

# Certified Hospice and Palliative Nursing Assistant - CHPNA®

## TEST CONTENT OUTLINE

### 1. Patient Care: Activities of Daily Living 26%

- A. Assist with Hygiene
  - 1. routine personal care (e.g., bathing, shaving)
  - 2. oral care
  - 3. personal odor control (e.g., colostomy, perineal, wounds)
  - 4. skin care
- B. Assist with Ambulation/Mobility
  - 1. foster/maintain independence
  - 2. use of durable medical equipment (DME)
  - 3. positioning
  - 4. exercise and range of motion
  - 5. transfers
  - 6. prevention of falls
- C. Assist with Grooming and Dressing to Help Patients Look Their Best
  - 1. hair care
  - 2. nail care (e.g., cleaning, filing)
  - 3. support patient/family choice for clothing and accessories (e.g., jewelry)
  - 4. hearing aids and eyeglasses
  - 5. foot care (e.g., soaking, cleaning)
- D. Assist with Toileting
  - 1. bowel and bladder training (e.g., scheduled toileting)
  - 2. catheter care
  - 3. ostomy care
  - 4. adaptive equipment (e.g., raised toilet seat)
- E. Nutrition/Hydration
  - 1. support patient decision not to eat/drink
  - 2. help patient/family cope with appetite and weight changes
  - 3. feed patient safely
  - 4. offer fluids
  - 5. provide foods of patient choice
  - 6. observe and report issues related to tube feeding and IV hydration

### 2. Patient Status and Environment 30%

- A. Observe and Report on Patient Condition
  - 1. Patient status in relation to the documented diagnosis
  - 2. Pain:
    - a. level of pain (e.g., on a 0-10 scale)
    - b. changes in pain
    - c. nonverbal cues
    - d. type and location of pain

- 3. Medications
  - a. effectiveness of medications
  - b. side effects of medications
- 4. Non-Drug Treatment for Pain or Other Symptoms
  - a. relaxation
  - b. music
  - c. deep breathing
  - d. aroma therapy
  - e. pet therapy
  - f. diversional/recreational activities
  - g. massage
  - h. energy/touch therapy (e.g., Reiki)
  - i. hot/cold compresses
  - j. repositioning
  - k. supportive stockings
- B. Maintain Infection Control
  - 1. universal precautions
  - 2. biohazardous waste disposal (e.g., sharps, blood)
  - 3. isolation techniques
- C. Provide and Maintain Best Possible Patient/Family Environment to Support Patient
  - 1. personal environment (e.g., familiar objects, pictures, homelike)
  - 2. calming environment (e.g., lighting, important things within reach)
  - 3. death in patient's place of choice (e.g., not ER, hospital)
  - 4. care according to the patient's preferred schedule
  - 5. safety (e.g., fall precautions, prevention of hazards, oxygen storage and use)
  - 6. odor control
- D. Identify Changes in Physical Status
  - 1. activity level
  - 2. vital signs
  - 3. weight (e.g., rapid loss or gain)
  - 4. skin impairment (e.g., breakdown, rash, itching)
  - 5. injury
  - 6. elimination habits
  - 7. swallowing ability
  - 8. nausea/vomiting
  - 9. edema and ascites
  - 10. signs of impending death
- E. Identify Changes in Mental Status
  - 1. confusion
  - 2. responsiveness
  - 3. emotional change (e.g., anxiety, fear, depression)

- 4. agitation
- 5. terminal restlessness
- 6. near death awareness
- F. Identify Changes in Functional Status
  - 1. mobility
  - 2. weakness
  - 3. sleepiness
  - 4. fatigue
- G. Identify Changes in Respiratory Status
  - 1. effectiveness of Interventions
    - a. nebulizers
    - b. oxygen therapy
    - c. inhalers
    - d. air circulation (including use of fans)
  - 2. respiratory concerns
    - a. change in breathing patterns (including cough)
    - b. increased secretions

### 3. Psychosocial/Spiritual Care of the Patient and Family 21%

- A. Spiritual Care
  - 1. identify spiritual issues (e.g., guilt, estrangement, meaning of life)
  - 2. honor individual spiritual beliefs
  - 3. enable spiritual practices (e.g., sacraments, prayer, transport to services)
  - 4. provide spiritual support
  - 5. give patient permission to die
- B. Respect Differences and Maintain Neutral Attitude Regarding:
  - 1. ethnicity
  - 2. race
  - 3. cultural background
  - 4. religious/spiritual preference
  - 5. sexual preference
  - 6. age difference
  - 7. living conditions (including social and economic circumstance)
  - 8. treatment choices (e.g., advance directives)
- C. Assist with Identifying Patient and Family Support Needs
  - 1. Education
    - a. information about impending death
    - b. agency/community services
    - c. grief and loss
    - d. energy saving techniques
    - e. universal precautions
    - f. isolation procedures
    - g. nutrition/hydration (including unique needs as the patient declines)

- h. personal care techniques and comfort measures
- 2. Patient and Family Support
  - a. respite (including volunteer support)
  - b. companionship and compassion
  - c. advocacy
  - d. reframing hope (patient's expectations)
  - e. presence (companionship) during the final hours
  - f. end of life concerns (e.g., advance directives)
- D. Assure Dignity and Honor Patient/Family Choices at the Time of Death
  - 1. preparation of the body and environment
  - 2. time for closure (e.g., final words)
  - 3. bereavement follow up (e.g., support groups, literature)
- E. Participate in Bereavement/Grief Follow Up
  - 1. memorial services
  - 2. condolence cards, letters, or telephone calls
- F. Assist with Communication Between Patient, Family, and Care Providers
  - 1. barriers to communication
  - 2. active listening
  - 3. reading
  - 4. life reviews
  - 5. goals of care
  - 6. adaptive communication devices (e.g., word boards)
- G. Provide Support for Changes in Body Image
  - 1. amputation
  - 2. physical appearance (e.g., weight change, hair loss)

- 3. elimination changes (e.g., ostomies, incontinence)
- H. Offer Opportunities to Enhance Socialization
  - 1. volunteer visits
  - 2. activities of patient's choice (e.g., storytelling, walks)
- I. Observe and Report Threats to Patient/Family Safety
  - 1. physical abuse
  - 2. neglect
  - 3. substance abuse
  - 4. caregiver's inability to provide care
  - 5. suicidal ideation
- 4. Interdisciplinary Collaboration 11%**
  - A. Plan of Care
    - 1. Encourage patient/family participation
    - 2. Provide input to team members for the plan of care
    - 3. Work with the team to carry out the plan of care
    - 4. Communicate patient/family goals and wishes
  - B. General
    - 1. Communicate with other health care providers involved in care
    - 2. Report signs of impending death (e.g., near death awareness, and physical signs)
    - 3. Provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite)
    - 4. Recognize and report change in family status
    - 5. Review death with the team

- 5. Ethics, Roles, and Responsibilities 12%**
  - A. Identify and respond to ethical issues (e.g., confidentiality, honest communication)
  - B. Maintain boundaries (e.g., within job description, with patient/family)
  - C. Assist in resolving work-related conflicts
  - D. Maintain documentation according to the plan of care
  - E. Identify risks to personal safety (e.g., firearms in the home)
  - F. Serve as a mentor/preceptor for new staff
  - G. Assist with orientation of volunteers and staff
  - H. Participate on committees
  - I. Maintain continuing education
  - J. Promote hospice and palliative care in the community
  - K. Participate in:
    - 1. professional organizations for nursing assistants
    - 2. quality improvement activities
    - 3. research activities (e.g., surveys)
  - L. Practice self care (e.g., stress management)