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

15. **Recommend:**
   - 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

1. **Assessment**
   - a. conduct and interpret risk assessment
   - b. stage pressure ulcers

2. **Management**
   - a. Recommend measures to promote mobility
   - b. Initiate plan for control of incontinence
   - c. Initiate measures for control of shear and friction
   - d. **Initiate pressure reduction measures by recommending:**
     1. turning and repositioning
     2. support surfaces (e.g., mattresses, overlays, seating devices)

### D. Lower Extremity Ulcers

1. **Assessment**
   - a. Assess and differentiate types of lower extremity ulcers
   - b. Assess and interpret risk factors
   - c. Assess:
     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. **Recommend and interpret:**
     1. toe pressure
     2. ankle-brachial index (ABI)
     3. transcutaneous oxygen pressure (TcPO2)

2. **Venous insufficiency**
   - a. **Manage:**
     1. dermatitis
     2. edema
   - b. **Recommend and apply:**
     1. dynamic compression therapy (e.g., pumps)
     2. static compression therapy
       - a. bandages (wraps)
       - b. therapeutic support stockings
       - c. orthotic devices
### Wound, Ostomy and Continence Nursing Certification Board

#### CWOCN Examination Specifications (effective 2006)

<table>
<thead>
<tr>
<th># Items</th>
<th>3. Arterial insufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Assess for subtle indications of infection</td>
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<tr>
<td></td>
<td>b. Recommend:</td>
</tr>
<tr>
<td></td>
<td>1. lifestyle changes to maximize perfusion</td>
</tr>
<tr>
<td></td>
<td>2. pharmacologic measures to maximize perfusion</td>
</tr>
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<td></td>
<td>3. evaluation for surgical/vascular intervention</td>
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<thead>
<tr>
<th># Items</th>
<th>4. Neuropathic ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Assess for foot deformity (e.g., Charcot changes, hammer toes)</td>
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<tr>
<td></td>
<td>b. Recommend:</td>
</tr>
<tr>
<td></td>
<td>1. measures for off-loading</td>
</tr>
<tr>
<td></td>
<td>2. patient referral for orthotics and shoes</td>
</tr>
</tbody>
</table>

| # Items | 5. Recommend and refer for management of lymphedema |

#### E. Other Types of Wounds 8

1. Recommend topical therapy for the following wounds:
   - a. surgical wounds
   - b. traumatic wounds
   - c. autoimmune wounds
   - d. neoplastic wounds
   - e. atypical wounds

2. Recommend management techniques for the following types of skin damage:
   - 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. Identify:
   - 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. Recommend and perform treatment of:
| **Wound, Ostomy and Continence Nursing Certification Board**  
<table>
<thead>
<tr>
<th><strong>CWOCN Examination Specifications (effective 2006)</strong></th>
<th># Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Recommend strategies to minimize odor</td>
<td>1</td>
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<tr>
<td>8. Customize teaching based on developmental stage, readiness to learn, knowledge level, cultural background, and learning style</td>
<td>1</td>
</tr>
<tr>
<td>9. <strong>Provide patient teaching related to:</strong></td>
<td>1</td>
</tr>
<tr>
<td>a. gastrointestinal and genitourinary cancers</td>
<td>1</td>
</tr>
<tr>
<td>b. bowel dysfunction (e.g., diverticular disease, inflammatory bowel disease, incontinence)</td>
<td>1</td>
</tr>
<tr>
<td>c. genetic and congenital diseases (e.g., polyposis syndromes, Hirschprung’s disease, imperforate anus, bladder exstrophy, spina bifida)</td>
<td>1</td>
</tr>
<tr>
<td>d. urinary dysfunction (e.g., interstitial cystitis, incontinence, neurogenic bladder)</td>
<td>1</td>
</tr>
<tr>
<td>e. necrotizing enterocolitis</td>
<td>1</td>
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<tr>
<td>10. <strong>Modify ostomy management:</strong></td>
<td>1</td>
</tr>
<tr>
<td>a. based on coexisting medical conditions (e.g., pregnancy)</td>
<td>1</td>
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<tr>
<td>b. for patients receiving radiation or chemotherapy</td>
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<tr>
<td>c. for patients with terminal illness</td>
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</tr>
<tr>
<td>11. Provide instruction and support to caregivers to optimize patients’ adaptation/self-care</td>
<td>1</td>
</tr>
<tr>
<td>12. Instruct patients on signs and symptoms requiring follow-up care</td>
<td>1</td>
</tr>
<tr>
<td>13. Refer patients to community and internet resources</td>
<td>1</td>
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</tbody>
</table>

**C. Fecal and Urinary Diversions (Colostomy, Ileostomy, Urostomy)**  
**23**

<table>
<thead>
<tr>
<th><strong>1. Colostomy</strong></th>
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</thead>
<tbody>
<tr>
<td>a. differentiate types of colostomies</td>
<td>1</td>
</tr>
<tr>
<td>b. identify plan of care based on type of colostomy</td>
<td>1</td>
</tr>
<tr>
<td>c. identify appropriate candidates for irrigation</td>
<td>1</td>
</tr>
<tr>
<td>d. teach irrigation techniques</td>
<td>1</td>
</tr>
<tr>
<td>e. teach management of retained distal segment of bowel</td>
<td>1</td>
</tr>
<tr>
<td>f. instruct patient in dietary modifications (e.g., to prevent constipation or reduce gas)</td>
<td>1</td>
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<tr>
<td>g. prepare patient for reanastamosis and takedown</td>
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<thead>
<tr>
<th><strong>2. Ileostomy</strong></th>
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</thead>
<tbody>
<tr>
<td>a. Teach patients signs and symptoms, and strategies to prevent blockage</td>
<td>1</td>
</tr>
<tr>
<td>b. Teach patients signs and symptoms, and strategies to prevent and correct fluid and electrolyte imbalances</td>
<td>1</td>
</tr>
<tr>
<td>c. Recommend and/or perform ileostomy lavage</td>
<td>1</td>
</tr>
<tr>
<td>d. Teach management of retained distal segment of bowel</td>
<td>1</td>
</tr>
<tr>
<td>e. Prepare patient for reanastamosis and takedown</td>
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<thead>
<tr>
<th><strong>3. Urostomy</strong></th>
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<tbody>
<tr>
<td>a. <strong>Instruct patients in:</strong></td>
<td>1</td>
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<tr>
<td>1. fluid modifications</td>
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<tr>
<td>2. nighttime management</td>
<td>1</td>
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<tr>
<td>3. mucus management</td>
<td>1</td>
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<tr>
<td>b. Manage stents</td>
<td>1</td>
</tr>
<tr>
<td>c. Teach patients signs and symptoms of urinary tract infections</td>
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</table>
## D. Continent Fecal and Urinary Diversions

<table>
<thead>
<tr>
<th># Items</th>
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<tbody>
<tr>
<td>10</td>
<td>Continent Cutaneous Fecal Diversions</td>
</tr>
<tr>
<td>2</td>
<td>Instruct patient regarding:</td>
</tr>
<tr>
<td></td>
<td>1. signs and symptoms of pouchitis</td>
</tr>
<tr>
<td></td>
<td>2. medications that are ineffectively absorbed</td>
</tr>
<tr>
<td></td>
<td>3. selection of appropriate intubation/dressing supplies</td>
</tr>
<tr>
<td></td>
<td>4. intubation and irrigation procedure and schedule</td>
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<tr>
<td></td>
<td>5. dietary modifications</td>
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<tr>
<td>3</td>
<td>Ileal Pouch Anal Anastamosis (IPAA)</td>
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<tr>
<td>3</td>
<td>Instruct patient regarding:</td>
</tr>
<tr>
<td></td>
<td>1. perianal skin care</td>
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<td></td>
<td>2. dietary and fluid modifications</td>
</tr>
<tr>
<td></td>
<td>3. signs and symptoms of pouchitis</td>
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<tr>
<td>3</td>
<td>Continent Cutaneous Urinary Diversions</td>
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<tr>
<td>3</td>
<td>Instruct patients in:</td>
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<tr>
<td></td>
<td>1. fluid modifications</td>
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<td>2. mucus management</td>
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<td>3. selection of appropriate intubation/dressing supplies</td>
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<td>4. intubation and irrigation procedure and schedule</td>
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<td></td>
<td>5. signs and symptoms of pouchitis</td>
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<td>6. signs and symptoms of urinary tract infections</td>
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<tr>
<td>2</td>
<td>Orthotopic Neobladder</td>
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<td>2</td>
<td>Instruct patients in:</td>
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<tr>
<td></td>
<td>1. voiding techniques and schedule</td>
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<td></td>
<td>2. clean intermittent catheterization</td>
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<tr>
<td></td>
<td>3. control of incontinence</td>
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<tr>
<td></td>
<td>4. signs and symptoms of pouchitis</td>
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<td></td>
<td>5. signs and symptoms of urinary tract infections</td>
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## E. Fistulas and Percutaneous Tubes and Drains

<table>
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<th># Items</th>
<th>Description</th>
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<tbody>
<tr>
<td>12</td>
<td>Fistulas</td>
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<tr>
<td>6</td>
<td>Identify etiologic factors and indicators of fistula development</td>
</tr>
<tr>
<td></td>
<td>Assess</td>
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<tr>
<td></td>
<td>1. type, source, and volume of output</td>
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<td></td>
<td>2. fluid and electrolyte and dietary considerations</td>
</tr>
<tr>
<td></td>
<td>3. manage drainage and protect skin</td>
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<td></td>
<td>4. recommend pharmacological management strategies</td>
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<td>6</td>
<td>Percutaneous Tubes and Drains</td>
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<tr>
<td></td>
<td>Assess and manage patency and placement</td>
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<td></td>
<td>Recommend stabilization method</td>
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<td></td>
<td>Initiate measures to prevent tube migration</td>
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<td></td>
<td>Manage dislodgment</td>
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<td></td>
<td>Initiate measures to prevent and manage peritubular skin breakdown</td>
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<td></td>
<td>Perform chemical cauterization</td>
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<td></td>
<td>Replace a gastrostomy tube in an established tract</td>
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<tr>
<td>3. Continence Care</td>
<td>80</td>
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</tr>
<tr>
<td><strong>A. General Principles of Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>1. Assess normal micturition and defecation and age-related changes</td>
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<tr>
<td>2. Identify pathophysiology of bladder and bowel dysfunction</td>
<td></td>
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<tr>
<td>3. Obtain history regarding the following to identify high risk patients:</td>
<td></td>
</tr>
<tr>
<td>a. bowel dysfunction (e.g., infection, rectocele, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions, encopresis)</td>
<td></td>
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<tr>
<td>b. urinary dysfunction (e.g., infection, pelvic organ prolapse, prostate disease, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions)</td>
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<tr>
<td>c. sexual/reproductive function (e.g., obstetric, menopause, sexual habits)</td>
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<tr>
<td>d. functional and mental status, and environment</td>
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<tr>
<td>e. medical/surgical and pharmacologic</td>
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<tr>
<td>f. lifestyle issues (e.g., bladder and bowel habits, smoking, obesity, exercise, diet, hydration)</td>
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<tr>
<td>4. Assess patients regarding:</td>
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<tr>
<td>a. cognitive abilities (e.g., Mini-Mental Status Exam)</td>
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<td>b. functional abilities</td>
<td></td>
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<tr>
<td>c. environmental factors</td>
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<td>5. Perform physical examination:</td>
<td></td>
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<tr>
<td>a. abdomen</td>
<td></td>
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<td>b. skin</td>
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<td>c. urogenital exam – external</td>
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<tr>
<td>d. pelvic exam - visual/digital exam</td>
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<tr>
<td>e. rectal exam</td>
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<tr>
<td>f. neuromuscular testing (e.g., anal wink, bulbocavernosus reflex)</td>
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<tr>
<td>g. external anal sphincter assessment</td>
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<tr>
<td>6. Obtain and interpret diaries:</td>
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<tr>
<td>a. Bladder</td>
<td></td>
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<td>b. Bowel</td>
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<tr>
<td>7. Describe and/or perform procedures and rationale for diagnostic testing for urinary conditions:</td>
<td></td>
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<tr>
<td>a. urine studies</td>
<td></td>
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<tr>
<td>b. post-void residual urine measurement (by catheter or bladder scan)</td>
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<tr>
<td>c. urodynamics (e.g. cystometrogram, uroflowmetry)</td>
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<tr>
<td>d. EMG studies</td>
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<tr>
<td>e. endoscopic procedures (including cystoscopy)</td>
<td></td>
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<tr>
<td>f. radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound)</td>
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<tr>
<td>g. Q-tip test</td>
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<td>h. Pad testing</td>
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<tr>
<td>i. Provoked stress maneuver (cough test)</td>
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<tr>
<td><strong>B. Differentiate and Manage Types of Urinary Incontinence</strong></td>
<td>34</td>
</tr>
<tr>
<td>1. Identify symptom profile</td>
<td></td>
</tr>
<tr>
<td>2. Identify etiology and contributing factors</td>
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</tbody>
</table>
3. **Teach patients to foster healthy bladder and bowel habits:**
   - dietary and fluid management (including bladder irritants)
   - emptying maneuvers
   - bladder and bowel training program
   - skin care - topical treatment for prevention

4. **Teach and/or perform the following management techniques:**
   - pelvic muscle exercises
   - electrical stimulation
   - biofeedback
   - vaginal weights
   - pessaries
   - urge suppression techniques (e.g., quick flicks)
   - environmental modifications (e.g., bedside commode, urinal, clothing)
   - catheterization (e.g., clean intermittent catheterization, indwelling catheter care)
   - toileting programs (e.g., scheduled toileting, prompted voiding)
   - the "Knack"

5. **Identify and recommend:**
   - community and national resources
   - containment products and devices

6. **Recommend pharmacologic treatment**

7. **Recommend surgical treatment and prepare patient for procedures**

8. **Identify and manage the following types of incontinence:**
   - transient
   - stress (e.g., urethral hypermobility, intrinsic sphincter deficiency)
   - urge (e.g., detrusor instability, overactive bladder, detrusor hyperreflexia, sensory)
   - retention with overflow (e.g., impaired detrusor contractility, bladder outlet obstruction)
   - functional (i.e., functional impairment that impacts continence)
   - reflex
   - nocturnal enuresis

9. **Manage other types of voiding disorders:**
   - post-prostatectomy incontinence
   - detrusor hyperactivity with impaired contractility
   - detrusor sphincter dyssynergia
   - mixed incontinence
   - nocturia
   - urgency/frequency without leakage

C. **Types of Bowel Dysfunction**

1. **Review symptom profile to identify type of bowel dysfunction:**
   - constipation
   - fecal impaction
   - fecal incontinence
   - diarrhea

2. **Identify etiology and contributing factors**
### Items

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

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.