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Certified Pediatric Nurse Certification Exam



Detailed Content Outline

Description of the Exam

This exam is for the nurse who has extensive experience in pediatric practice and who demonstrates knowledge and abilities related to pediatric nursing beyond basic RN licensure. Exam content includes: **health promotion**; **assessment** (physical and psychosocial); **planning and management** (acute and chronic care for both physical and behavioral health needs, psychosocial and child/family-centered care, palliative and end of life care) and **professional responsibilities**. Common threads throughout the domains of practice are safety, growth and development, and evidence-based practice.

Description of the Specialty

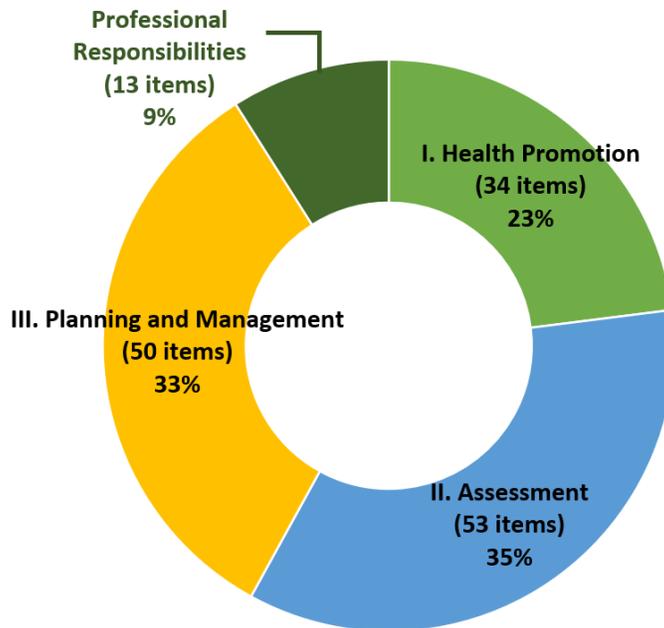
Pediatric nurses practice in a variety of settings and roles such as direct caregiver, educator, consultant, advocate, and care coordinator. In these roles, they assess, analyze, plan, implement, and manage nursing interventions and evaluate outcomes. Utilizing a patient- and family-centered approach, pediatric nurses provide care for newborns through young adulthood with a focus on protection, promotion and optimization of health and abilities. (Scope and Standards of Practice: Pediatric Nursing 2nd Edition 2015).

Credential

An RN who passes this exam is called a Certified Pediatric Nurse and earns the CPN credential. CPNs are entitled to use this credential if they actively maintain their certification.

How to use this Content Outline

The CPN exam content outline (also known as a test blueprint) is an essential tool as you study for your exam. It describes all the subject areas covered by the exam and number of questions per category. PNCB certification exams are comprehensive, so be sure to study all areas of the content outline, including areas that you may not be as familiar with in your daily practice. This exam tests your ability to apply knowledge and use critical thinking skills to determine one best answer among answer choices.



Exam Details

This exam is based on US standards of practice. See www.pncb.org for eligibility requirements. The exam has 150 scored and 25 unscored items (included to determine statistical performance). The 150 scored items are distributed among four (4) content areas. See chart.

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Detailed Content Outline

I. Health Promotion

23% / 34 items

- a. Tailor health promotion activities based on factors that influence the health of the child, family, and/or community (*e.g., genetic predisposition, prematurity, environment*)
- b. Provide anticipatory guidance and education across the pediatric age continuum for the child, family, and/or community related to:
 1. Growth and development (*e.g., infant bonding, milestones, puberty*)
 2. Injury prevention (*e.g., safe sleep practices, vehicle safety, environmental safety, bicycle safety, gun safety*)
 3. Nutrition (*e.g., breast or formula feeding, introduction of solids, healthy diet*)
 4. Preventive care (*e.g., oral health, immunizations, physical activity/exercise*)
 5. Psychosocial stressors (*e.g., bullying, social media use, mental health concerns*)
 6. Risk reduction (*e.g., substance use, gang activity, relationship/partner violence*)
 7. Sexual health (*e.g., pregnancy and transmitted infection prevention, sexual development*)
 8. Building resilience and healthy coping
- c. Refer child and family to community resources (*e.g., behavioral/mental health providers, early intervention services, social services*)

II. Assessment

35% / 53 items

- a. **Physical**
 1. Obtain health history (*e.g., medical conditions, medications, family medical risk factors*)
 2. Assess growth parameters and developmental milestones
 3. Perform physical assessment using a developmental approach
 4. Assess pain using developmentally/cognitively appropriate tools
 5. Assess nutritional status
 6. Assess functional status (*e.g., self-care, ambulation, vision, hearing*)
 7. Recognize and anticipate trends and variables that may lead to improvement or deterioration of physiologic status
 8. Recognize and screen for signs and symptoms of addiction and withdrawal (*e.g., prenatal exposure, medically induced dependency, substance use*)
 9. Assess for risks to safety
 10. Assess for physical signs of maltreatment or neglect
- b. **Psychosocial**
 1. Assess the child's environments (*e.g., home, school, health care setting*) for developmental, cognitive, and physical needs
 2. Identify cultural and spiritual influences that impact child and family health care practices
 3. Assess impacts of adverse childhood experiences (ACEs) (*e.g., death of caregiver, divorce, abuse*) and social determinants of health (*e.g., socio-economic status, displacement, racial inequalities*)
 4. Assess family dynamics
 5. Assess general state of mental and emotional health (*e.g., depression, anxiety, self-harm, suicide risk*)
 6. Assess for risk-taking behaviors (*e.g., substance use, sexual activity, dangerous driving*)
 7. Assess for risk factors (*e.g., family stress, substance abuse, human trafficking*) and psychosocial indicators (*e.g., withdrawal, inconsistencies in history*) of maltreatment or neglect
 8. Recognize acute stressors impacting the child and family, and assess responses and coping skills
 9. Identify child's and family's adjustment to acute and chronic conditions
 10. Assess coping mechanisms of child, siblings, and caregivers
 11. Determine child's and family's understanding of health/disease process
 12. Assess barriers to adherence with the therapeutic regimen (*e.g., motivation, access, interventions, resources*)
 13. Identify educational needs of child and family (*e.g., plan of care, priorities, discharge planning*)

III. Planning and Management**33% / 50 items****a. Acute and Chronic Care for Physical and Behavioral Health Needs**

1. Collaborate with members of the child's health care team to contribute to an accurate medical diagnosis
2. Develop and implement the nursing plan of care based on physical and behavioral assessment findings as well as lab/diagnostic results
3. Manage child's pain using pharmacologic and non-pharmacologic approaches
4. Respond when a child needs immediate nursing intervention
5. Communicate significant findings to appropriate health care professionals
6. Prioritize care based on child's individual needs
7. Utilize equipment and technology appropriate for the needs of the child
8. Incorporate complementary and integrative health approaches in the plan of care
9. Modify plan of care based on child's response
10. Integrate complex care needs into the plan of care (*e.g., sensory, cognitive, and motor deficits; technology dependence*)
11. Facilitate optimal nutrition throughout illness and recovery (*e.g., oral, parenteral, enteral*)
12. Perform nursing procedures and interventions as appropriate for the plan of care
13. Maintain a safe care environment
14. Develop and implement the transfer of care/discharge plan (*e.g., inter/intra-departmental handoff, transition to home, transition to adult care*)

b. Psychosocial and Child/Family-centered Care

1. Incorporate child and family's cultural and spiritual needs into the plan of care
2. Integrate gender identity and sexual health into plan of care (*e.g., use child's preferred name/pronouns*)
3. Implement strategies to address barriers to care
4. Implement communication strategies appropriate to child's and family's developmental/learning needs and preferences
5. Provide developmentally appropriate preparation and support for procedures (*e.g., distraction, imagery*)
6. Encourage developmentally appropriate play
7. Collaborate with the child and family in creating and adapting the nursing plan of care, incorporating the family's needs, values, priorities
8. Evaluate child and family's readiness for discharge
9. Provide education to the child and family
10. Integrate trauma-informed care principles (*e.g., safety, trustworthiness and transparency, choice*) into care planning and management
11. Provide support for the child and family dealing with grief and loss

c. Palliative and End of Life Care

1. Provide guidance for anticipated progression of condition and treatment options
2. Promote quality of life for the child and family (*e.g., massage therapy for chronic condition, play therapy*)
3. Support end of life decision making (*e.g., DNR status, family presence, hospice*)
4. Manage care and needs throughout the dying process (*e.g., symptom management, interdisciplinary resources, support for family*)

IV. Professional Responsibilities**9% / 13 items**

- a. Advocate for the child and family in managing care
- b. Advocate at the system and governmental levels for policies that support children and families (*e.g., patient ratios, access to care, resources*)
- c. Identify and address ethical and legal concerns related to pediatric practice (*e.g., mandatory reporting, privacy and confidentiality, refusal of care*)
- d. Maintain professional boundaries in therapeutic relationships (*e.g., appropriate use of social media, gifting*)
- e. Recognize need for support for self and colleagues in response to stressful events (*e.g., avoid burnout, foster resiliency*)
- f. Prioritize care across patient assignment within the health care setting
- g. Engage in interdisciplinary collaboration to provide comprehensive care

Exam Content: MEDICATION NAMES

Many brand names, while still discussed commonly in practice, are no longer available in brand name form. PNCB strives to only include brand names of medications that are fully available. When medication names are needed or cited in an examination question, PNCB will typically list both generic and brand names when appropriate.

All brand and generic names referenced are correct and available to the best of our knowledge at the time of the publication of the examination form. Each question included in PNCB examinations [is reviewed multiple times](#), with different subject matter expert groups, who assess and validate content (including medication names) for accuracy. This process precedes, and is in addition to, rigorous, routine statistical analysis on every scored item.

Exam-takers should know common, generic medication names applicable to the pediatric nursing role.

Exam Content: CLINICAL CONDITIONS

Items that address a specific condition will be represented within the exam, by volume, according to the following ***prioritized listing***:

- 1 Respiratory
- 2 Gastrointestinal/Nutritional
- 3 Behavioral/Mental Health
- 4 Infectious Disease
- 5 Neurology
- 6 Eye, Ear, Nose and Throat
- 7 Endocrine/Metabolic
- 8 Musculoskeletal
- 9 Trauma
- 10 Hematology/Oncology
- 11 Emergencies/Poisoning/Overdose
- 12 Cardiovascular
- 13 Genitourinary/Renal/Reproductive
- 14 Skin/Wound/Burns
- 15 Child Maltreatment and Neglect
- 16 Allergy/Immunology/Rheumatology

Exam Content: PROCEDURES AND INTERVENTIONS

Exam content will include a focus on the following procedures and interventions (***listed alphabetically***):

- Body temperature regulation
- Fluid and electrolytes administration
- Infection prevention and use of PPE
- Line and tube maintenance: Drainage devices (e.g., surgical, urinary, neurological)
- Line and tube maintenance: Enteral tubes
- Line and tube maintenance: Respiratory devices (e.g., tracheostomy, chest tube, O2 delivery)
- Line and tube maintenance: Vascular access devices
- Medication administration
- Nutrition support (e.g., therapeutic diets, oral hydration, tube feeding)
- Physiological monitoring (e.g., ECG, pulse oximetry, ETCO2)
- Positioning (e.g., procedures, developmental, devices, therapeutic)
- Preventative safety measures (e.g., safe sleep, seizure precautions, fall prevention)
- Skin and wound care
- Specimen collection and point of care testing
- Suctioning



As an exam candidate, you agree not to share information about test questions and answers in any way.

[Learn about PNCB’s Ethics in Testing](#)

Below are examples of acceptable and prohibited (unethical) discussions/behaviors. Because PNCB offers multiple certification exam types (CPN, CPNP-AC, CPNP-PC, PMHS), the content topic areas below may not represent your exam.

Acceptable	Unethical
<i>“Make sure you brush up on growth and development since you work in a hospital now.”</i>	<i>“Make sure you remember when a baby starts pointing at objects.”</i>
<i>“Expect a lot of respiratory content. It’s the number 1 clinical problem on the exam content outline.”</i>	<i>“What kinds of respiratory issues were on your exam?”</i>
<i>“Renal issues are a clinical problem listed on the content outline. Be prepared for those since we don’t see that on our unit.”</i>	<i>“I had a question about acute renal failure, potassium levels, and arrhythmias. Make sure you look that up.”</i>
<i>“I forgot skin, wounds, and/or burns would be on the exam.”</i>	<i>“I didn’t expect a burn question asking about fluid replacement. I think the right answer had to do with capillary refill.”</i>

If in doubt, don’t discuss.

Discussing exam questions can lead to serious consequences such as:

- Prohibiting future exam attempts for the people involved
- Stopping an in-progress exam
- Suspending an exam for all testers
- Delaying release of score results beyond advertised timeframe
- Invalidating exam scores
- Suspending or revoke certification
- Taking legal action against individuals

Learn more from PNCB’s [Ethics in Testing: A Personal Responsibility Toolkit.](#)