MARYLAND GERIATRIC NURSING AIDE (GNA) PRACTICE EXAM (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 pain assessment tool is appropriate for residents with dementia?

A. Braden Scale.

B. PAINAD or observation of nonverbal cues.

C. Morse Fall Scale.

D. APGAR score.

2. Why is a consistent toileting routine important for residents?

A. Increases incontinence events

B. Reduces incontinence events, supports dignity, and helps prevent accidents

C. Increases accidents

D. Worsens dignity

3. If a resident asks for medical advice beyond your training, what is the proper action?

A. Provide the medication if it seems appropriate.

B. Advise to ask the nurse or licensed staff; do not administer medication.

C. Document the request and proceed to administer.

D. Ignore the request.

4. What term describes the failure to provide care that results in physical, mental, or emotional harm to the individual?

A. Abandonment

B. Malpractice

C. Neglect

D. Negligence

5. What is the correct fire safety protocol in a facility?

A. Follow the facility's fire plan (RACE: Rescue, Alarm, Contain, Extinguish) and evacuate if directed.

B. Call the nurse and wait for instructions.

C. Use the elevator to evacuate immediately.

D. Ignore alarms if you are busy.

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6. Hospice care focuses on which of the following?

A. It focuses on curative treatment only

B. It is provided only in hospitals

C. It aims to extend life at all costs

D. It focuses on comfort and quality of life

7. What is the correct response to suspected elder abuse?

A. Report immediately to supervisor or nurse, document objectively, and follow facility policy.

B. Ignore and hope it stops.

C. Confront the resident about accusations without reporting.

D. Post online about the incident.

8. Which term denotes the process of consuming substances to meet bodily needs?

A. Output

B. Intake or input

C. Digestion

D. Excretion

9. What is the normal resting respiratory rate for an older adult?

A. 12-20 breaths per minute.

B. 6-8 breaths per minute.

C. 28-32 breaths per minute.

D. 40-60 breaths per minute.

10. What is a bedpan that is flatter and used when a patient can't raise their hips called?

A. Fracture Pan

B. Regular Bedpan

C. Upright Pan

D. Narrow Pan

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Answers

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

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Explanations

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1. Which pain assessment tool is appropriate for residents with dementia?

A. Braden Scale.

B. PAINAD or observation of nonverbal cues.

C. Morse Fall Scale.

D. APGAR score.

When people have dementia and can't reliably express their pain, we rely on tools that interpret nonverbal cues to gauge discomfort. PAINAD is designed for residents with advanced dementia and uses observable indicators—breathing patterns, vocalizations, facial expressions, body language, and the ability to be consoled—to rate pain. This approach helps us detect and quantify pain when self-report isn't possible, guiding appropriate treatment. The other tools assess different things: the Braden Scale looks at risk for skin breakdown, the Morse Fall Scale evaluates fall risk, and the APGAR score is for newborns.

2. Why is a consistent toileting routine important for residents?

A. Increases incontinence events

B. Reduces incontinence events, supports dignity, and helps prevent accidents

C. Increases accidents

D. Worsens dignity

A consistent toileting routine helps manage the timing of voiding so leakage and accidents don't occur as often. When residents have regular opportunities to use the bathroom, they're less likely to experience urgency leaks and unplanned accidents. This proactive approach also supports dignity: it gives residents privacy and a sense of control over personal care, instead of reacting after a leak happens. Think of it as establishing predictable cues and opportunities for toileting—cued reminders, regular intervals (for example, every two hours and after meals), and ready access to a safe, private bathroom. For residents with memory or cognitive challenges, routines reduce confusion and agitation, making toileting smoother and safer. This approach also minimizes skin irritation from moisture and reduces laundry and cleanup needs, which further supports the resident's comfort and dignity. In short, a consistent toileting routine reduces incontinence events, helps prevent accidents, and preserves the resident's dignity.

3. If a resident asks for medical advice beyond your training, what is the proper action?

A. Provide the medication if it seems appropriate.

B. Advise to ask the nurse or licensed staff; do not administer medication.

C. Document the request and proceed to administer.

D. Ignore the request.

Understanding scope of practice and resident safety is the key here. If a resident asks for medical advice beyond what you've been trained to provide, you should direct them to a nurse or licensed staff who can assess the situation and give proper guidance. Do not administer medications or make medical decisions yourself. This protects the resident from potential harm and keeps care within approved protocols. Think of your role as observing, reporting, and guiding to the right clinician. If you notice symptoms or concerns, report them promptly so the licensed staff can evaluate and determine the appropriate next steps. Giving medications or advice beyond your training, or ignoring the request, could put the resident at risk and violate care standards.

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4. What term describes the failure to provide care that results in physical, mental, or emotional harm to the individual?

A. Abandonment

B. Malpractice

C. Neglect

D. Negligence

Failure to provide needed care that results in harm describes neglect. In elder care, neglect means not meeting basic needs or not acting to prevent harm (for example, missing meals, failing to assist with mobility or hygiene, or not ensuring safety), and those lapses can lead to physical injury, illness, or emotional distress. Abandonment is about deserting the person and leaving them without care, which is a form of neglect but framed as desertion. Malpractice involves professional wrongdoing by a licensed clinician, breaching the standard of care. Negligence is a broader legal term for failing to exercise reasonable care, which can apply in many contexts but doesn't specifically emphasize ongoing failure to provide daily care like neglect does. The situation described aligns with neglect.

5. What is the correct fire safety protocol in a facility?

A. Follow the facility's fire plan (RACE: Rescue, Alarm, Contain, Extinguish) and evacuate if directed.

B. Call the nurse and wait for instructions.

C. Use the elevator to evacuate immediately.

D. Ignore alarms if you are busy.

In a fire emergency, the best course is to act through the facility's established fire plan, usually described as RACE. This structured approach puts resident safety first and ensures a coordinated response. Start by rescuing anyone in immediate danger if you can do so safely, then activate the fire alarm to alert others. Next, contain the fire by closing doors to slow its spread, and, if you are trained and it is safe, attempt to extinguish with an appropriate extinguisher. Evacuation should occur only if directed by the fire plan or responding authorities. This sequence creates a clear, rapid response that protects residents and reduces damage. Choosing not to act promptly, waiting for instructions, using an elevator during a fire, or ignoring alarms can lead to dangerous delays and increased risk, which is why following the fire plan is the correct approach.

6. Hospice care focuses on which of the following?

A. It focuses on curative treatment only

B. It is provided only in hospitals

C. It aims to extend life at all costs

D. It focuses on comfort and quality of life

Hospice care centers on relieving suffering and preserving dignity for people with a terminal illness, with the goal of comfort and quality of life for the patient and support for the family. This means controlling pain and other distressing symptoms, addressing emotional and spiritual needs, and helping the person live as fully as possible in the time they have left. It's not about curative treatment or extending life at all costs, and doesn't have to be limited to hospitals—hospice can be provided at home or in other settings. So the best description is that hospice focuses on comfort and quality of life.

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7. What is the correct response to suspected elder abuse?

A. Report immediately to supervisor or nurse, document objectively, and follow facility policy.

B. Ignore and hope it stops.

C. Confront the resident about accusations without reporting.

D. Post online about the incident.

Suspected elder abuse must be handled through the proper reporting and documentation process to protect the resident and trigger a formal investigation. The best response is to report immediately to the supervisor or nurse, document objectively what was observed, and follow facility policy. This approach shows you're acting to safeguard the resident, creates a clear factual record for investigation, and aligns with both professional standards and facility procedures for mandated reporting. Do not ignore the concern, do not confront the resident about accusations, and do not post about it publicly—those actions could put the resident at greater risk, contaminate evidence, and violate privacy. In practice, document dates, times, observed injuries or behaviors, statements heard, and any actions taken to protect the resident, then follow the facility's incident-reporting steps.

8. Which term denotes the process of consuming substances to meet bodily needs?

A. Output

B. Intake or input

C. Digestion

D. Excretion

Taking substances into the body to meet its needs is intake. This term covers what you consume—food and fluids—that provide energy, nutrients, and hydration. It's the action opposite of digestion, which is the body breaking down what's been eaten, and excretion, which is eliminating waste. In nursing practice, intake is also the standard way we document how much a resident has consumed, often measured in milliliters for liquids and portions for solids. Sometimes you'll see the word input used interchangeably, but intake is the commonly used term in patient care.

9. What is the normal resting respiratory rate for an older adult?

A. 12-20 breaths per minute.

B. 6-8 breaths per minute.

C. 28-32 breaths per minute.

D. 40-60 breaths per minute.

A healthy older adult rests with a steady, comfortable breathing pace that sits in the middle—not too slow, not too fast. This baseline helps distinguish normal from problems: breathing that is unusually slow (bradypnea) can indicate sedation, electrolyte issues, or brain or lung problems, while breathing that is unusually fast (tachypnea) can reflect fever, infection, pain, anxiety, or respiratory distress. In general, older adults have the same typical resting rate as adults, though various conditions or medicines can cause it to drift. So the best choice is the one that describes a moderate, comfortable resting rate. The other options reflect or imply too-slow or too-fast breathing, which is not normal at rest.

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10. What is a bedpan that is flatter and used when a patient can't raise their hips called?

A. Fracture Pan

B. Regular Bedpan

C. Upright Pan

D. Narrow Pan

A bedpan that is flatter and used when a patient can't raise their hips is designed for minimal hip flexion, making placement easier for someone with limited mobility. The fracture pan fits that need perfectly: its flatter, shorter surface slides under the patient with little movement, so you can position it from the edge of the bed without lifting the hips. This reduces discomfort for the patient and strain on the caregiver. In contrast, a regular bedpan is more curved and requires more hip flexion to place; an upright pan is used when the patient can sit up higher, and a narrow pan isn't the standard choice for someone who cannot elevate the hips.

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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://mdgna.examzify.com

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

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