D&S Diversified Technologies LLP

Headmaster LLP

Oklahoma Long-Term Care

(Home Health Aide-Deemed – if hours completed)

Candidate Handbook

UPDATED: February 2025

Version 6

Contact Information

Questions regarding: Exam Applications • Exam Scheduling • Eligibility to Test • Rescheduling • Pre-Exam Name • Address Changes ..... ***Contact your Training Facility***

Questions regarding: Exam Results ..... **(800) 393-8664**

Questions regarding: LTC/HHA (Deeming - *if hours completed*) Certification • Nurse Aide Registry • State and Federal Regulations • Post-Exam Name • Address Changes ..... **(405) 426-8150**

D&S Diversified Technologies (D&SDT), LLP - Headmaster, LLP PO Box 6609 Helena, MT 59604-6609 Email: oklahoma@hdmaster.com Web Site: www.hdmaster.com	Monday through Friday *7:00AM –6:00PM* (Central Time – CT) *Oklahoma TestMaster Universe TMU©:* **ok.tmutest.com**	Phone #: (800) 393-8664 Fax #: (406) 442-3357
Oklahoma State Department of Health (OSDH) Nurse Aide Registry (NAR) PO Box 268816 Oklahoma City, OK 73126 Email: NAR@health.ok.gov Web Site: Oklahoma State Department of Health	Monday through Friday *8:00AM –5:00PM* (Central Time – CT)	Phone #: (405) 426-8150

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Introduction

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

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

The Oklahoma Department of Health (OSDH) has approved Headmaster, LLP-D&S Diversified Technologies (D&ST), LLP, to provide testing and scoring services for the Oklahoma Long Term Care Aide Competency Exam and Deeming for Home Health Aides. Upon passing the Oklahoma Long-Term Care (LTC) Aide Competency Exam, an individual will be listed on the Oklahoma Registry as a Certified Nurse Aide in Long-Term Care. If, at that time, the individual has also completed 16 hours of OSDH-approved Home Health Aide (HHA) training or later completes HHA training, the candidate will be listed on the Oklahoma State Nurse Aide Registry as a Certified Nurse Aide in both Long-Term Care and Home Health. No additional exam is required to be deemed an Oklahoma LTC-HHA. Individuals who have tested with the D&SDT-HEADMASTER and *completed HHA training after passing* the LTC exam must submit proof of HHA training completion (from their training program) to the Oklahoma State Department of Health.

This handbook is designed to help prepare candidates for taking the OKDOH-approved Long Term Care Aide Competency Exam and describes the process for Home Health Aide Deeming. The LTC Competency Exam has two parts: a multiple-choice knowledge exam and a skill exam. Candidates must pass both parts of the exam and meet all requirements of the Oklahoma State Department of Health for LTC Aide certification in Oklahoma.

For questions not answered in this handbook, please contact D&SDT-HEADMASTER at (800)393-8664 during regular business hours, Monday through Friday (excluding Holidays), 7:00AM to 6:00PM Central Standard Time, or go to the Oklahoma LTC/HHA webpage at www.hdmaster.com.

The information in this handbook will help you prepare for your examination and should be kept for future reference.

Americans with Disabilities Act (ADA)

ADA Compliance

The Oklahoma Department of Health and D&SDT-HEADMASTER provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-Headmaster must approve accommodations in advance of examination. Complete the ADA Accommodation Request Application found on the Oklahoma LTC/HHA TMU© main page under 'APPLICATIONS' to be reviewed for accommodation.

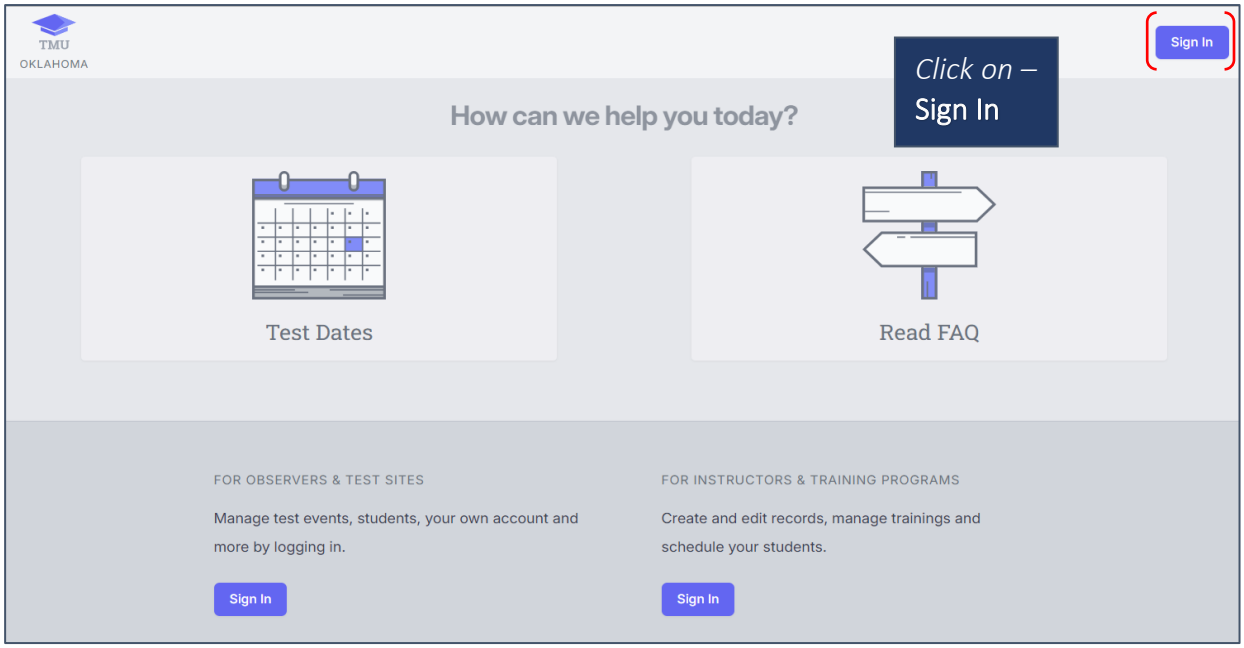
ADA Accommodation Request Applications submitted without the required supporting documentation of a diagnosed disability will not be reviewed until the required documentation is provided. D&SDT-HEADMASTER will email you if further documentation or information is required using the email in your TMU© account.

Please allow additional time for your request to be approved. If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (800)393-8664.

The Oklahoma Long-Term Care Aide Competency Exam

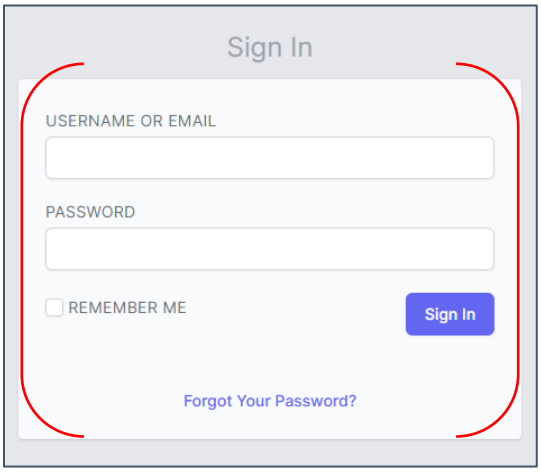
Oklahoma TMU© Home Page

This is the Oklahoma TMU© main page, **ok.tmutest.com**



- *Click on 'Test Dates' to see the calendar of available test events and their location.*
- *Click on 'Read FAQ' for frequently asked questions.*

If you have forgotten or do not know your Password, follow the instructions in the **'Forgot Your Password and Recover your Account'** section to Reset your Password and Recover your Account.



Enter your-
Username
or Email
and Password

Click on –
Sign In

Completing your TMU© Account

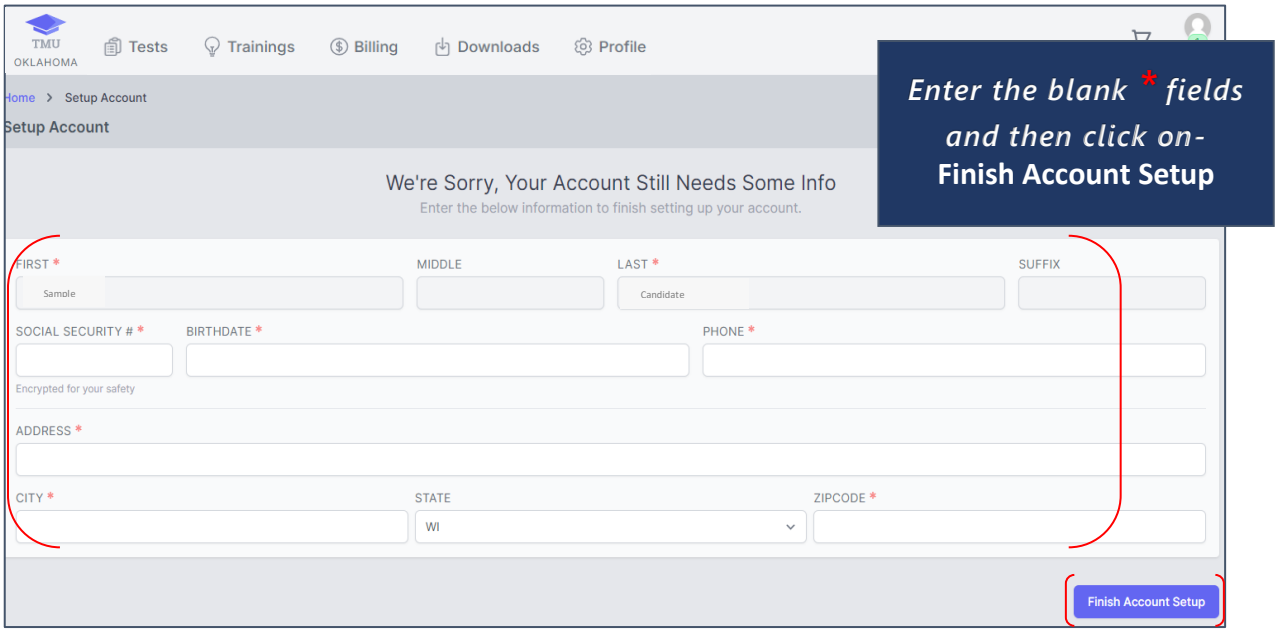
Your training program will enter your initial registration information into D&SDT-HEADMASTER's Oklahoma TestMaster Universe (TMU©) software.

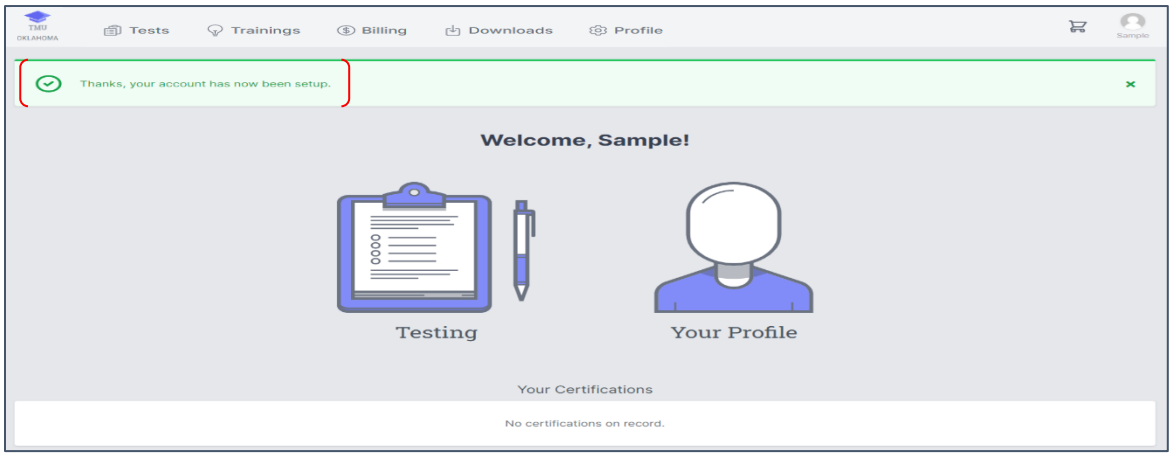
IMPORTANT: Before you can test, you must sign in to TMU© (ok.tmutest.com) using your secure Email or Username and Password, complete and verify that your demographic information is correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you sign in, update your password, and complete and verify your demographic information.

If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under **'Forgot your Password and Recover your Account'**). If you cannot sign in, contact D&SDT-HEADMASTER at (800)393-8664.

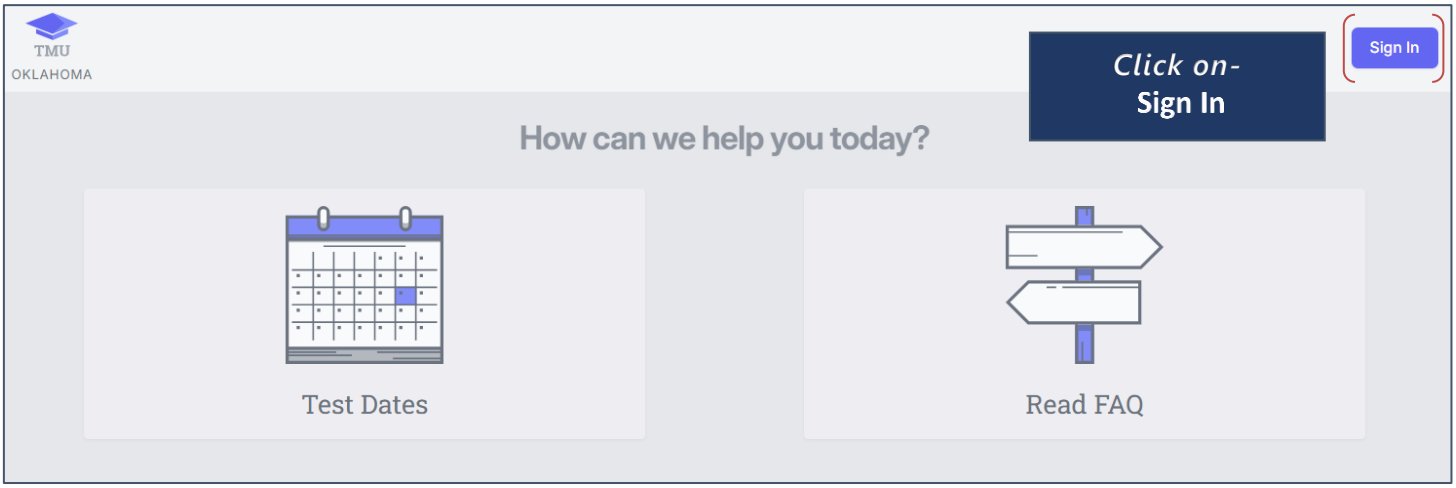
*If you know your email or username and password, this is the screen you will see the first time you sign in to your TMU© account with the **demographic information you need to enter to complete your account**:*

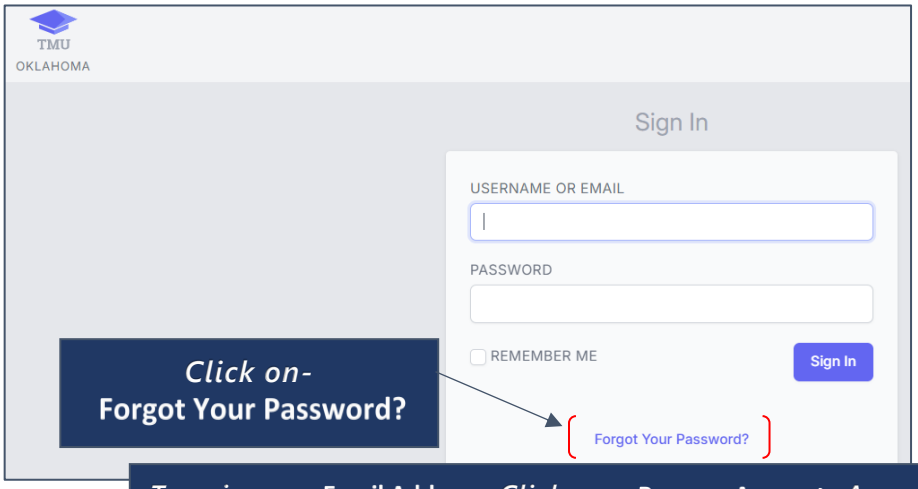




Forgot your Password and Recover your Account

If you do not remember your password, follow the instructions with screenshots in this section.

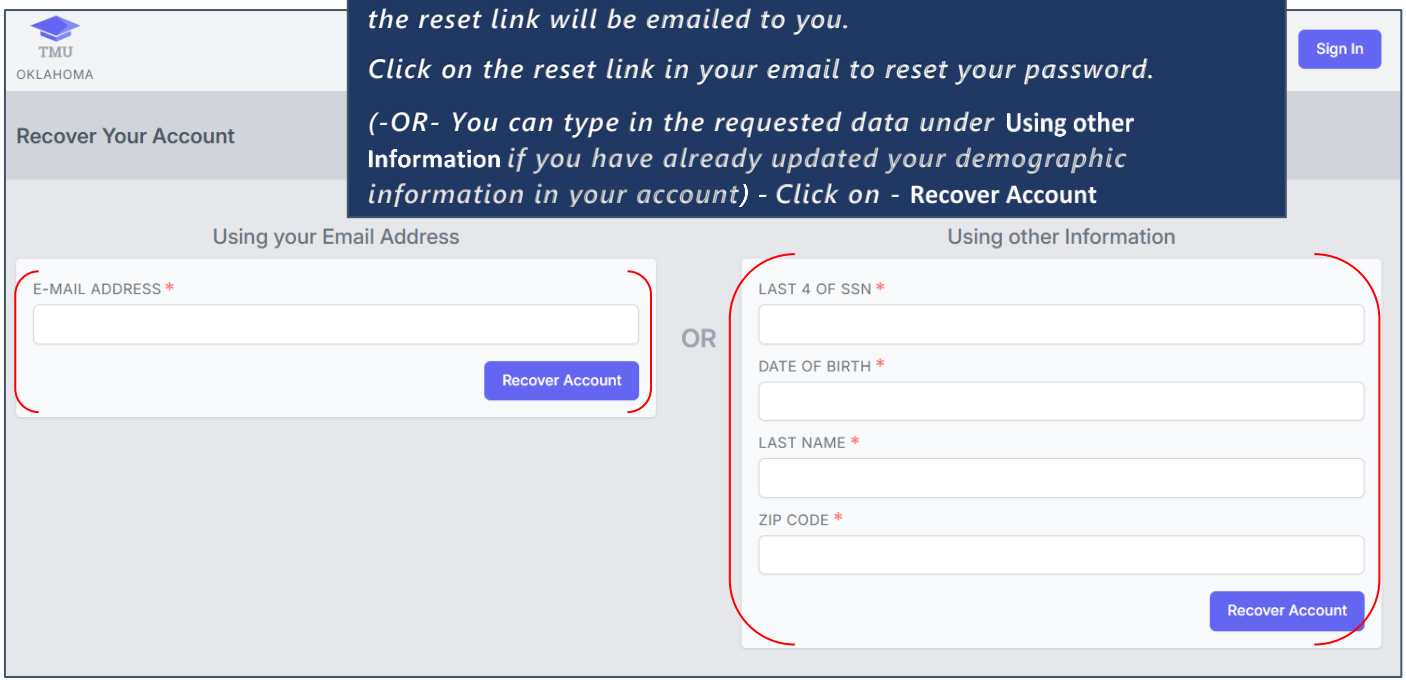




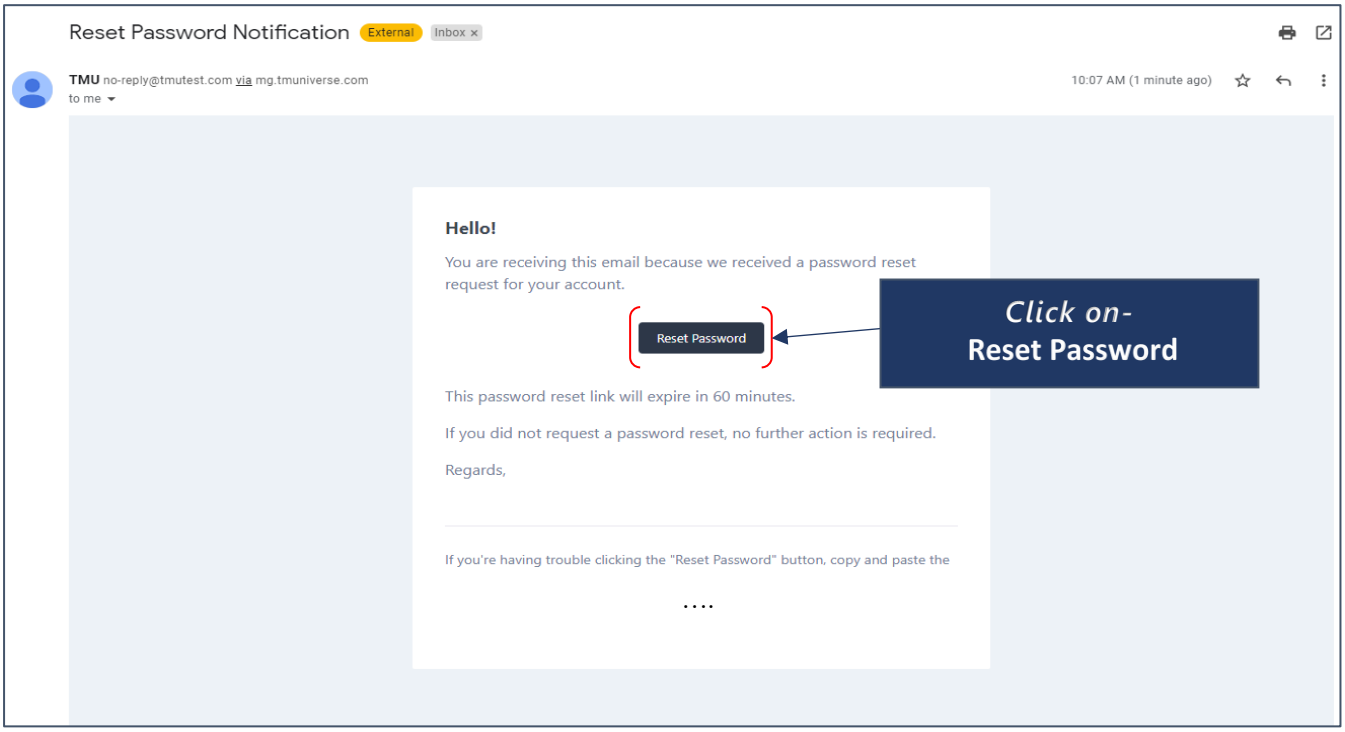
Type in your **Email Address** *- Click on –* **Recover Account** *- An email with the reset link will be emailed to you.*

Click on the reset link in your email to reset your password.

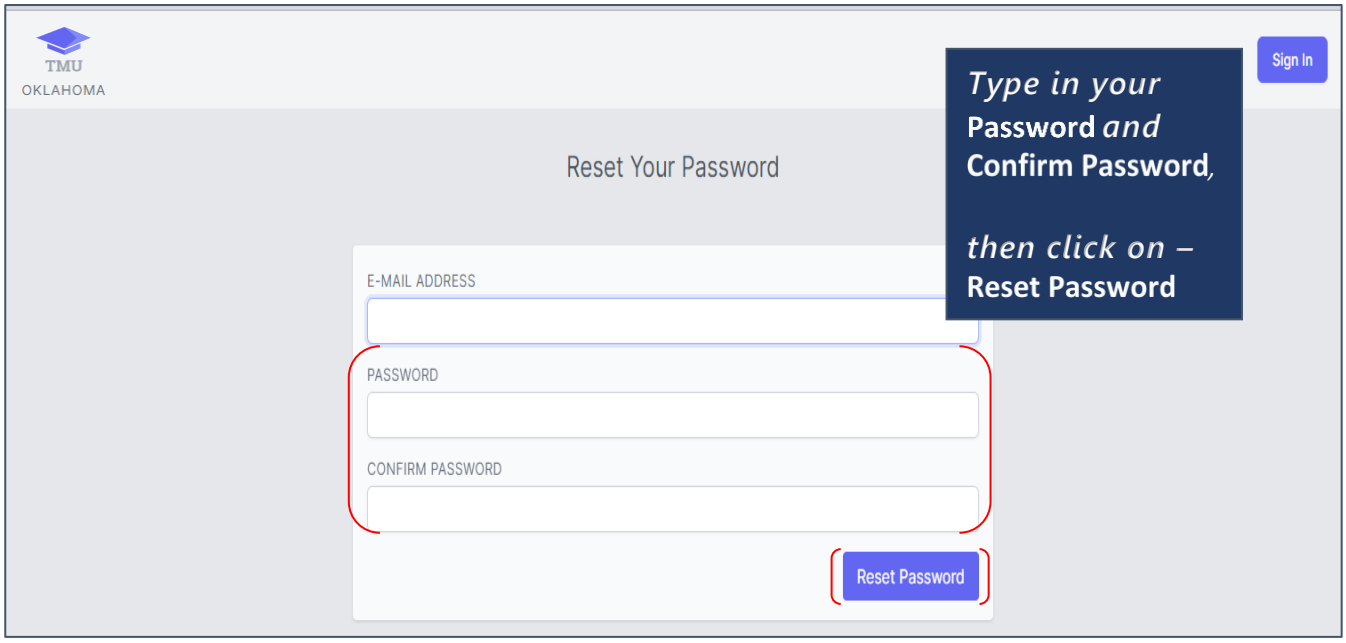
(-OR- You can type in the requested data under **Using other Information** *if you have already updated your demographic information in your account) - Click on -* **Recover Account**



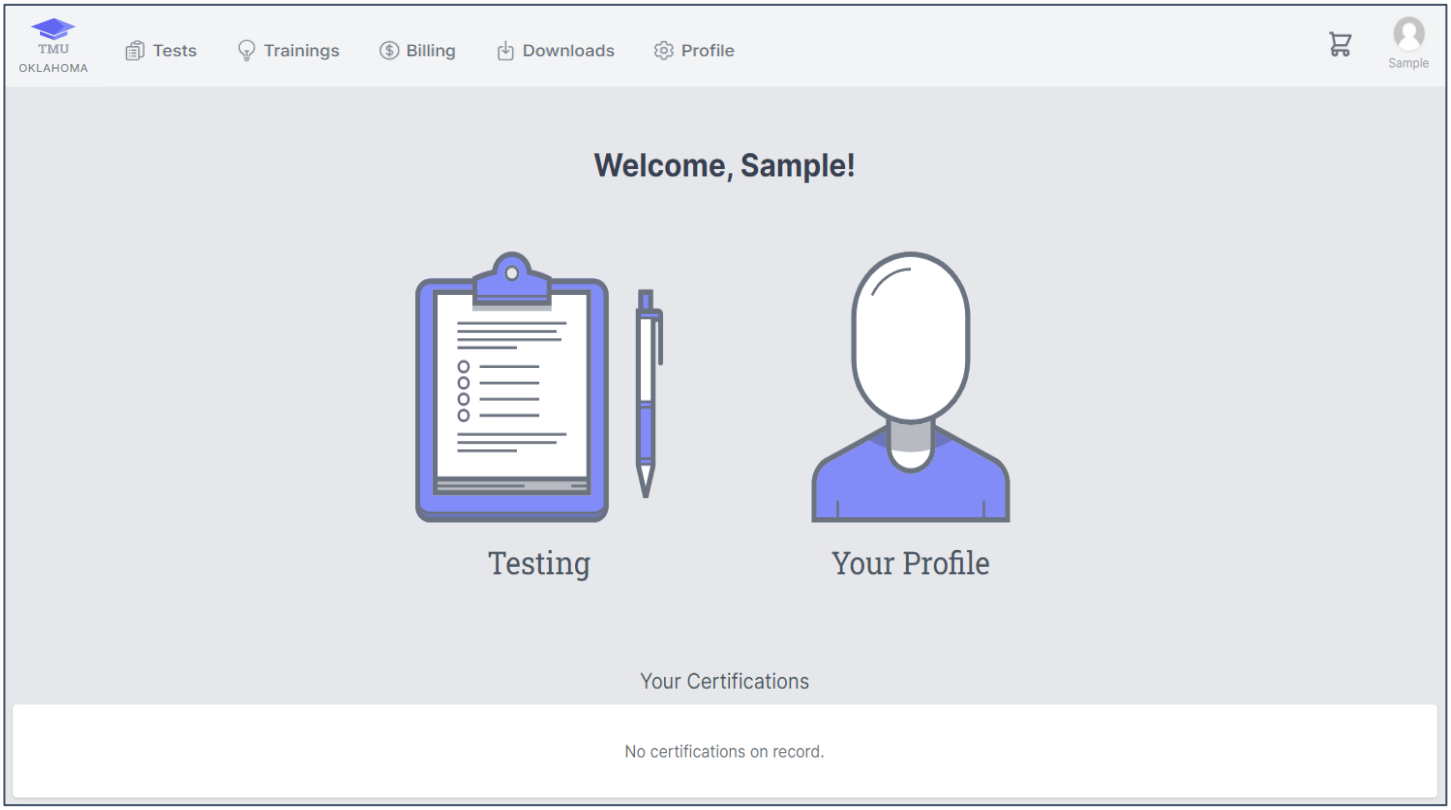
This is what the email will look like (check your junk/spam folder for the email):



Note: If you do not reset your password right away, the link will expire in 60 minutes, and you will need to request a new link after that time.



This is the home screen you will see once you have reset your password:



The Oklahoma Long-Term Care Aide/Home Health Aide-Deemed Exam

Applying to take the Long-Term Care Aide (deemed Home Health Aide if hours completed) Exam

To apply for the Oklahoma LTC/HHA (Deeming-if hours completed) Exam, contact your training program/trainer or D&SDT-HEADMASTER at (800)393-8664.

Scheduling/Rescheduling an Oklahoma LTC/HHA Exam

To schedule an examination date, candidates must have successfully completed an Oklahoma State Department of Health-approved Long-Term Care Aide training program. In addition, all LTC/Deemed HHA (if hours are completed) exam candidates must be registered with D&SDT-HEADMASTER through their training program.

Long-Term Care Aide Program Candidates

Your training program will enter your initial training information into the Oklahoma TMU© database. Your training program/trainer will verify the name entered into TMU© against the two forms of identification and training verification form you will present when you check in at a test event. If you discover your name on your forms of ID and training verification form does not match your name as listed in your TMU© account, please inform your training program/trainer or call D&SDT-HEADMASTER at (800)393-8664. Please see the forms of ID requirements under 'Identification'.

To schedule or reschedule your test date, contact your training program/test site.

Long-Term Care Aide - Deemed Home Health Aide Program Candidates

No additional exam is required to be deemed an Oklahoma LTC-HHA. Individuals who have tested with D&SDT-HEADMASTER and *completed HHA training after passing the LTC exam* must submit proof of HHA training completion (from their training program) to the Oklahoma State Department of Health.

Test Confirmation Letter

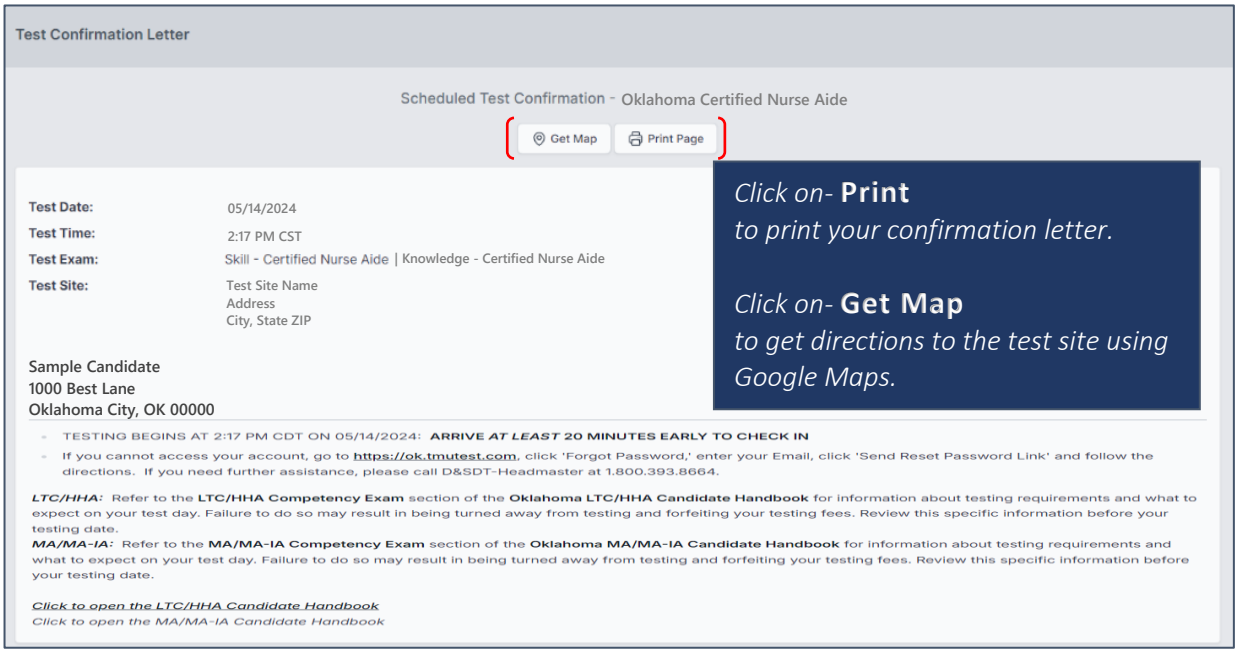
Your test confirmation letter will provide the necessary information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time.

Please review the Oklahoma LTC/HHA Candidate Handbook for specific instructions on time to arrive at the test event, ID requirements, testing attire, testing policies and procedures, what to expect, etc.

Note: Failure to read the candidate handbook could result in a no-show for your test event if you do not adhere to the testing policies, etc.

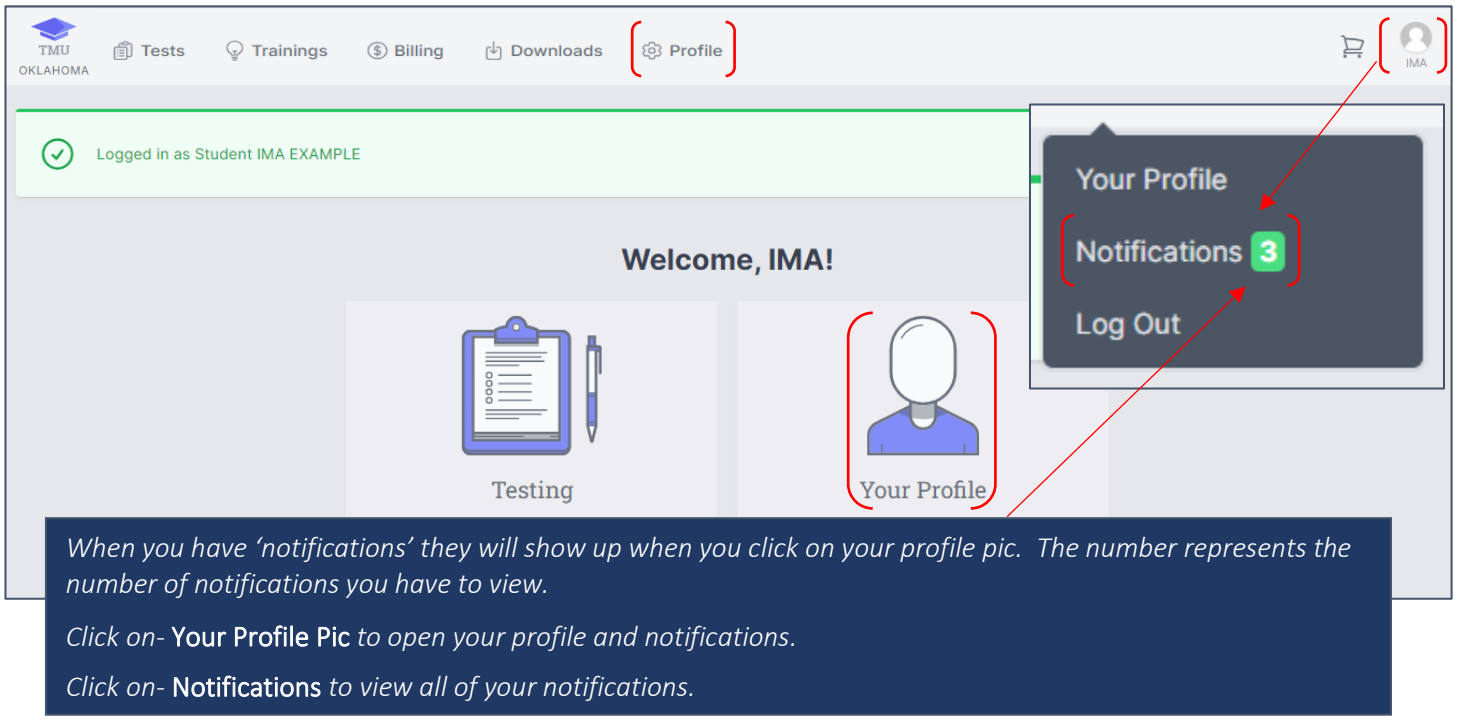
It is crucial you read this letter!

Scheduled Test Confirmation Notification Example:



Checking your TMU© Notifications

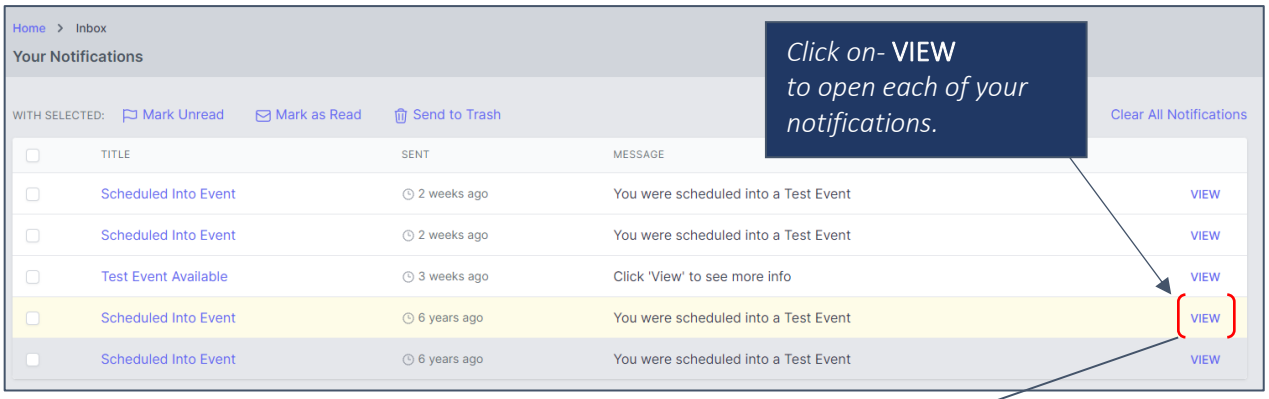
Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



When you have 'notifications' they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

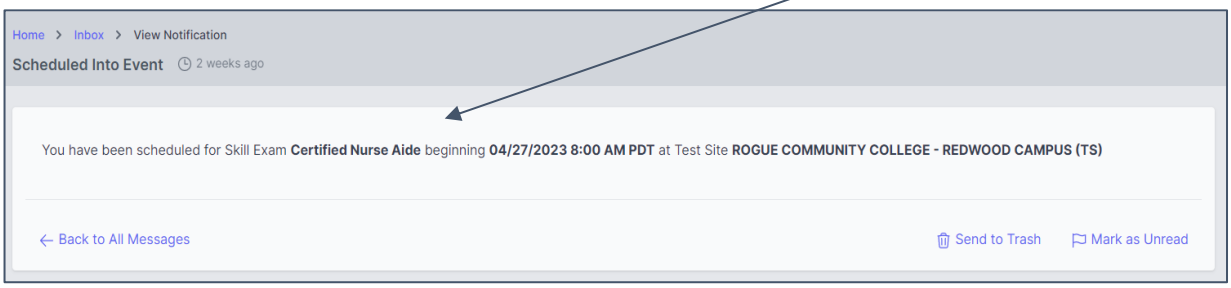
Click on- Your Profile Pic *to open your profile and notifications.*

Click on- Notifications *to view all of your notifications.*



Click on- VIEW *to open each of your notifications.*

Notification example:



Exam Check-In

You need to arrive at your confirmed test site between 20 and 30 minutes before your exam is scheduled to start.

- Testing begins promptly at the start time noted.
- You need to ensure you are at the event ***at least 20 minutes before*** the start time to allow time to get checked in with the RN Test Observer.
  - *For example*, if your test start time is 8:00AM, you must be at the test site for check-in **no later than** 7:40AM.

Note: If you arrive late, you will not be allowed to test.

Testing Attire

There is no mandated dress code; however, scrubs and close-toed shoes are recommended.

- Bluetooth-connected devices, smart watches, or fitness monitors are not allowed.

Identification

You must bring a **NON-EXPIRED, *SIGNED, PHOTO-BEARING FORM OF IDENTIFICATION, a second signature ID, and your Training Verification Form that you were given by your Trainer at the completion of the training program.** *(Examples of the Training Verification Forms are shown on pages 11 and 12.)*

NOTE: You will not be admitted for testing if you do not bring proper IDs and your Training Verification Form.

Only original IDs are accepted. Photocopies, images, faxes, emails, screenshots, and electronic or digitally stored forms of identification (for example, Apple or Google Wallet, etc.) ***will not be accepted.***

Examples of the forms of non-expired, *signed, acceptable photo IDs are:

- State-issued Driver's License
- State-issued Identification Card
- Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
  - *Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature)*
- Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
  - *Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.*
- U.S. Military Identification Card
  - *Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature*
- Tribal Identification Card *(a signed photo ID with an expiration date (not expired) issued by a federally recognized Tribal Nation/Indian Tribe)*

Examples of accepted **second signature-bearing** forms of identification include:

- Social Security Card
- Credit Card or Debit Card
- 1st Aid or CPR Card
- Hunting or Fishing License

The **FIRST** and **LAST** names listed on both IDs and your Training Verification Form presented to the RN Test Observer during check-in at your test event MUST EXACTLY MATCH the FIRST and LAST names entered in the Oklahoma LTC/HHA TMU© database by your training program. You may call D&SDT-HEADMASTER at (800)393-8664 during regular business hours, Monday through Friday (excluding Holidays), 7:00AM to 6:00PM, Central Time, to confirm that your name of record matches your two forms of ID and your Training Verification Form, or log in to ok.tmutest.com using your username and password to check on or change your demographic information.

Note:

- **You will not be admitted for testing if you do not bring proper/valid forms of identification**.
  - Be sure your photo-bearing form of identification is not expired and that both forms of identification are signed.
  - Check to ensure that your FIRST and LAST printed names on your identification card, the second form of ID, and Training Verification all match your current name of record in your TMU© account.
  - 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 be required to re-present your ID when you enter the knowledge test room and skills testing lab. Please keep your ID with you during the entire exam day.

Demographic Updates / Changes / Corrections

Name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM** and upload your demographic change/correction documentation. The form is under 'Applications' on the Montana NA TMU© main web page (before you log in to your account), or click on this link: https://ok.tmutest.com/apply/8.

Candidates with Long-Term Care Training Only Verification Form:

OKLAHOMA State Department of Health

TRAINING VERIFICATION FORM

Oklahoma State Department of Health
Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Ph. 405-426-8150

TRAINEE INFORMATION

Trainee Name: Student Sample Social Security #: 222 - 22 - 2222

TRAINING INFORMATION

Please check (√) the training program the trainee completed and indicate the number of training hours completed.

☒ 75 Long Term Care Hours (75) Hr. Minimum
☐ _____ Deeming ____ to _____ Hours 16 Hr. Minimum)
☐ _____ Adult Day Care Hours (45 Hr. Minimum)
☐ _____ Home Health Aide Hours (75 Hr. Minimum)
☐ _____ IDF/IID Care Hours (75 Hr. Minimum)
☐ _____ Residential Care Hours (45 Hr. Minimum)

Date Examinee completed the training program: 10/01/2023 Training Facility Code: 3000000

Training Program/Facility Name: Headmaster Training

Training Program/Facility Address: 3310 McHugh Lane, Edmond, OK

Jane Smith
Instructor's Name (Please print clearly)

Jane Smith
Instructor's Signature

TRAINING VERIFICATION STATEMENT

I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.

Joan Someone
Training Supervisor's Name (Please print clearly)

10/02/2023
Joan Someone
Training Supervisor's Signature

Area Code (405) 555-2233
Training Supervisor's Telephone Number

10/02/202
Date

CLINICAL EXAMINATION RECORD

The assigned RN/CSO must sign and date this form after completing the clinical skills exam. **Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.**

Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail

WRITTEN COMPETENCY EXAMINATION RECORD

The assigned Testing Proctor must sign and date this form at each written competency test administration. **Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.**

Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail

Oklahoma State Department of Health-Protective Health Services **ODH Form No. 733 (Revised 09/2022)**

CANDIDATES WITH LONG-TERM CARE AND HOME HEALTH AIDE TRAINING VERIFICATION FORM:

OKLAHOMA State Department of Health

TRAINING VERIFICATION FORM

Oklahoma State Department of Health
Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Ph. 405-426-8150

TRAINEE INFORMATION

Trainee Name: Best Student Social Security #: 111 - 22 - 3333

TRAINING INFORMATION

Please check (√) the training program the trainee completed and indicate the number of training hours completed.

☒ 75 Long Term Care Hours (75) Hr. Minimum
☒ 16 Deeming LTC to HHA Hours 16 Hr. Minimum)
☐ _____ Adult Day Care Hours (45 Hr. Minimum)
☐ _____ Home Health Aide Hours (75 Hr. Minimum)
☐ _____ IDF/IID Care Hours (75 Hr. Minimum)
☐ _____ Residential Care Hours (45 Hr. Minimum)

Date Examinee completed the training program: 10/01/2023 Training Facility Code: 300000

Training Program/Facility Name: Headmaster Training

Training Program/Facility Address: 3310 McHugh Lane, Edmond, OK

Jane Smith
Instructor's Name (Please print clearly)

Jane Smith
Instructor's Signature

TRAINING VERIFICATION STATEMENT

I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.

Joan Someone
Training Supervisor's Name (Please print clearly)

Joan Someone
Training Supervisor's Signature

Area Code (405) 555-2233
Training Supervisor's Telephone Number

10/02/2023
Date

CLINICAL EXAMINATION RECORD

The assigned RN/CSO must sign and date this form after completing the clinical skills exam. **Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.**

Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Exam 1: RN/CSO _____ CSO # _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail

WRITTEN COMPETENCY EXAMINATION RECORD

The assigned Testing Proctor must sign and date this form at each written competency test administration. **Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.**

Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail
Written Exam 1 _____ Coordinator Signature _____ Date ☐ Pass ☐ Fail

Oklahoma State Department of Health-Protective Health Services **ODH Form No. 733 (Revised 09/2022)**

Instructions for the Knowledge Exam and Skills Test

Test instructions for the knowledge and skill exams will be provided in written format in the waiting area when you check in for your test.

These instructions detail the process and what you can expect during your exams. Please read the instructions ***before*** taking the knowledge exam and skill test. 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 Observer or Knowledge Test Proctor will ask questions about the instructions you read when entering the knowledge test room and skill test lab.

The **Knowledge and Skill Exam Instructions** are available under the **'DOWNLOADS'** tab in your TMU© account. *For instructions, refer to the 'Accessing the Candidate Handbook and Testing Instructions' section of this handbook.

Testing Policies

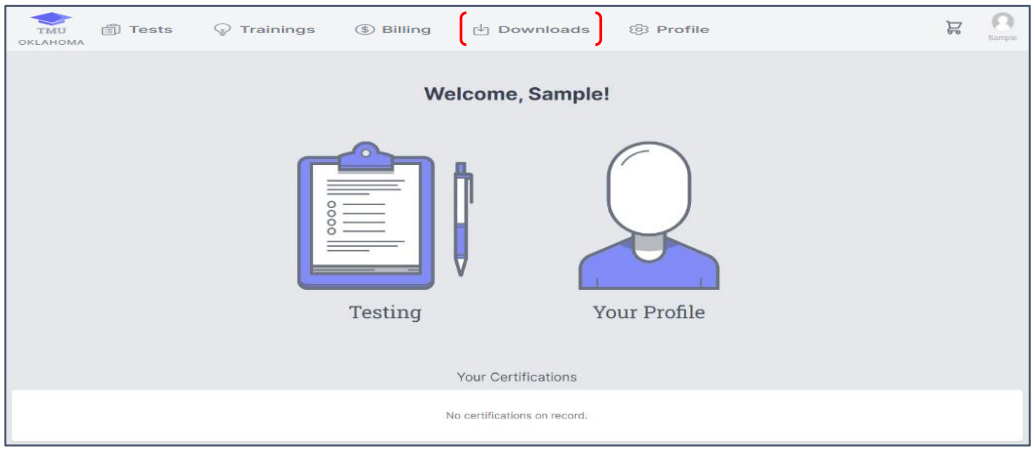
The following policies are observed at each test site—

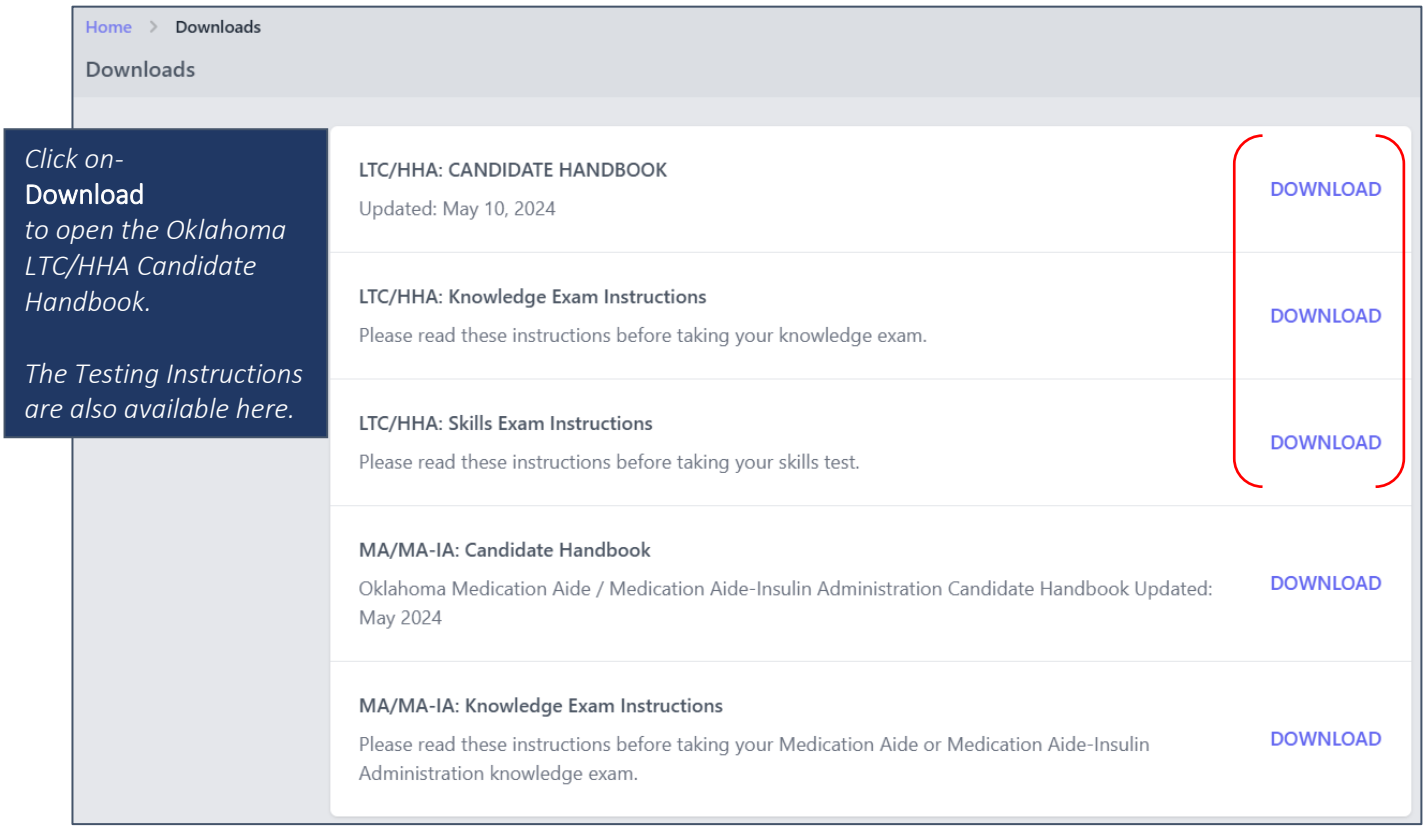
- Before your test date, sign in to your TMU© account at ok.tmutest.com to update your password and verify your demographic information. Refer to this handbook's 'Completing your TMU© Account' section for instructions and information.
  - If you have not signed in, updated your password, and verified your demographics in your TMU© account when you arrive for your exam, you may not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to **check in *at least* 20 to 30 minutes before your scheduled start time** – if your test start time is 8:00AM, you need to be at the test site **by 7:40AM at the latest**) you will not be admitted to the exam. Any exam fees paid *will NOT be refunded*.
- If you do not bring a valid and appropriate, non-expired, *signed photo ID, a second valid signature-bearing ID, and a Training Verification Form, 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 two forms of ID and your Training Verification Form do not match your current name of record in your TMU© account, you will not be admitted to the exam,** and any exam fees paid *will NOT be refunded*.
- If you do not conform to all testing policies, you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- If you are a no-show status or do not show up for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees online in your TMU© account to schedule another exam date.
- **PERSONAL ITEMS:** Such as water bottles, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in the testing room. The testing team will inform you of the designated area to place your personal items, and you will collect these items when you complete your test.

- **ELECTRONIC DEVICES:** Cell phones, smartwatches, fitness monitors, electronic recording devices, and Bluetooth-connected devices are not permitted to be on or near you in the testing room. The testing team will inform you of the designated area to place your electronic devices, and you will collect these items when you complete your test.
  - All electronic devices must be **turned off**.
  - Smartwatches, fitness monitors, and Bluetooth-connected devices must be removed from your wrist/body.
- You are encouraged to bring a jacket, snack, drink, or study material while waiting to test.
- Foreign word-for-word translation dictionaries **are allowed**. You must show the translation dictionary to the RN Test Observer at check-in and the knowledge test proctor before you start the knowledge exam.
  - Definitions or any other notations (writing) are not allowed in the translation dictionary; a word-for-word translation-only dictionary is allowed. Electronic dictionaries or non-approved language translators are not allowed.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the exam.
- You are not allowed to leave the testing room 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 cheating, causing a disturbance, engaging in misconduct, being visibly impaired, or trying to take notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, and you will be reported to your training program and the Oklahoma State Department of Health.
- Anyone caught using any electronic recording device during testing will be dismissed from the exam, have their test scored as a failed attempt, forfeit all testing fees, reported to your training program and the Oklahoma State Department of Health, and will not be permitted to test for 6 months. You may, however, use personal devices during your free time in the waiting area.
- Test sites, RN Test Observers, Actors, and Knowledge Test Proctors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- **You may not test if you are ill (sick).** Call the test site immediately to reschedule.
  - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call the test site immediately to reschedule if you are on doctor's orders.

  NOTE: Please see this handbook's 'Reschedule a Test Date' and 'No-Show Exceptions' sections.
- ***Please review this Oklahoma LTC/Deemed HHA Candidate Handbook before your test day for any testing and/or policy updates.***
- The Candidate Handbook and testing instructions are available within your TMU© account under the 'Downloads' tab.

Accessing the Candidate Handbook and Testing Instructions





Click on-
Download
to open the Oklahoma LTC/HHA Candidate Handbook.

The Testing Instructions are also available here.

Security

If you are caught cheating, refuse to follow directions, use abusive language, are visibly impaired, or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room, your test will be scored as a failed attempt, you will forfeit any testing fees paid, and a report of your behavior will be given to your training program and the Oklahoma State Department of Health. 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 their training program and the Oklahoma State Department of Health and is subject to prosecution to

the full extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from the Oklahoma State Department of Health 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, Bluetooth-connected devices, navigating to other browsers, etc.), your test will be stopped and scored as a failed test attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be considered a no-show, and a report of your behavior will be reported to OSDH. You may need permission from OSDH to be eligible to test again.

Unforeseen Circumstances Policy

If an exam date is canceled due to inclement weather or other unforeseen circumstances, your training program/trainer or, in some instances, D&SDT-HEADMASTER staff will try to contact you using the contact information you have listed in your TMU© account. Please make sure you keep your contact information up to date. D&SDT-HEADMASTER will reschedule you, for no charge, to a mutually agreed-upon new test event.

If D&SDT-HEADMASTER is unable to reach you via phone call or email with the information in your account (*see examples below) due to unforeseen circumstances for a test event you are scheduled into, you will be taken out of the test event, and D&SDT-HEADMASTER will not reschedule you until we hear back from you.

NOTE: The *examples listed below are your responsibility to check and keep updated.

- If D&SDT-HEADMASTER leaves you a message or emails you at the phone number or email in your TMU© account and:
  - you do not call us back in a timely manner
  - your phone number is disconnected, or your voice mailbox is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid, or you are unable to access your email for any reason

Please see the 'No-Show Exceptions' section for more information.

Reschedule a Test Date

If you must reschedule your exam date, contact your training program or the test site where you are scheduled to test.

Refund of Testing Fees Paid

D&SDT-HEADMASTER does not process refunds to candidates as payment is made to the training programs/test sites. You will need to contact your training program/test site regarding their refund of testing fees policy.

No-Show Status

If you are scheduled for your exam and you are late or do not show up at all, or if you are turned away for lack of proper identification or you do not bring your Training Verification Form, or for any other reason that deems you ineligible to test, you will be considered a **NO-SHOW STATUS**. You will need to contact your training program/test site regarding their testing fees and scheduling a new test date policy.

Please see the 'No-Show Exceptions' section for more information.

No-Show Exceptions

Exceptions to the no-show status exist; if you are a no-show status for any test component for any of the following reasons, a free reschedule may be authorized to the remitter of record, providing **the required documentation is received within the appropriate time frames outlined below:**

Note: When providing documentation for a no-show exception, it is your responsibility to contact D&SDT-HEADMASTER to confirm that any documentation faxed, emailed, or mailed has been received.

- **Car breakdown or accident**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation showing your name and the provider of service name must be submitted within **three (3) business days** of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.

- **Weather or road condition-related issue:** D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a road report, weather report, or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.

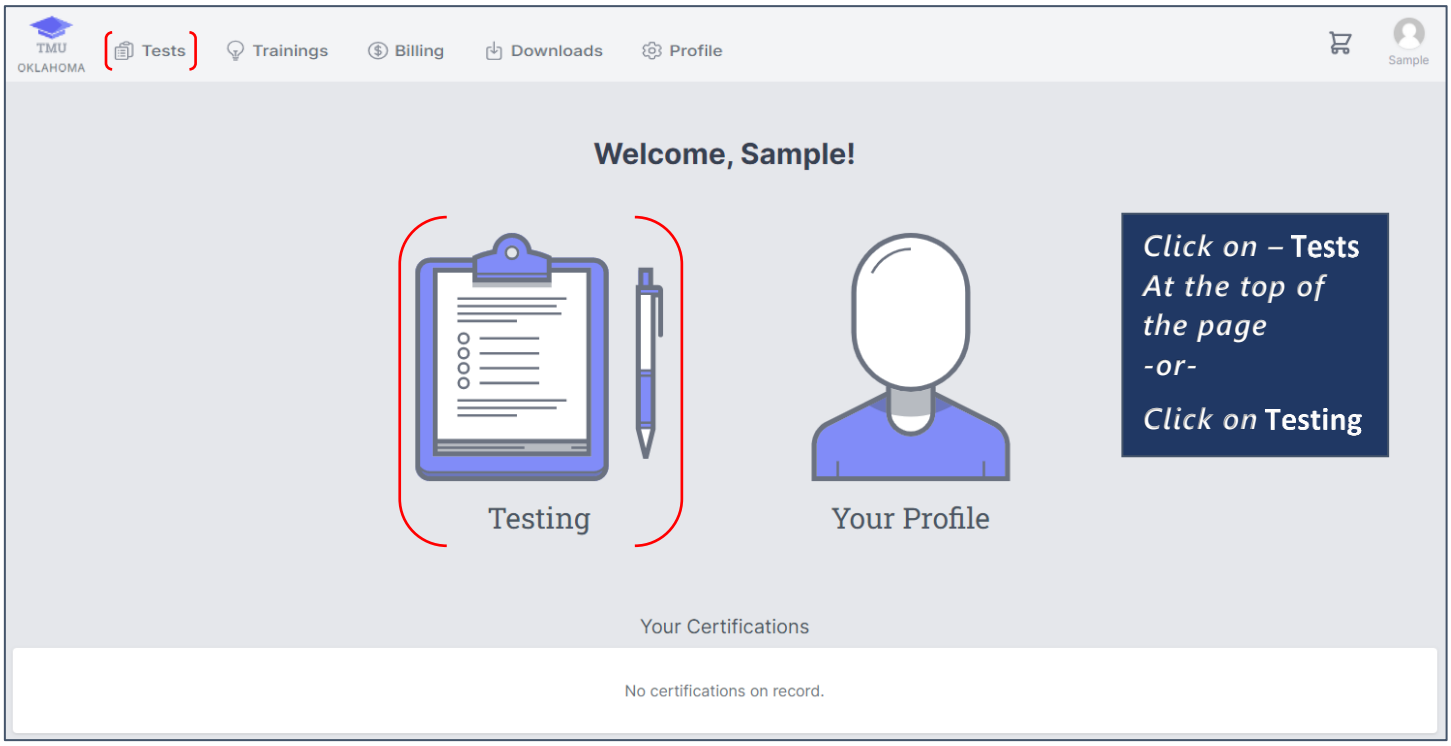
- **Medical emergency or illness**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a doctor's note showing your name and the provider's name (or on the provider's letterhead) must be submitted within **three (3) business days** of the missed exam date**.** If we do not receive proof within three business days, you will have to pay as though you were a no-show.

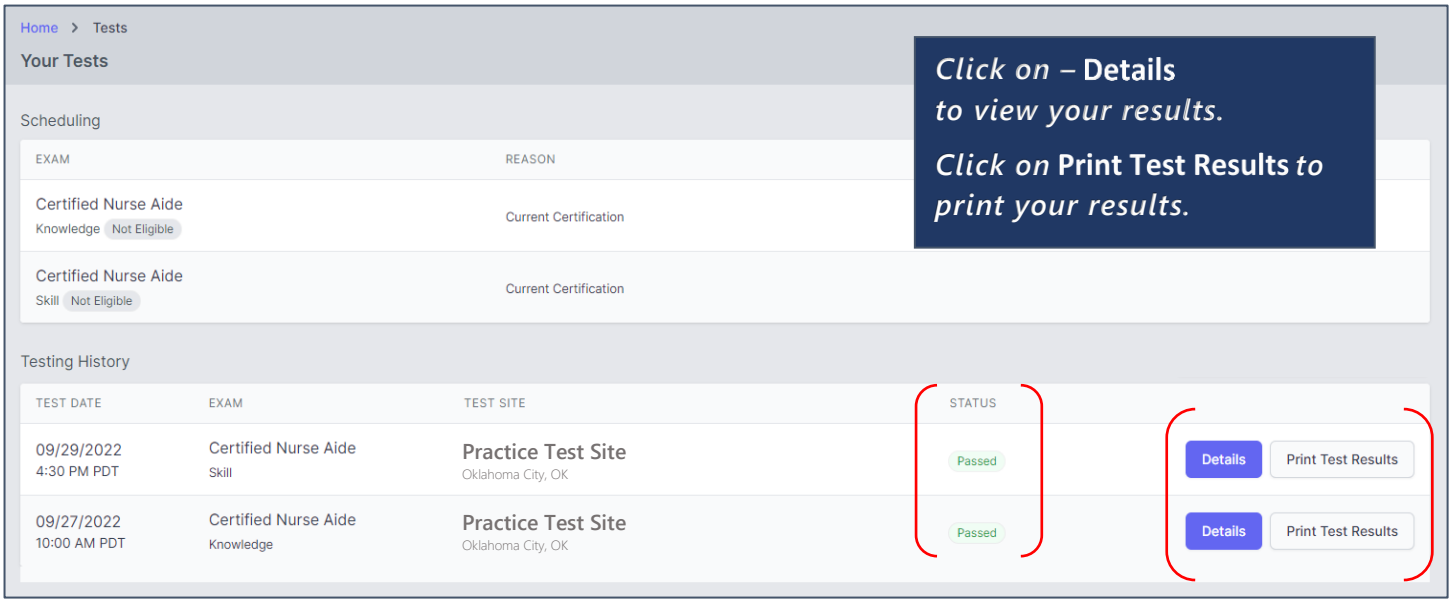
- **Death in the family**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and an obituary showing your name and the provider's name or a letter on your behalf from the funeral home for immediate family only be submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within seven business days, you will have to pay as though you were a no-show. (Immediate family includes parent, grand and great-grandparent, sibling, children, spouse, or significant other.)

Test Results

After you have completed both the Knowledge and Skill Test components of the competency exam, your test results will be officially scored and double-checked. Official test results are available the next business day after your test event. You may check your test results online by logging into your TMU© account with your username and password. You may print a hard copy of your detailed test results. If you fail either test component, you must reapply to retake the component that you failed. Please see the 'Schedule / Reschedule a Test Date' section.

Accessing your test results in TMU©:





D&SDT-HEADMASTER does not send postal mail test result letters to candidates.

Time Frame and Test Attempts

You have **three attempts** to pass the exam's knowledge and skill test portions **within three (3) years** from the date you completed the long-term care aide program. If you do not complete testing within three years of completing training, you must complete a new OSDH-approved training program to become eligible to further attempt Oklahoma long-term care aide examinations.

Placement on the OSDH Nurse Aide Registry

After successfully passing both the Knowledge Test and Skill Test components of the nurse aide exam, your test results will be sent electronically to the Oklahoma State Department of Health (OSDH) by D&SDT-HEADMASTER. You will be certified by the OSDH only after you meet all OSDH requirements, including passing both the knowledge and skill exam components (if you have completed the additional HHA required 16 hours, verified by your training program, for Home Health Aide, you will also be deemed an HHA).

Retaking the Long-Term Care Aide/Deemed Home Health Aide Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, please contact your training program/test site.

Test Review Requests

You may request a review of your test results or dispute any other testing condition.

***PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-HEADMASTER at (800)393-8664 during regular business hours, Monday through Friday, 7:00AM to 6:00PM CT excluding Saturdays, Sundays, and Holidays, and discuss the test outcome you are questioning before committing to sending the $25 test review request deposit fee. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to prepare yourself better for subsequent exam attempts. If, after discussion with D&SDT-HEADMAASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a $25 non-refundable test review deposit fee. To request a review, complete the **Test Review Request and Payment Application**, available on the Montana NA TMU© main page (before you log in to your account) at ok.tmutest.com. Test Review Requests must be received **within three (3) business days** from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Oklahoma is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests granted. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test. If, after investigation, the review finding is in your favor, you will be refunded the $25 test review deposit. If the finding of the review is *not in your favor*, the $25 test review deposit will stand, and the fee is non-refundable. D&SDT-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. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-HEADMASTER cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test reviews with the candidate. D&SDT-HEADMASTER will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18. D&SDT-HEADMASTER will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address and the Oklahoma State Department of Health.

The Knowledge/Audio Exam

Knowledge Exam Content

The Knowledge Test consists of **72 multiple-choice questions**. Questions are selected from subject areas based on the OSDH-approved Oklahoma test plan and include questions from all the required categories as defined in OBRA regulations.

The subject areas are as follows:

Subject Area	Number of Questions	Subject Area	Number of Questions
Basic Nursing Skills	10	Mental Health	4
Care Impaired	4	Older Adult Growth & Development	4
Communication	7	Personal Care	11
Data Collection	8	Resident Rights	4
Disease Process	4	Role and Responsibility	4
Infection Control	8	Safety	4

Knowledge Exam Information

You will be required to present your ID again when you enter the knowledge test room and the skills lab for your skills exam. Please keep your ID with you throughout the 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 72-question Knowledge Test. You will be told when fifteen (15) minutes are remaining. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?"). **You must have a 70% or better score to pass the knowledge portion of the exam.**

Electronic testing in TMU©, using Internet-connected devices, is utilized at D&SDT-HEADMASTER test sites in Oklahoma. The Knowledge portion of your exam will be displayed on a screen for you to read and key/click/tap in your answers.

NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge exam. Please see the information under **'Completing your TMU© Account'** to sign in to your TMU© account.

- The Knowledge Test Proctor will provide you with a code at the test event to start your exam.

Foreign language paper word-for-word translation dictionaries **are allowed** and must be shown to the RN Test Observer at check-in and to the Knowledge Test Proctor when you enter the knowledge test room. The translation dictionary will not be permitted during testing if there is any writing or definitions. **Using language translators that are not pre-approved and electronic dictionaries are not allowed.**

If needed, you may do math calculations on the scratch paper provided by the KTP. If you need a calculator, please quietly alert the Knowledge Test Proctor; one will be provided.

- *Any scratch paper and/or provided calculator must be left with the KTP when done testing.*

When you leave the testing room, you must leave all test materials in it. Anyone who takes or tries to take materials, notes, or information from the room is subject to prosecution and will be reported to the Oklahoma State Department of Health.

Knowledge Audio Exam Information

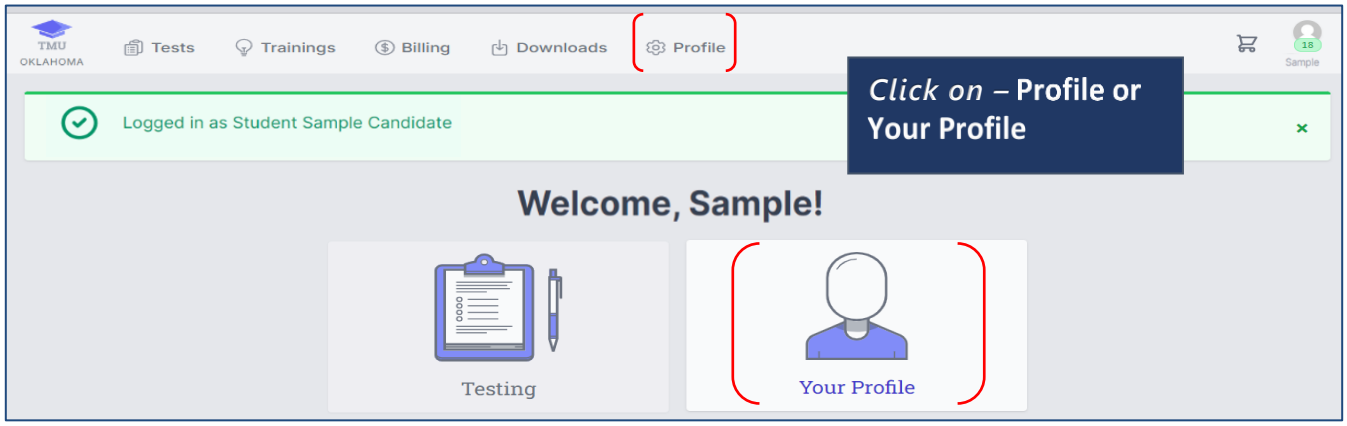
Anyone can request an audio (oral) version of the knowledge exam. You must request an Audio version when you initially schedule your test.

With the Audio version of the knowledge exam, the questions are neutrally read to you and can be heard through wired headphones or earbuds plugged into the computer (Bluetooth-connected devices are not allowed). When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

Selecting an Audio Version of the Knowledge Exam

To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow:

*Under your PROFILE, check the **'Enable Audio Testing'** to receive an Audio version of the Knowledge Exam:*



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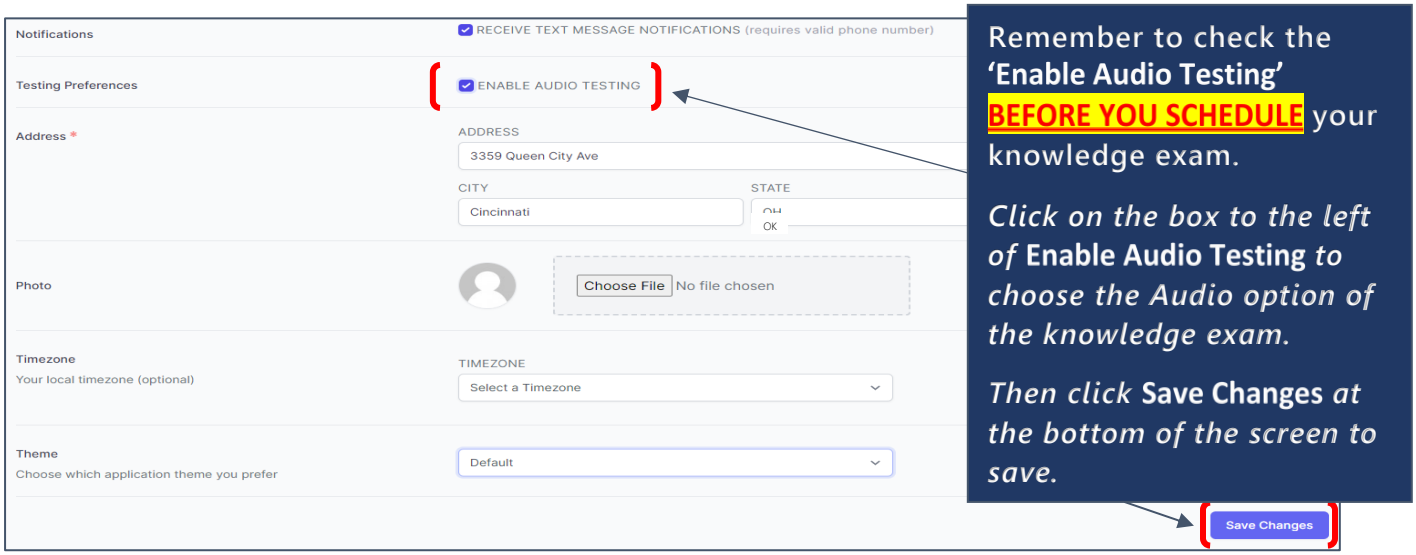

Knowledge Practice Test

D&SDT-HEADMASTER offers a free knowledge test question of the day and a ten-question online static practice test available on our website at hdmaster.com. A mastery learning testing method is used, and each practice test will be unique. Candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of any practice test. A list of vocabulary words to study is provided at the end of each practice test. Single or discounted group purchase plans are available for the practice test.

The following are samples of the questions that you will find on the Knowledge/Audio Exam.

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's 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. When you are communicating with residents, you need to remember to:
(A) face the resident and make eye contact
(B) speak rapidly and loudly
(C) look away when they make direct eye contact
(D) finish all their sentences for them

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 Oklahoma approved LTC/HHA practical skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again that you showed the RN Test Observer at check-in.

- Be sure you understand all instructions you read while in the waiting area 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 five (5) 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 **forty-five (45) minutes** to complete your five (5) assigned 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 key steps (in bold font) and 80% of all non-key steps on each task assigned to pass the Skill Test. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated.
- 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.
    - If you believe you made a mistake while performing a task, say so. You will need to demonstrate or re-demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- 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

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed. You are required to sign the recording form during the demonstration of the equipment/supplies.

RECORDING FORM →

CANDIDATE'S NAME: _____
PLEASE PRINT

TEMPERATURE: _____ PULSE: _____ RESPIRATIONS: _____

BLOOD PRESSURE: _____ / _____

URINARY OUTPUT: _____ml WEIGHT: _____lbs.

GLASS 1: _____
GLASS 2: _____
GLASS 3: _____
TOTAL FLUID INTAKE: _____ml

Feeding Task
FOOD INTAKE: _____%
FLUID INTAKE: _____ml

CANDIDATE'S SIGNATURE: _____

Skill Test Tasks

You will be assigned the following two multi-element tasks as your first two tasks:

- **Hand Washing with Blood Pressure**
- **Transferring from Bed to Wheelchair or Wheelchair to Bed with Temperature (oral or axillary), including Pulse and Respirations (TPR)**

You will also receive three (3) additional 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.

Skill Tasks Listing

To receive credit, you must actually perform and demonstrate every step during your skill test demonstration.

The steps listed for each task are required for a long-term care aide/home health aide-deemed (if the hours are completed) candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all tasks except perineal care, which will be done on a manikin. You will be scored only on the steps listed.

To pass the skill component of your competency evaluation, you must score **80%** on each task **without missing any key steps** (the **Bold** steps)**.** Steps marked with an ***** are weighted more than steps without an * when your percentage score is calculated.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be two multi-element tasks to start each Skill Test. The other tasks on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and an average length of time to complete.

The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-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 Oklahoma nurse aide skill test. They are not intended to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

Skill 1 - Hand Washing with Blood Pressure

(The first mandatory multi-element task.)

1) Properly greet the resident by name.
2) Introduce yourself to the resident.
3) Turn on water.
4) Wet hands.
5) Apply soap to hands.
6) Rub hands together using friction.
7) Interlace fingers pointing downward.
8) Wash all surfaces of hands and wrists with soap.
9) Wash around each nail bed.
10) Rub nails against the palm of the opposite hand.

11) Rinse hands thoroughly under running water with fingers pointed downward.
12) Dry hands on a clean paper towel(s).
13) Turn off the faucet with a SECOND (last) clean, dry paper towel or with a dry section of a previously used paper towel.
14) Discard paper towels into the trash container as used.
15) Do not re-contaminate hands at any point during the procedure.

PROCEED WITH BLOOD PRESSURE AS A COMPLETELY SEPARATE ELEMENT

16) Explain the procedure to the resident.
17) Provide for resident's privacy.
18) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
19) Roll the resident's sleeves up about 5 inches above the elbow.
20) Apply the cuff around the upper arm just above the elbow.
21) Clean the earpieces of the stethoscope appropriately and place them in the ears.
22) Clean the diaphragm of the stethoscope.
23) Locate the brachial artery by feeling the brachial pulse just above the bend of the elbow.
24) Place the stethoscope over the brachial artery.
25) Hold the stethoscope snugly in place.
26) Inflate the cuff until you can no longer hear the resident's brachial pulse and inflate an additional 30mmHG.
27) Slowly release air from the cuff to the disappearance of pulsations.
28) Remove the cuff.
29) Record blood pressure readings on the previously signed recording form.
30) The candidate's recorded systolic and diastolic blood pressure readings are within 4mmHG of the RN Test Observer's recorded blood pressure reading.
31) Use the appropriate equipment: a correct-size cuff, teaching stethoscope, 2 alcohol pads, recording form, and pencil/pen.
32) Identify that hands should be washed.
33) Maintain respectful, courteous interpersonal interactions at all times.
34) Leave the call light or signal calling device within easy reach of the resident.
35) Leave water within easy reach of the resident.

Skill 2 - Transfer from Bed to Wheelchair using a Gait Belt with Vital Signs: Temperature (Oral with/Digital Oral Thermometer), Pulse and Respirations (TPR)

(One of the possible second mandatory multi-element tasks.)

1. Identify that hands should be washed.
2. Explain the procedure to be performed to the resident and obtain a gait belt.
3. Position the wheelchair at the foot or head of the bed.
4. **Lock wheelchair brakes to ensure resident's safety.**
5. **Lock bed brakes to ensure resident's safety.**
6. Bring the resident to a sitting position using proper body mechanics.
7. Assist the resident in putting on non-skid slippers.
8. Place a gait belt around the resident, below the rib cage, and above the waist to stabilize the trunk.
9. Tighten the gait belt so that the fingers of your hand can be slipped between the gait belt and the resident.

10. Grasp the gait belt with both hands to stabilize the resident.
11. Bring the resident to a standing position using proper body mechanics.
12. Assist the resident to pivot and sit in a controlled manner that ensures safety.
13. Remove the gait belt.
14. Maintain respectful, courteous interpersonal interactions at all times during the transfer procedure.

PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT

14. Explain the procedure to the resident.
15. Provide for resident's privacy.
16. Identify that hands should be washed.
17. Put on one glove.
18. Correctly place the sheath on a thermometer.
19. Correctly turn on the digital oral thermometer.
20. Gently insert the bulb end of the thermometer in the resident's mouth under the tongue.
21. Hold the thermometer in place for the appropriate length of time.
22. Remove thermometer.
23. Read and record the temperature reading on the previously signed recording form.
24. **The candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.**
25. Discard the sheath appropriately.
26. Remove and dispose of the glove in an appropriate container.
27. Identify that hands should be washed.
28. Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
29. Count pulse for 60 seconds.
    a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
    b. The RN Test Observer counts at the same time using the resident's other side and taking all cues from the candidate.
30. Record the radial pulse on the previously signed recording form.
31. **The candidate's recorded radial pulse rate is within 4 beats of the RN Test Observer's recorded rate.**
32. Count respirations for 60 seconds.
    a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
    b. RN Test Observer counts at the same time, taking all cues from the candidate.
33. Record respiratory rate on the previously signed recording form.
34. **The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
35. Identify that hands should be washed.
36. Maintain respectful, courteous interpersonal interactions at all times during the TPR procedure.
37. Leave the call light or signal calling device within easy reach of the resident.
38. Leave water within easy reach of the resident.

Skill 3 - Transfer from Wheelchair to Bed using a Gait Belt with Vital Signs: Temperature (Axillary with/Digital Thermometer), Pulse and Respirations (TPR)

(One of the possible second mandatory multi-element tasks.)

1. Identify that hands should be washed.
2. Explain the procedure to the resident and obtain a gait belt.
3. Position the wheelchair at the foot or head of the bed.
4. **Lock wheelchair brakes to ensure resident's safety.**
5. **Lock bed brakes to ensure resident's safety.**
6. Place a gait belt around the resident, below the rib cage and above the waist, to stabilize the trunk.
7. Tighten the gait belt so that your fingers can be comfortably slipped between the gait belt and the resident.
8. Grasp the gait belt with both hands to stabilize the resident.
9. Bring the resident to a standing position using proper body mechanics.
10. Assist resident in pivoting and sitting on the bed in a controlled manner that ensures safety.
11. Remove gait belt.
12. Assist the resident in removing non-skid slippers.
13. Assist resident to move to the center of the bed, supporting extremities as necessary.
14. Make sure the resident is comfortable and in good body alignment.
15. Maintain respectful, courteous interpersonal interactions at all times during the transfer procedure.

PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT

16. Explain the procedure to the resident.
17. Provide for resident's privacy.
18. Dry the resident's inner armpit.
19. Correctly turn on the digital thermometer.
20. Place the thermometer in the center of the resident's axilla.
21. Hold the thermometer in place for the appropriate length of time.
22. Remove thermometer.
24. Read and record the temperature on the previously signed recording form.
25. **The candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.**
26. If a sheath is used, discard the sheath appropriately.
27. Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
28. Count pulse for 60 seconds.
    a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
    b. RN Test Observer counts at the same time using the resident's other side, taking all cues from the candidate.
29. Record pulse on the previously signed recording form.
30. **The candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded rate.**
31. Count respirations for 60 seconds.
    a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
    b. RN Test Observer counts at the same time, taking all cues from the candidate.

32. Record respiratory rate on the previously signed recording form.
33. **The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
34. Identify that hands should be washed.
35. Maintain respectful, courteous interpersonal interactions at all times during the TPR procedure.
36. Leave the call light or signal calling device within easy reach of the resident.
37. Leave water within easy reach of the resident.

Skill 4 - Ambulation with a Cane

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. **Lock bed brakes to ensure resident's safety.**
4. **Lock wheelchair brakes to ensure resident's safety.**
5. Bring the resident to a sitting position.
6. Assist the resident in putting on non-skid slippers.
7. Position the cane.
8. Assist resident to stand and stabilize cane.
9. **Ensure the resident has stabilized the cane in their unaffected hand.**
10. Position yourself behind and slightly to the side of the resident.
11. Safely ambulate the resident at least 10 steps to a wheelchair.
12. **Assist the resident in pivoting on their unaffected side.**
13. Assist resident to sit using correct body mechanics.
14. Identify that hands should be washed.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Leave the call light or signal calling device within easy reach of the resident.
17. Leave water within easy reach of the resident.

Skill 5 - Ambulation with a Gait Belt

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Obtain gait belt.
4. Lower bed to lowest position.
5. **Lock bed brakes to ensure resident's safety.**
6. **Lock wheelchair brakes to ensure resident's safety.**
7. Bring the resident to a sitting position.
8. Place a gait belt around the resident, below the rib cage and above the waist, to stabilize the trunk.
9. Tighten the gait belt so that your fingers can be comfortably slipped between the gait belt and the resident.
10. Assist the resident in putting on non-skid slippers.
11. Bring the resident to a standing position, using proper body mechanics.
12. With one hand grasping the gait belt and the other stabilizing the resident by holding the forearm or shoulder or using other appropriate methods to stabilize, ambulate the resident at least 10 steps to the wheelchair.
13. Assist the resident to pivot and sit in a controlled manner that ensures safety.
14. Remove gait belt.
15. Identify that hands should be washed.

16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave the call light or signaling device within easy reach of the resident.
18. Leave water within easy reach of the resident.

Skill 6 - Ambulation with a Walker

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. **Lock bed wheels to ensure resident's safety.**
4. **Lock wheelchair brakes to ensure resident's safety.**
5. Bring the resident to a sitting position.
6. Assist the resident in putting on non-skid slippers.
7. Position walker.
8. Assist the resident in standing, stabilizing the walker, and ensuring the resident has stabilized the walker.
9. Position yourself behind and slightly to the side of the resident.
10. Safely ambulate the resident at least 10 steps to a wheelchair.
11. Assist resident in pivoting and sitting, using correct body mechanics.
12. Identify that hands should be washed.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Leave the call light or signaling device within easy reach of the resident.
15. Leave water within easy reach of the resident.

Skill 7 - Bed Bath – Eyes, Face, Arm, Hand and Underarm

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Raise the bed to an appropriate working height.
4. Cover the resident with a bath blanket.
5. Remove top bed linens. Fanfold to resident’s waist.
6. Remove the resident's gown without exposing the resident.
7. Fill a basin with comfortably warm water.
8. Use a clean, wet washcloth (without soap) and wipe each eye gently from the inner to the outer using a clean section of the washcloth with each stroke.
9. Wash the resident’s face WITHOUT SOAP.
10. Dry the resident’s face.
11. Place a towel under the resident’s arm, exposing one arm.
12. Wash the resident’s arm, hand, and underarm using soap and water.
13. Rinse the resident’s arm, hand, and underarm.
14. Dry the resident’s arm, hand, and underarm.
15. Assist the resident in putting on a clean gown.
16. Properly clean and store all equipment used.
17. Place soiled linen in an appropriate container.
18. Lower bed.
19. Identify that hands should be washed.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave the call light or signaling device within easy reach of the resident.
22. Leave water within easy reach of the resident.

Skill 8 - Bedpan and Output

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Put on gloves.
5. Position resident on bedpan correctly.
6. Position resident on bedpan using correct body mechanics.
7. Raise the head of the bed to a comfortable level.
8. Leave tissue within reach of the resident.
9. Leave the call light within reach of the resident.
10. Step away to a private area of the room.
11. When signaled by the RN Test Observer, the Candidate returns.
12. Gently remove the bedpan and hold while the RN Test Observer adds a known quantity of fluid.
13. Pour the bedpan contents into a graduate.
14. Measure ouput.
15. Empty and clean the bedpan and graduate.
16. Remove and dispose of gloves in an appropriate container.
17. Wash/assist the resident in washing and drying hands.
18. Record output on the previously signed recording form. (*)
19. **The candidate's recorded output is within 30 mls of the RN Test Observer's reading.**
20. Lower the bed.
21. Identify that hands should be washed.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Leave the call light or signaling device within reach of the resident.
24. Leave water within easy reach of the resident.

Skill 9 - Denture Care

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Line sink with a protective lining (towel or washcloth – *NO PAPER TOWELS*) that would help prevent damage to the dentures.
4. Put on gloves.
5. Remove dentures from the denture cup.
6. Handle dentures carefully to avoid damage.
7. Apply toothpaste to a denture brush/toothbrush.
8. Thoroughly brush dentures, including the inner, outer, and chewing surfaces of upper and/or lower dentures.
   NOTE: Toothettes may be utilized instead of a toothbrush as long as all of the surfaces listed are cleaned.
9. Rinse dentures using clean, cool water.
10. Place dentures in rinsed cup.
11. Add cool, clean water to the denture cup.
12. Clean equipment and return to storage.
13. Remove the protective lining and place it in an appropriate container.
14. Remove gloves and dispose of gloves in an appropriate container.
15. Identify that hands should be washed.

16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave the call light or signaling device within easy reach of the resident.
18. Leave water within easy reach of the resident.

Skill 10 - Dressing a Resident

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Keep the resident covered while removing the gown.
5. Remove the gown from the unaffected side first.
6. Place the soiled gown in the laundry hamper.
7. When dressing the resident in a shirt or blouse, the Candidate inserts their hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the affected side first. (*)
8. When dressing the resident in pants, the Candidate assists the resident in raising their buttocks or rocks the resident from side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the affected side first. (*)
9. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth.
10. Leave the resident comfortably and properly dressed.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave the call light or signaling device within easy reach of the resident.
14. Leave water within easy reach of the resident.

Skill 11 - Feeding a Dependent Resident

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Look at the diet card and indicate that the resident has received the correct tray.
4. **Position the resident in an upright position. At least 45 degrees.**
5. Protect clothing from soiling by using a napkin, bib, or towel.
6. Wash and dry the resident's hands *before* feeding.
7. Discard soiled linen appropriately.
8. Sit down facing the resident while feeding the resident.
9. Describe the foods being offered to the resident.
10. Offer fluid frequently.
11. Offer food in small amounts at a reasonable rate, allowing the resident to chew and swallow.
12. Wipe the resident's hands and face during the meal as needed.
13. Leave the resident clean and in a position of comfort.
14. Record intake in the percentage of total solid food eaten on a previously signed recording form. (*)
15. Record intake of fluid in mls on the previously signed recording form. (*)
16. **The candidate's consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake consumed.**
17. **The candidate's recorded total consumed fluid intake is within 60 mls of the RN Test Observer's recorded fluid intake consumed.**
18. Identify that hands should be washed.

19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave the call light or signaling device within easy reach of the resident.
21. Leave water within easy reach of the resident.

Skill 12 - Fluid Intake

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Observe the dinner tray.
4. Use a pad, pencil, and/or RN Test Observer-provided calculator to arrive at the number of mls consumed.
5. Decide on mls of fluid consumed from each container.
6. Calculate the grand total fluid mls consumed from the three containers.
7. Record the total fluid consumed on the previously signed recording form. (*)
8. **The candidate's total documented fluid consumed must be within 30mls of the required range.**
9. Leave the call light or signaling device within easy reach of the resident.
10. Leave water within easy reach of the resident.
11. Maintain respectful, courteous interpersonal interactions at all times.
12. Identify that hands should be washed.

Skill 13 - Hair Care

1. Identifies that hands should be washed.
2. Explain the procedure to the resident.
3. Ask the resident how they would like their hair combed/brushed.
4. Comb/brush the resident's hair gently and completely.
5. Leave the resident's hair neatly brushed/combed/styled.
6. Identify that hands should be washed.
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leave the call light or signal calling device within easy reach of the resident.
9. Leave water within easy reach of the resident.

Skill 14 - Making an Occupied Bed

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over the back of the chair.
5. Explain the procedure to the resident.
6. Provide for resident's privacy.
7. **Raise the side rail opposite the working side of the bed.**
8. Raise the bed to an appropriate working height.
9. Resident is to remain covered at all times.
10. Assist resident to roll onto side toward raised side rail. The side rail remains up on the side opposite the candidate.
11. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
12. Place a clean bottom sheet along the center of the bed and roll or fan-fold linen against the resident's back, and unfold the remaining half.
13. Secure two fitted corners.

14. Raise the second side rail.
15. Assist the resident in rolling over the bottom linen, preventing trauma and avoiding pain.
16. Remove soiled linen without shaking.
17. Do not place the dirty linen on the overbed table, chair, or floor.
18. Avoid touching linen to uniform.
19. Place the soiled linen in an appropriate container (laundry hamper).
20. Pull through and smooth out the clean bottom linen.
21. Secure the other two fitted corners.
22. Place clean top linen and blanket or bedspread over the covered resident.
23. Remove used linen, keeping resident unexposed at all times.
24. Tuck in top linen and blanket or bedspread at the foot of the bed.
25. Make mitered corners at the foot of the bed.
26. Apply a clean pillow case with zippers and/or tags to the inside.
27. Gently lift the resident's head while replacing the pillow.
28. Lower the bed.
29. Return the side rails to the original position. (*)
30. Identify that hands should be washed.
31. Maintain respectful, courteous interpersonal interactions at all times.
32. Leave the call light or signaling device within easy reach of the resident.
33. Leave water within easy reach of the resident.

Skill 15 - Making an Unoccupied Bed

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over the back of the chair.
5. Raise the bed to an appropriate working height.
6. Remove soiled linen from the bed without contaminating your uniform.
7. Place removed linen in a laundry hamper.
8. **Do not place the dirty linen on the overbed table, chair, or floor.**
9. Apply the bottom fitted sheet, keeping it straight and centered.
10. Make the bottom linen smooth and/or tight, free of wrinkles.
11. Place clean top linen and blanket or bedspread on the bed.
12. Tuck in top linen and blanket or bedspread at the foot of the bed.
13. Make mitered corners at the foot of the bed.
14. Apply a clean pillowcase with zippers and/or tags to the inside of the pillowcase.
15. Leave the bed completely and neatly made.
16. Return the bed to the lowest position.
17. Identify that hands should be washed.

Skill 16 - Mouth Care: Brushing Teeth

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Drape the chest with a towel to prevent soiling.

5. Put on gloves.
6. Apply toothpaste to toothbrush.
7. **Brush the resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. Toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed above are cleaned.**
8. Clean the resident's tongue.
9. Assist the resident in rinsing their mouth.
10. Wipe the resident's mouth.
11. Remove soiled linen.
12. Place soiled linen in a laundry hamper.
13. Empty the emesis basin.
14. Clean the emesis basin.
15. Rinse toothbrush.
16. Return the emesis basin and toothbrush to storage.
17. Removes gloves and disposes of them properly.
18. Leave the resident in a position of comfort.
19. Identify that hands should be washed.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave the call light or signaling device within easy reach of the resident.
22. Leave water within easy reach of the resident.

Skill 17 - Mouth Care for a Comatose Resident

1. Identify that hands should be washed.
2. Explain the procedure to the comatose resident.
3. Provide for resident's privacy.
4. **Position resident upright, as appropriate, to avoid choking or aspiration –OR– position resident on the side with head turned well to one side to avoid choking or aspiration.**
5. Drape chest/bed as needed to protect from soiling.
6. Put on gloves.
7. Use a swab and/or toothbrush and cleaning solution.
8. Gently *and* thoroughly clean the inner, outer, and chewing surfaces of ALL upper and lower teeth.
9. Gently *and* thoroughly clean the resident's gums and tongue.
10. Clean and dry the resident's face.
11. Return the resident to a position of comfort and safety.
12. Clean and replace equipment.
13. Discard disposable items in a trash container.
14. Place the soiled towel and washcloth in a linen hamper.
15. Remove gloves and dispose of them properly.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.

Skill 18 - Nail Care

1. Identify that hands should be washed.
2. Explain the procedure to the resident.

3. Immerse the resident's nails in comfortably warm, soapy water and soak for at least five (5) minutes.
   a. The five minutes may be verbalized by the candidate and acknowledged by the RN Test Observer.
4. Gently clean under nails with an orange stick.
5. Dry the resident's hands thoroughly, being careful to dry between their fingers.
6. Gently push the cuticle back with a washcloth.
7. File each fingernail.
8. Clean equipment.
9. Return equipment to storage.
10. Place soiled linen in a linen hamper.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave the call light or signaling device within easy reach of the resident.
14. Leave water within easy reach of the resident.

Skill 19 - Perineal Care for a Female

[DEMONSTRATED ON A MANIKIN]

1. Identify that hands should be washed.
2. Explain the procedure to the resident. (manikin)
3. Raise the bed to an appropriate working height.
4. Fill a basin with comfortably warm water.
5. Raise the side rail opposite the working side of the bed. (*)
6. Turn the resident toward the raised side rail or raise the resident's hips and place a waterproof pad under the resident's buttocks.
7. Put on gloves.
8. Expose the resident's perineum only.
9. Separate the resident's labia.
10. Use water and a soapy washcloth.
11. Clean one side of the labia from top to bottom. (*)
12. Use a clean portion of a washcloth with each stroke.
13. Rinse the area.
14. Dry the area.
15. In like manner, clean the other side of the labia from top to bottom using a clean portion of a washcloth with each stroke. (*)
16. Cover the exposed area with the bath blanket.
17. Assist the resident in turning onto their side away from yourself.
18. Use a clean washcloth with water and soap.
19. Clean the resident's rectal area.
20. Clean the area from the vagina to the rectal area with single strokes. (*)
21. Rinse area.
22. Dry area.
23. Position resident (manikin) on their back.
24. Turn the resident toward the raised side rail or raise the resident's hips and remove the waterproof pad from under the resident's buttocks.
25. Place soiled linen in an appropriate container (laundry hamper or equivalent).
26. Clean equipment.

27. Return the equipment to storage.
28. Remove the gloves and dispose of them in an appropriate container.
29. Lower the bed.
30. Lower side rail. (*)
31. Identify that hands should be washed.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Leave the call light or signaling device within easy reach of the manikin/resident.
34. Leave water within easy reach of the manikin/resident.

Skill 20 - Position Resident on their Side in Bed

1. Identify that hands should be washed.
2. Explain the procedure to the resident and how the resident may help.
3. Position the bed flat.
4. Raise the bed to an appropriate working height.
5. **Ensure that the resident's face never becomes obstructed by the pillow.**
6. **Raise the side rail opposite the working side of the bed.**
7. From the working side—move the resident's upper body toward yourself.
8. Move the resident's hips toward yourself.
9. Move the resident's legs toward yourself.
10. Assist/turn resident onto their side.
11. Check to be sure the resident is not lying on their downside arm.
12. Maintain correct body alignment**.**
13. Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences under the resident's head, under the upside arm, behind the back, and between knees. (*)
14. Lower the bed.
15. Lower the side rail. (*)
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave the call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

Skill 21 - Range of Motion Hip and Knee

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Position resident supine and in good body alignment.
5. Correctly support joints at all times by placing one hand under the knee and the other hand under the heel.
6. Move the entire leg away from the body. (abduction)
7. Move the entire leg back toward the body. (adduction)
8. Complete abduction and adduction of the hip three times.
9. Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's heel.
10. Bend the resident's knee and hip toward the resident's trunk (flexion of hip and knee at the same time).
11. Straighten the knee and hip (extension of knee and hip at the same time).

12. Complete flexion and extension of knee and hip three times.
13. **Ask the resident if causing any discomfort or pain sometime during the ROM procedure.**
14. Do not force any joint beyond the point of free movement.
15. Leave the resident in a comfortable position.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave the call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

Skill 22 - Range of Motion One Shoulder

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Position resident on their back in good body alignment.
4. Correctly support the resident's joint by placing one hand under the resident's elbow and the other hand under the resident's wrist.
5. Raise the resident's arm up and over the resident's head. (flexion)
6. Bring the resident's arm back down to the resident's side. (extension)
7. Complete the full range of motion for the shoulder through flexion and extension three times.
8. Continue to correctly support the resident's joint by placing one hand under the resident's elbow and the other hand under the resident's wrist.
9. Move the resident's entire arm out away from the body. (abduction)
10. Return the resident's arm to the side of the resident's body. (adduction)
11. Complete the full range of motion for the shoulder through abduction and adduction three times.
12. **Ask the resident if causing any discomfort or pain sometime during the ROM procedure.**
13. Do not force any joint beyond the point of free movement.
14. Leave the resident in a comfortable position.
15. Identify that hands should be washed.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave the call light or signaling device within easy reach of the resident.
18. Leave water within easy reach of the resident.

Skill 23 - Weighing an Ambulatory Resident

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. **Check the balance of the scale before weighing the resident and balance or zero as necessary.**
   NOTE: A digital scale is not allowed. The scale must be analog or balance scale.
4. **Lock the wheelchair brakes to ensure the resident's safety.**
5. Assist the resident to stand and walk them to the scale.
6. Assist the resident in stepping on the scale.
7. Check that the resident is balanced and centered on the scale with arms at the side and not holding on to anything that would alter the reading of the weight.
8. Appropriately adjust weights until the scale is in balance or read the analog scale.
9. Safely return resident to wheelchair and assist to sitting position.
10. Record weight on the previously signed recording form. (*)
11. **The candidate's recorded weight varies no more than 2 lb. from the RN Test Observer's reading.**

12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave the call light or signaling device within easy reach of the resident.
14. Leave water within easy reach of the resident.

Knowledge Test Vocabulary List

abdominal thrust
abduction
abduction pillow
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute
adaptive devices
addiction
adduction
ADL
admitting client
advance directives
affected side
aging
aging process
agitation
AIDS
Alzheimer's
ambulation
anger
anorexia
anterior
antibacterial
antibiotics
antiembolitic
anxiety
aphasia
apical
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
autism
axillary temperature
back strain
bacteria
bargaining
basic needs
bath water temperature
bathing
bed height
bed making
bed position
bedrest
behavioral care plan
BID
biohazard
bipolar disorder
bladder training
bleeding
blindness
blood pressure
body alignment
body language
body mechanics
body systems
body temperature
bowel program
breathing
burnout
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataracts
catheter
catheter care
cc's in an ounce
central nervous system

cerebral vascular accident
chemotherapy
chest pain
CHF
choking
chronic
circulation
clarification
clear liquid diet
client abuse
client identification
client independence
client pain
client rights
client treatment
client trust
client's chart
client's environment
client's families
cognitively impaired
cold application
colostomy
combative client
comfort care
communicable
communication
compensation
competency evaluation program
confidentiality
confused client
congestive heart failure
constipation

constrict
contracture
converting measures
COPD
cueing
cultural
CVA
cyanosis
cyanotic
death and dying
decubitus ulcer
deeper tissue
defense mechanism
dehydration
delegation
delusions
dementia
denial
denture care
dentures
depression
diabetes
dialysis
diarrhea
diastolic
diet
digestion
dirty linen
disease
disinfection
disoriented
disposing of contaminated materials
disrespectful treatment

dizziness
DNR
documentation
dressing
drug tolerance
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
elevate head
elimination
emesis basin
emotional labiality
emotional needs
emotional stress
emotional support
empathy
emphysema
endocrine system
enteral nutrition
ethics
exercise
extension
extremity
eye glasses
falls
false imprisonment
fecal impaction
feces
feeding
financial abuse

fire
flatus
flexed
flexion
Foley catheter
foot board
foot care
Fowler's position
fractures
fraud
frequent urination
gait belt
gastric feedings
gastrostomy tube
gerontology
glass thermometer
gloves
grand mal seizure
grieving process
guardian
hair care
hallucination
hand tremors
hand washing
health-care team
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
heat application
Heimlich maneuver
hereditary
hip prosthesis

HIPAA
HIV
holistic care
home health aide's role
hormones
hospice
hospice care
Huntington's
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O
ice bag
immobility
immune
impaired
impairment
incident report
incontinence
indwelling catheter
infection
infection control
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
IV care

jaundice
job application
job description
lift/draw sheet
linen
liquid diet
liquid food
listening
living will
log roll
low sodium diet
macular degeneration
making occupied bed
male perineal care
manipulative behavior
mask
Maslow
masturbation
mechanical lift
mechanical soft diet
medications
memory loss
mental health
mentally impaired
metastasis
microorganisms
military time
minerals
misappropriation of property
mistreatment
mouth care
moving
mucous membrane

multiple sclerosis
muscle spasms
musculoskeletal
myocardial infarction
nail care
nasal cannula
nausea
needles
neglect
nonverbal communication
nosocomial
NPO
nurse
nutrition
objective
objective data
OBRA
observation
obsessive compulsive
occupied bed
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoarthritis
osteoporosis
overbed table
oxygen
oxygen use
pain
palliative care
paralysis
paranoia
paraphrasing
Parkinson's
partial assistance
partial bath
passive
patience
perineal care
peripheral vascular disease
peristalsis
personal care
personal items
personal stress
petit mal seizure
phantom pain
physical needs
physician's authority
plaque
plate rim
pleura
positioning
post-surgical care
postural hypotension
PPE
pressure ulcers
preventing falls
prioritizing
privacy
PRN
progressive
projection
prone
prosthesis
protective equipment
psychological needs
psychosis
PTSD
pulmonary disease
pulse
quadriplegia
RACE (acronym)
radial
ramps
range of motion
rationalization
reality orientation
rectal
rehabilitation
reminiscing
reporting
reporting abuse
reposition
respectful treatment
respirations
respiratory symptoms
responding to client behavior
responsibilities
restorative care
restraint
restraints
resuscitation
rights
rigor mortis
risk factor

- safety
- secretions
- seizure
- self-esteem
- semi-prone position
- sensory system
- sexual abuse
- sexual needs
- sexuality
- shampoo tray
- sharps container
- shaving
- shearing of skin
- shock
- simple fracture
- skin integrity
- slander
- sleep
- smoking
- social needs
- social worker
- soiled linen
- spiritual needs
- sputum
- standard precautions
- stethoscope
- stress
- stroke
- strong side
- subjective
- subjective data
- sundowning
- supine
- supplemental feedings
- swelling
- systolic
- tachycardia
- TED hose
- telephone etiquette
- tendons
- terminal illness
- thick fluids
- thickened liquids
- TIA
- tips
- trachea
- tracheostomy
- transfer belt
- transfers
- treating clients with respect
- tub bath
- tube feeding
- tuberculosis
- twice daily
- tympanic
- unaffected
- unconscious
- unsteady
- urethral
- urinary catheter bag
- urinary problems
- urinary system
- urination
- urine
- UTI
- validation therapy
- varicose veins
- vision change
- vital signs
- vitamins
- vocabulary
- vomitus
- walker
- water faucets
- water intake
- water temperature
- waterless hand soap
- weak side
- weighing
- weight
- well balanced meal
- wheelchair safety
- white blood cells
- workplace violence

Notes: