The Baseline Skill Questions pdf

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1. The nurse aide maintains a professional relationship with a client by:

A. discussing the client's condition with the client's family.

B. giving the client advice regarding medical care.

C. reporting information about the client's condition to the nurse.

D. sharing personal information with the client.

Answer: C. reporting information about the client's condition to the nurse.

Reporting information about the client's condition to the nurse is a key way the nurse aide maintains a professional relationship with the client.

Professional boundaries mean the aide keeps the relationship focused on the client's care and works within the care team. Observing changes and reporting them to the nurse keeps communication flowing to the person who can assess and act on the information. This protects the client, respects the aide's role, and avoids overstepping into duties that belong to licensed staff or into personal entanglements.

A) Discussing the client's condition with the client's family

Sharing details about a client's condition with family members can breach confidentiality and goes beyond the aide's role in sharing information. It may feel helpful or caring, but the nurse or provider is responsible for deciding what is shared and with whom.

B) Giving the client advice regarding medical care

Offering medical advice steps outside the aide's scope of practice and could harm the client if the advice conflicts with the care plan. Wanting to be supportive can make this option seem kind, but the aide should relay questions and concerns to the nurse instead of advising.

D) Sharing personal information with the client

Disclosing personal details blurs professional boundaries and shifts the focus away from the client's needs. It can feel like a way to build rapport, but a professional relationship stays centered on care rather than on the aide's personal life.

Conclusion

For scope-of-practice questions, choose the action that keeps the aide within their role and routes information to the nurse. Reporting changes and observations supports the care team while protecting confidentiality and professional boundaries.

2. When caring for a dying client whose culture is different from the nurse aide's own culture, the nurse aide SHOULD remember that cultural differences:

A. Are easy to understand when religious practices are the same.

B. Are important only when the client's family is present.

C. Relate to the nurse aide's own religion.

D. Vary with each client.

Answer: D. Vary with each client.

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Cultural differences vary with each client, so care must be individualized to honor each person's beliefs and preferences.

Culture shapes how a dying client and family understand illness, death, grief, food, modesty, touch, and spiritual rituals. Because each client has a unique background, even clients who share a religion or ethnic group may hold different practices and wishes. The aide's role is to ask respectfully, observe, listen, and follow the care plan while protecting the client's rights to dignity, privacy, and choice. Assuming sameness can lead to care that feels disrespectful or distressing at the end of life.

A) Easy to understand when religious practices are the same

Shared religious practices do not make a person's culture simple or identical to another's. Culture includes many layers beyond religion, such as family roles, communication style, and views about dying. This option can tempt aides who think matching a ritual means understanding the whole person, but it overlooks individual differences and the need to ask.

B) Important only when the client's family is present

Cultural needs belong to the client at all times, whether or not family is in the room. Privacy, modesty, food, and spiritual comfort still matter during personal care and quiet moments. This choice may seem practical because families often voice preferences, but the client's rights do not depend on who is watching.

C) Relate to the nurse aide's own religion

The focus of care is the client's beliefs, not the aide's personal religion. Care should never be shaped by what the aide finds familiar or comfortable. This option may tempt aides who want to connect through shared faith, but imposing one's own views can violate the client's rights and dignity.

Conclusion

Remember that every client is an individual whose culture and beliefs may differ from anyone else's. Ask, listen, and follow the care plan so care remains respectful and person-centered, especially at end of life.

3. A common sign of approaching death is:

A. high blood pressure.

B. decreased urinary output.

C. clenched jaw.

D. increased thirst.

Answer: B. decreased urinary output.

Decreased urinary output is a common sign that death is approaching.

As the body's systems slow down near the end of life, the kidneys receive less blood flow and filter less fluid, so urine output drops and may become dark or concentrated. The dying person also often stops taking in fluids, which adds to the decline in urine. Recognizing this helps the CNA provide comfort care, such as keeping the person clean and dry, watching for bladder distention, and reporting changes to the nurse rather than pushing fluids.

A) High blood pressure

Blood pressure usually trends downward near death as circulation weakens, so a rise is not the expected pattern. A high reading may reflect pain, anxiety, or an underlying condition, which is why it can seem like a serious sign, but it does not signal approaching death.

C) Clenched jaw

A clenched jaw is more typical of pain, seizure activity, or neurological irritation than of the dying process. Because it looks dramatic, it can feel alarming, but it is not a recognized general sign that death is near.

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D) Increased thirst

People who are actively dying usually have less thirst and less desire for food or fluids as metabolism slows. A complaint of increased thirst may point to dehydration, fever, or medication effects, so it deserves attention, but it does not fit the usual end-of-life pattern.

Conclusion

Focus on the predictable slowing of body functions at end of life, with falling urine output as a key sign. When you see it, keep the person comfortable and report the change to the nurse.

4. An Alzheimer client calls for a dead relative. BEST response is:

A. explain relative is dead.

B. encourage feelings about relative.

C. pretend to be relative.

D. leave client alone.

Answer: B. encourage feelings about relative.

The best response is to encourage the client to express feelings about the relative, which validates emotion without arguing about reality.

When a client with Alzheimer's disease calls for a relative who has died, the feelings behind the request are real even if the belief is not accurate. Acknowledging and encouraging those feelings, such as asking the client to talk about the relative or what they miss, meets the person where they are and supports emotional comfort. This approach, sometimes called validation or redirection, avoids confrontation, reduces agitation, and keeps the interaction respectful and safe within the CNA's scope of practice.

A) Explain the relative is dead

Giving a blunt factual correction can cause distress, grief, and agitation because the client may not be able to hold onto or process that information. It can feel tempting to be honest, but in dementia care, correcting a fixed false belief often harms trust and increases upset rather than helping.

C) Pretend to be the relative

Taking on the identity of the deceased relative can confuse the client further and create false expectations that are hard to maintain. It may seem like a kind way to comfort the person, but it blurs reality and can lead to mistrust when the deception becomes apparent.

D) Leave the client alone

Walking away ignores a real emotional need and may increase fear, loneliness, or agitation. It might seem like a way to avoid a difficult conversation, but staying present and offering calm support is part of safe, person-centered care.

Conclusion

Focus on the feeling, not the fact. Encouraging the client to share feelings about the relative supports dignity and calm, while correcting, pretending, or leaving the client alone can increase distress.

5. The nurse aide is caring for a client who is receiving oxygen when a fire breaks out in the room. What SHOULD the nurse aide do?

A. Close the door of the room

B. Call for help and put the fire out

C. Open the window in that room

D. Turn off the oxygen and remove the client

Answer: D. Turn off the oxygen and remove the client

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Turn off the oxygen and remove the client from the room.

In a fire emergency, oxygen can feed the flames and make the fire spread quickly. The nurse aide's first priority is to turn off the oxygen source and get the client to safety. This follows the RACE protocol (Rescue, Alarm, Contain, Extinguish), starting with rescuing anyone in danger. Removing the client also protects them from burns and smoke inhalation.

A) Close the door of the room

Closing the door can help contain a fire, but it does not address the immediate danger to the client. The client must be removed first, and oxygen must be turned off to prevent the fire from growing. This option might seem logical because closing doors is part of fire safety, but it is not the first action when a client is in danger.

B) Call for help and put the fire out

Calling for help is important, but the nurse aide should not attempt to put out the fire before ensuring the client is safe. The priority is to rescue the client and turn off the oxygen. Trying to fight the fire first could delay evacuation and put both the client and the aide at greater risk.

C) Open the window in that room

Opening a window can supply fresh air to the fire, causing it to grow larger and spread faster. This action would increase the danger rather than reduce it. The nurse aide should focus on removing the client from the room and turning off the oxygen, not on ventilation.

Conclusion

Remember that in a fire involving oxygen, the first step is to turn off the oxygen and remove the client from danger. Always prioritize rescue according to the RACE protocol.

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