



D&S Diversified Technologies LLP

Headmaster LLP

Nevada Nursing Assistant Candidate Handbook

EFFECTIVE: 4-22-2019



D&S Diversified Technologies LLP

Headmaster LLP

Nevada Nursing Assistant Candidate Handbook

EFFECTIVE: 4-22-2019

Version 19.1

CONTACT INFORMATION

HEADMASTER – D&SDT

PO Box 6609 – Helena, MT 59604

Toll Free: 800-393-8664 | Fax: 406-442-3357 |

www.hdmaster.com

Email: hdmaster@hdmaster.com

Contact Information

Questions regarding testing process, test scheduling and eligibility to test: (800) 393-8664		
Questions about Nursing Assistant certification, renewals or Registry: (602) 771-7800		
Headmaster – D&SDT, LLP PO Box 6609 Helena, MT 59604-6609 Email: hdmaster@hdmaster.com Web Site: www.hdmaster.com	Monday through Friday 8:00 AM – 6:00 PM (MST)	Phone #: (800) 393-8664 Fax #: (406) 442-3357
Nevada State Board of Nursing Las Vegas Office: 4220 S. Maryland Pkwy. Bldg B, Ste. 300 Las Vegas, NV 89119-7533 Reno Office: 5011 Meadowood Mall Way Reno, NV 89502-6547 Email: nursingboard@nsbn.state.nv.us Web Site: nevadanursingboard.org	Monday through Friday 8:00 AM – 5:00 PM	Phone #: (888) 590-6726

Table of Contents

INTRODUCTION	1
AMERICAN’S WITH DISABILITIES ACT (ADA)	1
ADA COMPLIANCE	1
THE NEVADA NURSE AIDE COMPETENCY EXAM	1
PAYMENT INFORMATION	1
SCHEDULE AN EXAM	1
<i>Nursing Assistant Training Program Candidates</i>	1
<i>NSBN Approval to Test</i>	2
EXAM CHECK-IN.....	3
TESTING ATTIRE	3
IDENTIFICATION.....	3
TESTING POLICIES.....	4
SECURITY	5
RESCHEDULES	5
REFUNDS	5
NO SHOWS	5
<i>No Show Exceptions</i>	6
TEST RESULTS	6
TEST ATTEMPTS	7
APPLYING FOR A NEVADA NURSING ASSISTANT CERTIFICATION	7
RETAKING THE NURSING ASSISTANT TEST.....	7
TEST REVIEW REQUESTS	7
THE KNOWLEDGE/ORAL TEST	7
KNOWLEDGE TEST CONTENT	8
KNOWLEDGE PRACTICE TEST.....	8
THE MANUAL SKILL TEST	8
SKILL TEST RECORDING FORM.....	9
SKILL TEST TASKS.....	9

SKILL TASKS LISTING.....	10
Bedpan and Output with Hand Washing	10
Catheter Care with Hand Washing.....	11
Isolation Gown and Gloves, Measure and Record Output from a Urinary Drainage Bag with Hand Washing	12
Perineal Care of a Female with Hand Washing	13
Ambulation with a Gait Belt.....	14
Bed Bath (Partial – Face, Arm, Hand & Underarm).....	14
Blood Pressure	15
Denture Care.....	15
Dressing a Bedridden Resident	15
Feeding a Dependent Resident	16
Foot Care (One Foot)	16
Making an Occupied Bed	17
Mouth Care—Brushing Teeth	17
Pivot-Transfer a Weight Bearing, Non-Ambulatory Client from Bed to Wheelchair using a Gait Belt.....	18
Pivot-Transfer a Weight Bearing, Non-Ambulatory Client from Wheelchair to Bed using a Gait Belt.....	19
Range of Motion (ROM) Lower Extremities (Hip & Knee).....	19
Range of Motion (ROM) Upper Extremities (Shoulder)	20
Re-Position Resident on Side in Bed	20
Vital Signs - Pulse and Respirations.....	20
KNOWLEDGE TEST VOCABULARY LIST	22
NOTES:	26

Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistant related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

This handbook describes the process of taking the Nursing Assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant competency examination—a multiple-choice, knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Nevada Board of Nursing (NSBN) for certification in Nevada.

Nevada has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Nursing Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

American's with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by Headmaster in advance of examination. The request for ADA Accommodation Form 1404NV is available on the Nevada page of the Headmaster website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

The Nevada Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$52.50
Oral Knowledge Test or Retake	\$62.50
Skill Test or Retake	\$97.50

Schedule an Exam

In order to schedule an examination date, candidates must have successfully completed a Nevada Board of Nursing (NSBN) approved, nursing assistant (NA) training program or have NSBN approval based on your education or background. In addition, all nursing assistant exam candidates must be registered with D&S Diversified Technologies – Headmaster LLP by their training program, unless they have been approved by the NSBN. Your registration information will be transmitted to the NSBN upon passing both portions of the NA exam.

Nursing Assistant Training Program Candidates

If you have completed an NSBN approved training program, your training program has submitted your demographic and training information into WebETest©. Your training program instructor will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your ID must be a US government issued, photo bearing ID. You should receive a verification form during your training to sign, attesting to the fact that the name entered into the WebETest© database exactly matches the name on your ID. If you discover your name on your ID does not match your name as listed in

WebETest®, please call Headmaster at 800-393-8664. Once your instructor or training program enters the date you successfully complete training into WebETest®, you may login to your account to schedule your exam date online at www.hdmaster.com (click on “Nevada” under the “Nurse Aide” column, click on “Schedule/Reschedule” under “Candidate Forms”, and then log-in with your secure Test ID# and Pin# provided to you by your training program or by Headmaster at 800-393-8664.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule a test date up to 1 full business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged into your file. You may login with any Internet connected device. You may reschedule or cancel your test date up to one business day prior to your exam date by logging into your WebETest® account at www.hdmaster.com. If you are unable to schedule/reschedule on-line, please call Headmaster at 800-393-8664 for assistance.

Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled online.

You may also schedule a test date by submitting the Scheduling and Payment Form 1402NV with payment (money order, cashier’s check, facility check, Visa or MasterCard) to Headmaster via email, fax or USPS mail. On the 1402NV Form, indicate your test date choices and complete all required information. No personal checks or cash are accepted. All Headmaster forms can be found on the Nevada NA page of our website at www.hdmaster.com. If you fax your Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies. If you submit your 1402NV Form via email, the \$5 Priority Fax Service Fee will not apply.

When a candidate is scheduled by Headmaster, we will notify the candidate via email of their test date and time. If you do not receive your Test Date Confirmation email from Headmaster within 5 business days (if payment is mailed via USPS) or 1 business day (if payment information is faxed or emailed) call us immediately or leave us a message on the answering machine at 800-393-8664.

Please note: Forms with missing information, payment or signatures will be returned to the candidate.

Candidates can also view their confirmation notice any time by logging into their WebETest® account at www.hdmaster.com and choosing Nevada CNA.

Headmaster does not send postal mail test confirmation letters to candidates.

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test within one year of your date of training program completion. If you do not pass the exam within one year of your training completion date, you must complete another NSBN approved training program in order to be eligible to schedule testing again.

Note: If you have failed the exam three times and retrained, you will only take the portion of the exam that you did not pass on your initial training.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you of this, if this is the case. Prior to scheduling a test, verify with your instructor if the training program where you trained has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are posted on the NV NA page of our website, www.hdmaster.com. Under the “Candidate Forms” column, click on the “Three Month Test Schedule” button to view available test dates. Be sure to read the important notes at the top of the first calendar.

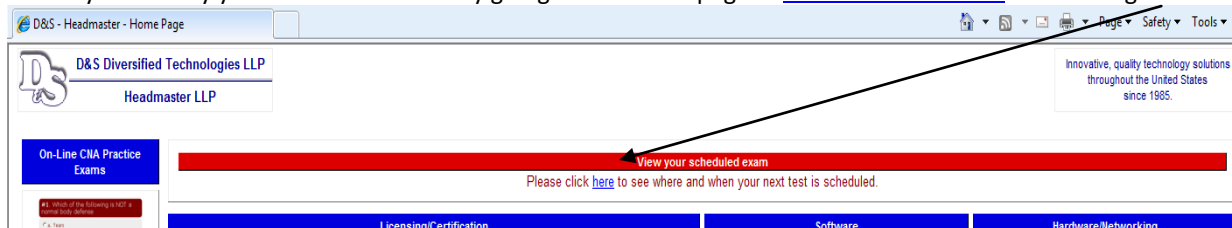
If you have any questions regarding your test scheduling, call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm Mountain Standard time.

NSBN Approval to Test

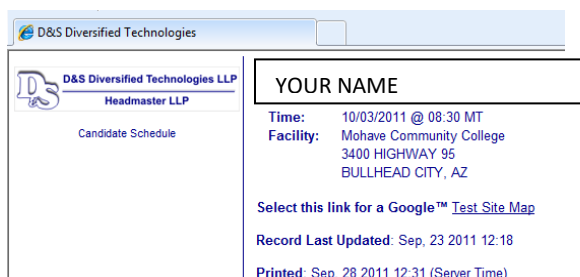
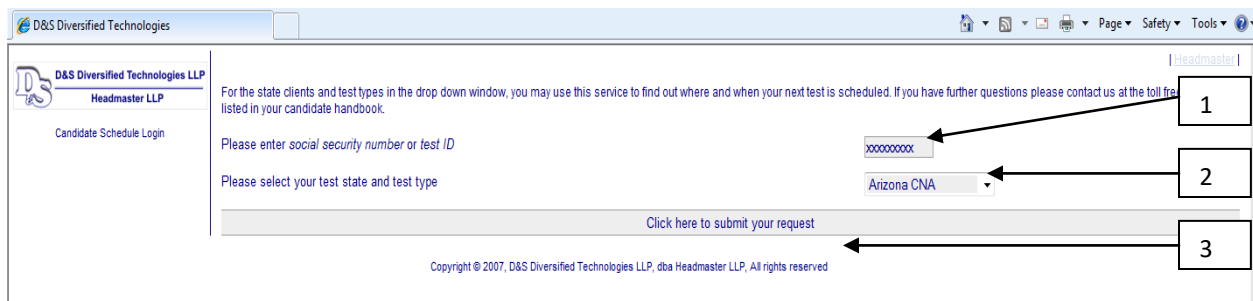
If you are eligible to take the Nevada Nursing Assistant Certification Exam based on your education or nursing school/out-of-state/military/foreign training and have not completed an approved NSBN training program, you must first apply to the NSBN for approval to test. NSBN will review your application and determine your eligibility to test upon receipt of your application. Visit the NSBN website at <https://nevadanursingboard.org>; scroll down the page and to the section labeled “Initial or Renewal Application for Nevada License/Certificate. Click on “Nevada State Board of Nursing Nurse Portal” to begin your application with the NSBN. Please contact Headmaster once you receive notification that you are approved to

test. You may use the Test ID and PIN given to you in your notification or during your contact with Headmaster to log in, pay testing fees and schedule an exam date online.

You may also verify your test date on-line by going to our home page at www.hdmaster.com and clicking here:



- 1) Type in your social security number
- 2) Choose Nevada CNA from the drop down box
- 3) Click on “Click here to submit your request”



Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start. (For example: if your test start time is 8:00 am – you need to be at the test site for check-in no later than 7:30 to 7:40 am)

Testing Attire

You must be in full clinical attire (scrubs- which consist of: a scrubs top and scrub pants/scrub skirt or scrub dress). No opened toed shoes are allowed. Scrubs and shoes can be any color/design.

You may bring a standard watch with a second hand. No smart watches or fitness monitors are allowed.

Please note: You will not be admitted for testing if you are not wearing scrubs attire and the appropriate shoes. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

You must bring a **US GOVERNMENT ISSUED, SIGNED, NON-EXPIRED PHOTO-BEARING FORM OF IDENTIFICATION**. Examples of the forms of US government issued, photo ID’s that are acceptable are:

- Driver’s License
- State issued Identification Card
- US Passport (Foreign Passports & Passport Cards are not acceptable)
- Military Identification
- Alien Registration Card

- Tribal Identification Card
- Work Authorization Card

Please note: *A driver's license or state-issued ID card that has been voided (has a hole punched in it) is only valid if accompanied by a letter issued by the Department of Motor Vehicles advising your new license is being issued to you via USPS mail. If you do not have a letter issued by the Department of Motor Vehicles, the voided ID is invalid and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

The **FIRST** and **LAST** names listed on the ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the NV nurse aide WebETest© database by your training program. You may call Headmaster at 800-393-8664 to confirm that your name of record matches your US government issued ID, or log in to the NV NA webpage at www.hdmaster.com using your Test ID# and PIN# to check on or change your demographic information.

Please note: You will not be admitted for testing if you do not bring proper ID, your ID is invalid (*see note above) or if your FIRST and LAST printed names on your US government issued photo ID do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to repay for another exam date.

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

Although it is not required for test admission, it is recommended that you print out, read and bring your test confirmation notice with you on your test day.

Testing Policies

The following policies are observed at each test site—

- Plan to be at the test site up to five (5) hours.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you do not bring valid and appropriate US government issued, signed, non-expired photo ID, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If the FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you do not wear scrubs and the appropriate shoes and conform to all testing policies, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you NO SHOW for your exam day, any test fees paid will NOT be refunded. You must re-pay your testing fees on-line in your own record using your ID and PIN# or submit Form 1402NV (Scheduling and Payment Form) to schedule another exam date.
- Cell phones, smart watches, fitness monitors, electronic recording devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices. You are to collect these items when you complete your test(s). All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from our wrist. Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees and will not be permitted to test for six (6) months.
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- No translation dictionaries are allowed, either paper format or electronic.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam and reported to your training program and the Nevada State Board of Nursing.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nursing assistant. (Examples: casts, arm/leg braces, crutches, etc.) Call Headmaster

immediately if you are on doctor's orders. You must fax a doctor's order **within 5 business days** of your scheduled exam day to qualify for a free reschedule.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to the NSBN. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to NSBN and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from NSBN in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc.), your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid. Your name will be reported to NSBN and you may need to obtain permission from NSBN in order to be eligible to test again.

Reschedules

Candidates may reschedule or cancel a test date online any time prior to 1 full business day preceding a scheduled test day, excluding Saturdays, Sundays and Holidays.

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (Headmaster is open until 6:00 pm Mountain time) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a reschedule would not be granted on the Friday.

Scheduled test date is on a:	Reschedule by 6 pm Mountain Standard Time on the previous:
Monday	Thursday
Tuesday	Friday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday
Saturday	Thursday
Sunday	Thursday

Please note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

Refunds

Refund and/or cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. If you are requesting a refund and are scheduled in an exam date, the request must be made *in writing* to cancel your exam and request your refund prior to (1) full business day preceding a scheduled exam, **excluding** Saturdays, Sundays, and Holidays in order to qualify for a full refund of any testing fees paid minus a \$45.00 refund request fee. We accept faxed (406-442-3357) or emailed (hdmaster@hdmaster.com) refund requests.

No Shows

If you are scheduled for your exam and do not show up without notifying Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason deeming you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must repay the testing fee to schedule yourself into a new test event.

These fees partially offset Headmaster costs incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays, and Holidays (see examples under Reschedules and Cancellations), a NO SHOW status will result and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

No Show Exceptions

Exceptions to the No Show status exist. If you are a No Show for any test component for any of the following reasons, test fees will be refunded or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame.**

- **Car breakdown:** Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the exam date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.
- **Medical emergency:** Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.
- **Death in the family:** Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed exam date. (Immediate family is parents, grand and great-grand parents, siblings, children or spouse.)

Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results are available to you after 6pm Mountain Standard time the day tests are scored. You will be able to access your test results online on the Nevada page at www.hdmaster.com.

HEADMASTER will email your test results to the email in your record and/or a copy of your test results can be printed from Headmaster's website any time after your test has been officially scored. Your device must have an RTF reader to open emailed test results.

HEADMASTER does not send postal mail test result letters to candidates.

To check your test results on-line, go to www.hdmaster.com, click on NEVADA and click on Test Results Login.

The screenshot shows the website for D&S Diversified Technologies LLP, Headmaster LLP. The page features a header with the company logo and tagline "Innovative, quality technology solutions throughout the United States since 1985". Below the header is a navigation menu with four main categories: Candidate Forms, Training Programs, Observer Forms, and Contacts. The "Candidate Forms" menu is expanded, showing options like "Test Results Login", "Schedule / Re-Schedule", and "Three Month Test Schedule". The "Training Programs" menu is also expanded, showing "WebE Test © On-line Testing" and "WebE Test © Start Page". The "Observer Forms" menu is expanded, showing "Test Observer Application Form 1500", "Confidentiality/Nondisclosure Agreement Form 1501", and "Independent Test Observer Agreement Form 1505". The "Contacts" section provides contact information for Headmaster, including a phone number (800) 393-8664 and a fax number (406) 442-3357. A visitor count of 433463 is displayed. A footer note states "You will need a reader to view and print most of these documents. You may download it here." with a link to a PDF reader.

- 1) Type in your social security number.
- 2) Type in your test date per the format to the right.
- 3) Type in your birth date per the format to the right.
- 4) Click on Submit Score Report Request.

The screenshot shows the Headmaster login page. On the left is the D&S Diversified Technologies LLP logo and contact information for Headmaster LLP in Helena, MT. The main content area is titled 'Directions' and contains instructions on how to receive an online score report. Below this is an 'Important Note' about score availability. The 'Required Login Fields' section includes three input fields: 'social security # or test ID', 'test date', and 'birthdate'. A 'Submit Score Report Request' button is at the bottom. Four numbered callouts (1-4) point to: 1) the 'Directions' text, 2) the social security/test ID field, 3) the test date field, and 4) the submit button.

Test Attempts

You have three attempts to pass the knowledge and skill test portions of the exam within one year of your date of nursing assistant training program completion. If you do not complete testing within one year from completion of training, you must complete a new NSBN approved training program in order to become eligible to further attempt Nevada nursing assistant examinations.

- An attempt means checking in for the competency evaluation and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.

Applying for a Nevada Nursing Assistant Certification

HEADMASTER will electronically submit your test results to the Nevada Board of Nursing. You will receive your Nursing Assistant Certification from the Board only after you successfully pass the Nevada Nursing Assistant Competency Examination and complete the NSBN application process on-line and meet all Board requirements. Go to the Nevada State Board of Nursing website at <https://nevadanursingboard.org> for information on completing your on-line application for certification. Click on "Apply for a Nevada License or Certificate".

Retaking the Nursing Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination and you want to retest, you will need to repay the test fee for the failed portion of the exam before you can schedule a new exam date to retake that portion of the exam. To reschedule any or both portions of the exam, follow the same steps listed above as for scheduling your initial exam.

If you need assistance scheduling your re-test, please call Headmaster at 800-393-8664. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the Scheduling and Payment Form 1402NV, check the Test Review Fee of \$25 (cashier's check, money order, credit or debit card with expiration date) and submit a detailed explanation of why you feel your dispute is valid via email, fax or mail **within 10 business days** of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Since one qualification for certification as a nursing assistant in Nevada is demonstration by examination of minimum nursing assistant knowledge and skills, the outcome of your review will likely determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay your re-test fee and refund your review fee. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Nevada Board of Nursing.

The Knowledge/Oral Test

The Knowledge Test Proctor will give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions

about the content of the Knowledge Test, such as “What does this question mean?” You must have a score of 77% or better to pass the knowledge portion of the exam.

Electronic testing called WebETest© using Internet connected computers is utilized at all test sites in Nevada. The Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional charge for an Oral Test. The questions are read in a neutral manner, and can be heard through headphones/ear buds plugged into the computer. When taking an oral exam, the oral control buttons will display on the computer screen enabling you to play, rewind or pause questions as needed.

Per the Nevada State Board of Nursing, translation dictionaries are not allowed during testing.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Nevada Board of Nursing.

Knowledge Test Content

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the NSBN approved Nevada test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

Safety (7)	Communication (5)
Infection Control (9)	Data Collection (5)
Personal Care (7)	Basic Nursing Skills (9)
Mental Health (4)	Role and Responsibility (9)
Care Impaired (4)	Disease Process (6)
Resident Rights (6)	Aging Process and Restorative Care (4)

Knowledge Practice Test

Headmaster offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at www.hdmaster.com. Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test.

1. Clean linens that touch the floor should be: (A) Picked up quickly and placed back on the clean linen cart (B) Used immediately on the next resident bed (C) Considered dirty and placed in the soiled linen hamper (D) Used only in the room with the floor the linen fell on	
2. A soft, synthetic fleece pad placed beneath the resident: (A) Takes pressure off the back (B) Provides warmth for the resident (C) Gives the resident a sense of security (D) Should only be used with bedridden residents	
3. A resident’s psychological needs: (A) Should be given minor consideration (B) Make the resident withdrawn and secretive (C) Are nurtured by doing everything for the resident (D) Are nurtured when residents are treated like individuals	ANSWERS: 1-C 2-A 3-D

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Nevada approved nursing assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.

- Be sure you understand all instructions before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed thirty-five (35) minutes to complete your three (3) or four (4) tasks. After 20 minutes have elapsed, you will be alerted that 15 minutes remain.
 - Note: If you are on your last task when your thirty-five (35) minutes elapses, you will be given an additional five (5) minutes to complete your last task.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated at any time during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to demonstrate the step or steps of the task you believe you performed incorrectly in order to receive credit for the correction. You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five (35) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated "Relaxation Area." When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must actually be demonstrated. Steps that are only verbalized **WILL NOT COUNT**.

Skill Test Recording Form

The RN Test Observer will provide a recording form similar to the one displayed below if your skill test includes a skill task which requires recording a count or measurement.

Candidate's Name: _____ <small>PLEASE PRINT</small>	
TEMP: _____	PULSE: _____ RESP: _____
BP: _____ / _____	URINARY OUTPUT: _____ ml
GLASS 1: _____	FOOD INTAKE: _____ %
GLASS 2: _____	FLUID INTAKE: _____ ml
GLASS 3: _____	WEIGHT: _____
Total Intake: _____ ml	HEIGHT: _____
_____ Signature _____	

Skill Test Tasks

You will be assigned one of the following mandatory tasks as your first task:

- Bedpan and Output with Hand Washing
- Catheter Care with Hand Washing
- Donning an Isolation Gown and Gloves then Emptying a Urinary Drainage Bag with Hand Washing
- Perineal Care of a Female with Hand Washing

Please note: Hand washing is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will also receive an additional two (2) or three (3) randomly selected tasks from the Skill Task listing below in addition to the first mandatory task. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the WebETest© skill test assignment algorithm will be comparable in overall difficulty. That is why some skill tests will have a differing number of tasks.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps listed for each task are the steps required for a nursing assistant candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks (the perineal care tasks and catheter care tasks will be done on a mannequin). You will be scored only on the steps listed. You must have a score of 80% on each task without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation. If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be only one of the four mandatory tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what she/he sees you do. The RN Test Observer does not score the skill exams. Headmaster scoring teams will officially score and double check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Nevada nursing assistant skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

Bedpan and Output with Hand Washing

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Perform hand hygiene.
- 3) Greet client by name.
- 4) Explain the procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) Put on gloves.
- 7) Raise bed to appropriate working height.
- 8) Position client on bedpan correctly using correct body mechanics.
- 9) After placing bedpan, raise head of bed to comfortable level.
- 10) Leave tissue within reach of client.
- 11) Leave call light within reach of client
- 12) Leave area until called.
- 13) Wash/assist client to wash hands (uses wet wash cloth or disposable wipe).
- 14) Discards soiled linen in appropriate container or disposes wipe in trash.
- 15) Lowers head of bed if raised.
- 16) Gently remove bedpan. Hold bedpan for RN Test Observer while liquid is poured into the bedpan.
- 17) Measure output using a graduate.
- 18) Lower bed if it was raised.
- 19) Empty graduate into toilet/commode.
- 20) Rinses, dries and puts away equipment.
- 21) Remove gloves turning inside out and dispose of properly.
- 22) Maintain respectful, courteous interpersonal interactions.
- 23) Leave call light or signaling device within easy reach of the client.
- 24) Leave water within easy reach of client.
- 25) Wash hands - turn on water.
- 26) Thoroughly wet hands.
- 27) Apply liquid soap to hands.
- 28) Rub hands together for 20 seconds using friction.
- 29) Using friction, rub interlaced fingers together while pointing downward.
- 30) Clean under fingernails.
- 31) Wash all surfaces of hands and wrists with liquid soap.

- 32) Rinse hands thoroughly under running water with fingers pointed downward.
- 33) Dry hands on clean paper towel(s).
- 34) Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
- 35) Discard paper towels to trash container as used.
- 36) Does not recontaminate hands at any time during the hand washing portion of the task.**
- 37) Record output on recording form.**
- 38) Candidate's measurement is within 25cc/ml of RN Test Observer's premeasured amount.**

Catheter Care with Hand Washing

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to client.
- 5) Provide privacy for client – pull curtain.
- 6) Put on gloves.
- 7) Position a bath blanket or a combination of bath blanket and gown to maintain privacy.
- 8) Check to see that urine can flow, unrestricted, into the drainage bag.
- 9) Use soap and water to carefully wash around the catheter tubing where it exits the urinary meatus.
- 10) Hold catheter where it exits the urethra with one hand.**
- 11) While holding catheter with fingers near urethra, cleans at least 3-4 inches down the catheter tube.
- 12) Clean with stroke(s) only away from the urethra.
- 13) Use clean portion of cloth for stroke(s).
- 14) Rinse using stroke(s) only away from the urethra.
- 15) Rinse using clean portion of cloth for stroke(s).
- 16) Pat dry.
- 17) Do not allow the tube to be pulled at any time during the procedure.
- 18) Replace top cover over client.
- 19) Remove bath blanket.
- 20) Leave client in a position of safety and comfort.
- 21) Rinses, dries and puts away equipment.
- 22) Maintain respectful, courteous interpersonal interactions.
- 23) Leave call light or signaling device within easy reach of the client.
- 24) Leave water within easy reach of client.
- 25) Wash hands - turn on water.
- 26) Thoroughly wet hands.
- 27) Apply liquid soap to hands.
- 28) Rub hands together for 20 seconds using friction.
- 29) Using friction, rub interlaced fingers together while pointing downward.
- 30) Clean under fingernails.
- 31) Wash all surfaces of hands and wrists with liquid soap.
- 32) Rinse hands thoroughly under running water with fingers pointed downward.
- 33) Dry hands on clean paper towel(s).
- 34) Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
- 35) Discard paper towels to trash container as used.
- 36) Does not recontaminate hands at any time during the hand washing portion of the task.**

Donning an Isolation Gown and Gloves, Measure and Record Output from a Urinary Drainage Bag with Hand Washing

(One of the possible mandatory first tasks)

- 1) Perform hand hygiene.
- 2) Face the back opening of the gown.
- 3) Unfold the gown.
- 4) Place arms through each sleeve.
- 5) Tie the neck opening.
- 6) Tie the waist in the back or on side.
- 7) Ensures back flap covers clothing as completely as possible.
- 8) Put on gloves.
- 9) Gloves overlap gown sleeves at the wrist.
- 10) Knock on door.
- 11) Greet client by name.
- 12) Explain urinary output procedure to client.
- 13) Provide for privacy – pull curtain.
- 14) Leave call light or signaling device within easy reach of the client.
- 15) Leave water within easy reach of client.
- 16) Place a barrier on the floor under the drainage bag.
- 17) Place the graduate on the previously placed barrier.
- 18) Open the drain to allow the urine to flow into the graduate.
- 19) Completely empties urinary drainage bag.
- 20) Do not touch the graduate with the tip of the tubing.**
- 21) Close the drain.
- 22) Wipe the drain with antiseptic wipe.
- 23) Secure drain.
- 24) Place a barrier on a flat surface.
- 25) Place graduate on previously placed barrier on a flat surface.
- 26) With graduate at eye level, measure output.
- 27) Empty graduate into toilet/commode.
- 28) Rinses, dries and puts away equipment.
- 29) Leave client in a position of safety and comfort.
- 30) Maintain respectful, courteous interpersonal interactions.
- 31) Remove gloves before removing gown or uses the alternate method of pulling/popping gown off by pulling on the front of the gown with gloves on.
- 32) Remove gloves turning inside out or uses the alternate method of pulling/popping gown off by pulling on the front of the gown.
- 33) Disposes of the gloves in trash container or peels gloves off keeping them inside out and rolled up in the inside of the gown.
- 34) Unfasten gown at the neck, if not using alternate method of removal.
- 35) Unfasten gown at the waist, if not using alternate method of removal.
- 36) Remove gown by folding soiled area to soiled area.**
- 37) Bare hands never touch soiled surface of gown.
- 38) Dispose of gown in trash container.
- 39) Wash hands - turn on water.
- 40) Thoroughly wet hands.
- 41) Apply liquid soap to hands.
- 42) Rub hands together for 20 seconds using friction.
- 43) Using friction, rub interlaced fingers together while pointing downward.
- 44) Clean under fingernails.
- 45) Wash all surfaces of hands and wrists with liquid soap.
- 46) Rinse hands thoroughly under running water with fingers pointed downward.
- 47) Dry hands on clean paper towel(s).
- 48) Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.

- 49) Discard paper towels to trash container as used.
- 50) Does not recontaminate hands at any time during the hand washing portion of the task.**
- 51) Record the output in cc/ml on recording form.
- 52) Candidate's measurement is within 25cc/ml of RN Test Observer's premeasured amount.**

Perineal Care of a Female with Hand Washing

(One of the possible mandatory first tasks)

1. Knock on door.
2. Greet client by name.
3. Performs hand hygiene.
4. Explain procedure to the client (mannequin).
5. Provide privacy for client - pull curtain.
6. Raise the bed to an appropriate working height.
7. Position bath blanket or combination of bath blanket and gown so client remains covered at all times.
8. Fill basin with comfortably warm water.
9. Direct RN Test Observer to stand on opposite side of the bed or use side rails.
10. Put on gloves.
11. Expose perineum only.
12. Separate labia.
13. Use water and soapy washcloth.
- 14. Clean one side of labia from top to bottom.**
15. Use a clean portion of a wash cloth, cleans other side of labia from top to bottom.
16. Use a clean portion of a wash cloth, clean the vaginal area from top to bottom.
17. Use a clean portion of a wash cloth, rinse one side of labia from top to bottom.
18. Use a clean portion of a wash cloth, rinse other side of labia from top to bottom.
19. Use a clean portion of a wash cloth, rinse the vaginal area from top to bottom.
20. Pat dry.
21. Cover the exposed area with the bath blanket or gown or combination of both.
22. Assist client to turn onto side away from candidate.
23. Use a clean washcloth, water and soap to clean rectal area.
- 24. Clean from vagina to rectal area.**
25. Use a clean portion of a wash cloth for any cleaning stroke(s).
26. Use a clean portion of a wash cloth, rinse from vagina to rectal area.
27. Use a clean portion of a wash cloth for any rinsing stroke(s).
28. Pat dry.
29. Position client (mannequin) on her back.
30. Dispose of soiled linen in an appropriate container.
31. Remove gloves turning inside out and dispose of in trash container.
32. Lower bed, if it was raised.
33. Lower side rail, if it was used.
34. Rinses, dries and returns equipment.
35. Maintain respectful, courteous interpersonal interactions.
36. Leave call light or signaling device within easy reach of the client.
37. Leave water within easy reach of client.
38. Wash hands - turn on water.
39. Thoroughly wet hands.
40. Apply liquid soap to hands.
41. Rub hands together for 20 seconds using friction.
42. Using friction, rub interlaced fingers together while pointing downward.
43. Clean under fingernails.
44. Wash all surfaces of hands and wrists with liquid soap.
45. Rinse hands thoroughly under running water with fingers pointed downward.
46. Dry hands on clean paper towel(s).
47. Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
48. Discard paper towels to trash container as used.
- 49. Does not recontaminate hands at any time during the hand washing portion of the task.**

Ambulation with a Gait Belt

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to be performed to the client.
- 5) Obtain gait belt.
- 6) **Lock bed brakes to ensure client's safety.**
- 7) Ensures client's feet are flat on the floor.
- 8) Bring client to sitting position.
- 9) Place gait belt around waist. Tighten gait belt.
- 10) Check gait belt by slipping fingers between gait belt and client.
- 11) Assists client to put on non-skid socks.
- 12) Stand in front of and face the client.
- 13) Grasp the gait belt on each side of the client with an underhand grip.
- 14) Ask client if he/she is stable/okay/dizzy.
- 15) Bring client to standing position, using proper body mechanics.
- 16) Grasp gait belt with one hand, using under hand grip.
- 17) Stabilize client with other hand by holding forearm, shoulder, or using other appropriate method to stabilize client.
- 18) Ambulate the client 10 steps and return client to chair.
- 19) Assist client to sit in the chair in a controlled manner that ensures safety.
- 20) Remove gait belt.
- 21) Leave client in position of comfort and safety.
- 22) Perform hand hygiene.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Leave call light or signaling device within easy reach of the client.
- 25) Leave water within easy reach of client.

Bed Bath (Partial – Face, Arm, Hand & Underarm)

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) Raise bed to appropriate working height.
- 7) Cover client with a bath blanket.
- 8) Remove remaining top bed linen. Fold top linens to bottom of bed or place aside.
- 9) Remove client's gown without exposing client.
- 10) Fill basin with comfortably warm water.
- 11) Wipe eyes gently from inner eye toward outer eye.
- 12) Uses a clean portion of the wash cloth with each wipe.
- 13) Washes clients whole face without soap.
- 14) Dry face.
- 15) Exposes one arm.
- 16) Places towel under exposed arm.
- 17) Using soap: wash arm, hand, and underarm.
- 18) Rinse arm, hand, and underarm.
- 19) Dry arm, hand, and underarm.
- 20) Assist client to put on a clean gown.
- 21) Rinse and dry basin and put it away.
- 22) Dispose of soiled linen in appropriate container.
- 23) Lower bed if it was raised.
- 24) Perform hand hygiene.
- 25) Maintain respectful, courteous interpersonal interactions at all times.
- 26) Leave call light or signaling device within easy reach of the client.
- 27) Leave water within easy reach of client.

Blood Pressure

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Explain procedure to client.
5. Position client with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
6. Roll client's sleeve up about 5 inches above the elbow.
7. Apply the appropriate size cuff around the upper arm just above the elbow.
8. Correctly align cuff over brachial artery.
9. Clean earpieces of stethoscope appropriately and place in ears.
10. Clean diaphragm.
11. Locate brachial artery with fingertips.
12. Place stethoscope diaphragm over brachial artery.
13. Hold stethoscope diaphragm snugly in place.
14. Inflate cuff to 160-180mmHg or 30mmHg above where pulse was last heard or felt.
15. Inflates the blood pressure cuff no more than two times per arm if using the one step method.
16. Slowly release air from cuff to disappearance of pulsations.
17. Remove cuff.
18. Perform hand hygiene.
19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave call light or signaling device within easy reach of the client.
21. Leave water within easy reach of client.
22. Record blood pressure reading on recording form.
23. **Candidate's recorded systolic and diastolic blood pressure is within 6mmHg of the RN Test Observer's.**

Denture Care

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to client.
- 5) Line bottom of sink (towel, washcloth or paper towels) with a protective lining or fill with water to prevent damage to the dentures in case they are dropped.
- 6) Put on gloves.
- 7) Carefully remove dentures from cup.
- 8) Handle dentures carefully to avoid damage.
- 9) Rinse denture cup.
- 10) Never put dentures in/on a contaminated surface.
- 11) Apply denture cleanser to toothbrush.
- 12) Thoroughly brush dentures, including the inner, outer, and chewing surfaces of upper and/or lower dentures.
- 13) Thoroughly brush dentures, including the denture groove or plate that touches gum surface.
- 14) Rinse dentures using clean cool running water.
- 15) Place dentures in denture cup.
- 16) Add cool clean water to denture cup.
- 17) Rinse and dry equipment and return to storage.
- 18) Discard sink's protective lining in an appropriate container, or drain sink.
- 19) Removes gloves turning inside out and dispose in appropriate container.
- 20) Perform hand hygiene.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Leave call light or signaling device within easy reach of the client.
- 23) Leave water within easy reach of client.

Dressing a Bedridden Resident

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain the procedure to the client.

- 5) Provide privacy for client - pull curtain.
- 6) Keep client covered while removing gown.
- 7) Remove gown from unaffected side first.**
- 8) Place used gown in laundry hamper.
- 9) When dressing the client in a shirt, always dresses the affected side first.**
- 10) When dressing the client in a shirt/blouse, insert your hand through the sleeve of the shirt/blouse and grasp the hand of the client.
- 11) When dressing the client in sweat pants, assist the client to raise his/her buttocks or rock client side to side and draw the pants over the buttocks and up to the client's waist without exposing client.
- 12) When putting on the client's socks, draw the socks up the client's foot until they are smooth.
- 13) Leave client in correct body alignment.
- 14) Leave the client properly dressed.
- 15) Perform hand hygiene.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Leave call light or signaling device within easy reach of the client.
- 18) Leave water within easy reach of client.

Feeding a Dependent Resident

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Read diet card aloud to client.
- 6) Protect clothing from soiling by using clothing protector.
- 7) Wash client's hands before feeding with wet wash cloth or disposable wipe
- 8) Discards soiled linen in appropriate container or disposes wipe in trash can.
- 9) Sit to assist with feeding.
- 10) Describe the foods being offered to the client.
- 11) Offer fluid frequently.
- 12) Offer small amounts of food at a reasonable rate.
- 13) Allow client time to chew and swallow.
- 14) Wipe client's hands and face during meal as needed.
- 15) Leave client clean and in a position of comfort.
- 16) Perform hand hygiene.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Leave call light or signaling device within easy reach of the client.
- 19) Leave water within easy reach of client.
- 20) Record intake of total solid food eaten as a percentage on recording form.
- 21) Candidate's calculation must be within 25 percentage points of the RN Test Observer's.**
- 22) Record fluid intake as ml's consumed on recording form.
- 23) Candidate's calculation is within 30 ml's of the RN Test Observer's.**

Foot Care (One Foot)

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) Fill foot basin with comfortably warm water.
- 7) Remove non-skid sock from the correct RN Test Observer stated side.**
- 8) Immerse foot in comfortably warm water for 10 to 20 minutes (time is to be verbalized).
- 9) Use water and soapy washcloth.
- 10) Wash entire foot.
- 11) Wash between toes.
- 12) Rinse entire foot.
- 13) Rinse between toes.
- 14) Dry foot thoroughly, dry between toes thoroughly.

- 15) Offer to cut client's toenails.
- 16) Warm lotion by rubbing it between hands.
- 17) Massage lotion over entire foot, do not get lotion between toes.
- 18) If any excess lotion, wipe with a towel.
- 19) Replace non-skid sock on foot.
- 20) Pour used water in toilet/commode or sink.
- 21) Rinse and dry basin.
- 22) Return equipment to storage area.
- 23) Place dirty linen in hamper.
- 24) Leave client in position of safety in proper alignment in the chair.
- 25) Perform hand hygiene.
- 26) Maintain respectful, courteous interpersonal interactions.
- 27) Leave call light or signaling device within easy reach of the client.
- 28) Leave water within easy reach of client.

Making an Occupied Bed

1. Knock on door.
2. Greet client by name.
3. Perform hand hygiene.
4. Gather linen.
5. Transport linen away from body.
6. Place clean linen on a clean surface. (bedside stand, chair, or overbed table)
7. Explain procedure to client.
8. Provide privacy for client - pull curtain.
9. Direct RN Test Observer to stand on the opposite side of the bed or use side rails.
10. Raise bed to appropriate working height.
11. Client is to remain covered at all times with sheet or gown.
12. Assist client to roll onto side.
13. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
14. Place clean bottom sheet on mattress along the center of the bed and roll or fan fold against the client's back and unfold remaining half.
15. Secure two fitted corners.
16. Direct RN Test Observer to opposite side of the bed or use side rails.
17. Assist the client to roll over the bottom linen, preventing trauma and avoidable pain to client.
18. Remove soiled linen without shaking.
19. Avoid placing dirty linen on the overbed table, bedside stand, chair or floor.
20. Avoid touching linen to uniform.
21. Dispose of soiled linen in hamper.
22. Pull through and smooth out the clean bottom linen.
23. Secure the other two fitted corners.
24. Client's body never touches bare mattress.
25. Place clean top linen over covered client.
26. Remove used top linen keeping client unexposed at all times.
27. Tuck in clean top linen at the foot of bed.
28. Make mitered corners at the foot of the bed.
29. Apply clean pillowcase with zippers and/or tags to inside.
30. Gently lift client's head while replacing the pillow.
31. Lower bed, if it was raised.
32. Lower side rail, if it was used.
33. Perform hand hygiene.
34. Maintain respectful, courteous interpersonal interactions at all times.
35. Leave call light or signaling device within easy reach of the client.
36. Leave water within reach of client.

Mouth Care—Brushing Teeth

- 1) Knock on door.
- 2) Greet client by name.

- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) Drape the chest with towel to prevent soiling.
- 7) Put on gloves.
- 8) Apply toothpaste to toothbrush.
- 9) Brush all inner surfaces of upper and lower teeth.**
- 10) Brush all outer surfaces of upper and lower teeth.**
- 11) Brush all chewing surfaces of upper and lower teeth.**
- 12) Clean tongue.
- 13) Assist client in rinsing mouth.
- 14) Wipe client's mouth.
- 15) Remove soiled linen.
- 16) Place soiled linen in hamper.
- 17) Empty emesis basin.
- 18) Rinse emesis basin.
- 19) Dry emesis basin.
- 20) Rinse toothbrush.
- 21) Return equipment to storage.
- 22) Remove gloves turning inside out and dispose of properly.
- 23) Leave client in position of comfort.
- 24) Perform hand hygiene.
- 25) Maintain respectful, courteous interpersonal interactions at all times.
- 26) Leave call light or signaling device within easy reach of the client.
- 27) Leave water within easy reach of client.

Pivot-Transfer a Weight Bearing, Non-Ambulatory Client from Bed to Wheelchair using a Gait Belt

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to client.
- 5) Obtain a gait belt.
- 6) Position wheelchair at foot or head of bed.
- 7) Wheelchair touches bed.
- 8) Lock wheelchair brakes.**
- 9) Lock bed brakes.**
- 10) Bring client to a sitting position using proper body mechanics.
- 11) Ensure client's feet are flat on the floor.
- 12) Assist client to put on non-skid socks.
- 13) Place gait belt around client's waist.
- 14) Tighten gait belt so that fingers can be slipped between gait belt and client.
- 15) Grasp the gait belt in underhand grip with both hands to stabilize the client.
- 16) Ask client if he/she is stable/okay/dizzy.
- 17) Bring client to a standing position using proper body mechanics.
- 18) Do not ambulate the client.
- 19) Assist client to pivot and sit in wheelchair in a controlled manner that ensures safety.
- 20) Remove gait belt.
- 21) Leave client in a position of safety and comfort.
- 22) Perform hand hygiene.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Place client within easy reach of call light or signaling device.
- 25) Place client within easy reach of water.

Pivot-Transfer a Weight Bearing, Non-Ambulatory Client from Wheelchair to Bed using a Gait Belt

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to client.
- 5) Obtain a gait belt.
- 6) Position wheelchair at foot or head of bed.
- 7) Wheelchair touches bed.
- 8) Raises bed to same level as wheelchair seat or lower.
- 9) **Lock wheelchair brakes.**
- 10) **Lock bed brakes.**
- 11) Place gait belt around client's waist.
- 12) Check gait belt for fit by sliding fingers under belt to determine if it is snug but not too tight.
- 13) Ensure client's feet are flat on the floor.
- 14) Instruct client to place hands on wheelchair arm rests.
- 15) Asks client if he/she is stable/okay/dizzy.
- 16) Grasp the gait belt in underhand grip with both hands.
- 17) Bring client to a standing position using proper body mechanics.
- 18) Do not ambulate client.
- 19) Assist client to pivot and sit on bed in a controlled manner that ensures safety.
- 20) Remove gait belt.
- 21) Remove client's shoes.
- 22) Assist client to lie down in the center of the bed, supporting extremities as necessary.
- 23) Make sure client is comfortable and in good body alignment.
- 24) Perform hand hygiene.
- 25) Maintain respectful, courteous interpersonal interactions at all times.
- 26) Leave call light or signaling device within easy reach of the client.
- 27) Leave water within easy reach of client.

Range of Motion (ROM) Lower Extremities (Hip & Knee)

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) Position bed flat.
- 7) **Position client on back/supine.**
- 8) Position client in good body alignment.
- 9) **Support joints at all times.**
- 10) **Performs task on correct side.**
- 11) **Ask if causing any discomfort or pain sometime during ROM procedure.**
- 12) Move the entire leg away from the body. (abduction)
- 13) Move the entire leg toward the body. (adduction)
- 14) Complete abduction and adduction of the hip at least three times.
- 15) Continue to correctly support joints by placing one hand under the client's knee and the other hand under the client's ankle.
- 16) Bend the client's knee and hip toward the client's trunk. (flexion of hip and knee at the same time - may also do separately)
- 17) Straighten the knee and hip. (extension of knee and hip in the same motion - may also do separately)
- 18) Complete flexion and extension of the knee and hip at least three times.
- 19) Do not force any joint beyond the point of free movement.
- 20) Leave client in a comfortable position.
- 21) Perform hand hygiene.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Leave call light or signaling device within easy reach of the client.
- 24) Leave water within easy reach of client.

Range of Motion (ROM) Upper Extremities (Shoulder)

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to the client.
- 5) Provide privacy for client - pull curtain.
- 6) **Position client on back .**
- 7) Position client in good body alignment.
- 8) **Support joints at all times.**
- 9) **Performs task on correct side.**
- 10) **Ask if causing any discomfort or pain sometime during ROM procedure. Added step.**
- 11) Raise the client's arm up and over the client's head. (flexion)
- 12) Bring the client's arm back down to the client's side. (extension)
- 13) Complete flexion and extension of shoulder at least three times.
- 14) Continue same support for abduction and adduction of shoulder joint.
- 15) Move the client's entire arm out away from the body. (abduction)
- 16) Return arm to side of the client's body. (adduction)
- 17) Complete abduction and adduction of the shoulder three times.
- 18) Do not force any joint beyond the point of free movement.
- 19) Leave client in a comfortable position.
- 20) Perform hand hygiene.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Leave call light or signaling device within easy reach of the client.
- 23) Leave water within easy reach of client.

Re-Position Resident on Side in Bed

- 1) Knock on door.
- 2) Greet client by name.
- 3) Perform hand hygiene.
- 4) Explain procedure to client.
- 5) Provide privacy for client - pull curtain.
- 6) Position bed flat.
- 7) Raise bed to appropriate working height.
- 8) Ensure that the client's face never becomes obstructed by the pillow.
- 9) Direct RN Test Observer to stand in position opposite working side of bed to ensure safety, or use side rails, or always turns client towards self.
- 10) From the working side of bed - move client's upper body toward self.
- 11) From working side of bed - move client's hips toward self.
- 12) From working side of bed - move client's legs toward self.
- 13) Move to opposite side of bed, if RN Test Observer wasn't directed, or side rails are not used and turn client toward self, otherwise may remain on the working side of the bed and turn client toward the RN Test Observer or raised side rail.
- 14) **Assist/turn client onto the correct side as read to him/her in the scenario.**
- 15) Check to be sure client is not lying on his/her downside arm.
- 16) Maintain client's correct body alignment with head of bed flat.
- 17) Place support devices under the client's head and upper arm, behind back, and between knees and ankles.
- 18) Lower bed, if it was raised.
- 19) Lower side rail, if it was used.
- 20) Performs hand hygiene.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Leave call light or signaling device within easy reach of the client.
- 23) Leave water within easy reach of client

Vital Signs - Pulse and Respirations

1. Knock on door.
2. Greet client by name.

3. Perform hand hygiene.
4. Explain procedure to client.
5. Locate the radial pulse by placing tips of fingers on the thumb side of the client's wrist.
6. Count pulse for 60 seconds.
7. Count respirations for 60 seconds.
8. Perform hand hygiene.
9. Maintain respectful, courteous interpersonal interactions at all times.
10. Leave call light or signaling device within easy reach of the client.
11. Leave water within easy reach of the client.
12. Record pulse count on the recording form.
- 13. Candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded rate.**
14. Record respirations count on the recording form.
- 15. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**

Knowledge Test Vocabulary List

Abandonment	Bedrest	Colostomy
Abdominal thrust	Behavior	Colostomy care
Abduction	Behavioral care plan	Combative resident
Abductor wedge	Beliefs	Comfort care
Abnormal vital signs	Biohazard	Communicable
Abuse	Bladder training	Communication
Accidents	Bleeding	Competency evaluation
Accountable	Blindness	Competency evaluation program
Activities	Blood pressure	Compressions
Acute	Body alignment	Conduct
Adaptive	Body fluids	Confidentiality
Adaptive device	Body mechanics	Conflict
Adaptive devices	Body systems	Conflict resolution
Adduction	Body temperature	Confused resident
ADL	Bowel program	Congestive heart failure
Admission	Brain stem	Constipation
Admitting resident	Breathing	Constrict
Advance directives	Breathing rates	Contamination
Afebrile	Broken equipment	Contracture
Affected side	Burnout	Converting measures
Aging process	Call light	COPD
Agitation	Cancer	Coronary Artery Disease
AIDS	Cardiac arrest	Coughing excessively
Alarm	Cardiopulmonary resuscitation	CPR
Alzheimer's	Cardiovascular system	Cross contamination
Alzheimer's care	Care impaired	Cultural
Ambulation	Care plan	Culture
Anatomy	Care planning	CVA
Anger	Cataracts	Cyanosis
Angina pectoris	Catheter	Dangling
Anterior	Catheter care	Data collection
Anxiety	CC's in an ounce	Death and dying
Aphasia	Central nervous system	Decubitus ulcer
Apical	Cerebral vascular accident	De-escalation
Appropriate response	Certification renewal	Defamation
Arteries	Chain of command	Dehydration
Arthritis	Chain of infection	Delegation
Aseptic	Charge nurse	Delusions
Aspiration	Chemical restraint	Dementia
Assault	Chemotherapy	Denial
Assistive device	Chest pain	Denture care
Atrophy	CHF	Dentures
Audiologist	Choking	Dependability
Authorized duties	Chronic	Depression
Axillary temperature	Circulation	Developmental disability
Bacteria	Circulatory system	Diabetes
Bargaining	Clarification	Diabetic
Basic needs	Cleaning	Dialysis
Basic nutrition	Cleaning spills	Diarrhea
Bathing	Clear liquid diet	Diastolic
Battery	Clergy	Diet
Bed making	Cognitively impaired	Dietitian
Bedpan	Cold application	Digestion
Bedrails	Cold compress	Digestive system

Disability
Discharging resident
Disease
Disease process
Disoriented
Disoriented resident
Disposing of contaminated materials
Disrespect
Disrespectful treatment
Dizziness
DNR
Documentation
Domestic abuse
Draw sheet
Dressing
Droplets
Dry skin
Dying
Dysphagia
Dyspnea
Dysuria
Edema
Elastic stockings
Elevate head
Elimination
Emesis
Emesis basin
Emotional abuse
Emotional lability
Emotional needs
Emotional support
Empathy
Emphysema
End of life care
Endocrine system
Enema
Enteral nutrition
Epilepsy
Ethics
Extension
Extremity
Eye glasses
Falls
False imprisonment
Fasting
Fecal impaction
Feces
Feeding
Feeding tubes
Financial abuse
Fire
Fire safety
First aid
Flexed
Flexion
Fluid
Foley catheter
Foot care

Foot drop
Force fluid
Fowler's
Fractures
Fraud
Frayed cord
Free from disease
Gait belt
Gastric feedings
gastrostomy tube
Genetic disease
Geriatrics
Germ transmission
Gerontology
Gifts
Gloves
Grieving process
Group settings
HAI
Hair care
Hand tremors
Hand washing
Harm
Health-care team
Hearing aid
Hearing impaired
Heart attack
Heart disease
Heart muscle
Heart rates
Heat application
Height
Heimlich maneuver
Hemiplegia
Hip precautions
HIPAA
HIV
Hoarding
Holistic care
Hormones
Hospice
Hydration
Hyperglycemia
Hypertension
Hyperventilation
Hypoglycemia
I&O
Ice bag
Immobility
Immune system
Impaired
Impairment
Incontinence
Indication
Indwelling catheter
Infection
Infection control
Infection prevention

In-house transfer
Initial observations
Input and output
In-service programs
Insomnia
Insulin
Intake
Intake and output
Integumentary system
Interpersonal skills
Intoxicated resident
Intravenous therapy
Invasion of privacy
Isolation
Jaundice
Job application
Job description
Lactose intolerance
Legal ethics
Lift/draw sheet
Lifting
Linen
Log roll
Log rolling
Loose teeth
Low sodium diet
Manipulative behavior
Maslow
Masturbation
Measuring
Measuring height
Mechanical lift
Medical asepsis
Medical record
Memory loss
Mental health
Mentally impaired
Microorganism
Military time
Mobility
Morning care
Mouth care
Moving
MSDS
Mucous membrane
Multiple sclerosis
Musculoskeletal
Musculoskeletal system
Myocardial infarction
Nail care
Neglect
Negligence
New resident
Non-contagious disease
Non-verbal communication
Nosocomial
NPO
Nursing assistant's role

Nutrition	Pulmonary disease	Sharps container
Objective	Pulse	Shaving
Objective data	Pureed diet	Shingles
OBRA	Quadrant	Side rails
Occupational Safety and Health Administration Standards	Quadriplegia	Sims position
Ombudsman	RACE (acronym)	Sitz bath
Open bed	Radial	Skin
Open-ended questions	Ramps	Skin integrity
Oral temperature	Range of motion	Sleep
Orientation	Reality orientation	Smoking
Osteoporosis	Rectal	Social needs
Ostomy bag	Refusal	Social worker
Oxygen	Rehabilitation	Soiled linen
Oxygen concentrator	Reminiscence therapy	Specimen
Oxygen use	Reminiscing	Spills
Pain	Reporting	Spiritual needs
Palliative care	Reposition	Spirometer
Paralysis	Resident abuse	Spore forming bacteria
Parenteral nutrition	Resident belongings	Sputum
Parkinson's	Resident identification	Sputum specimen
Partial assistance	Resident independence	Standard precautions
Passive	Resident pictures	Sterilization
Pathogen	Resident rights	Stethoscope
Perineal care	Resident trust	Stress
Peristalsis	Residents	Stroke
Personal care	Resident's Bill of Rights	Strong side
Personal items	Resident's chart	Subjective
Personal protective equipment	Resident's environment	Subjective data
Pet therapy	Resident's families	Substance abuse
Phantom pain	Respectful treatment	Sun downing
Phone etiquette	Respiration	Supine
Physical needs	Respiratory disease	Supplemental feedings
Physician's authority	Respiratory symptoms	Survey
Pillaging	Respiratory system	Systolic
Plate rim	Responding to resident behavior	Tachycardia
Podiatrist	Response	Task
Policy book	Responsibility	Telephone etiquette
Polydipsia	Restorative care	Temperature
Positioning	Restraint	Tendons
Post mortem care	Restraint alternative	Terminal illness
Post-surgical care	Resuscitation	Threatening resident
Postural hypotension	Rights	Thrombus
PPE	Role	Tips
Precautions	Roles and responsibilities	Trachea
Pressure ulcer	Safety	Tracheostomy
Preventing injury	Safety precautions	Transfers
Prioritizing	Sanitizer	Transmission
Privacy	Scale	Transporting
Progressive	Seclusion	Transporting food
Pronation	Security	Tub bath
Prone	Seizure	Tube feeding
Prostate gland	Self-esteem	Tubing
Prosthesis	Semi fowlers	Tympanic
Prosthetic	Sensory system	Types of isolation
Psychiatrist	Sexual harassment	Unaffected
Psychological needs	Sexual needs	Unconscious
Psychosocial	Sexuality	Urethral
	Shampoo tray	Urinary catheter bag

Urinary system
Urine
Validation
Varicose veins
Violent behavior
Vision change
Visual impairment

Vital signs
Vomitus
Walker
Wandering resident
Warm and cold applications
Warm application
Weak side

Weighing
Weight
Well-being
Wheelchair safety
White blood cells
Withdrawn resident

Notes:
