



**D&S Diversified Technologies LLP**

**Headmaster LLP**

# Montana Nurse Aide Candidate Handbook

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*EFFECTIVE: December 26, 2023*

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Version 5

**December 26, 2023**

Updated to reflect the transition to TestMaster Universe (TMU©).

## Contact Information

<p><b>Questions regarding:</b> testing process • test scheduling • eligibility to test          ..... (800) 393-8664</p> <p><b>Questions regarding:</b> obtaining information on official regulations and guidelines for nurse aides • nurse aide certification • Montana Nurse Aide Registry          ..... (406) 444-4980</p>		
<p><b>D&amp;SDT-Headmaster, LLP</b>          PO Box 6609          Helena, MT 59604-6609          Email: <a href="mailto:montana@hdmaster.com">montana@hdmaster.com</a>          Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a>          Montana Nurse Aide TMU©:  <a href="http://mt.tmutest.com">mt.tmutest.com</a></p>	<p><i>Monday through Friday</i>          6:00AM – 6:00PM          Mountain Standard Time (MST)</p>	<p>Phone #: (800) 393-8664          Fax #: (406) 442-3357</p>
<p><b>Montana Nurse Aide Registry</b>          2401 Colonial Drive, 2<sup>nd</sup> Floor          PO Box 202953          Helena, MT 59620          Montana Nurse Aide Registry          Web Site: <a href="http://cna.mt.gov">cna.mt.gov</a></p>	<p><i>Monday through Friday</i>          8:00AM – 5:00PM          Mountain Standard Time (MST)</p>	<p>Phone #: (406) 444-4980</p>

## Table of Contents

<b>INTRODUCTION</b> .....	<b>1</b>
<b>AMERICANS WITH DISABILITIES ACT (ADA)</b> .....	<b>1</b>
ADA COMPLIANCE .....	1
<b>THE MONTANA NURSE AIDE COMPETENCY EXAM</b> .....	<b>2</b>
PAYMENT INFORMATION .....	2
MONTANA NURSE AIDE TMU© .....	2
<i>Forgot your Password and Recover your Account</i> .....	4
SCHEDULING A MONTANA NURSE AIDE EXAM .....	7
<i>Nurse Aide Training Program Candidates</i> .....	7
<i>Candidates Challenging the State Exam</i> .....	7
<i>Self-Pay of Testing Fees in TMU©</i> .....	7
SCHEDULE/RESCHEDULE INTO A TEST EVENT .....	10
TEST CONFIRMATION LETTER .....	12
CHECKING/VIEWING YOUR TMU© NOTIFICATIONS .....	13
EXAM CHECK-IN .....	14
TESTING ATTIRE .....	14
IDENTIFICATION .....	14
INSTRUCTIONS FOR THE KNOWLEDGE AND SKILLS EXAMS .....	15
TESTING POLICIES .....	15
<i>Accessing the Candidate Handbook and Testing Instructions in your TMU© Account</i> .....	18
SECURITY .....	19
RESCHEDULES .....	19

## Montana Nurse Aide Candidate Handbook

REFUND OF TESTING FEES PAID .....	19
<i>Scheduled in a Test Event</i> .....	20
<i>Not Scheduled in a Test Event</i> .....	20
UNFORESEEN CIRCUMSTANCES POLICY.....	20
NO SHOWS.....	21
<i>No Show Exceptions</i> .....	21
TEST RESULTS.....	22
TEST ATTEMPTS.....	24
<i>Challenge Candidates</i> .....	24
MONTANA NURSE AIDE REGISTRY CERTIFICATION .....	24
RETAKING THE MONTANA NURSE AIDE EXAM .....	25
TEST REVIEW REQUESTS.....	25
<b>THE KNOWLEDGE/AUDIO EXAM.....</b>	<b>26</b>
KNOWLEDGE EXAM CONTENT .....	26
<i>Knowledge Exam Subject Areas</i> .....	27
<i>Knowledge Practice Test</i> .....	27
<i>The Manual Skill Test</i> .....	28
SKILL TEST RECORDING FORM .....	28
SKILL TEST TASKS .....	29
SKILL TASKS LISTING .....	29
Ambulating Resident with a Cane or Walker.....	30
Ambulating Resident with a Gait Belt.....	30
Applying an Anti-embolic Stocking on One of Resident’s Legs.....	31
Assisting a Dependent Resident with Eating .....	32
Assisting a Resident with a Bedpan and Recording Output with Hand Washing.....	32
Denture Care of a Resident’s Dentures .....	33
Donning a Gown and Gloves - Emptying Resident’s Urinary Drainage Bag, Measure and Recording Output – Removing Gown and Gloves with Hand Washing.....	34
Dressing a Resident with an Affected (Weak) Side.....	35
Foot Care (One Foot) for a Resident.....	36
Making a Resident’s Occupied Bed.....	37
Measure and Record Resident’s Oral Fluid Intake.....	37
Mouth Care (Brushing Resident’s Teeth).....	38
Mouthcare of a Comatose Resident .....	39
Nail Care (One Hand) for a Resident.....	39
Partial Bed Bath for a Resident: Face, One Underarm and Hand .....	40
Passing Fresh Water to a Resident .....	41
Perineal Care for a Female Resident with Hand Washing .....	41
Perineal Care for an Uncircumcised Male – Applying an Adult Brief with Hand Washing.....	42
Position Resident on their Side in Bed.....	44
Range of Motion Exercises for Resident.....	44
Transfer Resident from Bed to Wheelchair using a Gait Belt .....	45
Transfer Resident from Wheelchair to Bed using a Gait Belt .....	46
Vital Signs: Taking and Recording a Resident’s Manual Blood Pressure.....	46
Vital Signs: Taking and Recording a Resident’s Radial Pulse and Respirations .....	47
Vital Signs: Taking and Recording a Resident’s Temperature, Radial Pulse & Respirations.....	47
Weighing an Ambulatory Resident.....	48
<b>KNOWLEDGE EXAM VOCABULARY LIST .....</b>	<b>48</b>

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## Introduction

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

As defined in the OBRA regulations, a 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.

This handbook describes the process of taking the nurse aide competency examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge/oral test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Montana Department of Health and Human Services (MT DPHHS) to qualify for certification as a nurse aide in Montana. Candidates who have not completed a MT DPHHS approved training program may challenge the state exam one time without training. If the candidate passes the state exam, they qualify to apply for nurse aide certification.

The Montana Department of Health and Human Services has approved Headmaster, LLP to provide tests and scoring services for Montana nurse aide testing. For question not answered in this handbook, please check the Montana webpage at [www.hdmaster.com](http://www.hdmaster.com) or contact Headmaster at (800)393-8664. The information in this handbook will help you prepare for your examination.

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Montana Department of Public Health and Human Services and 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. Accommodations must be approved by D&SDT-Headmaster in advance of examination. The request for accommodations can be found on the [D&SDT-Headmaster webpage](#) and clicking on the PDF Fillable [ADA Accommodation Form 1404](#). Fill out the ADA Request and attach with the required documentation found on the second page of the request form to an email to: [montana@hdmaster.com](mailto:montana@hdmaster.com), in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

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

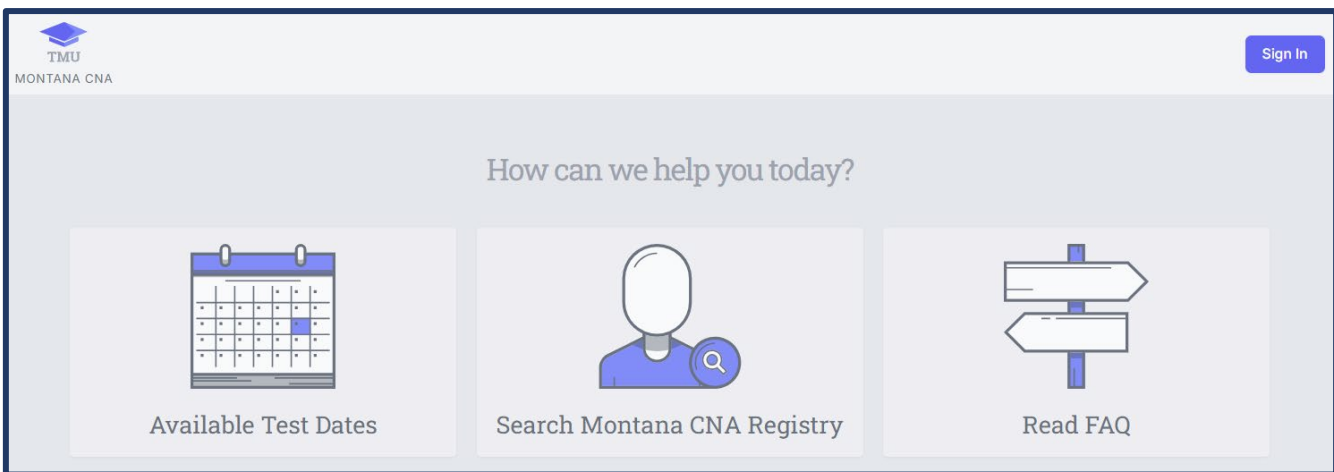
## The Montana Nurse Aide Competency Exam

### Payment Information

Exam Description	Price
Knowledge Exam or Retake	<b>\$20</b>
Audio Knowledge Exam or Retake	<b>\$31</b>
Skill Exam or Retake	<b>\$77</b>

### Montana Nurse Aide TMU©

This is the Montana Nurse Aide TMU© main page [mt.tmutest.com](http://mt.tmutest.com).



### Completing your Account

Your initial registration information will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to the Montana Nurse Aide TMU© at [mt.tmutest.com](http://mt.tmutest.com) using your secure Email or Username and Password and complete your demographic information.

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

If you do not know your Email or Username and Password, enter your email address and click on “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 are unable to sign in for any reason, contact D&SDT-Headmaster at (800)393-8664.

## Montana Nurse Aide Candidate Handbook

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:**

TMU MONTANA CNA Tests Trainings Profile

Home > Setup Account

Setup Account

Enter the blank \* fields and then click on-Finish Account Setup

**We're Sorry, Your Account Still Needs Some Info**  
Enter the below information to finish setting up your account.

FIRST \* MIDDLE LAST \* SUFFIX  
Best Student

SOCIAL SECURITY # \* BIRTHDATE \* PHONE \*  
Encrypted for your safety

ADDRESS \*  
Best Student Address

CITY \* STATE \* ZIPCODE \*  
Helena MT 59601

**DISCLAIMER**  
By completing your account you consent to your name and certification status being publicly listed on the Montana CNA registry

Finish Account Setup

TMU MONTANA CNA Tests Trainings Profile

Thanks, your account has now been set up.

You will receive the message, Thanks, your account has now been set up.

Welcome, Best!

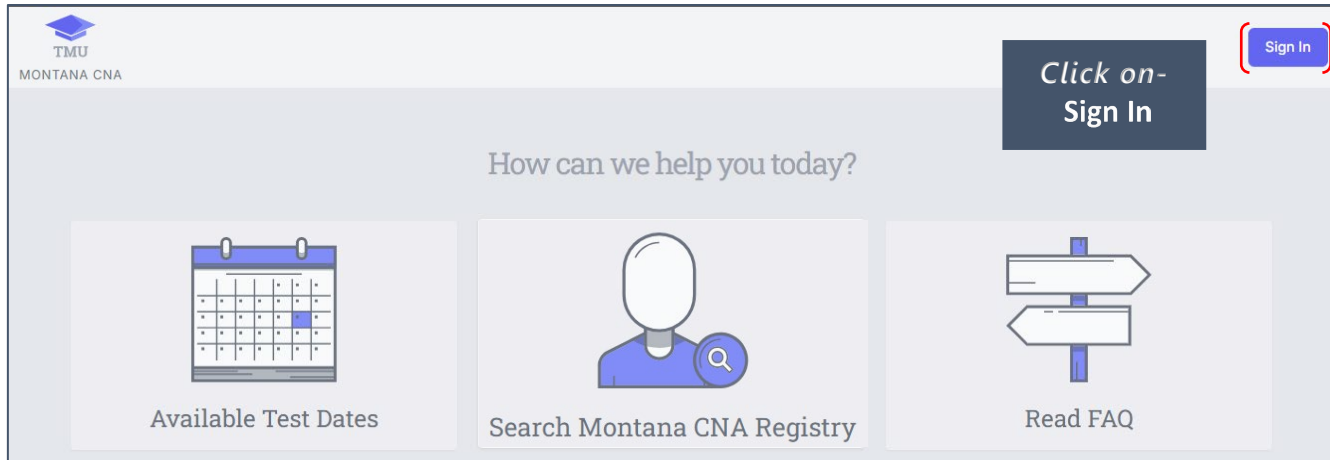
Testing Your Profile

Your Certifications

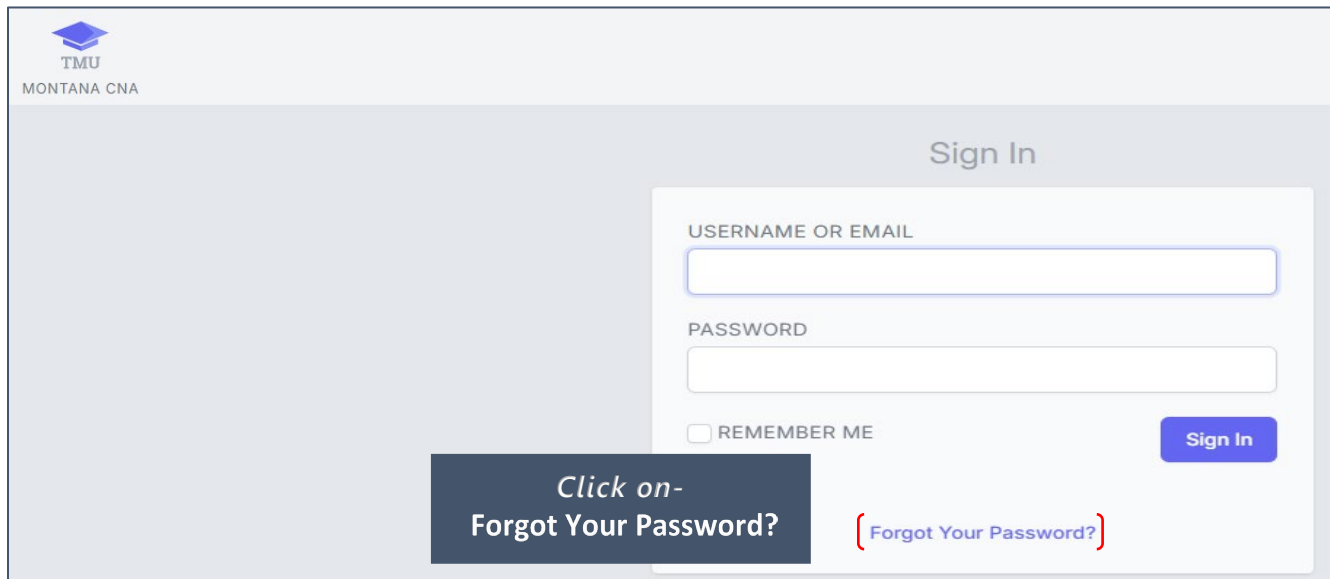
No certifications on record.

## Forgot your Password and Recover your Account

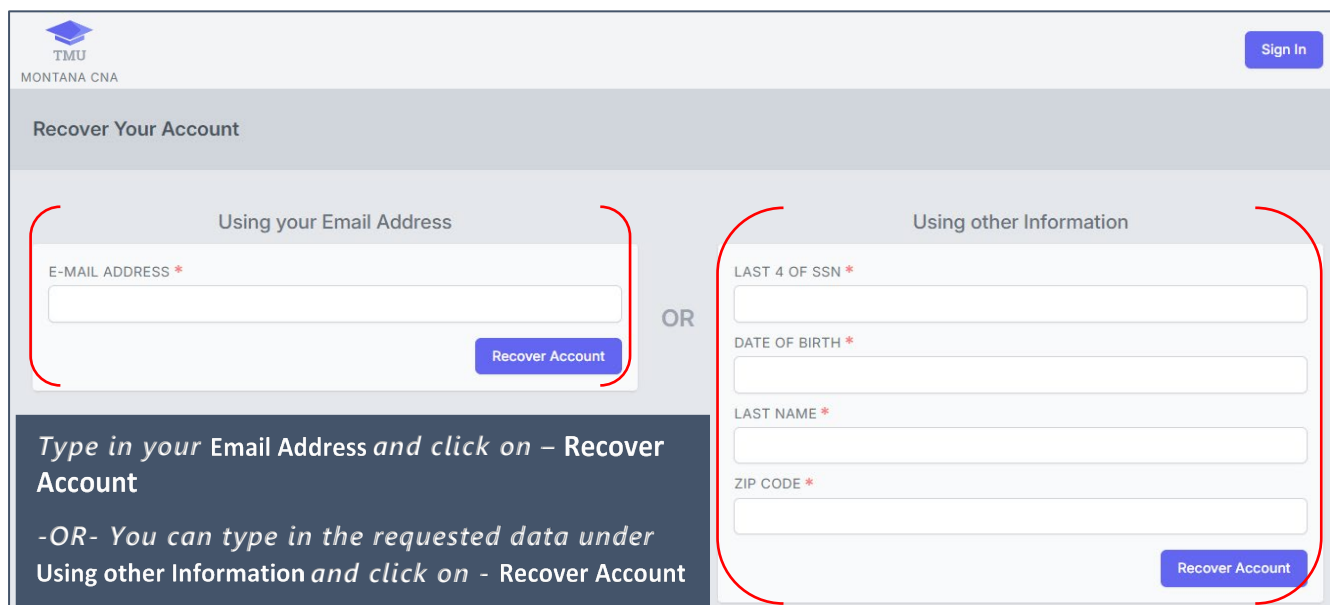
If you have forgotten or do not know your Password, follow the instructions below to Reset your Password and Recover your Account. Go to [mt.tmutest.com](http://mt.tmutest.com).



The image shows the top section of the TMU MONTANA CNA website. In the top left corner is the TMU MONTANA CNA logo. In the top right corner is a "Sign In" button. Below the logo is a dark blue button that says "Click on- Sign In". In the center, the text "How can we help you today?" is displayed. Below this text are three white boxes with icons and text: "Available Test Dates" with a calendar icon, "Search Montana CNA Registry" with a person and magnifying glass icon, and "Read FAQ" with a signpost icon.



The image shows the "Sign In" page of the TMU MONTANA CNA website. In the top left corner is the TMU MONTANA CNA logo. In the top right corner is a "Sign In" button. The main heading is "Sign In". Below the heading is a form with three input fields: "USERNAME OR EMAIL", "PASSWORD", and "REMEMBER ME" (with a checkbox). A "Sign In" button is located at the bottom right of the form. Below the form is a dark blue button that says "Click on- Forgot Your Password?". To the right of this button is a link that says "Forgot Your Password?".



The image shows the "Recover Your Account" page of the TMU MONTANA CNA website. In the top left corner is the TMU MONTANA CNA logo. In the top right corner is a "Sign In" button. The main heading is "Recover Your Account". Below the heading are two columns of input fields. The left column is titled "Using your Email Address" and contains an "E-MAIL ADDRESS \*" field and a "Recover Account" button. The right column is titled "Using other Information" and contains "LAST 4 OF SSN \*", "DATE OF BIRTH \*", "LAST NAME \*", and "ZIP CODE \*" fields, followed by a "Recover Account" button. The word "OR" is placed between the two columns. A dark blue box at the bottom left contains the text: "Type in your Email Address and click on – Recover Account -OR- You can type in the requested data under Using other Information and click on - Recover Account".



## Montana Nurse Aide Candidate Handbook

TMU  
MONTANA CNA

Recover Your Account

*You will receive the message,  
We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.*

Sign In

( We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered. )

Using your Email Address

E-MAIL ADDRESS \*

Recover Account

OR

Using other Information

LAST 4 OF SSN \*

DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account

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

Reset Password Notification External Inbox x

TMU <no-reply@tmutest.com>  
to me

TMU

**Hello!**

You are receiving this email because we received a password reset request for your account.

*Click on-*  
**Reset Password**

Reset Password

This password reset link will expire in 60 minutes.

If you did not request a password reset, no further action is required.

Regards,  
TMU

If you're having trouble clicking the "Reset Password" button, copy and paste the URL: <https://tmu-test.com/ResetPassword.aspx?ResetToken=1234567890>

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

### Reset Your Password

E-MAIL ADDRESS  
sample@sampleemail.com

PASSWORD

CONFIRM PASSWORD

Reset Password

*Type in your Password and Confirm Password, then click on – Reset Password*

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

The dashboard features a top navigation bar with icons for TMU, Tests, Trainings, Billing, Downloads, and Profile. A shopping cart icon and a user profile icon labeled 'Best' with a '1' notification are also present. The main content area is titled 'Welcome, Best!' and contains two primary action cards: 'Testing' (with a clipboard icon) and 'Your Profile' (with a person icon). Below these is a section for 'Your Certifications' which currently shows 'No certifications on record.'

## Scheduling a Montana Nurse Aide Exam

In order to schedule an examination date, you may either have successfully completed a Montana Department of Health and Human Services approved nurse aide (NA) training program or you may challenge the state exam.

### Nurse Aide Training Program Candidates

Your training program will enter your initial training information into the TMU© database. Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) Montana CNA database, you may pay your testing fee and schedule your exam date online at the Montana Nurse Aide TMU© webpage at [mt.tmutest.com](http://mt.tmutest.com) using your email and password (see instructions under '**Schedule/Reschedule into a Test Event**'). If you are unable to sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours 6:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. (**NOTE:** *Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.*) You may login with any Internet-connected device. To schedule or reschedule your test date, sign in to the Montana Nurse Aide TMU© webpage at [mt.tmutest.com](http://mt.tmutest.com) with your email and password.

If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 6:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays, for assistance.

### Candidates Challenging the State Exam

If you are challenging the state exam, you will need to complete and submit the Montana Nurse Aide Challenge Application in the Montana TMU© software found at [mt.tmutest.com/apply](http://mt.tmutest.com/apply).

**Note:** You have one opportunity to challenge and pass the exams. If you do not pass your challenge, you will need to take a class through an approved nurse aide training program.

### Self-Pay of Testing Fees in TMU©

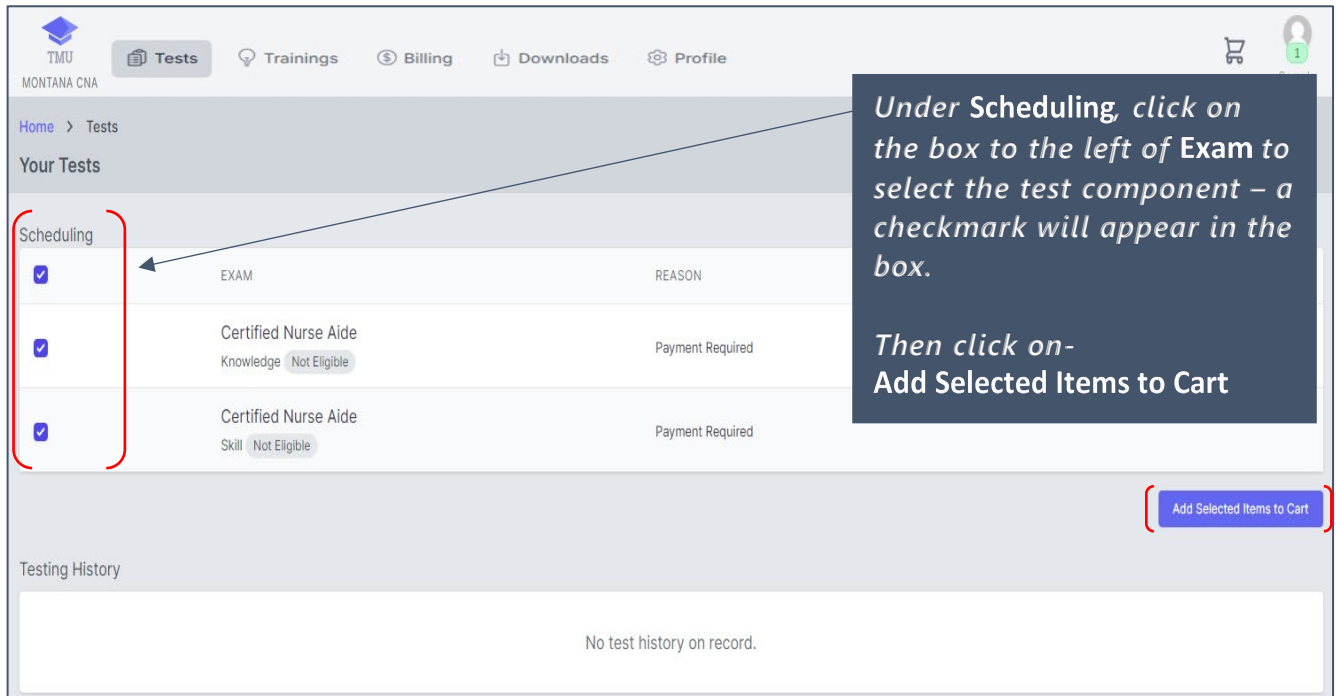
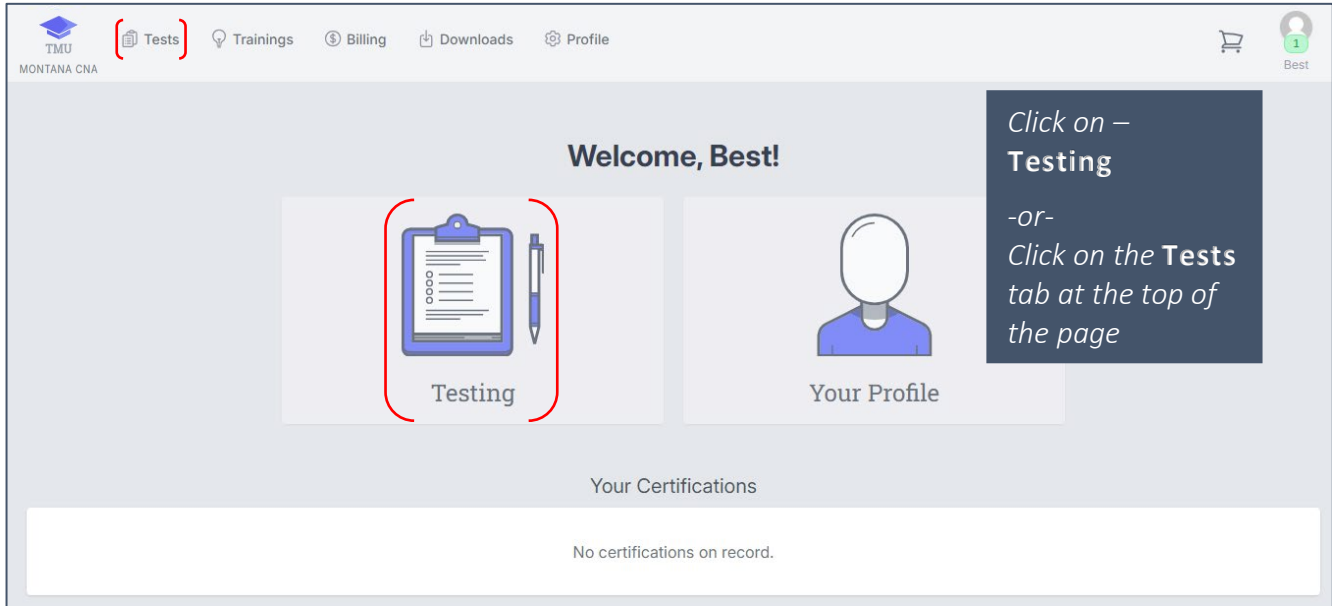
Testing fees will need to be paid *before* you can schedule a test date.

Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date.

**NOTE:** *Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.*

## Montana Nurse Aide Candidate Handbook

Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.



## Montana Nurse Aide Candidate Handbook

Home > Cart

**Cart**

✔ Added Certified Nurse Aide Skill to your cart.  
 Added Certified Nurse Aide Knowledge to your cart. ✕

DESCRIPTION	ITEM TYPE	AMOUNT	
Certified Nurse Aide for Sample Student	Knowledge	20.00	Remove
Certified Nurse Aide for Sample Student	Skill	77.00	Remove
<b>Total:</b>		<b>\$97.00</b>	<a href="#" style="color: blue; text-decoration: none;">Pay with Credit Card</a>

*You will get a message that the Knowledge and Skill tests have been added to your cart, and the Knowledge and Skill Amounts*

*click on-*  
**Pay with Credit Card**

Home > Prepay

**Prepay to Schedule**

(What You're Paying For)

DESCRIPTION	COST
Certified Nurse Aide for Sample Student	20.00
Certified Nurse Aide for Sample Student	77.00
<b>Total:</b>	<b>\$97.00</b>

Pay with a Card

CARDHOLDER NAME

CARD NUMBER

EXP MONTH

EXP YEAR

SECURITY CODE

CARDHOLDER ADDRESS

CITY

STATE

ZIP CODE

[Submit Payment](#)

*Enter the Credit Card information and then click on- Submit Payment*

*You will receive a receipt for the transaction.*

## Montana Nurse Aide Candidate Handbook

*For special circumstances only:* You may pay your testing fees by filling out and submitting D&SDT-Headmaster's Candidate Payment Form 1402MT with your payment (Money Order, Cashier's Check, Visa or MasterCard credit/debit card only).

Please contact D&SDT-Headmaster via email at [montana@hdmaster.com](mailto:montana@hdmaster.com) to request the Candidate Payment Form 1402MT.

- If paying with a money order or cashier's check – make it payable to **HEADMASTER**.
- If you fax, (406)442-3357, your Candidate Payment Form 1402, a credit/debit card payment is required and a \$5 per candidate Priority Fax Service fee applies.

When you submit a Candidate Payment Form 1402, once processed, you will be sent an email and text message with your Username and Password. Please see instructions in the **'Completing Your Account'** section. If you do not receive an email or text message from D&SDT-Headmaster within 5 business days of sending/submitting your Candidate Payment Form 1402, call us immediately. If after business hours, leave us a message on the answering machine at (800)393-8664.

**Note:** Candidate Payment Form 1402s with any missing or incomplete information, payment or signatures; will not be processed and the form will be shredded. If a money order or cashier's check was sent with the form, it will be mailed back to the candidate.

Once your testing fees are paid, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.

### Schedule/Reschedule into a Test Event

Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.

TMU  
MONTANA CNA

Tests Trainings Profile

Best

Welcome, Best!

Testing

Your Profile

Your Certifications

No certifications on record.

Click on –  
Testing  
-or-  
Click on the Tests  
tab at the top of  
the page

## Montana Nurse Aide Candidate Handbook

Home > Tests

### Your Tests

Scheduling

EXAM	REASON
Montana CNA Knowledge <span>Eligible</span>	
MT CNA Skill <span>Eligible</span>	

Testing History

No test history on record.

*All eligible test events will appear in this format.*

*To select a test site and test date, click on – Schedule to the right of the test date you want to schedule into.*

TMU Tests Trainings Billing Downloads Profile

MONTANA CNA

Home > Tests > Find Event

### Find Event

TEST DATE	TEST SITE	SCHEDULING FOR
01/12/2023 8:00 AM MST	PRACTICE TEST SITE (TS) Helena, MT	K Montana CNA Knowledge S Montana CNA Skill
01/12/2023 12:00 PM MST	PRACTICE TEST SITE (TS) Helena, MT	K Montana CNA Knowledge S Montana CNA Skill

*To select a test site and test date, click on – Schedule*

mt.tmutest.com says

Schedule into this Event on 01/12/2023 for Montana Nurse Aide Knowledge, Montana Nurse Aide Skill Test. Are you sure?

**OK** Cancel

*To confirm this is the site and date you want to schedule, click on – OK*

Home > Tests

### Your Tests

Student Student, Best scheduled into Montana CNA Knowledge  
 Student Student, Best scheduled into Montana CNA Skill

Scheduling

EXAM	REASON
Montana CNA Knowledge <span>Not Eligible</span>	Already Scheduled
Montana CNA Skill <span>Not Eligible</span>	Already Scheduled

Testing History

TEST DATE	EXAM	TEST SITE	STATUS
01/12/2023 8:00 AM MST	Montana CNA Knowledge	PRACTICE TEST SITE (TS) Helena, MT	Scheduled
01/12/2023 8:00 AM MST	Montana CNA Skill	PRACTICE TEST SITE (TS) Helena, MT	Scheduled

*This screen confirms you are scheduled for a test date to take your knowledge and skills exam.*

*Your status shows Scheduled, and a note at the top of your screen also shows you are scheduled.*

*Click on- Test Confirmation Page to see your test confirmation with important reminders for testing.*

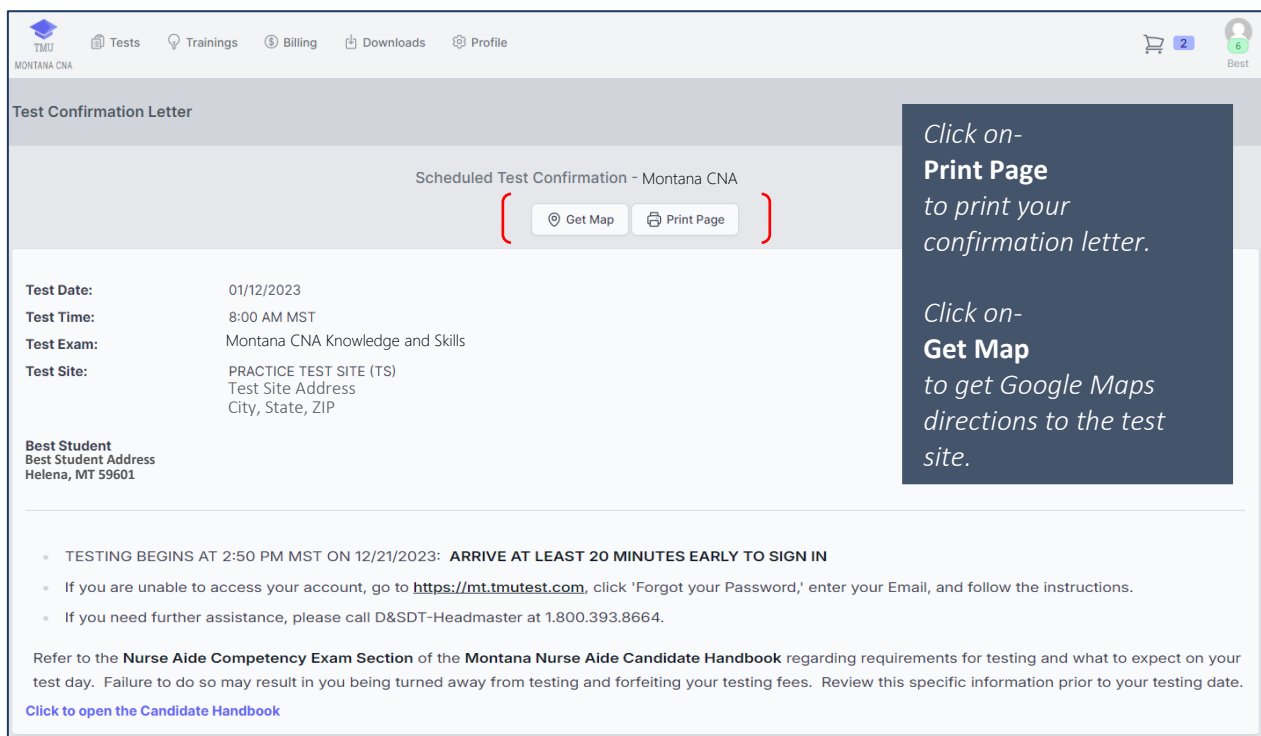
## Test Confirmation Letter

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time. (See example below.)

The body of the test confirmation letter will refer you to the candidate handbook that will give you state specific instructions on what time to arrive by, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in No Show for your test event for not adhering to the policies of testing, etc.

***It is important you read this letter!***



Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the calendar on the Montana Nurse Aide TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, during regular business hours 6:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

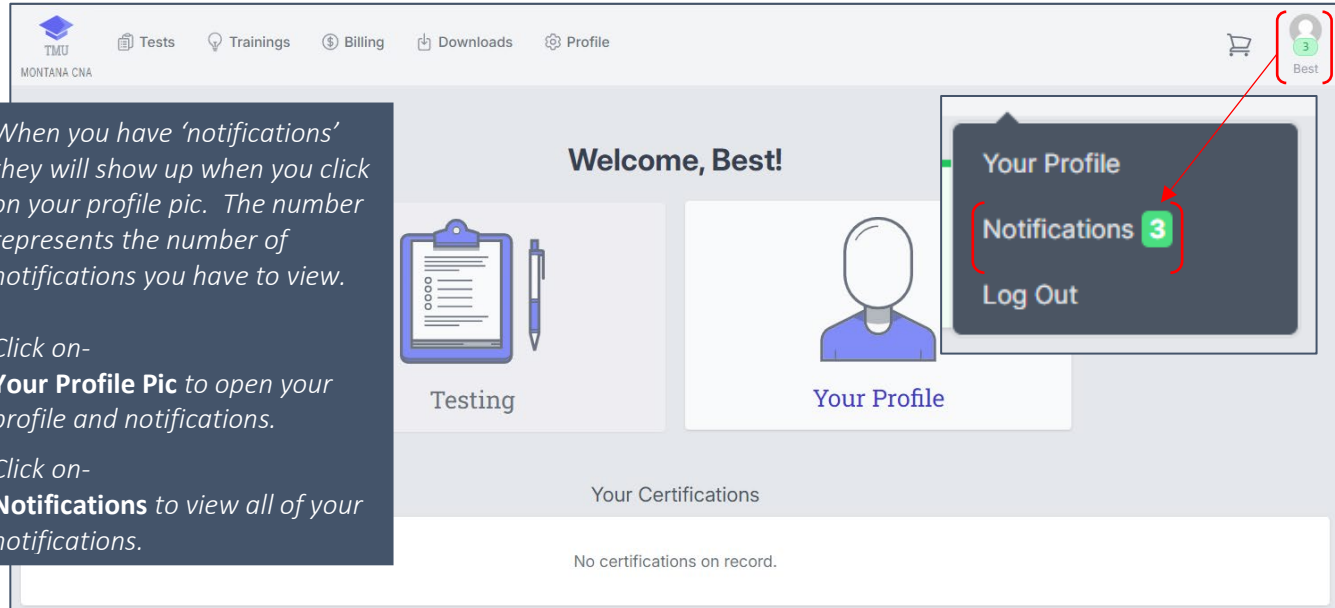
**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

D&SDT-Headmaster **does not send** postal mail test confirmation letters to candidates.



## Checking/Viewing your TMU© Notifications

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information.

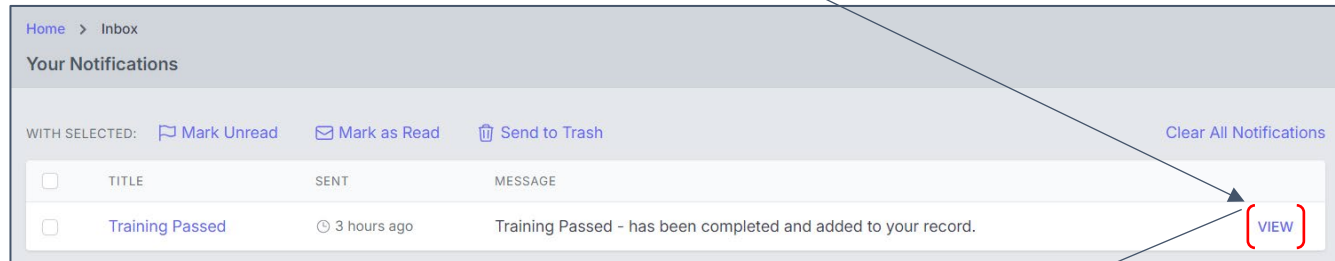


When you have 'notifications' they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

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.



Home > Inbox

**Your Notifications**

WITH SELECTED: [Mark Unread](#) [Mark as Read](#) [Send to Trash](#) [Clear All Notifications](#)

<input type="checkbox"/>	TITLE	SENT	MESSAGE	
<input type="checkbox"/>	Training Passed	3 hours ago	Training Passed - has been completed and added to your record.	<b>VIEW</b>

Notification example:

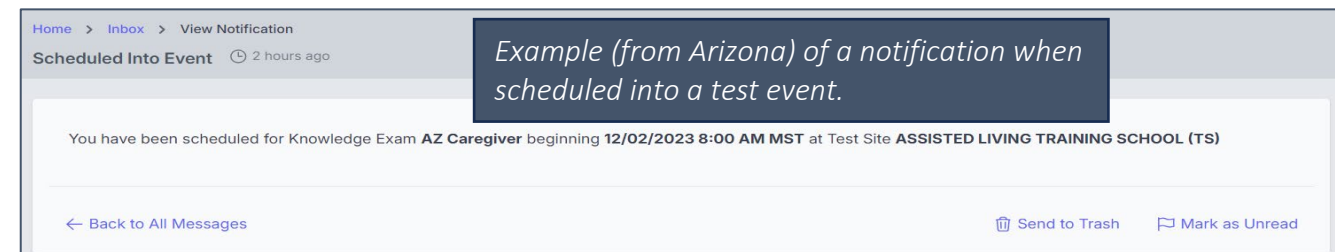


Home > Inbox > View Notification

**Training Passed** 3 hours ago

Training Passed - has been completed and added to your record.

[← Back to All Messages](#) [Send to Trash](#) [Mark as Unread](#)



Home > Inbox > View Notification

**Scheduled Into Event** 2 hours ago

You have been scheduled for Knowledge Exam **AZ Caregiver** beginning **12/02/2023 8:00 AM MST** at Test Site **ASSISTED LIVING TRAINING SCHOOL (TS)**

[← Back to All Messages](#) [Send to Trash](#) [Mark as Unread](#)

*Example (from Arizona) of a notification when scheduled into a test event.*

## Exam Check-In

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

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

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

## Testing Attire

There is not a required testing attire, however, it is recommended you wear full clinical attire (scrubs and closed toed shoes).

- No Bluetooth-connected devices, smart watches or fitness monitors are allowed.

## Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION and your ORIGINAL SOCIAL SECURITY CARD\*** (*\*an official letter from the Social Security office that has your SS# printed on it is acceptable*). Only **original** IDs and social security cards, or official letters (must show your printed SS#) from the Social Security office are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, signed, photo ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
  - (*Exception: Foreign Passports with a signature and containing a US VISA [the US VISA will not have a signature] included are acceptable*).
- Military Identification (*that meets all identification requirements*)
- Work Authorization Card (*that meets all identification requirements*)
- Alien Registration Card (*that meets all requirements; NOTE: a fingerprint may be in place of a signature*)
- Tribal Identification Card (*that meets all identification requirements- a fingerprint in place of a signature is acceptable*)

The **FIRST** and **LAST** names listed on your two forms of ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Montana Nurse Aide TMU© database by your training program. You may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 6:00PM MST, excluding Holidays, to confirm that your name of record matches your US government issued ID and Social Security Card, or sign in to your account in TMU© at [mt.tmutest.com](http://mt.tmutest.com), using your Email or Username and Password, to check or change your demographic information.

If you need to apply for new social security card, please do not schedule your test date until you have received your new card from the Social Security office.

**Note:**

- **You will not be admitted for testing if you do not bring proper/valid identification.**
  - Check to be positive that both your FIRST and LAST printed names on both of your IDs match your current name of record in TMU©.
  - 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.
- In cases where names do not match or your IDs are not proper/valid, you will be considered a NO SHOW and you will forfeit your testing fees and have to pay for another exam date.

## Instructions for the Knowledge and Skills Exams

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

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** entering the knowledge exam room or skills lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the testing rooms.

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

## Testing Policies

The following policies are observed at each test site—

- Make sure you have signed in to your TMU© account at [mt.tmutest.com](http://mt.tmutest.com) before your test date to update your password and complete your demographic information. Refer to the **'Completing Your Account'** section of this handbook for instructions and information.
  - If you have not signed in and completed/updated your TMU© account when you arrive for your test, 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 and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID and original social security card (or letter from the Social Security office), you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
  - If the **FIRST** and **LAST** names listed on your ID and social security card (or letter from the Social Security office) presented to the RN Test Observer during sign-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the Montana Nurse Aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.

## Montana Nurse Aide Candidate Handbook

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- If you refuse to show the RN Test Observer your required ID and social security card (or letter from the Social Security office) and/or refuse to sign your signature on the required sign-in forms, you will not be allowed to test. You will be asked to leave the test site, considered a No Show 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 NO SHOW 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. You will be informed by the testing team of the designated area to place your personal items and you are to collect these items when you complete your test.
- **ELECTRONIC DEVICES:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices are not permitted to be on or near you in the testing room. You will be informed by the testing team of the designated area to place your electronic devices and you are to collect these items when you complete your test.
  - All electronic devices must be **turned off**.
  - Smart watches, fitness monitors and Bluetooth-connected devices must be removed from your wrist/body.
- Anyone caught using any type of 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 Montana Department of Health and Human Services, and will not be permitted to test for 6 months. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- Translation dictionaries, devices or non-approved language translators *are not allowed*.
- Scratch paper and a basic calculator *will be provided by the testing team*.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing rooms 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 rooms to finish your exams.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, and you will be reported to your training program and the Montana Department of Health and Human Services.
- Test sites, RN Test Observers and Knowledge Test Proctors are not responsible for candidate personal belongings at the test site.

## Montana Nurse Aide Candidate Handbook

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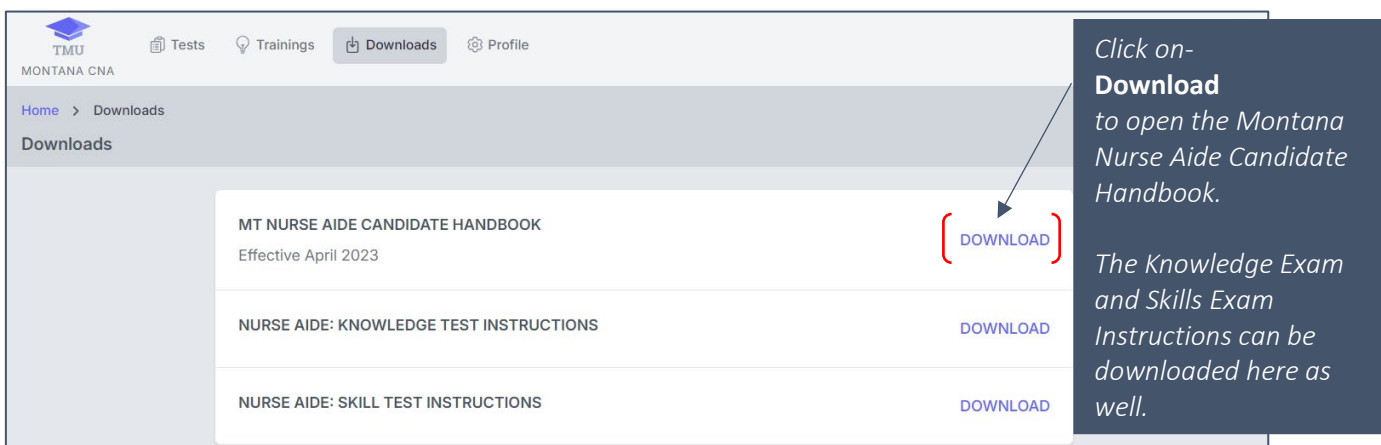
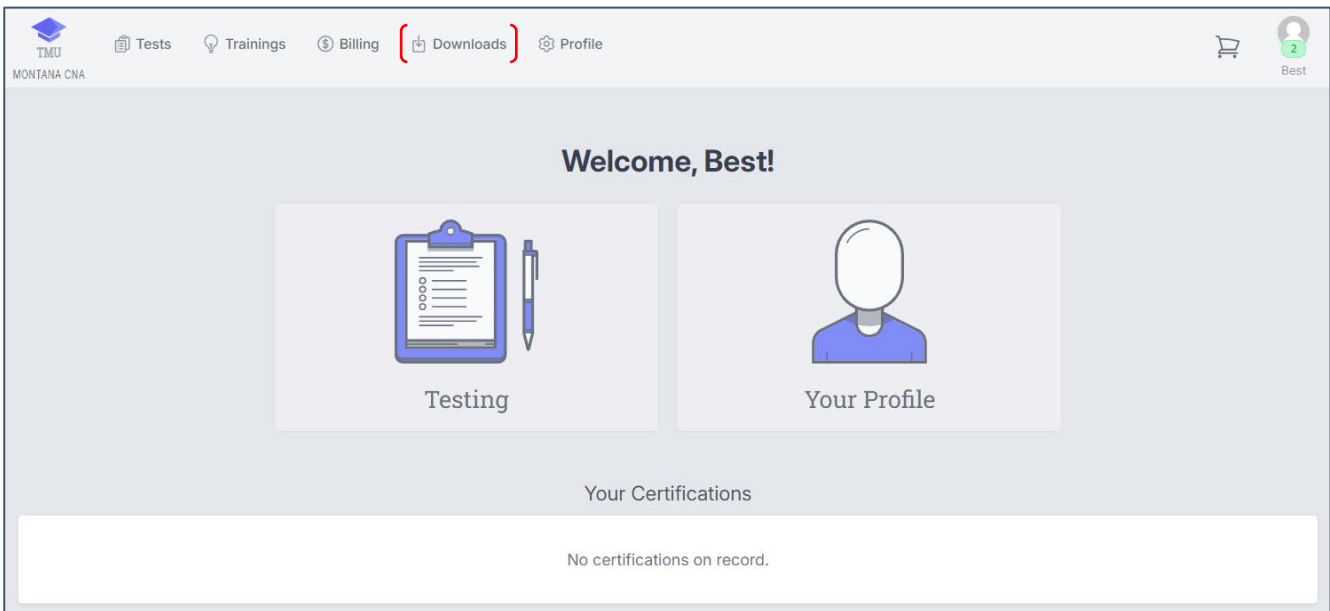
- No visitors, guests, pets (including companion animals) or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.) Call your instructor or training program, or if scheduled in a regional event, call Headmaster at (800)393-8664 immediately if you are on doctor's orders. You must image and email, [montana@hdmaster.com](mailto:montana@hdmaster.com) or fax, (406)442-3357, a doctor's order **within three (3) business days** of your scheduled exam day to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- Liabilities Not Assumed: Headmaster WILL NOT BE LIABLE FOR ANY DAMAGES IN EXCESS OF THE EXAMINATION FEES THAT HAVE BEEN PAID BY YOU OR ON YOUR BEHALF. In no event shall Headmaster, including and without limitation, agents, contractors, test sites, employees and affiliates, be liable for any special, incidental or consequential damages, including, without limitation, loss of profits or income. Headmaster will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of, any loss, damage, delay, mis-delivery, non-delivery, misinformation or any failure to provide information, except such as may result from our sole negligence. We will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of any loss, damage, delay, mis-delivery, non-delivery, misinformation or failure to provide information caused by or resulting in whole or in part from:
  - The act, default or omission of any person or entity, other than, including contractors, test sites or any local, state or federal government agencies.
  - Your violation of any of the terms and conditions contained in the applicable candidate handbook for your certification test, as amended or supplemented, or your failure to give proper notice in the manner and time prescribed.
  - Acts of God, public enemies, criminal acts of any person(s) or entities, including, but not limited to, acts of terrorism, civil commotion, local or national weather conditions, national or local disruptions in air or ground transportation networks (as determined solely by us), strikes or anticipated strikes (of any entity, including, but not limited to, delivery services, vendors or suppliers), labor disruptions or shortages caused by pandemic conditions or other public health events or circumstances, natural disasters (earthquakes, floods, tornadoes and hurricanes are examples of natural disasters), conditions that present a danger to our personnel, and disruption or failure of communication and information systems (including, but not limited to, our systems).
  - The loss of personal or financial information submitted to us for payment for services via personal email, fax or phone transmission, the United States Postal Service or other mail carriers except such as is a result of our sole negligence.
- Limitations on Legal Actions: Our certification testing services do not make us an agent for any contractor or any third party for any purpose. Any right you might have to damages, refunds, credits, fees or any other legal or equitable relief whatsoever against us under any cause of action arising from our certification testing services pursuant to the applicable state candidate handbook shall be extinguished unless you file an action within thirty days from the date of your claimed damage or loss. Any right that you might have to damages, refunds, credits, or any other legal or equitable relief whatsoever against us under any cause of action arising from our providing you with certification testing services as outlined in the applicable state candidate

## Montana Nurse Aide Candidate Handbook

certification test handbook shall be extinguished unless you first comply with all applicable notice periods and requirements in these terms and conditions including, but not limited to, the periods and requirements for providing notice as outlined in the applicable state candidate certification test handbook.

- Finally, you and we agree that you will comply with applicable notice periods and requirements even if you believe that such compliance will not result in relief from us or if you lack knowledge regarding whether such compliance will result in relief from us. To the extent that any court finds that state rather than federal law applies to any provision of our agreement to provide you with certification testing services, the controlling law is the substantive law of the state of Montana.
- ***Please refer to this Montana Nurse Aide Candidate Handbook before your test day for any updates to testing and/or policies.***
- The Candidate Handbook can also be accessed within your TMU© account under your 'Downloads' tab.

### Accessing the Candidate Handbook and Testing Instructions in your TMU© Account



## Security

If you refuse to follow directions, use abusive language, disrupt the examination environment or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to your training program and the Montana Department of Health and Human Services. 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 Montana Department of Health and Human Services 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 paid. You will not be allowed to retest for a minimum period of six (6) months.

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, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and the Montana Department of Health and Human Services.

## Reschedules

All candidates are able to reschedule online in their TMU© account using their Email or Username and Password any time up until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays.

You may reschedule an exam date by signing in to your TMU© account at [mt.tmutest.com](http://mt.tmutest.com) using your Email or Username and Password. (See instructions with screen shots under '**Schedule/Reschedule into a Test Event**'.)

**Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

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

## Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Montana Nurse Aide exam at all.

### Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com) at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

**Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 6:00PM Mountain Standard time.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of original testing fees with Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with Headmaster will not be issued.

### Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with Headmaster will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

### Unforeseen Circumstances Policy

If you are scheduled to test at your training program site, your instructor will inform you of any exam cancellations, etc.

If a Regional exam date is cancelled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file in your TMU© account to reschedule you, for no charge, to a mutually agreed upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (*\*see examples below for reasons we may not be able to contact you that you are responsible for.*)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your TMU© account (*\*see examples below*) in the event of an unforeseen circumstance for a test event you are scheduled in to, 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/or 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/mail box 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.

## No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, *excluding* Saturdays, Sunday, and Holidays, or if you are turned away for lack of proper identification, original social security card (or letter from the Social Security office), proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day preceding a scheduled test event, *excluding* Saturdays, Sundays, and Holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

## No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will 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 must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame 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 the 3-business day time frame 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 must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a NO SHOW.

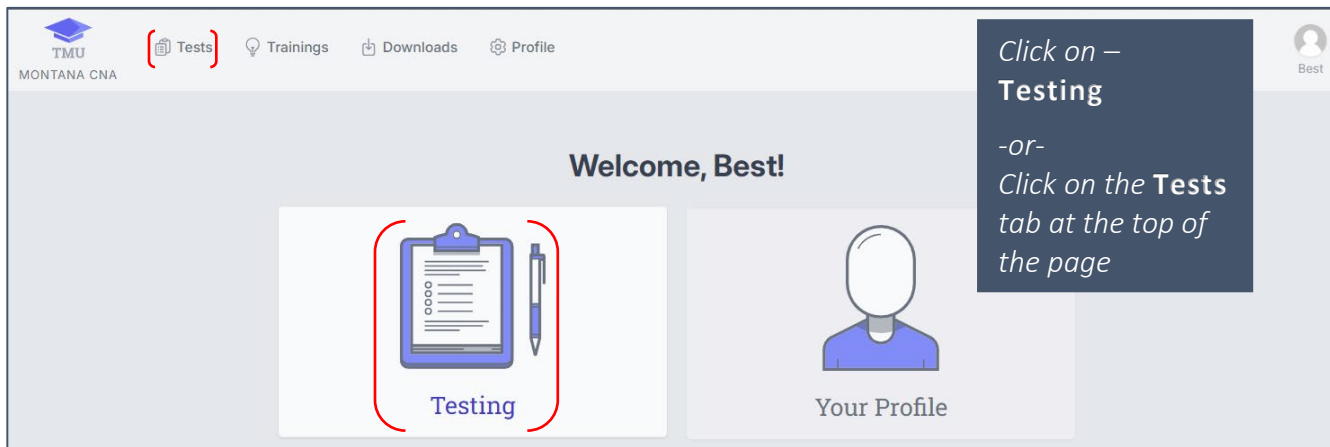
- **Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a NO SHOW. (Immediate family include parent, grand and great-grand parent, sibling, children, spouse or significant other.

## Test Results

After you have completed both the Knowledge and Skills Exams components of the competency exam, your tests will be officially scored and double checked. Official test results will be available by signing in to your TMU© account after 6:00PM (MST) the business day after your test event.

**Note:** D&SDT-Headmaster does not send postal mail test result letters to candidates.

To view your test results, sign in to your account in TMU© at [mt.tmutest.com](http://mt.tmutest.com). (Refer to the screen shots below.)



## Montana Nurse Aide Candidate Handbook

Home > Tests

### Your Tests

Scheduling

EXAM	REASON
Certified Nurse Aide Knowledge <span style="background-color: #ccc; border: 1px solid #ccc; border-radius: 3px; padding: 2px;">Not Eligible</span>	Current Certification
Certified Nurse Aide Skill <span style="background-color: #ccc; border: 1px solid #ccc; border-radius: 3px; padding: 2px;">Not Eligible</span>	Current Certification

*Click on – Details to view your results.*

*Click on Print Test Results to print your results.*

Testing History

TEST DATE	EXAM	TEST SITE	STATUS	
01/12/2023 8:00 AM MST	Montana CNA Knowledge Knowledge	PRACTICE TEST SITE (TS) Helena, MT	Passed	<span style="background-color: #4a7ebb; color: white; padding: 5px 10px; border: 1px solid #4a7ebb;">Details</span> <span style="background-color: #4a7ebb; color: white; padding: 5px 10px; border: 1px solid #4a7ebb;">Print Test Results</span>
01/12/2023 8:00 AM MST	Montana CNA Skill Skill	PRACTICE TEST SITE (TS) Helena, MT	Failed	<span style="background-color: #4a7ebb; color: white; padding: 5px 10px; border: 1px solid #4a7ebb;">Details</span> <span style="background-color: #4a7ebb; color: white; padding: 5px 10px; border: 1px solid #4a7ebb;">Print Test Results</span>

### Knowledge Exam Test Results Example:

← Back
Print

HEADMASTER, LLP  
 P.O. BOX 6609, HELENA, MT 59604-6609  
 800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM  
**MONTANA CERTIFIED NURSE AIDE EXAM RESULTS REPORT**

TEST DATE: Monday, September 20, 2021

Dear Makayla,

You have **passed** the knowledge portion of the Certified Nurse Aide exam.  
Your overall knowledge test score is 78.67%.

Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

<b>Safety</b>	88%
<b>Communication</b>	80%
<b>Infection Control</b>	56%
<b>Client Rights</b>	100%
<b>Data Collection</b>	100%
<b>Basic Nursing Skills</b>	73%
<b>Role / Responsibility</b>	86%
<b>Disease Process</b>	80%
<b>Mental Health</b>	100%
<b>Personal Care</b>	63%
<b>Care Impaired</b>	67%
<b>Aging Process and Restorative Care</b>	80%

**Vocabulary words to study:** pressure ulcer, perineal care, incontinence, tendons, decubitus ulcer, deeper tissue, infection control, infection control, fire safety, medications, elderly, fraud, catheter, shaving, transporting food, dehydration, isolation precautions, disease process, anti-embolitic stocking

## Montana Nurse Aide Candidate Handbook

*Skill Exam Test Results Example:*

← Back Print

**HEADMASTER, LLP**  
P.O. BOX 6609, HELENA, MT 59604-6609  
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

**MONTANA CERTIFIED NURSE AIDE EXAM RESULTS REPORT**

**IMPORTANT TEST RESULTS**

TEST DATE: Thursday, September 30, 2021

Dear Makayla,

You have **failed** the skill portion of the Certified Nurse Aide exam.  
**80%** or better on each skill task without missing any **Key Steps** to pass the skills test.

Any weaknesses indicated in your test results are listed below:

Skill Exam Incomplete Steps

**Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt**  
Properly places gait belt around residen...

**Manual Skill Task(s) Failed:** Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt

**Note:** D&SDT-Headmaster does not issue certification. (See instructions under ‘Montana Nurse Aide Registry Certification’.)

### Test Attempts

You have **three (3) attempts** to pass the knowledge and skills test portions of the competency exam within six (6) months from your date of nurse aide training program completion. After six months, your training expires and you are no longer eligible to test based on this training cycle.

### Challenge Candidates

If you are a challenge candidate who has challenged the state exam and you fail any portion of the exam, you will not be allowed to retest until you have completed a MT DPHHS approved training program. A list of approved training programs is available on the MT DPHHS website, [www.cna.mt.gov](http://www.cna.mt.gov).

### Montana Nurse Aide Registry Certification

After you have successfully passed both the knowledge and skills test components of the nurse aide exam, your test results will be sent electronically to the Montana Department of Health and Human Services (DPHHS) by D&SDT-Headmaster.

To receive your certification, you will need to fill out and submit the [Montana DPHHS Certified Nurse Aide Application](#) available on the Montana DPHHS website at:

<https://mt-reports.com/portal/CertificateRequest.aspx?LicenseTypeID=3755>

Certification is issued by the Montana Department of Health and Human Services (DPHH) after you have completed all requirements. You may check their website at [www.cna.mt.gov](http://www.cna.mt.gov) for your

certification number approximately 10-14 days after you successfully submit your Certified Nurse Aide Application on the Montana DPHHS website (see link above).

## Retaking the Montana Nurse Aide Exam

In the event that you fail the knowledge and/or skill portion of the exam, when you want to apply for a retest, you will need to repay for your retake before you can schedule a new exam date.

You can schedule a test or re-test online by signing in to your TMU© account at [mt.tmutest.com](http://mt.tmutest.com). (See instructions under ‘[Schedule/Reschedule into a Test Event](#)’.)

You will need to pay with a VISA or MASTERCARD before you are able to schedule. (See instructions under ‘[Self-Pay of Testing Fees](#)’.)

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 6:00AM to 6:00PM Monday through Friday, MST, excluding Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

## Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request Form 1403](#) available on D&SDT-Headmaster’s main webpage at [www.hdmaster.com](http://www.hdmaster.com) (before you get to the Montana Nurse Aide webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered.

**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, 6:00AM to 6:00PM MST, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a nurse aide in Montana is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster cannot discuss test results or test disputes with the candidate’s instructor/training program. After a candidate reaches the age of 18, Headmaster will only discuss test results or test disputes with the candidate. Headmaster will not review test results or disputes with family members or anyone else on behalf of the candidate once

the candidate is 18 years of age. Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address of record.

## The Knowledge/Audio Exam

The knowledge/audio exam is offered in English only.

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

The Knowledge Test Proctor will provide instructions for taking the Knowledge Exam.

You will have a maximum of **ninety (90) minutes** to complete the 72 question Knowledge/Audio Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as “What does this question mean?”).

**You must have a score of 75% or better to pass the knowledge portion of the exam.**

Electronic testing using TMU© internet connected computers is utilized at all sites in Montana. The knowledge exam portion of your exam will be displayed on a computer screen for you to read and key/tap or click 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 Account’** to sign in to your account in TMU©.

**NOTE:** *The Knowledge Test Proctor will provide you a code at the test event to start your test.*

An audio (oral) version of the knowledge test is available in English and is only offered electronically. However, you must request an Audio exam before you submit your testing fee payment. For the electronic Audio, questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer and have control buttons on the computer screen (play, rewind, pause etc.).

Scratch paper will be provided by the Knowledge Test Proctor if needed. If you wish to use a basic calculator for any portion of the knowledge exam, you may request one from the test proctor. You may not use a cell phone or computer calculator.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Montana Department of Health and Human Services.

Foreign translation dictionaries (either paper format or electronic), translating devices or non-approved language translators *are not allowed*.

## Knowledge Exam Content

The Knowledge Exam consists of 72 multiple-choice questions. Questions are selected from subject areas based on the MT DPHHS approved Montana test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows on the next page.

## Knowledge Exam Subject Areas

Basic Nursing Skills	<b>11</b>
Care Impaired	<b>5</b>
Communication	<b>6</b>
Data Collection	<b>3</b>
Disease Process	<b>5</b>
Infection Control	<b>11</b>
Mental Health	<b>4</b>
Older Adult Growth & Development	<b>2</b>
Personal Care	<b>7</b>
Resident Rights	<b>5</b>
Role and Responsibility	<b>5</b>
Safety	<b>8</b>

## Knowledge Practice Test

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

**Note:** Make sure your select **MONTANA** from the drop-down list.

*The following are a sample of the kinds of 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. A soft, synthetic fleece pad placed beneath the resident:**

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

**3. A resident's psychological needs:**

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

## The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Montana approved nurse aide 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 sign-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 three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your tasks. After 20 minutes have elapsed, you will be alerted that fifteen (15) minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key (critical)** steps and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- 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. With the exception of specific steps within some tasks that must be verbalized, all other steps that are only verbalized WILL NOT COUNT.**

## Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed below if your skill test includes a skill task which requires recording a count or measurement. You will be asked to sign your recording form during the equipment/supplies demonstration before you start your skill test.



## Montana Nurse Aide Candidate Handbook

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	<i>Feeding Task</i> FOOD INTAKE: _____ % FLUID INTAKE: _____ ml
CANDIDATE'S SIGNATURE: _____	

### Skill Test Tasks

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

- ◆ Assist Resident with a Bedpan, Measure and Record Output with Hand Washing
- ◆ Don an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record Output, Remove Gown and Gloves with Hand Washing
- ◆ Perineal Care of a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]
- ◆ Perineal Care of an Uncircumcised Male Resident and Apply an Adult Brief with Hand Washing [DEMONSTRATED ON A MANIKIN]

**Note:** Hand washing using actual soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

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

### Skill Tasks Listing

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

The steps that are listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all of the tasks except for the perineal care tasks, which will be demonstrated on a manikin.

You will be scored only on the steps listed. **You must have a score of 80% on each task without missing any key (critical) steps to pass the skill component of your competency evaluation.** If you fail the Skill Test, you will have to take another Skill test with three or four tasks, one of which will be one of the previously failed tasks.

Tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

**Note:** The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Montana nurse aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

## Ambulating Resident with a Cane or Walker

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Position bed so resident's feet will be flat on the floor when sitting on the edge of the bed.
4. Ensure the resident's safety by locking the wheelchair brakes.
5. Bring resident to a sitting position.
6. Assist resident in putting on shoes or non-skid slippers.
7. Position cane or walker correctly.
8. Assist resident to stand using correct body mechanics.
9. Ensure resident stabilizes cane/walker.
10. Position self behind and slightly to side of resident.
11. Safely ambulate resident at least 10 steps to the wheelchair.
12. Assist resident to pivot/back up to the wheelchair.
13. Assist resident to sit in the wheelchair in a controlled manner that ensures safety.
14. Leave resident in a position of comfort and safety.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Place resident within easy reach of the call light or signaling device.
17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Ambulating Resident with a Gait Belt

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Obtain gait belt.
4. Position bed so resident's feet will be flat on the floor when sitting on the edge of the bed.
5. Ensure the resident's safety by locking the wheelchair brakes.

6. Bring resident to a sitting position.
7. Assist resident to put on shoes or non-skid slippers.
8. Place gait belt around resident's waist.
9. Tighten gait belt.
10. Check gait belt by slipping fingers between gait belt and resident.
11. Stand in front of and face the resident.
12. Grasp the gait belt on each side of the resident with an underhand grip.
13. Use your legs to stabilize resident.
14. Bring resident to standing position, using correct body mechanics.
15. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate the resident to the wheelchair.
16. Safely ambulate the resident at least 10 steps to the wheelchair.
17. Assist resident to pivot/back up to the wheelchair.
18. Assist resident to sit in the wheelchair in a controlled manner that ensures safety.
19. Remove gait belt.
20. Leave resident in position of comfort and safety.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Place resident within easy reach of the call light or signaling device.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Applying an Anti-embolic Stocking on One of Resident's Legs

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy by exposing only one leg.
4. Roll, gather, or turn stocking down to heel.
5. Gently place stocking over the resident's toes, foot, and heel.
6. Gently roll or pull stocking up the resident's leg.
7. Check toes for possible pressure from stocking and adjust as needed.
8. Leave resident with a stocking that is smooth and wrinkle free.
9. Leave resident with a stocking that is properly placed.
10. Cover the resident's exposed leg.
11. Maintain respectful, courteous interpersonal interactions at all times.
12. Leave call light or signaling device within easy reach of the resident.
13. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Assisting a Dependent Resident with Eating

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Look at diet card to check that the resident has received the correct tray.
4. Protect resident's clothing from soiling by using napkin, clothing protector, or towel.
5. Wash resident's hands **before** feeding.
6. Dry resident's hands **before** feeding.
7. Sit down facing the resident while feeding the resident or assume other posture so you are at eye level with the resident.
8. Describe the foods being offered to the resident.
9. Offer the resident fluid frequently.
10. Offer the resident small amounts of food at a reasonable rate.
11. Allow resident time to chew and swallow.
12. Wipe resident's hands and face during meal as needed.
13. Leave resident clean and in a position of comfort.
14. Place soiled linen in linen hamper.
15. Record intake as a percentage of total solid food eaten on the previously signed recording form.
16. Candidate's recorded calculation must be within 25 percentage points of the RN Test Observer's recording.
17. Record fluid consumed in ml's on the previously signed recording form.
18. Candidate's recorded calculation is within 40 ml's of the RN Test Observer's recording.
19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave call light or signaling device within easy reach of the resident.
21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Assisting a Resident with a Bedpan and Recording Output with Hand Washing

*(One of the possible first mandatory tasks)*

1. Knock on door.
2. Introduce self to the resident.
3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
4. Explain procedure to the resident.
5. Provide for resident's privacy.
6. Adjusts bed to a comfortable working height.
7. Position resident on bedpan correctly.
8. **After** placing bedpan, raise head of bed to a comfortable level.
9. Leave tissue within reach of resident.
10. Leave call light or signaling device within easy reach of the resident.
11. Move to an area of the room away from the resident, to provide privacy for resident.
12. When the RN Test Observer indicates, return to resident.

13. Put on gloves.
14. Lower the head of the bed.
15. Gently remove bedpan.
16. Hold the bedpan while liquid (fake urine) is poured into the bedpan by the RN Test Observer.
17. Pour liquid (fake urine) from bedpan into a graduate.
18. Place graduate on a flat surface.
19. With graduate at eye level, measure output.
20. Lower bed.
21. Empty, rinse, dry and return equipment to storage.
22. Remove gloves, turning inside out as they are removed.
23. Dispose gloves in trash container.
24. Perform hand hygiene for resident/assist resident to perform hand hygiene.
25. Record urine output on the previously signed recording form.
26. Candidate's recorded output measurement is within 30 ml's of RN Test Observer's pre-measured amount.
27. Wash hands: Turn on water.
28. Thoroughly wet hands.
29. Apply soap to hands.
30. Rub hands together using friction with soap.
31. Rub hands together using friction for at least twenty seconds with soap.
32. Using friction, rub interlaced fingers together while pointing downward with soap.
33. Wash all surfaces of hands with soap.
34. Wash wrists with soap.
35. Rinse hands thoroughly under running water with fingers pointed downward.
36. Rinse wrists thoroughly under running water with fingers pointed downward.
37. Dry hands with clean paper towel(s).
38. Discard paper towel(s) to trash container as used.
39. Turn off faucet with a clean, dry paper towel.
40. Discard paper towel(s) to trash container as used.
41. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
42. Leave call light or signaling device within easy reach of the resident.
43. Maintain respectful, courteous interpersonal interactions at all times.

## Denture Care of a Resident's Dentures

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Put on gloves.
5. Line sink with a washcloth or towel. *No paper towels allowed.*
6. Removes dentures from denture cup.
7. Handle dentures carefully to avoid damage.
8. Rinse the denture cup.
9. Apply denture cleanser/cream to a denture brush.

10. Thoroughly brush the inner surfaces of the denture.
11. Thoroughly brush the outer surfaces of the denture.
12. Thoroughly brush the chewing surfaces of the denture.
13. Thoroughly brush the upper/lower surface of the denture.
14. Rinse dentures using clean cool water.
15. Place dentures in rinsed denture cup.
16. Add cool clean water to denture cup.
17. Empty, rinse, dry and return equipment to storage.
18. Place soiled linen in linen hamper.
19. Remove gloves, turning inside out as they are removed.
20. Dispose gloves in trash container.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the resident.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hand together until hands are completely dry.

## Donning a Gown and Gloves - Emptying Resident's Urinary Drainage Bag, Measure and Recording Output – Removing Gown and Gloves with Hand Washing

*(One of the possible first mandatory tasks)*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Face the back opening of the gown.
3. Unfold the gown.
4. Place arms through each sleeve.
5. Secure the neck opening.
6. Secure the gown at the waist, making sure that the back flaps cover the back as completely as possible.
7. Put on gloves
8. Overlap the gloves with the gown sleeves at the wrist.
9. Knock on door.
10. Introduce self to the resident.
11. Explain procedure to the resident.
12. Provide for resident's privacy.
13. Place a barrier on the floor under the drainage bag.
14. Place the graduate on the previously placed barrier.
15. Ensure the bag is below the bladder.
16. Ensure the drainage tube is not kinked. *(It helps if you verbalize while inspecting for kinks, that way the RN Test Observer can be sure that you have checked for kinks.)*
17. Open the drain to allow the urine to flow into the graduate.
18. Allow the urine to flow into the graduate until bag is empty.
19. Avoid touching the tip of the tubing to the graduate.
20. Clamp tubing.

21. Wipe the drain with an antiseptic wipe.
22. Insert a plug or protective cap into tubing or into holder.
23. Place graduate on flat surface.
24. Measure output at eye level.
25. Empty, rinse, dry and return equipment to storage.
26. Record output reading on the previously signed recording form.
27. Candidate's measurement is within 10 ml's of the RN Test Observer's pre-measured amount.
28. Maintain respectful, courteous interpersonal interactions at all times.
29. Leave call light or signaling device within easy reach of the resident.
30. Remove gloves turning inside out and folding one glove inside the other **-or-** pull/pop gown from neck always keeping gloved hands on the outside (contaminated) portion of the gown.
31. Do not touch outside of gloves with bare hand at any time **-or-** work gown down the arms from the neck and roll gown inside out as it is removed.
32. Dispose of the gloves, without contaminating self, in appropriate container, **-or-** peel gloves off keeping them inside out and rolled up inside the gown.
33. Unfastens gown at the neck with bare hands, if not using alternate method of removal.
34. Unfastens gown at the waist with bare hands, if not using alternate method of removal.
35. Removes gown by folding soiled area to soiled area with either method of removal.
36. Disposes of gown in an appropriate container.
37. Wash hands: Turn on water.
38. Thoroughly wet hands.
39. Apply soap to hands.
40. Rub hands together using friction with soap.
41. Rub hands together using friction for at least twenty seconds with soap.
42. Using friction, rub interlaced fingers together while pointing downward with soap.
43. Wash all surfaces of hands with soap.
44. Wash wrists with soap.
45. Rinse hands thoroughly under running water with fingers pointed downward.
46. Rinse wrists thoroughly under running water with fingers pointed downward.
47. Dry hands with clean paper towel(s).
48. Discard paper towel(s) to trash container as used.
49. Turn off faucet with a clean, dry paper towel.
50. Discard paper towel(s) to trash container as used.
51. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.

## Dressing a Resident with an Affected (Weak) Side

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Remove resident's gown while providing for the resident's privacy by appropriately keeping resident covered at all times.
5. Remove gown from unaffected (strong) side first.
6. Place soiled gown in linen hamper.

7. Starting from the affected (weak) side first, dress the resident in a shirt or blouse by inserting hand through the sleeve of the shirt or blouse and grasping the hand of the resident.
8. Starting from the affected (weak) side first, assist the resident to raise her/his buttocks or rock resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
9. When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
10. Leave the resident in a position of comfort.
11. Leave the resident properly dressed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.
14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### Foot Care (One Foot) for a Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Fill basin with comfortably warm water.
4. Remove resident's sock from one foot.
5. Immerse one foot in comfortably warm water for 10 to 20 minutes.  
*(After beginning to soak the foot, verbalize the 10-20 minutes soaking time to the RN Test Observer.)*
6. Remove the resident's foot from the water.
7. Use water and soapy washcloth.
8. Wash resident's entire foot.
9. Wash between resident's toes.
10. Rinse resident's entire foot.
11. Rinse between resident's toes.
12. Dry resident's foot thoroughly, being careful to dry between toes.
13. Warm lotion by rubbing it between hands.
14. Massage lotion over resident's entire foot.
15. If there is any excess lotion on the resident's foot, wipe with a towel/washcloth.
16. Replace resident's sock on foot.
17. Place soiled linen in linen hamper.
18. Empty, rinse, dry and return equipment to storage.
19. Leave resident in proper alignment in the chair.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave call light or signaling device within easy reach of the resident.
22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.



## Making a Resident's Occupied Bed

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Gather linen.
3. Transport linen away from the body.
4. Place clean linen on a clean surface. (*Bedside stand, chair, on a barrier.*)
5. Explain procedure to the resident.
6. Provide for resident's privacy.
7. Adjust bed to a comfortable working height.
8. Keep resident covered at all times with the sheet.
9. Remove top linen *except for the sheet*.
10. Gently remove the pillow from under resident's head.
11. Ask the RN Test Observer to stand on the opposite side of bed to provide safety when turning resident toward side of bed.
12. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
13. Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
14. Pull corners tightly in place and tuck sheet securely under the mattress.
15. Ask the RN Test Observer to move to the opposite side of the bed to provide safety.
16. Assist the resident to roll over the bottom linen, toward the RN Test Observer, preventing trauma and avoidable pain to resident.
17. Remove soiled linen without shaking, and place in linen hamper.
  - a) *Avoid placing dirty linen on the overbed table.*
  - b) *Avoid touching linen to uniform.*
18. Pull through and smooth out the clean bottom linen.
19. Place clean top linen over covered resident.
20. Remove soiled linen keeping resident unexposed at all times.
21. Tuck in top linen.
22. Make toe pleat.
23. Apply a clean pillowcase, with zippers and/or tags to inside.
24. Gently lift resident's head to replace the pillow.
25. Lower bed.
26. Leave resident in position of comfort and safety in a neatly made bed.
27. Maintain respectful, courteous interpersonal interactions at all times.
28. Leave call light or signaling device within easy reach of the resident.
29. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Measure and Record Resident's Oral Fluid Intake

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.

3. Observe dinner tray.
4. Use paper, pencil, mental computation and/or RN Test Observer supplied basic calculator to calculate the grand total of ml's consumed from three different glasses.
5. Record the sum total ml's of fluid consumed on the previously signed recording form.
6. Candidate's calculated total and RN Test Observer's total are within required range.
7. Maintain respectful, courteous interpersonal interactions at all times.
8. Leave call light or signaling device within easy reach of the resident.
9. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### Mouth Care (Brushing Resident's Teeth)

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Drape the resident's chest with a towel to prevent soiling.
5. Put on gloves.
6. Wet toothbrush.
7. Apply toothpaste to toothbrush.
8. Gently brush the inner surfaces of the resident's upper and lower teeth.
9. Gently brush the outer surfaces of the resident's upper and lower teeth.
10. Gently brush the chewing surfaces of the resident's upper and lower teeth.
11. Gently brush the resident's tongue.
12. Assist resident in rinsing mouth.
13. Wipe resident's mouth.
14. Remove soiled linen.
15. Place soiled linen in linen hamper.
16. Empty container. (*Container may be an emesis basin or a disposable cup.*)
17. Rinse emesis basin, if used, or discard disposable items in trash container.
18. Dry emesis basin, if used.
19. Rinse toothbrush.
20. Return equipment to storage.
21. Remove gloves, turning inside out as they are removed.
22. Dispose gloves in trash container.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
24. Maintain respectful, courteous interpersonal interactions at all times.
25. Leave call light or signaling device within easy reach of the resident.

## Mouthcare of a Comatose Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Provide for resident's privacy.
3. Position resident in a side-lying position to avoid choking or aspiration.
4. Drape chest/bed as needed to protect from soiling.
5. Put on gloves.
6. Use toothette(s) and prepared mouthwash cleaning solution or water.
7. Squeeze excess water from toothette, if needed.
8. Gently and thoroughly clean the inner surfaces of the resident's upper and lower teeth.
9. Gently and thoroughly clean the outer surfaces of the resident's upper and lower teeth.
10. Gently and thoroughly clean the chewing surfaces of the resident's upper and lower teeth.
11. Gently and thoroughly clean the resident's gums.
12. Gently and thoroughly clean the resident's tongue and roof (palate) of the mouth.
13. Dip a new toothette into clean water.
14. Rinse the resident's mouth with water dipped toothette.
15. Wipe resident's mouth, if needed.
16. Return resident to a position of comfort and safety.
17. Empty, rinse, dry and return equipment to storage, if any used.
18. Discard disposable items in trash container.
19. Place soiled linens in linen hamper.
20. Remove gloves, turning inside out as they are removed.
21. Dispose gloves in trash container.
22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
23. Maintain respectful, courteous interpersonal interactions at all times.
24. Leave call light or signaling device within easy reach of the resident.

## Nail Care (One Hand) for a Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Ensure resident's safety by locking wheelchair brakes.
5. Obtains comfortably warm water.
6. Immerse resident's nails of one hand in comfortably warm water and soaks for at least five (5) minutes.

*(After beginning to soak the nails, verbalize at least five minutes soaking time to the RN Test Observer.)*
7. Gently clean under the resident's nails of one hand with file, orange stick or nail brush.
8. Dry resident's hand thoroughly.
9. Specifically dry between the resident's fingers.
10. Gently push cuticle back with washcloth/towel or orange stick.

11. Verbalize technique used to cut resident's nails.
12. Verbalize technique used to file resident's nails.
13. Place soiled linen in linen hamper.
14. Empty, rinse, dry and return equipment to storage.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Places resident within easy reach of the call light or signaling device.
17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### Partial Bed Bath for a Resident: Face, One Underarm and Hand

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Fill basin with comfortably warm water.
5. Adjust bed to a comfortable working height.
6. Cover resident with a bath blanket.
7. Remove top bed linens by fan-folding to bottom of bed or placing aside.
8. Remove resident's gown.
9. Place soiled gown in linen hamper.
10. Wash resident's face with water and **without soap**.
11. Dry resident's face.
12. Place a towel under one of resident's arms.
13. Wash one hand with water and soap.
14. Rinse hand.
15. Dry hand.
16. Wash underarm with water and soap.
17. Rinse underarm.
18. Dry underarm.
19. Place soiled linen in linen hamper.
20. Put a clean gown on the resident.
21. Empty, rinse, dry and return equipment to storage.
22. Lowers bed.
23. Maintain respectful, courteous interpersonal interactions at all times.
24. Leave call light or signaling device within easy reach of the resident.
25. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Passing Fresh Water to a Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Assemble equipment as required:
  - a) ice (marbles used as simulated ice)
  - b) scoop
3. Explain procedure to the resident.
4. Obtain water pitcher from resident's room.
5. Empty water pitcher and verbalize cleaning the water pitcher.
6. Scoop ice (marbles) into water pitcher.
7. Properly use ice scoop **-or-** uses ice dispenser without contaminating water or water pitcher.
  - a) *Does not allow ice to touch hand and fall back into pitcher or scoop to touch pitcher.*
8. Properly store ice scoop, if scoop was used.
  - a) *Scoop placed in appropriate receptacle after each use.*
9. Add water to pitcher.
10. Return pitcher to resident's bedside stand/table.
11. Pours resident a fresh glass of water.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.
14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Perineal Care for a Female Resident with Hand Washing

*(One of the possible first mandatory tasks) | [DEMONSTRATED ON A MANIKIN]*

1. Knock on door.
2. Introduce self to the resident.
3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
4. Explain procedure to the resident (manikin).
5. Provide for resident's privacy.
6. Fill basin with comfortably warm water.
7. Adjust bed to a comfortable working height.
8. Put on gloves.
9. Place a waterproof pad under the resident's buttocks.
10. Expose perineum only.
11. Separate labia. *(It is helpful if you verbalize separating labia while actually demonstrating separating labia.)*
12. Use water, soap and washcloth **-or-** disposable wipe(s) for cleaning perineum.
13. Clean one side of labia from top to bottom.
14. Use a clean portion of a washcloth **-or-** disposable wipe(s) with each stroke.
15. Clean other side of labia from top to bottom.
16. Use a clean portion of a washcloth **-or-** disposable wipe(s) with each stroke.

17. Pat the perineum dry with a towel/washcloth.
18. Re-cover the exposed area with the bath blanket.
19. Turn resident (manikin) to turn onto her side away from self.
20. Use water, soap and clean washcloth **-or-** disposable wipe(s) for cleaning the rectal area.
21. Clean area from vagina to rectal area with single strokes.
22. Repeat this step as necessary using a different part of the washcloth **-or-** disposable wipe(s) for each stroke. *(May use more than one washcloth or disposable wipe.)*
23. Pat area dry with a towel/washcloth from vagina to anus.
24. Remove waterproof pad from under resident's buttocks.
25. Place soiled linen in linen hamper.
26. Leave resident in a position of comfort in good body alignment.
27. Lower bed, if it was raised.
28. Empty, rinse, dry and return equipment to storage.
29. Remove gloves, turning inside out as they are removed.
30. Dispose of gloves in trash container.
31. Wash hands: Turn on water.
32. Thoroughly wet hands.
33. Apply soap to hands.
34. Rub hands together using friction with soap.
35. Rub hands together using friction for at least twenty seconds with soap.
36. Using friction, rub interlaced fingers together while pointing downward with soap.
37. Wash all surfaces of hands with soap.
38. Wash wrists with soap.
39. Rinse hands thoroughly under running water with fingers pointed downward.
40. Rinse wrists thoroughly under running water with fingers pointed downward.
41. Dry hands with clean paper towel(s).
42. Discard paper towel(s) to trash container as used.
43. Turn off faucet with a clean, dry paper towel.
44. Discard paper towel(s) to trash container as used.
45. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
46. Leave call light or signaling device within easy reach of the resident.
47. Maintain respectful, courteous interpersonal interactions at all times.

## Perineal Care for an Uncircumcised Male – Applying an Adult Brief with Hand Washing

*(One of the possible first mandatory tasks) | [DEMONSTRATED ON A MANIKIN]*

1. Knock on door.
2. Introduce self to the resident.
3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
4. Explain procedure to the resident (manikin).
5. Choose correct brief and size per facility instructions.
6. Provide for resident's privacy.

7. Fill basin with comfortably warm water.
8. Adjust bed to a comfortable working height.
9. Put on gloves.
10. Place waterproof pad under resident's buttocks.
11. Gently grasp penis.
12. Use water, soap and a washcloth.
13. Demonstrate retracting of the foreskin.
14. Clean tip of penis using single strokes starting at the urethral opening and working outward with a circular motion with each stroke.
15. Use a clean portion of the washcloth with each stroke.
16. Clean the shaft of the penis using single strokes with firm downward motion from the tip to the base of the penis.
17. Clean the shaft of the penis using a clean portion of the washcloth with each stroke.
18. Clean the scrotum using a clean portion of the washcloth with each stroke.
19. Pat the penis and scrotum dry with a towel/washcloth.
20. Demonstrate replacement of the foreskin.
21. Re-cover the exposed area with the bath blanket.
22. Turn resident (manikin) onto his side away from self.
23. Use a clean washcloth with soap and water to clean the rectal area.
24. Clean away from the scrotum to the rectal area with single strokes.
25. Use a clean portion of the washcloth for each stroke. *(May use more than one washcloth.)*
26. Pat area dry with a towel/washcloth from scrotum to anus.
27. Remove waterproof pad from under resident's buttocks.
28. Place soiled linens in linen hamper.
29. Place brief under resident's buttocks with the top of the absorbent pad aligned just above the resident's buttocks crease.
30. Grasp and stretch the leg portion of front panel to extend elastic for groin placement.
31. Roll ruffles away from groin.
32. Snuggly place bottom tabs angled towards abdomen on both sides.
33. Place top tabs on each side angled toward bottom tabs.
34. Leave resident in a position of comfort in good alignment.
35. Empty, rinse, dry and return equipment to storage.
36. Remove gloves, turning inside out as they are removed.
37. Dispose of gloves in trash container.
38. Wash hands: Turn on water.
39. Thoroughly wet hands.
40. Apply soap to hands.
41. Rub hands together using friction with soap.
42. Rub hands together using friction for at least twenty seconds with soap.
43. Using friction, rub interlaced fingers together while pointing downward with soap.
44. Wash all surfaces of hands with soap.
45. Wash wrists with soap.
46. Rinse hands thoroughly under running water with fingers pointed downward.
47. Rinse wrists thoroughly under running water with fingers pointed downward.
48. Dry hands with clean paper towel(s).
49. Discard paper towel(s) to trash container as used.

50. Turn off faucet with a clean, dry paper towel.
51. Discard paper towel(s) to trash container as used.
52. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
53. Leave call light or signaling device within easy reach of the resident.
54. Maintain respectful, courteous interpersonal interactions at all times.
55. Verbalize that the resident's brief should be checked every two hours.
56. Verbalize that brief is to be changed PRN and that facility toileting and bowel and bladder protocol will be followed.

## Position Resident on their Side in Bed

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident and how the resident may help.
3. Provide for resident's privacy.
4. Position bed flat.
5. Adjust bed to a comfortable working height.
6. Ensure resident safety by locking bed brakes.
7. Use a turn sheet and weight shift technique **-or-** move/pull torso of the resident, with proper body mechanics, toward self.
8. Use a turn sheet and weight shift technique **-or-** move/pull resident's hips, with proper body mechanics, toward self.
9. Use a turn sheet and weight shift technique **-or-** move/pull resident's legs, with proper body mechanics, toward self.
10. Cross resident's legs.
11. Assist/turn resident on the correct side read to the candidate in the scenario, either by turning the resident toward the RN Test Observer from the working side of the bed **-or-** by moving to the opposite side of the bed and turning the resident on her/his side toward yourself.
12. Support device is placed under the resident's head.
13. Support device is placed under the resident's up side arm.
14. Support device is placed behind the resident's back.
15. Support device is placed between the resident's knees.
16. Lower bed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Range of Motion Exercises for Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.



3. Provide for resident's privacy.
4. Position resident supine and in good body alignment.
5. Correctly support the extremity/joint being exercised.
6. Move shoulder through flexion, extension, rotation, abduction, and adduction at least three times.
7. Move elbow through flexion and extension at least three times.
8. Move wrist through flexion, extension, and rotation at least three times.
9. Move hip through flexion, extension, rotation, abduction, and adduction at least three times.
10. Move knee through flexion and extension at least three times.
11. Move ankle joint through flexion, extension, rotation, abduction, and adduction at least three times.
12. Do not cause discomfort or pain and do not force any joint beyond the point of free movement.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signaling device within easy reach of the resident.
15. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### **Transfer Resident from Bed to Wheelchair using a Gait Belt**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Obtain gait belt.
3. Explain procedure to the resident.
4. Position wheelchair at the foot or head of bed.
5. Ensure resident's safety by locking the wheelchair brakes.
6. Bring resident to a sitting position using correct body mechanics.
7. Position bed to a height such that the resident's feet are flat on the floor when sitting on the edge of the bed.
8. Assist resident in putting on shoes or non-skid slippers.
9. Place gait belt around resident's waist.
10. Tighten gait belt.
11. Check gait belt by slipping fingers between gait belt and resident.
12. Stand in front of and face the resident.
13. Grasp the gait belt on each side of the resident with an underhand grip.
14. Use your legs to stabilize resident.
15. Bring resident to standing position, using correct body mechanics.
16. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, transfer resident from bed to wheelchair.
17. Assist resident to pivot and sit in a controlled manner that ensures safety.
18. Remove gait belt.
19. Maintain respectful, courteous interpersonal interactions at all times.
20. Place resident within easy reach of the call light or signaling device.
21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Transfer Resident from Wheelchair to Bed using a Gait Belt

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Obtain gait belt.
3. Explain procedure to the resident.
4. Position wheelchair at the foot or head of bed.
5. Ensure resident's safety by locking wheelchair brakes.
6. Position bed to a height such that the resident's feet are flat on the floor when sitting on the edge of the bed.
7. Place gait belt around resident's waist.
8. Tighten gait belt.
9. Check gait belt by slipping fingers between gait belt and resident.
10. Stand in front of and face the resident.
11. Instruct resident to move hips forward to front of wheelchair seat.
12. Instruct resident to place hands on wheelchair arm rests.
13. Use your legs to stabilize resident.
14. Assist resident to standing position using underhand grip on gait belt and proper body mechanics.
15. Assist resident to pivot in a controlled manner that ensures safety.
16. Assist resident to sit on the bed.
17. Remove gait belt.
18. Remove footwear.
19. Assist resident to move to center of bed and lie down, using proper body mechanics.
20. Make sure resident is comfortable and in good body alignment.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within easy reach of the resident.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## Vital Signs: Taking and Recording a Resident's Manual Blood Pressure

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Assist resident into a comfortable position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. Roll resident's sleeve up about 5 inches above the elbow, if the resident is wearing a shirt with sleeves.
6. Apply the cuff around the resident's upper arm just above the elbow.
7. Clean earpieces of stethoscope appropriately and place in ears.
8. Clean diaphragm.
9. Locate resident's brachial artery with fingertips by feeling resident's brachial pulse just above bend of elbow.
10. Place stethoscope over the resident's brachial artery.

11. Hold stethoscope snugly in place.
12. Inflate cuff.
13. Slowly release air from cuff to disappearance of pulsations.
14. Remove cuff.
15. Record reading on the previously signed recording form.
16. Candidate's recorded systolic and diastolic blood pressure are within 4mmHG of the RN Test Observer's.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### **Vital Signs: Taking and Recording a Resident's Radial Pulse and Respirations**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Locate the resident's radial pulse by placing tips of fingers on thumb side of the resident's wrist.
4. Count pulse for 60 seconds, or 30 seconds x 2.
5. Record resident's pulse rate count on the previously signed recording form.
6. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
7. Count respirations for 60 seconds, or 30 seconds x 2.
8. Record count on the previously signed recording form.
9. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
10. Maintain respectful, courteous interpersonal interactions at all times.
11. Leave call light or signaling device within easy reach of the resident.
12. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### **Vital Signs: Taking and Recording a Resident's Temperature, Radial Pulse & Respirations**

*(Using a digital, tympanic or temp dot thermometer)*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Correctly turn on digital or tympanic thermometer, **-or-** correctly handle the temp dot thermometer.
4. Gently insert bulb end of thermometer in mouth, under resident's tongue, **-or-** gently insert tympanic in resident's ear **-or-** properly place temp dot thermometer.
5. Hold or leave thermometer in place for appropriate length of time.
6. Remove thermometer.
7. Record the temperature on the previously signed recording form.

## Montana Nurse Aide Candidate Handbook

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8. Candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.
9. Wipe the thermometer clean with an alcohol pad **-or-** discard sheath or temp dot thermometer appropriately.
10. Locate the resident's radial pulse by placing tips of fingers on thumb side of the resident's wrist.
11. Count pulse for 60 seconds, or 30 seconds x 2.
12. Record count on the previously signed recording form.
13. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
14. Count respirations for 60 seconds, or 30 seconds x 2.
15. Record count on the previously signed recording form.
16. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### Weighing an Ambulatory Resident

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain procedure to the resident.
3. Ensure resident's safety by locking the wheelchair brakes. *(Use of a gait belt is optional but procedure must be performed safely.)*
4. Balance or zero scale, **before** weighing resident.
5. Check that resident is balanced and centered on scale with arms at side.
6. Check that resident is not holding on to anything that would alter reading of the weight.
7. Appropriately adjust weights until scale is in balance.
8. Read weight and record it on the previously signed recording form.
9. Candidate's recorded weight varies no more than 1 lb. from RN Test Observer's reading.
10. Assist resident to sit in the wheelchair and unlocks the wheelchair brakes.
11. Unlock the wheelchair brakes, if they were locked.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Place resident within easy reach of the call light or signaling device.
14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

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### Knowledge Exam Vocabulary List

abdominal thrust
abnormal
accidents
activity

adduction
ADL's
admission
aging process

AIDS
alarms
Alzheimer's
ambulate with assistance

## Montana Nurse Aide Candidate Handbook

ambulation	body mechanics	communicable
anemia	body temperature	communication
angina pectoris	bowel and bladder programs	communication with depressed resident
angry resident	bowel movements	compensation
anterior	brain stem	confidentiality
antibiotics	break time	confused resident
anxiety	breathing	congestive heart failure
aphasia	broken equipment	constipation
appropriate response	call light	contaminated clothing
arteries	cancer	contaminated hands
arteriosclerosis	cane	contamination
arthritis	cardiovascular system	contracture
aseptic	care plan	converting units
aspiration	caring for elderly	coping mechanisms
atrophy	cast	coughing excessively
axillary temperature	cataracts	CPR
back strain	catheter drainage bag	CVA resident
bacteria	central nervous system	cyanosis
bargaining	cerebral vascular accident	decubitus ulcer
basic needs	charge nurse	dehydration
basic skin care	chart	demanding resident
bathing	chemotherapy	dementia
bed bath	choking	denial
bed position	chronic disease	dentures
bed rest	circulatory system	depression
bedfast	cleaners	dermatitis
bedpan	cleaning spills	diabetes
bedsore	cleaning up of spills	diabetes mellitus
bladder training	clear liquid diet	dialysis
bleeding	clergy	diaphragm
blindness	cold compress	diarrhea
blood pressure	colostomy	diastolic
bodily fluids	colostomy bag	diet
body language	combative resident	

## Montana Nurse Aide Candidate Handbook

digestion	feces	hyperventilation
digestive system	feeding resident	hypoglycemia
discharging resident	feeding tube	immobility
disease producing organisms	fingernail care	impaction
disinfection	fire	impairment
dizziness	fire safety procedures	in-house
DNR	fluid intake	in-service programs
documentation	Foley catheter	incontinence
draw/lift	foot drop	indwelling catheter
dressing resident	fractures	infection
dry skin	frequent urination	initial observations
dying process	function with assistance	input and output
dysphasia	gait belt	insulin
dyspnea	gastrostomy tube	intake and output
edema	geriatrics	integumentary system
elastic stockings	germ transmission	international time
electrical equipment	glass thermometer	interpersonal skills
elimination of wastes	gloves	interventions
emesis basin	grieving process	isolation
emotional abuse	group settings	job description
emotional needs	growth	job interview
emotional support	hair care	lethargy
empathy	hand tremors	lift/draw sheets
emphysema	hand washing	linen
enema	health-care team	lying on side
ethical code	hearing aid	making occupied bed
ethical issues	hearing impaired	mask
evacuation	heart	Maslow's hierarchy
exercise	height	material safety data
eye glasses	Heimlich maneuver	mealtime
facility policy	HIV	medical asepsis
falls	hug	medications
fatigue	hydration	memory loss
	hypertension	mentally impaired

## Montana Nurse Aide Candidate Handbook

microorganisms	ostomy bag	radial
minerals	oxygen	ramps
mistakes	paralysis	range of motion
mistreatment	paranoia	rationalization
mobility	Parkinson's	rectal temperature
money	partial bath	reddened/discolored area
mouth care	patience	rehabilitation
moving a dependent resident	perineal care	religious service
moving a resident	peristalsis	reminiscence
mucous	personal care	renal failure
Multiple Sclerosis	personal hygiene	reporting abnormal changes
myocardial infarction	personal items	reposition residents
nasal cannula	personal possessions	resident abuse
natural disaster	personal stress	resident belongings
needles	pet therapy	resident independence
neglect	phantom pain	resident rights
new resident	physical needs	resident's bill of rights
non-contagious disease	physician's authority	resident's chart
nonverbal communication	policy book	resident's environment
nosocomial	positioning a resident	resident's families
NPO	positive attitude	residents
nurse's station	prefix	respectful treatment
nursing assistant behavior	pressure sore	respiration
nursing assistant's role	pressure ulcer	respirations
nursing station	preventing injury	respiratory condition
nutrition	privacy	responding to resident behavior
objective	prone	restorative care
observation	prostate gland	restraints
ombudsman	prosthesis	right to equal care
oral hygiene	protective equipment	right to refuse care
oral temperature	psychological needs	scale
osteoarthritis	pulmonary disease	secretions
osteoporosis	pulse	seizure
	quadriplegia	

## Montana Nurse Aide Candidate Handbook

severe tremors	supine	vomitus
sexual activity	supplemental feedings	walker
sexual advances	suspected abuse	wandering resident
sexual expression	swelling	water faucets
sexual needs	systolic	weak side
sexuality	TED hose	weakness
sexually transmitted diseases	terminal illness	weight
sharps container	threatening resident	wheelchair safety
shaving	thrombus	white blood cells
shearing of skin	tips	withdrawal
side rails	toenails	
Sim's position	toileting schedule	
skin breakdown	TPR	
smoking	transferring	
social well being	treating residents with respect	
soiled linen	tub bath	
specimen	twice daily	
spilled food	tympanic temperatures	
spills	ulcers	
spiritual needs	unconscious	
standard precautions	uncovered food	
standard/universal precautions	uniform	
State survey	universal precautions	
stealing	unopened mail	
stereotypes	unsteady	
stethoscope	urinary catheter bag	
stomach	urinary system	
stool specimen	urinary tract	
stress	urine	
stroke	visually impaired	
subjective	vital signs	
suicide	vitamins	
sun-downing	vomiting	



