**Airway - Tracheostomy Competency**

**Post Test – Nursing Assistant**

D

**NURSING ASSISTANT POST TEST FOR AIRWAY TRACH**

|  |  |
| --- | --- |
| **Question: True or False?** | **Answer** |
| 1. Signs and symptoms of shortness of breath are:
2. Difficult or labored breathing that is out of proportion to the resident’s level of physical activity or
3. Complaints of SOB
 |  |
| 1. You should communicate to nurse if there is a report from the resident, family, or other staff that the resident is experiencing shortness of breath.
 |  |
| 1. Your observations for SOB at rest and during movement, particularly during activities is not important observation to report to the nurse.
 |  |
| 1. If a resident tells you that they are having a hard time breathing but it is not evident you should still immediately report to the nurse.
 |  |
| 1. You should wear gloves anytime you might come in contact with the resident’s respiratory secretions.
 |  |

Employee Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_