CNA Exam Texas Practice Test

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1. Mrs. Finney seems calm and is putting her affairs in order and making arrangements for her loved ones. The stage of grief that she is experiencing is:

A. acceptance

B. bargaining

C. denial

D. depression

Answer: A. acceptance

Mrs. Finney is in the acceptance stage of grief, shown by her calm mood and her efforts to put her affairs in order and make arrangements for loved ones.

In the stages of grief described by Dr. Elisabeth Kübler-Ross, acceptance comes when a person has worked through the earlier reactions and begins to face the end with a sense of calm and readiness. A resident who is peaceful and focused on organizing finances, saying goodbyes, and planning for family is showing that quiet acceptance. The nursing assistant's role is to respect this calm, listen if she wants to talk, and support her wishes without pushing her to feel differently.

B) Bargaining

Bargaining involves trying to negotiate more time or a different outcome, often with promises like "if I do this, then I can live longer." Mrs. Finney's calm organizing does not show a negotiation; the busy, anxious bargaining behavior may look like planning, which makes this choice tempting.

C) Denial

Denial is a refusal to believe the situation is real, often with statements that the diagnosis must be a mistake. Mrs. Finney is clearly acknowledging her situation by arranging her affairs, so denial does not fit; her practical activity can seem like avoidance, but her calm acceptance points elsewhere.

D) Depression

Depression in grief appears as sadness, withdrawal, and loss of interest. Mrs. Finney is described as calm and engaged in meaningful tasks, not withdrawn or sorrowful, so depression does not match; quiet behavior can be mistaken for sadness, which makes this option tempting.

Conclusion

Remember that acceptance looks like calm preparation and peace rather than struggle or sadness. Match the resident's behavior to the stage: negotiating points to bargaining, disbelief to denial, and withdrawal to depression, while calm organizing points to acceptance.

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2. Shuffling walk and standing in one spot as if frozen in place, are signs of:

A. multiple sclerosis

B. Huntington's chorea

C. muscular dystrophy

D. Parkinson's disease

Answer: D. Parkinson's disease

Shuffling walk and freezing in place are classic signs of Parkinson's disease.

Parkinson's disease affects the brain's control of movement, so a resident may take small, shuffling steps and suddenly stop or appear stuck in one spot, sometimes called freezing. These movement changes, along with tremor and stiff muscles, are typical of Parkinson's disease. As a CNA, recognizing these signs helps you keep the resident safe, allow extra time to move, and report changes to the nurse.

A) Multiple sclerosis

Multiple sclerosis damages nerves in the brain and spinal cord and often causes weakness, numbness, vision problems, and balance trouble, but a shuffling, frozen gait is not its hallmark. It can seem tempting because MS also affects movement, yet the pattern described points to Parkinson's.

B) Huntington's chorea

Huntington's chorea causes jerky, involuntary, dance-like movements along with cognitive and emotional changes, not a slow shuffling walk with freezing. It may be confusing because both are movement disorders, but the movements look very different.

C) Muscular dystrophy

Muscular dystrophy is a group of inherited conditions that cause progressive muscle weakness and wasting, often leading to difficulty walking and frequent falls. It may seem related because walking is affected, but the small shuffling steps and freezing episodes are not typical of muscular dystrophy.

Conclusion

Link small, shuffling steps and freezing in place to Parkinson's disease, and remember that your role is to promote safety, allow extra time for movement, and report these signs to the nurse.

3. If a resident wants to make a complaint of abuse, the nursing assistant should:

A. confirm the abuse has occurred before reporting it

B. assist the resident in reporting the abuse

C. retaliate against the resident for complaining

D. ask other residents if they have seen abuse occurring

Answer: B. assist the resident in reporting the abuse

Assisting the resident in reporting the abuse is the nursing assistant's responsibility when a resident wants to make a complaint.

Residents have the right to voice grievances without fear of interference, and the nursing assistant's role is to support that right. When a resident says they want to complain about abuse, the aide should listen, take the concern seriously, and help the resident reach the proper person or channel, such as the charge nurse, administrator, social worker, or ombudsman. The aide does not investigate, judge whether abuse happened, or decide if the complaint is valid. Helping the resident report promptly protects the resident's safety and dignity and follows facility policy and abuse-reporting laws.

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A) confirm the abuse has occurred before reporting it

Waiting to confirm abuse before reporting delays protection and puts the resident at continued risk. Nursing assistants are not investigators and do not need proof before acting on a complaint. This option can seem appealing because it sounds cautious, but the aide's duty is to respond to the resident's concern right away, not to verify it first.

C) retaliate against the resident for complaining

Retaliation is itself a form of abuse and violates the resident's right to make complaints freely. Punishing or mistreating a resident for speaking up is never acceptable and can lead to serious legal and professional consequences. This option may seem like a way to discourage false complaints, but fear of retaliation is exactly what keeps abuse hidden.

D) ask other residents if they have seen abuse occurring

Questioning other residents turns the aide into an investigator and can spread private information, embarrass the resident, and compromise any later investigation. It also delays getting the complaint to the people responsible for handling it. This option can seem helpful because it looks like gathering facts, but the proper step is to support the resident in reporting through the correct channels.

Conclusion

When a resident wants to complain about abuse, the nursing assistant's job is to believe and support the resident and help them report to the right person promptly. The aide does not confirm, investigate, or retaliate, and does not question other residents. Remember that protecting the resident's right to speak up is the priority.

4. A resident who is dying states, 'Nothing matters anymore.' The most appropriate response by the nurse aide is

A. I am sorry you are dying.

B. Cheer up. It could be worse.

C. I understand you are feeling depressed.

D. Don't talk like that. It makes everyone feel bad.

Answer: C. I understand you are feeling depressed.

The aide should respond with empathy by acknowledging the resident's feelings, saying, "I understand you are feeling depressed."

When a dying resident says that nothing matters anymore, the resident is expressing sadness and hopelessness, and the aide's role is to listen and validate those feelings without judgment. Reflecting back what the resident seems to be feeling shows respect, keeps communication open, and lets the resident know they are heard. This supportive response stays within the CNA scope of practice and can be reported to the nurse so the care team can address the resident's emotional and spiritual needs.

A) I am sorry you are dying

This reply focuses on the aide's own reaction and states the obvious fact of dying rather than responding to the resident's feelings. It may have seemed kind, but it can feel awkward or dismissive and does not invite the resident to share more.

B) Cheer up. It could be worse

Telling a dying resident to cheer up minimizes their experience and brushes aside real emotions. It may have seemed like encouragement, but it shuts down conversation and can make the resident feel misunderstood.

D) Don't talk like that. It makes everyone feel bad

This response scolds the resident and puts the feelings of others ahead of the resident's own distress. It may have seemed like a way to keep things positive, but it discourages honest expression and can leave the resident feeling isolated.

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Conclusion

For a dying resident who expresses hopelessness, the best response acknowledges and accepts the feeling rather than correcting, minimizing, or scolding. Choose the option that reflects empathy and keeps communication open.

5. A resident with a tube feeding should always have their head elevated, which reduces the risk of:

A. intubation

B. pressure ulcers

C. aspiration

D. obstructed airway

Answer: C. aspiration

Keeping the head of the bed elevated during tube feeding reduces the risk of aspiration.

When a resident receives formula through a feeding tube, the stomach is being filled directly. If the head and upper body are not raised, formula can flow backward up the esophagus and into the throat, where it may enter the airway and lungs. Elevating the head of the bed uses gravity to keep the formula moving down through the digestive tract and helps prevent that backflow. This is why CNAs are taught to keep residents elevated during feeding and for a period afterward, and to report any coughing, choking, or breathing changes right away.

A) Intubation

Intubation means placing a breathing tube into the airway, which is a medical procedure done for serious breathing failure, not a routine risk of tube feeding. It may sound connected because both involve tubes and the airway, but positioning does not prevent the need for intubation in this situation.

B) Pressure ulcers

Pressure ulcers form from prolonged pressure on the skin over bony areas, so they are prevented by repositioning, skin care, and support surfaces. Elevating the head does not address skin breakdown, and this choice may seem tempting because positioning is a familiar CNA task, but the elevation here serves a digestive and airway purpose.

D) Obstructed airway

An obstructed airway usually refers to a physical blockage such as food or an object lodged in the throat. While aspiration can lead to airway problems, the direct risk that head elevation reduces is formula entering the lungs, not a simple blockage, so this option describes a related but different problem.

Conclusion

Remember that head elevation during and after tube feeding is a gravity-based safety measure aimed at keeping formula out of the lungs. Focus on aspiration as the specific risk being prevented, and watch for coughing or choking as signs to report.

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