



D&S Diversified Technologies LLP

Headmaster LLP

Changes effective 8-1-2019 are highlighted gray
7-1-2019 CHANGE MADE TO TEST ATTEMPTS (PAGE 9) – NO SKILL TASK CHANGES

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019

Version 8.0 – Updated 7-1-2019

Oregon Nursing Assistant Candidate Handbook

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Oregon Nursing Assistant Candidate Handbook

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Contact Information

Questions regarding testing process, test scheduling and eligibility to test: (800) 393-8664		
Questions about Nursing Assistant certification, renewals or Registry: (971) 673-0685		
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Table of Contents

INTRODUCTION2

APPLICATION TO OBTAIN OREGON CNA1 CERTIFICATION2

 EXAM FEES.....2

AMERICANS WITH DISABILITIES ACT (ADA)2

 ADA COMPLIANCE2

SCHEDULING AN EXAM DATE3

 OBTAINING AN EXAM DATE.....3

 TEST CONFIRMATION NOTICE5

THE OREGON NURSING ASSISTANT COMPETENCY EXAM5

 EXAM CHECK-IN.....5

 TESTING ATTIRE5

 IDENTIFICATION.....6

 INSTRUCTIONS FOR THE KNOWLEDGE AND SKILL TESTS7

 TESTING POLICIES.....7

 SECURITY8

 RESCHEDULE AND NO SHOW POLICIES.....8

Reschedule.....8

No Shows.....8

No Show Exceptions8

 INCLEMENT WEATHER POLICY.....9

 CANDIDATE FEEDBACK – EXIT SURVEY9

 EXAM RESULTS9

 TEST ATTEMPTS9

 RETAKING THE NURSING ASSISTANT TEST.....9

 TEST REVIEW REQUESTS10

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

THE KNOWLEDGE/ORAL TEST	10
KNOWLEDGE TEST CONTENT	10
KNOWLEDGE PRACTICE TEST.....	11
THE MANUAL SKILL TEST	11
SKILL TEST RECORDING FORM.....	12
SKILL TEST TASKS.....	13
SKILL TASKS LISTING.....	13
1) Ambulation of a Client using a Gait Belt	13
2) Ambulation of a Client with a Walker using a Gait Belt	14
3) Applying an Anti-Embolism Elastic Stocking (One Leg)	14
4) Assisting a Client to use a Bedpan with Hand Washing	15
5) Assisting a Dependent Client with a Meal in Bed.....	15
6) Assisting a Dependent Client with a Meal in a Chair.....	16
7) Bed Bath (Partial – Face, Arm, Hand and Underarm).....	16
8) Catheter Care of a Male with Hand Washing.....	17
9) Denture Care of a Dependent Client.....	18
10) Undressing and Dressing a Client.....	18
11) Fingernail Care (One Hand).....	19
12) Foot Care (One Foot)	19
13) Making an Occupied Bed	20
14) Making an Unoccupied Bed	20
15) Measure and Record Oral Fluid Intake at Meal Time	21
16) Mouth Care (Brushing Teeth)	21
17) Mouth Care for a Comatose Client	22
18) Perineal Care for a Female with Hand Washing.....	22
19) Perineal Care for a Male Client, Changing a Soiled Brief with Hand Washing	23
20) Putting On and Removing Gown and Gloves, Measure and Record Output from Urinary Drainage Bag with Hand Washing	24
21) Re-Position Client on Side in Bed	25
22) Range of Motion (ROM) Lower Extremities (Hip and Knee)	26
23) Range of Motion (ROM) Upper Extremities (One Shoulder).....	26
24) Taking and Recording Blood Pressure (One-Step Procedure).....	27
25) Taking and Recording Oral Temperature, Pulse Oxygen and Electronic Blood Pressure	27
26) Taking and Recording Oral Temperature, Radial Pulse and Respirations	28
27) Taking and Recording a Radial Pulse and Respirations	28
28) Transfer from Bed to Wheelchair	29
29) Transfer from Wheelchair to Bed	29
KNOWLEDGE TEST VOCABULARY LIST	30
NOTES:	33

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

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 Oregon State Board of Nursing (OSBN) for certification in Oregon and to have his/her name placed on the Oregon Nursing Assistant Registry.

Oregon 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 and should be kept for future reference.

Application to Obtain Oregon CNA1 Certification

Complete the Oregon State Board of Nursing (OSBN) Nursing Assistant application available on the OSBN website, www.oregon.gov/OSBN. **The name entered on your application must be your current legal name. The two forms of identification you will present at the exam site for admission must match the name entered on your application.** Remember to use the same name on the application and all forms, type or print the information clearly, answer all questions, provide written explanations of all YES responses to the background questions, and sign and date the application. Double-check your application for accurate and complete information before submission.

Exam Fees

Initial Examination (Knowledge and Skill Tests).....	\$106
Reactivation by Examination (Knowledge and Skill Tests)	\$106
If Requesting an Oral Knowledge Exam (tape recording)	ADDITIONAL \$35
Retake or Reschedule of both Knowledge and Skill Test	\$70
Retake or Reschedule of Knowledge Test Only.....	\$25
Retake or Reschedule of Skill Test Only	\$45

All fees paid to the Oregon State Board of Nursing are non-refundable. Effective 8-1-2019, OSBN will no longer accept checks.

Americans with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations when you apply for the certification examination. Accommodations must be approved by the Oregon State Board of Nursing (OSBN) in advance of examination. The request for ADA Accommodation is available on the OSBN website or by calling OSBN. This form must be submitted with your application packet.

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

Scheduling an Exam Date

You will receive an email once you are released to test by OSBN. First time exam candidates will be scheduled to take the knowledge test and skill test on the same day at either an approved Oregon State Board of Nursing (OSBN) regional exam site or at an approved OSBN in-facility exam site.

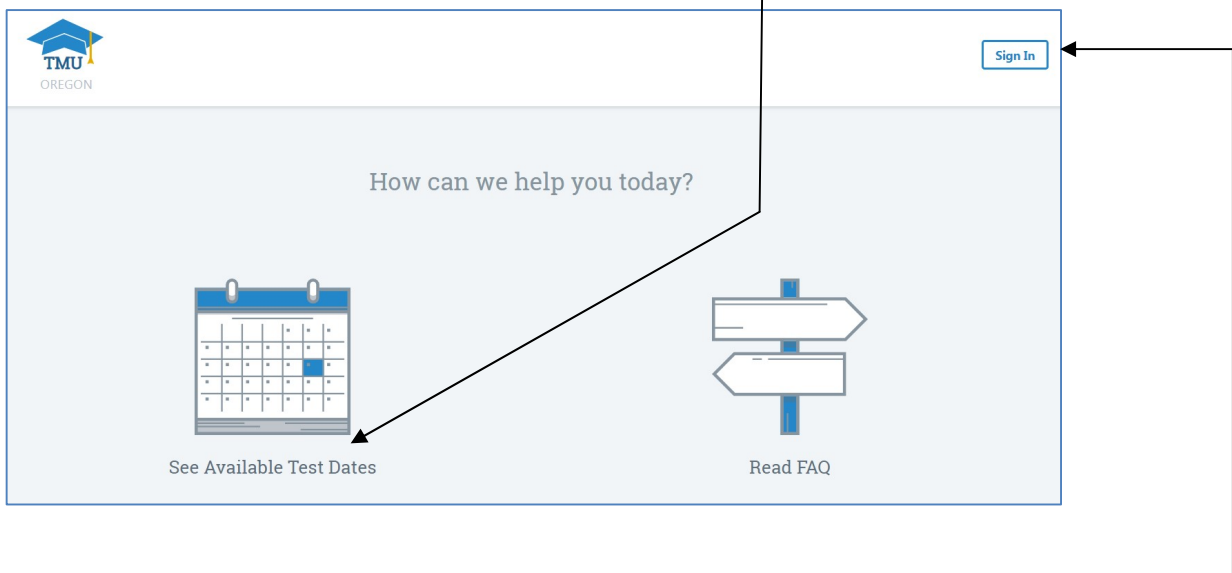
You must apply for the state competency exam **within one year of your date of training program completion**. Your exam date can be scheduled online at <https://or.tmuniverse.com>. If you need help with exam scheduling please call Headmaster at 800-393-8664.

Please note: In-facility exam dates are normally arranged by training program instructors. Check with your training program instructor to see if your training site has been approved for in-facility testing. If your training site is an approved in-facility examination site, your training program instructor will tell you the exam date that has been scheduled for you when you complete nursing assistant training.

Obtaining an Exam Date

Approved exam dates can be obtained:

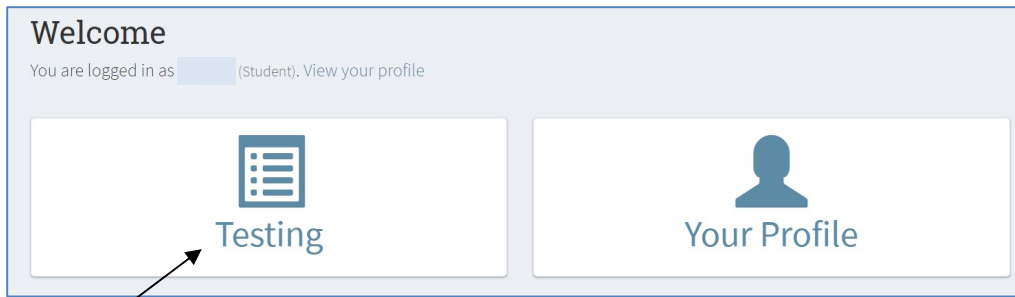
- from your instructor
- by visiting the Oregon webpage at <https://or.tmuniverse.com> to view the available examination dates in real time



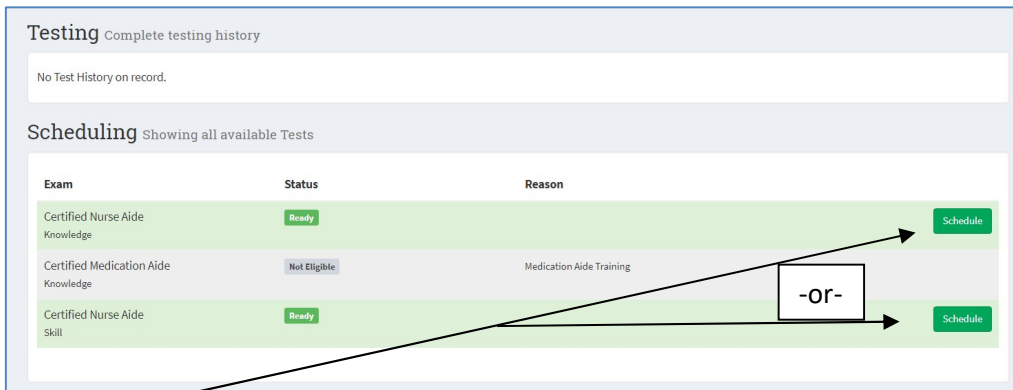
- Sign in with the USERNAME or EMAIL and PASSWORD given to you by your Instructor (or by calling Headmaster at 800-393-8664).

Oregon Nursing Assistant Candidate Handbook

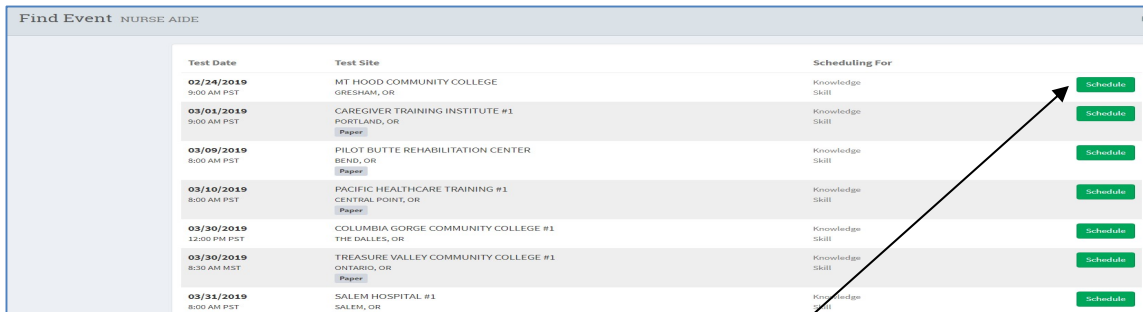
EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019



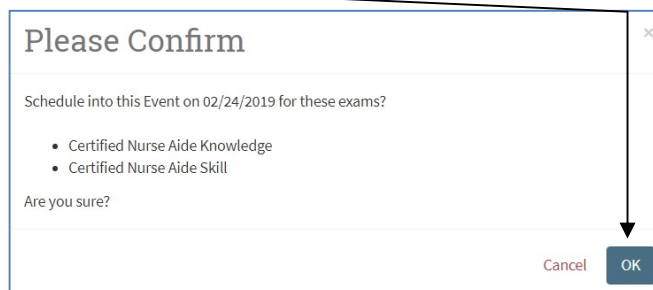
- Click the "Testing" link



- Click on "Schedule" (you will be scheduled for both components at the same event and only need to click on the "schedule" next to either the knowledge or the skill test, not both individually)



- Select the test event you would like to schedule for by clicking on "Schedule" to the right of the event
- Click OK to confirm your test event date

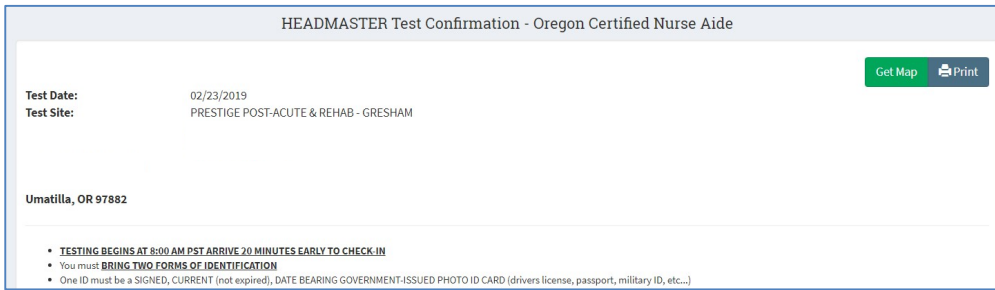
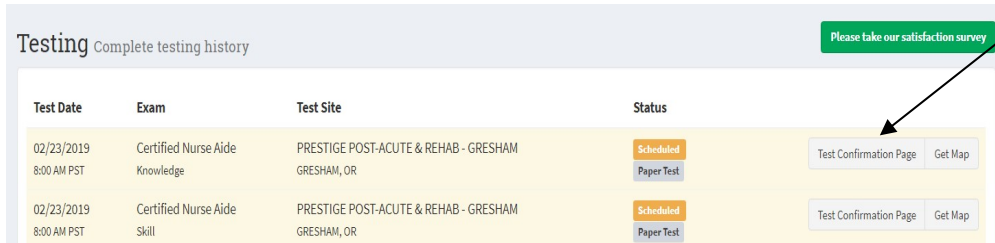


Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

Test Confirmation Notice

Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation notice on the screen at the time they are scheduled online. Candidates can view, verify and print their test confirmation notice any time by logging into their TMU© account at <https://or.tmuniverse.com> and clicking on the “Test Confirmation Page”. Your test confirmation notice is not required for exam admission.



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

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.

The Oregon Nursing Assistant Competency Exam

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 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)

Testing Attire

Wear comfortable, appropriate, clothing and non-skid shoes to your examination. You may wear nursing assistant attire, such as scrubs if you wish. You will not be allowed to test if you wear inappropriate or revealing clothing.

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

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

Identification

You must bring **two forms of original (no photo copies), signature-bearing, current (not expired) proper identification to test. At least one of the signature ID's must contain your photograph.** Examples of the forms of accepted identification that are current (not expired) and include a signature are:


- Driver's license (non-expired from any state is acceptable)
- State issued Identification Card (non-expired from any state is acceptable)
- Passport (Passport Cards *are not* acceptable)
- Military identification
- Alien Registration card
- Tribal Identification card
- Work Authorization card
- Social Security card
- Credit or Debit card
- 1st Aid or CPR card
- School or high school ID for current year with signature

Please note: *A driver's license or state-issued ID card that has a hole punched in it is NOT VALID 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.


The name on your two forms of identification must match the name on your nursing assistant application packet submitted to the OSBN. If you have had a legal name change since submitting your application packet, you must bring an official document proving your legal name has changed such as a marriage certificate or divorce decree. **You must notify the OSBN whenever you have a name or address change.**

REQUIRED INFORMATION FOR THE TWO FORMS OF IDENTIFICATION

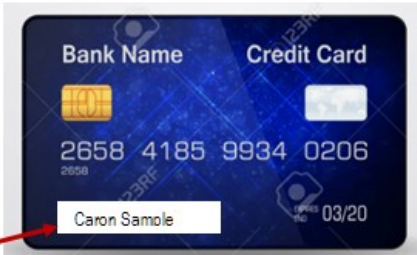

FIRST PHOTO BEARING ID



REVERSE SIDE OF ALL CARDS



SECOND FORM OF ID

Annotations:

- Full Legal Name (FIRST & LAST)
- Photo Identification
- Signed
- Non-Expired
- Matches the name on the Photo ID
- Signature matches the signature on the Photo ID

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 original, signature-bearing, current proper IDs do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay 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.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the link on Headmaster's Oregon website at www.hdmaster.com. These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

Testing Policies

The following policies are observed at each test site—

- Plan to be at the test site up to eight (8) hours. Please plan your day accordingly.
- 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 – if you test start time is 8:00a.m., you need to be at the test site by 7:40a.m. at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring two valid and appropriate current, signature-bearing with at least one containing a photo, forms of 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 NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees to the Oregon State Board of Nursing and be released to test in order 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 in the designated area and 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 your 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 6 months.
- You may, however, use personal devices during your free time in the waiting area.
- Headmaster and examination sites are not responsible for your personal belongings.
- 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 Oregon 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: cast, arm/leg braces, crutches, etc.) Call Headmaster at least three (3) business days prior to your scheduled test to reschedule a new test date. You must fax a doctor's order **within 5 business days** of your scheduled exam day to qualify for a free reschedule.
- After check-in and ID verification, the knowledge test will be administered to candidates. After candidates finish the knowledge test, they will be assigned a time to take their skill test by the RN Test Observer. For skill retakes only, the RN Test Observer will notify you of your test time at check-in.

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

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 OSBN. You will not be allowed to retest without OSBN approval.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to OSBN 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 without OSBN approval.

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. You will be considered a No Show status and your name will be reported to OSBN and you will not be allowed to retest without OSBN approval.

Reschedule and No Show Policies

Reschedule

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date up until three (3) business days, **excluding** Saturdays, Sundays and Holidays, before your scheduled exam date online in your record or by calling Headmaster at 800-393-8664. Reschedule your test event online in TMU@ at or.tmuniverse.com.

- 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 6:00pm Mountain time) the Tuesday before your scheduled exam.

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

Please note: Reschedules will not be granted less than three (3) full business days prior to a scheduled test date.

No Shows

If you are scheduled for your exam and do not show up without notifying Headmaster at least three (3) full business days prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, OR if you are turned away for lack of proper identification or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to OSBN and be released to test 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 you do not reschedule online before three (3) business days preceding a scheduled test event, a No Show status will exist.

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, a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame**.

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

- **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.)

Incident Weather Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, Headmaster staff will make every effort to contact you using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. You must, therefore, keep your contact information up to date in case we need to contact you.

Candidate Feedback – Exit Survey

Candidates are provided the opportunity to complete an exit survey via SurveyMonkey when checking their test results online. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions regarding the examination process to help improve the testing process.

Exam 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 by scoring teams in Headmaster's Helena, Montana office. You may securely access your results in your own record in TMU© at <https://or.tmuniverse.com>. Official test results are available to you after 6pm Mountain Standard time the day tests are scored.

OSBN will receive your results for state record the day your test is scored. Headmaster and the OSBN cannot release results over the phone. Paper and pencil exam results are normally available online after 6:00 p.m. Mountain time (excluding Saturdays, Sundays and Holidays) three to five business days after your exam date. Electronic exam results are normally available online after 6:00 p.m. Mountain time one business day (excluding Saturdays, Sundays and Holidays) after your exam date.

When you pass your exam, you may be certified and listed on the Oregon Nursing Assistant Registry **ONLY AFTER** you meet all OSBN requirements. **One** of those requirements includes passing **both** the knowledge and skill test components of the Oregon nursing assistant examination.

HEADMASTER does not send postal mail letters or email test results to candidates.

Test Attempts

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 and tasks to be performed, the attempt will be scored as a failure.

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 when you want to apply for a retest, you will need to repay the appropriate non-refundable fees to OSBN. You can call OSBN at 971-673-0685 to make a payment. Once your payment is processed by OSBN and OSBN authorizes (releases) you to test, you will receive an email and then you can schedule a new exam date.

Once you are released to test by OSBN, you will receive an email from the TMU© software letting you know you are eligible to schedule a test date. Follow the instructions for “obtaining an exam date” on page 4.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. To request a review, you 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 will be returned and will not be considered. Since one qualification for certification as a nursing assistant in Oregon is demonstration by examination of minimum nursing assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test 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 Oregon State Board of Nursing.

The Knowledge/Oral Test

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.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 80 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?”) For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 73% or better to pass the knowledge portion of the exam.**

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic TMU© testing using Internet connected computers is utilized at several sites in Oregon. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with TMU© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test when you submit your application to OSBN and pay the oral test fee. There is an additional charge for an Oral Test. The questions are read to you, in a neutral manner, from an MP3 player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test. For TMU© electronic tests, you will hear the questions on the computer headphones and have control buttons on the computer screen (play, rewind, pause etc.).

The knowledge and/or oral knowledge test is in English. No other language is approved by OSBN for examination. Translation dictionaries or devices 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 Oregon State Board of Nursing.

Knowledge Test Content

The Knowledge Test consists of 80 multiple-choice questions. Questions are selected from subject areas based on the OSBN approved Oregon test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas and number of questions from each subject area are as follows:

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

SUBJECT AREA	NUMBER OF QUESTIONS
Safety	10
Infection Control	10
Personal Care	10
Mental Health	4
Care Impaired	2
Client Rights	8
Communication	4
Data Collection	4
Basic Nursing Skills	10
Role and Responsibility	8
Disease Process	6
Growth & Development Across the Ages	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 taken 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.

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

- The purpose of the Skill Test is to evaluate your performance when demonstrating Oregon 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 you read while in the waiting area before your 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.

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

- The RN Test Observer will show you where supplies are located and demonstrate the use of the equipment you will need for your three (3) or four (4) assigned skill tasks before starting your skill test.
- 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 a maximum of **forty five (45) minutes** to complete your three (3) or four (4) tasks. After 30 minutes have elapsed, you will be alerted that 15 minutes remain.
- 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 and 80% of all non-key steps on each task assigned in order to pass the Skill Test. Key steps have been recommended by the OSBN Test Advisory Panel and approved by the Oregon State Board of Nursing.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step. You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted forty five (45) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are generally 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: _____	
PLEASE PRINT	
TEMP: _____	PULSE: _____
RESP: _____	
BP: _____ / _____	PULSE OX: _____ %
HEIGHT: _____	WEIGHT: _____
GLASS 1: _____	FOOD INTAKE: _____ %
GLASS 2: _____	FLUID INTAKE: _____ ml
GLASS 3: _____	URINARY OUTPUT: _____ ml
Total Intake: _____ ml	
Candidate's Signature: _____	

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

Skill Test Tasks

Your training program has prepared you for all of the skill tasks that you may be asked to perform. You will be assigned one of the following mandatory tasks as your first task:

- Bedpan and Output with Hand Washing
- Catheter Care of a Male 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
- Perineal Care of a Male and Changing A Soiled Brief 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. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© 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 that are 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 catheter care and perineal care tasks will be done on a mannequin). You will be scored only on the steps listed.

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 five 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. 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 Oregon 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.

1) Ambulation of a Client using a Gait Belt

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to be performed to the client.
- Obtain gait belt.
- Lock bed brakes to ensure client's safety.
- Lock wheelchair brakes to ensure client's safety.
- Lower bed so client's feet will be flat on the floor when sitting on the edge of the bed.
- Bring client to sitting position.
- Assist client to put on shoes.
- Place gait belt around the client's waist to stabilize trunk. Tighten gait belt.
- Check gait belt by slipping fingers between gait belt and client.
- Stand in front of and face the client.
- Grasp the gait belt on each side of the client with an underhand grip.

- Stabilize the client's legs.
- Bring client to standing position, using proper body mechanics.
- Grasp gait belt with one hand, using under hand grip.
- Stabilize client with other hand by holding forearm, shoulder, or using other appropriate method to stabilize client.
- Ambulate the client to wheelchair.
- Assist client to sit in the wheelchair in a controlled manner that ensures safety.
- Remove gait belt.
- Leave client in position of comfort and safety.
- Maintain respectful, courteous interpersonal interactions at all times.
- Place client within easy reach of call light or signaling device.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

2) Ambulation of a Client with a Walker using a Gait Belt

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to client.
- Lock bed brakes to ensure client's safety.
- Lock wheelchair brakes to ensure client's safety.
- Lower bed so client's feet will be flat on the floor when sitting on the edge of the bed.
- Bring client to sitting position.
- Assist client in putting on shoes.
- Assist client to stand.
- Position walker in front of client.
- Ensure client has stabilized walker.
- Position self behind and slightly to side of client.
- Walk to the side a little behind the client.
- Safely ambulate client to the wheelchair.
- Assist client to sit in the wheelchair in a controlled manner that ensures safety.
- Remove gait belt.
- Use correct body mechanics at all times.
- Leave client in position of comfort and safety.
- Maintain respectful, courteous interpersonal interactions at all times.
- Place client within easy reach of call light or signaling device.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

3) Applying an Anti-Embolism Elastic Stocking (One Leg)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to client.
- Provide for client's privacy by only exposing the (right/left) leg.
- Roll, gather or turn stocking down inside out at least to the heel.
- Place stocking over the toes, foot, and heel.
- Roll or pull stocking up leg.
- Check toes for possible pressure from stocking and adjust as needed.

- Leave client with a stocking that is smooth and wrinkle free.
- Leave client with a stocking that is properly placed.
- Cover exposed leg.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

4) Assisting a Client to use a Bedpan with Hand Washing

(One of the possible mandatory first tasks)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Raise bed to a comfortable working height.
- Position client on bedpan correctly.
- After placing bedpan, raise head of bed to comfortable level.
- Leave tissue within reach of client.
- Leave call light within reach of client.
- Leave room until called.
- Put on gloves.
- Wash/assist client to wash hands using a wet wash cloth, and dry/assist client to dry hands.
- Gently remove bedpan.
- Measure output using a graduate.
- Empty graduate into toilet, rinse receptacles and empty rinse water into toilet.
- Lower bed, if it was raised.
- Record output on recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Wash hands - turn on water.
- Thoroughly wet hands.
- Apply soap to hands.
- Wash all surfaces of hands and wrists with soap.
- Rub hands together for 20 seconds using friction.
- Using friction, rub interlaced fingers together while pointing downward.
- Clean under fingernails.
- Rinse hands thoroughly under running water with fingers pointed downward.
- Dry hands on clean paper towel(s).
- Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
- Discard paper towels to trash container as used.
- Do not re-contaminate hands at any time during/after the hand washing procedure.

5) Assisting a Dependent Client with a Meal in Bed

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to the client.
- Read aloud the diet card to check that the client has received the correct tray.

- Position the client in an upright position, *at least* 45 degrees.
- Wash hands using a wet wash cloth, and dry client's hands before assisting with meal.
- Place soiled linen in hamper.
- Sit next to the client while assisting with meal.
- Describe the foods being offered to the client.
- Offer fluid frequently.
- Offer small amounts of food at a reasonable rate.
- Allow client time to chew and swallow.
- Wipe client's hands and face during meal as needed.
- Leave client clean and in a position of comfort.
- Record intake of total solid food eaten as a percentage on recording form.
- Record fluid intake in ml on recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

6) Assisting a Dependent Client with a Meal in a Chair

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to the client.
- Read aloud the diet card to check that the client has received the correct tray.
- Wash hands using a wet wash cloth, and dry client's hands before assisting with meal.
- Place soiled linen in hamper.
- Sit next to the client while assisting with meal.
- Describe the foods being offered to the client.
- Offer fluid frequently.
- Offer small amounts of food at a reasonable rate.
- Allow client time to chew and swallow.
- Wipe client's hands and face during meal as needed.
- Leave client clean and in a position of comfort.
- Record intake of total solid food eaten as a percentage on recording form.
- Record fluid intake in ml on recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

7) Bed Bath (Partial – Face, Arm, Hand and Underarm)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to the client.
- Provide privacy - pull curtain.
- Raise bed to a comfortable working height.
- Cover client with a bath blanket or sheet.
- Remove remaining top bed cover.
- Fold bed cover to bottom of bed or place aside.

- Remove client's gown without exposing client.
- Fill basin with comfortably warm water.
- Wash face without soap.
- Dry face.
- Place towel under arm, exposing one arm.
- Using soap: wash arm, hand, and underarm.
- Rinse arm, hand, and underarm.
- Dry arm, hand, and underarm.
- Assist client to put on a clean gown.
- Rinse basin.
- Store basin.
- Dispose of soiled linen in appropriate container.
- Lower bed if it was raised.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

8) Catheter Care of a Male with Hand Washing

(One of the possible mandatory first tasks)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Put on gloves.
- Lift client's gown to expose catheter area.
- Check to see that urine can flow, unrestricted, into the drainage bag.
- Use soap and water to carefully wash around the catheter where it exits the urethra.
- Hold catheter where it exits the urethra.
- With fingers near the urethra, clean at least 3-4 inches down the catheter tube.
- Clean with stroke(s) only away from the urethra.
- Use clean portion of cloth for stroke(s).
- Rinse using stroke(s) only away from the urethra.
- Rinse using clean portion of cloth for stroke(s).
- Pat dry.
- Do not allow the tube to be pulled at any time during the procedure.
- Replace top cover over client.
- Leave client in a position of safety and comfort.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Wash hands - turn on water.
- Thoroughly wet hands.
- Apply soap to hands.
- Wash all surfaces of hands and wrists with soap.
- Rub hands together for 20 seconds using friction.
- Using friction, rub interlaced fingers together while pointing downward.
- Clean under fingernails.
- Rinse hands thoroughly under running water with fingers pointed downward.
- Dry hands on clean paper towel(s).
- Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.

- Discard paper towels to trash container as used.
- Do not re-contaminate hands at any time during/after the hand washing procedure.

9) Denture Care of a Dependent Client

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Line sink (cloth towel or washcloth – *no paper towel allowed*) with a protective lining or fill with water to prevent damage to the dentures in case they are dropped.
- Put on gloves.
- Carefully remove dentures from cup.
- ~~Handle dentures carefully to avoid damage. REMOVED~~
- Apply denture cleanser to toothbrush.
- Thoroughly brush dentures, including the inner, outer, and chewing surfaces of upper and/or lower dentures.
- Rinse dentures using clean cool running water.
- Rinse denture cup.
- Place dentures in denture cup.
- Add cool clean water to denture cup.
- Rinse equipment and return to storage.
- Discard sink's protective lining in an appropriate container, or drain sink.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

10) Undressing and Dressing a Client

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Keep client covered while removing gown.
- Remove gown from unaffected side first.
- Place used gown in laundry hamper.
- During the next two steps, always dress client beginning with the weak side first.
- 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.
- 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.
- When putting on the client's socks, draw the socks up the client's foot until they are smooth.
- Leave the client comfortably and properly dressed.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

11) Fingernail Care (One Hand)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Immerse nails in comfortably warm water.
- Verbalize to soak nails for *at least* five (5) minutes.
- Dry hand thoroughly.
- Specifically dry between fingers.
- Gently clean under nails with orange stick.
- Gently push cuticle back with a towel or washcloth.
- File each fingernail.
- Rinse equipment.
- Return equipment to storage.
- Discard soiled linen in linen hamper or equivalent.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

12) Foot Care (One Foot)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Fill foot basin with comfortably warm water.
- Remove sock.
- Immerse foot in comfortably warm water for 5 to 20 minutes (time is to be verbalized).
- Use water and soapy washcloth.
- Wash entire foot.
- Wash between toes.
- Rinse entire foot.
- Rinse between toes.
- Dry foot thoroughly, dry between toes thoroughly.
- Warm lotion by rubbing it between hands.
- Massage lotion over entire foot, avoiding between the toes.
- If any excess lotion, wipe with a towel.
- Replace sock on foot.
- Rinse basin.
- Return basin to storage.
- Place dirty linen in hamper or equivalent.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave client in position of safety in proper alignment in the chair.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

13) Making an Occupied Bed

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Gather linen. Transport linen away from body.
- Place clean linen on a clean surface. (bedside stand, chair, or overbed table)
- Provide privacy - pull curtain.
- Raise bed to a comfortable working height.
- Client is to remain covered at all times.
- Assist client to roll onto side.
- Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- Place clean bottom sheet on mattress.
- Secure two fitted corners.
- Roll or fan fold clean linen against client's back.
- Assist the client to roll over the bottom linen, preventing trauma and avoidable pain to client.
- Remove soiled linen without shaking.
- Avoid touching linen to uniform.
- Dispose of soiled linen in hamper or equivalent.
- Pull through and smooth out the clean bottom linen.
- Secure the other two fitted corners.
- Place clean top linen over covered client.
- Place clean blanket or bed spread over covered client.
- Remove used top linen keeping client unexposed at all times.
- Tuck in clean top linen at the foot of bed, while providing room for feet to move.
- Tuck in clean blanket or bedspread at the foot of bed, while providing room or feet to move.
- Apply clean pillowcase without contaminating linen and clothing.
- Gently lift client's head while replacing the pillow.
- Lower bed if it was raised.
- Return side rails to lowered position, if side rails were used.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

14) Making an Unoccupied Bed

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Gather clean linen.
- Transport clean linen away from body.
- Place clean linen on a clean surface. (bedside stand, chair, or overbed table)
- Raise bed to a comfortable working height.
- Remove soiled linen from bed without contaminating uniform.
- Place removed linen in laundry hamper.
- Apply bottom fitted sheet, keeping it straight and centered.
- Make bottom linen smooth and/or tight, free of wrinkles.
- Place clean top linen and blanket or bed spread on the bed.
- Tuck in top linen and blanket or bedspread at the foot of the bed.
- Apply clean pillowcase without contaminating linen and clothing.

- Leave bed completely and neatly made.
- Return bed to lowest position if it was raised.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

15) Measure and Record Oral Fluid Intake at Meal Time

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Observe dinner tray.
- Use paper, pencil, and/or mental computation to calculate grand total ml consumed from three different glasses.
- Record the total ml of fluid consumed.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

16) Mouth Care (Brushing Teeth)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Drape the chest with towel to prevent soiling.
- Put on gloves.
- Apply toothpaste to toothbrush/toothette.
- Brush all inner, outer, and chewing surfaces of all upper and lower teeth.
- Clean tongue.
- Clean gums.
- Assist client in rinsing mouth.
- Wipe/dry client's mouth.
- Remove soiled linen.
- Place soiled linen in hamper or equivalent.
- Empty emesis basin.
- Rinse emesis basin.
- Rinse toothbrush or dispose of toothette.
- Return emesis basin and toothbrush to storage.
- Leave client in position of comfort and safety.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

17) Mouth Care for a Comatose Client

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Provide privacy - pull curtain.
- Turn client to a side lying position.
- Drape as needed to protect from soiling.
- Put on gloves.
- Use toothette(s) dipped in water.
- Squeeze excess water from toothette(s).
- Gently and thoroughly clean the inner, outer, and chewing surfaces of all upper and lower teeth.
- Gently and thoroughly clean the gums and tongue.
- Clean and dry face around mouth.
- Return client to position of comfort and safety.
- Discard disposable items in waste can.
- Discard towel and wash cloth in linen hamper.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

18) Perineal Care for a Female with Hand Washing

(One of the possible mandatory first tasks)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client/mannequin.
- Provide privacy - pull curtain.
- Raise bed to a comfortable working height.
- Fill basin with comfortably warm water.
- Put on gloves.
- Remove covers from client.
- Make sure client is comfortably positioned on back.
- Lift client's gown to expose perineum only.
- Separate labia.
- Use water and a clean, soapy wash cloth.
- Clean one side of labia from top to bottom.
- Use a clean portion of a wash cloth with each stroke for each step.
- Clean other side of labia from top to bottom.
- Clean the vaginal area from top to bottom, rinse the area from top to bottom, pat dry.
- Re-cover the exposed area with the client's gown.
- Assist client to turn onto side away from candidate.
- Use water and a clean, soapy wash cloth.
- Clean from vagina to rectal area.
- Use a clean portion of a wash cloth for any cleaning stroke(s).
- Rinse area from vagina to rectal area.
- Pat dry.
- Position client (mannequin) on her back.
- Dispose of soiled linen in an appropriate container.
- Lower bed, if it was raised.
- Rinse basin, return basin to storage.
- Maintain respectful, courteous interpersonal interactions at all times.

- Leave call light or signaling device within easy reach of the client.
- Wash hands - turn on water.
- Thoroughly wet hands.
- Apply soap to hands.
- Wash all surfaces of hands and wrists with soap.
- Rub hands together for 20 seconds using friction.
- Using friction, rub interlaced fingers together while pointing downward.
- Clean under fingernails.
- Rinse hands thoroughly under running water with fingers pointed downward.
- Dry hands on clean paper towel(s).
- Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
- Discard paper towels to trash container as used.
- Do not re-contaminate hands at any time during /after the hand washing procedure.

19) Perineal Care for a Male Client, Changing a Soiled Brief with Hand Washing

(One of the possible mandatory first tasks)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to the client/mannequin.
- Provide privacy – pull curtain.
- Raise bed to a comfortable working height.
- Obtain new brief.
- Fill basin with comfortably warm water.
- Put on gloves.
- Remove covers from client.
- Make sure client is comfortably positioned on back.
- Lift client's gown to expose perineum only.
- Remove soiled brief from front to back.
- Dispose of soiled brief by placing brief in trash can.
- Tie trash bag.
- Gently grasp penis.
- Use water and a clean, soapy wash cloth.
- Use a clean portion of a wash cloth, clean tip of penis starting at the urethral opening working away with a circular motion **towards the body**.
- Use a clean portion of a wash cloth for each stroke, clean the shaft of the penis with **firm downward motion towards the body**.
- Use a clean portion of a wash cloth, clean scrotum.
- Use a clean wash cloth, rinse.
- Use a clean portion of wash cloth for each stroke, rinse penis.
- Use a clean portion of wash cloth with each stroke, rinse scrotum.
- Pat dry.
- Re-cover the exposed area with client's gown.
- Assist client (mannequin) to turn onto side away from the candidate.
- Use water and a clean, soapy wash cloth.
- Clean from scrotum to rectal area.
- Use a clean portion of wash cloth for any cleaning stroke(s).
- Use a clean portion of the wash cloth for each stroke, rinse from scrotum to rectal area.
- Pat dry.

- Position client (mannequin) on his back.
- Apply brief.
- Dispose of soiled linen in an appropriate container.
- Lower bed, if it was raised.
- Rinse basin.
- Return basin to storage.
- Maintain respectful courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of client.
- Wash Hands: Turns on water.
- Thoroughly wet hands.
- Apply soap to hands.
- Wash all surfaces of hands and wrists with soap.
- Rub hands together using friction.
- Rub hands together for at least 20 seconds.
- Using friction, rub interlaced fingers together while pointing downward.
- Clean under finger nails.
- Rinse hands thoroughly under running water with fingers pointed downward.
- Dry hands on clean paper towel(s).
- Turn off faucet with a (SECOND) clean dry paper towel, or with a dry section of a previously used paper towel.
- Discard paper towels into trash container as used.
- Do not re-contaminate hands at any time during/after the hand washing procedure.

20) Putting On and Removing Gown and Gloves, Measure and Record Output from Urinary Drainage Bag with Hand Washing

(One of the possible mandatory first tasks)

- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Face the back opening of the gown.
- Do not shake gown during unfolding.
- Place arms through each sleeve.
- Secures the neck opening.
- Tie the waist in the back or on the side.
- Clothing, both front and back, is covered as completely as possible.
- Put on gloves. Gloves overlap gown sleeves at the wrist.
- Knock on door.
- Explain procedure to client.
- Provide privacy – pull curtain.
- Place a barrier on the floor under the drainage bag.
- Place the graduate on the previously placed barrier.
- Open the drain to allow the urine to flow into the graduate.
- Do not touch the graduate with the tip any portion of the tubing.
- Close the drain.
- ~~Wipe the drain with antiseptic wipe. REMOVED~~
- Secures drain.
- With graduate at eye level, measure output.
- Record the output in ml's on the recording form.
- Empty graduate into toilet.
- Rinse graduate.
- Empty rinse water in toilet.
- Return equipment to storage.
- Leave client in a position of safety and comfort.

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

- Remove gloves before removing gown **or** with gloves on pulls/pops gown off by pulling on the front of the gown.
- Remove gloves turning inside out and folding one glove inside the other **or** pulls/pops gown from neck always keeping gloved hands on outside (contaminated) portion of the gown.
- Do not touch outside of gloves with bare hand at any time **or** works gown down the arms from the neck and rolls gown inside out as it is removed.
- Dispose of the gloves, without contaminating self, in appropriate container **or** peels gloves off keeping them inside out and rolled up inside the gown.
- Remove gown at the neck with bare hands if not using alternate method of removal.
- Unfasten gown at the waist with bare hands if not using alternate method of removal.
- Remove gown by folding/rolling soiled area to soiled area with either method of removal.
- Candidate's bare hands never touch soiled surface of gown. ~~Do not touch front of gown with bare hands at any time.~~
- Dispose of gown in an appropriate container.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Wash hands - turn on water.
- Thoroughly wet hands.
- Apply soap to hands.
- Wash all surfaces of hands and wrists with soap.
- Rub hands together for 20 seconds using friction.
- Using friction, rub interlaced fingers together while pointing downward.
- Clean under fingernails.
- Rinse hands thoroughly under running water with fingers pointed downward.
- Dry hands on clean paper towel(s).
- Turn off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
- Discard paper towels to trash container as used.
- Do not re-contaminate hands at any time during/after the hand washing procedure.

21) Re-Position Client on Side in Bed

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Position bed flat.
- Raise bed to a comfortable working height.
- Ensure that the client's face never becomes obstructed by the pillow.
- From the working side of bed - move upper body toward self.
- From the working side of bed - move hips toward self.
- From the working side of bed - move legs toward self.
- Assist/turn client onto the correct side as read to him/her in the scenario.
- Check to be sure client is not lying on his/her arm.
- Maintain client's correct body alignment.
- Place support devices under the client's head and upper arm, behind back, and between knees.
- Lower bed, if it was raised.
- Lower side rail, if it was used.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

22) Range of Motion (ROM) Lower Extremities (Hip and Knee)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Position client supine.
- Position client in good body alignment for this task.
- Correctly support joints by placing one hand under the knee and the other hand under the ankle of the leg.
- Perform the following motions (abduction, adduction, flexion and extension) on the correct side stated to the candidate by the RN Test Observer.
- Move the entire leg away from the body. (abduction)
- Move the entire leg toward the body. (adduction)
- Complete abduction and adduction of the hip at least three times.
- Continue to correctly support joints by placing one hand under the client's knee and the other hand under the client's ankle.
- 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)
- Straighten the knee and hip. (extension of knee and hip in the same motion - may also do separately)
- Complete flexion and extension of the knee and hip at least three times.
- Ask if causing any discomfort or pain sometime during ROM procedure.
- Do not force any joint beyond the point of free movement.
- Leave client in a comfortable position.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

23) Range of Motion (ROM) Upper Extremities (One Shoulder)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Position client on back.
- Position client in good body alignment for this task.
- Correctly support client's joint by placing one hand under the elbow and the other hand under the client's wrist.
- Perform the following motions (flexion, extension, abduction and adduction) on the correct side stated to the candidate by the RN Test Observer.
- Raise the client's arm up and over the client's head. (flexion)
- Bring the client's arm back down to the client's side. (extension)
- Complete flexion and extension of shoulder at least three times.
- Continue same support for shoulder joint.
- Move the client's entire arm out away from the body. (abduction)
- Return arm to side of the client's body. (adduction)
- Complete abduction and adduction of the shoulder three times.
- Ask if causing any discomfort or pain sometime during ROM procedure.
- Do not force any joint beyond the point of free movement.
- Leave client in a comfortable position.

- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

24) Taking and Recording Blood Pressure (One-Step Procedure)

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy - pull curtain.
- Position client with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
- Roll client's sleeve up about 5 inches above the elbow.
- Apply the appropriate size cuff around the upper arm just above the elbow.
- Correctly align cuff over brachial artery.
- Clean earpieces of stethoscope appropriately and place in ears.
- Clean diaphragm.
- Locate brachial artery with fingertips.
- Place stethoscope over brachial artery.
- Hold stethoscope snugly in place. Inflate cuff to 160-180 mmHg.
- Slowly release air from cuff to disappearance of pulsations.
- Remove cuff.
- Record blood pressure reading on recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

25) Taking and Recording Oral Temperature, Pulse Oxygen and Electronic Blood Pressure

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain procedure to client.
- Put sheath on thermometer probe.
- Correctly turn on digital oral thermometer.
- Gently insert bulb end of thermometer in mouth under tongue.
- Tell client to hold thermometer in place with lips closed.
- Leave thermometer in place until it beeps.
- Remove thermometer.
- Read and record the temperature on the recording form.
- Discard sheath appropriately.
- Obtain pulse oximeter.
- Clip the pulse oximeter on the top and bottom of the client's finger.
- Turn on pulse oximeter.
- Leave pulse oximeter in place while oxygen level reading is being taken.
- Record oxygen level on the recording form.
- Remove pulse oximeter from client's finger.
- Obtain electronic blood pressure monitor and cuff.
- Place blood pressure cuff correctly on client's arm.

- ~~Align brachial artery marker on cuff correctly over brachial artery.~~
- Turn on electronic blood pressure monitor.
- Leave electronic blood pressure cuff in place while blood pressure reading is being taken.
- Record blood pressure on the signed recording form.
- Remove electronic blood pressure cuff from client's arm.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signal calling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

26) Taking and Recording Oral Temperature, Radial Pulse and Respirations

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Put sheath on thermometer probe.
- Correctly turn on digital oral thermometer.
- Gently insert bulb end of thermometer in mouth-under tongue.
- Tell client to hold thermometer in place with lips closed.
- Leave thermometer in place until it beeps.
- Remove thermometer.
- Read and record the temperature on the recording form.
- Discard sheath appropriately.
- Locate the radial pulse by placing tips of fingers on thumb side of the client's wrist.
- Count pulse for 60 seconds.
- Record pulse count on the recording form
- Count respirations for 60 seconds.
- Record respirations count on recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

27) Taking and Recording a Radial Pulse and Respirations

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Provide privacy – pull curtain.
- Locate the radial pulse by placing tips of fingers on the thumb side of the client's wrist.
- Count pulse for 60 seconds.
- Record pulse count on the recording form.
- Count respirations for 60 seconds.
- Record respirations count on the recording form.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

28) Transfer from Bed to Wheelchair

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Ensure client safety by locking bed brakes.
- Position wheelchair at foot or head of bed with arm of wheelchair almost touching the bed.
- Ensure client safety by locking wheelchair brakes.
- Bring client to a sitting position using proper body mechanics.
- Place gait belt around the client's waist to stabilize trunk.
- Check gait belt for fit by sliding fingers under belt to determine if it is snug but not too tight.
- Assist client in putting on shoes.
- Bring client to standing position using proper body mechanics.
- Transfer client from bed to wheelchair by assisting client to pivot and sit in a controlled manner that ensures safety.
- Remove gait belt.
- Leave client in a position of safety and comfort.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

29) Transfer from Wheelchair to Bed

- Knock on door.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.
- Explain the procedure to the client.
- Position wheelchair at foot or head of bed with arm of the wheelchair almost touching the bed.
- Ensure client's safety by locking wheelchair brakes.
- Ensure client's safety by locking bed brakes.
- Place gait belt around the client's waist to stabilize trunk.
- Check gait belt for fit by sliding fingers under belt to determine if it is snug but not too tight.
- Ensure client's feet are flat on the floor.
- Ask client to place hands on wheelchair arm rests.
- Use legs to stabilize client.
- Assist client to standing position, using an underhand grip on gait belt.
- Assist client to standing position using proper body mechanics.
- Assist client to pivot and sit on bed in a controlled manner that ensures safety.
- Remove gait belt.
- Remove client's shoes.
- Assist client to lie down in center of bed.
- Make sure client is comfortable and in good body alignment.
- Maintain respectful, courteous interpersonal interactions at all times.
- Leave call light or signaling device within easy reach of the client.
- Perform hand hygiene:
 - Cover all surfaces of hands with hand sanitizer.
 - Hands rubbed together until hands are completely dry.

Knowledge Test Vocabulary List

abbreviations	bedrest	congestive heart failure
abdominal thrust	behavior	constipation
abduction	behavioral care plan	contamination
abduction pillow	beliefs	contracture
abnormal vital signs	biohazard	converting measures
absorption	bladder training	COPD
abuse	bleeding	coughing excessively
accidents	blindness	cross contamination
activities	blood pressure	cueing
acute	body alignment	CVA
adaptive devices	body fluids	cyanosis
adaptive equipment	body language	cyanotic
adduction	body mechanics	dangling
ADL	body temperature	death
admitting resident	bowel program	death and dying
affected side	breathing	dehydration
aggressive behavior	burnout	dementia
aging process	burns	denial
agitation	call light	denture care
AIDS	cancer	dentures
alternating pressure mattress	cardiac arrest	dependability
Alzheimer's	cardiopulmonary resuscitation	depression
ambulation	cardiovascular system	developmental disability
amputees	care impaired	developmental tasks
anger	care plan	diabetes
Angina pectoris	cast	diabetic
anorexia	cataracts	dialysis
anterior	catheter care	diarrhea
antibacterial	cc's in an ounce	diet
antibiotics	cell phones	digestion
anti-embolitic stocking	central nervous system	discharging resident
anxiety	cerebral vascular accident	disease
aphasia	chain of command	disease process
apical	charge nurse	disinfection
appropriate response	chemotherapy	disoriented
arthritis	chest pain	disoriented resident
aspiration	choking	disposing of contaminated materials
assistive device	chronic	disrespect
atrophy	circulation	disrespectful treatment
authorized duties	circulatory system	dizziness
axillary temperature	clear liquid diet	DNR
bacteria	clergy	documentation
bargaining	colostomy	dressing
basic needs	combative resident	droplets
basic skin care	comfort care	drowsy
bathing	communicable	dry skin
bed cradle	communication	dying
bed height	competency evaluation	dysphagia
bed making	program	dyspnea
bed measurement	conduct unbecoming	dysuria
bedpan	confidentiality	edema
	confused resident	elastic stockings
		elevate head

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

elimination	Heimlich maneuver	medical asepsis
emesis	helping residents	medical record
emotional abuse	hemiplegia	medications
emotional needs	hepatitis A	memory
emotional support	hepatitis B	memory loss
empathy	hip prosthesis	mental health
emphysema	HIPAA	mentally impaired
end of life care	HIV	metastasis
endocrine system	hospice	microorganism
enema	hug	middle childhood
epilepsy	hydration	military time
ethics	hyperglycemia	minerals
extension	hypertension	misconduct
falls	hyperventilation	mistreatment
fatigue	hypoglycemia	mobility
fecal impaction	ileostomy	mouth care
feces	immobility	moving
feeding	immune system	Multiple Sclerosis
fire	impaction	muscle spasms
fire safety	impairment	nail care
flatus	incontinence	needles
flexion	indwelling catheter	neglect
fluid intake	infection	negligence
Foley catheter	infection control	new resident
foot care	input and output	non-contagious disease
foot drop	in-service programs	nonverbal communication
Fowler's	insulin	nosocomial infection
fractures	intake	NPO
fraud	intake and output	nursing assistant's role
free from disease	integumentary system	nutrition
gait belt	interpersonal skills	objective
gangrene	isolation	OBRA
gastric feedings	IV care	observation
gastrostomy tube	jaundice	ombudsman
genetic disease	job description	oral care
gerontology	lateral position	oral hygiene
gestures	legal ethics	oral temperature
gloves	life support	orientation
grieving process	lift/draw sheet	osteoporosis
growth	linen	ostomy bag
hair care	liquid diet	overbed table
hallucination	listening	oxygen
hand care	living will	pain
hand washing	loose teeth	paralysis
hazardous substance	low sodium diet	paranoia
health-care team	making occupied bed	paraphrasing
hearing aid	manipulative behavior	parenteral nutrition
hearing impaired	Maslow	Parkinson's
hearing loss	material safety data sheets	passive
heart attack	measuring height	pathogens
heart muscle	measuring temperature	patience
height	mechanical soft diet	perineal care

Oregon Nursing Assistant Candidate Handbook

EFFECTIVE: August 1, 2019 | Version 8.0 Updated 7-1-2019

peristalsis	resident's chart	suprapubic
personal belongings	resident's environment	survey
personal care	resident's rights	swelling
personal items	respectful treatment	systolic
personal protective equipment	respiration	tachycardia
pet therapy	respiratory symptoms	TED hose
phantom pain	respiratory system	telephone etiquette
phone etiquette	responding to resident	terminal illness
physical change	behavior	threatening resident
physical needs	restorative care	tips
physician's authority	restraint	toddlerhood
pill-rolling	resuscitation	toenails
plate rim	rights	toileting schedule
positioning	role	trachea
positioning resident	rotation	tracheostomy
post mortem care	safety	transfers
post-operative	seclusion	transporting
pneumonia	secretions	transporting food
post-surgical care	seizure	tub bath
postural hypotension	self-actualization	tube feeding
precautions	self-esteem	tuberculosis
pressure ulcer	sexual harassment	tubing
preventing falls	sexual needs	twice daily
prioritizing	sexually transmitted	tympenic temperatures
privacy	diseases	types of care
professional boundaries	sharps container	unaffected
progressive	shaving	unconscious
pronation	Sims position	unsteady
prone	skin	urinary bag
prostate gland	skin integrity	urinary catheter bag
prosthesis	slander	urinary problems
psychological needs	sleep	urinary system
psychosocial	smoking	urine
pulmonary disease	social needs	validation therapy
pulse	social worker	vision change
quadrant	soiled linen	visiting policies
quadriplegia	specimen	visual impairment
radial	spiritual needs	vital signs
ramps	sputum test	vitamins
range of motion	standard precautions	vomit
regulation	state tested	walker
rehabilitation	stereotypes	wandering resident
reminiscing	sterilization	water faucets
reporting	stethoscope	weakness
repositioning	stomach	weighing
resident abuse	stress	well-being
resident belongings	stroke	wheelchair safety
resident identification	strong side	white blood cells
resident independence	subjective	withdrawn resident
resident information	sundowning	young adulthood
resident rights	supine	
resident unit	supplemental feedings	

