

THE AMERICAN BOARD OF NEUROSCIENCE NURSING



Stroke Certified Registered Nurse (SCRN)TM

2019 Recertification Handbook

For SCRNs initially certified in 2019

Application Deadline for Recertify by Exam: August 1, 2019*
Application Deadline for Recertify by CE: October 1, 2019*

Late Fee Deadline: January 31, 2020

No applications will be accepted after 5:00 PM (Central), January 31, 2020

*Applications must be received at the ABNN Office by 5:00 pm Central Time.
Application forms must be completed on the web and printed if submitting by check.

The American Board of Neuroscience Nursing
8735 W. Higgins Rd. Suite 300
Chicago, IL 60631
Toll-free: 888-557-2266 | 847-375-4733 | Fax: 847-375-6430
www.ABNNcertification.org
info@abnncertification.org

American Board of Neuroscience Nursing Recertification Program

Duration of Certification

SCRN certification is recognized for a period of five (5) years. The actual expiration date of a SCRN certificate is December 31st of the 5th complete year after certification (i.e., certification of SCRNs initially certified in 2014 expires on December 31, 2019). To renew certification, the certificant may either apply to retake the certification exam or submit documentation of the required continuing education hours related to stroke care. Early in the year that his or her certification expires, ABNN will notify candidates that their certification is due. **However, it is ultimately the responsibility of the SCRN to initiate the recertification process as well as to provide ABNN with current contact information.**

Eligibility for Recertification

- Current licensure as a registered nurse in the United States or Canada.

OPTION 1

4,160 practice hours that includes the care of stroke patients in the past 5 years (equivalent to 2 years full-time work)

and

Retaking of the certification exam

OPTION 2

4,160 practice hours that includes the care of stroke patients in the past 5 years (equivalent to 2 years full-time work)

and

50 continuing education hours (see following pages for specific categories)

OPTION 3

2,500 practice hours that includes the care of stroke patients in the past 5 years (part-time)

and

75 continuing education hours (see following pages for specific categories)

- Stroke nursing practice includes clinical practice, consultation, research, administration or education in the stroke field.
- An approved CE offering or program is one approved by a state or national organization authorized to grant continuing education credit such as the American Nurses Association, the National League for Nursing, the American Association of Neuroscience Nurses, a state nurses association, a state board of nursing, or a hospital or other institution accredited as a provider by a national or state nursing organization, such as the American Nurses Credentialing Center (ANCC). In the event the application lists attendance at a seminar not meeting this definition, additional documentation is required.
- **Candidates for recertification who select Option 1 and fail the examination may not then recertify with continuing education hours.**

Options 2 & 3: Recertification by Continuing Education (CE) Hours Credit

The activities documented must pertain to the application or dissemination of knowledge that the certified stroke nurse is required to know to stay current in practice. All items submitted for CE credit, regardless of category, **must** be stroke-related. Any item that is not stroke-related will not be accepted. There are six categories of CE eligible for recertification credit:

Category 1: Stroke Nursing Education

Category 2: Program or Project Activities

Category 3: Research

Category 4: Teaching

Category 5: Publication

Category 6: Involvement in Professional Organizations

Of the required CE hours, a **minimum** of twenty (**20**) under Option 2 or thirty (**30**) under Option 3 must be in Category 1. **All 50 (75) CE hours may be obtained in Category 1.** Or, once the required CE for Category 1 is obtained, the remaining CE can be earned in any and all of the other five categories. Examples of acceptable CE activities broken down by category are listed below.

Category 1: Stroke Nursing Education. A **minimum** of twenty (**20**) under Option 2 or thirty (**30**) under Option 3 CE hours must be attended in stroke nursing courses approved by state or national organizations authorized to grant nursing continuing education credit, a state board of nursing, or an institution accredited to grant approval by a national or state nursing organization.

The following examples can be submitted for CE under Category 1: Stroke Nursing Education

- a. Courses attended with DOCUMENTED stroke nursing content approved or accredited by ANCC (e.g., the AANN annual meeting), state boards of nursing, AACN, Association of Rehabilitation Nurses, or other nursing CE approvers.
- b. Stroke nursing home study courses approved by similar accrediting bodies.
- c. Internet or on-line Stroke nursing courses approved as above (e.g., AANN's on-line *JNN* articles).
- d. Courses taken for academic credit from an accredited college or university and specific to stroke. One quarter credit hour equals ten (10) CE hours. One semester credit hour equals fifteen (15) CE hours.
- e. Stroke CMEs. One CME equals one (1) CE hour.

If you attended a course that was only partially or not clearly stroke-related, or the title of the course does not explicitly indicate stroke content, submission of a course outline is required to enable the determination of the appropriate amount of stroke nursing credit. For example, a course titled "2006 Critical Care Update" may contain some stroke content, but based on the title alone this will not be clear to the reviewer unless a course syllabus or outline is submitted.

Please see the exam content outline on pages 8-11.

For all attendance or home study activities, each of the following equals **one (1) CE hour**:

- 60 minutes of lecture
- 0.1 continuing education unit (CEU)
- 1 continuing education recognition point (CERP)

Applicants wishing to count programs/courses that do not carry accredited nursing CE or medical CME credit must include the full name and description of the program, including its specific stroke content (e.g., "grand rounds" does not qualify).

Category 2: Program or Project Activities. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

- a. Service on a stroke-related committee for 1 year = 3 CE
 - includes committees that are institutional or employer-based
- b. Development of a stroke teaching tool for patients or staff = 3 CE
- c. Development of a QI project related to care of stroke patients = 3 CE (maximum 10 per year)
- d. Development of an original policy/procedure or competency-based tool related to the care of stroke patients = 3 CE
- e. Facilitation of a stroke-related support group for 1 hour = 1 CE (maximum of 7 per year)

Category 3: Research. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

- a. PhD dissertation (subject matter must be applicable to care of stroke patients) = 25 CE
 - Committee letter documenting completion and approval required.
- b. Master's thesis (subject matter must be applicable to care of stroke patients) = 15 CE
 - Committee letter documenting completion and approval required.

- c. Grant proposal submission related to stroke care = 10 CE (maximum of 10 per year)
- d. Research project implementation (including data collection and recruitment) performed within the stroke population for 1 year = 5 CE

Category 4: Teaching. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

- a. Presentation of stroke content at a conference or class for 60 minutes = 2 CE (maximum of 10 per year)
- b. Poster presentation of stroke content at conference = 2 CE
- c. Development and teaching of an academic course related to care of stroke patients for 1 semester credit hour = 15 CE
- d. Development and teaching of an academic course for related to care of stroke patients for 1 quarter credit hour = 10 CE
- e. Precepting a new stroke nurse for 80 hours = 10 CE

Category 5: Publication. Some items in this category have maximums for the recertification cycle. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

- a. Writing or editing a chapter in a text = 10 CE (maximum of 40 per recertification cycle)
 - The chapter submitted for CE credit must be stroke-related, although the text it is included in may not be exclusively made up of stroke content.
- b. Publication of a stroke article in a peer reviewed journal = 5 CE (maximum of 20 per recertification cycle)
- c. Manuscript review of one stroke-related article for publication in the *Journal of Neuroscience Nursing* or other peer-reviewed journal = 3 CE (maximum of 20 per recertification cycle)
- d. Publication of an article written for a local journal or newsletter related to the care of stroke patients = 5 CE

Category 6: Involvement in Professional Organizations. Some items in this category have maximums for the recertification cycle. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

- a. Service on the board of ABNN, the American Association of Neuroscience Nurses (AANN), or the Neuroscience Nursing Foundation (NNF) for one (1) year = 7 CE (maximum of 21 per recertification cycle)
- b. Development of five (5) SCRN items = 3 CE hours (maximum of 9 per recertification cycle)
- c. Serving on ABNN's SCRN Test Development Committee (TDC) for one (1) term (3 years) = 30 CE
- d. Serving on ABNN's SCRN Re-referencing Committee for one (1) year = 10 CE
Note: Assignment must be completed. No CE will be given for partial work.
- e. Volunteer/medical work for patient support organizations and/or missions that serve the stroke patient population for one year = 7 CE (maximum of 21 per recertification cycle)
- f. Committee member related to the care of stroke patients at the national or local level for one year = 7 CE (maximum of 21 per recertification cycle)

If submitted CE hours are not specifically listed in any of the categories above, you may be asked to submit supporting documentation.

Recertification Application Fees (Non-Refundable)*

Applications submitted before the deadline of **October 1, 2019** must pay the following fee:

	AANN Member	Non-Member
Online – Credit Card	\$275	\$385
Online – Check	\$300	\$410

Applications received between **October 2, 2019** and **January 31, 2020** must pay the following fee:

	AANN Member	Non-Member
Online – Credit Card	\$360	\$470
Online – Check	\$385	\$495

If you are unable to pay by credit card, the check or money order in U.S. dollars payable to the **American Board of Neuroscience Nursing (ABNN)** must be submitted with the reference number received with the online application. Applications will not be processed without the accompanying fee. **The application fee is not refundable.** Applications must be submitted at the national office by 5:00pm Central Time on Tuesday, October 1, 2019. **Applications received at the national office after 5:00pm Central Time October 1, 2019 are subject to a late fee of \$85. Applications including the late fee will be accepted at the national office only through 5:00pm Central Time, January 31, 2020. No applications will be accepted after this date.**

Application Instructions (Available June 2019)

Please follow the instructions below to complete your recertification application.

1. Visit www.abnncertification.org and click 'Certification Center'.
2. Log-in to your certification center:
 - **IMPORTANT: Do NOT create a new account.** Since you are due to renew, you already have an account in our system. If you click create a new account, it will prevent you from being able to complete your recertification application. If you do not remember your username and/or password, please click on the links provided and an email will be sent to you to reset. If you need assistance with your username or password, please contact Customer Service at 847-375-4733.
3. Click on "Apply" for SCRNs Recertification in your Current Applications (opens June 1, 2019)
4. Follow each step to complete your recertification application.
5. You have the ability to save your work before moving on to the next tab and are able to come back to your previously started application.

If submitting a check, please fill out the online application, hit "Pay by check" and mail your check along with reference number to:

**ABNN Recertification Program
PO Box 3781
Oakbrook, IL 60522-3781**

For applications received by the October 1st deadline, **notification of your recertification status will be sent to you by the first week in December 2019.** If it is found that you do not have the required number of CEs to recertify, you will be notified. Efforts will be made to provide enough time prior to December 31, 2019, to earn additional CE if you choose. Applicants submitting their forms after the October 1 deadline will likely not receive notification of additional CE needed to be earned prior to December 31, 2019. Late applicants will be notified of their recertification status no later than February 29, 2020. A new certificate and wallet card will be issued to applicants who meet all criteria and requirements specified herein.

If you need assistance completing the application or have questions about the status of your application, contact ABNN at the address above or call 888-557-2266 or 847-375-4733.

Application Audits

Each year the ABNN randomly selects 10% of applications to be audited. If your application is selected for audit, you will be requested to send the documentation for all listed CE activities within 21 days of notice of your audit. Be prepared to submit a photocopy of every CE certificate and written documentation of other activities (e.g., table of contents of journal showing you as author of an article; school transcript, etc.). If a CE program you attended does not meet the definition of an approved program, submit a copy of the behavioral objectives and an outline of the content (e.g., a program brochure) in addition to a copy of the CE certificate.

Denial of Application and Appeal

Approval of recertification will be denied if the applicant is deemed ineligible for continued certification, or if documentation does not meet the requirements listed. Falsification of the application, as well as failing to submit the required CE verification is grounds for denial of recertification. Applicants denied recertification will be notified in writing of the specific reason.

In the event an application for recertification is denied, the decision can be appealed to the ABNN Appeals Committee. Should you wish to appeal the decision you must notify ABNN in writing at 8735 W. Higgins Rd., Suite 300, Chicago, IL 60631, within 21 days of the postmarked date on the letter informing you of the denial.

Any applicant whose application for recertification is denied approval will be sent information about how to appeal the decision, including steps in the appeal process and additional information required.

Candidates with insufficient CE hours to recertify will **not** receive a refund. Candidates who are unsuccessful in recertifying by exam are not eligible for any fee refund.

ABNN SCR N EXAM

(Based on 2016-2017 Role Delineation Study)

Disorders - Detailed Content Outline

I. Anatomy, Physiology, and Etiology of Stroke (31 items)

- A. Correlate deficits or expected complications to site of injury.
- B. Identify physiologic changes at the cellular level (e.g., penumbra).
- C. Apply knowledge of basic vascular anatomy to stroke symptoms.
- D. Apply knowledge of basic brain structures.
- E. Recognize stroke syndromes (e.g., Middle Cerebral Artery Syndrome, Homer's Syndrome, Wallenberg Syndrome).
- F. Identify associated stroke disorders (e.g., etiology).
- G. Understand stroke mimics.
- H. Define stroke types (e.g., ischemic, hemorrhagic).
- I. Understand the role of neuroplasticity in stroke recovery.

II. Hyperacute Care (35 items)

- A. Initial triage
 1. Communicate with pre-hospital personnel.
 2. Assess ABCs.
 3. Establish chief complaint.
 4. Identify stroke signs and symptoms.
 5. Activate the stroke response team (e.g., chain of survival).
- B. Implement door to treatment times (e.g., protocol and pathways).
- C. Assessment
 - a. Facilitate urgent diagnostics.
 - b. Collect focused medical history.
 - c. Perform baseline neuro assessment.
 - d. Understand implications of various stroke scores (e.g., NIHSS, Hunt and Hess, GCS, ABCD 2, ICH).
- D. Treatment considerations
 - a. Maintain oxygenation.
 - b. Maintain hydration.
 - c. Assess swallow ability.
 - d. Manage blood pressure.
 - e. Manage blood glucose.
 - f. Manage medications.
- E. Thrombolytic therapy
 1. Calculate dosing.
 2. Identify inclusion and exclusion criteria.
 3. Administer thrombolytic therapy per protocol.
 4. Provide post-administration care.
 5. Identify post-administration complications.
- F. Patient disposition
 - a. Stabilize patients for admission or transfer.
 - b. Identify appropriate level of care (e.g., stroke unit, certified stroke center).
- G. Describe and facilitate advanced interventions for ischemic strokes (e.g., mechanical embolectomy, intra-arterial thrombolysis, hemicraniectomy).
- H. Describe and facilitate interventions for hemorrhagic strokes.
 1. Correct coagulopathy.
 2. Use reversal agents for anticoagulation.
 3. Understand need for ventriculostomy.

4. Manage ICP.
5. Understand surgical decompression.

III. Acute Care (46 items)

A. Generalized stroke care

1. Assessment

- a. Conduct comprehensive assessment, including neurological examination (e.g., NIHSS, GCS).
- b. Correlate patient's history with signs and symptoms.
- c. Prioritize patient's needs based on assessment (e.g., seizure prophylaxis, communication abilities, mobility).
- d. Facilitate diagnostic tests according to stroke guidelines (e.g., echo, MRI, carotid studies, lab work).
- e. Monitor patient safety before, during, and after procedures.

2. Plan of Care

- a. Collaborate with the multidisciplinary team.
- b. Monitor, report, treat, and document:
 - i. Neuro assessments and vital signs
 - ii. Cardiac rate and rhythm
 - iii. Oxygenation and ventilation
 - iv. Pain
 - v. Blood glucose
 - vi. Body temperature
 - vii. Increased intracranial pressure (ICP)
- c. Implement safety measures:
 - i. Aspiration precautions
 - ii. Fall precautions
 - iii. Seizure precautions
 - iv. Skin precautions
 - v. Infection prevention protocols
 - vi. VTE prophylaxis
 - vii. Stress ulcer prophylaxis
- d. Provide care measures to address:
 - i. Patient positioning (e.g., affected extremities, splinting, turning)
 - ii. Early mobilization
 - iii. Range of motion
 - iv. Elimination (i.e., bowel and bladder management)
 - v. Activities of daily living (ADLs)
- e. Therapeutic environment:
 - i. Establish appropriate levels of stimulation.
 - ii. Provide orientation measures.
 - iii. Establish alternative means of communication if necessary.
 - iv. Adapt environment according to patient's deficit.
 - v. Promote sleep hygiene (e.g., light, noise).
- f. Spiritual and psychosocial care:
 - i. Encourage verbalization of feelings.
 - ii. Identify positive coping mechanisms.
 - iii. Respect patient's culture.
 - iv. Assess patient's healthcare beliefs.
 - v. Facilitate patient's spiritual needs.
 - vi. Assess and manage depression, anxiety, and fatigue.
- g. Facilitate care goals and decision making regarding:

- i. Discharge planning
 - ii. Palliative care
 - iii. End-of-Life care
 - h. Provide individualized education to patients and caregivers.
 - i. Manage nutrition (i.e., specialty diets, consistency of diet, alternate forms of feeding)
 - 3. Quality stroke metrics
 - a. Participate in quality improvement projects.
 - b. Facilitate compliance with quality metrics (e.g., VTE prophylaxis, patient perception of care).
- B. Ischemic stroke**
- 1. Facilitate diagnostic studies.
 - 2. Manage blood pressure (e.g., permissive hypertension, orthostatic hypotension).
 - 3. Recognize signs of reperfusion syndrome.
 - 4. Manage hydration (e.g., IV solutions, oral fluid intake).
 - 5. Manage and assess patient post-thrombolytic administration:
 - a. Frequency of monitoring
 - b. Angioedema
 - c. Hemorrhagic conversion
 - d. Other bleeding
 - 6. Manage patients following interventional procedures:
 - a. Site and distal extremity assessment
 - b. Complications (e.g., hematoma, arterial dissection, arterial thrombosis, pseudo-aneurysms, bleeding)
 - 7. Understand treatment options:
 - a. Endovascular management (e.g., arterial stenting)
 - b. Patent foramen ovale (PFO) management
 - c. Atrial fibrillation management
 - d. Surgical intervention (e.g., carotid endarterectomy, craniectomy)
 - e. Medical management
- C. Hemorrhagic stroke**
- 1. Facilitate diagnostic studies.
 - 2. Monitor and mitigate vasospasm (e.g., transcranial Doppler, angiography, medications).
 - 3. Manage fluid and electrolyte balance (e.g., sodium, magnesium, osmolarity).
 - 4. Manage blood pressure:
 - a. Aneurysmal subarachnoid
 - b. Intracerebral hemorrhage
 - 5. Understand treatment options:
 - a. Endovascular management (e.g., coiling, embolization)
 - b. Surgical intervention (e.g., clipping, craniotomy and craniectomy)
 - c. CSF diversion
 - d. Ventriculostomy
 - e. Shunt
 - f. Medical management

IV. Post-acute Care (19 items)

- A. Define roles of the multidisciplinary team.
- B. Understand levels of rehabilitative care (e.g., acute rehab, subacute rehab, home health, outpatient rehab).
- C. Facilitate referrals to community resources (e.g., support group).
- D. Identify and manage rehabilitation issues (e.g., spasticity, cognition, psychosocial, dysphagia, elimination).
- E. Multidisciplinary plan of care
 - 1. Involve patient and caregivers in decision making and care plan.
 - 2. Identify goals for rehabilitation.

3. Assist patient in performing ADLs.
 4. Collaborate regarding medication management.
 5. Facilitate the discharge planning process.
 6. Demonstrate transfer techniques and assistive devices.
 7. Assist patient toward maximum functional capacity.
 8. Involve patient in activities that will enhance self-esteem.
 9. Use assessment scales (e.g., modified Rankin, Barthel, Functional Independence Measure [FIM]).
 10. Assess caregiver dynamics.
 11. Assess psychosocial impact of stroke.
- F. Provide and reinforce stroke education:
1. Risk factor management
 2. Home care
 3. Environmental safety
 4. Activity and exercise
 5. Medication regimen
 6. Signs and symptoms requiring activation of EMS
 7. Signs and symptoms requiring medical follow-up
 8. Nutrition

V. Primary and Secondary Preventative Care (19 items)

- A. Assessment
1. Identify modifiable and non-modifiable risk factors.
 2. Review diagnostic study results (e.g., imaging, laboratory).
- B. Plan of Care
1. Individualize the plan of care.
 2. Provide education about stroke, lifestyle changes, and medical exams.
 3. Identify patients' limitations to care treatments (e.g., financial, social).
 4. Collaborate with multidisciplinary teams.
 5. Provide information about medication management.
- C. Community health education
1. Provide education on stroke risk factors, symptoms, and activation of EMS.
 2. Identify community resources for stroke prevention.
 3. Provide patients with community resources for stroke prevention.
 4. Recommend patients identified as high risk for a stroke to see a medical provider.