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Pain Management Board Certification Test Content Outline - effective date: May 1, 2010 Based on the 2008 Pain Management Role Delineation Study

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, is based solely on the 150 scored questions. Performance on pretest 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	Foundations of Pain	27	18%
II	Pain Assessment and Reassessment	31	21%
III	Interventions	44	29%
IV	Patient/Family Education and Collaboration	48	32%
	Total	150	100%

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I. Foundations of Pain (18%)

- A. Definitions and classifications of pain (e.g., subjective nature, biopsychosocial, suffering, cancer and non-cancer)
 - 1. Nociceptive and neuropathic pain
 - 2. Acute and chronic pain
 - 3. Terminology (e.g., breakthrough pain, allodynia, hyperalgesia, sensitization)
- B. Science of Pain
 - 1. Theories (e.g., gate control theory, neuromatrix)
 - 2. Pain process (e.g., transduction, transmission, perception, modulation)
 - 3. Pathologic processes (e.g., neuropathic pain)
 - 4. Common pain conditions (e.g., cancer, lower back pain, gastrointestinal pain, bone pain, headaches, HIV, post surgical)
 - 5. Syndromes (e.g., complex regional pain syndrome [CRPS], temporomandibular joint disorders [TMJ], fibromyalgia, neuropathy)
 - 6. Physiological and psychological benefits of controlled pain and consequences of uncontrolled pain (e.g., quality of life, biopsychosocial)
 - 7. Addiction, tolerance, physical dependence, and pseudoaddiction
- C. Ethical and Regulatory Considerations
 - 1. Standards and scope of practice of the pain management nurse (e.g., American Nurses Association Code for Nurses, American Society of Pain Management Nurses standards, Joint Commission, evidence-based practice)
 - 2. Ethics (e.g., provider bias, placebo avoidance, confidentiality, abuse and addiction, end-of-life considerations, patient self-determination)

II. Pain Assessment and Reassessment (21%)

- A. Components/Elements (e.g., quality, onset, location, duration, radiation, aggravating and alleviating factors, intensity, temporal characteristics)
- B. Pain Assessment Scales (e.g., neonatal infant pain scale, numerical rating scale, checklist nonverbal pain indicators)
- C. Associated Symptoms (e.g., sedation, fatigue, depression, anxiety, insomnia, stress, sexual dysfunction, anorexia, immobility)
- D. History Taking and Physical Assessment (including psychosocial history)
- E. Functional Assessment and Quality of Life
- F. Assessment of Patient and Family's Pain Experience (including cognitive and developmental considerations)
 - 1. Patient and family perceptions
 - 2. Culture
 - 3. Barriers
 - 4. Misconceptions
 - 5. Coping (e.g., how the patient copes; support systems)

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III. Interventions (29%)

- A. Pharmacological Treatment (pharmacokinetics and pharmacodynamics)
 - 1. Opioid
 - 2. Non-Opioid
 - 3. Adjuvants (e.g., local anesthetics, anxiolytics, anticonvulsants)
 - 4. Methods of Treatment (e.g., intrathecal, oral, IV, topical, patient controlled analgesia [PCA], transdermal, epidural)
 - 5. Opioid use, misuse, and diversion
 - 6. Complementary and alternative therapies (e.g., herbals)
 - 7. Limitations of pharmacological pain management modalities

- B. Non-Pharmacological Treatments
 - 1. Physical (e.g., active and passive activities, exercise, massage, thermal, positioning, sleep hygiene)
 - 2. Cognitive/Behavioral
 - 3. Spiritual care
 - 4. Environmental considerations (e.g., lighting, noise, comfort, temperature)
 - 5. Biopsychosocial model
 - 6. Complementary and alternative therapies (e.g., magnets, acupuncture, chiropractic, energy therapies, homeopathy)
 - 7. Limitations of non-pharmacological pain management modalities

- C. Principles of pharmacologic and non-pharmacological management (e.g., patient safety, match to drug to intensity, individualized regimen, equianalgesia, titration and rotation, scheduled dosing, least invasive first, multimodal approach, breakthrough pain)

- D. Side effects and adverse effects of pharmacologic and non-pharmacologic interventions
 - 1. Prevention
 - 2. Assessment
 - 3. Management
 - 4. Difference between allergic reaction, side effect, adverse effect
 - 5. Tolerance

IV. Patient/Family Education and Collaboration (32%)

- A. Clinical Application of Teaching and Learning
 - 1. Teaching and learning strategies (e.g., age appropriate learning, visual and verbal learning, demonstration learning)
 - 2. Evaluation of comprehension and competency

- B. Communication
 - 1. Barriers (e.g., literacy, sensory impairment, cognitive impairment, language, developmental stage)
 - 2. Therapeutic communication and interview skills

- C. Interdisciplinary Collaboration
 - 1. Goal-setting (e.g., patient, inter-disciplinary)
 - 2. Advocacy (e.g., appropriate consultation, referrals, roles and responsibilities of other professionals)
 - 3. Crisis management (e.g., suicide, financial)

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