staying with the client throughout the procedure.

A) Avoid cleaning the client's teeth

Skipping mouth care leaves food, plaque, and bacteria in the mouth, which can lead to infection and discomfort, and it goes against the basic hygiene needs of every client. It may seem safer to avoid the mouth entirely when someone is unresponsive, but careful cleaning with the head turned and small amounts of fluid is both safe and necessary.

C) Give the client sips of mouthwash

An unconscious client cannot swallow, so any liquid placed in the mouth can be aspirated into the lungs and cause serious harm. Offering sips may feel like a normal part of mouth care, but swallowing ability is exactly what this client lacks.

D) Leave the privacy curtain open

Personal care should protect the client's dignity and privacy, and leaving the curtain open exposes the client to others unnecessarily. It may seem helpful for watching the client, but privacy can be maintained while the aide stays close and observes carefully.

Conclusion

For an unconscious client, the priority in mouth care is airway safety, so position the head to the side so fluids drain out, use minimal liquid, and never give anything to swallow. Remember that privacy and thorough cleaning still matter, but they never come before protecting the airway.

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