



**Certified Hospice and Palliative Pediatric Nurse (CHPPN®)  
Detailed Content Outline**

- 1. Management of Conditions and Symptoms: Neurological, Cardiovascular, Respiratory (19%)**
  - A. Identify specific patterns of progression, complications, and provide treatment for:**
    1. neurological conditions (e.g., encephalopathy, seizure disorders)
    2. neuromuscular conditions (e.g., SMA, muscular dystrophy, myopathies)
    3. cardiac conditions (i.e., congenital or acquired)
    4. pulmonary conditions (e.g., cystic fibrosis, chronic ventilator dependency)
    5. congenital anomalies (e.g., chromosomal disorders, genetic disorders, brain malformations)
    6. sequelae of complications of birth (e.g., prematurity, anoxia)
  - B. Apply the nursing process to the following actual or potential neurological symptoms or conditions:**
    1. dysphagia (difficulty swallowing)
    2. myoclonus (spasms of a muscle or group of muscles)
    3. dystonia (persistent rigidity of muscles)
    4. paraesthesia or neuropathies
    5. seizures
    6. changes in intracranial pressure
    7. paralysis
    8. spinal cord compression
    9. mental status changes (e.g., agitation, restlessness, irritability, level of consciousness)
  - C. Apply the nursing process to the following actual or potential cardiovascular symptoms or conditions:**
    1. coagulation problems
    2. edema
    3. hemorrhage
  - D. Apply the nursing process to the following actual or potential respiratory symptoms or conditions:**
    1. congestion
    2. cough
    3. dyspnea
    4. pleural effusions
    5. pneumothorax
    6. apnea
    7. respiratory distress
    8. secretions
    9. pneumonia
- 2. Management of Conditions and Symptoms: Gastrointestinal, Genitourinary, Musculoskeletal, Skin/Mucous Membrane, Nutrition, Immunology and Hematology Systems (16%)**
  - A. Identify specific patterns of progression, complications, and provide treatment for:**
    1. hematologic, oncologic, and paraneoplastic conditions (e.g., disorders of the immune system, cancer and associated complications)
    2. gastrointestinal and hepatic conditions (e.g., short gut, TPN-dependent)
    3. metabolic disorders (e.g., leukodystrophy, Tay-Sachs disease, severe mitochondrial disorders)
  - B. Apply the nursing process to the following actual or potential gastrointestinal symptoms or conditions:**
    1. constipation
    2. diarrhea
    3. ascites
    4. nausea or vomiting
    5. bowel obstruction
    6. bleeding
    7. dysmotility
    8. reflux

- C. Apply the nursing process to the following actual or potential genitourinary symptoms or conditions:**
1. urinary incontinence
  2. urinary retention
- D. Apply the nursing process to the following actual or potential musculoskeletal symptoms or conditions:**
1. impaired mobility or complications of immobility
  2. deconditioning (e.g., increased weakness, decreased function, activity intolerance)
  3. spasticity
- E. Apply the nursing process to the following actual or potential skin and mucous membrane symptoms or conditions:**
1. dry mouth
  2. oral lesions
  3. pruritis (i.e. itching)
  4. impaired skin integrity (e.g., wounds, pressure ulcers)
  5. rash
  6. infection (e.g., fungal, cellulitis)
- F. Apply the nursing process to the following actual or potential nutrition-related 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)
  7. failure to thrive
- G. Apply the nursing process to the following actual or potential immunology and hematology systems symptoms or conditions:**
1. infection or fever
  2. myelosuppression (e.g., anemia, neutropenia, thrombocytopenia)
- 3. Management of Conditions and Symptoms: Psychosocial, Emotional, & End of Life (16%)**
- A. Apply the nursing process to the following actual or potential psychosocial and emotional symptoms or conditions:**
1. anger
  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. identity issues (e.g., sexuality)
  12. relationship issues (e.g., friendship, intimacy, sex)
  13. abandonment
- B. End of Life**
1. Identify symptoms the child is entering the terminal phase of condition
  2. Identify and respond to:
    - a. physical indicators of imminent death (e.g., mottling, changes in breathing, decreased consciousness, decreased urinary output, changes in vital signs)
    - b. psychological indicators of imminent death (e.g., letting go, near death awareness, reassurance of love and allowance to let go)
    - c. pain and symptoms at the end of life (e.g., terminal restlessness, work of breathing, palliative sedation)
  3. Honor cultural and spiritual beliefs at the end of life (e.g., care of the body, rituals, faith traditions)
  4. Provide comfort and dignity at time of death
- 4. Management of Pain (16%)**
- 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. Verify titration of medication to effect using baseline and breakthrough doses
  3. Identify dosage equivalents when changing analgesics or route of administration
  4. Identify the risk/benefit of adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, antidepressants, CNS stimulants, neuroleptics, antispasmodics)
  5. Respond to medication side effects, interactions, or complications
- 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
- 5. Family Centered Care, Education and Advocacy (23%)**
- A. Family Support**
1. Assess and respond to psychosocial, spiritual, and cultural needs
  2. Assess and respond to family systems and dynamics (e.g., financial concerns, coping skills, physical and mental health of family caregivers)
  3. Facilitate effective communication among the team and between family members
  4. Facilitate opportunities for memory making or legacy building
  5. Promote family self-care activities
- B. Patient Support**
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 needs of siblings (e.g., psychosocial, emotional, physical)
  2. Facilitate access to resources to meet the needs of siblings
- D. Education of Child and Family**
1. Assess developmental level, knowledge base, and learning preferences
  2. Identify and respond to barriers to ability to learn
  3. Teach and evaluate primary caregivers' specific skills for care of the child
  4. Assess and recommend adaptations to reduce safety risks (e.g., medication storage and disposal, infection prevention)
  5. Teach pain and symptom management, including medication administration and side effects
  6. Discuss benefit versus burden of treatment options
  7. Prepare child and family for transitions between care setting (e.g., hospital, outpatient, home, and community)
  8. Teach end-stage disease process including signs and symptoms of imminent death
  9. Inform family of community supportive services
- E. Advocacy for the Child and Family**
1. Monitor care for potential neglect and abuse
  2. Assess and respond to barriers to communication

3. Assess and respond to spiritual and cultural needs
  4. Facilitate child/family participation in interdisciplinary team (IDT) discussions and the individualized plan of care
  5. Facilitate communication and advocate for shared decision making between child, family, and care providers
  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, resuscitation status, redirection of non-beneficial medical interventions)
- F. Grief and Bereavement**
1. Evaluate the need for anticipatory grief support throughout the trajectory of care
  2. 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)
  3. Provide information regarding funeral practices/preparation
  4. Provide information on bereavement resources
  5. Participate in bereavement follow-up support activities
- 6. Professional Practice (10%)**
- A. Practice Issues**
1. Incorporate national hospice and palliative standards into nursing practice
  2. Incorporate guidelines into practice (e.g., NHPCO)
  3. Incorporate legal regulations into practice (e.g., CMS)
  4. Educate the public on hospice and palliative care
  5. Evaluate educational materials for children and family
  6. Identify ethical concerns and integrate resources to resolve (e.g., ethics committee, consultation, care conferencing)
  7. Participate in continuous quality 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
  4. Participate in professional nursing activities
  5. Maintain knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact pediatric hospice and palliative care
- C. Self Care**
1. Identify and implement strategies for dealing with:
    - a. nursing grief
    - b. moral distress
    - c. compassion fatigue
    - d. personal beliefs and values
  2. Identify and participate in stress management activities