PNCB PEDIATRIC NURSING CERTIFICATION BOARD

- **PNCB is serious about upholding test security.**
- **Don't risk the consequences—for yourself or other nurses.**
- **Learn about PNCB's Ethics in Testing**

Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC®) Detailed Exam Content Outline
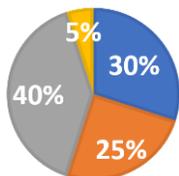
Description of the Specialty

- *This exam is for the pediatric nurse practitioner (PNP) who has graduated from a master's degree or DNP degree program or postgraduate certificate program for acute care pediatric nurse practitioners.* The Acute Care CPNP® (CPNP-AC) provides family-centered care for pediatric patients with acute, complex, critical, and chronic conditions across a variety of care settings. The CPNP-AC works closely with an interprofessional team to provide the highest level of evidence-based care from birth to young adulthood. Patients outside the traditionally defined pediatric age parameters with unique health care needs may also be best served by the CPNP-AC. The practitioner in this role is responsible for independent, comprehensive, and collaborative decision making with direct accountability for clinical judgment. The CPNP-AC monitors and ensures the quality of health care practice, advocates for the patient and family in negotiating health care delivery systems, and promotes professional practice.

Credential

- A PNP who passes this exam is called a **Certified Pediatric Nurse Practitioner** and earns the **CPNP** credential. CPNPs are entitled to use this credential as long as they actively maintain their certification. Acute care CPNPs may choose to use the credential CPNP-AC. Both are acceptable by the PNCB. Your employer or state board may have a global acronym that you are expected use in your practice.

The Exam

- This exam is based on US standards of practice. See www.pncb.org for eligibility requirements. This exam has 150 scored and 25 unscored items (included to determine statistical performance). You will not be able to distinguish between scored and non-scored questions. The 150 scored items are distributed among four content areas.

- I. Assessment (45 test questions)
- II. Diagnosis (38 test questions)
- III. Management (60 test questions)
- IV. Professional Practice Role (7 test questions)

How to Use this Content Outline

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

Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC®) Detailed Exam Content Outline

I. ASSESSMENT 30% *45 questions*

A. Obtain a comprehensive and/or problem focused health history for a child with acute, complex, critical, and/or chronic conditions
B. Perform a review of systems
C. Evaluate health risks relevant to individual patients and families, including but not limited to:
   1. pharmacologic and nonpharmacologic therapies
   2. developmental, behavioral, and mental health
   3. exposures (for example, environmental, community acquired infection, travel-related)
   4. genetics
   5. nutrition
   6. technology dependence
D. Complete an accurate physical examination, including age- and situation-specific screening, to identify:
   1. emergent and life-threatening conditions
   2. acute, complex, critical, and chronic conditions
   3. normal and abnormal findings

II. DIAGNOSIS 25% *38 questions*

A. Integrate history, review of systems, health risks, and physical examination findings to develop and prioritize differential diagnoses
B. Establish diagnosis/diagnoses based on evaluation of patient data

III. MANAGEMENT 40% *60 questions*

A. Diagnostic Studies
   1. Identify, order, and interpret laboratory studies (for example, blood and body fluids, microbiology)
   2. Identify, order, and interpret diagnostic studies (for example, EKG, radiographic imaging, ultrasound)
B. Therapeutic Interventions
   1. Initiate and manage the resuscitation and stabilization of emergent and life-threatening conditions
   2. Prescribe pharmacologic and non-pharmacologic therapies, taking into consideration pharmacodynamic, pharmacokinetic, and pharmacogenomic factors
   3. Use and monitor technological devices (for example, ventilator, insulin pump, ventricular assist device)
   4. Recognize indications for and complications of interventions
   5. Intervene for potential and actual complications (for example, co-morbidities, iatrogenic)
   6. Perform procedures as indicated
   7. Evaluate therapeutic interventions and modify based on patient response or outcomes
   8. Establish a plan for ongoing care and revise as necessary
C. Collaboration, Referral, and Care Coordination
   1. Collaborate and consult with the interprofessional team to meet patient care needs
   2. Refer to subspecialists, other healthcare disciplines, or different levels of care
   3. Coordinate care for pediatric patients and families
   4. Facilitate transitions across the continuum of care
D. Education
   1. Educate the patient and family regarding specific diagnosis, treatment options, and ongoing plan of care
   2. Educate the patient and family regarding benefits of and potential adverse reactions to interventions and treatments
   3. Provide relevant anticipatory guidance to promote health and safety
   4. Counsel the patient and family regarding the benefits of adhering to recommended treatment and risks of non- adherence
   5. Discuss the threshold for seeking follow-up care

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IV. PROFESSIONAL PRACTICE ROLE 5% *7 questions*

    A. Leadership and Evidence-based Practice
1. Critically evaluate and synthesize research and apply findings to clinical practice
2. Collaborate in the development, implementation, and/or modification of clinical practice guidelines and quality improvement initiatives to improve patient outcomes
3. Develop and promote professional and collaborative relationships (for example, mentoring, precepting, educating other professionals)
4. Advocate for policies that affect the delivery of healthcare services for children and families

    B. Legal and Ethical
1. Promote a culture of patient safety
2. Incorporate cultural sensitivity and inclusiveness into all aspects of practice
3. Foster ethical practice and decision-making
4. Maintain professional accountability by practicing in accordance with regulatory and employer guidelines (for example, licensing, credentialing, privileging, competency)

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 acute care pediatric nurse practitioner role.

Clinical Problems

Items that address a specific condition will be represented within the exam, ranked by order of frequency, according to the following prioritized listing:

1	Respiratory
2	Infectious Disease
3	Gastrointestinal/Nutrition
4	Pain/Sedation
5	Neurologic
6	Cardiac
7	Oncologic
8	Trauma/Burns/Maltreatment
9	Hematologic
10	Palliative/End of Life
11	Renal
12	Musculoskeletal
13	Endocrine
14	Behavioral/Mental Health
15	Genetic
16	Otolaryngologic/Cranio-facial
17	Dermatologic
18	Genitourinary
19	Allergic/Immunologic/Rheumatologic
20	Toxicologic
21	Metabolic

Procedures	*The following procedures and interventions have been validated for inclusion in exam content (listed alphabetically):*

Airway adjunct
Central line insertion
Chest tube insertion
Chest tube removal
Lumbar puncture
Procedural sedation
Ventilator management: invasive
Ventilator management: non-invasive

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
"Make sure you brush up on growth and development since you work in a hospital now."	*"Make sure you remember when a baby starts pointing at objects."*
"Expect a lot of respiratory content. It's the number 1 clinical problem on the exam content outline."	*"What kinds of respiratory issues were on your exam?"*
"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 had a question about acute renal failure, potassium levels, and arrhythmias. Make sure you look that up."*
"I forgot skin, wounds, and/or burns would be on the exam."	*"I didn't expect a burn question asking about fluid replacement. I think the right answer had to do with capillary refill."*

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.