

Nursing

*STNA
State Tested Nursing Assistant Exam*



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Question: 1

When caring for a patient with diarrhea, which of the following should be recorded in the patient's chart?

- A. Odor of the stool
- B. Types and amounts of fluids the patient is drinking
- C. Number of stools
- D. All of the above

Answer: D

Explanation:

When caring for a patient with diarrhea, it is important to note all of the information in the answer choices in the patient's chart, as it can be vitally important to the care and treatment plan for the patient. Additionally, the doctor will need the information to gauge the severity of the diarrhea and dehydration. The nurse aide should also note how much fluid is passed with each stool and how often the patient is having episodes of diarrhea.

Question: 2

How often should a patient who is lying on an egg crate or an inflatable mattress be turned?

- A. Never - patients shouldn't be turned when they are lying on inflatable mattresses.
- B. Every 12 hours
- C. Every 6 hours
- D. Every 2 hours

Answer: D

Explanation:

Unless the patient is on a special bed that is designed to be used without turning, the patient should always be turned every two hours. Simply adding an egg crate or inflatable mattress to the existing bed is not enough to eliminate or reduce the need to turn the patient. An egg crate can help reduce the pressure on the patient's skin and bony prominences, but the patient should still be turned every two hours.

Question: 3

Which of the following is NOT an intervention a nurse aide can use to manage edema?

- A. Elevate the affected extremity
- B. Use ice or a cold pack to reduce swelling
- C. Massage the affected extremity using lotion
- D. Encourage activity or use range of motion exercises

Answer: B

Explanation:

True edema is usually a result of poor circulation, so using an ice or cold pack would be of little use in managing it. Useful interventions help stimulate blood flow and blood return. Elevating the extremity will help promote lymphatic drainage and venous return to minimize edema. Movement through ambulation, massage, or range of motion exercises are also great ways to treat and minimize edema.

Question: 4

A patient with a shuffling gait, difficulty swallowing and speaking, and short-term memory loss MOST likely has which of the following?

- A. Alzheimer's disease
- B. Dementia
- C. Parkinson's disease
- D. Sundowner's syndrome

Answer: C

Explanation:

All of these symptoms are signs of Parkinson's disease. Alzheimer's disease, dementia, and Sundowners syndrome all produce similar symptoms, which include confusion, agitation, and wandering. A shuffling gait, though, is the hallmark symptom of Parkinson's disease. A patient with Parkinson's needs special help with ambulation because their gait is so unsteady, and with eating because they frequently have difficulty swallowing their food.

Question: 5

A nurse aide is caring for a patient with Sundowner's syndrome. Which of the following symptoms should he be especially aware of?

- A. Worsening confusion at night
- B. Risk falls
- C. Aggression
- D. Difficulty swallowing

Answer: A

Explanation:

Patients with Sundowner's syndrome typically have worsening confusion at night. They may become agitated and wander off the unit. During the day, patients with Sundowner's typically aren't as confused. Possible interventions include checking on and reorienting the patient frequently, and preventing day time sleep so that it is easier for the patient to sleep at night. A patient with Sundowner's may also be at risk for falls or aggression or have difficulty swallowing. but these symptoms are secondary to the confusion they experience at night.

Question: 6

What is one technique a nurse aide can use to help a patient with aphasia?

- A. Providing a time limit for the patient to respond
- B. Speaking for the patient
- C. Using a picture or letter board
- D. Giving the patient a pen

Answer: C

Explanation:

Aphasia is an acquired inability to understand language and express oneself through speech. Patients with aphasia have different levels of ability, and should be approached with patience. Setting a time limit and speaking for the patient are not productive or helpful in terms of helping the patient relearn these skills. A pen and paper may be helpful in some situations, but many patients aren't able to read or write as a result of their aphasia. A picture or letter board is a universal method of communication, and offers an easy way to communicate because it is so simple to use.

Question: 7

A nurse aide is caring for a patient who is becoming agitated. How should she speak to the patient?

- A. In an assertive and confident manner
- B. Not at all; the patient's family members or other staff should interact with the patient
- C. She should not acknowledge the inappropriate behavior and carry on as normal
- D. Calmly and clearly, while attempting to determine why the patient is agitated

Answer: D

Explanation:

Patients may become agitated for any number of reasons. They might be in pain or be uncomfortable. They could be hungry, thirsty, have to go to the bathroom, or even be bored or scared. Understanding what is causing someone's agitation is the best way to relieve it. The nurse aide should continue to interact with the patient in a calm, clear, and professional manner. She may need to set boundaries as necessary, especially if the behavior persists.

Question: 8

Hospice care is appropriate for which of the following?

- A. Patients who are expected to live less than three months
- B. Patients who are expected to live less than six months
- C. Patients who are actively dying
- D. Patients who have been diagnosed with a terminal disease, regardless of their clinical condition

Answer: B

Explanation:

Hospice care is appropriate for patients who are expected to live less than six months.

Patients who are transferred into hospice care typically sign a DNR order and are treated using pain relief measures.

Question: 9

Which of the following answer choices correctly lists the five stages of grief in order of their expected occurrence?

- A. Denial, anger, bargaining, depression, acceptance
- B. Anger, denial, depression, bargaining, acceptance
- C. Depression, denial, anger, bargaining, acceptance
- D. Bargaining, denial, anger, depression, acceptance

Answer: A

Explanation:

The first stage of grief is denial that the event happened or is going to happen. Following that is anger at the situation or people involved. Next is bargaining, in which the sufferer bargains with God (I'll do..... if you make this go away). Depression follows as the person starts to deal with their grief. Finally, the patient begins to accept what has happened and can start to move forward. It's important to keep in mind that not everyone goes through the same steps in a linear and straightforward manner. It's not uncommon for someone to progress through one stage quickly and then get held up at a subsequent stage or even regress back to a prior stage.

Question: 10

Unless otherwise ordered, how often should a nurse aide record the vital signs of a patient who is actively dying? The patient has a signed DNR order in place.

- A. Every 5 minutes
- B. Every 15 minutes

-
- C. Every hour
 - D. Never

Answer: D

Explanation:

Generally speaking, the nurse aide should never record the vital signs of a patient with a DNR order in place who is actively dying. The clinical staff, including the nurse aide, should do everything in their power to make the patient and their family comfortable. The family may want the extra time with their loved one without being interrupted. Additionally, the act of having their vital signs taken may cause pain or discomfort for the patient, both of which should be avoided if possible. If, however, the physician has ordered otherwise, the nurse aide should defer to the wishes of the physician and nurse.

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