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Pain Management Board Certification Test Content Outline

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are nonscored pretest questions. Questions are pre-tested to determine how well they perform before they are used in the scored portion of the examination. The pre-test questions cannot be distinguished from those that will be scored, so it is important that a candidate answer all questions.

However, a candidate's score is based solely on the 150 scored questions. Performance on pre-test questions does not affect a candidate's score.

This Test Content Outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

Category	Domains of Practice	No. of Questions	Percent
I	Pathophysiology of Pain	18	11.00%
II	Pain Assessment	43	29.00%
III	Interventions	24	16.00%
IV	Side Effects	17	11.00%
V	Patient/Family Education and Counseling	17	11.00%
VI	Collaborative/Institutional Issues	31	21.00%
	Total	150	100%

This Test Content Outline identifies the areas that may be included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination also are shown.

Notes:

1. Life Span Populations:

- Preverbal Children
- School Age
- Adolescent
- Adult
- Older Adults
- Non-age Specific

2. Specialty Populations:

- Cognitively Impaired
- Chemically Sedated
- Addiction
- Minorities and Cultural Consideration
- Pregnancy

3. Common Side Effects:

- Opioid (pruritis, contact dermatitis, sedation, nausea, vomiting, constipation, respiratory depression)
- Non-Opioid (GI upset, GI bleed, renal, liver, delirium)
- Adjunctives (Central Nervous System effects, renal, liver)

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- I. **Pathophysiology of Pain (12%)**
 - A. Definition of Pain (Subjective Nature, Biopsychosocial, Suffering)
 - B. Nociceptive vs. Neuropathic Pain
 - C. Transient (Acute) vs. Persistent (Chronic) Pain
 - D. Science of Pain
 - 1. Theories (Gate control theory, neuromatrix)
 - 2. Pain Process (Transduction, Transmission, Perception, Modulation)
 - 3. Pathologic Processes (neuropathic pain)
 - E. Common Pain Syndromes (cancer, lower back pain, GI pain, bone pain, Complex Regional Pain Syndromes (CRPS), TMJ, headaches, fibromyalgia, HIV, labor and delivery, post surgical, etc.)
 - F. Negative Physiological and Psychological Consequences of Unrelieved Pain (quality of life, biopsychosocial)
 - G. Addiction, Tolerance, Physical Dependence and Pseudoaddiction

- II. **Pain Assessment^{1,2} (29%)**
 - A. Components/Elements (Quality, Onset, Location, Duration, Exacerbation, Radiation, Relief, Aggravating, Intensity, Temporal Characteristics)
 - B. Tools (unidimensional, multidimensional, sedation scales, visual, numeric, verbal, special population tools)
 - C. Associated Symptoms (Anxiety, Sleep, Stress, Sexual Dysfunction, fatigue, Depression, Anorexia, Immobility, etc.)
 - D. History Taking and Physical Exam
 - E. Functional Assessment/Quality of Life
 - F. Assessment of Patient/Family's Barriers to Pain Management
 - G. Coping Strategies (how the patient copes; support systems)
 - H. Reassessment of Interventions (Pharmacologic and Non-Pharmacologic)

- IV. **Interventions^{1,2} (16%)**
 - A. Pharmacological Treatment (Pharmacokinetics and Pharmacodynamics)
 - 1. Opioid (including regulations and JCAHO documentation guidelines)
 - 2. Non-Opioid
 - 3. Adjuvants
 - 4. Routes of Treatment (electrical, spinal, oral, IV, topical, PCA, transdermal, etc.)
 - 5. Levels of Sedations (palliative sedation, moderate sedation, general anesthesia)
 - 6. Opioid Withdrawal
 - B. Non-Pharmacological Treatments
 - 1. Physical (active and passive activities, exercise, spinal stimulator, massage, thermal, positioning)
 - 2. Cognitive/Behavioral (treating for sleep, anxiety, depression, pain)
 - 3. Spiritual Care
 - 4. Environmental Considerations (lighting, noise, comfort, temperature)
 - C. Complementary/Alternative Therapies (magnets, acupuncture, chiropractory, energy therapies, homeopathy, herbals)
 - D. Principles of Analgesic Management (patient safety, match to drug to intensity, individualized regimen, equianalgesia, titration and rotation, scheduled dosing, least invasive first, multimodal approach)

- IV. **Side Effects³ (11%)**
 - A. Prevention
 - B. Assessment
 - C. Management
 - D. Difference between Allergic Reaction, Side Effect, Adverse Effect
 - E. Tolerance

- V. **Patient/Family Education and Counseling^{1,2} (11%)**
 - A. Barriers to Patient/Family Education (literacy, sensory impairment, cognitive impairment, language)
 - B. Clinical Application of Teaching and Learning (adult learning, visual vs. verbal learning, demonstration learning, motivational strategies)
 - C. Crisis Management (e.g., intractable pain, suicide, financial)
 - D. Evaluation of Understanding/Comprehension/Competency

- VI. **Collaborative/Institutional Issues (21%)**
 - A. Tools of Communication (Interview Skills, Therapeutic Relationship, Documentation)
 - B. Goal-Setting (patient, inter-disciplinary)
 - C. Standards and Scope of Practice of the Pain Management Nurse (ANA Code for Nurses, ASPMN standards, JCAHO)
 - D. Advocacy (appropriate consultation, referrals, roles and responsibilities of other professionals)
 - E. Ethics (Bias, Placebo Use, Confidentiality, Abuse and Addiction of Health Care Providers, End of Life Considerations, patient self-determination)
 - F. Research (Fundamentals, Utilization, Evidence-based Practice, Quality Improvement)

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