

Curriculum Content for Certified Nursing Assistant(CNA) 2-Acute Care Training Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2-Acute Care Training Program. Level 2 nursing assistant training is available to a CNA 1 to prepare them for a role in one or more of the Board approved category areas. A level 2 training program will have a Board approved standardized curriculum and competency evaluation. A CNA 2-Acute Care Training Program shall consist of knowledge, skills, and abilities at a greater depth than a level 1 training program.

It is understood that a CNA 2-Acute Care will hold a current, unencumbered Oregon CNA 1 certificate, have their name listed on the CNA Registry, and assist licensed nursing personnel in the provision of nursing care. A CNA 2- Acute Care must be regularly supervised by a licensed nurse; all skills and tasks are to be performed at the direction of the licensed nurse. The CNA 2- Acute Care will be able to provide opportunities for optimal client independence and support behaviors that promote positive healing. A CNA 2-Acute Care will be able to demonstrate to peers, the correct methods and model behavior needed to address patient care needs on an individualized basis.

It shall be the policy of the Oregon State Board of Nursing that all approved CNA 2-Acute Care Training Programs shall consist of the following curriculum content and competency evaluation (Each content area has been awarded a relative evaluation weight).

Curriculum

At least 20 hours of classroom, 20 hours of lab, and 24 hours of clinical instruction that incorporates throughout the training, the concepts of safety and preventing complications, communicating client responses to the nurse, and documenting/recording outcomes of client care:

I. Domain: Responsive Observations

- (A) Outcomes of teaching. By end of the course, the CNA 2-Acute Care will be able to:
 - (1) Identify, from scenarios and lists, normal and abnormal patterns and changes in findings related to a patient. Patient descriptors include: mental status (orientation, psychosocial responses, and level of consciousness), vital signs, mobility, skin, pain level, bowel and bladder function, appetite, and activities of daily living;
 - (2) Articulate at 85% level correct rationale(s) for action given in various clinical scenarios and situations;
 - (3) Articulate standard, acceptable methods of obtaining vital signs;
 - (4) Identify changes from normal in vital signs, given a group of vital sign readings (blood pressure reading(s), orthostatic blood pressure reading(s), pulse from various sites, pulse pressure, respiratory rates, pulse oximetry readings);
 - (5) Demonstrate an accurate vital sign measurement using manual and electronic devices from various sites on patients across the life span;
 - (6) Identify different manifestations of pain; and
 - (7) Verbalize a report of pain that always includes location and intensity, and may include onset, duration, characteristics, what helps and what relieves pain in a variety of situations.
- (B) Clinical competencies. By the end of the course, the CNA 2-Acute Care will be able to:
 - (1) Identify findings, patterns, habits, and behaviors that deviate from normal in acute care patients;
 - (2) Can articulate a rationale for action that is correct, given a patient situation;
 - (3) Use accepted terminology to describe findings, patterns, habits and behaviors of acute care patients;
 - (4) Report and record abnormal findings, patterns, habits, and behaviors of acute care patients;

- (5) Take action within designated responsibilities and as directed by the RN for abnormal findings, patterns, habits and behaviors of acute care patients;
 - (6) Demonstrate accuracy in measuring vital signs which vary from normal parameters;
 - (7) Notify the RN of all abnormal findings in a timely manner;
 - (8) Obtain directions from the RN regarding appropriate methods for use in measuring vital signs;
 - (9) Consistently demonstrate scheduling of patient activities when the client is comfortable;
 - (10) Perform comfort and pain relief measures within the designated scope of responsibility according to care plan;
 - (11) Observe effects of pain treatment and report to licensed staff;
 - (12) Consistently reports change of vital signs, orientation, mobility and behavior following pain treatment; and
 - (13) Identify change in pain pattern from usual pattern.
- (C) Evaluation (Weight: 30%):
- (1) Knowledge post-test; and
 - (2) Return competency demonstration in the lab setting on:
 - (a) Pulse-electronic;
 - (b) Blood pressure-manual and electronic: upper arm, thigh, and lower leg;
 - (c) Orthostatic blood pressure readings; and
 - (d) Warm and cold therapies.
 - (3) Return competency demonstration in the clinical setting on:
 - (a) Blood pressure-manual and electronic; upper arm, thigh, or lower leg; and
 - (b) Orthostatic blood pressure readings.
- (D) Curriculum Content:
- (1) Cardiovascular System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Angina;
 - (ii) Congestive Heart Failure;
 - (iii) Coronary Artery Disease/Acute Coronary Syndrome;
 - (iv) Deep Vein Thrombosis;
 - (v) Dysrhythmias;
 - (vi) Hypertension;
 - (vii) Hypotension; and
 - (viii) Myocardial Infarction.
 - (c) Documentation.
 - (2) Digestive System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Bowel Diversion;
 - (ii) Bowel Obstruction;
 - (iii) Cholelithiasis;
 - (iv) Colitis;
 - (v) Cirrhosis;
 - (vi) Constipation;
 - (vii) Crohn's Disease;
 - (viii) Diverticulosis;
 - (ix) Dysphagia;
 - (x) Gastritis/Gastroenteritis;
 - (xi) Gastroesophageal Reflux;
 - (xii) Hemorrhoids; and
 - (xiii) Ulcers.
 - (c) Documentation.

- (3) Endocrine System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Cushing's Syndrome;
 - (ii) Diabetes: Type 1, Type 2, Gestational & Insipidus;
 - (iii) Diabetic Ketoacidosis;
 - (iv) Hypo/Hyperthyroidism; and
 - (v) Pancreatitis.
 - (c) Documentation.
- (4) Immune System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Acquired Immunodeficiency Syndrome;
 - (ii) Cancer;
 - (iii) Hepatitis: Type A, B, C, D, & E;
 - (iv) Hypersensitivity; and
 - (v) Rheumatoid Arthritis.
 - (c) Documentation.
- (5) Integumentary System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Autoimmune:
 - a. Dermatitis;
 - b. Psoriasis.
 - (ii) Contagious:
 - a. Herpes Zoster (Shingles);
 - b. Pediculosis;
 - c. Scabies.
 - (iii) Immobility: Pressure Ulcers.
 - (iv) Disease Associated: Petechiae/Purpura.
 - (c) Documentation.
- (6) Mental Health System:
 - (a) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Alcohol and drug withdrawal;
 - (ii) Anxiety and Post Traumatic Stress Disorder;
 - (iii) Delirium;
 - (iv) Eating Disorders:
 - a. Anorexia Nervosa;
 - b. Bulimia.
 - (v) Depression/Suicide; and
 - (vi) Personality Disorders including Psychosis.
 - (b) Documentation.
- (7) Musculoskeletal System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related sign/symptoms to observe and report:
 - (i) Amputation;
 - (ii) Arthritis;
 - (iii) Atrophy;
 - (iv) Contractures;
 - (v) Fractures;
 - (vi) Gout;
 - (vii) Osteoarthritis/Degenerative Joint Disease: Total joint replacement; and
 - (viii) Osteoporosis.

- (c) Documentation.
- (8) Nervous System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Alzheimer's Disease;
 - (ii) Cerebrovascular accident;
 - (iii) Cerebral Palsy;
 - (iv) Epilepsy;
 - (v) Head injuries;
 - (vi) Multiple Sclerosis;
 - (vii) Parkinson's Disease; and
 - (viii) Spinal Cord injuries.
 - (c) Documentation.
- (9) Reproductive System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Care of peripartum woman, newborn, and family;
 - (c) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Breast Augmentation/Reduction;
 - (ii) Lumpectomy;
 - (iii) Hysterectomy;
 - (iv) Mastectomy;
 - (v) Prolapse;
 - (vi) Prostatectomy; and
 - (vii) Sexually transmitted infections.
 - (d) Documentation.
- (10) Respiratory System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Atelectasis;
 - (ii) Asthma;
 - (iii) Bronchitis;
 - (iv) Chronic Obstructive Pulmonary Disease;
 - (v) Emphysema;
 - (vi) Influenza;
 - (vii) Pneumonia;
 - (viii) Pneumothorax;
 - (ix) Pulmonary Embolism; and
 - (x) Tuberculosis.
 - (c) Documentation.
- (11) Urinary System:
 - (a) Overview of Anatomy and Physiology;
 - (b) Common conditions/disorders and related signs/symptoms to observe and report:
 - (i) Bladder Diversions;
 - (ii) Cystitis;
 - (iii) Prolapse;
 - (iv) Prostatitis/Benign Prostatic Hyperplasia;
 - (v) Pyelonephritis;
 - (vi) Renal Calculi; and
 - (vii) Renal Failure.
 - (c) Documentation.
- (12) Care of the surgical patient.
 - (a) Normal:
 - (i) Healing process; and

- (ii) Nutrition.
 - (b) Preventing complications:
 - (i) Cardiovascular System;
 - (ii) Digestive System Mobility;
 - (iii) Endocrine System: Glycemic Control;
 - (iv) Integumentary System;
 - (v) Pulmonary System Coughing and Deep Breathing; and
 - (vi) Genitourinary System.
 - (c) Observations:
 - (i) Abdomen (Distention, passing flatus);
 - (ii) Bleeding;
 - (iii) Capillary refill;
 - (iv) Drains;
 - (v) Edema;
 - (vi) Intake and output;
 - (vii) Level of consciousness/delirium;
 - (viii) Nausea and vomiting;
 - (ix) Pain;
 - (x) Skin color and temperature; and
 - (xi) Wound dressings.
 - (d) Documentation.
- (13) Pain:
- (a) Overview of Anatomy and Physiology:
 - (i) Transmission;
 - (ii) Perception; and
 - (iii) Recognition.
 - (b) Awareness of patient's perception of pain
 - (i) Physical (objective and subjective):
 - a. Acute;
 - b. Chronic;
 - c. Neuropathic/neurogenic;
 - d. Phantom;
 - e. Somatic;
 - f. Terminal; and
 - g. Visceral.
 - (ii) Psychological (objective and subjective):
 - a. Addiction;
 - b. Expected pain versus unexpected pain; and
 - c. Pain differs for each person.
 - (c) Manifestations of pain
 - (i) Physiological symptoms:
 - a. Dependence (Physical signs of);
 - b. Diaphoretic;
 - c. Flushing;
 - d. Pale;
 - e. Sedation;
 - f. Shivering;
 - g. Tolerance; and
 - h. Vital signs.
 - (ii) Behavioral symptoms:
 - a. Anger;
 - b. Anxiety;
 - c. Depression; and

- d. Withdrawal; etc.
- (d) Factors influencing pain
 - (i) Addiction beliefs;
 - (ii) Age;
 - (iii) Anxiety;
 - (iv) Attitude and pain thresholds;
 - (v) Awareness/distractions;
 - (vi) Use of complementary therapies;
 - (vii) Culture;
 - (viii) Fatigue;
 - (ix) Fear of pain;
 - (x) Past experiences with pain and medications; and
 - (xi) Support from others.
 - (xii) Observing and collecting responses concerning a patient's pain:
 - a. What to observe- body responses and behavior;
 - b. When to collect responses; and
 - c. How to collect responses.
 - (xiii) Planning activities in relation to pain
 - a. Appropriate rest;
 - b. Time of day;
 - c. Patient preference;
 - d. Coordinate care with pain management techniques and equipment (medication, K-pads, etc.);
 - e. Address emotional needs as designated in care plan;
 - f. Meet food and fluid needs; and
 - g. Provide opportunity for elimination.
 - (xiv) Information to report to the nurse concerning patient's pain:
 - a. Complaint of pain;
 - b. Observation of pain;
 - c. Location of pain; and
 - d. Intensity of pain.
 - (xv) Actions a CNA can take to reduce the patient's pain:
 - a. Re-position the patient;
 - b. Keep bed linens tight and wrinkle-free;
 - c. Make sure patient is not lying on drainage tubes;
 - d. Provide blankets for warmth and to prevent chilling;
 - e. Use touch to provide comfort/Massage of non-diseased tissue;
 - f. Provide a calm, quiet setting; and
 - g. Try to help relieve anxiety: Listening, supportive presence, and distractions.
 - h. Assist with complementary therapies as ordered by the nurse such as using pre-recorded audio/visuals for guided imagery; deep relaxation.
 - (xvi) Documentation.
- (14) Skills:
 - (a) Vital signs:
 - (i) Pulse-electronic; and
 - (ii) Blood pressure-manual and electronic: upper arm, thigh, and lower leg pressures and orthostatic blood pressure readings;
 - (b) Warm and cold therapies.

II. Domain: Technical Skills

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Acute Care will be able to demonstrate proficiency in skills and tasks which affect body system functions and are assigned by the licensed nurse:

- (1) Data gathering skills; and
- (2) Designated tasks.
- (B) Clinical competencies. By the end of the course, the CNA 2- Acute Care will be able to demonstrate proficiency in skills and tasks which affect body system functions and are consistent with the facility's policy:
 - (1) Data gathering skills; and
 - (2) Designated tasks.
- (C) Evaluation (Weight: 30%):
 - (1) Knowledge post-test; and
 - (2) Return competency demonstration in the lab setting on:
 - (a) Capillary blood glucose (CBG) testing;
 - (b) Placing electrodes/leads for telemetry;
 - (c) Testing gastric contents for occult blood or pH;
 - (d) Testing stool for occult blood;
 - (e) Urine dip stick testing;
 - (f) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings;
 - (g) Changing established tube feeding bags;
 - (h) Suctioning oral pharynx; and
 - (i) Reinforcing use of an incentive spirometer.
 - (3) Return competency demonstration in the lab or clinical setting on:
 - (a) Bladder scanning;
 - (b) Applying sequential compression devices;
 - (c) Assisting patients in and out of Continuous Passive Motion (CPM) machines; and
 - (d) Interrupting and re-establishing nasogastric (NG) suction.
- (D) Curriculum Content:
 - (1) Data gathering skills:
 - (a) Bladder scanning;
 - (b) Capillary blood glucose (CBG) testing;
 - (c) Newborn hearing screening;
 - (d) Placing electrodes/leads and run electrocardiogram (EKG);
 - (e) Placing electrodes/leads for telemetry;
 - (f) Testing gastric contents for occult blood or pH;
 - (g) Testing stool for occult blood; and
 - (h) Urine dip-stick testing.
 - (2) Designated tasks:
 - (a) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings and changing established tube feeding bags;
 - (b) Applying sequential compression devices;
 - (c) Assisting patients in and out of Continuous Passive Motion machines;
 - (d) Interrupting and re-establishing nasogastric (NG) suction;
 - (e) Removing casts in non-emergent situations;
 - (f) Setting up traction equipment;
 - (g) Suctioning oral pharynx; and
 - (h) Reinforcing use of an incentive spirometer.

III. Domain: Interpersonal Skills/Communication

- (A) Outcomes of teaching. By the end of the course, the CNA 2- Acute Care will be able to:
 - (1) Demonstrate initial skill in communicating with patients using active listening, reflecting, and rephrasing in a variety of clinical situations;
 - (2) Rehearse appropriate responses and interventions to situations in which patient rebuffs, is angry, etc.;
 - (3) Demonstrate supportive presence with dying patient/family; and
 - (4) Demonstrate ability to share knowledge and skills with others.

- (B) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills as evidenced by observation of a variety of scenarios with a variety of patients, family members, and team members in the lab and clinical setting.
- (C) Curriculum Content:
 - (1) Communication techniques:
 - (a) Active listening;
 - (b) Reflecting; and
 - (c) Rephrasing.
 - (2) Supportive presence.
 - (3) Learning principles.

IV. Domain: Safety

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Acute Care will be able to articulate, using own words, the Joint Commission's National Patient Safety Goals as they apply to CNA practice;
- (B) Clinical competencies. By the end of the course, the CNA 2- Acute Care will be able to:
 - (1) Recognize at risk behavior in patients, staff, and visitors; and
 - (2) Consistently demonstrate clinical behaviors congruent with Joint Commission's National Patient Safety Goals.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Joint Commission's National Patient Safety Goals; and
 - (2) Recognizing at risk behavior.

V. Domain: Infection Control

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Acute Care will be able to demonstrate proficiency with the following skills using medical (clean) aseptic technique:
 - (1) Change dressing or ostomy appliance/bag which adheres to the skin;
 - (2) Obtain sterile urine specimen from port of catheter;
 - (3) Discontinue Foley catheter;
 - (4) Measure, record and/or empty output from drainage devices and closed drainage systems;
 - (5) Obtain rectal swab; and
 - (6) Perform clean intermittent straight urinary catheterization for chronic conditions.
- (B) Clinical competencies. By the end of the course, the CNA 2- Acute Care will be able to demonstrate, consistent with setting policy, medical (clean) aseptic technique in the performance of the following skills:
 - (1) Change dressing or ostomy appliance/bag which adheres to the skin;
 - (2) Obtain sterile urine specimen from port of catheter;
 - (3) Discontinue Foley catheter;
 - (4) Measure, record and/or empty output from drainage devices and closed drainage systems;
 - (5) Obtain rectal swab; and
 - (6) Perform clean intermittent straight urinary catheterization for chronic conditions.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return competency demonstration in the lab setting on:
 - (a) Changing dressing or ostomy appliance/bag which adheres to the skin;
 - (b) Obtaining sterile urine specimen from port of catheter;
 - (c) Discontinuing Foley catheter;

- (d) Measuring, recording and/or emptying output from drainage devices and closed drainage systems;
 - (e) Obtaining rectal swab; and
 - (f) Performing clean intermittent straight urinary catheterization for chronic conditions.
- (D) Curriculum Content:
- (1) Medical (clean) versus sterile aseptic technique;
 - (2) Skills:
 - (a) Changing dressing or ostomy appliance/bag which adheres to the skin;
 - (b) Obtaining sterile urine specimen from port of catheter;
 - (c) Discontinuing Foley catheters;
 - (d) Measuring, recording and/or emptying output from drainage devices and closed drainage systems;
 - (e) Obtaining rectal swab; and
 - (f) Performing clean intermittent straight urinary catheterization for chronic conditions.

VI. Domain: Documentation

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Acute Care will be able to:
 - (1) Provide one example of charting with appropriate descriptive language and abbreviations; and
 - (2) Provide charting which is in conformity with charting do's and don'ts; and
 - (3) Demonstrate ability to chart in exception based charting and computer charting system.
- (B) Clinical competencies. By the end of the course, the CNA 2- Acute Care will be able to use terms and abbreviations accurately and appropriately to describe patients, procedures, and other aspects of acute care.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Terminology and abbreviations related to acute care; and
 - (2) Reporting and recording of care.