Certified Pediatric Nurse Certification Exam

Detailed Content Outline

Description of the Exam

This exam is for the nurse who has extensive experience in pediatric practice and who demonstrates knowledge and abilities related to pediatric nursing beyond basic RN licensure. Exam content includes: physical and psychosocial assessment; health promotion; management of acute and chronic illness; and palliative and end of life care of infants, children, adolescents and their families. In addition, pediatric-specific content related to advocacy, legal considerations, professional communication and ethical behavior is included. Common threads throughout the domains of practice are safety, growth and development, evidence-based practice and family-centered care.

Description of the Specialty

Pediatric nurses practice in a variety of settings and roles such as direct caregiver, educator, consultant, advocate, and care coordinator. In these roles, they assess, analyze, plan and implement nursing interventions and evaluate outcomes. Utilizing a patient- and family-centered approach, pediatric nurses provide care for newborns through young adulthood with a focus on protection, promotion and optimization of health and abilities. (Scope and Standards of Practice: Pediatric Nursing 2nd Edition 2015).

Credential

An RN who passes this exam is called a Certified Pediatric Nurse and earns the CPN credential. CPNs are entitled to use this credential as long as they actively maintain their certification.

Exam Details

This exam is based on US standards of practice. See www.pncb.org for eligibility requirements. The exam has a 150 scored and 25 unscored items (included to determine statistical performance). The 150 scored items are distributed among 3 content areas (see chart).

How to use this Content Outline

The CPN exam content outline (also known as a test blueprint) is an essential tool as you study for your exam. It describes all of the subject areas covered by the exam and number of questions per category.

PNCB certification exams are comprehensive, so be sure to study all areas of the content outline, including areas that you may not be as familiar with in your daily practice. This exam tests your ability to apply knowledge and use critical thinking skills to determine one best answer among answer choices.
# CPN CONTENT OUTLINE

## I. Assessment  

### A. Physical  
1. Obtain health history (e.g., current medical status, physical and developmental baselines)  
2. Assess development and cognitive level  
3. Perform physical assessment using a developmental approach  
4. Assess growth parameters  
5. Assess pain using developmentally-appropriate tools  
6. Assess nutritional status  
7. Assess functional status (e.g., self-care, ambulation, vision, hearing)  
8. Anticipate and identify variables that may lead to clinical deterioration  
9. Recognize changes and trends in physiologic status  
10. Recognize signs and symptoms of addiction and withdrawal (e.g., prenatal exposure, medically-induced dependency, substance use)  
11. Assess for risks to safety  
12. Assess for physical signs of maltreatment or neglect

### B. Psychosocial  
1. Identify cultural and spiritual influences that impact child and family health care practices  
2. Assess family dynamics  
3. Assess child’s and family’s understanding of health/disease process  
4. Assess child’s and family’s reactions to acute stressors (e.g., family crisis, hospitalization, violence)  
5. Identify child’s and family’s adjustment to chronic condition  
6. Assess coping mechanisms of child, siblings, and caregivers  
7. Assess needs related to gender identity and sexual orientation  
8. Assess barriers to care (e.g., physical access, language, finances)  
9. Assess barriers to adherence with therapeutic regimen (e.g., taste of medication, frequency of treatment, side effects)  
10. Assess for risk-taking behaviors (e.g., substance use, sexual activity, self-harm)  
11. Assess for risk factors for maltreatment or neglect (e.g., family stress, substance abuse)  
12. Assess for psychosocial signs of maltreatment or neglect (e.g., withdrawal, inconsistencies in history)  
13. Identify educational needs of child and family (e.g., plan of care, priorities, discharge planning)

## II. Health Promotion  

### A. Identify factors that influence the health of the child, family, and/or community (e.g., genetic predisposition, prematurity, environment)  

### B. Provide anticipatory guidance and education across the pediatric age continuum for the child, family, and/or community related to:  
1. Growth and development (e.g., infant bonding, milestones, puberty)  
2. Safety (e.g., sleep practices, vehicle safety, environmental safety)  
3. Nutrition (e.g., breast or formula feeding, introduction of solids, healthy diet)  
4. Preventative care (e.g., dental care, immunization, physical activity/exercise)  
5. Psychosocial issues (e.g., bullying, social media use, mental health issues)  
6. Life choices (e.g., substance use, gang activity, sexual health)

### C. Refer child and family to community resources (e.g., mental health providers, early intervention services, social services)
III. Management

48% (72 items)

A. Acute and Chronic Illness
   1. Interpret physical assessment findings
   2. Interpret laboratory and diagnostic test results
   3. Manage child’s pain (pharmacologic and non-pharmacologic)
   4. Respond when a child needs immediate nursing intervention
   5. Communicate significant findings to appropriate health care professionals
   6. Develop and implement the plan of care based on physical assessment findings and lab/diagnostic testing
   7. Prioritize care within and across patient assignments
   8. Utilize equipment and technology appropriate for the needs of the child
   9. Incorporate the appropriate use of complementary and alternative therapies in the plan of care
  10. Monitor for child's responses and/or adverse reactions
  11. Modify plan of care based upon evaluation of child’s response
  12. Integrate complex care needs into the plan of care (e.g., sensory, cognitive, and motor deficits; technology dependence)
  13. Facilitate optimal nutrition throughout illness and recovery (e.g., oral, parenteral, enteral)
  14. Perform nursing procedures and interventions as appropriate for the plan of care
  15. Maintain a safe environment in the care setting
  16. Develop and implement the transfer of care/discharge plan (e.g., inter/intra-departmental handoff, transition to adult care)

B. Psychosocial/Behavioral
   1. Integrate psychosocial assessment in the plan of care in collaboration with the child and family
   2. Incorporate cultural and spiritual needs into the plan of care
   3. Implement strategies to overcome barriers to care
   4. Implement communication strategies appropriate to child’s and family’s developmental capabilities
   5. Provide developmentally appropriate preparation and support for procedures
   6. Encourage developmentally-appropriate play and distraction
   7. Modify plan of care based upon child’s and family’s adherence to the treatment plan (e.g., medication, diet, therapy)
   8. Evaluate child and family’s readiness for discharge
   9. Address educational needs of the child and family

C. Palliative and End of Life Care
   1. Provide guidance for anticipated progression of condition and treatment options
   2. Provide palliative care for the child and family to promote quality of life (e.g., massage therapy for chronic condition, spiritual care for family)
   3. Support end of life decision making (e.g., DNR status, family presence, hospice)
   4. Manage care and needs throughout the dying process (e.g., symptom management, interdisciplinary resources, support for family)
   5. Provide psychosocial support for the child and family dealing with grief and loss

D. Professional Responsibilities
   1. Advocate for the child and family in managing care
   2. Identify and address ethical and legal concerns related to pediatric practice (e.g., assent, mandatory reporting, privacy and confidentiality, custody, refusal of care)
   3. Demonstrate professional communication (e.g., therapeutic communication, conflict resolution, de-escalation strategies)
   4. Maintain professional boundaries in therapeutic relationships (e.g., appropriate use of social media, gifting)
   5. Recognize need for support for self and colleagues in response to stressful events
Exam Content: **MEDICATION NAMES**

Many brand names, while still discussed commonly in practice, are no longer available in brand name form. PNCB strives to only include brand names of medications that are fully available. When medication names are needed or cited in an examination question, PNCB will typically list both generic and brand names when appropriate.

All brand and generic names referenced are correct and available to the best of our knowledge at the time of the publication of the examination form. Each question included in PNCB examinations is reviewed multiple times, with different subject matter expert groups, who assess and validate content (including medication names) for accuracy. This process precedes, and is in addition to, rigorous, routine statistical analysis on every scored item.

Exam-takers should know common, generic medication names applicable to the pediatric nursing role.

Exam Content: **CLINICAL PROBLEMS**

Items that address a specific condition will be represented within the exam, by volume, according to the following prioritized listing:

<table>
<thead>
<tr>
<th>Clinical Problem</th>
<th>1</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Gastrointestinal/Nutritional</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Emergencies/Trauma/Poisoning</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Neurology</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Hematology/Oncology</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Special Developmental Needs</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Eye, Ear, Nose and Throat</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Endocrine/Metabolic</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Child Maltreatment and Neglect</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Behavioral/Mental Health</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Genitourinary/Renal/Reproductive</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Skin/Wound/Burns</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Allergy/Immunology/Immunizations</td>
<td></td>
</tr>
</tbody>
</table>
### Exam Content: PROCEDURES AND INTERVENTIONS

Exam content will include a focus on the following procedures and interventions (**listed alphabetically**):

<table>
<thead>
<tr>
<th>Procedures and Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood product administration</td>
</tr>
<tr>
<td>Body temperature regulation</td>
</tr>
<tr>
<td>Fluid and electrolytes administration</td>
</tr>
<tr>
<td>Implement safety precautions (e.g., fall, seizure)</td>
</tr>
<tr>
<td>Line and tube maintenance:</td>
</tr>
<tr>
<td>- Drainage devices (e.g., surgical, urinary, neurological)</td>
</tr>
<tr>
<td>- Enteral tubes</td>
</tr>
<tr>
<td>- Respiratory devices (e.g., tracheostomy, chest tube, O\textsubscript{2} delivery)</td>
</tr>
<tr>
<td>- Vascular access devices</td>
</tr>
<tr>
<td>Medication administration</td>
</tr>
<tr>
<td>Nutrition support (e.g., therapeutic diets, oral hydration)</td>
</tr>
<tr>
<td>Physiological monitoring (e.g., ECG, pulse oximetry, ETCO\textsubscript{2})</td>
</tr>
<tr>
<td>Positioning (e.g., procedures, comfort, prevention)</td>
</tr>
<tr>
<td>Procedural sedation and monitoring</td>
</tr>
<tr>
<td>Restrictive intervention (e.g., sitter, chemical and physical restraints)</td>
</tr>
<tr>
<td>Skin and wound care</td>
</tr>
<tr>
<td>Specimen collection and point of care testing</td>
</tr>
<tr>
<td>Suctioning</td>
</tr>
</tbody>
</table>
Below are examples of acceptable and prohibited (unethical) discussions/behaviors. Because PNCB offers multiple certification exam types (CPN, CPNP-AC, CPNP-PC, PMHS), the content topic areas below may not represent your exam.

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unethical</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Make sure you brush up on growth and development since you work in a hospital now.”</td>
<td>“Make sure you remember when a baby starts pointing at objects.”</td>
</tr>
<tr>
<td>“Expect a lot of respiratory content. It’s the number 1 clinical problem on the exam content outline.”</td>
<td>“What kinds of respiratory issues were on your exam?”</td>
</tr>
<tr>
<td>“Renal issues are a clinical problem listed on the content outline. Be prepared for those since we don’t see that on our unit.”</td>
<td>“I had a question about acute renal failure, potassium levels, and arrhythmias. Make sure you look that up.”</td>
</tr>
<tr>
<td>“I forgot skin, wounds, and/or burns would be on the exam.”</td>
<td>“I didn’t expect a burn question asking about fluid replacement. I think the right answer had to do with capillary refill.”</td>
</tr>
</tbody>
</table>

If in doubt, don’t discuss.

Discussing exam questions can lead to serious consequences such as:

- Prohibiting future exam attempts for the people involved
- Stopping an in-progress exam
- Suspending an exam for all testers
- Delaying release of score results beyond advertised timeframe
- Invalidating exam scores
- Suspending or revoke certification
- Taking legal action against individuals

Learn more from PNCB’s Ethics in Testing: A Personal Responsibility Toolkit.