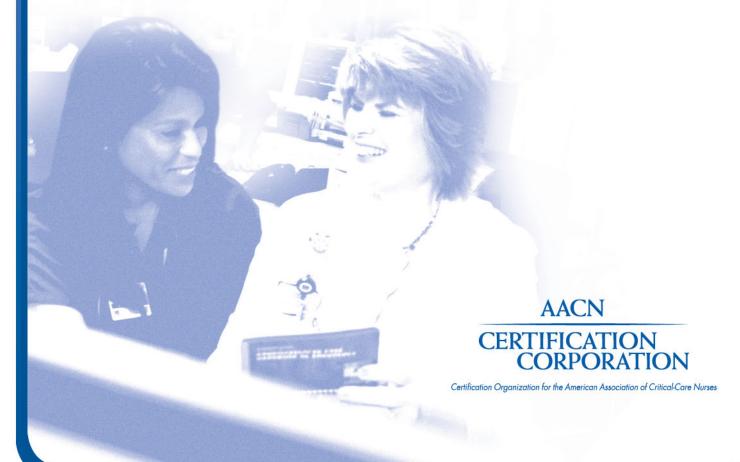


Certification Exam Handbook







MISSION

AACN Certification Corporation contributes to consumer health and safety through comprehensive credentialing of nurses to ensure their practice is consistent with established standards of excellence in caring for acutely and critically ill patients and their families.

VISION

As the undisputed leader in credentialing nurses, the AACN Certification Corporation has demonstrated that certification contributes to achieving optimal outcomes that are consistent with the goals and values of acutely and critically ill patients and their families.

VALUES

As the Corporation works to advance its mission and vision and fulfill its purpose and inherent obligation to ensure the health and well being of patients experiencing acute and critical illness, the Corporation is guided by a set of deeply rooted values.

- Providing **leadership** to bring all stakeholders together to create and foster cultures of excellence and innovation.
- Acting with **integrity** and upholding ethical values and principles in all relationships and in the provision of sound, fair and defensible credentialing programs.
- Committing to **excellence** in credentialing programs by striving to exceed industry standards and expectations.
- Promoting leading edge, research-based credentialing programs that reach diverse certificants.
- Demonstrating **stewardship** through fair and responsible management of resources and cost-effective business processes.

ETHICS

AACN and AACN Certification Corporation consider the American Nurses Association (ANA) Code of Ethics for Nurses foundational for nursing practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession. AACN Certification Corporation's mission of public protection supports a standard of excellence that certified nurses have a responsibility to read, understand and act in a manner congruent with the ANA Code of Ethics for Nurses.

The following AACN Certification Corporation programs have been accredited by the National Commission for Certifying Agencies (NCCA), the accreditation arm of the Institute for Credentialing Excellence (ICE):



- · Adult CCRN® and CCRN-ETM
- · Pediatric and Neonatal CCRN®
- · Adult, Pediatric and Neonatal CCNS®
- · Adult ACNPC®
- $\cdot Adult\ CMC^{\otimes}$
- · Adult CSC®

Our advanced practice certification programs, CCNS and ACNPC, have also been recognized by the National Council of State Boards of Nursing (NCSBN).



Certification Organization for the American Association of Critical-Care Nurses

CERTIFICATION EXAM HANDBOOK

CONGRATULATIONS!

You have taken your first step toward becoming a certified nurse.

As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse is qualified and competent and has met the rigorous requirements to achieve specialty or subspecialty certification.

AACN Certification Corporation programs were created to protect healthcare consumers by validating the knowledge of nurses who care for the acutely and critically ill. We are pleased to provide you with this application handbook with information about our programs and how to apply for and take the CCRN and PCCN certification exams.

Today, more than 72,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

- **CCRN**® specialty certification introduced in 1976 for nurses providing care to acutely and/or critically ill adult, pediatric and neonatal patients.
- **CCRN-E**[™] specialty certification introduced in 2007 as a renewal option and in 2011 as an initial exam option for nurses working in a tele-ICU monitoring acutely and/or critically ill adult patients from a remote location (behind a camera).
- **PCCN**® specialty certification introduced in 2004 for progressive care nurses providing care to acutely ill adult patients.
- **CCNS**® entry-level advanced practice specialty certification launched in 1999 for clinical nurse specialists educated at the graduate level to provide advanced nursing care to acutely or critically ill adult, pediatric and neonatal patients.
- **ACNPC**® entry-level advanced practice specialty certification launched in 2007 for nurses educated at the graduate level to provide advanced nursing care across the continuum of health services to meet the specialized physiologic and psychologic needs of adult patients with complex acute and/or chronic health conditions.
- **CNML** certification for nurse managers launched in 2008 in partnership with the American Organization of Nurse Executives (AONE).
- **CMC**® subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult cardiac patients. For details, refer to the *CMC/CSC Exam Handbook*.
- **CSC**® subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult patients during the first 48 hours after cardiac surgery.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.certcorp.org or call (800) 899-2226 for more information about the above certifications.

Thank you for your commitment to patients and their families and to becoming certified.

CCRN

PCCN

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The following information can be found in the *Certification Policy Handbook* online at www.certcorp.org > Documents and Handbooks:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Site Information
- Exam Scheduling and Cancellation
- On the Day of Your Exam
- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
- Revocation of Certification
- Review and Appeal of Certification Eligibility

APPLICATION INSTRUCTIONS

AACN Certification Corporation recommends that you be ready to test before applying for the CCRN or PCCN exam.

Applicants may register online for computer-based testing at www.certcorp.org > Apply Online.

Those taking a paper and pencil exam must complete the application/honor statement included in this handbook.

The paper application process is outlined below.

1.	Complete the 2-page exam application at the back of this handbook (pages 59-60).	Fill in all requested information; print name and date.
2.	Complete the 1-page honor statement page at end of the individual exam section (page 41 for CCRN or page 57 for PCCN).	List RN or APRN license information, sign and date.
3.	Include application fee.	Make check payable to AACN Certification Corporation. Make sure that total amount is correct and sign check. Staple check to the upper right front corner of application. When paying by credit card provide all requested information including expiration date.
4.	When joining AACN or renewing membership at the time of applying for the exam, write one check for the total amount made payable to AACN Certification Corporation. Total amount should equal AACN membership fee plus member fee for the exam.	AACN offers 2-year and 3-year membership discounts. Please refer to the exam application for pricing.
		o one-year subscriptions to <i>Critical Care Nur</i> se® and the <i>American</i> deductible as charitable contributions for tax purposes, but may be

Please direct inquiries to:

deducted as a business expense in keeping with Internal Revenue Service regulations.

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109 (800) 899-2226 • Fax: (949) 362-2020 • certcorp@aacn.org

Please include your AACN customer number with all correspondence to AACN Certification Corporation.

APPLICATION PROCESS

AACN Certification Corporation recommends that you be ready to take the exam **before** submitting your application.

1	. Complete exam application and honor statement and pay exam fee	Register for your computer-based exam online at www.certcorp.org > Apply Online.
		You may mail a paper* application to:
		AACN Certification Corporation 101 Columbia, Aliso Viejo, CA 92656
		Or fax to (949) 362-2020 (DO NOT fax and mail; choose 1 method only)
	*Those wishing to test outside the U.S. must submit a paper application.	If you desire verification of receipt of your application, you may mail your application "return receipt requested" via certified mail or include a self-addressed stamped postcard, which will be mailed to you when your application is received. (Your handbook may include a confirmation postcard on the back cover.)
	а рарег аррисацоп.	Return of the postcard by AACN indicates receipt of your application only, not approval.
2.	. Waiting period for application processing	Allow 2 to 3 weeks from date received at AACN for your application to be processed. Once it is processed, AACN will notify the testing service, AMP, of eligible exam candidates. Applying online shortens this process by several weeks.
		AACN will notify you in writing when your application is incomplete or requires clarification, or if you are ineligible for an exam.
		pon successful processing of your application. ostcard or go online promptly to select a preferred testing date.
3.	Call the toll-free number on your confirmation posterior approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at	pon successful processing of your application. ostcard or go online promptly to select a preferred testing date. AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam.
3.	Call the toll-free number on your confirmation posterior approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an	AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you
	Call the toll-free number on your confirmation policy. Receive approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at (800) 899-2226. Please ensure that AACN has your current email address on record. Email address updates may be made online at www.aacn.org/myaccount or emailed	AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam. The address label and email will contain the letter "C" plus your unique AACN customer number (e.g., C00123456). Use this number for
	Call the toll-free number on your confirmation posts. Receive approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at (800) 899-2226. Please ensure that AACN has your current email address on record. Email address updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org. Schedule your exam You may be randomly selected for an audit of y	AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam. The address label and email will contain the letter "C" plus your unique AACN customer number (e.g., C00123456). Use this number for identification in place of your social security number . Immediately upon receipt of postcard, schedule a date and time of your choice that falls within your 90-day eligibility period. To locate one of
4.	Call the toll-free number on your confirmation posts. Receive approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at (800) 899-2226. Please ensure that AACN has your current email address on record. Email address updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org. Schedule your exam You may be randomly selected for an audit of y	AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam. The address label and email will contain the letter "C" plus your unique AACN customer number (e.g., C00123456). Use this number for identification in place of your social security number . Immediately upon receipt of postcard, schedule a date and time of your choice that falls within your 90-day eligibility period. To locate one of more than 175 testing centers within the U.S., visit www.goAMP.com.
4.	Call the toll-free number on your confirmation posts. Receive approval-to-test postcard and email. If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at (800) 899-2226. Please ensure that AACN has your current email address on record. Email address updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org. Schedule your exam You may be randomly selected for an audit of y Those selected will be noti	AACN's testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam. The address label and email will contain the letter "C" plus your unique AACN customer number (e.g., C00123456). Use this number for identification in place of your social security number . Immediately upon receipt of postcard, schedule a date and time of your choice that falls within your 90-day eligibility period. To locate one of more than 175 testing centers within the U.S., visit www.goAMP.com. Your exam eligibility, which could occur anytime after application. Ified by mail and will have 60 days to respond. Exam results with a score breakdown will be presented on-site upon completion of computer-based exams. Results of paper and pencil

AACN SYNERGY MODEL FOR PATIENT CARE

Synergy is an evolving phenomenon that occurs when individuals work together in mutually enhancing ways toward a common goal. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation's certification programs puts emphasis on the patient and says to the world that patients come first.

The Synergy Model creates a comprehensive look at the patient. It puts the patient in the center of nursing practice. The Synergy Model identifies nursing's unique contributions to patient care and uses language to describe the professional nurse's role. It provides nursing with a venue that clearly states what we do for patients and allows us to start linking ourselves to, and defining ourselves within, the context of the patient and patient outcomes.

AACN certification exams do not test for knowledge of the Synergy Model or its terminology; this is the theoretical model within which the tests have been designed.

Patient Characteristics

The Synergy Model encourages nurses to view patients in a holistic manner rather than the "body systems" medical model. Each patient and family is unique, with a varying capacity for health and vulnerability to illness. Each patient, regardless of the clinical setting, brings a set of unique characteristics to the care situation. Depending on where they are on the healthcare continuum, patients may display varying levels of the following characteristics:

Resiliency	the capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult.
Vulnerability	susceptibility to actual or potential stressors that may adversely affect patient outcomes.
Stability	the ability to maintain a steady-state equilibrium.
Complexity	the intricate entanglement of two or more systems (e.g., body, family, therapies).
Resource Availability	extent of resources (e.g., technical, fiscal, personal, psychological and social) the patient/family/community bring to the situation.
Participation in Care	extent to which patient/family engages in aspects of care.
Participation in Decision Making	extent to which patient/family engages in decision making.
Predictability	a characteristic that allows one to expect a certain course of events or course of illness.

FOR EXAMPLE:

A healthy, uninsured, 40-year-old woman undergoing a preemployment physical could be described as an individual who is (a) stable (b) not complex (c) very predictable (d) resilient (e) not vulnerable (f) able to participate in decision making and care, but (g) has inadequate resource availability.

On the other hand: a critically ill, insured infant with multisystem organ failure can be described as an individual who is (a) unstable (b) highly complex (c) unpredictable (d) highly resilient (e) vulnerable (f) unable to become involved in decision making and care, but (g) has adequate resource availability.

AACN SYNERGY MODEL FOR PATIENT CARE (CONTINUED)

Nurse Characteristics

Nursing care reflects an integration of knowledge, skills, abilities and experience necessary to meet the needs of patients and families. Thus, nurse characteristics are derived from patient needs and include:

Clinical Judgment	Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating education, experiential knowledge and evidence-based guidelines.
Advocacy/ Moral Agency	Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
Caring Practices	Nursing activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. These caring behaviors include but are not limited to vigilance, engagement and responsiveness of caregivers. Caregivers include family and healthcare personnel.
Collaboration	Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Collaboration involves intra- and interdisciplinary work with colleagues and community.
Systems Thinking	Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources that exist for the patient/family and staff, within or across healthcare systems and non-healthcare systems.
Response to Diversity	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural, spiritual, gender, race, ethnicity, lifestyle, socioeconomic, age and values.
Facilitation of Learning (or Patient/ Family Educator	The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.
Clinical Inquiry (or Innovator/	The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice,

research utilization and experiential knowledge.

Evaluator)

Nurses become competent within each continuum at a level that best meets the fluctuating needs of their population of patients. More compromised patients have more severe or complex needs, requiring nurses to have advanced knowledge and skills in an associated continuum.

FOR EXAMPLE:

If the gestalt of a patient were stable but unpredictable, minimally resilient and vulnerable, primary competencies of the nurse would be centered on clinical judgment and caring practices (which includes vigilance). If the gestalt of a patient were vulnerable, unable to participate in decision making and care, and inadequate resource availability, the primary competencies of the nurse would focus on advocacy and moral agency, collaboration and systems thinking.

Although all eight competencies are essential for contemporary nursing practice, each assumes more or less importance depending on a patient's characteristics. Synergy results when a patient's needs and characteristics are matched with the nurse's competencies.

Results of a 1997 large-scale survey of subacute, acute and critical care nurses across the United States supported the applicability of the Synergy Model to nursing practice (Greenberg, Muenzen & Smith, 1998). A second study, including adult, pediatric and neonatal CCRNs, identified the overall contribution of each of the eight nurse characteristics to optimal patient outcomes.

Based on these studies, as well as the 2008 job analysis completed by AACN Certification Corporation, the Test Plans for AACN certification exams have been created to reflect the Synergy Model, as well as current acute and critical care nursing practice.

For more information about the AACN Synergy Model for Patient Care visit www.certcorp.org.

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CCRN CERTIFICATION

CCRN® certification is a specialty certification for nurses who provide care for acutely and/or critically ill patients, regardless of the geographic location of their nursing care. Specialty nurses interested in this certification may work in such areas as intensive care units; cardiac care units; combined ICU-CCUs; medical/surgical ICUs; trauma units; or critical care transport/flight.

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CCRN CERTIFICATION PROGRAM

CCRN® Registered Service Mark

CCRN is a registered service mark of AACN
Certification Corporation and denotes certification in
critical care nursing as granted by AACN Certification
Corporation. Registered nurses who have not achieved
CCRN certification, whose CCRN certification has
lapsed or who have chosen Inactive status are not
authorized to use the CCRN credential.

Although a common misconception, CCRN is not an acronym for "critical care registered nurse." This would imply that nurses are registered as critical care nurses, which is not accurate.

Validated Knowledge and Specialized Skills

Each CCRN certification exam is based on a job analysis. The most recent study, completed in 2008, defines the dimensions of critical care practice, identifying what is required of registered nurses practicing in acute and critical care settings.

In the study, acute and critical care nurses across the United States were surveyed to ascertain the frequency and significance of the various elements of their practice. Through an extensive review and evaluation process, the knowledge, skills and abilities crucial to acute and critical care nursing were defined using the AACN Synergy Model for Patient Care as an organizing framework. The CCRN certification exams are based on these skills and abilities and the knowledge required to perform them.

CCRN certification is achieved by those acute and critical care nurses who pass the CCRN exam in neonatal, pediatric and/or adult critical care nursing. CCRN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge called critical care nursing.

CCRN Exam Content

The CCRN exams are 3-hour tests consisting of 150 multiple-choice items. Of the 150 items, 125 are scored and 25 are used to gather statistical data on item performance for future exams.

The CCRN exams focus on adult, pediatric and neonatal patient populations. Eighty percent (80%) of each exam focuses on clinical judgment and is age specific for the adult, pediatric and neonatal populations. The remaining 20% covers professional caring and ethical practice. Professional caring and ethical practice questions may be asked about any age across the life span while clinical judgment questions are restricted to adult, neonatal or pediatric populations.

CCRN Test Plans

The content of the CCRN exams is described in the Test Plans included in this handbook. Candidates are tested on a variety of patient care problems that are organized under major categories. Please note the percentage of the CCRN exam devoted to each category.

CCRN EXAM ELIGIBILITY

• Current unencumbered licensure as an RN or APRN in the United States is required.

An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse's practice in any way.

Candidates and CCRN-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license. If randomly selected for audit, you will be asked to provide a copy of your RN or APRN license copy – please do not submit with your application.

Practice as an RN or APRN is required for 1,750
hours in direct bedside care of acutely and/or
critically ill patients during the previous 2 years, with
875 of those hours accrued in the most recent year
preceding application. Eligible hours are those spent
caring for the patient population (adult, pediatric or
neonatal) of the exam for which you are applying.

Clinical practice hours for the CCRN exam or renewal eligibility must take place in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice, as evidenced by ANCC Magnet Status or Joint Commission International accreditation.

CCRN EXAM ELIGIBILITY (CONTINUED)

- Nurses serving as manager, educator (in-service or academic), APRN or preceptor may apply their hours spent supervising nursing students or nurses at the bedside.
 - Nurses in these roles must be actively involved in caring for patients at the bedside; for example, demonstrating how to measure pulmonary artery pressures or supervising a new employee or student nurse performing a procedure.
- The name and address of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are randomly selected
- for audit, this associate will need to verify that you have met the clinical hour requirements. A professional associate is defined as either a clinical supervisor (RN or physician) or RN colleague with whom you work.
- AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of CCRN certification, the adequacy of a candidate's knowledge and experience in caring for the acutely and critically ill.

CCRN CERTIFICATION RENEWAL

CCRN certification is conferred for a period of 3 years. Your certification period begins the first day of the month in which the CCRN certification exam is passed and ends 3 years later; for example, October 1, 2012 through September 30, 2015. The purpose of certification renewal is to enhance continued competence.

Renewal notifications will be mailed and/or emailed to you approximately 120 days before your scheduled CCRN renewal date. You are responsible for renewing your certification even if you do not receive renewal notification.

You may seek certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or you may choose Inactive, Retired or Alumnus status. Do not apply for more than one option. Renewal by Exam candidates must successfully apply for and schedule their exam in enough time to complete the CCRN exam before their scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

To renew, you must hold a current unencumbered U.S. RN or APRN license that was not subjected to formal discipline by any state board of nursing during the 3-year certification renewal period. You must also complete 432 hours of direct bedside care of acutely and/or critically ill patients as an RN or APRN within the 3-year certification period, with 144 of those hours in the 12-month period preceding the scheduled renewal date, and complete the required CERPs or complete the CCRN exam. Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held. For more

details, refer to the *CCRN/PCCN Renewal Handbook* available at www.certcorp.org > Documents and Handbooks.

Option 1 - Renewal by Synergy CERPs

Meet eligibility requirements for CCRN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C). For more details refer to the Renewal by Synergy CERPs brochure and other Synergy CERP resources available online at www.certcorp.org.

Online Renewal by Synergy CERPs is available to all active CCRNs as early as 4 months prior to their scheduled renewal date. For more information visit www.certcorp.org > Renew Your Certification.

Option 2 - Renewal by Exam

Meet the eligibility requirements for CCRN renewal and successfully apply for and schedule your exam in enough time to complete the CCRN exam **before** your scheduled renewal date.

Option 3 - Inactive Status

Inactive status is available to CCRN-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their CCRN certification status. Inactive status provides CCRN-certified nurses additional time, **up to 3 years** from the scheduled renewal date, to meet the eligibility requirements. **During the time of Inactive status candidates may not use the CCRN credential.** Inactive status may be held more than once, but not for two consecutive renewal periods.

CCRN CERTIFICATION RENEWAL (CONTINUED)

Alternate Designations

CCRN-E Status

If you work primarily or exclusively in a tele-ICU caring for acutely or critically ill patients from a remote location and do not meet the requirements for regular CCRN renewal, refer to the CCRN-E Renewal Handbook online at www.certcorp.org > Documents and Handbooks.

Alumnus Status

Alumnus status is for nurses who have been CCRN-certified but no longer provide direct bedside care to acutely and/or critically ill patients for enough hours to meet the clinical hour requirement for active CCRN certification, but are still in the nursing profession in some other capacity and wish to remain connected with the credential.

Renewable every 3 years, the "Alumnus CCRN" designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge.

To be eligible for Alumnus CCRN status, you must have held CCRN certification and have no plans to renew CCRN certification in the future. There are no CE or CERP requirements to maintain Alumnus CCRN status.

Retired Status

Retired status provides the CCRN-certified nurse or Alumnus CCRN who is retiring from the nursing profession with a continued sense of career identity and professional connectedness. The Retired CCRN designation recognizes CCRN-certified nurses for their years of service in the care of acutely and critically ill patients. It also acknowledges their pride and dedication in maintaining their certification.

To be eligible for Retired CCRN status, you must have been a CCRN without plans of returning to nursing practice or renewing certification. The retired RN must not be working in any type of position that requires the possession of an RN license. You are not eligible if you are changing from bedside practice to another nursing role.

The "Retired CCRN" designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. There are no CE or CERP requirements to maintain Retired CCRN status.

For more details, refer to the Alumnus and Retired applications available online at www.certcorp.org > Documents and Handbooks.

CCRN ONLINE REGISTRATION

Online registration is available for the CCRN exam. This paperless registration streamlines the exam application process by up to 4 weeks. Once you register online your 90-day window for testing will begin within 1 to 2 weeks.

Candidates should be prepared to sit for the exam **before** registering online. For more information and to register visit www.certcorp.org.

CCRN APPLICATION FEES

CCRN Computer-Based Exam				
AACN Members	\$225			
Nonmembers	\$330			
CCRN Retest				
AACN Members	\$170			
Nonmembers	\$275			
CCRN Renewal by Exam				
AACN Members	\$170			
Nonmembers	\$275			

Payable in U.S. funds. Fees are subject to change without notice. A \$15 fee will be charged for a returned check.

Computer-based testing discounts are available for groups of **10 or more** exam candidates who apply together. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about the group and bulk discount programs, visit www.certcorp.org > General Information or call (800) 899-2226.

CCRN STUDY BIBLIOGRAPHY

RECOMMENDED REFERENCES FOR THE CCRN EXAM

Clinical Judgment - Adult CCRN

American Heart Association. (2005). Guidelines 2005 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Available at: http://circ.aha journals.org/content/vol112/24_suppl/.

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PUBLISHER CONTACTS:

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Lippincott Williams & Wilkins - (800) 638-3030
Neonatal Network - (888) 642-8465

ADULT CCRN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (20%)

- Acute coronary syndromes (including unstable angina)
- 2. Acute myocardial infarction/ischemia (including papillary muscle rupture)
- 3. Acute peripheral vascular insufficiency (e.g., acute arterial occlusion, carotid artery stenosis, endartarectomy, peripheral stents, Fem-Pop bypass)
- 4. Acute pulmonary edema
- 5. Cardiac surgery (e.g., valve replacement, CABG)
- 6. Cardiac trauma
- 7. Cardiogenic shock
- 8. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
- 9. Dysrhythmias
- 10. Heart failure
- 11. Hypertensive crisis
- 12. Hypovolemic shock
- 13. Interventional cardiology (e.g., catheterization)
- 14. Myocardial conduction system defects
- 15. Ruptured or dissecting aneurysm (e.g., thoracic, abdominal, thoraco-abdominal)
- 16. Structural heart defects (acquired and congenital, including valvular disease)

B. Pulmonary (18%)

- 1. Acute lung injury (e.g., ARDS, RDS)
- 2. Acute pulmonary embolus
- 3. Acute respiratory failure
- 4. Acute respiratory infections (e.g., acute pneumonia, bronchiolitis)
- 5. Air leak syndromes (e.g., pneumothorax, pneumopericardium)
- 6. Aspirations (e.g., aspiration pneumonia, foreign body)
- 7. COPD, asthma, chronic bronchitis, emphysema
- 8. Pulmonary hypertension

- 9. Status asthmaticus
- 10. Thoracic surgery
- 11. Thoracic trauma (e.g., fractured ribs, lung contusions, tracheal perforation)

C. Endocrine (5%)

- 1. Acute hypoglycemia
- 2. Diabetes insipidus
- 3. Diabetic ketoacidosis
- Hyperglycemic hyperosmolar nonketotic syndrome (HHNK)
- 5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology/Immunology (2%)

1. Coagulopathies (e.g., ITP, DIC, HIT)

E. Neurology (12%)

- 1. Aneurysm
- 2. Brain death (irreversible cessation of whole brain function)
- Congenital neurological abnormalities (e.g., AV malformation)
- 4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
- 5. Head trauma (e.g., blunt, penetrating skull fractures)
- 6. Hydrocephalus
- Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
- 8. Neurologic infectious disease (e.g., viral, bacterial)
- 9. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré, myasthenia gravis)
- 10. Neurosurgery
- 11. Seizure disorders
- 12. Space-occupying lesions (e.g., brain tumors)
- 13. Stroke (e.g., ischemic, hemorrhagic)

ADULT CCRN TEST PLAN (CONTINUED)

F. Gastrointestinal (6%)

- 1. Acute abdominal trauma
- 2. Acute GI hemorrhage
- 3. Bowel infarction/obstruction/perforation (e.g., mesenteric ischemia, adhesions)
- 4. GI surgeries
- 5. Hepatic failure/coma (e.g., portal hypertension, cirrhosis, esophageal varicies)
- 6. Malnutrition and malabsorption
- 7. Pancreatitis

G. Renal (6%)

- 1. Acute renal failure
- 2. Chronic renal failure
- 3. Life-threatening electrolyte imbalances

H. Multisystem (8%)

- 1. Asphyxia
- 2. Distributive shock (e.g., anaphylaxis)
- 3. Multi-organ dysfunction syndrome (MODS)
- 4. Multisystem trauma
- 5. Sepsis/septic shock
- 6. Systemic inflammatory response syndrome (SIRS)
- 7. Toxic ingestions/inhalations (e.g., drug/alcohol overdose)
- 8. Toxin/drug exposure

I. Behavioral/Psychosocial (4%)

- 1. Abuse/neglect
- 2. Antisocial behaviors, aggression, violence
- 3. Delirium and dementia
- 4. Developmental delays
- 5. Failure to thrive
- 6. Mood disorders and depression
- 7. Substance dependence (e.g., withdrawal, drugseeking behavior, chronic alcohol or drug dependence)
- 8. Suicidal behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

- A. Advocacy/Moral Agency (3%)
- **B.** Caring Practices (4%)
- C. Collaboration (4%)
- D. Systems Thinking (2%)
- E. Response to Diversity (2%)
- F. Clinical Inquiry (2%)
- **G.** Facilitation of Learning (3%)

The sum of these percentages is not 100 due to rounding.

Order of content does not necessarily reflect importance.

ADULT CCRN TESTABLE NURSING ACTIONS

Cardiovascular

- · Identify/monitor normal and abnormal physical assessment findings
- · Apply leads for cardiac monitoring
- · Identify, interpret and monitor cardiac rhythms
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- · Recognize indications for and manage patients requiring:
 - ° 12-lead ECG
 - ° arterial line
 - ° cardiac catheterization
 - ° cardiocentesis
 - ° cardioversion
 - ° central venous access
 - ° central venous pressure monitoring
 - ° defibrillation
 - ° PA catheter
 - ° SvO₂ monitoring
 - ° transthoracic pacing
 - ° transvenous pacing
- Manage patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications)
- Monitor patients and follow protocols for cardiac surgery
- Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed
- · Recognize indications for and manage patients requiring:
 - ° IARE
 - ° percutaneous coronary interventions

Pulmonary

- · Identify and monitor normal and abnormal physical assessment findings
- Interpret ABGs
- Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
- · Recognize indications for and manage patients requiring:
 - ° artificial airway
 - ° bronchoscopy
 - ° chest tubes
 - ° conventional modes of mechanical ventilation
 - ° high-frequency mechanical ventilation
 - on non-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
 - ° oxygen therapy delivery devices
 - ° prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
 - ° pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
 - ° respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
 - ° therapeutic gases (e.g., nitric, heliox, CO₂)
 - * thoracentesis
- Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
- · Monitor patient and follow protocols for thoracic and ENT surgery

ADULT CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Endocrine

- · Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- · Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology

- Recognize normal and abnormal physical assessment findings of patients with:
 - ° hematologic problems
 - ° immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIG, steroids, chemotherapy) and monitor response
- · Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions and seek assistance as needed

Neurology

- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patients and follow protocols for neurosurgery

Gastrointestinal

- · Identify and monitor normal and abnormal physical assessment findings
- · Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients requiring gastrointestinal:
 - monitoring devices (e.g., intra-abdominal compartment pressure)
 - ° drains
- · Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols, pre-, intra- and post-procedure (e.g., EGD, PEG placement)
- Recognize indications for and complications of enteral and parenteral nutrition
- Monitor patients and follow protocols for gastrointestinal surgery
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed

ADULT CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Renal

- · Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- · Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
 - ° renal surgery
 - ° pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed

Multisystem

- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- · Recognize indications for and manage patients undergoing:
 - ° continuous sedation
 - ° procedural sedation
 - ° therapeutic hypothermia
- · Assess patient's pain
- Manage patients receiving:
 - ° medications (e.g., pain medications, reversal agents) and monitor response
 - ° non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed

Behavioral/Psychosocial

- Recognize normal and abnormal:
 - physical and psychosocial assessment findings
 - developmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving medications (e.g., antipsychotics, antidepressants) and monitor response
- Recognize signs and symptoms of behavioral/psychosocial emergencies, initiate interventions and seek assistance as needed

ADULT CCRN SAMPLE EXAM QUESTIONS

- 1. A patient with a recent myocardial infarction suddenly develops a loud systolic murmur. The most likely cause is which of the following?
 - A. pulmonary embolism
 - B. congestive heart failure
 - C. ruptured papillary muscle
 - D. increased systemic vascular resistance
- A patient with unstable angina has an IABP inserted. Hemodynamics are: HR = 148 (sinus tachycardia); MAP = 40 mm Hg; PAOP = 25 mm Hg; CI = 1.4 L/min/m².

Which of the following should be included in this patient's plan of care?

- A. checking timing of the IABP, decreasing balloon to 1:2 frequency
- B. stat echocardiogram, furosemide (Lasix), checking timing of the IABP
- C. dobutamine (Dobutrex), isoproterenol (Isuprel), 12-lead ECG
- D. adenosine, stat Hgb and Hct, dobutamine (Dobutrex)
- 3. The family of a critically ill patient wishes to spend the night, which is contrary to visiting policy. The nurse's best action would be to
 - A. adhere to the visiting policy.
 - B. allow the family to stay in the room.
 - C. obtain a motel room near the hospital where the family can spend the night.
 - D. allow one or two family members to stay, then evaluate the patient's response.

- 4. A patient who is one day post-gastroplasty has a sudden onset of restlessness, dyspnea and chest pain. His heart rate is 122/min, and auscultation of heart sound reveals an increased intensity of a pulmonary S2. The most likely cause is
 - A. aspiration pneumonia.
 - B. a spontaneous pneumothorax.
 - C. a pleural effusion.
 - D. a pulmonary embolus.
- The nursing staff is resisting being assigned to a disruptive patient. An appropriate resolution would be to
 - A. ask the physician to transfer the patient.
 - B. rotate the patient assignment among staff.
 - C. confront the family and demand an end to the disruptive behavior.
 - hold a nursing team conference to discuss possible alternatives.
- 6. A patient who is 72 hours postoperative repair of a ruptured abdominal aortic aneurysm suddenly becomes dyspneic with an increased respiratory rate from 24 to 40/min. An arterial blood gas sample obtained while the patient is receiving oxygen via a nasal cannula at 6L/min reveals the following results:

pH 7.50 pCO₂ 31 pO₂ 48

A chest x-ray is obtained and a "ground-glass-like appearance" is reported. Auscultation of the lungs reveals basilar crackles that were not previously present. On the basis of this information, the nurse should suspect that the patient has developed

- A. a pulmonary embolus.
- B. bacterial pneumonia.
- C. chronic obstructive pulmonary disease.
- D. acute respiratory distress syndrome.

ADULT CCRN SAMPLE EXAM QUESTIONS (CONTINUED)

- 7. Members of the nursing staff are developing written patient education materials for a group of patients with diverse reading abilities. It would be most effective for the staff to
 - A. design individual handouts for each patient.
 - B. develop a computer-based education series.
 - C. write the materials at a fourth-grade reading level.
 - D. limit text and provide color pictures.
- 8. A postoperative patient has been in the unit for 4 days. He was unusually disengaged the previous day, and today he is agitated, thinks staff is trying to poison him and forgot his wife was at the bedside an hour ago. Other physiological factors are ruled out.

 Pharmaceutical interventions would include
 - A. midazolem (Versed).
 - B. haloperidol (Haldol).
 - C. propofol (Diprivan).
 - D. sertraline (Zoloft).

Answers

- 1. C
- 2. A
- 3. D
- 4. D
- 5. D
- 6. D
- 7. C
- 8. B

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PEDIATRIC CCRN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (14%)

- 1. Acute pulmonary edema
- 2. Cardiac surgery (e.g., Norwood, BT shunt, TOF repair, arterial switch)
- 3. Cardiogenic shock
- 4. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
- 5. Dysrhythmias
- 6. Heart failure
- 7. Hypovolemic shock
- 8. Interventional cardiology (e.g., catheterization)
- 9. Myocardial conduction system defects
- Structural heart defects (acquired and congenital, including valvular disease)

B. Pulmonary (18%)

- 1. Acute lung injury (e.g., ARDS, RDS)
- 2. Acute pulmonary embolus
- 3. Acute respiratory failure
- 4. Acute respiratory infections (e.g., acute pneumonia, croup, bronchiolitis)
- 5. Air-leak syndromes (e.g., pneumothorax, pneumopericardium)
- 6. Aspiration (e.g., aspiration pneumonia, foreign-body, meconium)
- 7. Asthma, chronic bronchitis
- 8. Bronchopulmonary dysplasia
- Congenital anomalies (e.g., diaphragmatic hernia, tracheoesophageal fistula, choanal atresia, pulmonary hypoplasia, tracheal malacia, tracheal stenosis)
- 10. Pulmonary hypertension
- 11. Status asthmaticus
- 12. Thoracic surgery
- 13. Thoracic trauma (e.g., fractured ribs, lung contusions, tracheal perforation)

C. Endocrine (5%)

- 1. Acute hypoglycemia
- 2. Diabetes insipidus
- 3. Diabetic ketoacidosis
- 4. Inborn errors of metabolism
- 5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology/Immunology (3%)

- 1. Coagulopathies (e.g., ITP, DIC, HIT)
- 2. Oncologic complications

E. Neurology (14%)

- 1. Acute spinal cord injury
- 2. Brain death (irreversible cessation of whole brain function)
- 3. Congenital neurological abnormalities (e.g., myelomeningocele, encephalocele, AV malformation)
- 4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
- 5. Head trauma (e.g., blunt, penetrating, skull fractures)
- 6. Hydrocephalus
- 7. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
- 8. Neurologic infectious disease (e.g., congenital, viral, bacterial)
- 9. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré, myasthenia gravis)
- 10. Neurosurgery
- 11. Seizure disorders
- 12. Space-occupying lesions (e.g., brain tumors)
- 13. Spinal fusion
- 14. Stroke (e.g., ischemic, hemorrhagic)

PEDIATRIC CCRN TEST PLAN (CONTINUED)

F. Gastrointestinal (6%)

- 1. Acute abdominal trauma
- 2. Acute GI hemorrhage
- 3. Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis, mesenteric ischemia, adhesions)
- 4. Gastro-esophageal reflux
- 5. GI abnormalities (e.g., omphalocele, gastrochisis, volvulus, Hirschsprung's disease, malrotation, intussusception)
- 6. GI surgeries
- 7. Hepatic failure/coma (e.g., portal hypertension, cirrhosis, esophageal, varicies, biliary atresia)
- 8. Malnutrition and malabsorption

G. Renal (6%)

- 1. Acute renal failure
- 2. Chronic renal failure
- 3. Life-threatening electrolyte imbalances

H. Multisystem (11%)

- 1. Asphyxia
- 2. Distributive shock (e.g., anaphylaxis)
- 3. Hemolytic uremic syndrome
- 4. Multi-organ dysfunction syndrome (MODS)
- 5. Multisystem trauma
- 6. Near-drowning
- 7. Sepsis/septic shock
- 8. Systemic inflammatory response syndrome (SIRS)
- 9. Toxic ingestions/inhalations (e.g., drug/alcohol overdose)
- 10. Toxin/drug exposure

I. Behavioral/Psychosocial (3%)

- 1. Abuse/neglect
- 2. Developmental delays
- 3. Failure to thrive

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

- A. Advocacy/Moral Agency (2%)
- **B.** Caring Practices (4%)
- C. Collaboration (4%)
- D. Systems Thinking (2%)
- E. Response to Diversity (2%)
- F. Clinical Inquiry (2%)
- G. Facilitation of Learning (4%)

Order of content does not necessarily reflect importance.

PEDIATRIC CCRN TESTABLE NURSING ACTIONS

Cardiovascular

- · Identify/monitor normal and abnormal physical assessment findings
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- Identify, interpret and monitor cardiac rhythms
- · Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Recognize indications for and manage patients requiring:
 - °12-lead ECG
 - °arterial line
 - ° cardiac catheterization
 - °cardioversion
 - °central venous access
 - ° central venous pressure monitoring
 - ° defibrillation
 - °PA catheter
 - °cardiocentesis
 - °SvO₂ monitoring
 - ° transthoracic pacing
 - °transvenous pacing
- Manage and monitor patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications) and follow protocols for cardiac surgery
- Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed

Pulmonary

- Identify and monitor normal and abnormal physical assessment findings
- Interpret ABGs
- Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
- Recognize indications for and manage patients requiring:
 - ° artificial airway
 - ° bronchoscopy
 - °chest tubes
 - ° conventional modes of mechanical ventilation
 - ° high-frequency mechanical ventilation
 - onn-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
 - ° oxygen therapy delivery devices
 - ° prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
 - ° pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
 - ° respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
 - $^{\circ}$ therapeutic gases (e.g., nitric, heliox, CO_2)
 - °thoracentesis
- Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
- Monitor patient and follow protocols for thoracic and ENT surgery

PEDIATRIC CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Endocrine

- Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- · Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology

- Recognize normal and abnormal physical assessment findings of patients with:
 - °hematologic problems
 - ° immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIG, steroids, chemotherapy) and monitor response
- Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions and seek assistance as needed

Neurology

- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patient and follow protocols for neurosurgery

Gastrointestinal

- Identify and monitor normal and abnormal physical assessment findings
- · Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients with gastrointestinal:
 - ° monitoring devices (e.g., intra-abdominal compartment pressure)
 - °drains
 - ° complications of enteral and parenteral nutrition
- Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols, pre-, intra- and post-procedure (e.g., EGD, PEG placement)
- Monitor patients and follow protocols for gastrointestinal surgery
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed

PEDIATRIC TESTABLE NURSING ACTIONS (CONTINUED)

Renal

- Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
 - °renal surgery
 - ° pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed

Multisystem

- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- Recognize indications for and manage patients undergoing:
 - ° continuous sedation
 - ° procedural sedation
 - °therapeutic hypothermia
- Assess patient's pain
- Manage patients receiving:
 - ° medications (e.g., pain medications, reversal agents) and monitor response
 - ° non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed

Behavioral/Psychosocial

- Recognize normal and abnormal:
 - ° physical and psychosocial assessment findings
 - odevelopmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving medications (e.g., antipsychotics, antidepressants) and monitor response
- Recognize signs and symptoms of behavioral/psychosocial emergencies, initiate interventions and seek assistance as needed

PEDIATRIC CCRN SAMPLE EXAM QUESTIONS

- 1. In caring for a patient with salicylate intoxication, the critical care nurse would anticipate which of the following as a primary treatment measure?
 - A. administration of protamine sulfate
 - B. administration of glucose
 - C. transfusion of packed RBCs
 - D. replacement of fluid and electrolytes
- An adolescent with the developmental age of a 4-year-old requires placement of a chest tube. The best way to prepare the patient for this procedure is to
 - A. use short simple sentences and limit descriptions to concrete explanations.
 - B. show the patient a chest tube and explain how it will feel.
 - C. explain in detail why a chest tube is needed and how it works.
 - D. tell the parents what will be done so they can explain it to their child.
- 3. A child is admitted with a gunshot wound to the head, accidentally inflicted by an older sibling. The parents are overcome with grief and appear to be ignoring the following statements made by the older sibling: "It was an accident; I didn't mean to do it; I'm sorry!" Which of the following actions by the nurse would be most appropriate?
 - A. Discuss the importance of gun safety with the older sibling while the parents are at the bedside.
 - B. Seek additional support for the parents for ways they can assist the older sibling.
 - C. Tell the parents that they need to provide support for the older sibling.
 - D. Tell the older sibling, "Accidents happen; I know you didn't mean to do it."

- 4. Which of the following laboratory findings is indicative of the syndrome of inappropriate ADH secretion (SIADH)?
 - A. serum sodium = 148 mEq/L
 - B. decreased serum osmolality
 - C. blood urea nitrogen (BUN) = 28 mg/dl
 - D. serum potassium = 5.1 mEq/L
- 5. A 3-year-old is admitted to the ICU with a 10-hour history of an acute-onset asthma attack. Initial assessment reveals the following:

HR 160 На 7.25 RR 48 35 pCO_2 BP 112/76 pO_2 40 32°C (oral) Τ HCO₃ 22

In this situation, the nurse would expect *initial* treatment to include

- A. administration of NaHCO₃
- B. fluid resuscitation.
- C. racemic epinephrine.
- D. intubation.
- 6. A 2-year-old is experiencing manifestations of digoxin (Lanoxin) toxicity. BP is 94/60, capillary refill time is 2 seconds and the electrocardiogram reveals AV block with a heart rate of 60. The critical care nurse would anticipate which of the following interventions?
 - A. performance of cardioversion
 - B. administration of Atropine
 - C. performance of vasovagal maneuvers
 - D. monitoring of HR and rhythm and perfusion status

PEDIATRIC CCRN SAMPLE EXAM QUESTIONS (CONTINUED)

- An adolescent with asthma is readmitted just a week after discharge from the hospital. On questioning, the nurse learns that the patient refuses to use the inhalers at school. The nurse should
 - A. talk to the teen about long-term consequences of the disease if the treatment plan is not followed.
 - B. talk to the school nurse to find out why they are not monitoring the medications at school.
 - C. help the parents set up a disciplinary contract with the teen.
 - D. arrange for the teen to attend an asthma support group.
- An unconscious 5-month-old is admitted. The parent reports the baby fell off the table during a diaper change by an older sibling. What findings would indicate further inquiry of the history?
 - A. a reddened or bruised area on the skull
 - B. poorly reactive pupils
 - C. retinal hemorrhage
 - D. a linear skull fracture

Answers

- 1. D
- 2. Α
- 3. В
- 4. В
- 5. D
- 6. D
- 7. D
- С 8.

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NEONATAL CCRN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (10%)

- 1. Cardiogenic shock
- 2. Dysrhythmias
- 3. Heart failure
- 4. Hypovolemic shock
- 5. Structural heart defects (e.g., acquired and congenital, patent ductus arteriosus)

B. Pulmonary (24%)

- 1. Acute lung injury (e.g., ARDS, RDS)
- 2. Acute respiratory failure
- 3. Acute respiratory infections (e.g., acute pneumonia, croup, bronchiolitis)
- 4. Air-leak syndromes (e.g., pneumothorax, PIE, pneumopericardium)
- 5. Apnea of prematurity
- 6. Aspiration (e.g., aspiration pneumonia, foreign-body, meconium)
- 7. Bronchopulmonary dysplasia
- 8. Congenital anomalies (e.g., diaphragmatic hernia, tracheoesophageal fistula, choanal atresia, pulmonary hypoplasia, tracheal malacia, tracheal stenosis)
- 9. Pulmonary hypertension
- 10. Thoracic surgery
- 11. Transient tachypnea of the newborn

C. Endocrine (3%)

- 1. Inborn errors of metabolism
- 2. Neonatal hypoglycemia (e.g., IDM, LGA, SGA)

D. Hematology/Immunology (6%)

- 1. Anemia of prematurity
- 2. Coagulopathies (e.g., ITP, DIC, HIT)
- 3. Pathological hyperbilirubinemia

- 4. Physiological hyperbilirubinemia
- 5. Rh incompatibilities, ABO incompatibilities, hydrops fetalis

E. Neurology (10%)

- 1. Birth injuries (e.g., caput succedaneum, Erb's palsy, shoulder dystocia)
- 2. Brain death (irreversible cessation of whole brain function)
- Congenital neurological abnormalities (e.g., myelomeningocele, encephalocele, AV malformation)
- 4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
- 5. Hydrocephalus
- Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
- 7. Neurologic infectious disease (e.g., congenital, viral, bacterial)
- 8. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré)
- 9. Neurosurgery
- 10. Seizure disorders

F. Gastrointestinal (6%)

- Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis, mesenteric ischemia, adhesions)
- 2. Gastro-esophageal reflux
- 3. Gl abnormalities (e.g., omphalocele, gastrochisis, volvulus, imperforate anus, Hirschsprung's disease, malrotation, intussusception)
- 4. GI surgeries
- 5. Hepatic failure/coma (e.g., biliary atresia)
- 6. Malnutrition and malabsorption

NEONATAL CCRN TEST PLAN (CONTINUED)

G. Renal (5%)

- 1. Acute renal failure
- 2. Life-threatening electrolyte imbalances

H. Multisystem (10%)

- 1. Asphyxia
- 2. Life-threatening maternal-fetal complications (e.g., eclampsia, HELLP syndrome, maternal-fetal transfusion, abruption placenta, placenta previa)
- 3. Low birth weight/prematurity
- 4. Multi-organ dysfunction syndrome (MODS)
- 5. Sepsis/septic shock
- 6. Toxin/drug exposure

I. Behavioral/Psychosocial (7%)

- 1. Abuse/neglect
- 2. Developmental delays
- 3. Failure to thrive
- 4. Substance dependence (e.g., withdrawal, maternal alcohol or drug dependence)
- 5. Stress in extremely low birth-weight infants

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

- A. Advocacy/Moral Agency (3%)
- **B.** Caring Practices (4%)
- C. Collaboration (4%)
- D. Systems Thinking (2%)
- E. Response to Diversity (2%)
- F. Clinical Inquiry (2%)
- **G.** Facilitation of Learning (3%)

The sum of these percentages is not 100 due to rounding.

Order of content does not necessarily reflect importance.

NEONATAL CCRN TESTABLE NURSING ACTIONS

Cardiovascular

- · Identify/monitor normal and abnormal physical assessment findings
- · Apply leads for cardiac monitoring
- Identify, interpret and monitor cardiac rhythms
- · Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Recognize indications for and manage patients requiring:
 - °12-lead ECG
 - °arterial line
 - ° cardiac catheterization
 - ° cardiocentesis
 - ° cardioversion
 - ° central venous access
 - ° central venous pressure monitoring
 - °defibrillation
 - ° PA catheter
 - ° SvO₂ monitoring
 - °transthoracic pacing
 - °transvenous pacing
- Manage patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications)
- Monitor patients and follow protocols for cardiac surgery
- Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed
- Recognize normal fetal circulation and transition to extra-uterine life
- · Recognize indications for and manage patients requiring umbilical line

Pulmonary

- · Identify and monitor normal and abnormal physical assessment findings
- Interpret ABGs
- Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
- Recognize indications for and manage patients requiring:
 - °artificial airway
 - °bronchoscopy
 - °chest tubes
 - °conventional modes of mechanical ventilation
 - °high-frequency mechanical ventilation
 - ° non-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
 - ° oxygen therapy delivery devices
 - ° prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
 - ° pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
 - ° respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
 - °therapeutic gases (e.g., nitric, heliox, CO₂)
 - °thoracentesis
- Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
- Monitor patient and follow protocols for thoracic and ENT surgery

NEONATAL CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Endocrine

- Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- · Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology

- Recognize normal and abnormal physical assessment findings of patients with hematologic problems
- Recognize normal and abnormal physical assessment findings of patients with immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIG, steroids, chemotherapy) and monitor response
- Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions, and seek assistance as needed

Neurology

- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patients and follow protocols for neurosurgery

Gastrointestinal

- Identify and monitor normal and abnormal physical assessment findings
- · Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients requiring gastrointestinal monitoring devices (e.g., intra-abdominal compartment pressure)
- · Recognize indications for and manage patients requiring gastrointestinal drains

NEONATAL CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Gastrointestinal (continued)

- · Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols for:
 - ° pre-, intra- and post-procedure (e.g., EGD, PEG placement)
 - ° gastrointestinal surgery
- Recognize indications for and complications of enteral and parenteral nutrition
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed

Renal

- · Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
 - °renal surgery
 - ° pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)

Multisystem

- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- · Recognize indications for and manage patients undergoing:
 - ° continuous sedation
 - ° procedural sedation
 - °therapeutic hypothermia
- Assess patient's pain:
 - ° Manage patients receiving medications (e.g., pain medications, reversal agents) and monitor response
 - Manage patients receiving non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed
- Recognize indications for and manage patients undergoing neonatal skin care for low birth weight infants

Behavioral/Psychosocial

- · Recognize normal and abnormal:
 - ° physical and psychosocial assessment findings
 - ° developmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions

NEONATAL CCRN SAMPLE EXAM QUESTIONS

- After application of a warm saline-soaked gauze dressing to an infant's abdominal wall defect, the most effective method for preventing evaporative heat loss is to
 - A. place the infant in a warmed isolette.
 - B. place the infant under a radiant heat source.
 - C. moisten the gauze dressing every 30 minutes.
 - D. cover the gauze dressing with plastic.
- 2. An infant has just been intubated for respiratory failure due to respiratory distress syndrome (RDS). The infant's breath sounds are heard on the right side but not on the left. Which of the following interventions would be most appropriate?
 - A. leave the tube in position and increase bag pressure
 - B. advance the tube until breath sounds are heard bilaterally
 - C. withdraw the tube until breath sounds are heard bilaterally
 - D. remove the tube and re-intubate
- A preterm infant with necrotizing enterocolitis and resultant bowel perforation has returned from the operating room with an ileostomy. The first step in management of the ostomy should include
 - A. contacting the dietitian for recommendations regarding easily digested formula.
 - B. contacting the enterostomal nurse to provide a pattern for the ostomy appliance.
 - C. applying a dry sterile dressing over the ostomy.
 - D. clini-testing stool to determine degree of malabsorption.

4. An infant at 38-weeks-gestation is born via cesarean section. At 4 hours of age, heart rate is 155 and respiratory rate is at 60. Physical assessment reveals grunting, mild retractions and nasal flaring. A chest x-ray reveals perihilar streaking bilaterally. The following arterial blood gas (ABG) results are obtained:

pH 7.40 pCO₂ 35 pO₂ 40 HCO₃ 22

Appropriate management of this patient would consist of

- A. intubation and mechanical ventilation.
- B. surfactant replacement therapy.
- C. chest tube insertion.
- D. oxygen administration via hood.
- A meeting is planned to discuss the parents' ethical concerns regarding life support interventions for their neonate with Trisomy 18.
 The nurse's role would be to
 - A. assist the parents in articulating their questions and concerns.
 - B. provide legal information regarding end-of-life decisions.
 - C. describe reasons for the infant's poor prognosis.
 - inform the parents that the goal of the meeting is to obtain a DNR order.
- An infant with documented hypoglycemia is being started on a continuous dextrose infusion following a bolus injection of glucose. An appropriate rate of dextrose infusion would be
 - A. 1 3 mg/kg/min.
 - B. 4 8 mg/kg/min.
 - C. 9 12 mg/kg/min.
 - D. 13 16 mg/kg/min.

NEONATAL CCRN SAMPLE EXAM QUESTIONS (CONTINUED)

- An infant with isometric hydrops is delivered at 28-weeks-gestation by cesarean section. Which of the following interventions should be anticipated in the initial management of this infant?
 - A. administration of sodium polystyrene sulfonate (Kayexalate)
 - placement of an umbilical venous catheter and slow push of O-positive whole blood
 - C. thoracentesis and/or paracentesis
 - D. a difficult intubation
- The following results were obtained from a cerebro spinal fluid (CSF) sample obtained by lumbar puncture:

40 WBC/mm

65% polymorphonuclear cells

Glucose 50 mg/dl

Protein 165 mg/dl

Bacteria shown by Gram-staining

On the basis of these results, the most appropriate additional study would include

- A. drawing blood for sedimentation rate.
- B. obtaining surface cultures.
- C. continuing monitoring without intervention.
- D. obtaining blood and urine cultures.

- The mother of an infant with severe PPHN would like to hold her infant. The infant's oxygen saturation is 88% to 92% at rest, and mean blood pressure is 28. The nurse's best response would be to
 - Α. explain signs and symptoms that demonstrate instability of the infant.
 - assist the mother in holding the infant skin-toskin.
 - encourage the mother to talk to the infant. C.
 - show the mother how to provide gentle infant massage.
- 10. Lab tests from the mother of a neonate reveal the presence of cocaine. The baby demonstrates irritability, hypertonicity and sleep disturbances. Nursing care for the neonate should include
 - A. swaddling and periods of undisturbed rest.
 - B. removal of parental rights and designation of a guardian.
 - C. encouragement of breast feeding and increased frequency of feedings.
 - D. mechanical ventilation and sedation.

Answers

- 1. D
- 2. С
- 3. В
- 4. D 5.
- В 6.

Α

- 7. С
- 8. D
- 9. Α
- 10. A

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PCCN CERTIFICATION PROGRAM

Definition

Progressive Care Certified Nurse (PCCN) certification validates your knowledge of nursing of acutely ill adult patients in your specialty area to hospitals, peers, patients and, most importantly, to yourself. PCCN certification promotes continuing excellence in progressive care nursing. Progressive care is the term the American Association of Critical-Care Nurses (AACN) uses to collectively describe areas that are also referred to as intermediate care units, direct observation units, stepdown units, telemetry units, transitional care units or emergency departments, as well as to define a specific level of patient care. AACN recognizes progressive care as part of the continuum of critical care.

PCCN® Registered Service Mark

PCCN is a registered service mark of AACN
Certification Corporation and denotes certification in
progressive care nursing as granted by AACN
Certification Corporation. Registered nurses who have
not achieved PCCN certification status, whose PCCN
status has lapsed, or who have chosen Inactive status
are not authorized to use the PCCN credential.

Validated Knowledge and Specialized Skills

Each PCCN certification exam is based on a job analysis. The most recent study, completed in 2008, defines the dimensions of progressive care practice, identifying what is required of registered nurses practicing in acute care settings.

In the study, progressive care nurses across the United States were surveyed to ascertain the frequency and significance of the various elements of their practice. Through an extensive review and evaluation process, the knowledge, skills and abilities crucial to progressive care nursing were defined using the AACN Synergy Model for Patient Care as an organizing framework. The PCCN certification exam is based on these skills and abilities and the knowledge required to perform them.

PCCN certification is achieved by those progressive care nurses who pass the PCCN exam in adult progressive care nursing. PCCN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge called progressive care nursing.

PCCN Exam Contents

The PCCN exam is a 2-and-½-hour test consisting of 125 multiple-choice items. Of the 125 items, 100 are scored and 25 are used to gather statistical data on item performance for future exams. Please refer to the PCCN Test Plan for detailed content information. The PCCN exam focuses on adult patient populations only.

PCCN Test Plan

The content of the PCCN exam is described in the Test Plan included in this handbook. Candidates are tested on a variety of patient care problems that are organized under major categories. Please note the percentage of the PCCN exam devoted to each category.

PCCN EXAM ELIGIBILITY

 Current unencumbered licensure as an RN or APRN in the United States is required.

An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse's practice in any way.

Candidates and PCCN-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license. If randomly selected for audit, you will be asked to provide a copy of your RN or APRN license - please do not submit with your application.

 Practice as an RN or APRN is required for 1,750 hours in direct bedside care of acutely ill adult patients during the previous 2 years, with 875 of those hours accrued in the most recent year preceding application.

Clinical practice hours for PCCN exam or renewal eligibility must take place in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice, as evidenced by ANCC Magnet Status or Joint Commission International accreditation.

PCCN EXAM ELIGIBILITY (CONTINUED)

- Nurses serving as manager, educator (in-service or academic), APRN or preceptor may apply their hours spent supervising nursing students or nurses at the bedside.
 - Nurses in these roles must be actively involved in caring for patients at the bedside; for example, performing a procedure or supervising a new employee or student nurse performing a procedure at the bedside.
- The name and address of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are randomly selected
- for audit, this associate will be asked to verify in writing that you have met the clinical hour requirements. A professional associate is defined as a clinical supervisor (RN or physician) or RN colleague with whom you work.
- AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of PCCN certification, the adequacy of a candidate's knowledge and experience in caring for the acutely ill.

PCCN CERTIFICATION RENEWAL

PCCN certification is conferred for a period of 3 years. Your certification period begins the first day of the month in which the PCCN certification exam is passed and ends 3 years later; for example, October 1, 2012 through September 30, 2015. The purpose of certification renewal is to enhance continued competence.

Renewal notifications will be mailed and/or emailed to you approximately 90 days before your scheduled PCCN renewal date. You are responsible for renewing your certification even if you do not receive renewal notification. Refer to www.certcorp.org for current information.

You may seek certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or you may choose Inactive, Retired or Alumnus status. Do not apply for more than one option. Renewal by Exam candidates must successfully apply for and schedule their exam in enough time to complete the CCRN exam before their scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

To renew, you must hold a current unencumbered U.S. RN or APRN license that was not subjected to formal discipline be any state board of nursing during the 3-year certification renewal period. You must also complete 432 hours of direct bedside care of acutely ill adult patients as an RN or APRN within the 3-year certification period, with 144 of those hours in the 12-month period prior to the scheduled renewal date, and complete the required CERPs or complete the PCCN exam. For more details, refer to the CCRN/PCCN

Renewal Handbook available at www.certcorp.org > Documents and Handbooks.

Option 1 - Renewal by Synergy CERPs

Meet eligibility requirements for PCCN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C). For more details refer to the Renewal by Synergy CERPs brochure and other Synergy CERP resources available online at www.certcorp.org.

Online Renewal by Synergy CERPs is available to all active PCCNs as early as 4 months prior to their scheduled renewal date. For more information visit www.certcorp.org > Renew Your Certification.

Option 2 - Renewal by Exam

Meet the eligibility requirements for PCCN renewal and successfully apply for and schedule your exam in enough time to complete the PCCN exam **before** your scheduled renewal date.

Option 3 - Inactive Status

Inactive status is available to PCCN-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their PCCN certification status. Inactive status provides PCCN-certified nurses additional time, **up to 3 years** from the scheduled renewal date, to meet the eligibility requirements. **During the time of Inactive status candidates may not use the PCCN credential.** Inactive status may be held more than once, but not for two consecutive renewal periods.

PCCN CERTIFICATION RENEWAL (CONTINUED)

Alternate Designations

Alumnus Status

Alumnus status is for nurses who have been PCCN-certified but no longer provide direct bedside care to acutely ill patients for enough hours to meet the clinical hour requirement for active PCCN certification, but are still in the nursing profession in some other capacity and wish to remain connected with the credential.

Renewable every 3 years, the "Alumnus PCCN" designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. To be eligible for Alumnus PCCN status, you must have held PCCN certification and have no plans to renew PCCN certification in the future. There are no CE or CERP requirements to maintain Alumnus PCCN status.

Retired Status

Retired status provides the PCCN-certified nurse or Alumnus PCCN who is retiring from the nursing profession with a continued sense of career identity and professional connectedness. The Retired PCCN designation recognizes PCCN-certified nurses for their years of service at the bedside. It also acknowledges their pride and dedication in maintaining their certification. To be eligible for Retired PCCN status, you must have been a PCCN without plans of returning to nursing practice or renewing certification. The retired RN must not be working in any type of position that requires the possession of an RN license. You are not eligible if you are changing from bedside practice to another nursing role.

The "Retired PCCN" designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. There are no CE or CERP requirements to maintain Retired PCCN status.

For more details, refer to the Alumnus PCCN and Retired PCCN applications available online at www.certcorp.org > Documents and Handbooks.

PCCN ONLINE REGISTRATION

Online registration is available for the PCCN exam. This paperless registration streamlines the exam application process by up to 4 weeks. Once you register online your 90-day window for testing will begin within 1 to 2 weeks.

Candidates should be prepared to sit for the exam **before** registering online. For more information and to register visit www.certcorp.org.

PCCN APPLICATION FEES

Computer-Based PCCN Exam				
AACN Members	\$175			
Nonmembers	\$255			
PCCN Retest				
AACN Members	\$135			
Nonmembers	\$215			
PCCN Renewal by Exam				
AACN Members	\$135			
Nonmembers	\$215			

Payable in U.S. funds. Fees are subject to change without notice. A \$15 fee will be charged for a returned check.

Computer-based testing discounts are available for groups of **10 or more** exam candidates who apply together. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about the group and bulk discount programs, visit www.certcorp.org > General Information or call (800) 899-2226.

PCCN STUDY BIBLIOGRAPHY

RECOMMENDED REFERENCES FOR THE PCCN EXAM

Clinical Judgment

American Association of Critical-Care Nurses. (2008). AACN Practice Alert. ST Segment Monitoring. Available at: http://www.aacn.org/WD/Practice/Docs/ST_Segment_Monitoring_04-2008.pdf.

American Heart Association. (2005). Guidelines 2005 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Available at: http://circ.ahajournals.org/content/vol112/24_suppl/.

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MO: Saunders.

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PCCN STUDY BIBLIOGRAPHY (CONTINUED)

Professional Caring and Ethical Practice

American Association of Critical-Care Nurses. (2005). AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence. Available at: http://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf.

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Hardin, S. R. & Kaplow, R. (eds.). (2005). Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care. Boston, MA: Jones & Bartlett.

Purnell, L. (2009). *Guide to Culturally Competent Health Care*. 2nd ed. Philadelphia, PA: F. A. Davis.

Many references available through AACN; visit www.aacn.org/bookstore.

More current versions may be available.

PUBLISHER CONTACTS:

AACN – (800) 899-2226 American Heart Association – (800) 242-8721 Elsevier (including Mosby, W. B. Saunders and Hanley & Belfus) – (800) 545-2522 Jones & Bartlett – (800) 832-0034 Lippincott Williams & Wilkins – (800) 638-3030

PCCN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (36%)

- 1. Acute coronary syndromes
- 2. Acute inflammatory disease
- 3. Cardiac surgery
- 4. Cardiac tamponade
- 5. Cardiogenic shock
- 6. Cardiomyopathies
- 7. Conduction defects
- 8. Dysrhythmias
- 9. Heart failure
- 10. Hypertensive crisis
- 11. Peripheral vascular disease
- 12. Peripheral vascular surgery
- 13. Pulmonary edema
- 14. Ruptured or dissecting aneurysm
- 15. Structural heart defects

B. Pulmonary (14%)

- 1. Acute lung injury (ALI)
- 2. Aspirations
- 3. Chronic ventilatory failure
- 4. Exacerbation of COPD
- 5. Pneumothorax
- 6. Pulmonary embolism
- 7. Pulmonary hypertension
- 8. Respiratory infections
- 9. Severe asthma
- 10. Sleep disordered breathing
- 11. Thoracic surgery

C. Endocrine (4%)

- 1. Diabetic ketoacidosis
- 2. Hypoglycemia

D. Hematology/Immunology (2%)

- 1. Anemia
- 2. Life-threatening coagulopathies

E. Neurology (5%)

- 1. Intracranial hemorrhage
- 2. Seizure disorders
- 3. Stroke

F. Gastrointestinal (5%)

- 1. GI hemorrhage
- 2. GI infections
- 3. GI motility disorders
- 4. Hepatic failure
- 5. Malnutrition
- 6. Pancreatitis

G. Renal (5%)

- 1. Acute renal failure
- 2. Electrolyte imbalances
- 3. End-stage renal disease (ESRD)

H. Multisystem (5%)

- 1. Infectious diseases
- 2. Shock states
- Systemic inflammatory response syndrome (SIRS)/sepsis/severe sepsis/septic shock/ multi-organ dysfunction syndrome (MODS)

I. Behavioral (4%)

- 1. Delirium and dementia
- 2. Mood disorders and depression
- 3. Substance abuse

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

- A. Advocacy/Moral Agency (3%)
- **B.** Caring Practices (4%)
- C. Collaboration (4%)
- D. Systems Thinking (2%)
- E. Response to Diversity (2%)
- F. Clinical Inquiry (2%)
- G. Facilitation of Learning (3%)

Order of content does not necessarity reflect importance.

PCCN TESTABLE NURSING ACTIONS

Cardiovascular

- Perform a comprehensive cardiovascular assessment
- 2. Identify, interpret and monitor:
 - dysrhythmias
 - ST segments
 - · QTc intervals
- 3. Select leads for cardiac monitoring for the indicated disease process
- 4. Recognize indications for and manage patients requiring hemodynamic monitoring using non-invasive hemodynamic monitoring
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- 6. Recognize indications for and monitor/manage patients requiring cardiovascular therapeutic intervention using:
 - · cardioversion
 - transcutaneous pacing
 - defibrillation
- 7. Monitor normal and abnormal diagnostic test results
- 8. Calculate dosages and administer cardiovascular medications
- 9. Titrate vasoactive medications
- Recognize signs and symptoms of cardiovascular emergencies, initiate standardized interventions and seek assistance as needed
- 11. Monitor patient and follow standardized protocols pre-, intra- and post-procedure
- 12. Monitor and manage patients following coronary intervention

Pulmonary

- Perform a comprehensive pulmonary assessment
- 2. Monitor normal and abnormal diagnostic test results
- 3. Interpret ABGs and report findings
- 4. Monitor patients for response to pulmonary medications
- 5. Manage patients requiring the following non-invasive O₂ or ventilation delivery systems:
 - · nasal cannula
 - · face masks
 - · non-rebreather mask
 - BiPAP
 - CPAP
- 6. Manage patients requiring mechanical ventilation via tracheostomy tube
- 7. Manage patients requiring the following respiratory monitoring devices:
 - continuous SPO₂
 - intermittent SPO₂
- 8. Recognize signs and symptoms of respiratory complications and seek assistance as needed
- 9. Maintain patient airway
- 10. Manage patients with chest tubes
- 11. Assist with the following procedures:
 - thoracentesis
 - · chest tube insertion
- Administer medications for procedural (conscious) sedation and monitor patient's response
- 13. Monitor patient and follow standardized protocols pre-, intra- and post-procedure

PCCN TESTABLE NURSING ACTIONS (CONTINUED)

Endocrine

- Perform a comprehensive endocrine assessment
- 2. Monitor normal and abnormal diagnostic test results
- 3. Administer medications, treatments or interventions and monitor patient response
- 4. Manage and titrate insulin infusions

Hematology/Immunology

- Perform a comprehensive hematology/immunology assessment
- 2. Monitor normal and abnormal diagnostic test results
- 3. Administer medications, treatments or interventions and monitor patient response

Neurology

- Perform a comprehensive neurological assessment
- 2. Monitor normal and abnormal neurological diagnostic test results
- Administer medications, treatments or interventions and monitor patient response

Gastrointestinal

- Perform a comprehensive gastrointestinal assessment
- 2. Monitor normal and abnormal gastrointestinal diagnostic test results
- 3. Recognize indications for and complications of enteral and parenteral nutrition

Renal

- 1. Identify normal and abnormal renal assessment findings
- 2. Monitor normal and abnormal diagnostic test results

Multisystem

- Administer medications, treatments or interventions and monitor patient response
- Recognize signs and symptoms of emergencies, initiate standardized interventions and seek assistance as needed
- 3. Manage patients with complex wounds with fistulas, drains and vacuum-assisted closure devices

Behavioral

- 1. Perform a psychosocial assessment
- Administer medications, treatments or interventions and monitor patient response
- 3. Recognize signs and symptoms of behavioral emergencies and initiate interventions

NURSING ACTIONS EXCLUDED FROM PCCN EXAM

Cardiovascular

- 1. Recognize indications for and manage patients requiring hemodynamic monitoring using:
 - · an arterial line
 - CVP monitoring
- Recognize indications for and manage patients requiring hemodynamic monitoring using CVP monitoring
- 3. Recognize indications for and monitor/manage patients requiring cardiovascular therapeutic intervention using:
 - · transvenous pacing
 - · epicardial pacing
 - arterial sheath removal
 - venous sheath removal
 - · ventricular assist devices
- 4. Manage continuous veno-venous hemofiltration for heart failure

Pulmonary

- 1. Manage patients requiring mechanical ventilation via endotracheal tube
- 2. Manage patients requiring an ETCO₂ respiratory monitoring device
- 3. Removal of:
 - pleural chest tubes
 - mediastinal tubes
- 4. Manage patients requiring:
 - · ventilator weaning
 - · extubation or decannulation
- 5. Assist with the following procedures:
 - bronchoscopy
 - intubation

Endocrine

Manage patients using insulin pumps

Neurology

- 1. Manage patients requiring:
 - · lumbar drains
 - · ventriculostomy
 - neurological monitoring devices and drains for intracranial pressure
- 2. Recognize signs and symptoms of increased intracranial pressure

Gastrointestinal

Perform intra-abdominal hypertension monitoring

Renal

Assist with:

- hemodialysis
- peritoneal dialysis
- continuous renal replacement therapy (CRRT)

Multisystem

Manage patients with intraosseous devices

SAMPLE PCCN EXAM QUESTIONS

- A patient who is 1 week post MI suddenly becomes agitated, restless and diaphoretic. Pulse pressure drops to 20 mm Hg. Assessment also reveals faint radial and apical pulses that weaken significantly on inspiration. This patient is most likely experiencing
 - A. mitral valve rupture.
 - В. pulmonary embolus.
 - C. pulmonary edema.
 - cardiac tamponade. D.
- Which of the following may predispose an individual to ventricular fibrillation?
 - A. hypernatremia and hypomagnesemia
 - hypophosphatemia and hyperchloremia
 - C. hypermagnesemia and hyponatremia
 - D. hyperkalemia and hypocalcemia
- 3. Chest auscultation of a patient in status asthmaticus commonly reveals
 - expiratory wheezes. Α.
 - B. inspiratory crackles.
 - diminished bilateral breath sounds.
 - a pleural friction rub. D.
- The family of a critically ill patient wishes to spend the night, which is contrary to visiting policy. The nurse's best action would be to
 - adhere to the visiting policy.
 - allow the family to stay in the room.
 - obtain a motel room near the hospital where the family may spend the night.
 - D. allow one or two family members to stay, then evaluate the patient's response.

- 5. Members of the nursing staff are developing written patient education materials for a group of patients with diverse reading abilities. It would be most effective for the staff to
 - design individual handouts for each patient.
 - develop a computer-based education series.
 - write the materials at a fourth-grade reading
 - limit text and provide color pictures. D.
- Two days post admission for rapid atrial fibrillation, a patient has been weaned from IV diltiazem (Cardizem) to PO administration. The patient develops new onset of hallucinations, agitation and disorientation. The most appropriate initial nursing action is to
 - obtain an order for lorazepam (Ativan) every six
 - assess the patient's SpO₂ and neurological status.
 - obtain an order for haloperidol (Haldol) and monitor OT intervals.
 - D. consult with the pharmacy regarding possible drug interaction.
- Which of the following electrolyte abnormalities 7. should the nurse anticipate in a patient with chronic alcoholism?
 - Α. hypomagnesemia
 - hyperphosphatemia
 - hyponatremia C.
 - D. hyperkalemia

Answers

- 1. D
- 2. D
- 3. Α
- 4. D
- 5.

С

- 6. В
- 7. Α

AACN PRODUCTS FOR PCCN EXAM PREPARATION

Description	Item #
*Online PCCN Self-Assessment Exam (SAE) – mirrors content of PCCN exam; includes 50 questions with correct answers and rationale; score report upon completion to assess strengths and areas for further study; access for 90 days from purchase date.	Purchase online only at www.certcorp.org.
Online PCCN Certification Review Course: Individual Purchase	For information go to www.aacn.org/ondemand
* Practice PCCN Exam Questions. (2008). 120 questions.	200405
Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care. (2005). Hardin, S. & Kaplow, R. 235 pages.	100149
AACN Certification and Core Review for High Acuity and Critical Care. 6th ed. (2007). Alspach, G. Book and CD-ROM. 192 pages.	128800
AACN Procedure Manual for Critical Care. 6th ed. (2011). Lynn-McHale Wiegand, D. J. 1,312 pages.	128150
** PCCN Review Course on MP3. (2011). Includes pdf of study guide and 13.5 hours of CE credit.	300901
** PCCN Review Course on CD-ROM for PC. (2011). Includes pdf of study guide and 13.5 hours of CE credit.	300902
** PCCN Review Course on CD-ROM for MAC. (2011). Includes pdf of study guide and 13.5 hours of CE credit.	300904
PCCN Review Course Additional Syllabus. (2011). 143 pages.	300903
AACN Essentials of Progressive Care Nursing. 2nd ed. (2010). Chulay, M. & Burns, S. 515 pages.	128765
AACN Protocols for Practice: Non-Invasive Monitoring. 2nd ed. (2006). Burns, S. 113 pages.	170680
AACN Protocols for Practice: Palliative and End-of-Life Issues in Critical Care. (2006). Medina, J. & Puntillo, K. 59 pages.	170900
Hemodynamic Monitoring Made Incredibly Visual! 2nd ed. (2011). 153 pages.	128642
ACLS Pocket Reference Cards. (2011). AHA, AACN. Set of 2.	400862
Progressive Care Nursing Certification Preparation, Review, and Practice Exams. (2011). Ahrens, T., Prentice, D. & Kleinpell, R. Book and CD-ROM. 623 pages.	128830
AACN Core Curriculum for Progressive Care Nursing. (2010). AACN. 605 pages.	128140

^{*}Denotes product developed by AACN Certification Corporation.

For more details and to place an order, visit www.aacn.org/marketplace, or call AACN Customer Care at (800) 899-2226, Monday through Friday between 7:30 a.m. and 4:30 p.m. Pacific Time.

^{**}PCCN Review Course Packages also available; packages include *PCCN Review Course, Practice PCCN Exam Questions* and *AACN Essentials of Progressive Care Nursing*. Item numbers are 302015 (DVD), 302016 (CD-ROM) and 302017 (Audio CD).

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PCCN EXAM APPLICATION HONOR STATEMENT

Online exam registration is available at www.certcorp.org > Apply Online.

Complete and submit with 2-page application at back of handbook.

PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME:		AACN CUSTOMER #:	
Last	First	MI	
and eligibility requirements as d	ocumented in the Cert	ertification Corporation. I have read and ur ification Exam Policy Handbook and the Copon successful completion of the specified	CRN/PCCN Certification Exam
		RN or APRN license. My	
An unencumbered license is no	t currently being subject it my practice in any wa	_ (number) is due to expire eted to formal discipline by any state board ay. I understand that I must notify AACN Ce N or APRN license in the future.	_
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PRACTICE VERIFICATION: For physician) who can verify that I	_	information of my clinical supervisor or a pour eligibility requirements:	professional associate (RN or
VERIFIER'S NAME:	Fired	FACILITY NAME:	
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You may not list yourself or a re	elative as your verifier.		
ETHICS: I understand the imposition of the imp	ortance of ethical stanc	dards and agree to act in a manner congrue	ent with the ANA Code of
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APCCHF

CERTIFICATION EXAM APPLICATION

Online exam registration is available at www.certcorp.org > Apply Online.

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E	xam Type	Initial Exam Fee	Initial Exam Fee	Retest or Renewal by Exam Fee	Retest or Renewal by Exam Fee	+ Exam Fee:
		AACN Member	Nonmember	AACN Member	Nonmember	\$
	CCRN Adult	□ \$225	□ \$330	□ \$170	□ \$275	=
Check	CCRN Pediatric	□ \$225	□ \$330	□ \$170	□ \$275	Total Payment:
Check one box only		□ \$225 □ \$225	□ \$330 □ \$330	□ \$170 □ \$170	□ \$275 □ \$275	Total Payment:
one box only		□ \$225 □ \$175	□ \$330 □ \$255	□ \$170 □ \$135	□ \$275 □ \$215	Total Payment:

AUGUST 2012



CERTIFICATION EXAM APPLICATION

PRINTED LEGAL NAME: AACN#:

5. DEMOGRAPHIC INFORMATION (Check **one** box in each category.) Information is used for statistical purposes and may be used in eligibility determination.

Primary Area Employed	Primary Position Held	Is English your first language?	Primary Type of Facility in Which
☐ Acute Hemodialysis Unit (21)	☐ Academic Faculty (07)		Employed
☐ Burn Unit (13)	☐ Acute Care Nurse Practitioner (09)	☐ Yes ☐ No	☐ College/University (08)
☐ Cardiac Rehabilitation (26)	☐ Administrator/V.P. (43)		□ Community Hospital (Nonprofit) (01
☐ Cardiac Surgery/OR (36)	☐ Bedside/Staff Nurse (01)	Did you graduate from nursing school in	□ Community Hospital (Profit) (02)
☐ Cardiovascular/Surg. ICU (09)	☐ Clinical Director (04)	a country other than the U.S.?	☐ County Hospital (07)
☐ Catheterization Lab. (22)	☐ Clinical Nurse Specialist (08)		☐ HMO/Managed Care (12)
☐ Combined Adult/Ped ICU (23)	□ Corporate Executive (11)	☐ Yes ☐ No	☐ Home Health (13)
☐ Combined ICU/CCU (01)	☐ Elected Official (12)	If yes, which country?	☐ Military/Government Hospital (04)
☐ Coronary Care Unit (CCU) (03)	☐ Inservice/Staff Dev. Instructor (06)	ii yes, when country:	☐ Private Industry (11)
☐ Corporate Industry (24)	☐ Legal Nurse Consultant (39)		☐ Registry (10)
☐ Critical Care Transport/Flight (17)	☐ Manager (03)		☐ Self-Employed (09)
☐ Emergency Dept. (12)	□ Nurse Anesthetist (02)		☐ Travel Nurse (15)
☐ General Med./Surg Floor (18)	□ Nurse Educator (46)	What year did you start	□ University Med. Center (03)
☐ Home Care (25)	☐ Nurse Midwife (13)	practicing nursing in the U.S.?	☐ Other – specify below
☐ Intensive Care Unit (ICU) (02)	☐ Nurse Practitioner (05)		
☐ Interventional Cardiology (31)	☐ Pharmacist (14)		(99)
☐ Long-Term Care (27)	☐ Physician (16)		(99)
☐ Medical Cardiology (34)	☐ Physician Assistant (17)	Ethnicity	
☐ Medical ICU (04)	☐ Researcher (18)	☐ African-American (02)	Number of beds in Institution
☐ Med. Surg. ICU (35)	☐ Respiratory Therapist (19)	☐ Asian (05)	
☐ Neonatal ICU (06)	☐ Social Worker (20)	☐ Hispanic/Latino (03)	
☐ Neuro/Neurosurgical ICU (10)	☐ Unit Coordinator (22)	☐ Native American (04)	
☐ Oncology Unit (19)	☐ Other - specify below	☐ Pacific Islander (06)	
☐ Operating Room (15)		☐ White/Non-Hispanic (01)	Years experience in Nursing
☐ Outpatient Clinic (29)	(99)	☐ Other – specify below	
☐ Pediatric ICU (05)	(00)		
☐ Private Practice (32)	Highest Nursing Degree	(99)	
☐ Progressive Care Unit (16)	☐ Associate's Degree	(/	
☐ Recovery Room/PACU (14)	☐ Bachelor's Degree	Condon	Years experience in Acute/Critical
☐ Respiratory ICU (08)	☐ Diploma	Gender	Care Nursing
☐ Stepdown Unit (30)	□ Doctorate	□ FI □ M-I-	
☐ Subacute Care (28)	☐ Master's Degree	☐ Female ☐ Male	
☐ Surgical ICU (07)	industri 3 Degree		
☐ Tele–ICU (37)		Have you completed Red Cross Disaster	Data of Diations of the second
☐ Telemetry (20)		Recovery training?	Date of Birth (Month/Day/Year)
☐ Trauma Unit (11)			
☐ Other – specify below		☐ Yes (01) ☐ No (02)	
(99)			

6. HONOR STATEMENT - 3rd page of application to be submitted with this form

Complete the Honor Statement, found at the end of the exam section, for your selected exam: **CCRN - page 41 or PCCN - page 57**

7. SUBMIT APPLICATION

Attach Honor Statement to this application and submit with payment to:

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109 or fax to: (949) 362-2020.

DO NOT mail AND fax your application - please choose only ONE method.

NOTE: Allow 2 to 3 weeks from date received by AACN Certification Corporation for application processing.

Questions? Please visit www.certcorp.org, email certcorp@aacn.org or call us at (800) 899-2226.

AUGUST 2012