CNA Exam Ohio Questions

CNA TestBank · Prepared Nov 28, 2026 · Ref XMVQO764

Free preview: **5 of 58** questions. Create a free account at https://www.cnatestbank.com/register for 10 questions, or subscribe at https://www.cnatestbank.com/pricing for all 58.
For personal study only. Do not share or redistribute. Educational use only; not a substitute for accredited CNA training.

1. The charge nurse has asked a nurse aide to take the height of a resident who is on bed rest. What should the nurse aide do?

A. Measure from the top of the resident's head to the bottom of the heels, with the resident lying in bed.

B. Take the resident out of bed and measure the height in a standing position.

C. Wait until the resident is better and can get out of bed to be measured in a standing position.

D. Tell the nurse that it is difficult to take the height of a resident on bed rest.

Answer: A. Measure from the top of the resident's head to the bottom of the heels, with the resident lying in bed.

Measure the resident's height while they remain lying in bed, from the top of the head to the bottom of the heels.

A resident on bed rest must stay in bed, so height is obtained with the resident lying flat. The aide aligns the body straight, marks or measures from the crown of the head to the soles of the heels, and records the result. This keeps the resident safe, respects the bed rest order, and still gives the nurse the needed information. If a tape measure or height device is available, the aide uses it carefully and reports the measurement accurately.

B) Measuring in a standing position

Standing the resident up would go against the bed rest order and could cause dizziness, falls, or injury. It may seem like the easiest way to get an accurate height, but safety and the care plan come first.

C) Waiting until the resident can stand

Delaying the measurement leaves the nurse without information that may be needed for medication dosing, nutrition, or care planning. Height can be measured while the resident stays in bed, so there is no reason to postpone it.

D) Telling the nurse it is difficult

Reporting difficulty instead of trying does not help the resident or the nurse. Measuring a bed-bound resident is a routine skill, and the aide should perform it within their scope and ask for help only if truly needed.

Conclusion

For a resident on bed rest, keep the resident in bed and measure height from head to heels while lying flat. This protects the resident and gives the nurse the measurement they need.

2. A resident frequently talks about serving in the army during World War II. Which response by the nurse aide best promotes the resident's self-esteem?

A. Pretend to listen to the resident's stories.

B. Talk about the nurse aide's uncle's military experience.

C. Ask the resident questions about what the resident did in the army.

D. Encourage the resident to talk about things in the present not the past.

Answer: C. Ask the resident questions about what the resident did in the army.

cnatestbank.com
Guest download · Ref XMVQO764

Asking the resident questions about their army service shows genuine interest and helps the resident feel valued and respected.

Self-esteem grows when a person feels heard and appreciated. This resident finds meaning and pride in memories of military service, so inviting them to share those details signals that their life story matters. Asking open questions lets the resident lead the conversation, keeps the exchange person-centered, and supports dignity without directing or dismissing what they care about.

A) Pretend to listen

Going through the motions without real attention is easy to spot and can leave the resident feeling unimportant. It may seem like a harmless way to keep the peace, but it offers no genuine engagement and does little to build self-worth.

B) Talk about the nurse aide's uncle

Shifting the focus to a personal story takes the spotlight away from the resident. It may feel like a friendly way to connect, yet it turns a moment meant for the resident into a conversation about the aide, which does not reinforce the resident's sense of value.

D) Encourage present topics instead of the past

Steering the resident away from cherished memories can feel like a gentle redirection, but it dismisses something meaningful to them. Reminiscing about important life experiences supports identity and emotional well-being, so cutting it off can lower rather than lift self-esteem.

Conclusion

Active listening and genuine curiosity about a resident's meaningful experiences are simple, powerful ways to protect dignity and self-esteem. Choose responses that keep the resident at the center of the conversation.

3. During your resident's shower, you noticed that one of your gloves has torn and your hand has been exposed to bodily fluids. Your best steps are:

A. remove gloves, dispose of gloves, perform hand hygiene, replace gloves

B. remove gloves, replace gloves, continue with shower

C. call for help, remove gloves, perform hand hygiene, replace glo

D. call for help, perform hand hygiene, replace gloves, continue w

Answer: A. remove gloves, dispose of gloves, perform hand hygiene, replace gloves

Remove the torn gloves, dispose of them, perform hand hygiene, and put on new gloves before continuing the shower.

When a glove tears and your hand contacts bodily fluids, the priority is to stop exposure right away. Removing and disposing of the torn glove limits further contact, and washing your hands with soap and water (or using an alcohol-based hand rub when appropriate) removes contaminants from your skin. Only after hand hygiene is complete should you put on a fresh pair of gloves and resume care. This sequence follows standard precautions and protects both you and the resident.

B) Remove gloves, replace gloves, continue with shower

Skipping hand hygiene leaves bodily fluids on your skin under a new glove, which can lead to contamination and skin irritation. It may seem faster to just swap gloves, but cleaning your hands is the step that actually removes the exposure.

C) Call for help, remove gloves, perform hand hygiene, replace gloves

Calling for help before removing the torn glove delays the most urgent action, since the exposure is happening now. Hand hygiene and regloving are correct, but the call should not come before you address the immediate contamination.

cnatestbank.com
Guest download · Ref XMVQO764

D) Call for help, perform hand hygiene, replace gloves, continue with shower

This option skips removing and disposing of the torn glove before hand hygiene, so the contaminated glove stays on and can spread fluids. Calling for help first also delays the response to an active exposure.

Conclusion

For any glove tear with exposure to bodily fluids, act in this order: remove and dispose of the glove, perform hand hygiene, then put on new gloves. Keeping this sequence in mind helps you respond quickly and safely on the exam and in real care settings.

4. Julia, who is caring for Mrs. Smith, allows Mrs. Smith to talk about her husband, who passed away several years ago, as if he is still alive. This is an example of:

A. validation therapy

B. redirection

C. reminiscence therapy

D. reality orientation

Answer: A. validation therapy

Allowing Mrs. Smith to talk about her late husband as if he were still alive is an example of validation therapy.

Validation therapy meets a person with dementia in their own reality rather than correcting them. When Julia lets Mrs. Smith speak about her husband as though he is still alive, she is accepting Mrs. Smith's feelings and memories without arguing or forcing facts. This approach reduces distress, builds trust, and helps the resident feel heard and safe, which is within the CNA's scope of practice when supporting residents with cognitive impairment.

B) Redirection

Redirection means gently guiding the resident toward a different activity or topic, often to prevent harm or ease agitation. It can look similar because both approaches involve responding to confused statements, but redirection shifts the focus away from the topic rather than accepting and exploring the resident's reality.

C) Reminiscence therapy

Reminiscence therapy involves encouraging the resident to recall and discuss past events and memories, usually with prompts or props. It may seem tempting because Mrs. Smith is talking about her past, but reminiscence therapy is a structured activity focused on memory recall, not on accepting a deceased person as currently alive.

D) Reality orientation

Reality orientation repeatedly presents facts such as the date, time, and place to help the resident stay grounded. It can seem like a caring choice because it aims to keep the resident accurate, but it would involve correcting Mrs. Smith about her husband's death, which is the opposite of validating her experience.

Conclusion

For test-takers, remember that validation therapy accepts the resident's reality and feelings without correction, while redirection changes the subject, reminiscence therapy prompts past memories, and reality orientation corrects with facts. Recognizing these distinctions helps you choose the response that best supports a person with dementia.

cnatestbank.com
Guest download · Ref XMVQO764

5. White blood cells are responsible for:

A. delivering oxygen to the bodies cells

B. the clotting of the blood

C. fighting infection

D. making synovial fluid

Answer: C. fighting infection

White blood cells are responsible for fighting infection.

White blood cells, also called leukocytes, are the body's main defenders against germs. When bacteria, viruses, or other invaders enter the body, white blood cells travel to the area, surround and destroy the organisms, and help coordinate the immune response. This is why a CNA watches for signs of infection, such as fever, redness, or drainage, and reports them promptly. Understanding that white blood cells fight infection also helps you explain to residents why hand hygiene and clean technique matter so much.

A) delivering oxygen to the body's cells

Red blood cells, not white blood cells, carry oxygen. Hemoglobin inside red blood cells binds oxygen in the lungs and releases it to tissues. It is easy to mix up the two cell types since both travel in the bloodstream, but oxygen transport belongs to red blood cells.

B) the clotting of the blood

Clotting is the work of platelets and clotting factors in the plasma, which form a plug and reinforce it to stop bleeding. White blood cells may gather at a wound site later to prevent infection, but they do not form the clot itself. The word "blood cells" can make this option tempting, yet the clotting role belongs to platelets.

D) making synovial fluid

Synovial fluid is produced by the synovial membrane that lines joints, not by white blood cells. This fluid lubricates joints and cushions bones during movement. Because white blood cells are present in many body fluids, some test-takers assume they produce them, but joint lubrication is a separate function of the joint lining.

Conclusion

Remember that white blood cells are the infection fighters, red blood cells carry oxygen, and platelets handle clotting. Keeping these roles straight will help you answer infection control questions and reinforce why good hand hygiene protects residents from the germs white blood cells work to defeat.

cnatestbank.com
Guest download · Ref XMVQO764