Psychiatric RN (Acute) Exam Content Outline

Exam Objective
To measure the overall clinical knowledge of the RN in the Psychiatric (Acute) Care setting.

Knowledge Domains

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<th>Knowledge Domains: Psychiatric RN</th>
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<td>Adult Neuro/Psychiatric Assessment</td>
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<td>Patient Care &amp; Education</td>
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<td>Safety &amp; Infection Control</td>
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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. Adult Neuro/Psychiatric Assessment
   A. Knowledge of normal and abnormal psychiatric assessments commonly seen in the psychiatric setting, including but not limited to:
      1. Paranoid Personality Disorder
      2. Alcohol withdrawal
      3. Delusions of Grandeur
      4. Delusions of Persecution
      5. Alzheimer's disease
      6. Acute Delusions
      7. Dementia
      8. Neuroleptic Malignant Syndrome
      9. Hallucinations
      10. Post-Traumatic Stress Disorder (PTSD)
      11. Bipolar Disorder
   B. Knowledge of which body system to assess first after a patient came back from Electroconvulsive treatment (ECT).
   C. Knowledge of positive and negative signs of schizophrenia disorder.
   D. Knowledge of factors associated with the development of post-traumatic stress disorder (PTSD).

II. General Knowledge
   A. Knowledge of the different types of eating disorders such as anorexia nervosa, bulimia nervosa, etc.
   B. Knowledge of which type of psychosis has a rapid onset.
   C. Knowledge of the different types of phobias (ex: claustrophobia).
   D. Knowledge of the different types of neurological disorder (ex: agnosia).
   E. Knowledge of the “5 Rights of Delegation” used in the healthcare setting (ex: Right task, Right supervision, Right person, etc.).
   F. Knowledge of the different types of diagnostic procedures and their contraindications used in the psychiatric setting (ex. CT with or without contrast).
G. Knowledge of the different types of caregiver support programs available for caregivers providing direct patient care to patients (ex: respite care, adult day care services, etc.)

H. Knowledge of the different types of delusions such as:
   1. Delusion of grandeur
   2. Delusion of persecution
   3. Delusion of reference

III. Patient Care & Education
   A. Knowledge of the different types of nursing diagnosis commonly used in the psychiatric setting including but not limited to: Risk for injury, Risk for falls, etc.
   B. Knowledge of the purpose of Electroconvulsive therapy (ECT) and the different side-effects after treatment such as: confusion, memory loss, etc.
   C. Knowledge of the plan of care for patients with eating disorders such as: anorexia nervosa, bulimia nervosa, etc.
   D. Knowledge of monitoring normal and abnormal lab parameters associated with medication administration such as: WBC count, Potassium level, etc.

IV. Professional/Ethical Issues
   A. Knowledge of personal boundary issues between patient and healthcare provider in the psychiatric setting.
   B. Knowledge of principles and protocols for advance healthcare directives.
   C. Knowledge of principles of cultural diversity and protocols for communicating with non-English speaking patients.
   D. Knowledge of principles of resident privacy and HIPAA guidelines.
   E. Knowledge of prioritizing resident assessments.
   F. Knowledge of principles for obtaining informed consent.
   G. Knowledge of therapeutic communication for patients with suicidal ideation and psychological conditions.
   H. Knowledge of common nursing interventions that accompany suicidal precautions.
   I. Knowledge of resident care plan and the ability to individualized to specific needs of each patient.
V. Psychiatric Pharmacology
   A. Knowledge of the “Six Rights” of medication administration.
   B. Knowledge of medication administration principles:
      1. Drug classifications, indications/contraindications
      2. Dietary considerations/contraindications
      3. Baseline vital signs
      4. Use of at least two appropriate resident identifiers
   C. Knowledge of medication contraindications related to known drug allergies.
   D. Knowledge of medication adverse effects/side-effects due to long-term use such as: tardive dyskinesia, orthostatic hypotension, pseudoparkinsonism, etc.
   E. Knowledge of medication considerations related to diagnostic tests using contrast dye.
   F. Knowledge of commonly used drug class used in the psychiatric setting such as:
      1. Anxiolytics
      2. Antipsychotic
      3. Antidepressants
      4. MAOIs
      5. SSRIs
      6. Benzodiazepines
      7. Psychostimulants
      8. Mood stabilizers
   G. Knowledge of unit measurement abbreviations and basic metric equivalence such as grams to milligrams, kilograms to pounds., etc.
   H. Knowledge of how to perform mathematical conversions:

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<th>Conversion references:</th>
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<tr>
<td>lbs/2.2 = kilograms</td>
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<tr>
<td>1 gram = 1,000 milligrams</td>
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<tr>
<td>kg x 2.2 = pounds</td>
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I. Knowledge of how to perform dosage calculation:

**Tablet dosage calculation:**

\[
\text{Dose ordered} = \frac{\text{Number of tablets to give}}{\text{Dose on hand}}
\]

J. Knowledge of appropriate reversal agents used for narcotic and benzodiazepine overdose.

VI. Safety & Infection Control
A. Knowledge of different resident precautions for safety such as:
   1. Seizure precautions
   2. Fall risk precautions
   3. Aspiration precautions
B. Knowledge of principles of assessment for a patient with restraints.
C. Knowledge of de-escalation techniques used in the psychiatric setting for combative behaviors, verbal abusive patients, etc.
D. Knowledge of signs and symptoms of suicidal ideations.
E. Knowledge of therapeutic communication for patients with suicidal ideation and psychological conditions.
F. Knowledge of appropriate nursing interventions for suicidal patients.
G. Knowledge of prioritizing resident assessments.
H. Knowledge of principles of isolation precautions:
   1. Proper hand hygiene protocols
   2. Personal Protective Equipment (PPE)
   3. Different types of isolation precautions such as standard, droplet, contact, etc.
I. Knowledge of intrinsic factors related to falls in the psychiatric setting.
J. Knowledge of proper patient positioning for seizure patients to maintain patent airway.
K. Knowledge of signs and symptoms of patients with Tuberculosis such as: night sweats, weight loss, cough with bloody sputum, etc.