



Certified Hospice and Palliative Nursing Assistant (CHPNA) Examination Content Outline

1. Patient Care: Activities of Daily Living (32%)

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
5. denture and partial care

B. Assist with Grooming

1. hair care
2. nail care (e.g., cleaning, filing)
3. foot care (e.g., soaking, cleaning)
4. hearing aids and eyeglasses
5. support patient/family choice for clothing and accessories (e.g., jewelry)
6. getting dressed

C. 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
7. immobility devices (e.g., braces, slings)

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, bedside commode)

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 to patient's choice and/or comfort
6. observe and report issues related to tube feeding and IV hydration

2. Patient Status and Environment (28%)

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

B. Facilitate Non-Drug Treatment for Symptoms

1. relaxation
2. music
3. deep breathing
4. diversional/recreational activities
5. massage
6. hot/cold compresses (e.g., heated cloth, cool cloth)
7. repositioning
8. one-on-one support (e.g., sitter)

C. Maintain Infection Control

1. universal precautions
2. biohazardous waste disposal (e.g., sharps, blood)
3. isolation techniques

D. 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
7. privacy

E. 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
11. seizure activity

- F. 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
 - G. Identify Changes in Functional Status**
 - 1. mobility
 - 2. weakness
 - 3. sleepiness
 - 4. fatigue
 - 5. appetite
 - H. Identify Changes in Respiratory Status**
 - 1. Effectiveness of interventions
 - a. nebulizers and inhalers
 - b. oxygen therapy
 - c. air circulation (including use of fans)
 - d. repositioning
 - 2. Respiratory concerns
 - a. change in breathing patterns (including cough)
 - b. increased secretions
- 3. Psychosocial/Spiritual Care of the Patient and Family (20%)**
- 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, arrange transport services)
 - 4. provide spiritual support
 - 5. give patient permission to let go / 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)
 - 9. veterans
 - C. Identify and Assist Patient and Family 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 for patient and family
 - 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, adequate time for loved ones)
 - 3. bereavement resources (e.g., support groups, literature)
 - 4. post mortem care (e.g., care of body, care of room)
- 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. provide literature
 - 4. life reviews
 - 5. goals of care
 - 6. adaptive communication devices (e.g., word boards)
 - 7. interpreters
- 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)
 - 4. physical ability
- H. Provide Support for Changes in Mental Status**
 - 1. memory
 - 2. medication-related altered mental status
 - 3. depression
 - 4. anxiety
 - 5. post-traumatic stress disorder
- I. Offer Opportunities to Enhance Socialization**
 - 1. volunteer visits
 - 2. activities of patient's choice (e.g., storytelling, walks)
- J. 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. Professional Skills (20%)

A. Interdisciplinary Collaboration

1. Plan of Care
 - a. encourage patient/family participation
 - b. provide input to team members for the plan of care
 - c. work with the team to carry out the plan of care
 - d. communicate patient/family goals and wishes
2. General
 - a. communicate with other health care providers involved in care
 - b. provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite)
 - c. recognize and report change in family status
 - d. review death with the team

B. Ethics, Roles, and Responsibilities

1. Identify and respond to ethical issues (e.g., confidentiality, honest communication)
2. Maintain boundaries (e.g., within job description, with patient/family)
3. Assist in resolving work-related conflicts
4. Maintain documentation according to the plan of care
5. Identify risks to personal safety (e.g., firearms in the home)
6. Serve as a mentor/preceptor for new staff
7. Assist with orientation of volunteers and staff
8. Participate on committees
9. Maintain continuing education
10. Promote hospice and palliative care in the community
11. Participate in:
 - a. professional organizations for nursing assistants
 - b. quality improvement activities
 - c. research activities (e.g., surveys)
12. Practice self care (e.g., stress management)