

Nurse Aide Written Test Content Outline

Written (Knowledge) Test Content Outline

60 questions—90 minute time limit

The following outline gives an overview of the content of Written Test. The test will include questions on the subjects contained in this outline.

I. Role of the Nurse Aide - 18%

- A. Personal responsibility
 - 1. Reporting requirements
 - a. Chain of command
 - b. Legal obligation to report incidents and observations to the licensed nurse
 - c. Elements included in reporting
 - d. Legalities related to documentation
 - e. Common healthcare terminology and abbreviations
 - f. Factors affecting routine versus urgent reporting
 - 2. Promotion of personal health and safety
 - a. Principles of body mechanics
 - b. Injury prevention
 - c. Self-care (e.g., stress management, nutrition, sleep, exercise)
 - 3. Promotion and protection of resident rights
 - a. Resident rights (e.g., confidentiality [HIPAA], privacy, self-determination, self-expression, fair treatment, freedom from abuse and neglect)
 - b. Responsibility for recognizing and reporting violations
 - c. Resident abuse: types, signs, reporting requirements, risk factors, and prevention
 - d. Diversity in the workplace (e.g., cultural, religious, sexual, economic)
 - e. Grievance and dispute resolution techniques
 - f. Resident personal property maintenance and care
 - 4. Time management and work prioritization
 - 5. Workplace standards, including ethical and unethical behaviors
 - 6. Nurse Aide Registry
 - a. Certification maintenance procedures
 - b. Legal ramifications of abuse, neglect and/or misappropriation of property
 - c. Employer's responsibilities prior to hiring (e.g., background check, references, registry status)
- B. Nurse aide as a member of the health care team
 - 1. Job responsibilities of the nurse aide, including duties and limitations
 - 2. Interdisciplinary team member roles
 - 3. Teamwork principles (e.g., collaboration, cooperation, sharing information, customer service)

- 4. The care planning process and implementation
- 5. Nurse aide's responsibility to provide care according to the care plan
- C. Interpersonal relations/communication skills
 - 1. Communication principles
 - 2. Communication types
 - 3. Factors affecting communication
 - 4. Therapeutic communication techniques

II. Promotion of Safety - 18%

- A. Potential hazards in the healthcare environment
- B. Common injuries of residents (e.g., skin tears and shearing, falls, spills, burns, bruises)
- C. Risks related to common injuries
- D. Safety and comfort
 - 1. Comfort needs of the resident
 - 2. Accident prevention including fall prevention protocols
 - 3. Restraint techniques and alternatives
 - 4. Legal implications in the use of restraints
 - 5. Risk factors for elopement (resident leaving without staff knowledge)
- E. Safety devices (e.g., wanderguard, alarms)
- F. Infection prevention and control
 - 1. Maintaining a clean environment
 - 2. Factors that contribute to spread of disease-causing organisms
 - 3. Signs and symptoms of infections
 - 4. Practices that decrease the risk of exposure to disease-causing organisms
 - a. Standard precautions
 - b. Transmission-based precautions
 - c. Personal protective equipment (PPE)
- G. Emergencies
 - 1. Emergency and disaster response protocols
 - 2. Immediate life-safety techniques
 - 3. Evacuation procedures
- H. Fire prevention and safety

III. Promotion of Function and Health of Residents - 24%

- A. Personal care skills
 - 1. Feeding
 - 2. Bathing
 - 3. Perineal care, including catheter
 - 4. Foot/nail care
 - 5. Mouth care
 - 6. Skin care
 - 7. Toileting
 - 8. Grooming
 - 9. Dressing/undressing
- B. Health maintenance/restoration
 - 1. Promoting circulation and skin integrity (e.g., specialized mattresses, chair cushions, positioning)
 - 2. Nutrition and hydration
 - a. Basic nutritional and hydration needs

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- b. Factors affecting dietary preferences (e.g., culture, religion)
- c. Factors affecting dietary intake (e.g., age related changes, condition of the mouth, ability to swallow)
- d. Specialized nutrition and hydration care (e.g., therapeutic diet, altered consistency)
- 3. Sleep and rest needs
- 4. Elimination (bowel and bladder)
 - a. Normal elimination patterns
 - b. Promoting elimination
 - c. Bowel and bladder training principles
- 5. Mobility, including bed mobility
 - a. Promoting mobility and proper positioning
 - b. Promoting function, including prosthetic and orthotic devices
 - c. Safe transfer techniques
 - d. Devices that promote mobility (e.g., braces, walkers, wheelchairs, gait belt, trapeze)
 - e. Range of motion techniques
- 6. Effects of immobility
 - a. Circulation and skin integrity
 - b. Elimination (bowel and bladder)
 - c. Sleep and rest patterns/needs
 - d. Self-image
 - e. Strength and endurance
 - f. Activity tolerance
 - g. Comfort
- 7. Care and use of assistive devices
- C. Age-related changes
 - 1. Cognitive (e.g., memory) changes
 - 2. Psychosocial (e.g., relationships) changes
 - 3. Physical changes
- D. Psychosocial needs of residents
 - 1. Fundamental human needs (e.g., Maslow's Hierarchy of Needs)
 - 2. Emotional support strategies
 - 3. Intervention strategies to assist residents in coping with losses and adjustments to nursing home placement (e.g., control, autonomy, privacy)

IV. Basic Nursing Care Provided by the Nurse Aide - 26%

- A. Routine, chronic, non-life threatening situations
 - 1. Observation and reporting of physical changes
 - a. Basic anatomy and functions of body systems
 - b. Characteristics of body functions observable by nurse aide (e.g., vital signs, height, weight, skin integrity, elimination, circulation, dietary intake, mobility, alignment)
 - 2. Observation and reporting of behavioral changes
 - a. Mental status changes (e.g., confusion)
 - b. Reality orientation/validation techniques
 - c. Emotional stress (e.g., crying, agitation, demanding-aggressive communication)

- d. Mood status changes (e.g., anxiety, fear, sadness)
- e. Defense mechanisms (e.g., denial, withdrawal, projection, blaming)
- B. Acute emergency situations
 - 1. Chest pain
 - 2. Cardiac arrest
 - 3. Respiratory distress
 - 4. Difficulty swallowing
 - 5. Choking/aspirations
 - 6. Vomiting
 - 7. Seizures
 - 8. Changes in mobility, speech, or other potential signs of stroke
 - 9. Diabetic situations
 - 10. Sudden onset of confusion or agitation
 - 11. Changes in level of consciousness
 - 12. Falls
 - 13. Bleeding
 - 14. Burns

V. Providing Specialized Care for Residents with Changes in Health - 14 %

- A. Physical problems
 - 1. Common physical impairments and related care
 - a. Sensory impairment (e.g., hearing, vision, feeling [touch])
 - b. Speech impairment
 - c. Changes in mobility, including paralysis
 - d. Changes in elimination (e.g., incontinence, constipation, diarrhea, colostomy, catheters)
 - e. Changes in nutritional needs (e.g., dietary restrictions, nausea, vomiting, tube feedings, IVs)
 - f. Respiratory problems, including care of resident using oxygen
 - g. Changes in skin integrity (e.g., pressure ulcers)
 - h. Pain management
 - 2. Providing for safety, care, and comfort of residents with physical impairments
 - 3. Impact of impairment on resident safety, care, and comfort
- B. Psychological problems
 - 1. Common psychological impairments and related care (e.g., confusion, anxiety, depression, delirium, phobias, addiction)
 - 2. Special considerations for the safety, care, and comfort of residents with psychological impairments
- C. Care of the dying resident and post-mortem care
 - 1. Grief process
 - 2. Responding to the emotional needs of the resident, other residents, family and caregivers in the grief process
 - 3. Factors influencing responses to grief (e.g., spiritual beliefs, culture, past experience)
 - 4. Physical changes and needs as death approaches
 - 5. Post-mortem care procedures