

## **Corrections for Certified Clinical Medical Assistant (CCMA) Study Guide 3.0**

The dates listed below indicate when the correction was added to this document. These corrections are also made for subsequent printings and within the digital version of the book. Implementation of those changes will vary based on deployment schedules for the digital book and depletion of print stock.

Page	Previous Text		Date of Change		
95	No challenge questions included.	Challenge 1. Lying face- positions? A. Prone B. Supine C. Anatomica D. Fowler pos A is correct. 2. What does a Anatomical por body is standir forward, and to 3. Match the di TERM Anterior Superior Medial Sinistrad A: 3, B: 2, C: 1	down could be described as which of the followin l ition anatomical position refer to? sition is the standard frame of reference in which ng up, face forward, arms at the sides, palms bes pointed forward. irection term with the correct definition. DEFINITION Closer to the midline of the body Toward the head of the body Toward the front of the body Toward the left side of the body , D: 4	g	12/28/2023



	3.9 Blood Pressure Exped	cted Reference Ran	ige by Age	3.9 Blood Pressure Expected Reference Range by Age			
116		SYSTOLIC (MM HG)	DIASTOLIC (MM HG)	AGE	BLOOD PRESSURE (MM HG)		
	AGE CATEGORY			Older than 12 years	Systolic: 110 to 130		
	<del>Birth</del>	<del>67 to 8</del> 4	<del>35 to 53</del>	6 to 12 years	Systolic: 65 to 80 Diastolic: 100 to 120 Diastolic: 60 to 75		
	Infant (1 to 2 months)	<del>72 to 10</del> 4	<del>37 to 56</del>	3 to 6 years	Systolic: 95 to 110 Diastolic: 60 to 75		
	Toddler (1 to 2 years)	<del>86 to 106</del>	4 <del>2 to 63</del>	1 to 3 years	Systolic: 90 to 105 Diastolic: 55 to 70		
	Preschooler (3 to 5 years)	<del>89 to 112</del>	4 <del>6 to 72</del>			11/21/2023	
	School-age (6 to 9 years)	<del>97 to 115</del>	<del>57 to 76</del>				
	Preadelescent (9 to 11 years)	<del>102 to 120</del>	<del>61 to 80</del>				
	Adolescent (11 to 15 years)	110 to 131	64 to 83				
	Adult (15+ years)	Less than 120	<del>Less than 80</del>				



	3.10 Stages of Hyperter	nsion	3.10 Blood Pressure Categ	3.10 Blood Pressure Categories			
116	BLOOD PRESSURE CATEGORY	BLOOD PRESSURE (MM HG)	BLOOD PRESSURE CATEGORY	BLOOD PRESSURE (MM HG)			
	Normal	Systolic (upper number): Less than 120 <i>AND</i> Diastolic (lower number): Less than 80	Normal	Systolic (upper number): Less than 120 <i>AND</i> Diastolic (lower number): Less than 80			
	Prehypertension	Systolic: 120 to <del>139</del> OR Diastolic: <del>80 to 89</del>	Elevated	Systolic: 120 to <b>129</b> <i>OR</i> Diastolic: <b>Less than 80</b>			
	High Blood Pressure (Hypertension) Stage 1	Systolic: <del>140 to 159</del> OR Diastolic: <del>90 to 99</del>	High Blood Pressure (Hypertension) Stage 1	Systolic: <b>130 to 139</b> <i>OR</i> Diastolic: <b>80 to 89</b>	10/18/2023		
	High Blood Pressure (Hypertension) Stage 2	Systolic: <del>160</del> or higher <i>OR</i> Diastolic: <del>100</del> or higher	High Blood Pressure (Hypertension) Stage 2	Systolic: <b>140</b> or higher <i>OR</i> Diastolic: <b>90</b> or higher			
	Hypertension Crisis <del>(Emergency care needed)</del>	Systolic: Higher than 180 <i>OR</i> Diastolic: Higher than <del>110</del>	Hypertensive Crisis (Consult your provider immediately)	Systolic: Higher than 180 <i>OR</i> Diastolic: Higher than <b>120</b>			
		·	Source: American Heart Asso	ociation			



117	If the provider is concerned about orthostatic hypotension, they may ask the MA to measure orthostatic vital signs. To do so, check the patient's blood pressure and pulse rate while lying down, sitting upright, and standing. Wait for 2 to 5 minutes before checking each position to allow the vital signs to regulate and adjust to the change in position. An increased pulse rate of at least 10 beats per minute (bpm) and a decreased blood pressure of at least 20 points between positions indicate orthostatic hypotension.			atic hypotension, atic vital signs. <del>To</del> and pulse rate ding. Wait for 2 to 5 allow the vital o in position. An oer minute (bpm) st 20 points potension.	If the provider is concerned about they may ask the MA to measure <b>The CDC recommends having</b> <b>minutes and then measure bloo</b> <b>rate. Next, have the patient stat</b> <b>repeat the blood pressure and</b> <b>Have the patient remain standi</b> <b>measurements again after 3 min</b> <b>protocol may also require mea</b> <b>completed while the patient is</b> increased pulse rate of at least 10 and a decreased blood pressure between positions indicate orthose	t orthostatic hypotension, orthostatic vital signs. the patient lie down for 5 od pressure and pulse nd for 1 minute and pulse rate measurements. ng and repeat the nutes. The practice's surements to be in a sitting position. An 0 beats per minute (bpm) of at least 20 points static hypotension.	11/21/2023
119	3.15 Vita AGE Older than 12 years 6 to 12 years 3 to 6 years 1 to 3 years	al Sign Ranges by BLOOD PRESSURE (MM HG) Systolic: 110 to 130 Diastolic: 65 to 80 Systolic: 100 to 120 Diastolic: 60 to 75 Systolic: 95 to 110 Diastolic: 60 to 75 Systolic: 90 to 105 Diastolic: 55 to 70	<ul> <li>Age</li> <li>PULSE (BEATS/MIN)</li> <li>60 to 100</li> <li>60 to 110</li> <li>60 to 110</li> <li>70 to 120</li> <li>80 to 150</li> </ul>	RESPIRATIONS (BREATHS/MIN)         12 to 20         15 to 22         20 to 24         22 to 30	3.15 Pulse Ranges by Age AGE Adolescent and older School-age child (6 to 15 years) Preschooler (3 to 5 years) Toddler (1 to 2 years) Infant (1 to 12 months)	PULSE (BEATS/MIN)         60 to 100         75 to 118         80 to 120         98 to 140         100 to 180	11/21/2023



120	The normal ave 50/min compare observing the cl provider may al auscultation, inc	rage respiratory rate in a ne ed to an adult rate of 12 to 2 hest, the respiratory rate is so identify abnormal breathi cluding wheezing, rales, or r	ewborn is 30 to 20/min. When counted. The ing sounds during honchi.	When observing the chest, the The provider may also identify during auscultation, including	10/20/2023	
120	3.18 Respirator AGE Newborn Infants Toddler Child Adolescent Adults	y Rate Expected Reference         RATE (BREATHS/MIN)         30 to 40         30 to 60         26 to 32         20 to 30         16 to 20         16 to 22	Ranges	3.18 Respiratory Rate ExpectAGEAdolescent and olderSchool-age child (6 to 15years)Preschooler (3 to 5 years)Toddler (1 to 2 years)Infant (1 to 12 months)	ed Reference RangesRATE (BREATHS/MIN)12 to 2018 to 2520 to 2822 to 3730 to 53	11/21/2023
126	<ul> <li>Weight is measured in pounds or kilograms. Document weight in the units approved by medical office protocol.</li> <li>Sometimes a medical assistant will have to convert weight from one unit of measurement to another. One pound equals 2.2 kilograms (1 lb equals 2.2 kg).</li> <li>Which of the following are abnormal vital signs in an</li> </ul>			<ul> <li>Weight is measured in pounds or kilograms. Document weight in the units approved by medical office protocol. Sometimes a medical assistant will have to convert weight from one unit of measurement to another. One kilogram equals 2.2 pounds (1 kg equals 2.2 lb).</li> <li>Which of the following are abnormal vital signs in an</li> </ul>		10/20/2023
128	adult? (Select all that apply.)  D. Blood pressure 110/ <del>18</del> mm Hg			adult? (Select all that apply.)  D. Blood pressure 110/ <b>68</b> mm	10/02/2023	



149	With your nondominant hand, gently pull down the lower lid of the affected eye using the thumb or two fingers to expose the conjunctival sac. Gently rest the dominant hand on the patient's forehead and dispense a drop approximately ½ inch above the sac. If a cream or ointment is being administered, evenly apply a thick ribbon of the ointment along the inside edge of the lower eyelid on the conjunctiva, moving from the medial to lateral side					With your nondominant hand, gently pull down the lower lid of the affected eye using the thumb or two fingers to expose the conjunctival sac. Gently rest the dominant hand on the patient's forehead and dispense a drop approximately ½ inch above the sac. If a cream or ointment is being administered, evenly apply a <b>thin</b> ribbon of the ointment along the inside edge of the lower eyelid on the conjunctiva, moving from the medial to lateral side.				12/28/2023	
	4.33 Site, Ang	le, and Needle	e Selection fo	or Injectior	IS	4.33 Site, Angle, and Needle Selection for Injections					
157	ТҮРЕ	COMMON SITES OF INJECTIONS	ANGLE OF INJECTION	NEEDLE SIZE	NEEDLE LENGTH	TYPE	COMMON SITES OF INJECTIONS	ANGLE OF	NEEDLE SIZE	NEEDLE LENGTH	
	Subcutaneous (SC)	Upper, outer arm; abdominal region; and the upper thigh	45 degrees	<del>25 to 31</del> G	<sup>5</sup> ⁄8 to <sup>3</sup> ⁄4 inch	Subcutaneous (SC)	Upper, outer arm; abdominal region; and the upper thigh	45 degrees	<b>23 to 25</b> G	<sup>5</sup> ⁄8 inch	10/30/2023
	Intradermal (ID)	Forearm	5 to 15 degrees	25 to <del>26</del> G	<sup>3</sup> ∕8 to <sup>1</sup> ∕2 inch	Intradermal (ID)	Forearm	5 to 15 degrees	25 to <b>27</b> G	1/4 to <sup>1</sup> /2 inch	
	Intramuscular (IM)	Deltoid, ventrogluteal, vastus lateralis	90 degrees	<del>18</del> to 25 G	<sup>5</sup> ∕8 to 3 inches	Intramuscular (IM)	Deltoid, ventrogluteal, vastus lateralis	90 degrees	<b>22</b> to 25 G	1 to 1 <sup>1</sup> ⁄2 inches	
229	3. Based on your understanding of CLIA-waived test, summarize at least five examples an MA would commonly perform, along with their function.					3. Based on y summarize at perform, along	our understan least five exa g with their fur	iding of CL mples an N nction.	IA-waived IA would	d test, commonly	12/28/2023
	Pregnancy testing: Urine is screened for the presence of human chorionic gonadotropin (hCG) antibodies. Rapid strep testing: Throat swabs are obtained to screen for group B streptococcus					Pregnancy tes human chorio testing: Throa streptococcus	sting: Urine is nic gonadotro t swabs are o 5	screened f pin (hCG) a btained to s	or the pre antibodie: screen fo	esence of s. Rapid strep r group <b>A</b>	



268	<ul> <li>B. 0.08 seconds</li> <li>C. 0.12 seconds</li> <li>D. 0.20 seconds</li> <li>A is correct. Each small horizontal square represents 0.04 seconds. Large squares are identified by darker lines and include five small boxes horizontally and vertically.</li> <li>3. A medical assistant is placing electrodes for an EKG on a patient's left upper arm due to a left below-the-elbow amputation. On which of the following should the MA place</li> </ul>	<ul> <li>B. 0.08 seconds</li> <li>C. 0.12 seconds</li> <li>D. 0.20 seconds</li> <li>D is correct. Each small horizontal square represents 0.04 seconds. Large squares are identified by darker lines and include five small boxes horizontally and vertically</li> <li>representing 0.20 seconds.</li> <li>3. A medical assistant is placing electrodes for an EKG on a patient's left upper arm due to a left below-the-elbow amputation. On which of the following should the MA place</li> </ul>	11/21/2023
271	A. Lower legs, proximal to the ankle B. Upper thighs C. Over kneecaps D. On hips B is correct. The limb electrodes should be placed on fleshy areas of the skin and within the same general vicinity on each limb.	A. Right lower arm B. Right upper arm C. Right elbow D. Right shoulder B is correct. The arm electrodes should be placed symmetrically on each arm.	11/21/2023