Hospice RN Exam Content Outline

Exam Objective
To measure the overall clinical knowledge of the RN in the Hospice Care setting.

Knowledge Domains: Hospice RN

Each question in this assessment is categorized by a cognitive level that the test taker would use to respond. These categories are:

**Recall**: The ability to recall or recognize specific information.

**Application**: The ability to comprehend, relate, or apply knowledge to new or changing situations.

**Analysis**: The ability to analyze and synthesize information, determine solutions, and/or evaluate the usefulness of a solution.

Content Outline

I. Advance care planning & goals of care
A. Knowledge of the components of advance care planning discussions such as: Treatment preferences, communicating of wishes to family, completing advance directives, etc.

B. Knowledge of when is the most appropriate time advance care planning should be initiated and the important goals the patient and family wants to achieve.

C. Knowledge of the different types of documents used in advance care planning such as: Living will, Advance Healthcare Directives, DPOA, etc.

II. Care coordination across care settings

A. Knowledge of when to notify hospice nurse for acute symptoms management.

B. Knowledge of how to provide appropriate hospice and palliative care for adult individuals with intellectual and development disabilities.

C. Knowledge of the different cultural needs of hospice patients and how to effectively address such needs.

D. Knowledge of the process on how to discontinue hospice care as well as the appropriate action by the nurse when the patient is transported to the emergency room.

E. Knowledge of which governing body guides the conduct and ethical principles for professional nursing practice in the clinical setting.

III. Care coordination among the IDT

A. Knowledge of professionals that participate in interdisciplinary team meetings and assist in management of care plan, including but not limited to family members, physician, hospice nurse, social worker, pharmacist, chaplain, etc.

B. Knowledge of the different roles and responsibilities of each interdisciplinary team members such as: assisting with community resources, mitigating conflicts, offer bereavement services, etc.

C. Knowledge of the length of bereavement services offered by hospice care.

IV. Care for individual who is imminently dying

A. Knowledge of the different signs and symptoms of a patient who is imminently dying including but not limited to:
   1. Bluish discoloration and mottling of lower extremities
   2. Use of accessory muscles to breathe
3. “Death rattle”
4. Restlessness secondary to constipation
5. Fecal impaction
6. Urinary retention
7. Incontinence
8. Delirium
9. Dysphagia

B. Knowledge of the use of pharmacological and non-pharmacological interventions commonly used during the final days of life. For example: haloperidol (Haldol) for treating delirium and the use of fan/open window for dyspnea.

V. Disease patterns and hospice eligibility

A. Knowledge of the most common symptom of spinal cord compression.

B. Knowledge of the various criteria that determines hospice eligibility including but not limited to:
   1. Intractable sepsis
   2. Bed to chair existence
   3. Cancer patient with a rapid decline in function
   4. Late stage Alzheimer’s disease
   5. Cancer patient with metastases
   6. End-Stage Liver Disease (ESLD)
   7. Stage IV Pancreatic cancer
   8. CHF patient with severe shortness of breath

VI. Grief, Loss, and family support

A. Knowledge of the phases of grief (i.e. crying, irritability, etc.).

B. Knowledge of the different types of grief (i.e. complicated grief, etc.)

C. Knowledge of the different resources available to caregiver to avoid fatigue or illness (i.e. Respite care, use of hospice aide, etc.).

D. Knowledge of how to address the patient’s spiritual needs while in hospice care such as allowing them to talk about beliefs, notify the chaplain, etc.

E. Knowledge of therapeutic communication techniques when patient talks about death and dying.

F. Knowledge of Kubler Ross’s five stages of death and dying
1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

VII. Hospice documentation, meetings, and supervision
   A. Knowledge of how often a hospice interdisciplinary team reviews the hospice plan of care.
   B. Knowledge of frequency in supervision by the RN to the hospice aide.
   C. Knowledge of when face-to-face visit is required following election of Medicare hospice benefit.
   D. Knowledge of recertification notes used by the nurse for interdisciplinary team meetings.
   E. Knowledge of the maximum time a hospice RN needs to perform the initial patient assessment after an individual elect’s hospice care.
   F. Knowledge of rationale for using electronic documentation in hospice care nursing.
   G. Knowledge of Medicare element required on a hospice patient medication profile such as: drug side effects, allergies, etc.
   H. Knowledge of the maximum time allowed to complete the hospice comprehensive assessment after a patient elect hospice care.

VIII. Medication management and titration
   A. Knowledge of the importance of laxatives and stool softeners when hospice patients increase their opioid medication.
   B. Knowledge of the dosing principles between short-acting and long-acting opioid pain medication.
   C. Knowledge of when to increase the dose of transdermal opioid medications.
   D. Knowledge of the signs and symptoms of opioid withdrawal (ex: diaphoresis, nausea, anxiety, etc.)
   E. Knowledge of which medication route is prioritized in palliative pain management.
   F. Knowledge of which drug class is used for fatigue related to chronic disease in the hospice care setting.
G. Knowledge of situations and when to notify hospice pharmacist (i.e. switching medication from tablet to liquid form, medication change times, etc.)

H. Knowledge of the purpose and side-effects of the most commonly used medications in the hospice setting including but not limited to:
   1. lorazepam (Ativan)
   2. fentanyl (Duragesic)
   3. haloperidol (Haldol)
   4. morphine sulfate controlled-release (MS Contin)
   5. dexamethasone (Decadron)
   6. atropine (Atropine opthalmic)
   7. ondansetron (Zofran)
   8. morphine oral solution (Roxanol)

IX. Pain and symptom management
   A. Knowledge of treating dyspnea with liquid opioid medication if not contraindicated.
   B. Knowledge of the different classes of pain such as: neuropathic, nociceptive, etc.
   C. Knowledge of the goal of pharmacological interventions in the hospice care setting (i.e. decrease secretions, pain control, etc.)
   D. Knowledge of polypharmacy in pain management goals used in the hospice care setting.
   E. Knowledge of the most common palliative radiation and chemotherapy side-effects such as diarrhea, nausea, vomiting, etc.
   F. Knowledge of nonpharmacologic intervention for nausea and vomiting such as: providing room temperature foods, relaxation, etc.

X. Safety & infection control
   A. Knowledge of safety precautions when keeping home medications such as: lock box for controlled medications, lock box in the refrigerator to prevent medication access by children, etc.
   B. Knowledge of different patient precautions for safety such as:
      1. Aspiration precautions
      2. Bleeding precautions
3. Seizure precautions
4. High-fall risk precautions
C. Knowledge of principles of patient privacy and HIPAA guidelines.
D. Knowledge of environmental modifications to prevent falls such as: removal of area rugs, using handrails during bathroom use, etc.
E. Knowledge of principles of preventing infection:
   1. Proper hand hygiene protocols
   2. Use of personal Protective Equipment (PPE)
   3. Different types of isolation precautions in the hospice care setting such as standard, droplet, contact, etc.
   4. Proper disposal of wound dressing saturated with blood
   5. Proper disposal of used needles

XI. Wound & skin care
   A. Knowledge of care for non-ambulatory and ambulatory patients including but not limited to:
      1. Prevention and treatment of skin breakdown
      2. Wound and incision dressing changes
      3. Pressure injury classification and or staging
   B. Knowledge of the different interventions on how to prevent skin breakdown such as: floating patient heels with the use of pillows, patient use of low-air loss mattress, etc.