

XXVII. ABNN CNRN EXAM

(Based on 2019 Job Analysis Study)

Disorders - Detailed Content Outline

I. Trauma (30 items)

- A. Traumatic Brain Injury
 - 1. Blast, blunt, penetrating
 - 2. Diffuse Axonal Injury
 - 3. Contusions/Concussions
 - 4. Fractures (e.g., skull, spinal column)
- B. Hematoma/Hemorrhage
 - 1. Acute and Chronic Subdural
 - 2. Epidural
 - 3. Intracerebral
 - 4. Traumatic subarachnoid
- C. Spinal Cord Injury

II. Cerebrovascular (50 items)

- A. Ischemic Stroke
 - 1. Thrombotic
 - 2. Embolic
 - 3. Lacunar
- B. Hemorrhagic Stroke
 - 1. Intracerebral hemorrhage
 - 2. Subarachnoid hemorrhage
 - 3. Intraventricular hemorrhage
 - 4. Hemorrhagic conversion
- C. Transient Ischemic Attack
- D. Cerebral Venous Sinus Thrombosis
- E. Vascular Anomalies
 - 1. Aneurysm (Cerebral vasospasm)
 - 2. Arteriovenous malformation
 - 3. Arteriovenous fistula
 - 4. Carotid stenosis
 - 5. Cavemous angiomas
 - 6. Carotid dissection
 - 7. Vertebral dissection
 - 8. Moya Moya
- F. Anoxic Injury

III. Tumors (26 items)

- A. Brain Tumors
 - 1. Neuroepithelial Tissue (e.g., glioblastoma, astrocytoma, oligodendroglioma, embryonal tumors)
 - 2. Cranial and Spinal Nerves (e.g., schwannoma, acoustic neuroma, neurofibroma)
 - 3. Meningioma (e.g., spinal cord, intracranial)
 - 4. Hematopoietic (e.g., lymphomas, hemangioblastomas)
 - 5. Endocrine (e.g., craniopharyngioma, pineal, pituitary)
 - 6. Metastatic (e.g., Leptomeningeal spread)

- B. Spinal Cord Tumors
 - 1. Primary (e.g., ependymoma, glioma)
 - 2. Metastatic

IV. Infection and Immune Complications (22 items)

- A. Abscesses
- B. Meningitis
- C. Encephalitis
- D. Amyotrophic Lateral Sclerosis
- E. Bell's Palsy
- F. Demyelinating Polyneuropathy
 - 1. Guillain-Barré
 - 2. Acute Disseminating Encephalomyelitis (ADEM)
 - 3. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- G. Multiple Sclerosis
- H. Myasthenia Gravis
- I. Encephalopathies (e.g., toxic, metabolic, PRES)

V. Neurodevelopmental Conditions (10 items)

- A. Cranial/Cerebral Defects (e.g., craniosynostosis, plagiocephaly, microcephaly, anencephaly)
- B. Chiari Malformation
- C. Hydrocephalus (e.g., congenital)
- D. Congenital Brain and Spinal Cord Anomalies

VI. Neurological Disorders (62 items)

- A. Partial, Generalized, Status Epilepticus, Non-epileptic Seizures
 - 1. Idiopathic
 - 2. Symptomatic
 - 3. Provoked
 - 4. Cryptogenic
- B. Headaches
 - 1. Acute
 - 2. Chronic
- C. Hydrocephalus (e.g., communicating, non-communicating, normal pressure)
- D. Pseudotumor Cerebri
- E. Pain
 - 1. Acute
 - 2. Chronic
 - 3. Neuropathic pain (e.g., trigeminal neuralgia, peripheral neuropathy)
- F. Dementia
 - 1. Alzheimer's disease
 - 2. Vascular
 - 3. Lewy body
 - 4. Age related memory loss
 - 5. Sundown syndrome
- G. Delirium
- H. Movement Disorders
 - 1. Parkinson's Disease
 - 2. Dystonia

- 3. Benign essential tremor
- I. Chemical Dependency
- J. Degenerative Spine Disease
 - 1. Degenerative disc disease
 - 2. Vertebral compression fractures
 - 3. Lumbar spondylolisthesis
 - 4. Spinal stenosis
 - 5. Herniated nucleus pulposus
- K. Peripheral Nerve Injury

I. Physiological (54%)

A. Activity and Self-care

1. Rehabilitation (e.g., physical therapy, occupational therapy, speech therapy)
2. Neurological positioning for optimal, appropriate body alignment
3. Stabilize and immobilize (e.g., halo devices, TLSO brace, splints, cervical collars)
4. Skin care for complication prevention and wound healing

B. Bowel and Bladder Management

C. Nutrition

1. Dysphagia screening
2. Nutritional monitoring
3. Nausea and vomiting management

D. Comfort Promotion

1. Environmental management
2. Pain management modalities

E. Metabolic Management

1. Acid base
2. Fluid
3. Electrolytes
4. Glycemic management

F. Pharmacological Management

G. Neurological Management

1. Neurological assessments and monitoring
2. Diagnostic testing
3. Cerebral perfusion promotion
4. Cerebral edema management
5. Cerebral Spinal Fluid (CSF) drainage management (e.g., ventriculostomy, lumbar drain, shunts, Endoscopic Third Ventriculostomy)
6. Intracranial Pressure (ICP) monitoring and management
7. Device management (e.g., epilepsy monitoring, Vagal Nerve Stimulator, Deep Brain Stimulator, implantable pumps)
8. Dysreflexia management
9. Seizure precautions and management
10. Subarachnoid hemorrhage management
11. Tumor treating fields

H. Surgical Treatment and Management

1. Surgical indications and preparation
2. Postoperative care and prevention of complications
3. Procedural management (e.g., conscious sedation, interventional and bedside procedures)

I. Respiratory Monitoring and Airway Management

J. Thermoregulation

K. Cardiovascular Management

1. Bleeding precautions
2. Venous Thromboembolism (VTE) prophylaxis
3. Hemodynamic monitoring and management (e.g., dysrhythmia, blood pressure, shock)

II. Behavioral (21%)

- A. Cognitive Behavioral Therapy
 - 1. Overactivity/inattention/neglect modification
 - 2. Self-harm prevention
 - 3. Anxiety reduction
 - 4. Sleep hygiene and promotion
 - 5. Substance abuse treatment (e.g., alcohol/drug withdrawal, smoking cessation)
 - 6. Cognitive stimulation (e.g., memory training, speech therapy)
- B. Health Education
 - 1. Disease process
 - 2. Procedure/treatment
 - 3. Individual risk factors (e.g., activity/exercise, diet, medication, substance abuse)
 - 4. Community resources (e.g., support group)
 - 5. Psychomotor skills
 - 6. Patient specific discharge education

III. Quality of Life (12%)

- A. Coping Assistance
- B. Family
 - 1. Caregiver support
 - 2. Patient/family-centered care
- C. Culture (e.g., cultural competence, spiritual and religious support)
- D. Ethics
- E. Organ Donation
- F. Palliative Care
- G. End of Life

IV. Patient Safety (8%)

- A. Identification of Neurological Decline
- B. Abuse Protection and Support
- C. Environment Safety Management (e.g., fall prevention, suicidal precaution)
- D. Infection Prevention
- E. Physical and Chemical Restraint

VI. Health System Management (5%)

- A. Collaboration
 - 1. Transfer of care (e.g., bedside handoff, intrafacility, temporary transfer)
 - 2. Multidisciplinary collaboration
- B. Professional Competence
 - 1. Evidence-Based Practice
 - 2. Research
 - 3. Quality Improvement
 - 4. Continuing Education

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Candidate ID Number _____

Name (Last, First, Middle Initial, Former Name) _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____

Daytime Telephone Number _____

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

_____ Reader

_____ Reduced distraction environment

_____ Extended examination time (time and a half)

_____ Other special accommodations are needed (please specify below)

Comments: _____

PLEASE READ AND SIGN: I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they related to the requested accommodation.

Signature _____ Date _____

Return this form with your Documentation of Disability-Related Needs form to:

PSI, 18000 W. 105th Street, Olathe, KS 66061-7543.

If you have any questions, call Candidate Services at 833.333.4755.

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since _____ / _____ / _____ in my capacity as a

Candidate Name

Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he or she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability:

Signed _____ Title _____

Printed Name _____

Address _____

Telephone Number _____

Date _____ License Number (if applicable) _____

Return this form with your Request for Special Examination Accommodations form to:

PSI, 18000 W. 105th Street, Olathe, KS 66061-7543.

If you have any questions, call Candidate Services at 833.333.4755.

REQUEST FOR DUPLICATE CNRN EXAMINATION SCORE REPORT

Directions: You may use this form to ask PSI, the testing agency, to send you a duplicate copy of your score report. This request must be postmarked no later than one year after the examination administration. Proper fees and information must be included with the request. Please print or type all information in the form below. Be sure to provide all information and include the correct fee, or the request will be returned.

Fees: \$25 U.S. Dollars per copy. Please enclose a check or money order payable in U.S. Dollars to PSI Services Inc. Do not send cash. Write your candidate identification number on the face of your payment.

Mail to: PSI

CNRN Examination
18000 W. 105th Street
Olathe, KS 66061-7543, USA

Amount enclosed: \$ _____

Examination Date: _____

Print your current name and address:

Name _____ Candidate ID _____
Street _____ City _____
State/Prov. _____ Zip/Postal Code _____ Country _____
Daytime Telephone (_____) _____ Fax (_____) _____
E-Mail _____

If the above information was different at the time you tested, please write the original information below:

Name _____ Candidate ID _____
Street _____ City _____
State/Prov. _____ Zip/Postal Code _____ Country _____
Daytime Telephone (_____) _____ Fax (_____) _____
E-Mail _____

Examination Date _____ Test Site _____

I hereby request PSI to send a duplicate copy of my score report to the first address shown above.

Candidate's Signature _____ Date _____