## CPAN® / CAPA® Examination Study Plan

Candidates should prepare thoroughly prior to taking the CPAN and/or CAPA examinations. This Study Plan is based on the CPAN and CAPA Test Blueprints and a weekly learning experience of approximately four hours per week.

All of the tasks and knowledge areas listed should be covered thoroughly. A typical review period of time for study is approximately 3 months. This study plan is built around a 12-week schedule, and should be modified based on individual needs.

This time frame gives the candidate enough time to review study materials, focus on weak areas from the study plan, and build confidence needed to be successful on the CPAN and/or CAPA examination.







Domain	Week	Allotted Time	Tasks Addressing Perianesthesia Patient Needs	Knowledge Required to Meet Perianesthesia Patient Needs
Physiological Needs (Weeks 2-7)	Week 1	4 hours	<ul> <li>□ Pre-test using ABPANC practice exam.</li> <li>□ Purchase/rent/borrow references from ABPANC's Study References List</li> <li>□ Review results of Practice Exam and identify study focus areas.</li> </ul>	□ Review knowledge statements in CPAN/CAPA Test Blueprint □ Identify knowledge gaps to better focus study areas  KNOWLEDGE REQUIRED TO MEET PHYSIOLOGICAL NEEDS OF
	Week 2		<ul><li>☐ Respiratory system</li><li>☐ Cardiovascular and peripheral vascular systems</li><li>☐ Musculoskeletal system</li></ul>	PERIANESTHESIA PATIENTS:  1. Nursing process  2. Evidence-based practice
	Week 3	4 hours	<ul><li>□ Neurological system</li><li>□ Gastrointestinal system</li><li>□ Renal system</li></ul>	<ol> <li>Anatomy and physiology of body systems</li> <li>Growth and development across the lifespan</li> <li>Pathophysiology</li> <li>Normal and abnormal diagnostic values</li> <li>Acceptable deviations from normal physiologic states</li> <li>Comorbidities/potential complications</li> <li>Airway management</li> <li>Vital signs/hemodynamic monitoring</li> <li>Fluid and electrolyte management</li> <li>Thermoregulation</li> <li>Acute and chronic pain assessment and management</li> <li>Post-operative nausea and vomiting (PONV) and post-discharge nausea and vomiting (PDNV) assessment and management</li> <li>Physical assessment</li> <li>Positioning</li> <li>Pharmacological interventions</li> </ol>
	Week 4	4 hours	<ul> <li>□ Integumentary system</li> <li>□ Endocrine system</li> <li>□ Genito-urological and reproductive systems</li> </ul>	
	Week 5	4 hours	<ul> <li>☐ Hematologic and immune systems</li> <li>☐ Ophthalmological system/ otorhinolaryngology</li> <li>☐ Fluids and electrolytes</li> </ul>	
	Week 6	4 hours	<ul><li>☐ Medications</li><li>☐ Maintenance of Normothermia</li></ul>	

	☐ Physiological comfort (including but not limited to relief of pain, shivering nausea/vomiting, temperature control and positioning)	<ul> <li>18. Anesthesia techniques (general, regional, moderate sedation, monitored anesthesia care (MAC), total intravenous anesthesia (TIVA))</li> <li>19. Anesthetic and reversal agents</li> </ul>
Week 7 4 hours	☐ Therapeutic environment (including but not limited to minimal interruption of normal regimen, preemptive interventions) ☐ Anesthesia ☐ Malignant Hyperthermia	<ol> <li>Stages of anesthesia</li> <li>Perianesthesia Continuum of Care (preadmission, day of surgery/procedure, Phase I, Phase 2, extended observation)</li> <li>Surgical and procedural interventions</li> <li>American Society Anesthesiologists (ASA) physical status classification system</li> <li>Normal and abnormal physical response to surgery/procedure/anesthesia</li> <li>Environmental factors affecting patient care (including, but not limited to, noise, temperature, air flow, latex, and equipment failure)</li> <li>Alternative and adjunctive treatment modalities</li> <li>Behavioral health considerations (including, but not limited to, addiction, autism spectrum disorders, depression, anxiety, bipolar disorder, and PTSD)</li> <li>Multidisciplinary collaboration and referral</li> <li>ACLS and PALS</li> <li>MHAUS guidelines/protocol</li> <li>ASPAN Standards</li> <li>Regulatory, legal, and ethical guidelines (for example, Patient Bill of Rights, advance directives, informed consent, HIPAA, and the Americans with Disabilities Act)</li> <li>Injury prevention</li> <li>Infection prevention and control</li> </ol>

TAKE ABPANC PRACTICE EXAM TO ASSESS PROGRESS			
Behavioral Health and Cognitive Needs (weeks 8-9)  (weeks 8-9)	4 hours  4 hours	□ Patient/family/significant other diversity (including, but not limited to, age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity) □ Provide and maintain patient privacy and confidentiality □ Provide psychosocial support to patient/family/significant other (including, but not limited to, coping mechanisms, spiritual and emotional support, and facilitating visitation) □ Assess patient's/family's/significant others' ability to learn, learning style (including, but not limited to, kinetic, auditory, and visual), readiness to learn, and barriers to learning □ Provide patient/family/significant other education and evaluate understanding related to the perianesthesia/procedural experience	KNOWLEDGE REQUIRED TO MEET BEHAVIORAL HEALTH AND COGNITIVE NEEDS OF PERIANESTHESIA PATIENTS:  1. Nursing process 2. Evidence-based practice 3. Growth and development across the lifespan 4. Comorbidities/potential complications 5. Acute and chronic pain assessment and management 6. Pharmacological interventions 7. Perianesthesia Continuum of Care (preadmission, day of surgery/procedure, Phase I, Phase 2, extended observation) 8. Surgical and procedural interventions 9. American Society Anesthesiologists (ASA) physical status classification system 10. Normal and abnormal physical response to surgery/procedure/anesthesia 11. Environmental factors affecting patient care (including, but not limited to, noise, temperature, air flow, latex, and equipment failure) 12. Alternative and adjunctive treatment modalities 13. Diversity (including but not limited to age, sex, race, religion, national origin, disability, marital status, sexual orientation, and gender identity) 14. Psychosocial factors (including but not limited to coping styles, life situations, religious/spiritual, and culture) 15. Teaching and learning theories 16. Communication principles and techniques

				<ol> <li>Behavioral health considerations (including, but not limited to, addiction, autism spectrum disorders, depression, anxiety, bipolar disorder, and PTSD)</li> <li>Multidisciplinary collaboration and referral</li> <li>ASPAN Standards</li> <li>Regulatory, legal, and ethical guidelines (for example, Patient Bill of Rights, advance directives, informed consent, HIPAA, and the</li> </ol>
				Americans with Disabilities Act)  21. Measures to maintain privacy and confidentiality
			TAKE ABPANC PRACTICE EXAM	
Safety Needs (weeks 10-12)	Week 10	4 hours	<ul> <li>□ Accepted national standards of perianesthesia nursing practice and applicable laws, guidelines, and regulations</li> <li>□ ASPAN Standards</li> <li>□ Immobility and/or positioning</li> <li>□ Adverse environmental influences (including, but not limited to, latex and/or equipment failure)</li> <li>□ Exposure to infectious diseases</li> <li>□ Protective safety devices and equipment</li> </ul>	KNOWLEDGE REQUIRED TO MEET SAFETY NEEDS OF PERIANESTHESIA PATIENTS  1. Nursing process 2. Evidence-based practice 3. Anatomy and physiology of body systems 4. Growth and development across the lifespan 5. Pathophysiology 6. Normal and abnormal diagnostic values 7. Acceptable deviations from normal physiologic states 8. Comorbidities/potential complications 9. Airway management 10. Vital signs/hemodynamic monitoring 11. Fluid and electrolyte management 12. Thermoregulation
	Week 11	4 hours	☐ Appropriate resources and referrals  (including, but not limited to, medical equipment, pharmaceutical care, spiritual services, nutritional education,	<ul><li>13. Acute and chronic pain assessment and management</li><li>14. Post-operative nausea and vomiting (PONV) and post-discharge nausea and vomiting (PDNV) assessment and management</li></ul>

Week 12 4 hours	physical/occupational therapy, case management/social services, and language services)  Verbal and written instructions (including, but not limited to, preparations for procedures/surgery, potential complications, activity, diet, wound care, and post-discharge care)  Pain management  Medication reconciliation (including but not limited to, when to discontinue or resume; and interactions with prescriptions, over the counter medications, herbal supplements, alcohol, illicit drugs)  Existing medical conditions (including, but not limited to, diabetes, COPD, hypertension, and OSA) on the current surgery/procedure  Optimization of the healing process (including, but not limited to, nutrition, hydration, smoking cessation, and alternative therapies)  Prevention of infection  Measures to prevent complications  The availability of resources for care in the home, including the presence of a responsible adult caregiver  A safe home environment	<ol> <li>Physical assessment</li> <li>Positioning</li> <li>Pharmacodynamics/pharmacokinetics</li> <li>Pharmacological interventions</li> <li>Anesthesia techniques (general, regional, moderate sedation, monitored anesthesia care (MAC), total intravenous anesthesia (TIVA))</li> <li>Anesthetic and reversal agents</li> <li>Stages of anesthesia</li> <li>Perianesthesia Continuum of Care (preadmission, day of surgery/procedure, Phase I, Phase 2, extended observation)</li> <li>Surgical and procedural interventions</li> <li>American Society Anesthesiologists (ASA) physical status classification system</li> <li>Normal and abnormal physical response to surgery/procedure/anesthesia</li> <li>Environmental factors affecting patient care (including, but not limited to, noise, temperature, air flow, latex, and equipment failure)</li> <li>Alternative and adjunctive treatment modalities</li> <li>Discharge planning and criteria</li> <li>Diversity (including but not limited to age, sex, race, religion, national origin, disability, marital status, sexual orientation, and gender identity)</li> <li>Communication principles and techniques</li> <li>Behavioral health considerations (including, but not limited to, addiction, autism spectrum disorders, depression, anxiety, bipolar disorder, and PTSD)</li> <li>Multidisciplinary collaboration and referral</li> </ol>
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	☐ Post-discharge assessment (follow-up contact)	33. ASPAN Standards 34. Regulatory, legal, and ethical guidelines (for example, Patient Bill
		of Rights, advance directives, informed consent, HIPAA, and the Americans with Disabilities Act)
		35. Injury prevention
		36. Infection prevention and control
		37. Quality and risk management principles and guidelines
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