

Wound, Ostomy and Continence Nursing Certification Board CWOCN Examination Specifications (effective 2006)	# Items
1. Wound Care	80
A. General Principles of Assessment	18
1. Perform initial assessment, including factors affecting healing (e.g., comorbidities, end-of-life issues, cultural diversity, age, medications)	
2. Conduct and interpret differential assessment to identify etiologic factors	
3. Assess and interpret nutritional status, and impact on wound healing	
4. Assess for pain	
5. Assess and interpret wound characteristics	
6. Use assessment data to determine phase of wound healing	
7. Identify patient goals and factors affecting care	
8. Describe procedures and rationale for diagnostic testing	
B. General Principles of Management	23
1. Select and apply topical agents for periwound skin protection	
2. <i>Recommend:</i>	
a. cleansing procedures and solutions	
b. measures to minimize risk of infection	
3. Identify the need for hydrotherapy or pulsed lavage	
4. <i>Select (and apply as appropriate) dressings for:</i>	
a. containment of drainage and/or maintenance of moist wound surface	
b. elimination of dead space	
c. reduction of bacterial load	
d. control of odor	
5. <i>Identify the need for:</i>	
a. autolytic debridement	
b. enzymatic debridement (i.e., chemical)	
c. mechanical debridement	
d. surgical debridement	
e. sharp instrument debridement	
f. chemical cauterization	
6. <i>Select (and apply as appropriate) topical agents to promote:</i>	
a. autolytic debridement	
b. enzymatic debridement (i.e., chemical)	
c. mechanical debridement	
7. Perform sharp instrument debridement	
8. Perform chemical cauterization	
9. Recommend topical agents to reduce bacterial load	
10. Identify indications for wound culture	
11. Perform wound culture via non-invasive techniques (e.g., swab, aspirate)	
12. Initiate pain control measures	
13. <i>Teach patients and/or caregiver about:</i>	
a. control of risk factors	
b. care and prevention strategies (e.g., trauma, foot care)	
14. <i>Make recommendations to manage the following systemic factors that affect wound healing:</i>	
a. perfusion	
b. nutrition	

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c. glucose control	
d. immune compromise (i.e., immunosuppression)	
e. other systemic factors	
15. <i>Recommend:</i>	
a. hyperbaric oxygenation	
b. growth factor treatment	
c. negative pressure wound therapy	
d. bioengineered tissue products	
16. Apply negative pressure wound therapy	
17. Refer for medical/surgical interventions and prepare patient for procedures	
18. Refer patients for multidisciplinary consultation	
C. Pressure Ulcers	11
1. <i>Assessment</i>	
a. conduct and interpret risk assessment	
b. stage pressure ulcers	
2. <i>Management</i>	
a. Recommend measures to promote mobility	
b. Initiate plan for control of incontinence	
c. Initiate measures for control of shear and friction	
d. <i>Initiate pressure reduction measures by recommending:</i>	
1. turning and repositioning	
2. support surfaces (e.g., mattresses, overlays, seating devices)	
D. Lower Extremity Ulcers	20
1. <i>Assessment</i>	
a. Assess and differentiate types of lower extremity ulcers	
b. Assess and interpret risk factors	
c. <i>Assess:</i>	
1. skin and toenails	
2. sensorimotor status (e.g., monofilament, range of motion)	
3. pulses	
4. capillary refill	
d. Assess and monitor severity of edema	
e. <i>Recommend and interpret:</i>	
1. toe pressure	
2. ankle-brachial index (ABI)	
3. transcutaneous oxygen pressure (TcPO ₂)	
2. <i>Venous insufficiency</i>	
a. <i>Manage:</i>	
1. dermatitis	
2. edema	
b. <i>Recommend and apply:</i>	
1. dynamic compression therapy (e.g., pumps)	
2. static compression therapy	
a. bandages (wraps)	
b. therapeutic support stockings	
c. orthotic devices	

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3. <i>Arterial insufficiency</i>	
a. Assess for subtle indications of infection	
b. <i>Recommend:</i>	
1. lifestyle changes to maximize perfusion	
2. pharmacologic measures to maximize perfusion	
3. evaluation for surgical/vascular intervention	
4. <i>Neuropathic ulcers</i>	
a. Assess for foot deformity (e.g., Charcot changes, hammer toes)	
b. <i>Recommend:</i>	
1. measures for off-loading	
2. patient referral for orthotics and shoes	
5. Recommend and refer for management of lymphedema	
E. Other Types of Wounds	8
1. <i>Recommend topical therapy for the following wounds:</i>	
a. surgical wounds	
b. traumatic wounds	
c. autoimmune wounds	
d. neoplastic wounds	
e. atypical wounds	
2. <i>Recommend management techniques for the following types of skin damage:</i>	
a. allergic reactions	
b. chemical trauma	
c. thermal injury (e.g., radiation)	
d. mechanical trauma	
e. bacterial and fungal skin infections	
2. Ostomy Care	80
A. General Principles of Assessment	12
1. Assess environmental, social, and other factors that impact patients' adaptation (e.g., cultural diversity)	
2. <i>Identify:</i>	
a. indications for urinary or fecal diversion surgery	
b. postoperative complications	
c. pouching and/or containment strategies (considering psychological, physical, and cognitive barriers to self-care)	
d. stomal complications	
e. peristomal skin complications	
f. goals of rehabilitation (e.g., considering prognosis)	
3. Describe procedures and rationale for diagnostic testing	
B. General Principles of Management and Patient Teaching	23
1. Implement pouching and/or containment strategies	
2. Provide information to resume optimal lifestyle	
3. Provide sexual counseling	
4. Facilitate understanding of surgical procedures (e.g., preoperative teaching, informed consent)	
5. Recommend/mark stoma site location	
6. <i>Recommend and perform treatment of:</i>	

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a. stomal complications	
b. peristomal skin complications	
7. Recommend strategies to minimize odor	
8. Customize teaching based on developmental stage, readiness to learn, knowledge level, cultural background, and learning style	
9. <i>Provide patient teaching related to:</i>	
a. gastrointestinal and genitourinary cancers	
b. bowel dysfunction (e.g., diverticular disease, inflammatory bowel disease, incontinence)	
c. genetic and congenital diseases (e.g., polyposis syndromes, Hirshprung's disease, imperforate anus, bladder exstrophy, spina bifida)	
d. urinary dysfunction (e.g., interstitial cystitis, incontinence, neurogenic bladder)	
e. necrotizing enterocolitis	
10. <i>Modify ostomy management:</i>	
a. based on coexisting medical conditions (e.g., pregnancy)	
b. for patients receiving radiation or chemotherapy	
c. for patients with terminal illness	
11. Provide instruction and support to caregivers to optimize patients' adaptation/self-care	
12. Instruct patients on signs and symptoms requiring follow-up care	
13. Refer patients to community and internet resources	
C. Fecal and Urinary Diversions (Colostomy, Ileostomy, Urostomy)	23
1. <i>Colostomy</i>	7
a. differentiate types of colostomies	
b. identify plan of care based on type of colostomy	
c. identify appropriate candidates for irrigation	
d. teach irrigation techniques	
e. teach management of retained distal segment of bowel	
f. instruct patient in dietary modifications (e.g., to prevent constipation or reduce gas)	
g. prepare patient for reanastomosis and takedown	
2. <i>Ileostomy</i>	9
a. Teach patients signs and symptoms, and strategies to prevent blockage	
b. Teach patients signs and symptoms, and strategies to prevent and correct fluid and electrolyte imbalances	
c. Recommend and/or perform ileostomy lavage	
d. Teach management of retained distal segment of bowel	
e. Prepare patient for reanastomosis and takedown	
3. <i>Urostomy</i>	7
a. <i>Instruct patients in:</i>	
1. fluid modifications	
2. nighttime management	
3. mucus management	
b. Manage stents	
c. Teach patients signs and symptoms of urinary tract infections	

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d. Obtain urine specimens	
D. Continent Fecal and Urinary Diversions	10
1. <i>Continent Cutaneous Fecal Diversions</i>	2
a. <i>Instruct patient regarding:</i>	
1. signs and symptoms of pouchitis	
2. medications that are ineffectively absorbed	
3. selection of appropriate intubation/dressing supplies	
4. intubation and irrigation procedure and schedule	
5. dietary modifications	
2. <i>Ileal Pouch Anal Anastomosis (IPAA)</i>	3
a. <i>Instruct patient regarding:</i>	
1. perianal skin care	
2. dietary and fluid modifications	
3. signs and symptoms of pouchitis	
3. <i>Continent Cutaneous Urinary Diversions</i>	3
a. <i>Instruct patients in:</i>	
1. fluid modifications	
2. mucus management	
3. selection of appropriate intubation/dressing supplies	
4. intubation and irrigation procedure and schedule	
5. signs and symptoms of pouchitis	
6. signs and symptoms of urinary tract infections	
4. <i>Orthotopic Neobladder</i>	2
a. <i>Instruct patients in:</i>	
1. voiding techniques and schedule	
2. clean intermittent catheterization	
3. control of incontinence	
4. signs and symptoms of pouchitis	
5. signs and symptoms of urinary tract infections	
E. Fistulas and Percutaneous Tubes and Drains	12
1. <i>Fistulas</i>	6
a. Identify etiologic factors and indicators of fistula development	
b. Assess	
1. type, source, and volume of output	
2. fluid and electrolyte and dietary considerations	
c. Manage drainage and protect skin	
d. Recommend pharmacological management strategies	
2. <i>Percutaneous Tubes and Drains</i>	6
a. Assess and manage patency and placement	
b. Recommend stabilization method	
c. Initiate measures to prevent tube migration	
d. Manage dislodgment	
e. Initiate measures to prevent and manage peritubular skin breakdown	
f. Perform chemical cauterization	
g. Replace a gastrostomy tube in an established tract	

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3. Continence Care	80
A. General Principles of Assessment	38
1. Assess normal micturition and defecation and age-related changes	
2. Identify pathophysiology of bladder and bowel dysfunction	
3. <i>Obtain history regarding the following to identify high risk patients:</i>	
a. bowel dysfunction (e.g., infection, rectocele, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions, encopresis)	
b. urinary dysfunction (e.g., infection, pelvic organ prolapse, prostate disease, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions)	
c. sexual/reproductive function (e.g., obstetric, menopause, sexual habits)	
d. functional and mental status, and environment	
e. medical/surgical and pharmacologic	
f. lifestyle issues (e.g., bladder and bowel habits, smoking, obesity, exercise, diet, hydration)	
4. <i>Assess patients regarding:</i>	
a. cognitive abilities (e.g., Mini-Mental Status Exam)	
b. functional abilities	
c. environmental factors	
5. <i>Perform physical examination:</i>	
a. abdomen	
b. skin	
c. urogenital exam – external	
d. pelvic exam - visual/digital exam	
e. rectal exam	
f. neuromuscular testing (e.g., anal wink, bulbocavernosus reflex)	
g. external anal sphincter assessment	
6. <i>Obtain and interpret diaries:</i>	
a. Bladder	
b. Bowel	
7. <i>Describe and/or perform procedures and rationale for diagnostic testing for urinary conditions:</i>	
a. urine studies	
b. post-void residual urine measurement (by catheter or bladder scan)	
c. urodynamics (e.g. cystometrogram, uroflowmetry)	
d. EMG studies	
e. endoscopic procedures (including cystoscopy)	
f. radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound)	
g. Q-tip test	
h. Pad testing	
i. Provoked stress maneuver (cough test)	
B. Differentiate and Manage Types of Urinary Incontinence	34
1. Identify symptom profile	
2. Identify etiology and contributing factors	

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3. <i>Teach patients to foster healthy bladder and bowel habits:</i>	
a. dietary and fluid management (including bladder irritants)	
b. emptying maneuvers	
c. bladder and bowel training program	
d. skin care - topical treatment for prevention	
4. <i>Teach and/or perform the following management techniques:</i>	
a. pelvic muscle exercises	
b. electrical stimulation	
c. biofeedback	
d. vaginal weights	
e. pessaries	
f. urge suppression techniques (e.g., quick flicks)	
g. environmental modifications (e.g., bedside commode, urinal, clothing)	
h. catheterization (e.g., clean intermittent catheterization, indwelling catheter care)	
i. toileting programs (e.g., scheduled toileting, prompted voiding)	
j. the "Knack"	
5. <i>Identify and recommend:</i>	
a. community and national resources	
b. containment products and devices	
6. Recommend pharmacologic treatment	
7. Recommend surgical treatment and prepare patient for procedures	
8. <i>Identify and manage the following types of incontinence:</i>	
a. transient	
b. stress (e.g., urethral hypermobility, intrinsic sphincter deficiency)	
c. urge (e.g., detrusor instability, overactive bladder, detrusor hyperreflexia, sensory)	
d. retention with overflow (e.g., impaired detrusor contractility, bladder outlet obstruction)	
e. functional (i.e., functional impairment that impacts continence)	
f. reflex	
g. nocturnal enuresis	
9. <i>Manage other types of voiding disorders:</i>	
a. post-prostatectomy incontinence	
b. detrusor hyperactivity with impaired contractility	
c. detrusor sphincter dyssynergia	
d. mixed incontinence	
e. nocturia	
f. urgency/frequency without leakage	
C. Types of Bowel Dysfunction	8
1. <i>Review symptom profile to identify type of bowel dysfunction:</i>	
a. constipation	
b. fecal impaction	
c. fecal incontinence	
d. diarrhea	
2. Identify etiology and contributing factors	

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3. <i>Manage the following types of bowel dysfunctions:</i>	
a. constipation	
b. fecal impaction	
c. fecal incontinence	
d. diarrhea	
4. <i>Teach:</i>	
a. prevention strategies to maintain optimal bowel function	
b. lifestyle modifications (e.g., diet, fluids, exercise)	
c. pharmacologic management of bowel dysfunction	
d. pelvic muscle exercises	
e. skin protection	
f. bowel cleansing	
g. sensory motor re-education (including biofeedback)	
h. containment devices/pouches	

Items are classified by content, as shown above, and also by the cognitive level requirement expected of a candidate. Approximately 21 percent of the examinations will require recall, 65 percent will require application, and 14 percent require analysis on the part of the candidate.