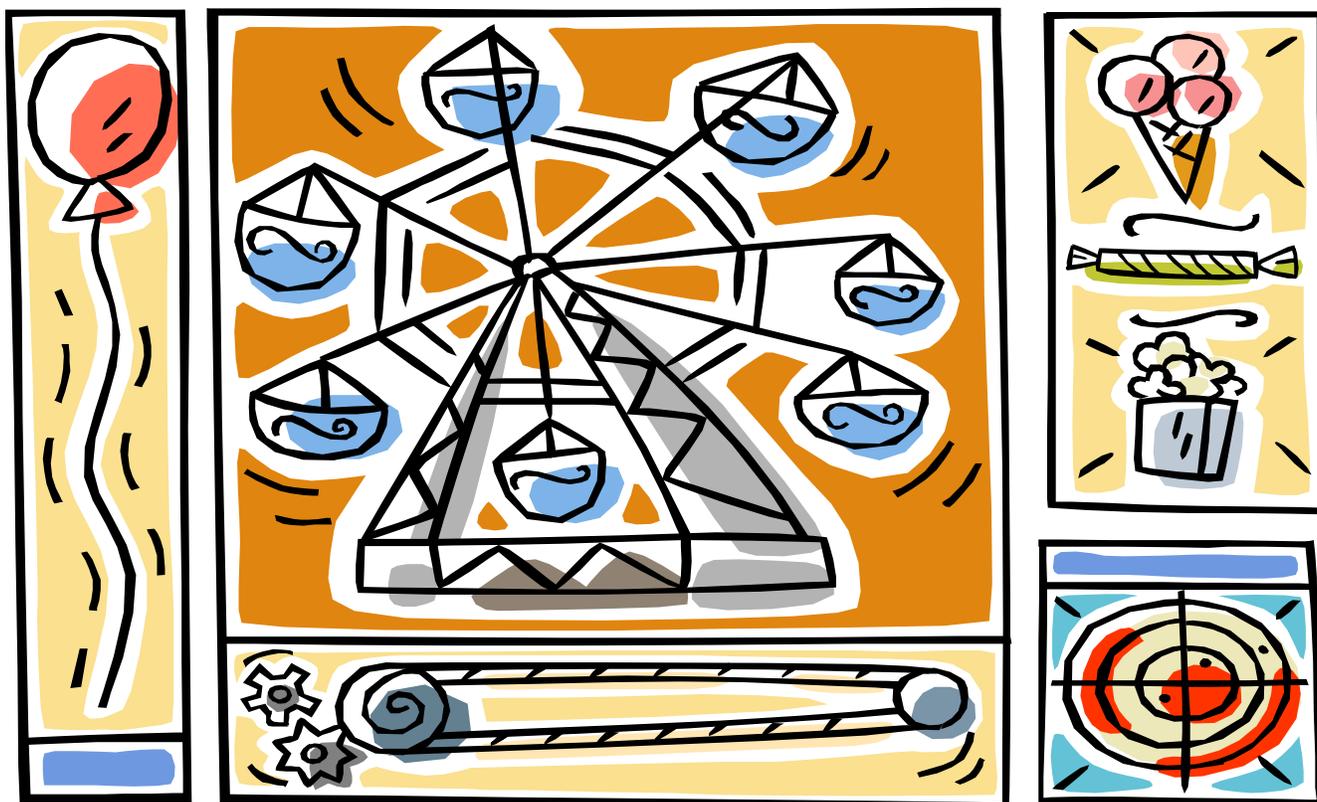


Meet me at the Skin Care Fair

Instruction Guide to accompany the Skin Care Fair PowerPoint Slides



Purpose: Provide staff with the knowledge to prevent pressure ulcers.

Methods: Hands on activities, discussion, slide show

Proof of learning: Ability to state several interventions to prevent pressure ulcers.

Adapted from materials created by Louisiana Health Care Review, Inc.

Skin Care Fair Instruction Guide

Welcome to the Skin Care Fair!!!

This program was designed to give trainers examples and ideas for training on pressure ulcer risk factors and interventions. It was meant for the nursing assistants, but can be utilized for any staff and/or family members. You do not need to do all of the modules and you can always improvise – again this was made to give you ideas. It is recommended that you do this training as a part of orientation, then yearly thereafter.

How to use the Skin Care Fair:

- In a small group utilizing the PowerPoint, having participants volunteer for each activity.
- Without the PowerPoint in a small group just doing the demonstrations
- As a skills fair where participants go from station to station interacting with each demonstration

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Part I. Hands-On Activities

Topic: Oh, My Precious Epidermis

Start with educating them on what a pressure ulcer is and what causes them. Click on the Oh, My Precious Epidermis slide. Introduce that importance of pressure ulcer prevention and how the Nursing Assistant is the key to its success. Next, set up the “Under Pressure” exercise.

1. Under Pressure (Setup)

- Step 1. Have 5 participants come up to the front of the room and sit in chairs facing the group.
- Step 2. Have each participant cross his or her legs and get comfortable. Once situated ask them to uncross their legs and re-cross them in the opposite position.
Hint: you may want to allow them to bring up their paper to make notes on during the presentation.
- Step 3. Tell the participants they are not to change or shift their positions for the entire presentation.
- Step 4. Tell the participants that if they can't stand to sit in that position any longer to call out during the presentation to notify the instructor. Also, ask the participants to monitor each other and if you see each other move call out during the presentation and identify who moved.
- Step 5. Then ask the audience to look at their positions carefully and if they see them move to call out during the presentation and identify who moved.
Hint: you can also give a treat to anyone who identifies that someone has moved – if you do, this let the participants know if they identify anyone moving, a reward will be given.
- Step 6. During the presentation if a participant calls out that they need to move or is caught moving, have them go back to their seat.
Move on to the presentation at this point.

2. The Barren Desert

Objective: To visually see the effects of friction on the skin. Dry onion skin should tear and shed when inserted in and out of a long tube sock. Applying lotion should moisturize the onion skin, reduce friction and help prevent skin tears.

- Step 1. Advise the participants to think of the onion as an elder's fragile skin, and the sock as his or her bed linen.
- Step 2. Have dry onions available.

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Hint: Onions should be dry, and kept at room temperature for best skin shedding.

Step 3. Have participant try to put a dry onion in and out of a long tube sock. Note what happens to the onion's skin. Turn the sock inside out so the participants can see all the onion's skin that has shed

Step 4. Now apply lotion generously all over the dry onion. With a clean sock, repeat the process. Turn the sock inside out to show little to no shedding occurred. How does applying lotion change the results seen on the onion's skin?

Hint: Another hint to reduce friction: Have volunteer roll the sock all the way down to the toes in order to reduce "sliding" the entire sock over the onion.

Have paper towels available for participant to clean lotion from his/her hands.

Lesson: The importance of moisturizer in the prevention of pressure ulcers. When applying lotion, avoid vigorous massage over bony prominences or reddened areas. For lower legs (below the knee) & feet, petroleum products (Vaseline) are the best to use as they do not contain lanolin or mineral oil, which can irritate skin on the lower legs and feet.

3. Fragile-Handle with Care:

Objective: Pulling off silk tape from an over-ripe tomato will pull the tomato's skin off thus replicating how easily the skin can tear.

Step 1. Ask the audience who has a "tender touch?" Invite this individual to come up and participate in this activity. Advise the participants to think of the tomato as the fragile skin of an elderly resident and the silk tape as a band-aid or dressing.

Step 2. Have an overripe, thin-skinned tomato with silk tape applied (If tomatoes are not available, may use plums, or any fruit with skin that tears easily).

Hint: Keep tomatoes/fruit at room temperature to ensure delicacy.

Step 3. Tell the participant that his/her challenge is to remove the silk tape without tearing the skin. If the participant succeeds, have the audience clap for him/her and designate them as having a "tender touch."

Lesson: The importance of removing all bandages with care, so as not to tear the skin. Remember, any harsh movement or pulling can create a skin tear. Residents can wear long sleeves and pants to add a layer of protection. Provide a well-lit environment to reduce the risk of residents bumping into equipment or furniture (Baranoski, S., 2003).

4. The Barrier Reef:

Objective: To show how skin protective ointments protect the skin from urine and feces. This exercise will also teach them when to use clear ointments verses paste ointments and

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how to properly remove them without irritating/tearing the skin. After submerging both hands into colored water, the participants should notice a difference in skin color between the unprotected hand and the hand with clear or paste barrier ointment. In addition, water will bead (be repelled) only on the protected hand. For the paste barrier cream show how to remove just the visible colored water, gently leaving a layer on the skin to show that it is not necessary to scrub off all the paste barrier ointment.

Step 1. You need two participants and let them know it may stain their hands for a day.

Step 2. Apply CLEAR Petrolatum moisture barrier (i.e. A & D, Protective Ointment) to top of one hand of the first participant. Then apply a layer of the paste ointment (zinc oxide) to one hand of the second participant.

Step 3. Two pans of water with a generous amount of food coloring

Hint: Red works great!

Have each participant place both hands in a pan of water for a few minutes. Ensure water covers the tops of the hands. While the hands are soaking, ask the audience what they expect the hands will look like when removed.

Step 4. Remove the hands and compare them. The knuckles of the unprotected hand will appear “colored” while the protected hand repels the food coloring and water beads on it.

Hint: An effective analogy to draw is reminding them how a car with a good wax application repels (beads) the water when it rains. A sign that the car is being protected. In the same respect, they will see water beading on the hand with barrier ointment.

Step 5. Next demonstrate how to gently remove any of the colored water off the participant with the paste ointment, removing just the visible colored water, leaving some paste on the skin.

Have towels available for drying.

Lesson: Moisture is a risk factor for developing pressure ulcers. The importance of using barrier creams as they will help protect the skin during an incontinent episode. Clear ointments should be used on clear intact skin and paste ointments should be used on irritated/macerated skin until the skin is clear & intact again. It is very important that staff know how to gently remove the paste ointments so they do not further disrupt the irritated skin.

5. You're Tearing Me Apart

Objective: As the participant slides against the wall with two layers of tissue paper, he/she is replicating friction and shearing. The two layers of tissue paper should crinkle, separate and may even tear.

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- Step 1. To make this fun, ask for a participant who is the “wild one” in the group. Usually the group points out this individual.
- Step 2. Give participant the two layered tissue paper
- Step 3. Advise the audience to think of the tissue paper as fragile skin and the wall as the bed linen.
- Step 4. Have the participant lean against the wall on the paper
- Step 5. Advise the participant that you are going to see how “wild” he/she really is. Have him/her slide up and down the wall, and side to side. At the same time, ask the participants what they expect to happen to the tissue paper.
- Step 6. Allow the audience to view the participant’s tissue paper.
- Step 7. Ask the participants to discuss ideas on how to reposition residents to reduce friction.

Lesson: To prevent friction and shearing, use draw sheets and lifting devices to “lift” rather than “drag” residents. Keep the HOB at, or below, 30 degrees or at the lowest degree of elevation, consistent with the resident’s medical condition, to prevent sliding and shear injuries. Use cushioning devices, such as pillows, to prevent the touching of bony prominences. Cornstarch can also reduce friction if sprinkled in underwear/ incontinence briefs or on bed linens. Just be careful not to use too much or get it on the floor as it will be slippery.

Topic: Beef, It’s What’s for Dinner

1. Taster’s Choice

Objective: By tasting the facility’s supplements/food at different temperatures, the participant will understand the importance of knowing each resident’s food preferences to maintain their nutrition.

- Step 1. Have the participants taste samples of their own supplements or food warm and cold.
- Step 2. Have the participants sample hot foods served cold.
- Step 3. Explain to participants that sometimes “tasters” have experienced indigestion and stomach cramps. This may explain the unwillingness of the elder to accept the supplement/food the second time. If this occurs encourage the CNA to inquire about symptoms if the elder refuses since this can impact nutritional intake.
- Step 4. Next give them a facility menu for the week or month (which ever is available).

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- Step 5. Have them right down the foods they see on the menu they do not like. Then have them write down any of their favorite foods that they don't see being offered.
- Step 6. Have them share their dislikes and favorite foods that are not on the menu and how they would feel about this.

Lesson: Weight loss is a risk factor for developing a pressure ulcer. Appeal to the resident's appetite by serving food according to the resident's preferences and consistent with the resident's medical condition.

2. Treasure Hunt

Objective: The participant will experience the difficulties a resident encounters while eating. The safety glasses and gloves replicate vision impairment and arthritis. A time limit placed on "mealtime" emphasizes these difficulties.

- Step 1. The participant applies safety glasses coated with petroleum jelly.
- Step 2. The participant applies cotton gloves (garden gloves can be used).
- Step 3. Use a plate with colors similar to colored "Goldfish" crackers. Put about 25 colored goldfish within the respective colors on the plate.
- Step 4. Advise the participant that he/she has 30 seconds for mealtime. To complete his/her meal, the participant must use this time to pick up each goldfish individually and place it on another plate. Time the start and finish of the activity.
- Step 5. Note if the participant was able to complete his/her "dinner" and what difficulties he/she had.

Lesson: Physical limitations can be a factor in poor nutritional intake. Assist residents to eat as necessary. Understand how residents may feel about their limitations.

Topic: Between a Rock and a Hard Place – Can You Tolerate the Pressure?

1. The Princess and the Pea

Objective: When the participant sits on a pillow with a firm ball underneath, he/she will not be comfortable sitting.

- Step 1. Ask the audience if there is a princess present. Choose a participant to test if they are truly a "princess."
- Step 2. A chair with a small, firm rubber ball or tennis ball
- Step 3. Secretly place pillow (covered with a plastic garbage bag for cleanliness) on top of the ball so that the ball is not visible

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- Step 4. Have participant sit on the pillow. To make it fun, advise the participant no wiggling allowed or the audience will “boo.” For fun, have the audience practice “booing” one time.
- Step 5. While the participant is sitting, tell the story of the Princess and the Pea. (Once upon a time, a girl wanted to marry the prince. Since only a *true princess* could marry the prince, his mother, the queen, gave her a test to see if this was the case. For her test, the girl had to sleep on top of a pile of many mattresses. Unbeknownst to her, a pea was placed under the very bottom mattress. A *true princess* would detect this! Needless to say, the girl could not fall asleep because there was something making the mattress very uncomfortable (the pea). She told the queen of this. The queen recognized that she *truly was a princess*. She married the prince and lived happily ever after. The end of the story.)
- Step 6. State that you will now see if there is a princess in the chair. Ask the participant if he/she feels comfortable sitting? If the participant is uncomfortable, deem him/her prince/princess for the day!
- Step 7. Show the audience the hidden rubber ball under the pillow. Usually they will laugh at this point.
- Step 8. Ask the audience what can be done to wheelchairs and beds to reduce pressure and make the resident more comfortable.

Lesson: Use support surfaces on beds and chairs to reduce or relieve pressure. Ensure that they are in place and in proper working condition.

2. Dorothy’s Shoe ...”Lions, and tigers, and bears oh my!”

Repeat “Lions, and tigers, and bears oh my!” with the sound clip. Then state, “Pressure and blisters and objects oh my!” (just like the previous phrase).

Objective: By having the participant with closed eyes feel in the shoe, he/she will feel objects that could create pressure on the foot.

- Step 1. Place paper clip and other small objects in shoe (i.e. paper clips, dimes, nickels, rubber band, ball).
- Step 2. Have the participant close their eyes and feel to identify the objects. Any parts of the shoe itself that could create pressure on the foot can be identified. Have the audience clap if the participant can identify the objects.
- Step 3. Remind the audience that some residents may not be able to sense pressure and react to it. For example, diabetics may have limited sensation of the feet and be unable to detect pressure, even from a shoe.
- Step 4. Ask the audience if they can identify other equipment that can create pressure on the skin i.e. oxygen cannula, improperly fitting incontinent briefs.

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Lesson: Be alert for anything that could create pressure on the skin, even objects or parts from worn shoes. Limited sensory perception, the ability to sense and react to pressure, is a risk factor for pressure ulcers. By inspecting the skin on a regular basis, objects/equipment creating pressure can be noted.

3. Mom, you're squeezing me too tight!

Objective: Shows how time and pressure have an inverse relationship (in a small amount of time if the pressure is great enough a pressure ulcer can develop) and how it is important to evenly distribute body weight over a large area so that one area doesn't have more pressure than another. Pushing into a balloon with a fist makes it very difficult to pop the balloon versus pushing the sharpened end of a pencil into the balloon, which will create an area of high-intensity pressure with a small surface area, and the balloon will pop (develop a wound).

Step 1. Small balloon

Step 2. Sharpened pencil

Step 3. Have participant apply intense pressure on the balloon with their fist first showing it would be difficult to break the balloon and then the sharpened pencil, preferably until it pops (just like creating a wound).

Lesson: Tissue damage can occur within a short period of time with high-intensity pressure (Bryant, 1992). Actions that minimize pressure, such as pressure reduction support surfaces in the bed and wheelchair, using pillows and wedges between bony prominences, heel elevation and timely turning and repositioning will help prevent pressure ulcers.

Hint: On daily rounds monitor to ensure heels are off the beds and equipment is being used appropriately.

4. Kick Your Heels Up!

Objective: Show staff how to properly relieve the pressure from heels

Step 1. 2 pillows

Step 2. Heel lift devices the facility uses

Step 3. "Bunny" boot only if available (to demonstrate how they don't lift the heels off of the bed).

Step 4. Demonstrate with the pillow how to properly float the heels off of the bed (making sure the pillow is properly placed behind the entire calf, floating the heel) and how to correctly apply heel lift devices. Have the participants try them on to feel how they lift the heels up off of the bed, versus how a "bunny" boot doesn't lift the heel off of the bed.

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Lesson: Heels are especially vulnerable to the effects of pressure, even on a good support surface. Heel elevation will help prevent pressure ulcers to the heels.

Hint: On daily rounds monitor to ensure heels are off the beds and equipment is being used appropriately.

5. Under Pressure (Continuation)

Objective: To show the importance of individualizing turning and repositioning intervals for both comfort and prevention of pressure ulcers.

- Step 1. Once you are done with the skills fair, check who is left sitting in the same position. Ask them how much longer they think they could each stay that way and how they currently feel.
- Step 2. Now have them stand up (and/or entire class) and **quickly** go back to the same position. Ask them if that helped? Now have them stand up and count or time them to 60 seconds and then go back into the same position and ask them if that helped. Go over off-loading and how it can be effective to relieve the pressure and get circulation back, but for some of the participants it may not have helped with comfort at this point.
- Step 3. Now go over how important it is to do individualize turning and repositioning as each of us is different as evidenced by how each participant tolerated different intervals without moving.
- Step 4. Also, point out if people in the crowd noticed if the participants changed positions or not and if they said anything. Monitoring of repositioning by all staff is the key to ensure it is happening.

Lesson: Pressure is the primary cause of pressure ulcers and an effective turning and repositioning program is an effective way to prevent pressure ulcers. A tissue tolerance assessment is an effective way to individualize the resident's turning and repositioning interval. Implementation of a turning and repositioning program is the key and effective monitoring of this by ALL staff can ensure its success. Effective off-loading (for at least a minute) if they are going back into the same position is also helpful, but doesn't always mean it is comfortable.

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Part II. Group Discussion Section

Topic: Terrors of the Deep: *What It Looks Like When Pressure Sores Develop*

We will now replicate the stages of pressure ulcers. Remember that pressure is the root of all the following evil:

1. Deep Tissue Injury: Apple

Description: The blackened/bruised areas of an apple replicate Deep Tissue Injury ulcers. Have the participants close their eyes and then see if they can locate the bruise by feeling the apple. This will simulate how a “mushy” area feels and promote the need to feel over the bony prominence, especially in dark skin tones. It also shows how the bruise is indicating there is damage underneath and that it is not just superficial to the skin of the apple.

DEEP TISSUE INJURY:

Purple or maroon localized area of discolored intact skin or **blood**-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Further Description: Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

STAGE I:

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Further Description: The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons (a heralding sign of risk).

2. Stage II: Orange

Description: To simulate a Stage II ulcer, use a potato peeler to slightly shave rind but not break through to the actual fruit of the orange.

STAGE II:

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured **serum**-filled blister.

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Further Description: Presents as a shiny or dry shallow ulcer without slough or bruising (bruising indicated suspected deep tissue injury). **This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.**

3. Stage III: Orange

Description: To simulate a Stage 3 ulcer, use potato peeler to remove all of the rind in one area and slightly break through to the fruit.

STAGE III:

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Further Description: The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

4. Stage IV: Orange

Description: Use the potato peeler to break through the rind and create a deep wound into the orange. The area on this orange represents a Stage 4 pressure ulcer. Not only is the rind broke, but the damage goes deep into the fruit of the orange.

STAGE IV:

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Further Description: The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

5. UNSTAGEABLE:

Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

Further Description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as “the body’s natural (biological) cover” and should not be removed.

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Part III. Group Discussion and Game

Topic: Solving the Puzzle-Assessing for Risk

1. Braden Scale Risk Factors Game

- Step 1. Use the Braden Puzzle Piece Set for this exercise and discussion. Each set has 6 puzzle pieces with a different Braden risk factor listed on each piece.
- Step 2. Each participant should receive one puzzle piece. Each set should have a total of 6 puzzle pieces, which includes all the risk factors. Multiple sets can be used for more than 6 players.
- Step 3. Go through each risk factor and ask the participants of a particular risk factor to raise their hands if they have that puzzle piece. Ask them for an intervention to help reduce the effect of that risk factor.
- Step 4. At the end of this exercise, the accompanying PowerPoint will show the completed puzzle.

2. Braden Scale Risk Factors Game Answers

Risk Factor: Sensory Perception

- **Description:** The person's ability to perceive and respond MEANINGFULLY to pressure related pain & discomfort
- **Interventions:**
 - Remember the shoe exercise? Check for anything that could be creating pressure on the skin.
 - For the resident with limited ability to perceive pressure, put on a turning schedule to ensure pressure relieved at regular intervals.

Risk Factor: Moisture

- **Description:** The amount of moisture to which the skin is exposed.
- **Interventions:**
 - Use moisture barrier in particularly wet areas (peri-area, buttocks, etc.)
 - Change clothing, incontinence products, and linen as often as you need to.

Risk Factor: Activity

- **Description:** Getting up and around.
- **Interventions:**
 - Change position at least every 2 hours
 - ROM
 - Ambulate
 - Teach resident to change his/her own position.

Risk Factor: Mobility

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- **Description:** Changing position and controlling body position.
- **Interventions:**
 - Float the heels
 - Reposition at least every 2 hours for bed-bound residents; hourly for chair bound
 - Use pillows for support

Risk Factor: Nutrition

- **Description:** USUAL food intake.
- **Interventions:**
 - Help to eat
 - Get foods they like (within their diet)
 - Offer fluids frequently (as diet allows)
 - Provide supplements as ordered

Risk Factor: Friction & Shear

- **Description:** Ability to move without rubbing or dragging.
- **Interventions:**
 - Use lift sheet
 - Soft socks on feet
 - Long sleeves or elbow protectors
 - Keep the head of the bed at the lowest degree of elevation consistent with medical condition and other restrictions. Limit the amount of time the head of the bed is elevated.

References

Baranoski, S. Skin tears: Staying on guard against the enemy of frail skin. *Nursing 2003*, October 2003, 33(10), p. 14-20.

Bryant, R. Acute and Chronic Wounds Nursing Management. St Louis, Mosby Year Book, 113, 1992.

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Part IV. Nursing Home Skin Care Fair Inventory List

Item	Amount	Required for this Exercise:
Perishable		
Dry onions	1	The Barren Dessert
Tomato (ripened)	1	Fragile-Handle with Care
Colored Goldfish	1 bag	Treasure Hunt
Oranges	3	Terrors of the Deep
Apple that is bruised	1	Terrors of the Deep
Non-perishable		
Treasure Chest (any container for supplies)	1	
Tube sock	2	The Barren Dessert
Moisturizer Lotion	1 tube	The Barren Dessert
Silk tape (to simulate bandages)	1 box	Fragile-Handle with Care
Balloons	1	Mom, You're Squeezing me too tight
Clear Barrier ointment (Vaseline)	1	The Barrier Reef
Paste Barrier ointment (contains zinc oxide)	1	The Barrier Reef
Bowls	2	The Barrier Reef
Food coloring (red is best!)	1	The Barrier Reef
Tissue paper square that has two sheet stuck together	1	You're Tearing Me Apart
pencil with sharp point	1	Mom, Your Squeezing Me Too Tight
Bathroom cups (for tasting)	1 pack	Taster's Choice
Safety glasses	1	Treasure Hunt
Petroleum jelly	1	Treasure Hunt
Cloth gloves	2	Treasure Hunt
Colorful plate (plastic is best)	1	Treasure Hunt
Pillow	2	Princess and the Pea; Kick Your Heels Up
Plastic garbage bag (to encase the pillow)	1	Princess and the Pea
Small rubber ball or tennis ball	1	Princess and the Pea
Potato peeler	1	Terrors of the Deep
Knife	1	Terrors of the Deep
Shoe (tennis)	1	Dorothy's Shoe
Paper clip, nickel, dime, small ball and/or rubber band (items go inside the shoe)	1	Dorothy's Shoe
Watch with a second hand	1	Treasure Hunt
Skin Care Fair Power point	1	
Paper towels	1 roll	
Disinfecting wipes	1 roll	Disinfected bowls, eyeglasses, plate
Items from Nursing home		
Nutritional supplements or meal from facility	Enough for CNAs to taste hot/cold	Taster's Choice
Facility Menu for the week or Month	1 for each participant	Taster's Choice
Heel floatation devices	1 of each type	Kick your Heels Up