

Certified Plastic Surgical Nurse Examination

Test Specifications (Blueprint)

Axis I

Clinical Practice Areas

A. Reconstructive (65% of test content)

1. Head & neck - 15%
2. Breast - 25%
3. Extremities - 10%
4. Abdomen & trunk - 15%

B. Cosmetic/Aesthetic (35% of test content)

1. Surgical - 30%
2. Nonsurgical aesthetic - 5%

Axis II

Nursing Activities

I. Assess and monitor patient status, physical & psychosocial - 35%

- A. Pre-treatment
- B. During treatment
- C. Post-treatment

II. Plan and administer treatment(s) - 30%

- A. Pre-treatment
- B. During treatment
- C. Post-treatment

III. Teach patient to promote optimal outcomes - 25%

- A. Pre-treatment
- B. Post-treatment

IV. Professional nursing practice - 10%

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CPSN Examination
Distribution of 175 Test Questions

Nursing Activities Patient Problems	1 Assess & monitor, physical & psycho- social (35%)	2 Plan & administer treatment(s) (30%)	3 Teach to promote optimal outcomes (25%)	4 Professional nursing practice (10%)	Total
I. Reconstructive					
A. Head & neck - 15%	9-10	7-8	6-7	2-3	26-27 (15%)
B. Breast - 25%	15-16	13-14	11-12	4-5	43-44 (25%)
C. Extremities - 10%	6-7	5-6	4-5	1-2	17-18 (10%)
D. Abdomen & trunk - 15%	9-10	7-8	6-7	2-3	26-27 (15%)
II. Cosmetic/Aesthetic					
E. Surgical - 30%	18-19	15-16	13-14	2-3	52-53 (30%)
F. Nonsurgical aesthetic - 5%	2-3	1-2	1-2	1-2	8-9 (5%)
Total	61-62 (35%)	52-53 (30%)	43-44 (25%)	17-18 (10%)	175 100%

CPSN Practice

- I. Reconstructive - 65%
 - A. Head and neck - 15%
 - 1. Disease process - Cranial-facial congenital anomalies - cleft lip & palate; Vascular malformations - hemangiomas, Port wine stain, Arteriovenous malformation; cancers, skin lesions
 - 2. Trauma - facial fractures, Le Forte fx, mandibular fractures, burns, soft tissue trauma, animal bites
 - B. Breast - 25%
 - 1. Disease process - cancer, benign tumors, congenital Poland syndrome, asymmetry, nipple deformity (e.g., inversion)
 - 2. Trauma - soft tissue injury, burns, necrosis, abscesses (pressure ulcers)
 - C. Extremities - 10%
 - 1. Disease process - cancers, ulcers, amputation, contractures, benign tumors (ganglion, mucocysts, epidermoid inclusion cyst)
 - 2. Trauma - amputation, burns, lacerations, fractures, gamekeeper's injury, dislocation of digits, brachial plexus injury, vascular injury (replantation, revascularization), animal bites
 - D. Abdomen & trunk - 15%
 - 1. Disease process - cancers, benign tumors, post-bariatric surgeries, vaginal reconstruction
 - 2. Trauma - burns, soft tissue injuries, gunshot wounds, avulsion injuries, genital injury.
- II. Cosmetic/Aesthetic - 35%
 - A. Surgical - 30%
 - 1. Head and neck - rhinoplasty, blepharoplasty, cheek augmentation, chin augmentation, ears, face lift, brow lift, hair transplant, neck lift, suction-assisted liposuction (SAL).
 - 2. Breast - augmentation, reduction, revision, mastopexy, male-gynecomastia, SAL.

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3. Extremities - arm lift, SAL, thigh lift.
 4. Abdomen & trunk - Body contouring: buttock augmentation, SAL, lower body lift, tummy tuck, labiaplasty, vaginoplasty.
- B. Nonsurgical/Aesthetic - 5%
1. Aesthetic injectables.
 2. Laser, light, & energy therapies.
 3. Clinical skin care.

Domestic violence, MVAs cause the trauma in every category.
Keloids, hypertrophic scarring

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Nursing Activities

I. Assess and Monitor Patient Status, Physical and Psychosocial (35%)

A. Pre-Treatment

1. Identify patient expectations.
2. Determine if patient's expectations are realistic.
3. Perform health assessment.
 - (a) Medical History (look at autoimmune disease – neurotoxin --- amyotrophic lateral sclerosis (ALS), Lambert-Eaton). Clotting factor problems, hx of clots, diabetes, renal disease, hormone replacement therapy, HTN—all comorbidities/treatments.
Nutritional status
 - (b) Previous surgeries.
 - (c) Family history.
 - (d) Diagnostic test results.
 - (e) Current medications and OTC drugs, herbals, and alternative treatments. Prescribed vs self-prescribed meds.
 - (f) Allergies (medications, food, environmental), history of anaphylaxis.
 - (g) Identify contraindications: Prior hx of problems with anesthesia, Obstructive Sleep Apnea, Body Mass Index, medical clearance Herpes cold sore, infection at site, medications that interfere with treatment, skin condition (recent sun exposure, sunless tanning products on skin-for laser).
 - (h) Informed consent - inability to give consent (too young, psychological issues, cognitive capacity); Self-Administered Gerocognitive Exam (SAGE) assessment
 - (i) Other considerations: response to previous treatment, previous surgeries or alterations to Assessment & Plan, nutrition, physical activities, smoking, alcohol/drug use, pain tolerance, bruising history, upcoming social events. Timing/urgency of procedure.
 - (j) Psychosocial assessment, including age, sex, marital status, education level, occupation/financial concerns, home situation & family system, social support, family role & relationship patterns; cultural, ethnic, spiritual, & religious influences.
4. Perform procedure specific physical examination, including skin type.
5. Obtain pre-treatment photographs.
6. Assess patient's ability to maintain and follow-through with pre- and post-operative care (e.g., preoperative skin preparation) and ongoing treatments.

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B. During Treatment

1. Monitor patient safety/provider safety (e.g., laser safety/appropriate OSHA standards, hemodynamic assessment, positioning, patient temperature, electrical safety, tourniquet times, management of specimens, age or procedure-specific needs).
2. Infection control - aseptic technique, instrument sterilization.
2. Observe patient reactions to treatment.
3. Assess patient's comfort.
4. Monitor physiological status: medication reactions and response (allergic reactions), adverse treatment reactions (malignant hyperthermia, vascular compromise, tissue integrity), monitor for vasovagal response (fainting).

C. Post-Treatment

1. Assess pain and pain management plan.
2. Assess patient/family/caregiver's feelings about changes in temporary and long-term appearance (positive and negative).
3. Re-assess patient's knowledge and ability to manage on-going post-treatment care.
4. Assess need for follow-up evaluation - review physical functional assessment and care instructions (on site, phone call, email/text).
5. Assess patient outcome.
6. Obtain post-treatment photographs.

II. Plan and Administer Treatment (30%)

A. Pre-Treatment

1. Identify expected/desired outcomes of treatment. Encourage patient to verbalize fears and anxieties.
2. Develop and review individualized treatment plan including refinements or retreatments.
3. Identify issues/problems that require referral to other providers/community services.

4. Establish mutually-set goals with patient including optimal timing.
5. Ensure patient has appropriate informed consent and comprehends risks associated with treatment/procedure.
6. Ensure patient followed preoperative instructions regarding medications, skin prep, NPO status, transportation, etc. Review meds taken morning of surgery.
7. Prepare patient for treatment/procedure - attire, voiding, shaving, proper ID band. Surgical site confirmation. Review diagnostic tests, i.e., labwork, pathology, radiology results. Confirm negative pregnancy test.
8. Prepare equipment, supplies, products, medications, environment (laser) and personnel (provider, possible assistant) for treatment.
9. Perform “time out.”

B. During Treatment

1. Ensure “time out” has been completed.
2. Ensure safety of patient and staff throughout procedure (e.g., laser safety/appropriate OSHA standards, hemodynamic assessment, urinary output, positioning, patient temperature, electrical safety, tourniquet times, management of specimens, age or procedure-specific needs)
3. Provide emotional support throughout treatment.
4. Maintain infection control measures.
5. Administer medications (local anesthesia, dental blocks for fillers, topical anesthetics).
6. Ensure proper equipment function throughout treatment.
7. Perform procedure/treatment.
8. Apply appropriate post-treatment topical preparations, dressings or garments.

C. Post- Treatment

1. Document treatment/procedure.
2. Ensure appropriate handling and documentation of submitted specimens.

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3. Dispose medical waste appropriately: sharps, laundry, supplies.
4. Re-assess pain and administer pain medication according to plan.
5. Determine follow-up care/retreatment (optimal timing).
6. Encourage patient to express feelings about changes in temporary and long-term appearance (positive and negative).
7. Reassess patient for serious adverse reactions and refer for appropriate medical intervention or to appropriate provider/facility.
8. Ensure appropriate discharge arrangements: medications, supplies, transportation, caregivers.

II. Teach Patient to Promote Optimal Outcomes (25%)

A. Pre-Treatment

1. Assess patient's literacy proficiency, motivation, readiness to learn, access to resources, and capacity to learn, comprehend, and perform.
2. Assess patient's learning needs and styles, i.e. visual, auditory, written, psychomotor.
3. Provide instructions and educational materials related to age and learning needs/styles of patient and caregiver.
 - a. Specific products/procedures
 - (1) Brochures, books
 - (2) Medication guides
 - (3) Media - CDs, DVDs, websites
 - (4) Group instructions
 - (5) Instructional models—props, models, posters
 - b. Specific Procedures
 - (1) Restrictions prior to procedure
 - (2) Preparation (products, medications) for procedure
 - (3) Combination/multidisciplinary treatment/procedure
2. Explain the treatment process (e.g., wound care, drain care, surgical site care, effects of treatment, e.g., neurotoxin: delayed onset)
3. Dispel misconceptions

B. Post-Treatment

1. Review and reinforce instructions and review restrictions for care following treatment/procedure. Confirm post-treatment/procedure appointment scheduling.
2. Explain difference between expected normal treatment response versus adverse events or complications and when to notify provider.
3. Discuss measures to maintain optimal post-treatment results.

IV. Professional nursing practice **(10%)**

- A. Maintain current licensure required to work within the scope of practice defined by the state licensing board.
- B. Uphold Standards of Plastic Surgery Nursing Practice as defined by the American Society of Plastic Surgical Nursing.
- C. Implement research and evidence-based practices when providing patient care.
- D. Coordinate care with other disciplines based upon patient's needs.
- E. Act as a professional resource for patients/families, colleagues, staff, and the community.
- F. Integrate ethical provisions in all areas of practice.