IVY TECH CNA PROGRAM EXAM 3 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which of the following is an appropriate hygiene practice during bathing?

A. Wash the resident from dirty to clean.

B. Use very rough scrubbing to speed up cleaning.

C. Wash from clean to dirty.

D. Skip privacy to hasten the bath.

2. During de-escalation, giving the resident space helps to:

A. Allow time to regain composure

B. Escalate the situation

C. Make the care process faster

D. Ignore the resident's concerns

3. What steps should you take if you suspect a resident is having a stroke (FAST signs)?

A. Recognize signs; call emergency medical help; ensure safety.

B. Wait and see.

C. Give water.

D. Remove the resident to a quiet room.

4. During emptying a urinary catheter collection bag, where should the bag be positioned relative to the bladder?

A. Below bladder level

B. At the same level as the bladder

C. Above the bladder level

D. Next to the patient's chair

5. How often should you reposition a resident to prevent pressure injuries, and what surfaces help?

A. Reposition every 4 hours; use standard mattress.

B. Never reposition.

C. Only reposition on request.

D. Reposition at least every two hours; use turning sheets, pressure-relieving surfaces, and inspect skin for redness or breakdown.

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6. What should you document if a resident refuses fluids during a meal?

A. Record approximate fluids consumed and note refusals or tolerance.
B. Document only the refusals.
C. Document nothing.
D. Record only the fluids you think they had.

7. What is the first action when dealing with an aggressive resident?

A. Remove the trigger
B. Call for help
C. Restrain the resident
D. Ignore the behavior

8. Apathy is best described as which term?

A. Increased energy
B. Mood swings
C. Heightened awareness
D. Lack of Interest

9. In a back rub, how should you move your strokes along the body?

A. Across shoulders
B. Along spine from buttocks to shoulders
C. Up and down arms
D. Circular motions on lower back

10. What should you document after feeding a resident with dysphagia?

A. Only time.
B. Intake amount and method.
C. Skin temperature.
D. Blood pressure.

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Answers

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

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Explanations

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1. Which of the following is an appropriate hygiene practice during bathing?

A. Wash the resident from dirty to clean.

B. Use very rough scrubbing to speed up cleaning.

C. Wash from clean to dirty.

D. Skip privacy to hasten the bath.

During bathing, washing from clean to dirty is the safest approach because it minimizes cross-contamination. Start with areas that are typically less soiled (such as the face, neck, and hands) and gradually move to areas that accumulate more dirt (arms, trunk, legs), finishing with the most soiled areas last. This direction helps prevent transferring germs from dirtier regions to cleaner ones. Also, maintain privacy, use gentle strokes to protect the skin, and keep the patient warm and comfortable throughout.

2. During de-escalation, giving the resident space helps to:

A. Allow time to regain composure

B. Escalate the situation

C. Make the care process faster

D. Ignore the resident's concerns

Giving space in a tense moment helps the resident regain composure by reducing stimulation and emotional arousal. When someone is upset, crowding or loud responses can increase fear or defensiveness. Step back, use a calm voice, and allow physical distance so the resident doesn't feel threatened. This pause lowers adrenaline, makes it easier to think clearly, and gives them time to articulate concerns without feeling pressed or attacked. As a result, the situation is less likely to escalate, and you can continue with care once they're calmer. It's not about rushing care or ignoring concerns; it's about creating a safer moment to engage effectively.

3. What steps should you take if you suspect a resident is having a stroke (FAST signs)?

A. Recognize signs; call emergency medical help; ensure safety.

B. Wait and see.

C. Give water.

D. Remove the resident to a quiet room.

Recognize the signs quickly and act fast. The FAST approach helps you spot a stroke: Face drooping, Arm weakness, Speech difficulty, and Time to call emergency services. If you notice one side of the face drooping, ask the person to smile and check for asymmetry. If one arm drifts when raised, that indicates weakness. If speech is slurred or hard to understand, that's a sign. If any of these signs are present, don't wait—call emergency services immediately because treatment is most effective when started as soon as possible. While you wait for help, keep the person safe and comfortable. Do not give food or drink, as swallowing may be impaired, and do not move them unless there's danger. If they're unconscious or having trouble breathing, place them on their side to protect the airway and monitor breathing. Stay with them until EMS arrives.

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4. During emptying a urinary catheter collection bag, where should the bag be positioned relative to the bladder?

A. Below bladder level

B. At the same level as the bladder

C. Above the bladder level

D. Next to the patient's chair

The key idea is gravity drainage and preventing backflow. Keep the drainage bag positioned below the level of the bladder so urine flows downward by gravity and cannot reflux back into the bladder through the catheter. This reduces the risk of infection and keeps drainage moving smoothly. Secure the bag to the bed frame or chair at a level that is lower than the patient's bladder and below the drainage port. Never place it at the same height as or above the bladder, and avoid leaving it on the floor. When emptying, keep the bag lower than the bladder to maintain proper drainage and prevent backflow.

5. How often should you reposition a resident to prevent pressure injuries, and what surfaces help?

A. Reposition every 4 hours; use standard mattress.

B. Never reposition.

C. Only reposition on request.

D. Reposition at least every two hours; use turning sheets, pressure-relieving surfaces, and inspect skin for redness or breakdown.

Regular repositioning is essential to prevent pressure injuries because continuous pressure on the skin over bony areas cuts off blood flow and damages tissue. Reposition at least every two hours to relieve that pressure and reduce the risk of breakdown. Using turning sheets helps you move and turn the resident with less friction and shear on the skin, which protects delicate areas during movement. Pressure-relieving surfaces, such as alternating-pressure mattresses or overlays and high-density foam surfaces, distribute pressure more evenly and lower peak pressures on vulnerable spots like the sacrum, heels, and elbows. In addition, inspect the skin for redness, warmth, or breakdown at each repositioning and as needed, since early signs can appear before a wound develops. This combination—frequent turning, protective surfaces, and diligent skin checks—provides the best protection against pressure injuries.

6. What should you document if a resident refuses fluids during a meal?

A. Record approximate fluids consumed and note refusals or tolerance.

B. Document only the refusals.

C. Document nothing.

D. Record only the fluids you think they had.

Accurate documentation of fluid intake and the resident's response is essential for monitoring hydration and guiding care. When a resident refuses fluids during a meal, you should record approximately how much they consumed and note whether they refused entirely or tolerated some intake. This provides a complete picture: it shows actual intake, the degree of refusal, and any tolerance, which helps the care team assess dehydration risk, track changes over time, and adjust care plans or strategies to meet hydration goals. Approximate amounts are better than guessing or leaving nothing documented, and they're more reliable than recording only refusals or what you think they had.

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7. What is the first action when dealing with an aggressive resident?

A. Remove the trigger

B. Call for help

C. Restrain the resident

D. Ignore the behavior

Removing the trigger is the best first action because it directly reduces what's provoking the aggression and helps prevent escalation before it starts. When a resident becomes aggressive, identifying and eliminating the stimulus or setting causing the reaction—such as a loud environment, crowding, pain, or a perceived threat—and approaching in a calm, nonthreatening way can lower arousal quickly. This de escalation approach keeps everyone safer and avoids unnecessary force. Restrain is not used as the initial response; it carries significant risk and requires specific training and policies, and is only appropriate if there is imminent danger after other options have been attempted. Calling for help is important, but it is typically a step taken once you've assessed the situation and attempted to remove the trigger or if you cannot safely intervene alone. Ignoring the behavior would miss the opportunity to prevent harm. If removing the trigger isn't possible, follow the facility's safety protocols and continue de escalation efforts while ensuring help is available.

8. Apathy is best described as which term?

A. Increased energy

B. Mood swings

C. Heightened awareness

D. Lack of Interest

Apathy means a lack of interest, enthusiasm, or concern about things that would normally engage someone. It shows up as reduced motivation and emotional indifference, so a person may not participate in activities or respond to people the way they normally would. This is different from having increased energy or heightened awareness, which imply more engagement, and from mood swings, which involve fluctuations in mood rather than a persistent lack of interest. In caregiving, noticing apathy is important because it can affect participation in routines and care plans and may signal an underlying medical or psychological issue that needs attention.

9. In a back rub, how should you move your strokes along the body?

A. Across shoulders

B. Along spine from buttocks to shoulders

C. Up and down arms

D. Circular motions on lower back

Strokes in a back rub are done as long, gliding motions that follow the direction of the muscles to help circulation and relaxation. The best approach is to move along the spine from the lower back up toward the shoulders, using smooth effleurage strokes. This distal-to-proximal direction helps distribute lubricant, warms the tissues, and promotes venous return toward the heart while staying comfortable for the client. Moving across the shoulders disrupts that long, soothing flow and can feel abrupt. Moving up and down the arms isn't addressing the back at all, and circular motions on the lower back aren't the typical long-stroke technique used to relax the back muscles and prepare them for deeper work.

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10. What should you document after feeding a resident with dysphagia?

A. Only time.

B. Intake amount and method.

C. Skin temperature.

D. Blood pressure.

After feeding a resident with dysphagia, you document how much was eaten and how it was given. This tells the care team whether the resident is receiving enough nutrition and fluids and whether the feeding method supports safe swallowing. Intake amount records the quantity consumed, including what was offered and what was refused, which helps track progress, identify weight or hydration concerns, and alert you to any changes over time. The method describes how the feeding occurred—whether the resident was fed orally or via a feeding tube, the texture or consistency of the food (for example, pureed or minced), and the positioning or technique used to reduce aspiration risk (such as keeping the resident upright). Together, these details provide a clear picture of safety and adequacy for dysphagia management. Items like skin temperature or blood pressure aren't specific to documenting a feeding session for dysphagia and don't inform swallow safety or intake adequacy, though they may be monitored for overall health if issues arise. Time alone doesn't capture whether the resident ate enough or how it was delivered, so it's less useful for guiding care.

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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://ivytechcnaprogram3.examzify.com

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

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