CNA Skills Test practice pdf

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1. Which of the following best describes the role of an ombudsman in a long-term care setting?

A. Organizes group activities for residents

B. Accompanies residents to religious services

C. Serves as an advocate or spokesman for residents

D. Assists residents with social activities

Answer: C. Serves as an advocate or spokesman for residents

An ombudsman serves as an advocate or spokesman for residents, protecting their rights and voicing their concerns.

The ombudsman program exists to safeguard residents' rights in long-term care. This person listens to residents' complaints and concerns, investigates them, and speaks on the resident's behalf with staff, administration, or outside agencies. The ombudsman does not provide direct care or run programs; the role is independent advocacy so that residents' voices are heard and their rights are respected. CNAs should know how to help a resident contact the ombudsman when a concern arises.

A) Organizes group activities for residents

Planning activities is part of the activity department's role, not the ombudsman's. Activities keep residents engaged, so this choice can seem helpful, but it describes recreation staff duties rather than independent advocacy.

B) Accompanies residents to religious services

Supporting religious practice may fall to nursing staff or volunteers, and residents have the right to practice their faith. However, escorting residents is a supportive care task, not the ombudsman's purpose of protecting rights and resolving complaints.

D) Assists residents with social activities

Helping with social events is typically done by activity aides or other staff. This sounds caring and resident-focused, but it describes direct assistance with programming rather than the ombudsman's independent role of advocacy.

Conclusion

Remember that the ombudsman is an independent advocate who protects residents' rights and speaks up for them. Choices about activities, religious escorts, or social help describe direct care or programming tasks, not advocacy.

2. A nurse aide realizes that an error was made while providing care to a resident. What is the aide's most appropriate action?

A. Apologize to the resident for the mistake.

B. Keep the error confidential and monitor the resident.

C. Report the error to the nurse immediately.

D. Notify the resident's family about the error.

Answer: C. Report the error to the nurse immediately.

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Report the error to the nurse immediately so the resident can be assessed and protected from harm.

When an error happens during care, the nurse aide's first duty is to keep the resident safe. The licensed nurse needs to know right away so they can check the resident's condition, decide whether any treatment or monitoring is needed, and follow the facility's incident reporting process. Reporting promptly is honest, protects the resident, and helps the care team prevent the same mistake from happening again. The aide should also stay with the resident and provide any immediate comfort or first aid within their scope while help is on the way.

A) Apologize to the resident for the mistake

Being kind and acknowledging the resident's feelings can be part of good care, but an apology alone does nothing to get the resident evaluated or to start the facility's error-reporting process. It may feel like the polite and caring thing to do, which makes it tempting, but it leaves the most important safety step undone.

B) Keep the error confidential and monitor the resident

Hiding an error delays the nurse's assessment and prevents the facility from responding properly. A nurse aide is not licensed to independently monitor and manage the consequences of a care error. This option may seem appealing because it avoids embarrassment, but secrecy puts the resident at risk and goes against the duty to report.

D) Notify the resident's family about the error

Contacting the family may feel responsible, but sharing clinical information and explaining an incident is not within the nurse aide's role. The nurse or facility leadership handles communication with families. Going straight to the family can spread incomplete or inaccurate information and delay the nurse's response, so this is not the aide's first action.

Conclusion

For any care error, the priority is resident safety, and that starts with telling the nurse immediately. Remember that the aide reports to the nurse, the nurse assesses and manages the situation, and the facility handles family communication and formal reporting.

3. The nurse aide is caring for a client with oxygen. Guidelines for safe oxygen therapy include:

A. maintaining a low water level in the humidity bottle.

B. adjusting the flow rate of the oxygen.

C. removing the client's face mask or nasal cannula when providing care.

D. observing the client's ears, cheeks, and nose for signs of skin irritation.

Answer: D. observing the client's ears, cheeks, and nose for signs of skin irritation.

Observing the client's ears, cheeks, and nose for signs of skin irritation is a key safety guideline during oxygen therapy.

Oxygen delivery devices press against the skin of the ears, cheeks, and nose for long periods. These areas can become red, dry, or broken down, especially where the tubing or mask rests. A nurse aide checks these pressure points regularly and reports any redness or skin breakdown to the nurse so it can be addressed before it worsens. This falls within the aide's scope of practice because it is observation and reporting, not changing the therapy itself.

A) Maintaining a low water level in the humidity bottle

The humidity bottle should be kept at the proper level, not allowed to run low, so the oxygen does not dry out the client's airways. A low water level may have sounded harmless, but it can cause discomfort and mucosal drying, so this does not describe safe practice.

B) Adjusting the flow rate of the oxygen

The flow rate is ordered by the physician and set by the nurse. Changing it is outside the nurse aide's scope and could harm the client by delivering too much or too little oxygen. This option may seem helpful when a client appears uncomfortable, but the aide should report

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concerns rather than adjust the rate.

C) Removing the client's face mask or nasal cannula when providing care

Oxygen should stay in place during care unless the nurse directs otherwise, because removing it can drop the client's oxygen level. This option may seem convenient for tasks like bathing or repositioning, but the aide should work around the device and only remove it when instructed.

Conclusion

Remember that safe oxygen therapy for the nurse aide centers on careful observation and reporting. Checking the skin under and around oxygen devices protects the client from irritation and breakdown, while adjusting flow rates or removing equipment belongs to the nurse's role.

4. Which of the following actions best demonstrates courtesy in the workplace?

A. Wearing the facility uniform.

B. Taking credit for another person's work.

C. Helping others willingly when asked.

D. Completing another aide's documentation.

Answer: C. Helping others willingly when asked.

Helping others willingly when asked is the action that best demonstrates courtesy in the workplace.

Courtesy means treating coworkers and residents with respect, kindness, and a helpful attitude. When a nursing assistant pitches in willingly, it shows teamwork and consideration for others, which builds trust and keeps care running smoothly. This kind of cooperation supports good communication on the care team and reflects the professional, respectful behavior expected of a CNA.

A) Wearing the facility uniform

Following the dress code is part of professional appearance and facility policy, but it does not by itself show courtesy toward other people. It can feel like the right answer because professionalism and courtesy are related ideas, yet courtesy is about how you treat others, not what you wear.

B) Taking credit for another person's work

Claiming someone else's effort is dishonest and disrespectful, which is the opposite of courtesy. This option is easy to rule out, but it appears here to test whether you recognize that courtesy requires honesty and respect for coworkers.

D) Completing another aide's documentation

Documentation must be completed by the person who provided the care, so doing another aide's charting can create errors and is outside proper practice. It may seem helpful, but true courtesy means offering appropriate help, not taking over tasks that belong to someone else's scope and responsibility.

Conclusion

Courtesy in the workplace is shown through respectful, willing teamwork. Choose the action that reflects kindness and cooperation, and remember that appearance and taking over others' duties are not the same as courtesy.

5. Which of the following requires a primary health care provider's order?

A. Wheelchair cushion

B. Afternoon snack

C. Restraints

D. Hand roll

Answer: C. Restraints

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Applying restraints requires a primary health care provider's order before use.

Restraints limit a person's freedom of movement and carry real risks, including injury, circulation problems, and emotional distress. Because of these risks, federal rules treat restraints as a special intervention that needs a provider's order, ongoing monitoring, and regular reassessment. A CNA may help apply and check restraints only after that order exists and according to facility policy. Comfort items and routine care choices fall within everyday nursing practice and do not need a provider's order.

A) Wheelchair cushion

A cushion is a comfort and positioning aid that the care team can provide based on the resident's needs and the care plan. It may seem like equipment that needs approval, but it does not restrict movement or carry the same risks as a restraint.

B) Afternoon snack

Offering a snack is part of routine daily care and nutrition support, often guided by the care plan or diet orders already in place. It may seem formal because food choices can matter, but a snack by itself does not require a new provider's order.

D) Hand roll

A hand roll is a positioning device used to keep the hand in a natural, comfortable position and support the joints. It may look similar to a restraint because it is placed on the body, but a properly used hand roll does not limit freedom of movement and is part of routine comfort care.

Conclusion

Remember that restraints are a high-risk intervention requiring a provider's order, monitoring, and reassessment. Comfort and positioning items and routine snacks are part of daily care and do not need that order. When in doubt, check the care plan and ask your supervising nurse.

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