

## DETAILED CONTENT OUTLINE

### 1. Life-Threatening Conditions in Children 6%

- A. Identify specific patterns of progression, complications, and provide treatment for:
1. hematologic, oncologic, and paraneoplastic conditions (e.g., cancer and associated complications)
  2. neurological conditions (e.g., encephalopathy)
  3. neuromuscular conditions (e.g., SMA, muscular dystrophy, myopathies)
  4. cardiac conditions (i.e., congenital or acquired)
  5. pulmonary conditions (e.g., CF, chronic ventilator dependency)
  6. gastrointestinal and hepatic conditions (e.g., short gut, TPN-dependent)
  7. metabolic disorders (e.g., leukodystrophy, Tay-Sachs disease, severe mitochondrial disorders)
  8. trauma or sudden severe illness (e.g., closed head injury, non-accidental trauma, sepsis)
  9. congenital anomalies (e.g., chromosomal disorders, genetic disorders)
  10. severe brain malformations (e.g., holoprosencephaly, anencephaly)
  11. failure to thrive
  12. sequelae of complications of birth (e.g., prematurity, anoxia, stillbirth)

### 2. Pain Management 14%

- A. Assessment
1. Perform comprehensive assessment of pain
  2. Identify etiology of pain
  3. Identify types of pain or pain syndromes
  4. Identify factors that may influence the child's experience of pain (e.g., fear, depression, cultural issues, spirituality, socioeconomic status, developmental level, family issues)
- B. Pharmacologic Interventions
1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling)
  2. Titrate medication to effect using baseline and breakthrough doses
  3. Administer analgesic medications
  4. Identify dosage equivalents when changing analgesics or route of administration

5. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, antidepressants, CNS stimulants, neuroleptics, antispastics)
  6. Respond to medication side effects, interactions, or complications
  7. Identify and facilitate assessment of the need for palliative radiation or chemotherapy
- C. Nonpharmacologic and Complementary Interventions
1. Respond to psychosocial, cultural, and spiritual issues related to pain
  2. Implement nonpharmacologic interventions (e.g., ice, heat, positioning)
  3. Facilitate complementary therapies (e.g., massage, therapeutic touch, guided imagery, acupressure, play, art, music, pet, aroma, bibliotherapy)
- D. Evaluation
1. Assess for side effects, interactions, or complications of pain management
  2. Evaluate efficacy of pain relief interventions
  3. Evaluate family comprehension and participation in the pain management plan

### 3. Symptom Management 37%

- A. Neurological
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. aphasia
  2. dysphagia (difficulty swallowing)
  3. level of consciousness
  4. myoclonus (spasms of a muscle or group of muscles)
  5. dystonia (persistent rigidity of muscles)
  6. paraesthesia or neuropathies
  7. seizures
  8. extrapyramidal symptoms
  9. changes in intracranial pressure
  10. paralysis
  11. spinal cord compression
- B. Cardiovascular
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. coagulation problems (e.g., DIC)
  2. edema
  3. syncope
  4. arrhythmia

5. hemorrhage
  6. hypovolemia
- C. Respiratory
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. congestion
  2. cough
  3. dyspnea
  4. pleural effusions
  5. pneumothorax
  6. apnea
  7. respiratory distress
  8. secretions
  9. pneumonia
- D. Gastrointestinal
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. constipation
  2. diarrhea
  3. bowel incontinence
  4. nausea or vomiting
  5. bowel obstruction
  6. bleeding
  7. dysmotility
  8. reflux
  9. distention
- E. Genitourinary
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. urinary incontinence
  2. urinary retention
  3. bleeding
- F. Musculoskeletal
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. impaired mobility or complications of immobility
  2. deconditioning or activity intolerance
  3. trauma
  4. increased weakness
  5. decreased function
- G. Skin and Mucous Membrane
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. dry mouth
  2. oral and esophageal lesions
  3. pruritis
  4. impaired skin integrity (e.g., "fragile" skin, wounds, pressure ulcers)
  5. rash
  6. infection (e.g., cellulitis)

H. Psychosocial, Emotional, and Spiritual  
*Apply the nursing process to the following actual or potential symptoms or conditions for children and/or family members (family may include non-biological relations):*

1. anger or hostility
2. anxiety
3. denial
4. depression
5. fear
6. grief
7. guilt
8. loss of hope or meaning
9. sleep disturbances
10. suicidal or homicidal ideation
11. relationship issues, including those of a sexual or intimate nature
12. withdrawal
13. magical thinking
14. abandonment
15. family issues (e.g., coping, functioning, compliance, mutual pretense, conflict avoidance)

I. Nutritional and Metabolic

*Apply the nursing process to the following actual or potential symptoms or conditions:*

1. anorexia
2. cachexia or wasting
3. dehydration
4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia, acidosis)
5. fatigue
6. feeding intolerance (e.g., oral aversion, increased residuals, pain)

J. Immune/Lymphatic/Hematologic System

*Apply the nursing process to the following actual or potential symptoms or conditions:*

1. infection or fever
2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)

K. Mental Status Changes

*Apply the nursing process to the following actual or potential symptoms or conditions:*

1. agitation
2. confusion
3. irritability
4. hallucinations

**4. Treatments and Procedures 3%**

A. Manage the following treatments or procedures:

1. central venous access device
2. peripherally inserted central catheter (PICC)
3. peripheral IV
4. subcutaneous needle
5. enteral feeding (e.g., NG, NJ, or G-tube)
6. parenteral feeding (i.e., TPN)
7. intravenous hydration
8. blood and blood products
9. phlebotomy and specimen collection
10. mechanical ventilation (e.g., CPAP, NIPPV, BIPAP)
11. respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
12. urinary drainage systems (e.g., indwelling or suprapubic)

**5. Family Centered Care 9%**

A. Psychosocial, Spiritual and Cultural Care

1. Assess and respond to psychosocial, spiritual, and cultural needs
2. Assess and respond to family systems and dynamics (e.g., financial concerns, physical and mental health of the parents or grandparents)
3. Identify unresolved interpersonal matters (e.g., unresolved grief, parental conflict, divorce, custody)
4. Facilitate effective communication among the team and between family members
5. Facilitate opportunities for memory making or legacy building (e.g., photo albums, Make a Wish, journaling, hand molds)

B. Care of the Child as Patient

1. Assess developmental level of the child
2. Identify child's awareness of the diagnosis, prognosis, and plan of care
3. Identify the family's desire for disclosure of diagnosis, prognosis, and plan of care to the child
4. Facilitate communication strategies according to the child's cognitive, verbal, and social abilities

C. Sibling Support

1. Identify the psychosocial needs of siblings
2. Access resources to meet the needs of siblings (e.g., child life therapy, counseling)

D. Family Caregiver Support

1. Assess caregiver physical, social, emotional, cognitive, and financial capacity to provide care
2. Promote family self-care activities

**6. Education and Advocacy 13%**

A. Education of Child and Family

1. Assess developmental level, knowledge base, and learning style
2. Identify and respond to barriers to ability to learn
3. Teach and evaluate primary caregivers' specific skills for care of the child (e.g., colostomy)
4. Assess and recommend adaptations to environmental and safety risks
5. Teach pain and symptom management
6. Discuss benefit versus burden of treatment options
7. Teach medication administration and management
8. Prepare child and family for transitions between care setting (e.g., hospital, outpatient, home, and community)
9. Teach end-stage disease process
10. Teach the signs and symptoms of imminent death

B. Advocacy for the Child and Family

1. Monitor care for potential neglect and abuse
2. Identify barriers to communication
3. Facilitate child/family participation in interdisciplinary team (IDT) discussions and the individualized plan of care
4. Facilitate communication and shared decision making between child, family, and care providers
5. Advocate for a child's choice to participate in decision making throughout the trajectory of care
6. Determine child's and family's hopes, wishes, and preferences throughout the trajectory of care

7. Support advance care planning (e.g., birth plans, advance directives, life support, DNR status, withdrawal or withholding of non-beneficial medical interventions)
  8. Assist the child to maintain optimal function and quality of life
  - C. Resource Management
    1. Inform child/family how to access services, medications, supplies, and durable medical equipment (DME)
    2. Monitor disposal of supplies/equipment (e.g., syringes, needles)
    3. Monitor controlled substances (e.g., use, safe storage)
    4. Identify available community supportive services
- 7. Care at the End of Life 5%**
- A. Identify signs the child is entering the terminal phase of condition
  - B. Identify and respond to:
    1. physical indicators of imminent death (e.g., mottling, changes in breathing, decreased consciousness, decreased output, changes in vital signs)
    2. psychological indicators of imminent death (e.g., letting go, permission to die, near death awareness)
    3. pain and symptoms at the end of life (e.g., terminal restlessness, work of breathing, palliative sedation)
  - C. Honor cultural and spiritual beliefs at the end of life (e.g., care of the body, rituals, faith traditions)
  - D. Provide death vigil support
  - E. Provide comfort and dignity at time of death
  - F. Visit at time of death to facilitate pronouncement notification and transportation
- 8. Grief and Bereavement 4%**
- A. Evaluate the need for anticipatory grief support throughout the trajectory of care
  - B. Counsel or provide emotional support for the unique grief needs of all affected by the child's condition (e.g., parents, siblings, grandparents, schoolmates, teams, church communities)
  - C. Facilitate opportunities to recognize the value and impact of the child's life
  - D. Provide information regarding funeral practices/preparation
  - E. Provide information on bereavement resources
  - F. Participate in bereavement follow-up support activities (e.g., memorial services, celebration of life, cards, phone calls)
- 9. Professional Issues 9%**
- A. Practice Issues
    1. Incorporate standards into practice (e.g., HPNA Standards of Nursing, NHPCO, ANA)
    2. Incorporate guidelines into practice (e.g., National Consensus Project, AHRQ, NHPCO)
    3. Incorporate legal regulations into practice (e.g., OSHA, CMS)
    4. Educate the public on end-of-life issues and palliative care
    5. Evaluate educational materials for children and family
    6. Access resources from multimedia sources (e.g., Internet)
    7. Identify techniques of conflict management
    8. Use principles of evidence-based practice
    9. Integrate ethical considerations and processes in practice
    10. Identify strategies to resolve ethical concerns related to the end-of-life (e.g., ethics committee, consultation, care conferencing)
  11. Participate in quality assurance and performance improvement activities
  - B. Professional Development
    1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
    2. Participate in peer review
    3. Maintain professional boundaries between child/family and staff
    4. Participate in research activities (e.g., data collection)
    5. Read medical or nursing journals to remain current
    6. Participate in professional nursing organization activities
    7. Maintain personal continuing education plan to update knowledge
    8. Participate in legislative and policy making arenas
  - C. Self Care  
*Identify and implement strategies for dealing with:*
    1. nursing grief
    2. moral distress in nursing practice
    3. compassion fatigue in nursing practice
    4. impact of personal beliefs, values, and attitudes on professional practice
    2. Identify the need for self-care activities
    3. Participate in self-care activities (e.g., stress management)