Checked against NHA sources. Published Oct 11, 2026.

Clinical Patient Care

Share of the exam	Tables	Tested facts
56%	23	5

Order and label vocabulary	
Term	**Meaning**
Loading dose	A larger initial dose to reach therapeutic levels quickly
PRN order	Given as needed
National Drug Code	Identifies the product on the label
Concentration	A label stating every 2 mL contains 50 mg tells you the concentration; the dose follows from it (0.75 mg and 5 mL appear as worked answers)

Needle angles and sites	
Route	**Angle and site facts**
Subcutaneous	45 degrees with a 5/8 inch needle; 90 degrees with a 1/2 inch needle; insulin is never aspirated, and aspiration otherwise follows the manufacturer's recommendation
Intramuscular	90 degrees of entry; the vastus lateralis is the site used from birth through adulthood, so it is the standard infant IM site
Z-track	Displace the skin and subcutaneous tissue before injecting and release it afterward to seal an irritating drug in the muscle; the ventrogluteal site is recommended, and the dorsogluteal site is avoided because it lies near the sciatic nerve
Buccal	Placed between the cheek and gum; sublingual goes under the tongue instead
Transdermal	The patch is absorbed into the bloodstream, so the action is systemic, not local
Inhalation	The metered dose inhaler is the named device; a mucous membrane absorbs medication faster than the skin does

Writing and converting doses	
Rule	**Detail**
Leading zero	A dose under one whole unit takes a zero before the decimal point, written 0.5, so the point is not missed
No trailing zero	A whole number is written 5, never 5.0, because a stray mark near the point can change the dose
Rounding	When the next digit is 5 or above, add 1 to the digit being rounded and drop everything after it
Household	3 teaspoons make 1 tablespoon
Temperature	Celsius to Fahrenheit: multiply by 1.8, then add 32
Roman numerals	Written in lowercase in healthcare documentation, so seven is vii

TB testing numbers	
Point	**Value**
Correctly placed intradermal wheal	6 to 10 mm in diameter
Reading window	48 to 72 hours after placement
False positive	A reaction without actual Mycobacterium tuberculosis infection
Two step testing	Used for new admissions to long term care, so a past exposure responds accurately on the second test
Positive TB blood test	Means the person has been infected with tuberculosis

Blood count vocabulary	
Term	**Meaning**
Plasma	About 55 per cent of whole blood; carries fibrinogen, albumin, prothrombin and immunoglobulins
Haematocrit	The percentage of packed red blood cells in a given volume of blood after centrifugation
Leukocytosis	A higher than normal white cell count, often with infection or inflammation
Thrombocytopenia	A platelet count below normal, raising bleeding risk
Red cell indices	Describe average red cell size and haemoglobin content, classifying red blood cell disorders
Neutrophils	Engulf and destroy foreign substances, particularly bacteria

Drug action vocabulary	
Term	**Meaning**
Therapeutic effect	The intended, wanted result of the drug
Idiosyncrasy	An unusual, unpredictable adverse response that is not a true allergy
Depressing action	Slows cellular activity; a stimulating action speeds it up
Palliative use	Relieves symptoms and improves comfort without addressing the underlying disease
Synthetic drug	Produced by chemical synthesis in a laboratory rather than taken from nature
Solid form	Includes tablets, caplets and enteric coated capsules; semisolids are ointments and suppositories

PEARL

When a question offers you a diagnosis or a drug recommendation as the medical assistant, the answer is always the humbler one: relay it to the provider. Scope questions reward restraint.

Reference values

Measure	Value
Temperature by route	Oral averages 98.6 degrees Fahrenheit, rectal 99.6, axillary 97.6; 38.0 Celsius converts to 100.4 Fahrenheit
Thermometer probes	The red probe is rectal only; the blue probe is oral and axillary
Newborn pulse	Roughly 120 to 160 beats per minute, centred around 140
Pulse quality	2+ is a normal pulse, easily felt but fading under moderate pressure; 3+ persists under moderate pressure; 1+ is difficult to feel
Pulse oximetry	Normal is generally 95 per cent or higher
Weight conversion	Kilograms times 2.2 gives pounds, so 68 kg is about 149.6 lb

Blood pressure rules

Point	Detail
Stage 2 hypertension	Systolic 140 mm Hg or higher, or diastolic 90 or higher; Stage 1 systolic is 130 to 139
Standard adult cuff	Fits a 27 to 34 cm arm circumference
Position effect	Diastolic can run up to 5 mm Hg higher sitting than supine, so document the position
Palpatory method	Inflate while palpating the radial pulse until it disappears, then add 30 mm Hg to set the target
Korotkoff Phase I	The first sound heard as the cuff deflates marks the systolic pressure

Artifact patterns

Tracing problem	Cause
Wandering baseline	Poor skin preparation or poor electrode attachment
Jagged, irregular spikes	Muscle movement, such as shivering or talking
Fine, rapid, uniform disturbance	Alternating current interference from nearby powered equipment
Sudden flat line in one lead	A loose or disconnected lead wire

Named rhythms	
Rhythm	**Recognition**
Sinus bradycardia	Normal pathway, adult rate under 60 beats per minute
Sinus tachycardia	Normal pathway, adult rate over 100 beats per minute
Premature atrial contraction	A single early beat with an oddly shaped or extra P wave
Atrial flutter	A sustained atrial rate racing up toward 300 beats per minute

Emergency responses	
Situation	**Response**
Too much insulin, shaky and confused	Blood glucose has dropped too low; the diabetic emergencies are insulin shock and diabetic ketoacidosis
Suspected sprain or fracture	Treat it as a fracture until the provider diagnoses it
Blow to the head with confusion	Think concussion; imaging may be needed for fracture or bleeding
Asthma attack	Sit the patient comfortably, give the short acting inhaler, monitor vitals
About to faint	Have the patient sit down or lie on their back right away
After a faint	Position on the back and check the airway and pulse
Nosebleed	Pinch the nostrils; do not tilt the head far back
Shock	Call 911, check responsiveness, start CPR if needed

Autoclave numbers	
Point	**Value**
Temperature	250 to 255 degrees Fahrenheit, possible because pressure lets steam exceed boiling
Drying time	At least 15 minutes before wrapped packs are handled, or a damp wrapper wicks in contamination
Opening the door	Gauge at zero, stand back, open about a quarter inch, put on heat resistant gloves
Hinged instruments	Wrapped in the open position so steam reaches the inner jaw surfaces
Wrap material	Permeable to steam but impervious to contaminants
Shelf life	No fixed time; sterility depends on packaging quality, storage and handling

Instruments and closure	
Item	**Role**
Haemostat forceps	Grasping and clamping instruments that grip a vessel and hold it closed
Senn retractor	Retracts a small incision or secures a skin edge for suturing
Absorbable suture	Dissolves during healing, chosen for deep wounds where removal would be difficult
Suture sizing	Smaller strands get aught sizes such as 3-0 or 4-0, more zeros meaning finer; larger strands are numbered above 0
Needle point	Depends on the tissue area and the depth and width of suture needed
Tissue adhesive	Eliminates the follow up visit to remove sutures
Topical silver nitrate	Stops oozing bleeding that continues after pressure

Waves and normal durations

Feature	Meaning and value
P wave	The first deflection, atrial depolarisation, normally 0.08 to 0.11 seconds
PR interval	Start of atrial contraction to start of ventricular contraction, normally 0.12 to 0.20 seconds; beyond 0.20 is a first degree AV block
QRS complex	Ventricular depolarisation, large because of the ventricles' greater muscle mass, normally 0.06 to 0.11 seconds
ST segment	The quiet stretch between the end of the QRS and the start of the T wave
T wave	The ventricles returning to their resting electrical state
Atrial repolarisation	Occurs at the same time as the QRS and is obscured by it

The three degrees of heart block

Degree	Picture
First degree	A simple slowing of conduction, often symptomless and often untreated
Second degree	Conduction intermittently slowed or blocked; a pacemaker may be needed
Third degree	Impulses never reach the ventricles; life threatening

Choosing a monitor

Device	Window
Holter monitor	Continuous recording for roughly 24 to 48 hours of ordinary activity
Cardiac event recorder	Worn up to about a month; the patient activates it when symptoms occur
Implantable loop recorder	Under the skin, monitoring for years, for very infrequent events

Order and name vocabulary	
Term	**Meaning**
Stat order	An immediate, one time dose
Routine order	Repeats at a set interval until cancelled
Generic name	Assigned by the USAN Council and shared by every manufacturer
Lot number	Identifies the manufacturing batch, which is what a recall traces
Peak	The drug's greatest effective concentration in the blood
Ointment	A semisolid form, with pastes and creams
Elixir	A sweetened solution in which the drug is fully dissolved

Route facts	
Route or site	**Detail**
Parenteral	The injection routes: intradermal, subcutaneous and intramuscular; useful for gastrointestinal distress or an unconscious patient
Subcutaneous sites	The anterior thigh, the abdomen, and the outer posterior upper arm; enoxaparin and heparin are given here
Deltoid	The triangular muscle near the shoulder and upper arm
Vaginal suppository	The patient remains lying down afterward so gravity does not pull the medication out
Nasal medication	The patient blows the nose first, then sits upright
Ear	Flushing the canal to remove impacted cerumen is irrigation; drops are otic instillation

Venipuncture numbers	
Point	**Value**
Routine adult needle	21 gauge; a 22 gauge suits a small or fragile vein, and a higher gauge number means a smaller lumen
Tourniquet	3 to 4 inches above the elbow, on for no longer than 1 minute
Antiseptic	70 per cent isopropyl alcohol, left on the skin for 30 to 60 seconds
Insertion angle	15 degrees, shallow enough not to pass through the vein's back wall
Vein order	Median cubital first, then cephalic; the basilic is last because nerves run close to it, and both arms' median areas are tried before any alternative site

The regulatory frame	
Point	**Detail**
CLIA tiers	Waived, moderate complexity, and high complexity
Inspections	Moderate and high complexity laboratories are inspected every 2 years
Testing phases	Preanalytic before testing, analytic during, postanalytic for reporting and follow up
Provider performed microscopy	A small CLIA category the provider personally performs, such as a direct wet mount
Incubator	Temperature checked daily
24 hour time	8 p.m. is written 2000

Eye instruments and cutoffs	
Item	**Detail**
Ophthalmoscope	Views the internal eye structures through the pupil
Slit lamp biomicroscope	Bright narrow light plus magnification for the anterior segment
Snellen screening	Contacts stay in; it is a gross vision screening, and correction is simply documented
Near vision card	Held about 14 to 16 inches from the face
Ishihara test	Reading 10 or more of the 14 plates is normal colour vision

PEARL

In eye irrigation the applicator only directs the solution. The moment an option has you removing a foreign body with the applicator, it is wrong.

Numbers across the life span	
Point	**Value**
Prenatal visits	Every 2 weeks after 28 weeks until 36 weeks, then weekly until delivery
Fetal heart tones	Heard by handheld Doppler between 9 and 12 weeks of gestation
Gestational glucose test	Between weeks 24 and 28 of pregnancy
Copper IUD	Approved 10 years, supported up to about 12
First year growth	Weight about triples and length increases about 50 per cent
Well child visits	1, 2, 4, 6, 9, 12, 15 and 18 months, and at 2 years

Device vocabulary	
Device	**What it does**
Brace	Stabilises and protects a joint while still allowing some movement
Immobiliser	Keeps a joint completely still
Cast	Rigid, non removable fiberglass or plastic immobilisation
Splint	A strip of rigid material secured to immobilise an area
Ankle boot	Rigid but removable protection for the ankle and lower leg

TESTED

- [x] ECG within the CCMA scope: one small box is 0.04 seconds, and a premature atrial contraction is the named ectopic beat.
- [x] Blood appears in the syringe on aspiration: withdraw the needle, throw that syringe away, and start the injection over with new supplies. Never inject.
- [x] In a symptomatic patient, any ST elevation is treated as significant and representative of myocardial injury until proven otherwise.
- [x] Regular before NPH when mixing insulins, and the ampule's filter needle never reaches the patient.
- [x] Blood in an anticoagulant tube that clotted anyway, a short filled additive tube, or an unlabelled tube: the answer is always recollection.

Foundational Knowledge and Basic Science

Share of the exam	Tables	Tested facts
10%	**4**	**0**

Word part rules

Rule	Detail
Combining vowel	A letter, most often o, inserted to join a word root to a suffix or to another root; required when the suffix begins with a consonant
Prefixes hypo- and hyper-	Indicate the speed or level of something, below or above normal
Suffixes	May indicate a pathologic condition, a disease process affecting a structure
Plural of -is	Drop the -is and add -es, so diagnosis becomes diagnoses
Plural of -um	Drop the -um and add -a, so bacterium becomes bacteria
Acronym	A shortened term pronounced as a word; an ordinary abbreviation is spoken letter by letter

Classification vocabulary	
Term	**Meaning**
Binomial nomenclature	Genus then species, the genus capitalised and both italicised or underlined
Binary fission	How bacteria multiply: one cell splits into two identical daughter cells
Cell wall types	Gram positive, gram negative, and acid fast
Spirochete	A tightly coiled spiral shaped bacterium
Endospores	Tough internal structures that survive heat, drying and starvation
Anaerobe	A bacterium that dies in the presence of oxygen
Chlamydia	Require host cells for growth and were once considered viruses
Rickettsia	Tiny gram negative bacteria transmitted by blood sucking arthropods

Pathogen matches	
Organism or test	**Association**
Borrelia burgdorferi	The spirochete of Lyme disease, tick bites and a bull's eye rash
Helicobacter pylori	Spiral bacterium behind most gastric and duodenal ulcers, detectable by serologic IgG testing
Influenza A	The only influenza type known to cause pandemics
Respiratory syncytial virus	Leading cause of bronchiolitis and pneumonia in infants; a CLIA waived rapid test runs on a nasopharyngeal swab
Acid fast stain	The identification protocol for Mycobacterium species
Beta haemolysis	Complete clearing around throat culture colonies suggests a toxin producing organism such as group A strep, pending confirmation

The -ologies and the journey	
Term	**Meaning**
Pharmacology	The broad study of the properties, actions and uses of drugs
Pharmacokinetics	Absorption, distribution, metabolism, and excretion
Metabolism	Happens mainly in the liver, where enzymes chemically change the drug
Excretion	The kidneys eliminate metabolites in urine; the large intestine eliminates undigested drug in stool
Blood brain barrier	Selective; only fat soluble medications reach the brain
Biologic half life	The time for the body to clear half of a dose

Anatomy and Physiology

Share of the exam	Tables	Tested facts
5%	3	0

System facts

System	The facts
Renal	Filtration at the Bowman capsule and glomerulus; the kidneys produce erythropoietin and assist vitamin D synthesis
Gastrointestinal	Small intestine: duodenum, jejunum, ileum in order; the gallbladder stores and concentrates bile; peptic ulcer is associated with Helicobacter pylori
Respiratory	External respiration is oxygen into the alveoli and across into the capillaries while carbon dioxide moves the other way; the diaphragm is the primary muscle
Skeletal and nervous	The axial skeleton is the skull, spine and ribs; the median nerve is compressed in carpal tunnel syndrome
Endocrine and immune	Type 1 diabetes is a total lack of insulin production requiring injections; cell-mediated immunity handles intracellular pathogens such as viruses

Structures worth naming

Structure	The fact
Eye's middle layer	Houses the choroid, iris and ciliary body; the outer layer is sclera and cornea, the inner the retina
Ossicles	Malleus, incus and stapes, the middle ear bones passing vibration inward
Hyperopia	Farsightedness: light focuses behind the retina, blurring near objects
Frontal lobe	Personality, intelligence and concentration
Meninges	Dura mater, arachnoid mater and pia mater protecting brain and cord
Sympathetic system	Fight or flight: faster heart, higher glucose and pressure, wider bronchioles

System facts the exam names	
Point	**Detail**
Ventricles	The heart's lower chambers; the atria sit above and the septum divides the sides
Coronary arteries	The first branches off the ascending aorta
Lung lobes	The right lung has three lobes, the left two, making room for the heart
COPD	Emphysema and chronic bronchitis together, mainly from smoking
Pituitary	The master gland because it controls the secretions of other endocrine glands
Thyroid	Produces T3, T4 and calcitonin, driven by pituitary TSH
Pancreatic islets	Produce insulin and glucagon, regulating blood glucose

Patient Care Coordination and Education

Share of the exam	Tables	Tested facts
8%	4	1

Diets with a purpose

Diet or rule	Detail
Ketogenic	Very low carbohydrate, high fat, adequate protein; used for some patients with epilepsy
DASH	Reduces blood pressure and LDL and triglyceride levels
Gluten free	Manages celiac disease
Create Your Plate	Half the plate goes to nonstarchy vegetables first
Sodium ceiling	Fewer than 2300 mg per day for anyone 14 or older
Cancer patients	6 to 8 smaller meals a day instead of 3

Paediatric cutoffs

Point	Value
Growth versus development	Weight and height are growth; motor and language progress is development
Failure to thrive	Weight consistently below the third percentile
Obesity	BMI for age at or above the 95th percentile; overweight is 85th to 94th
Blood pressure checks	Begin at age 3
Urgent fever	101 degrees Fahrenheit or higher in a child under 2 is seen right away
Brain growth	About 50 per cent complete by age 1 and 90 per cent by age 6

Normal aging changes	
System	**Change**
Kidney	Loses about 20 per cent of its mass, with fewer functional nephrons and more dilute urine
Heart	Myocardial cells enlarge and maximum output declines, while resting output holds
Skin	Vitamin D synthesis declines; skin becomes dry, thin and less elastic
Hearing	High pitched sound is hardest to hear, so raising your volume, which raises pitch, does not help
Endocrine	Type 2 diabetes mellitus is the most common endocrine disorder of older adults

Devices and exercise words	
Term	**Meaning**
Passive range of motion	The provider moves the joint while the patient's muscles stay relaxed
Isometric exercise	Muscle tension against a fixed surface with no joint movement
Non weight bearing	The affected limb carries no weight at all
Quad cane	Four tips give a wider base of support than a single tipped cane
Hemi walker	A one hand walker for a patient who can use only one arm

TESTED

- [x] Better care coordination produces fewer emergency department visits and hospital readmissions. A durable power of attorney is the named instrument, and a trained therapist the named referral.

Administrative Assisting

Share of the exam	Tables	Tested facts
8%	3	0

Insurance vocabulary

Term	Meaning
Deductible	A set dollar amount the policyholder pays before the insurer starts paying
Clean claim	Submitted without any errors
Claim processing time	Typically 3 to 10 working days
Denial sources	Technical errors and insurance policy coverage issues
EPO	Members are not required to choose a primary care provider
Named details	Medicare Part B, claim form Block 21, and scanning both sides of the insurance card

Plans and programs

Plan	Signature features
HMO	Requires a chosen primary care provider, refuses out of network care, offers low premiums
PPO	Out of network allowed at higher cost; the patient typically owes 20 to 25 per cent of the allowed charge
Medicare Part B	Ambulatory and professional services; pays 80 per cent of the allowed amount after the deductible, priced by the resource based relative value scale
Medicaid	Payer of last resort: it pays only after all other applicable coverage has been billed
TRICARE	Uniformed service members, retirees and their dependents
CHAMPVA	Families of veterans permanently and totally disabled or killed by a service connected condition, when not TRICARE eligible

Record vocabulary	
Term	**Meaning**
EHR	Spans multiple organisations under shared interoperability standards
EMR	Limited to a single healthcare organisation
PHR	Managed and shared under the patient's own control
SOAP	Subjective, Objective, Assessment, Plan
Ownership	The provider or facility that created the record owns it; the patient has a right of access
Medicare Advantage retention	Records kept at least 10 years

Communication and Customer Service

Share of the exam	Tables	Tested facts
8%	2	0

Telephone benchmarks

Rule	Standard
Answering	By the third ring, identifying the facility name first, then yourself
Caller's name	Use it at least three times during the conversation
Hold and transfer	Ask the caller's permission first, and check back about once per minute
Emergency call	Routed immediately to the provider; unauthorised staff never give advice
STAT report	The physician wants the results immediately
Message pads	Handwritten message pads are kept for the statute of limitations period

The space zones

Zone	Distance
Intimate or personal	Contact to about 18 inches, the range of hands on tasks like cuff fitting
Casual personal	About 18 inches to 4 feet
Social business	About 4 to 12 feet, a seated intake conversation
Public	Beyond 12 feet

Medical Law and Ethics

Share of the exam	Tables	Tested facts
5%	3	0

Liability vocabulary

Term	Meaning
Dereliction	The professional breached the duty of care owed to the patient
Misfeasance	Performing an act improperly
Respondeat superior	The employer is answerable for an employee's acts
Tail coverage	Extends a claims-made policy after it ends
Good Samaritan condition	The bystander was not paid for the care given at the scene
Arbitration	Settles a disagreement without civil litigation; breach of contract is the named alternative claim

The feasance family and friends

Term	Meaning
Malfeasance	Performing an act that was unlawful to begin with
Nonfeasance	Failing to act at all despite a legal duty; a negligent, unintentional tort
False imprisonment	An intentional tort, a wrongful act committed on purpose
Affirmative defense	Raises new facts to reduce or defeat liability; contributory negligence, comparative negligence and assumption of risk are its sub types
Substantive versus procedural law	Substantive defines legal rights and duties; procedural sets the steps for pursuing a case

Consent and contract vocabulary	
Term	**Meaning**
Implied consent	Agreement signalled through conduct, such as holding out an arm for a blood draw
Expressed consent	Agreement stated verbally or in writing
Contract elements	Offer, acceptance, consideration, legal subject matter, and competency and capacity
Registration	Entry of a person's name into an official registry
Certification	A voluntary process showing predetermined criteria were met
Probation	A board disciplinary action on a licence, short of revocation, with suspension, surrender and reprimand

---

Sources this sheet is checked against

- Kinn's The Medical Assistant, 15th Edition (Elsevier), clinical procedures, with Phlebotomy Essentials, 8th Edition (Wolters Kluwer) for specimen handling and 12-Lead ECG: The Art of Interpretation (Jones & Bartlett) for the ECG
- Kinn's The Medical Assistant, 15th Edition (Elsevier), pharmacology and medication administration
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 30, medication administration
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 29, dosage calculation
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 30 and 33
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 47, urinalysis
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 49, haematology
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 46 and 48
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 28, pharmacology basics
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 31, 32, 40 to 43
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 20, vital signs
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 20, blood pressure
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 26, electrocardiography
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 26, with 12-Lead ECG: The Art of Interpretation (Jones & Bartlett), Chapters 5 to 7
- Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 27, emergencies

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 19, infection control

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 24, sterilisation

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 24 and 25, minor surgery

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 25, wound care

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 21, patient assessment

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 26, cardiac anatomy

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 26, with 12-Lead ECG: The Art of Interpretation (Jones & Bartlett), Chapters 4 and 6

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 26, dysrhythmias and monitoring

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 28 and 29, pharmacology

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 30, preparing injections

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 30, administration technique

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 24 and 25, surgical assisting

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 27, emergency preparedness

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 48, with Phlebotomy Essentials, 8th Edition (Wolters Kluwer), Chapters 7 and 8

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 48, with Phlebotomy Essentials, 8th Edition (Wolters Kluwer), Chapter 8

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 49, immunohaematology and chemistry

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 19 and 46, laboratory regulation

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 44 and 47, urine collection

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 31, eye testing

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 35 and 36, rehabilitation

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 37 to 39, specialty testing

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 43 to 45, life span care

Kinn's The Medical Assistant, 15th Edition (Elsevier), medical terminology and laboratory science

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 18, medical terminology

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 50, microbiology

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 50, serology and identification

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 28, pharmacology foundations

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 29 and 46, laboratory foundations

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 18, body organisation

Kinn's The Medical Assistant, 15th Edition (Elsevier), anatomy and physiology

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 31 and 37, sensory and nervous systems

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 39 to 41, cardiopulmonary and endocrine

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 32 to 35, 42 and 43

Kinn's The Medical Assistant, 15th Edition (Elsevier), patient education and coordination

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 22, patient coaching

Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 23, nutrition
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 44, paediatric coaching
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 37 and 45, older adults
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 36, mobility coaching
Kinn's The Medical Assistant, 15th Edition (Elsevier), administrative procedures
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 12, health insurance
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 15, claims
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 9, scheduling
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 10, health records
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 11 and 16, office management
Kinn's The Medical Assistant, 15th Edition (Elsevier), communication
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 8, telephone technique
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 7 and 8, written communication
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 2, communication theory
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapters 1 and 2, professionalism
Kinn's The Medical Assistant, 15th Edition (Elsevier), law and ethics
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 3, law for the medical office
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 4, privacy law
Kinn's The Medical Assistant, 15th Edition (Elsevier), Chapter 3, consent and credentialing

Share or cite this sheet

Study All editorial team. *NHA CCMA quick reference*. http://localhost:3100/references/nha-ccma

Link to Study All or to this page; the text and tables are free to reproduce for study with that credit.