

DETAILED CONTENT OUTLINE

- | | |
|--|--|
| <p>1 Patient Care—Assessment and Planning 24</p> <ul style="list-style-type: none"> A Goals of care and shared decision making B Anticipatory planning (e.g., location of death, funeral pre-planning) C Interdisciplinary care planning and ongoing evaluation D Collaboration with external care teams E Psychosocial, spiritual, and cultural needs F Identity and personal relationships G Life-limiting disease progression, complications, and treatment H Indicators of imminent death <p>2 Patient Care—Pain Management 24</p> <ul style="list-style-type: none"> A Etiology of pain, types of pain, and pain syndromes B Verbal and nonverbal indicators of pain and use of developmentally appropriate pain scales C Factors that may influence the patient's experience of pain (e.g., fear, depression, cultural and spiritual issues) D Medications appropriate to severity and specific type of pain (opioid, non-opioid, adjuvant) E Pediatric dosing and titration of medication F Dosage equivalents when changing analgesics or route of administration G Non-pharmacologic interventions (e.g., ice/heat, positioning, palliative surgery/radiation, psychological therapy) H Complementary/integrative and alternative therapies (e.g., Reiki, acupuncture, play, art, massage, pet, music) <p>3 Patient Care—Pediatric Diagnoses & Symptom Management 34</p> <ul style="list-style-type: none"> A Complications of prematurity and birth B Neurological conditions and symptoms C Neuromuscular conditions and symptoms D Cardiac conditions and symptoms E Pulmonary conditions and symptoms F Congenital anomalies and symptoms G Musculoskeletal conditions and symptoms H Skin and mucous membrane symptoms I Nutritional and metabolic conditions and symptoms J Immune/Lymphatic/Hematologic conditions and symptoms K Gastrointestinal, renal, and hepatic conditions and symptoms L Psychosocial, emotional, and spiritual distress M Mental health conditions and symptoms <p>4 Family-Centered Support, Education, and Advocacy 31</p> <ul style="list-style-type: none"> A Advance care planning (e.g., advance directives, life sustaining therapies, guardianship, medical/legal decision making) B Hospice, palliative, and concurrent care benefits under Medicaid/Medicare, and private insurance C Patient safety: environmental, physical, socioemotional D Communication: techniques, barriers, and cultural humility E Community resources and referrals F Signs and symptoms of abuse and neglect G Medication management and disposal, controlled substances, and diversion | <ul style="list-style-type: none"> H Self-care activities for family/caregivers I Support for patient's community (e.g., parents, siblings, extended family, peers) J Illness trajectory K Care at time of death and post-mortem care L Ethical issues related to end of life M Grief and loss support / bereavement services <p>5 Professional Practice 22</p> <ul style="list-style-type: none"> A Hospice and palliative care compliance under Medicaid/Medicare and concurrent care eligibility B National hospice and palliative care standards and practice guidelines (e.g., NHPCCO, National Consensus Project) C Legal regulations (e.g., OSHA, CMS, HIPAA) D Professional boundaries (e.g., social media, therapeutic relationships) E Practitioner self-care and stress management F Implicit bias and healthcare disparities |
|--|--|

TASK LIST

- 1 Patient Care—Assessment and Planning
 - A Identify psychosocial, spiritual, socioeconomic, and legal factors affecting decision making
 - B Identify patient and family/caregiver goals of care
 - C Develop a plan of care to achieve goals of care
 - D Coordinate patient care with other health care providers through the continuum of care
 - E Monitor need for changes in level of care and coordinate transfers of care settings
 - F Identify specific patterns of progression, complications, and treatment for life-limiting conditions
 - G Identify and respond to indicators of imminent death
 - H Evaluate progress toward outcomes and update goals
 - I Assess and respond to environmental and safety risks
- 2 Patient Care—Pain and Symptom Management
 - A Perform developmentally appropriate comprehensive assessment of pain
 - B Identify and administer pharmacologic interventions
 - C Identify and implement non-pharmacologic and complementary interventions
 - D Provide evidence-based palliative assessment and management of symptoms associated with life-limiting conditions
 - E Provide evidence-based palliative assessment and management for psychosocial, emotional, and spiritual needs
 - F Assess for and respond to side-effects and complications of treatments
 - G Evaluate medication dosing and response to treatments and interventions
- 3 Family-Centered Support, Education, and Advocacy
 - A Assess and respond to psychosocial, spiritual, and cultural needs for patient, siblings, and family/caregivers
 - B Facilitate effective, developmentally-appropriate communication among patient, siblings, and family/caregivers
 - C Encourage patient/caregiver participation in interdisciplinary team/discussions
 - D Counsel or provide emotional support regarding anticipatory grief, loss, and bereavement
 - E Facilitate and coordinate support throughout the continuum of care
 - F Teach end-stage disease progression
 - G Teach pain and symptom management
 - H Train family/caregivers to provide patient care
 - I Monitor, support, and validate family/caregivers confidence and ability to provide care
 - J Promote family/caregiver self-care activities
 - K Provide education about access and use of services, medications, supplies, and durable medical equipment (DME)
 - L Facilitate self-determined life closure
- M Facilitate opportunities for memory making or legacy building
- N Educate family/caregivers on availability of school or community resources
- 4 Professional Practice
 - A Hospice and palliative care compliance under Medicaid/A Identify eligibility for palliative care and/or hospice services
 - B Incorporate standards, guidelines, and legal regulations into practice
 - C Identify and address ethical concerns
 - D Participate in continuous quality assurance and performance improvement activities
 - E Maintain professional boundaries
 - F Incorporate strategies for self-care and stress management into practice
 - G Contribute to professional development of colleagues, students, and others as preceptor, educator, or mentor
 - H Recognize/address personal biases that may affect justice, equity, diversity, and inclusion, and develop cultural awareness and humility

SAMPLE QUESTIONS

1. Which of the following is the leading cause of death in infants in the United States?
 - A. congenital malformations
 - B. sudden infant death syndrome
 - C. unintentional injury.
 - D. respiratory distress syndrome
2. Which of the following tools is MOST appropriate to use when assessing pain in an 18 month old?
 - A. a faces scale
 - B. FLACC
 - C. CRIES
 - D. color analog scale
3. After undergoing limb salvage surgery after a diagnosis of osteosarcoma, a child reports burning pain in the amputated leg. Which of the following is the BEST medication to address the child's discomfort?
 - A. gabapentin
 - B. prednisone
 - C. hydrocodone
 - D. ibuprofen
4. A 3 year old with double outlet right ventricle, subglottic stenosis, and lung disease is no longer a candidate for further surgeries. While in the inpatient unit, the child develops shortness of breath. Which of the following is the BEST pharmacologic intervention to alleviate this new symptom?
 - A. morphine
 - B. hydromorphone
 - C. lorazepam
 - D. ibuprofen
5. Bone demineralization due to immobilization is likely to lead to
 - A. osteoporosis.
 - B. osteopetrosis.
 - C. osteogenesis.
 - D. osteochondritis.
6. A dying 7 year old has been drawing pictures of angels and is withdrawn. To facilitate communication, the nurse should
 - A. focus on happy memories.
 - B. encourage the child to talk to his parents.
 - C. discuss personal beliefs about heaven.
 - D. initiate play therapy.
7. To help children cope with their emerging awareness and understanding of death, a nurse should
 - A. assume that young children have no awareness of death.
 - B. use developmental theories solely based on the child's understanding of death at various ages.
 - C. frame responses in ways that are suitable to the child's capacities and needs.
 - D. recognize that most children are unlikely to encounter death-related events in the world around them.
8. A family reports distress because their dying child has developed "gurgling breathing." Which of the following is MOST appropriate to tell the family?
 - A. The child will likely benefit from suctioning.
 - B. Increasing pain medication will likely alleviate discomfort.
 - C. Repositioning the child will likely ease this symptom.
 - D. The sound will likely resolve on its own.
9. A 4-year-old sibling of a dying child has begun to demonstrate intermittent bedwetting after being potty trained for over a year. Which of the following provides the BEST explanation for the sibling's change in behavior?
 - A. behavioral regression
 - B. genitourinary condition
 - C. unsuccessful potty training
 - D. neuromuscular condition
10. The use of medications to induce a decreased level of consciousness in an effort to relieve refractory symptoms in imminently dying children is known as
 - A. physician-assisted suicide.
 - B. the principle of double effect.
 - C. euthanasia.
 - D. palliative sedation.
11. A family receives news that their child's cancer diagnosis is terminal, and they enroll in hospice care. The family elects to continue chemotherapy. This is an example of
 - A. denial
 - B. concurrent care
 - C. grief
 - D. non-beneficial care

Question	Answer	Content Area, Task Area
1.	A	1G, 4A
2.	B	2B, 2A
3.	A	2A, 2D
4.	A	3D, 2D
5.	A	3G, 1F
6.	D	4D, 3D
7.	C	1E, 3A
8.	C	1H, 3G
9.	A	4I, 3D
10.	D	1G, 4B
11.	B	5B, 2D

Secondary Reference List

- Coyne, PJ., Bobb, B. and Plakovic, K. (Eds.) (2017). *Conversations in Palliative Care: Questions and Answers with the Experts*. Pittsburgh, PA: Hospice and Palliative Nurses Association.
- Dahlin, CM. (Ed.) (2021). *Palliative Nursing: Scope and Standards of Practice* (6th Ed.). Pittsburgh, PA: Hospice and Palliative Nurses Association.
- Paniagua, M. and Shega, JW. (Eds.) (2017). Essentials (formerly known as UNIPAC) Essential Practices in Hospice and Palliative Medicine (5th Ed.) *U7 Pediatric Palliative Care and Hospice*. Chicago, IL: American Academy of Hospice and Palliative Medicine.
- Ragsdale, LB., and Miller, EG. (Eds.) (2020). *Pediatric Palliative Care*. New York, NY: Oxford University Press.
- Shields, K., Fox, K., and Liebrecht, C. (2022). *Pearson's Nurses Drug Guide 2023*. Indianapolis, IN: Pearson.

SUGGESTED REFERENCES

The HPCC has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Pediatric Registered Nurses. The reference lists contain textbooks that include information of significance to hospice and palliative pediatric nursing practice. Inclusion of certain textbooks on the lists does not constitute an endorsement by the HPCC of specific professional literature which, if used, will guarantee candidates successful passing of the certification examination. Test candidates are not required to purchase or review these resources. HPCC does not endorse specific resources and does not receive compensation from the sale or use of any resources.

To prepare for the examination, review the Detailed Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs.

CHPPN Reference List

Primary Reference List

(Used for CHPPN exam item validation)

- Ferrell, BR., and Paice, J. (Eds.) (2019). *Oxford Textbook of Palliative Nursing* (5th Ed.). New York, NY: Oxford University Press.
- Hain, R., Goldman, A., Rapoport, A., and Meiring, M. (Eds.) (2021). *Oxford Textbook of Palliative Care for Children* (3rd Ed.). New York, NY: Oxford University Press.
- Hockenberry, MJ., Duffy, EA., and Gibbs, K. (2023). *Wong's Nursing Care of Infants and Children* (12th Ed.). St. Louis, MO: Elsevier.
- Hockenberry, MJ., Wilson, D., and Rodgers, CC. (2022). *Wong's Essentials of Pediatric Nursing* (11th Ed.). St. Louis, MO: Mosby.
- Santucci, G. (Ed.) (2017). *Core Curriculum for the Pediatric Hospice and Palliative Nurse* (2nd Ed.). Pittsburgh, PA: Hospice and Palliative Nurses Association.