STATE TESTED NURSING ASSISTANT (STNA) 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. To "delegate" a task means:

A. To give another person permission to perform that task on your behalf

B. To consider the patients or residents' individual needs

C. To perform the task properly

D. To understand why you may be asked to do certain tasks but not others

2. What does a holistic approach in nursing care involve?

A. A person's emotional, social, spiritual and physical needs

B. The role of the health team and family

C. The person's disease and prognosis

D. Caring for persons only according to doctor's diagnosis

3. Exercises that move each muscle and joint are referred to as what?

A. Adduction

B. Range of motion

C. Abduction

D. Rotation

4. When a nurse aide finds a conscious client lying on the bathroom floor, what is the first action to take?

A. Help the client into a sitting position

B. Call for assistance from the nurse in charge

C. Offer the client a drink of water

D. Check for signs of injury

5. What should you consider when caring for Mrs. Oliphant, who has chronic pain?

A. Provide care as quickly as possible and then leave

B. Realize chronic pain may affect her behavior

C. Discuss her behavior with other nursing assistants

D. Avoid providing care to her

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6. Which statement is true about residents who are restrained?

A. They are at greater risk for developing pressure sores

B. They are at lower risk of developing pneumonia

C. Their posture and alignment are improved

D. They are not at risk for falling

7. The Heimlich maneuver is applied to a client who has what condition?

A. A bloody nose

B. A blocked airway

C. Fallen out of bed

D. Impaired eyesight

8. What should the nurse aide encourage the resident to do when moving them up in bed?

A. Position self with knees straight and bent at waist.

B. Use a gait or transfer belt to assist with the repositioning.

C. Pull the resident up holding onto one side of the drawsheet at a time.

D. Bend the resident's knees and ask the resident to push with his/her feet.

9. What right do clients have regarding telephone access?

A. Smoke in any area of the facility

B. Have access to a telephone

C. Go anywhere in the facility

D. See other clients' medical reports

10. What should clean bed linen that is placed in a client's room but not used be done with?

A. Returned to the linen closet

B. Used for a client in the next room

C. Taken to the nurse in charge

D. Put in the dirty linen container

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Answers

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

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Explanations

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1. To "delegate" a task means:

A. To give another person permission to perform that task on your behalf

B. To consider the patients or residents' individual needs

C. To perform the task properly

D. To understand why you may be asked to do certain tasks but not others

Delegation involves assigning responsibility for a specific task to another individual while retaining ultimate accountability for the outcomes of that task. This definition aligns with the concept of giving permission to someone else to carry out that task on your behalf, which is fundamental in settings like healthcare where teamwork is essential. Effective delegation requires clear communication about what is expected and understanding the capabilities of those to whom tasks are delegated. This means that the delegator must trust that the individual has the necessary skills and knowledge to complete the task safely and effectively. In healthcare settings, delegation can help healthcare providers manage their time efficiently while ensuring that patient care is maintained at a high standard. The other options primarily focus on aspects of care or understanding tasks rather than the key concept of delegation itself. While considering individual needs and ensuring proper task performance are important in nursing care, they do not encapsulate the essence of what it means to delegate a task. Similarly, understanding the reasoning behind assigned tasks addresses a different aspect of healthcare practice.

2. What does a holistic approach in nursing care involve?

A. A person's emotional, social, spiritual and physical needs

B. The role of the health team and family

C. The person's disease and prognosis

D. Caring for persons only according to doctor's diagnosis

A holistic approach in nursing care encompasses addressing a person's emotional, social, spiritual, and physical needs. This perspective emphasizes that health and wellbeing are multifaceted and not solely dependent on physical health. By considering the entire person, nurses can provide more comprehensive care that promotes healing and improves the quality of life. In this context, emotional needs might involve supporting patients through anxiety or depression, social needs could include fostering relationships with family and friends or facilitating support groups, spiritual needs address the individual's beliefs and practices that give them meaning, and physical needs focus on the patient's physical health requirements. This integral approach fosters a nurturing environment that recognizes the individuality of patients and the importance of their overall well-being in the healing process.

3. Exercises that move each muscle and joint are referred to as what?

A. Adduction

B. Range of motion

C. Abduction

D. Rotation

Exercises that move each muscle and joint are referred to as range of motion. This term encompasses the full movement potential of a joint, which includes various exercises aimed at improving flexibility and mobility. Range of motion exercises are essential for maintaining the health of joints and muscles, especially for individuals recovering from injury or those needing rehabilitation. These exercises can involve stretching and controlled movements that enhance the flexibility and strength of the muscles, thus promoting better overall physical health. In contrast, adduction and abduction refer specifically to movements toward or away from the midline of the body, while rotation involves turning around an axis. These terms describe specific types of movements rather than the general concept of exercising all muscles and joints to maintain or improve their functional capacity. Range of motion is the broad term that accurately represents the goal of these exercises.

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4. When a nurse aide finds a conscious client lying on the bathroom floor, what is the first action to take?

A. Help the client into a sitting position

B. Call for assistance from the nurse in charge

C. Offer the client a drink of water

D. Check for signs of injury

When a nurse aide encounters a conscious client lying on the bathroom floor, the first action that should be taken is to call for assistance from the nurse in charge. This step is crucial because the situation may indicate that the client could be injured or require medical evaluation. Involving a nurse ensures that the situation is assessed properly with professional guidance and that necessary medical protocols are followed. In a healthcare setting, calling for help allows trained personnel to respond promptly and effectively, which is vital for the client's safety and well-being. The nurse may have the expertise and resources to provide immediate care or determine the next steps, such as assessing the client or deciding if emergency services are needed. While checking for signs of injury is also important, this action should be completed after ensuring that help is on the way. Offering a drink of water or helping the client into a sitting position might not be appropriate until a thorough evaluation is conducted, as these actions could exacerbate any potential injuries and put the client at further risk. Calling for assistance prioritizes the safety of both the client and the aide by involving professional support in a potentially hazardous situation.

5. What should you consider when caring for Mrs. Oliphant, who has chronic pain?

A. Provide care as quickly as possible and then leave

B. Realize chronic pain may affect her behavior

C. Discuss her behavior with other nursing assistants

D. Avoid providing care to her

When caring for a patient like Mrs. Oliphant, who experiences chronic pain, it's essential to recognize that chronic pain can significantly impact a person's emotional and psychological well-being. Understanding this connection can influence how you approach her care. Chronic pain may lead to various behavioral responses, such as irritability, withdrawal, or difficulty communicating needs and concerns. By recognizing that her behavior may be a manifestation of her pain, you can adjust your interactions and provide support that addresses her emotional state as well as her physical needs. This awareness fosters a more empathetic approach, improves patient comfort, and can enhance the effectiveness of care provided. Additionally, acknowledging the effects of chronic pain can lead to better assessments, as you may observe changes in her usual behavior or coping mechanisms. By being sensitive to these behaviors, you can work more effectively with her, tailoring your care techniques to help alleviate her discomfort and improve her overall quality of life.

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6. Which statement is true about residents who are restrained?

A. They are at greater risk for developing pressure sores

B. They are at lower risk of developing pneumonia

C. Their posture and alignment are improved

D. They are not at risk for falling

Residents who are restrained are indeed at greater risk for developing pressure sores. This is primarily because restraints can limit mobility and circulation, leading to prolonged pressure on certain areas of the body. When individuals are unable to shift their weight or change positions, especially in immobilized areas, the lack of blood flow can cause skin breakdown and pressure ulcers. It is crucial for caregivers to regularly assess the skin of restrained residents, reposition them when possible, and implement measures to reduce pressure points in order to prevent these sores. Understanding this aspect highlights the importance of monitoring and the need for alternatives to restraints for the safety and comfort of residents.

7. The Heimlich maneuver is applied to a client who has what condition?

A. A bloody nose

B. A blocked airway

C. Fallen out of bed

D. Impaired eyesight

The Heimlich maneuver is specifically designed to assist someone who is experiencing a blocked airway, most commonly due to choking on food or another object. This technique involves abdominal thrusts that can help dislodge an obstruction from the airway, allowing the individual to breathe again. It is crucial for scenarios where a person's ability to breathe is compromised, as a blocked airway can lead to severe consequences, including loss of consciousness and inability to oxygenate the body. In contrast, the other conditions listed do not require the Heimlich maneuver. A bloody nose typically involves bleeding from the nostrils and would not necessitate such an action. Falling out of bed may require assessment for injury but does not pertain to airway obstruction. Impaired eyesight involves vision issues and would not result in choking risks, rendering the Heimlich maneuver unnecessary. Therefore, the correct application of this lifesaving technique is directly linked to an individual having a blocked airway.

8. What should the nurse aide encourage the resident to do when moving them up in bed?

A. Position self with knees straight and bent at waist.

B. Use a gait or transfer belt to assist with the repositioning.

C. Pull the resident up holding onto one side of the drawsheet at a time.

D. Bend the resident's knees and ask the resident to push with his/her feet.

Encouraging the resident to bend their knees and push with their feet when moving them up in bed is effective because it utilizes the resident's own strength and mobility, promoting independence and cooperation. This method also minimizes the physical strain on the nurse aide, allowing the resident to engage in the movement process, which can enhance their confidence and comfort. By pushing with their feet, the resident can assist in transferring their body upward, making the maneuver smoother and more efficient. Additionally, this technique can decrease the risk of injury to both the resident and the aide, as it involves less lifting and supports safe body mechanics. It encourages the resident's participation in their own care, which is vital for their dignity and self-esteem. Using the resident's legs in this way can improve their sense of involvement in the task at hand.

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9. What right do clients have regarding telephone access?

A. Smoke in any area of the facility

B. Have access to a telephone

C. Go anywhere in the facility

D. See other clients' medical reports

Clients have the right to have access to a telephone as part of their rights to privacy and communication. This accessibility allows them to maintain contact with family, friends, and other support systems, which is crucial for their emotional well-being and overall health during their stay in a healthcare facility. Access to a phone also ensures that clients can make important calls regarding their care, seek assistance when needed, or reach out to advocates if they have concerns about their treatment. This right is grounded in the fundamental principles of patient autonomy and the expectation that clients should be able to communicate freely. The other options do not relate to standard rights clients possess. For instance, smoking areas are regulated and not universally allowed in all facilities. Freedom to go anywhere in a facility may be limited by safety or health protocols. Access to medical records is protected by privacy laws, and clients typically cannot see others' medical reports without permission.

10. What should clean bed linen that is placed in a client's room but not used be done with?

A. Returned to the linen closet

B. Used for a client in the next room

C. Taken to the nurse in charge

D. Put in the dirty linen container

Clean bed linen that has been placed in a client's room but remains unused needs to be handled with caution due to infection control protocols. When bed linen sits in a client's room, it may become contaminated by the environment or through contact with the client's belongings, even if it has not been physically used for sleeping. Thus, the appropriate action is to place this linen in the dirty linen container, ensuring that any potential contaminants do not linger in the room or get inadvertently transferred to another client. This practice protects both clients and staff from the risk of spreading bacteria or pathogens. By discarding it in the dirty linen container, the linen can be properly laundered before reuse. Other options, such as returning the linen to the linen closet or moving it to another room, may inadvertently pose risks of cross-contamination. Utilizing the unused linen for another client may not adhere to best practices of hygiene and sanitation, which prioritize the safety and health of all clients within a healthcare setting.

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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://stna.examzify.com

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

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