Certified Patient Care Technician/Assistant Skills & Vitals Study Sheet

Vital signs · mobility & skin · respiratory & nutrition · safety & delegation · infection control · 2025 test plan

Free Certified Patient Care Technician/Assistant sample exam: **passprofessor.com/cpcta-exam-prep/**

WHICH TEST PLAN THIS SHEET FOLLOWS

This sheet follows the NHA 2025 test plan, which applies to CPCT/A exams administered on and after **January 13, 2027** (domain weights: Patient Care 43% · Compliance, Safety, and Professional Responsibility 19% · Infection Control 16% · Phlebotomy and Nonblood Specimen Collection 12% · EKG 10%). Earlier exams follow the 2018 plan.

VITAL SIGNS & MEASUREMENT

Item	Reference
Blood pressure, normal / elevated (adult)	normal: below 120/80 mmHg · elevated: systolic 120–129 with diastolic below 80 · stage 1 hypertension: systolic 130–139 or diastolic 80–89
Pulse, adult resting	60–100/min
Respirations, adult	12–20/min
Oral temperature, typical adult	approximately 97–99 °F

Item	Reference
Orthostatic positive finding	systolic drop of 20 mmHg or more, or diastolic drop of 10 mmHg or more, within 3 minutes of standing — assist the patient back to bed, stay with them, report to the nurse
Blood pressure technique	correct cuff size (bladder about 80% of arm circumference), arm supported at heart level, feet flat
Blood pressure site exclusions	never the mastectomy side or the arm with a dialysis fistula/graft
Urine output reporting threshold	report sustained output below 30 mL/hour; weights are compared on the same scale, at the same time of day, in the same clothing — a gain of about 2 lb/day or 5 lb/week suggests fluid retention; intake/output in mL (1 oz = 30 mL; ice chips count at half volume melted)

FLUIDS, HYGIENE, SKIN, MOBILITY, RESPIRATORY & NUTRITION

Item	Reference
Catheter drainage	bag below bladder level, no dependent loops, system closed, catheter secured
Skin breakdown prevention	reposition at least every 2 hours (or per care plan); float heels; skin clean and dry; the technician reports redness/breakdown — staging and treatment belong to the nurse
Transfer safety	lock brakes before transfers; non-skid footwear; transfer toward the patient's strong side; dangle legs before standing; a gait belt sits snug around the patient's waist over clothing and is grasped to guide and steady; range of motion is passive, active, or assistive-active — never force a joint past pain or resistance
Falling patient	ease the patient to the floor while protecting the head — never try to hold the patient up — then call for help and stay with the patient
Ostomy care	clean peristomal skin gently, keep it dry, pouch fitted without leaking; report redness, irritation, or output changes to the nurse; perineal care cleanses front to back with a clean cloth area per stroke

Item	Reference
Nasal cannula	typical flow 1–6 L/min by provider order; the technician sets up, monitors, and reports distress or saturation below ordered parameters — titrating beyond the order is out of scope
Incentive spirometry	slow, deep inhale through the mouthpiece with a brief hold, repeated hourly while awake as ordered; TCDB = turn, cough, deep breathe

© PassProfessor · passprofessor.com

Aspiration precautions	tube feeding: head of bed 30–45° during feeding and for 30–60 minutes after · oral feeding: patient upright at about 90°; stop and report coughing, choking, or pocketing food; technicians do not verify tube placement or administer feedings/medication beyond facility-credentialed scope — they assist, monitor, and report
Two-identifier rule	verify full name and date of birth against the wristband and the order; a room number is not an identifier
Pain scale selection	a faces pain scale when the patient cannot use the 0–10 numeric scale but can point; the patient's selection is reported to the nurse; a sudden change during care means stop the task, keep the patient safe, and report to the nurse right away

SAFETY, DELEGATION, EMERGENCIES & INFECTION CONTROL

Item	Reference
Five Rights of Delegation	right task, circumstance, person, direction/communication, supervision
Non-delegable work	assessment, clinical judgment, teaching evaluation, and most medication administration are not delegable to the patient care technician; the technician never re-delegates
RACE (fire response)	Rescue, Alarm, Confine, Extinguish or Evacuate; PASS for the extinguisher: Pull, Aim, Squeeze, Sweep
Adult BLS compressions	100–120/min, depth about 2 inches, interruptions minimized, AED as soon as available; a conscious choking adult receives abdominal thrusts
Restraints	only on provider order, with monitoring and documentation per policy, and alternatives tried first; one-to-one monitoring means constant observation, behavior documented per policy, and observation handed off before leaving
Postmortem care	body supine with arms at the sides, eyes and mouth closed, dentures in place, identification tags applied per policy; hospice care prioritizes comfort and dignity, with grief support through listening and cultural/religious respect

Item	Reference
Hand hygiene, soap and water	20 seconds when hands are visibly soiled and after caring for patients with C. difficile or norovirus; alcohol rub does not kill C. difficile spores; gloves never replace hand hygiene; contact precautions (MRSA, C. difficile) = gown and gloves with dedicated or disinfected equipment
Airborne precautions	fit-tested respirator and airborne infection isolation room; used for TB, measles, and varicella; droplet precautions (influenza) = surgical mask
Sterile field	the outer 1-inch border is not sterile; anything below waist level is contaminated; a wet field is contaminated (strike-through); disinfectants must stay wet for the label dwell time, visible soil cleaned first
Clean-catch urine specimen	cleansing before voiding, midstream portion collected; a specimen collected without cleansing is not a clean catch
Point-of-care testing control rule	an invalid control (no control line/indicator) means repeat the test and report no result; EKG in the PCT role runs at 25 mm/s and 10 mm/mV

WHAT THIS SHEET DOESN'T COVER

- Hands-on skill performance: care tasks judged as scenarios — sequencing, scope calls, what to report first.
- Blueprint-weighted scenario application across all five 2025-plan domains.
- Timed, full-length exam simulation.
- An explanation for every answer — why the right answers are right and the wrong ones are wrong.
- A fresh set of questions on every attempt, so practice never repeats itself.

Start with free Certified Patient Care Technician/Assistant sample questions: passprofessor.com/cpcta-exam-prep/

The NHA Certified Patient Care Technician/Assistant exam: 100 scored questions plus 20 unscored pretest items, 2 hours. Passing is a scaled score of 390 on a 200–500 scale. Reference facts are those used across the PassProfessor CPCT/A question bank's verified explanations.

© PassProfessor · passprofessor.com