

# BASIC NURSING SKILLS QUESTIONS

**1. A client is paralyzed on the right side. The nurse aide should place the signalling device**

**ON THE LEFT SIDE OF THE BED NEAR THE CLIENT'S HAND.**

Clients who have had a stroke often have one-sided weakness or paralysis. They may not be able to use that side of their body, or may not even be aware of the affected side. This is called "one-side neglect." Rehabilitation services will help the patient recover as well as possible, but as the client's caregiver, you can encourage the client to use the unaffected side by placing the signalling device where the client can reach it to call for assistance.

**2. A nurse aide notices blood in a patient's IV tubing. The aide should**

**NOTIFY THE IV NURSE.**

When an IV is running well, the tubing should be clear and the IV site clean and dry. If blood is noted in the tubing, notify the nurse. It is beyond the scope of practice for a nurse aide to do anything with an IV.

**3. Physical restraints are used MOST often TO PREVENT CLIENT INJURY.**

Physical restraints are devices or equipment that prevent normal movement. Examples are arm or leg restraints, hand mitts, or vests. It is against the law to use restraints unless necessary to treat a client's medical symptoms, or if there is a risk of harming self or others. Restraints are not used for punishment, convenience, or a method of control. Either a physician's order or the client's consent is required before a restraint can be applied.

**4. A Hepatitis B vaccination protects the person receiving it against a disease that affects**

**LIVER.**

Hepatitis B is a serious, contagious infection caused by a virus (HBV). Most commonly spread by exposure to body fluids, it can cause both acute and chronic disease. Many agencies and facilities require employees to receive the HBV vaccination series in order to protect themselves and others.

**5. Drainage bags from urinary catheters should always BE KEPT BELOW THE LEVEL OF THE BLADDER.**

Drainage bags from an indwelling Foley catheter should be kept below the level of the bladder to prevent urine from backflowing into the bladder. It also allows gravity to help drain the tubing. Checked that the tubing is not kinked or compressed. Depending on the reason for the catheter, urine may have an unusual appearance; ask the nurse what is abnormal for the patient. Monitor and record the color of the urine, as well as observations such as sediment, cloudiness, or blood. Follow your facility's policy or the patient's care plan regarding how often to change the urinary drainage bag.

**6. The goal of the health care team is to PROVIDE QUALITY CARE**

Health care teams are based on the idea that no one has all the knowledge to do everything for a patient. By having each specialty contribute, the patient gets the best possible care.

**7. NPO means**

**NOTHING BY MOUTH**

NPO is a common medical term that means the client can not eat or drink anything, including water or ice chips. A doctor orders a patient to be NPO for situations such as before surgery or certain lab work. If a client is ill or has a gastrointestinal condition, the doctor may write an order to be NPO until the cause is known. The nurse aide can provide mouth care for a client who is NPO. Placing a "NPO" sign over the client's bed will remind all staff members not to give the client anything to eat or drink.

**8. Who supervises the work of a nurse aide**

**THE NURSE**

The work of a nurse aide is overseen by a registered nurse or a licensed practical or vocational nurse. The scope of practice for an RN or LPN/LVN includes responsibility of staff who provide the daily, hands-on care for clients. Open communication between the nurse aide and supervisor makes for excellent client care.

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