CNA WI Practice Test

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1. A CNA is preparing breakfast trays when one resident reports chest pressure, another needs help locating a hearing aid, and a third requests assistance choosing clothing. What should the CNA do first?

A. Respond to the resident reporting chest pressure and obtain immediate nursing or emergency assistance according to facility procedure

B. Find the hearing aid

C. Help choose clothing

D. Finish delivering all breakfast trays before responding

Answer: A. Respond to the resident reporting chest pressure and obtain immediate nursing or emergency assistance according to facility procedure

Respond to the resident reporting chest pressure and obtain immediate nursing or emergency assistance according to facility procedure.

Chest pressure can signal a heart attack or another life-threatening emergency, so it takes priority over every other task. The CNA should stay with the resident, note the time symptoms began, keep the resident calm and resting, and alert the nurse or activate the facility emergency system right away. The other requests are routine and can wait or be handled by someone else once the emergency is addressed.

B) Find the hearing aid

Locating a hearing aid is a routine comfort task that can safely wait. It may seem helpful to solve a quick problem, but delaying care for a resident with chest pressure could allow a serious condition to worsen.

C) Help choose clothing

Assisting with clothing choices is part of daily care but is not time-sensitive. It may feel efficient to handle it while passing by, yet it pulls attention away from a resident who may be having a cardiac emergency.

D) Finish delivering all breakfast trays before responding

Meal delivery is a scheduled task, not an emergency. Completing it first may seem like good time management, but chest pressure requires immediate action, and any delay could be dangerous.

Conclusion

When several residents need help at once, always sort by urgency. Signs like chest pressure, trouble breathing, or sudden weakness come before routine tasks, and the CNA's first move is to get nursing or emergency help quickly.

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2. A resident with decision-making capacity refuses assistance with bathing even though the CNA believes bathing is important. What is the most appropriate response?

A. Respect the refusal, explore the reason and possible alternatives, and report the refusal as required

B. Force the bath because hygiene is important

C. Threaten to document the resident as noncompliant

D. Ask another resident to persuade the resident

Answer: A. Respect the refusal, explore the reason and possible alternatives, and report the refusal as required

Respecting the resident's refusal, exploring the reason and possible alternatives, and reporting as required honors the resident's right to make choices about their own care.

A resident who has decision-making capacity has the legal and ethical right to accept or refuse care, including bathing. The CNA's role is to support that right while still promoting well-being. That means accepting the refusal without argument, gently asking why the resident is declining (for example, discomfort, privacy concerns, fear of falling, or cultural preferences), and offering choices such as a different time, a partial bath, or a different method. The refusal should then be documented and reported to the nurse according to facility policy, because changes in behavior or refusals can signal a health or safety issue that the care team needs to know about. This approach protects dignity, autonomy, and safety all at once.

B) Forcing the bath

Providing care against a capable resident's wishes can be considered battery and a violation of resident rights, and it can damage trust and cause physical or emotional harm. Hygiene matters, but it never overrides a capable resident's right to refuse.

C) Threatening to document the resident as noncompliant

Using documentation as a threat is a form of coercion and intimidation that violates resident rights and undermines dignity. Documentation exists to communicate facts to the care team, not to pressure residents into compliance.

D) Asking another resident to persuade the resident

Involving another resident in a private care matter breaches confidentiality and privacy and can embarrass or pressure the resident. Persuasion from a peer is not an appropriate substitute for the CNA exploring the refusal with the resident and reporting it through proper channels.

Conclusion

For test-takers, remember that a resident with decision-making capacity controls their own care. Respect the refusal, look for the reason and offer alternatives, and report and document per policy rather than forcing, threatening, or involving others.

3. A CNA observes that a resident who usually walks independently now requires much more assistance and becomes unsteady after several steps. Which action is most appropriate?

A. Document objective observations and promptly report the change to the nurse

B. Document that the resident has developed a neurological disease

C. Continue the usual level of assistance without reporting

D. Tell the resident to walk more to strengthen the legs

Answer: A. Document objective observations and promptly report the change to the nurse

Document objective observations and promptly report the change to the nurse.

A change in a resident's usual ability to walk is a safety concern, and the CNA's role is to record what is actually seen and heard and to notify the nurse right away. Objective details such as how many steps the resident takes before becoming unsteady, whether assistive devices are used, and any near-falls give the nurse the information needed to assess the resident and adjust the care plan. Reporting a change promptly helps prevent falls and allows the care team to look for causes such as medication effects, illness, pain, or fatigue.

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B) Documenting a neurological disease

Naming a specific disease goes beyond the CNA's scope of practice. Only a provider can diagnose a condition, and the nurse and provider interpret assessment findings. This option may seem appealing because unsteadiness can be linked to neurological problems, but the CNA's job is to describe the behavior, not label the cause.

C) Continuing the usual level of assistance without reporting

Keeping the same routine ignores a real change in the resident's condition and leaves the resident at risk for a fall. It may feel easier to avoid disrupting the routine, but the standard of care requires acting on new observations and communicating them to the nurse.

D) Telling the resident to walk more to strengthen the legs

Encouraging more walking without an assessment could increase the risk of falling. A CNA does not prescribe exercise or make independent decisions about mobility changes. This option may seem supportive, but the resident first needs evaluation by the nurse to determine what is safe.

Conclusion

When a resident's usual function changes, the CNA should document clear, objective observations and report them to the nurse promptly. Stay within scope by describing what you observe rather than diagnosing, and never continue a routine that may put the resident at risk.

4. A resident with dementia becomes frightened and says there are strangers in the room, although only staff are present. What is the best CNA response?

A. Remain calm, acknowledge the resident's fear, provide reassurance, and redirect attention

B. Argue that the resident is imagining everything

C. Tell the resident that the strangers are real

D. Laugh to show that the statement is harmless

Answer: A. Remain calm, acknowledge the resident's fear, provide reassurance, and redirect attention

Remaining calm, acknowledging the resident's fear, providing reassurance, and redirecting attention is the best response to a frightened resident with dementia.

When a resident with dementia is frightened by perceived strangers, the fear is real to them even if the trigger is not. A calm voice, a simple acknowledgment of how they feel, gentle reassurance that they are safe, and a change of focus help lower distress without confrontation. This approach protects the resident's dignity and supports a sense of safety, which is within the CNA's scope of practice.

B) Arguing that the resident is imagining everything

Arguing with a resident who is frightened can increase agitation and damage trust. It may seem like a way to correct a false belief, but the resident's emotional experience is what needs attention, not the accuracy of the statement.

C) Telling the resident that the strangers are real

Confirming the frightening belief can intensify fear and make the situation harder to calm. It may seem kind in the moment, but it reinforces the distress rather than helping the resident feel safe.

D) Laughing to show that the statement is harmless

Laughing can feel mocking or dismissive to a frightened resident and may escalate agitation. It may seem like a way to lighten the mood, but it does not address the resident's fear or provide reassurance.

Conclusion

For a frightened resident with dementia, stay calm, acknowledge the feeling, reassure safety, and redirect gently. Avoid arguing, confirming the fear, or laughing, because these responses can increase distress and harm trust.

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5. A resident using a walker begins to lose balance during ambulation. Which action is safest?

A. Use the trained safety technique to support the resident and guide them to a safe position

B. Let go of the walker and step away

C. Pull the resident forward by one arm

D. Tell the resident to keep walking faster

Answer: A. Use the trained safety technique to support the resident and guide them to a safe position

Use the trained safety technique to support the resident and guide them to a safe position.

When a resident starts to lose balance, the safest approach is to stay calm and use the gait belt and body mechanics you were taught, keeping your own base wide and lowering the resident gently toward a safe position such as a chair or the floor. This protects both the resident and you from injury and keeps the situation controlled.

B) Let go of the walker and step away

Stepping away may seem like a way to avoid being pulled down, but abandoning the resident removes the support they need and greatly increases the chance of a fall and serious injury. Staying with the resident and using trained technique is safer for everyone.

C) Pull the resident forward by one arm

Pulling on one arm can wrench the shoulder, strain your own back, and throw off the resident's balance even more. It may feel like a quick way to steady them, but it puts both of you at risk.

D) Tell the resident to keep walking faster

Urging a resident to speed up when they are already unsteady only makes a fall more likely. This option may seem like it keeps momentum going, but it removes the control and support the resident needs.

Conclusion

Remember that during a loss of balance, your job is to stay calm, keep your grip on the gait belt, and guide the resident safely downward using proper body mechanics rather than pulling, letting go, or rushing.

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