

• FREE STUDY RESOURCE

HHA Exam *cheat sheet*

The hardest-to-memorize HHA exam facts on four pages — vital signs, infection control, body mechanics, communication, legal terms, and emergency response. Print it, fold it, study it.

VITAL SIGNS Normal adult ranges

VITAL	NORMAL	REPORT IF
Blood Pressure	<120/80 mmHg (normal) · 120–129/<80 (elevated)	>140/90 or <90/60
Heart Rate	60–100 bpm	<60 or >100 bpm
Respiratory Rate	12–20 breaths/min	<12 or >20
Temperature (oral)	97.8–99.1 °F (36.6–37.3 °C)	>100.4 °F = fever
SpO ₂ (oxygen)	95–100 %	<90 % = hypoxemia
Pain scale	0 (none) – 10 (worst)	Any new or worsening pain

HAND HYGIENE 11-step WHO technique

1. **Wet** hands under clean running water.
2. **Soap** — cover all surfaces.
3. **Palm to palm** — circular motion.
4. **Backs of hands** — palm over dorsum; reverse.
5. **Between fingers** — palms together, interlaced.
6. **Backs of fingers** — interlocked, rotational.
7. **Thumbs** — clasped, rotational; reverse.
8. **Fingertips** — rotational in opposite palm.
9. **Rinse** under running water.
10. **Dry** with a single-use towel.
11. **Faucet** — turn off using the towel, not bare hands.

PPE ORDER Don & Doff sequence

DONNING

1. Gown
2. Mask or N95
3. Eye protection
4. Gloves (*over gown cuffs*)

DOFFING

1. Gloves (*most contaminated*)
2. Eye protection by headband
3. Gown — roll away from body
4. Mask by straps only
5. Wash hands after each step

ISOLATION Precaution types & required PPE

TYPE	DISEASES	PPE	ROOM
Standard	All patients, always	Gloves; gown/mask as needed	Any
Contact	MRSA, C. diff, VRE, scabies	Gloves + Gown	Private preferred
Droplet	Influenza, COVID-19, mumps	Surgical mask	Private or cohort
Airborne	TB, measles, varicella (chickenpox)	N95 respirator	Negative-pressure

PATIENT RIGHTS **HIPAA + Home Health**

- **Informed** — know diagnosis, plan, prognosis
- **Refuse care** — any competent adult may decline
- **Privacy** — HIPAA protects all PHI
- **Dignity** — courtesy regardless of condition
- **Safety** — free from abuse, neglect, exploitation
- **Participate** — involved in their own care plan
- **Continuity** — not abandoned mid-care
- **Grievance** — complain without retaliation

LEGAL & ETHICS **Must-know terms**

- Abuse** intentional physical, emotional, sexual, or financial harm
- Neglect** failure to provide required care
- Abandonment** leaving without arranging coverage
- HIPAA** federal patient-privacy law
- Informed consent** patient agrees after understanding risks & alternatives
- Scope of practice** legal limit of HHA duties — **no medications**
- Advance directive** written wishes if patient can't communicate
- DNR / DNAR** Do Not Resuscitate — no CPR if breathing stops
- Mandatory reporting** HHAs **must** report suspected abuse

PRESSURE INJURIES **Staging & HHA action**

STAGE	APPEARANCE	HHA ACTION
Stage 1	Intact skin, non-blanching redness	Report; reposition every 2 h
Stage 2	Open blister or shallow wound	Report; do NOT massage
Stage 3	Deep crater; fat tissue visible	Follow wound-care plan
Stage 4	Bone, tendon, or muscle exposed	Report as medical emergency
Unstageable	Base obscured by slough/eschar	Never attempt to remove eschar

FIRE SAFETY **RACE & PASS**

- | | |
|---------------------------------|---------------------------|
| R · A · C · E | P · A · S · S |
| Rescue the patient first | Pull the pin |
| Alarm — pull or call 911 | Aim at the base |
| Contain — close doors | Squeeze the handle |
| Extinguish/evacuate | Sweep side to side |

STROKE **BE-FAST warning signs**

- B Balance** — sudden loss of balance or coordination
- E Eyes** — vision loss in one or both eyes
- F Face** — drooping on one side; ask to smile
- A Arms** — weakness; can they raise both?
- S Speech** — slurred or hard to understand
- T Time** — note the moment symptoms began & **call 911 NOW**

BODY MECHANICS Lift & transfer safely

ALWAYS DO

- Keep your **back straight**, bend at hips and knees
- Feet shoulder-width apart for a wide base
- Hold the load **close to your body**
- Lift with your **legs**, not your back
- Use **gait belts** for unsteady patients
- Lock **both** bed & wheelchair wheels first
- Tell the patient what you'll do — count "1-2-3"

NEVER DO

- Lift **alone** if the patient is too heavy
- Twist your spine while lifting — pivot with feet
- Lift under the patient's **arms** or shoulders
- Rush — give the patient time to adjust
- Skip the gait belt for a "quick" transfer

DIABETES Hypo vs Hyper

HYPOGLYCEMIA (LOW)	HYPERGLYCEMIA (HIGH)
Sudden onset · Shaky, sweaty, pale Confusion, irritable Hungry, weak Action: give fast sugar (juice/glucose), then food	Gradual onset · Thirsty, frequent urination Fruity breath, dry skin Drowsy, blurred vision Action: report; do not give insulin

Memory hook: "**Cold & clammy = need some candy. Hot & dry = sugar's high.**"

DAILY LIVING ADL vs IADL

ADLS

- Bathing
- Dressing
- Eating
- Toileting
- Transferring
- Continenence

IADLS

- Cooking / meal prep
- Housekeeping
- Laundry
- Shopping / errands
- Managing money
- Using the phone
- Managing meds (*reminders only*)

RANGE OF MOTION ROM types & HHA role

TYPE	WHO MOVES THE JOINT	HHA DOES THIS WHEN
Active (AROM)	Patient moves on their own	Encourage & supervise; never force
Active-assisted	Patient + HHA together	Patient is weak but can participate
Passive (PROM)	HHA moves the joint fully	Patient can't move (post-stroke, comatose)

Never push past the point of pain. Stop and report new resistance, swelling, or grinding sounds.

COMMUNICATION Therapeutic phrases that win exam questions

SITUATION	SAY THIS	AVOID THIS
Patient is upset	"Tell me more about how you're feeling."	"Don't worry, it'll be fine."
Patient refuses care	"I respect that. Can you help me understand why?"	"You have to do this."
Family asks about diagnosis	"I'll let the nurse answer that — I'm not allowed to."	Share any clinical detail
Patient is confused	Speak slowly, use short sentences, maintain eye contact	Speak loudly or in baby talk
Patient is dying	Sit, hold their hand, listen, allow silence	Change the subject or rush away
Patient with dementia is agitated	Redirect to a familiar activity or memory	Argue or correct them

ABBREVIATIONS Common medical shorthand

NPO	nothing by mouth
PRN	as needed
BID / TID / QID	twice / 3x / 4x a day
HOB	head of bed
I&O	intake & output
WNL	within normal limits
SOB	shortness of breath
BM	bowel movement
BR / BRP	bedrest / bathroom privileges
w/c	wheelchair
ROM	range of motion
VS	vital signs

SPECIAL DIETS Common therapeutic diets

Clear liquid	broth, jello, juice — pre-procedure
Full liquid	+ milk, cream soups — transition diet
Soft / mechanical	easy-to-chew — post-stroke, dental
Pureed	blended smooth — dysphagia
Diabetic / ADA	controlled carbs, no concentrated sweets
Low sodium	heart failure, hypertension
Renal	low protein, K, Na, phosphorus
NPO	nothing by mouth — before surgery

QUICK RULES When in doubt on the exam...

- **Safety first.** If one option keeps the patient safer, it's almost always right.
- **Report to the supervisor / nurse** beats deciding on your own.
- **Never administer or change medications.** Reminding ≠ administering.
- **Hand hygiene** is the answer to many infection-control questions.
- **Lock the wheels** is the answer to most transfer questions.
- **Privacy & dignity** — knock, close curtains, drape, explain before you touch.
- **Patient's choice wins.** A competent adult can refuse any care.

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