ARIZONA CERTIFIED NURSING ASSISTANT (CNA) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **What is a key action for preventing pressure ulcers in a resident confined to bed?**

   A. Encouraging the resident to exercise in bed

   B. Turning and positioning the resident according to a schedule

   C. Providing extra bedding for warmth

   D. Increasing the resident's fluid intake

2. **What should a nurse aide do first if a resident has only produced about 50 ccs of urine in the last six hours?**

   A. Check to see if the tubing is kinked or bent

   B. Report the output to the nurse

   C. Increase the resident's fluid intake

   D. Prepare the resident for a possible catheterization

3. **What is the definition of the prone position?**

   A. Lying on the side

   B. Lying flat on the back

   C. Lying on the abdomen with the head turned to one side

   D. Sitting upright

4. **What should a nurse aide do if assigned postmortem care but has never performed this before?**

   A. Ask a colleague to show them how

   B. Discuss the nurse aide's lack of experience with the nurse

   C. Refuse to perform the task

   D. Complete the task as best as possible

5. **What should a nurse aide do if a resident feels dizzy while being walked using a gait belt?**

   A. Help the resident sit on the nearest chair

   B. Ease the resident to the floor if a chair is not available

   C. Encourage the resident to continue walking

   D. Call for help before taking action

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6. When a nurse aide needs to take vital signs and a minister is praying with a resident, the nurse aide should:

A. Interrupt the prayer to take vital signs

B. Wait to take the vital signs after the minister has left

C. Ask the minister to leave

D. Take the vital signs quietly while they pray

7. When a resident with an indwelling catheter states they need to urinate, what should the nurse aide do?

A. Change the catheter immediately

B. Check to see if the tubing is kinked

C. Notify the physician

D. Provide a urinal

8. What information does a resident's care plan typically provide to a nurse aide?

A. Emergency contact details

B. Specific care required and goals of care

C. A list of all medications

D. Residents' family history

9. Before assisting a new resident with right-sided weakness to the bathroom, what should the nurse aide do?

A. Use a gait belt for safety

B. Get instructions from the nurse on how to toilet the resident

C. Assist the resident based on previous experience

D. Ask if the resident needs assistance at all

10. When measuring height for a resident in bed, what method should be used?

A. Using a room height measuring tool

B. Estimating based on average height of similar residents

C. Taking the measurement from head to heels while flat

D. Using a portable measuring tape while standing

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Answers

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1. B
2. A
3. C
4. B
5. B
6. B
7. B
8. B
9. B
10. C

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Explanations

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1. What is a key action for preventing pressure ulcers in a resident confined to bed?

A. Encouraging the resident to exercise in bed

B. Turning and positioning the resident according to a schedule

C. Providing extra bedding for warmth

D. Increasing the resident's fluid intake

Turning and positioning the resident according to a schedule is a fundamental practice in preventing pressure ulcers for those confined to bed. Pressure ulcers, also known as bedsores, typically develop when there is prolonged pressure on the skin, particularly over bony areas. By regularly changing the resident's position, caregivers alleviate pressure on specific areas, promoting blood flow and reducing the risk of skin breakdown. Scheduled repositioning can involve turning the resident every two hours or using specialized devices to offload pressure points. This proactive measure is crucial for maintaining skin integrity and overall health. While encouraging exercise, providing extra bedding, and increasing fluid intake can contribute to a resident's overall well-being, they do not specifically address the mechanical causes of pressure ulcers as effectively as scheduled repositioning does. Proper positioning and rotation are critical elements in a comprehensive care plan aimed at preventing these serious skin injuries.

2. What should a nurse aide do first if a resident has only produced about 50 ccs of urine in the last six hours?

A. Check to see if the tubing is kinked or bent

B. Report the output to the nurse

C. Increase the resident's fluid intake

D. Prepare the resident for a possible catheterization

In situations where a resident has significantly low urine output, the first and most appropriate action is to check for any obstructions, such as kinks or bends in the tubing. This step is critical because a kinked catheter can impede urine flow, leading to misinterpretation of the resident's actual urinary output. By confirming that the tubing is clear and functioning properly, the nurse aide can eliminate this potential issue before taking further steps. If the tubing is found to be unobstructed, then it would be appropriate to proceed to report the output to the nurse or consider other interventions. However, resolving the mechanical issue takes precedence as it directly influences the resident's hydration and overall health. Such a proactive measure can help ensure that the resident receives the appropriate care and that any necessary medical interventions are determined based on accurate data.

3. What is the definition of the prone position?

A. Lying on the side

B. Lying flat on the back

C. Lying on the abdomen with the head turned to one side

D. Sitting upright

The prone position is defined as lying flat on the abdomen, often with the head turned to one side. This position can be used for various purposes in medical settings, including certain examinations or procedures, as well as for comfort or pressure relief. By having the head turned, it allows for easier breathing and communication, while the rest of the body remains in direct contact with the surface, which can play a role in various therapeutic practices. In contrast to other positions: lying on the side refers typically to the lateral position, lying flat on the back describes the supine position, and sitting upright is associated with an erect position. These definitions delineate the distinct body orientations that are important for healthcare providers to understand in order to accurately position patients for comfort, safety, and medical care.

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4. What should a nurse aide do if assigned postmortem care but has never performed this before?

A. Ask a colleague to show them how

B. Discuss the nurse aide's lack of experience with the nurse

C. Refuse to perform the task

D. Complete the task as best as possible

The most appropriate action for a nurse aide who is assigned postmortem care for the first time is to discuss their lack of experience with the supervising nurse. This option emphasizes the importance of communication and seeking guidance in a professional healthcare setting. Postmortem care involves specific procedures that are crucial to ensure respect for the deceased and support for grieving families. By informing the supervising nurse, the aide can receive proper instruction, oversight, and support, ensuring that the care provided is appropriate and respectful. In a healthcare environment, asking for assistance or clarification is vital for patient safety and quality of care. This approach promotes a culture of teamwork and shared knowledge, helping the nurse aide to learn and build their skills under supervision. Moreover, having direct communication with a more experienced nurse helps to ensure that all procedures are followed correctly and compassionately. While asking a colleague to demonstrate is also valuable, it does not ensure the aide receives consistent instruction or oversight that a supervising nurse can provide. Refusing to perform the task may not be in the best interest of the healthcare team or the patients involved, as postmortem care is a necessary responsibility. Completing the task without adequate guidance could lead to mistakes and a lack of compassion in carrying out the care, which is why prior communication

5. What should a nurse aide do if a resident feels dizzy while being walked using a gait belt?

A. Help the resident sit on the nearest chair

B. Ease the resident to the floor if a chair is not available

C. Encourage the resident to continue walking

D. Call for help before taking action

When a resident feels dizzy while being assisted with a gait belt, the most appropriate action is to ease the resident to the floor if a chair is not readily available. This approach prioritizes the safety of the resident, as sudden dizziness can lead to a fall or injury if the resident is not properly supported. Easing the resident to the floor allows for a controlled descent, minimizing the risk of harm. It provides a stable and safe environment for the individual to recover from the dizziness, as they are more likely to remain safe on the ground rather than attempting to walk further. While offering immediate support and ensuring the resident's safety is crucial, pushing them to continue walking can exacerbate the situation and increase the risk of a fall or injury. Seeking help before taking action can delay essential assistance, which can be critical in ensuring the resident's well-being during such an episode. Thus, prioritizing a safe and immediate response through careful descent is the best course of action.

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6. When a nurse aide needs to take vital signs and a minister is praying with a resident, the nurse aide should:

A. Interrupt the prayer to take vital signs

B. Wait to take the vital signs after the minister has left

C. Ask the minister to leave

D. Take the vital signs quietly while they pray

In a healthcare setting, maintaining the dignity and emotional well-being of residents is crucial, particularly during deeply personal moments such as prayer. When a nurse aide encounters a resident engaged in prayer with a minister, the most respectful approach is to wait until this private moment has concluded. This allows the resident to maintain their spiritual practice without interruption, which can be significant to their emotional health. Taking vital signs is important, but it can be deferred in this scenario without compromising patient care. By choosing to wait, the aide shows respect for the resident's needs and beliefs, ensuring that care is provided in a manner that honors their personal space and emotional state. This approach reflects good practice and enhances the therapeutic relationship between the nurse aide, the resident, and any visiting clergy.

7. When a resident with an indwelling catheter states they need to urinate, what should the nurse aide do?

A. Change the catheter immediately

B. Check to see if the tubing is kinked

C. Notify the physician

D. Provide a urinal

When a resident with an indwelling catheter expresses the need to urinate, it is essential to first check the catheter system for any issues that could be preventing proper drainage. The correct course of action involves checking to see if the tubing is kinked because kinks can obstruct urine flow, leading the resident to perceive a need to urinate even though the catheter is in place. This step is vital to ensure the comfort and safety of the resident. If there is a kink, gently straightening the tubing can provide immediate relief. It's also part of the nursing assistant's responsibility to ensure that the catheter is functioning properly and that there are no blockages in the system. Additionally, if no kinks are found and the issue persists, further actions may need to be taken, but addressing a kink in the tubing is the immediate priority. The other choices may not address the immediate concern effectively. Changing the catheter may not be necessary if the issue can be resolved through simple checks, notifying the physician could delay necessary action, and providing a urinal is not appropriate since the resident has an indwelling catheter that should manage urine collection. Thus, checking for kinks is the most logical and immediate response to the resident's complaint.

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8. What information does a resident's care plan typically provide to a nurse aide?

A. Emergency contact details

B. Specific care required and goals of care

C. A list of all medications

D. Residents' family history

A resident's care plan is a critical document that outlines the specific care required for that individual, including personalized goals of care. This detailed plan ensures that nurse aides and other healthcare team members understand the unique needs of the resident, which can include daily living tasks, assistance with mobility, nutrition requirements, and any other individualized supportive measures. The care plan is designed to promote the resident's well-being and enhance their quality of life by addressing their physical, emotional, and social needs. It serves as a guiding tool that helps ensure consistency and accuracy in the care provided, allowing aides to tailor their approach based on the specific instructions and objectives laid out in the plan. In contrast, while emergency contact details, a list of medications, and family history may be relevant to the resident's overall healthcare profile, they do not specifically outline the nuanced care interventions and goals that the care plan encompasses.

9. Before assisting a new resident with right-sided weakness to the bathroom, what should the nurse aide do?

A. Use a gait belt for safety

B. Get instructions from the nurse on how to toilet the resident

C. Assist the resident based on previous experience

D. Ask if the resident needs assistance at all

The best action for the nurse aide to take before assisting a new resident with right-sided weakness to the bathroom is to get instructions from the nurse on how to toilet the resident. This is important because every resident may have different needs, limitations, and preferences. Consulting with the nurse ensures that the nurse aide understands the specific mobility strategies, safety precautions, and any individualized care plans related to that resident's condition. In situations involving residents who may have medical weaknesses or conditions, it is crucial to follow established protocols and guidelines to provide safe and effective care. The nurse will have a comprehensive overview of the resident's health status and any specific concerns that need to be addressed during the toileting process. By getting detailed instructions, the nurse aide can better assess the required support and tools necessary to assist the resident safely and comfortably.

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10. When measuring height for a resident in bed, what method should be used?

A. Using a room height measuring tool

B. Estimating based on average height of similar residents

C. Taking the measurement from head to heels while flat

D. Using a portable measuring tape while standing

The correct method for measuring a resident's height while they are in bed is to take the measurement from head to heels while flat. This technique ensures accuracy because the resident is lying down in a position that provides a natural alignment of the body, thus allowing you to capture a true measurement without the complications of posture or balance that can occur when standing. Using this method, you place the resident in a supine position (lying on their back), ensuring that their body is straight and level, and then measure the distance from the top of the head to the heel. This approach also minimizes any discomfort or anxiety that might arise from requiring the resident to get out of bed. Other methods, like using a room height measuring tool or a portable measuring tape while standing, would not be suitable for residents unable to stand or those in bed, as they might not yield accurate measurements while accounting for the body's natural posture. Estimating height based on averages lacks precision and does not respect individual resident differences, which can lead to errors in recording important health information.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://arizonacertifiednursingassistant.examzify.com

We wish you the very best on your exam journey. You've got this!

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