

## CPAN® AND CAPA® TEST BLUEPRINTS

The following blueprints have been revised based on the 2005-2006 ABPANC Role Delineation Study and are effective beginning with the administration of the April 2007 CPAN and CAPA examinations.

All content reflects patient needs across the lifespan in a variety of settings.

PERIANESTHESIA PATIENT NEEDS	PERIANESTHESIA NURSING KNOWLEDGE
<p><b>PHYSIOLOGICAL NEEDS:</b>  <b>50% OF CPAN EXAMINATION</b>  <b>45% OF CAPA EXAMINATION</b></p>	
<ul style="list-style-type: none"> <li>• Stability of respiratory system</li> <li>• Stability of cardiovascular/peripheral vascular systems</li> <li>• Stability of neurological system</li> <li>• Stability of musculoskeletal system</li> <li>• Stability of gastrointestinal system</li> <li>• Stability of renal system</li> <li>• Stability of integumentary system</li> <li>• Stability of endocrine system</li> <li>• Maintenance of normothermia</li> <li>• Physiological comfort (for example, relief from pain, shivering, nausea, vomiting, temperature control and appropriate positioning)</li> <li>• Therapeutic environment (for example, minimal interruption of normal regimen, preemptive interventions)</li> <li>• Optimal level of physical independence</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Process</li> <li>• Evidence-based practice</li> <li>• Anatomy and physiology of body systems</li> <li>• Growth and development</li> <li>• Pathophysiology</li> <li>• Normal and abnormal diagnostic values</li> <li>• Acceptable deviations from normal physiologic states</li> <li>• Diagnostic and therapeutic technology</li> <li>• Physical assessment techniques</li> <li>• ACLS/PALS</li> <li>• Airway Management</li> <li>• Vital signs/hemodynamic monitoring</li> <li>• Fluid and electrolyte management</li> <li>• Thermoregulation</li> <li>• Pain assessment and management (psychological, physiological, medical)</li> <li>• Postoperative nausea and vomiting (PONV) and post discharge nausea and vomiting (PDNV) assessment and management (psychological, physiological, medical)</li> <li>• Preemptive interventions (for example, analgesia, anesthesia, antiemetics, and/or fluids)</li> <li>• Pharmacodynamics/pharmacokinetics</li> <li>• Pharmacological interventions</li> <li>• Anesthesia techniques (general and regional)</li> <li>• Anesthetic and reversal agents</li> <li>• Anesthesia recovery</li> <li>• Surgical and procedural interventions</li> <li>• Normal and abnormal physical response to surgery/procedure/anesthesia</li> <li>• Alternative and adjunctive treatment modalities</li> <li>• Discharge planning and criteria</li> <li>• Special needs patient issues (for example, depression, bipolar disorder)</li> <li>• Injury prevention</li> <li>• Infection control/standard precautions</li> </ul>

PERIANESTHESIA PATIENT NEEDS	PERIANESTHESIA NURSING KNOWLEDGE
<p><b>BEHAVIORAL AND COGNITIVE NEEDS: 20% OF CPAN EXAMINATION 20% OF CAPA EXAMINATION</b></p>	
<ul style="list-style-type: none"> <li>• Respect for diversity (for example, cultural, religious, physical, age-related, cognitive, and language differences)</li> <li>• Psychosocial assistance for patient/family/significant other (for example, coping mechanisms, spiritual and emotional support)</li> <li>• Consideration for ability to learn, learning style (for example, kinetic, auditory, visual) readiness to learn, and barriers to learning</li> <li>• Patient/family/significant other education related to: <ul style="list-style-type: none"> <li>• Admission procedures</li> <li>• Preparations for procedures/surgery</li> <li>• Anesthesia expectations</li> <li>• Postanesthesia recovery settings</li> <li>• Identifying, describing, and communicating pain perception/experience</li> <li>• Postoperative pain control measures, including pharmacological and nonpharmacological interventions</li> <li>• Discharge procedures/plans (for example, wound care, diet, ambulation, physical therapy, effects on sexuality, antibiotics, pain management, patient-controlled analgesia, dressing care, catheter care, equipment and medical devices, routine course, potential complications)</li> <li>• Medications (for example, what and when to discontinue, when to restart, interactions with prescriptions, over the counter medications, herbal supplements, alcohol, illegal drugs)</li> <li>• Impact of existing medical conditions (for example, diabetes, COPD,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Process</li> <li>• Evidence-based practice</li> <li>• Growth and development</li> <li>• Diagnostic and therapeutic technology</li> <li>• Pain assessment and management (psychological, physiological, medical)</li> <li>• Postoperative nausea and vomiting (PONV) and post discharge nausea and vomiting (PDNV) assessment and management (psychological, physiological, medical)</li> <li>• Preemptive interventions (for example, analgesia, anesthesia, antiemetics, and/or fluids)</li> <li>• Pharmacodynamics/pharmacokinetics</li> <li>• Pharmacological interventions</li> <li>• Anesthesia techniques (general and regional)</li> <li>• Anesthetic and reversal agents</li> <li>• Anesthesia recovery</li> <li>• Surgical and procedural interventions</li> <li>• Normal and abnormal physical response to surgery/procedure/anesthesia</li> <li>• Environmental influences affecting patient care</li> <li>• Alternative and adjunctive treatment modalities</li> <li>• Discharge planning and criteria</li> <li>• Cultural/religious/lifestyle diversity</li> <li>• Teaching and learning theory</li> <li>• Communication principles and techniques</li> <li>• Psychosocial and cognitive assessment</li> <li>• Impact of psychosocial issues (for example, coping styles, life situations, family issues, friendships, religious/spiritual issues) on compliance, comfort, discharge and healing</li> <li>• Abnormal psychological/psychiatric states (for example, depression, bipolar disorder)</li> <li>• Special needs patient issues (for example, sign language, autism, and/or visual limitations)</li> <li>• Multidisciplinary collaboration and referral</li> <li>• Conflict resolution/mediation techniques</li> <li>• Injury prevention</li> <li>• Infection control/standard precautions</li> <li>• Data gathering: information sources (files, charts, records) and patient/family interviews</li> <li>• Measures to maintain privacy and confidentiality</li> </ul>

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<ul style="list-style-type: none"><li>• hypertension) on current surgery/procedures</li><li>• Measures to assist healing process (for example, appropriate adjunctive therapies, consults, referrals)</li><li>• Measures to prevent complications (for example ambulation)</li><li>• Interdisciplinary involvement in discharge planning (for example, case manager, dietician, physical therapist)</li><li>• Optimal psychosocial independence</li></ul>	

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<p><b>SAFETY NEEDS:</b>  <b>20% OF CPAN EXAMINATION</b>  <b>20% OF CAPA EXAMINATION</b></p>	
<ul style="list-style-type: none"> <li>• Delivery of care based on accepted standards of practice (for example, ASPAN Standards, Safe Medical Device Act, JCAHO, Accreditation Association for Ambulatory Health Care (AAAHC), OSHA)</li> <li>• Effective multidisciplinary discharge planning, regarding: <ul style="list-style-type: none"> <li>• Presence of competent, responsible adult caregiver</li> <li>• Safe transport to home or discharge care site</li> <li>• Verbal and written discharge instructions</li> <li>• Ability to understand and comply with discharge instructions</li> <li>• Awareness of postoperative/post procedural physical limitations</li> <li>• Availability of resources for care in the home</li> <li>• Preparation of safe home environment (for example, physical barriers, abuse assessment)</li> </ul> </li> <li>• Freedom from harm related to: <ul style="list-style-type: none"> <li>• Use of protective safety devices (for example, padded side rails, safety straps, and/or restraints)</li> <li>• Immobility (for example, regional blocks) and/or positioning</li> <li>• Adverse environmental influences (for example, latex, equipment failure)</li> <li>• Exposure to infections and diseases</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Process</li> <li>• Evidence-based practice</li> <li>• Diagnostic and therapeutic technology</li> <li>• Physical assessment techniques</li> <li>• ACLS/PALS</li> <li>• Preemptive interventions (for example, analgesia, anesthesia, antiemetics, and/or fluids)</li> <li>• Pharmacodynamics/pharmacokinetics</li> <li>• Pharmacological interventions</li> <li>• Anesthesia techniques (general and regional)</li> <li>• Anesthetic and reversal agents</li> <li>• Anesthesia recovery</li> <li>• Surgical and procedural interventions</li> <li>• Normal and abnormal physical response to surgery/procedure/anesthesia</li> <li>• Environmental influences affecting patient care</li> <li>• Alternative and adjunctive treatment modalities</li> <li>• Discharge planning and criteria</li> <li>• Special needs patient issues (for example, sign language, autism, and/or visual limitations)</li> <li>• Scope and standards of nursing practice (for example, ANA, ASPAN)</li> <li>• Regulatory, legal, and ethical guidelines and standards of professional practice (for example, OSHA, patient bill of rights, advance directives, informed consent, HIPPA)</li> <li>• Injury prevention</li> <li>• Infection control/standard precautions</li> <li>• Quality assurance principles (for example, process improvement – PI and/or CQI)</li> <li>• Risk management concepts, principles, and techniques</li> <li>• Measures to maintain privacy and confidentiality</li> </ul>

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<p><b>ADVOCACY NEEDS:</b>  <b>10% OF CPAN EXAMINATION</b>  <b>15% OF CAPA EXAMINATION</b></p>	
<ul style="list-style-type: none"> <li>• Accurate and complete documentation and communication of information</li> <li>• Information/education regarding: <ul style="list-style-type: none"> <li>• Advance directives</li> <li>• Patient Bill of Rights</li> <li>• Informed Consent</li> </ul> </li> <li>• Access to: <ul style="list-style-type: none"> <li>• Appropriate resources and referrals (for example, medical equipment, pharmaceutical care, pastoral care, nutritional education, physical/occupational therapy, case management, social services)</li> <li>• An environment that accommodates physical, mental, and/or emotional abilities/limitations</li> <li>• An environment that provides assistance (for example, call light, personnel within hearing or at bedside, visitation)</li> </ul> </li> <li>• Post discharge assessment (for example, follow up visit or telephone call)</li> <li>• Privacy and confidentiality</li> <li>• Care delivered legally and ethically</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Process</li> <li>• Evidence-based practice</li> <li>• Pain assessment and management (psychological, physiological, medical)</li> <li>• Pharmacological interventions</li> <li>• Environmental influences affecting patient care</li> <li>• Alternative and adjunctive treatment modalities</li> <li>• Discharge planning and criteria</li> <li>• Cultural/religious/lifestyle diversity</li> <li>• Impact of psychosocial issues (for example, coping styles, life situations, family issues, friendships, religious/spiritual issues) on compliance, comfort, discharge and healing</li> <li>• Special needs patient issues (for example, sign language, autism, and/or visual limitations)</li> <li>• Multidisciplinary collaboration and referral</li> <li>• Scope and standards of nursing practice (for example, ANA, ASPAN)</li> <li>• Regulatory, legal, and ethical guidelines and standards of professional practice (for example, OSHA, Patient Bill of Rights, advance directives, informed consent, HIPPA)</li> <li>• Quality assurance principles (for example, process improvement – PI and/or CQI)</li> <li>• Data gathering: information sources (files, charts, records) and patient/family interviews</li> <li>• Measures to maintain privacy and confidentiality</li> </ul>