

SKIN CARE FAIR

INSTRUCTOR'S GUIDE

Program Summary

The Skin Care Fair is a dynamic, interactive pressure ulcer prevention in-service that uses fun, hands-on activities to educate direct-care staff about the risk for pressure ulcers and how they can help prevent them. This program is most effective when conducted in a group setting. However, each activity can be demonstrated easily on an individual basis and can be utilized separately based on your facility's needs.

The Skin Care Fair is conducive to regularly-scheduled education sessions as well as orientation activities. It is recommended that volunteers be involved in each hands-on activity to encourage staff participation. You may wish to provide a "reward" (e.g., candy, pens, etc.) for each volunteer to thank them for their contributions. The activities are designed to spark discussion about the risk factors for pressure ulcers and how your facility can reduce and/or eliminate those factors. During the activity discussions, allow staff the opportunity to share their best practices for resident care and encourage them to work together for improved quality of care.

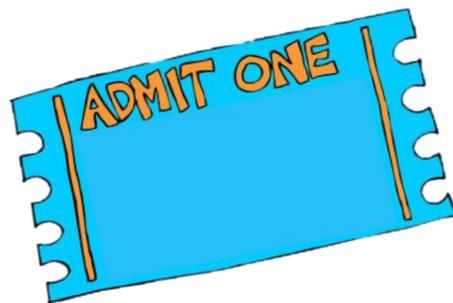
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SKIN CARE FAIR EDUCATION CONCEPTS

Goals

- Provide staff with interactive learning activities that provide pressure ulcer prevention education.
- Facilitate discussions that identify facility best practices and opportunities for improvement associated with pressure ulcer prevention.

Objectives

Upon completion of the Skin Care Fair program, participants will be able to:

- Describe risk factors and causes of pressure ulcers.
- List at least three interventions to prevent pressure ulcers.
- Demonstrate increased knowledge about pressure ulcer prevention through active participation in activities.

Resources Needed

- Skin Care Fair promotional flyer (can be customized with times & locations)
- Skin Care Fair PowerPoint presentation
- Skin Care Fair instructor's guide
- Items on supply list (page 16)
- Do's and Don'ts of Pressure Ulcer Prevention

Learning Methods

- Hands-on activities
- Group discussion

Helpful Hints

- Use the supply list (page 16) to prepare all items beforehand.
- Allow at least 30 minutes to set up your fair. Tailor activities to align with your facility's policies.
- Set up options (*dependent upon space available*):
 - All activity items on a table
 - Set up multiple tables (one for each activity)
 - Utilize a table that participants may be seated around
 - Set up a display table in the front of the room for participants to come forward to demonstrate activities
- Allow 45 minutes to 1 hour to conduct all activities within the Skin Care Fair program. The session can be adjusted to meet the group size as well as the schedules and needs of your staff. If each activity is conducted separately, allow for a maximum of 10 to 15 minutes, including discussion time.

Source: National Pressure Ulcer Advisory Panel (NPUAP) Pressure Ulcer Prevention Quick Reference Guide, 2009. Available at: www.npuap.org/wp-content/uploads/2012/02/Final_Quick_Prevention_for_web_2010.pdf

Part 1:

Hands-On Activities

The Barren Desert

Objective:

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

Instructions:

- Advise the participant to think of the onion as an elder's fragile skin and the sock as his/her bed linen.
- Have dry onions available (*Hint: Onions should be dry and kept at room temperature for best skin shedding*).
- Have the 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 participant can see all of the onion's skin that has shed.
- Now apply lotion generously all over the dry onion and repeat the process using a clean sock. Turn the sock inside out to show little to no shedding occurred. Ask, "How does applying lotion change the results seen on the onion's skin?"
- Another hint to reduce friction: Have the participant roll the sock all the way down to the toe area of the sock 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 good skin care. When applying lotion, avoid vigorous massage over bony prominences or reddened areas.

Supplies Needed:

- Dry onions
- Tube socks
- Moisturizing lotion

Fragile, Handle with Care

Objective:

Pulling silk tape off an over-ripe, thin-skinned tomato will pull the tomato's skin off, thus replicating how easily fragile skin can tear.

Instructions:

- Ask the audience, "Who has a tender touch?" Invite the individual who raises his/her hand to participate in this activity. Advise participant to think of the tomato as the fragile skin of an elderly resident and the silk tape as a band-aid or dressing.
- Apply silk tape to an over-ripe, thin-skinned tomato. If a tomato is not available, use a plum or piece of fruit with skin that tears easily. (Hint: Keep tomato or fruit at room temperature to ensure delicacy). If fruit is not available to use for this activity, participants can use cheap paper towels or tissue paper to simulate the skin tearing.
- 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 the participant and designate him/her 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.

Supplies Needed:

- Tomato or plum (over-ripe, thin-skinned)
- Silk tape
- Optional: cheap paper towels or tissue paper (alternatives to tomato or plum)

The Great Barrier Reef

Objective:

After submerging both hands in colored water, the participant should notice a difference in skin color between the unprotected hand and the hand with barrier ointment. In addition, water will bead (be repelled) only on the protected hand.

Instructions:

- Apply moisture barrier to the top of one hand.
(Hint: For this demonstration, it is best to use a clear barrier ointment [e.g., A&D] rather than white zinc oxide.)
- Add a generous amount of food coloring to a bowl of water.
(Hint: red works great.)
- Have the participant place both hands in the water for a few minutes. Ensure water covers the tops of both hands. While the hands are soaking, ask the audience what they expect the hands to look like when removed.
- Remove the hands and compare them. The knuckles of the unprotected hand will appear “colored” while the protected hand will repel the food coloring and water beads will form on it.
- Provide an analogy to the audience by reminding them how a car with a good wax application repels water when it rains. Water beads on the car are a sign that the car is protected. In the same respect, water beading on the hand with barrier ointment shows the hand is protected.
- Have towels available for the participant to clean their hands.



Lesson:

Moisture is a risk factor for developing pressure ulcers. It is important to use barrier creams, as they protect the skin during an incontinent episode.

Supplies Needed:

- Barrier ointment
- Bowl of water
- Food coloring

You're Tearing Me Apart

Objective:

As the participant slides against the wall with the wax paper, he/she is replicating friction and shearing. The wax paper should crinkle and may even tear.

Instructions:

- To make this fun, ask the audience to identify a participant who is the “wild one” of the group.
- Give participant a piece of wax paper.
- Advise the audience to think of the wax paper as fragile skin and the wall as bed linen.
- Have the participant lean against the wall on the paper.
- Tell the participant that you are going to see how "wild" he/she really is. Have the participant slide side-to-side and up and down on the wall. At the same time, ask the participant what he/she expects to happen to the wax paper.
- Allow the audience to view the participant's wax paper.
- Ask the participant to share ideas on how to reposition residents to reduce friction.
- Discuss how physical and occupational therapy staff can partner with nursing staff to help with seating and positioning.



Lesson:

To prevent friction and shearing, use draw sheets and lifting devices to “lift” rather than “drag” residents. Keep the head of the bed 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.

Supplies Needed:

- Wax paper

You're Pushin' Too Hard on Me

Objective:

A blood pressure cuff partially inflated on the participant's arm will enable the individual to experience low intensity pressure.

Instructions:

- Apply a blood pressure cuff to participant's arm.
- Inflate to 60 mm. (This number was chosen arbitrarily to demonstrate low intensity pressure.)
- Ask the audience, "How much pressure does it take to develop a pressure ulcer? A lot or a little bit of pressure?"
- Ask the participant, "Do you feel pressure?" If yes, ask, "How much – a lot or a little? How does your arm feel - numb, tingling, etc.?" If no, ask, "If the blood pressure cuff was left on for 5 more minutes, would you then be uncomfortable?"
- One way to relieve pressure is through consistent turning schedules.
- Highlight and discuss your facility's turning schedule or practices for residents identified to be at-risk. Also discuss how individual resident needs are addressed for those residents who have low tissue tolerance.



Lesson:

Reminder: Even low pressure over a long period of time can cause tissue damage.

Supplies Needed:

- Blood pressure cuff

TIME SAVER:

This activity can be done at the same time as "You're Squeezin' Me" to demonstrate the impact of low versus high pressure effects on skin.

You're Squeezin' Me

Objective:

Pushing the stick on the balloon will create an area of high-intensity pressure and the balloon will pop (develop a wound).

Instructions:

- Have the participant apply intense pressure to the balloon with the stick or pencil, preferably until it pops (just like creating a wound).
- Ask the participant to identify high-risk areas for developing pressure ulcers in a short period of time when experiencing high-intensity pressure. The participant's responses should include areas such as elbows, in between knees, and heels.

Lesson:

Tissue damage can occur within a short period of time with high-intensity pressure. Actions that minimize pressure, such as using pillows and wedges between bony prominences or floating heels, will help prevent pressure ulcers.

Supplies Needed:

- Balloons
- Stick or sharp pencil



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 in order to maintain their nutrition.

Instructions:

- Have the participant taste samples of the facility's supplements at both warm and cold temperatures.
- Have the participant sample hot foods served cold.
- Explain to the participant that sometimes "tasters" experience indigestion and stomach cramps. This may explain the unwillingness of residents to accept the supplement a second time. If this occurs and residents refuse the supplement, encourage the staff to report their symptoms, since this can impact their nutritional intake.



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 and diet orders.

Supplies Needed:

- Disposable cups (for tasting)
- Nutritional supplements

Treasure Hunt

Objective:

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

Instructions:

- Ask the participant to wear cotton gloves and safety glasses coated with petroleum jelly.
- Use a plate with colors similar to the colored Goldfish crackers (M&M's or Skittles can be used as an alternative). Put about 25 colored Goldfish within the respective colors on the plate.
- Advise the participant that he/she has 30 seconds for mealtime. To complete the meal, participant must pick up each individual Goldfish and place it on another plate. Time the activity from start to finish.
- Note if the participant was able to complete "dinner" and ask him/her to share what difficulties occurred during mealtime.
- Have the participant describe how the plate and food appeared to him/her and how his/her fingers felt.
- Ask the audience to discuss how they partner with occupational therapy, speech therapy and dietary team members to ensure that residents' nutritional needs are met.
- Discuss what interventions are working well and identify what could be done to improve the nutritional intake of residents with pressure ulcers or those at risk for them.



Lesson:

Physical limitations can be a factor in poor nutritional intake. Assist residents with eating as necessary. Understand how residents may feel about their limitations.

Supplies Needed:

- Safety glasses
- Petroleum jelly
- Cloth garden gloves
- Colorful plate
- Colored Goldfish, M&M's or Skittles
- Wrist watch with a second hand or phone with a timer

Time Saver:

Prepare for the "Gotta Go, Gotta Go, Gotta Go" activity, by having the participant start soaking his/her hands in a bowl of water now.

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.

Instructions:

- Ask the audience if there is a "princess" present. Select a participant to see if there is truly a "princess" present.
- Secretly place a rubber ball in a pillow that has been covered with a plastic garbage bag for cleanliness.
- Have the participant sit on the pillow. To make it fun, advise the participant that wiggling is not allowed and that if he/she wiggles, the audience will "boo." Have the audience practice "booing" one time for the full effect.
- While participant is sitting, tell the story of the Princess and the Pea*.
- 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 her a princess.
- Show the audience the hidden rubber ball under the pillow.
- Ask the audience what can be done to wheelchairs and beds to reduce pressure and make residents 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.

*Once upon a time, a girl wanted to marry a prince. Since only a true princess could marry the prince, his mother, the queen, tested the girl to see if this was the case. The girl had to sleep on top of a pile of 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, who realized that the girl truly was a princess. The girl married the prince and they lived happily ever after. The end!

Supplies Needed:

- Pillow
- Plastic garbage bag (to encase the pillow)
- Small rubber ball or tennis ball

Dorothy's Shoes

Use the following phrases: "Lions and tigers and bears, oh my!"..."Pressure and blisters and objects, oh my!"

Objective:

By having the participant close his/her eyes and feel inside of the shoe, he/she will feel objects that could create pressure on the foot.

Instructions:

- Place small objects in a shoe (e.g., paper clip, nickel, dime, or rubber band).
- Have the participant close his/her eyes and place their hand inside the shoe to identify the objects. Have the audience clap if the participant can identify the objects.
- Ask the participant or audience to identify any parts of the shoe itself that could create pressure on the foot. What do they notice about the resident's shoes?
- Remind the audience that some residents may not be able to sense pressure and react to it. For example, diabetics may have limited sensation on the feet and be unable to detect pressure, even from a shoe.
- Ask the audience to identify other equipment that can create pressure on the skin (e.g., oxygen cannula, improperly fitting incontinent briefs, etc.).



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.

Supplies Needed:

- Tennis shoe
- Paper clip
- Nickel dime or rubber band

Gotta Go, Gotta Go, Gotta Go

Objective:

After the participant soaks his/her hands in water for several minutes, they will notice how the skin can become macerated (softened) at the fingertips.

Instructions:

- Have the participant, who has been soaking his/her hand in water, show the audience their hand.
- Look at the fingertips and note any changes.
- If time does not allow the participant to soak his/her hands, simulate the activity by asking the audience what their hands look like after washing dishes.

Lesson:

Moisture from incontinence irritates the skin and contributes to pressure ulcers. Make sure residents are clean and dry after incontinent episodes.

Supplies Needed:

- Bowl of water

Time Saver:

This activity can be done with "The Great Barrier Reef" activity.



You Bruise, You Lose

Optional Activity

Objective:

Educate staff on the challenges of assessing residents with dark skin (e.g., African Americans, Asians, Hispanics, American Indians).

Instructions:

- Use two fruits of contrasting color - one with dark skin (red apple) and one with light skin (yellow/green apple).
- Hand the red apple to one participant and the yellow/green apple to another participant. Ask them to locate the bruise on each apple. The participant with the yellow/green apple will immediately identify the bruise, but the participant with the red apple will have to look carefully, cast a shadow or feel around to identify the bruise. If they ask for help, look very hard and express your difficulty in finding the bruise.
- When the bruise is found on both apples, ask participants, "What is the difference?" Their answer should be skin color/tone.
- Reinforce that special attention should be given to residents with darker skin, especially over bony prominences or after prolonged periods of sitting or lying. Explain how critical it is to look for discolorations and to touch the skin, especially over pressure points, to determine thickness or temperature. It is difficult to "see" redness, purple discoloration or assess blanching in darker skin tones.
- Report what you see to the nurse, especially if it is a suspicious area.



Lesson:

Be extremely observant when assessing residents with darker skin tones for slight discolorations and changes in the skin. Remember to report ALL suspicious areas.

Supplies Needed:

- Yellow or green apple with a bruise
- Red apple with a bruise

Suggested Supply List		
Perishable Items		
Activity	Item	Quantity
<i>The Barren Desert</i>	Dry onions	2
<i>Fragile, Handle with Care</i>	Tomato or plum (ripened)	1
<i>Treasure Hunt</i>	Colored Goldfish, M&M's, or Skittles	1 bag
<i>You Bruise, You Lose</i>	Red apple with bruise	1
<i>You Bruise, You Lose</i>	Yellow or green apple with bruise	1
<i>What It Looks Like ...</i>	Banana	1
<i>What It Looks Like ...</i>	Oranges	3
Non-Perishable Items		
Activity	Item	Quantity
<i>The Barren Desert</i>	Moisturizer lotion	1 tube
<i>The Barren Desert</i>	Tube socks	2
<i>Fragile, Handle with Care</i>	Cheap paper towels or tissue paper	1 roll
<i>Fragile, Handle with Care</i>	Silk tape	1 box
<i>The Great Barrier Reef</i>	Barrier ointment	1
<i>The Great Barrier Reef</i>	Bowl of water	1
<i>The Great Barrier Reef</i>	Food coloring	1
<i>You're Tearing Me Apart</i>	Wax paper	1 roll
<i>You're Pushin' Too Hard on Me</i>	Blood pressure cuff	1
<i>You're Squeezin' Me</i>	Balloons	1
<i>You're Squeezin' Me</i>	Stick or pointed pencil	1
<i>Taster's Choice</i>	Disposable cups	1 pack
<i>Taster's Choice</i>	Nutritional supplements	Hot & cold for tasting
<i>Treasure Hunt</i>	Cloth garden gloves	2
<i>Treasure Hunt</i>	Colorful plate (plastic)	1
<i>Treasure Hunt</i>	Petroleum jelly	1
<i>Treasure Hunt</i>	Safety glasses	1
<i>Treasure Hunt</i>	Wrist watch with a second hand or phone with a timer	1
<i>The Princess and the Pea</i>	Pillow	1
<i>The Princess and the Pea</i>	Plastic garbage bags	1
<i>The Princess and the Pea</i>	Small rubber ball or tennis ball	1
<i>Dorothy's Shoe</i>	Dime	1
<i>Dorothy's Shoe</i>	Nickel	1
<i>Dorothy's Shoe</i>	Paper clip	1
<i>Dorothy's Shoe</i>	Rubber band	1
<i>Dorothy's Shoe</i>	Tennis shoe	1
<i>Gotta Go, Gotta Go, Gotta Go</i>	Bowl of water	1
<i>What It Looks Like ...</i>	Knife	1
<i>What It Looks Like ...</i>	Potato peeler	1
	Disinfecting wipes (to clean supplies)	1 roll

Part 2:

Group Discussion

What It Looks Like When Pressure Ulcers Develop

This activity is intended to replicate the stages of pressure ulcers and spur further discussion about pressure ulcer prevention and treatment. To replicate the four stages of pressure ulcers, you will need a banana with brown spots, three (3) oranges, a potato peeler and a knife. Remember, pressure is the root cause for each of the following scenarios.

Stage 1: Banana - Description: The blackened areas of a banana replicate Stage 1 pressure ulcers. **Discussion:** Using the banana, explain that the black area of a banana replicates a Stage 1 pressure ulcer. With a Stage 1 pressure ulcer, the skin is not broken but there is an area with one of the following characteristics: Change in the skin temperature, tissue consistency (firm or boggy), sensation, when compared to an adjacent or opposite area on the body. For people with lightly pigmented skin, it may appear as an area of persistent redness. For people with darker skin, it may appear as a persistent red, blue or purple hue.

Stage 2: Orange - Description: To simulate a Stage 2 pressure ulcer, use a potato peeler to slightly shave the orange rind but not break through to the fruit. **Discussion:** The peeled area of the orange represents a Stage 2 pressure ulcer. It is a partial thickness ulcer that involves the epidermis, dermis or both. It is superficial and can present as an abrasion, blister or shallow crater.

Stage 3: Orange - Description: To simulate a Stage 3 pressure ulcer, use the potato peeler to remove all of the rind in one area and slightly break through to the fruit. **Discussion:** The peeled area of the orange represents a Stage 3 pressure ulcer. This is full thickness skin loss involving damage to the subcutaneous tissue, which may extend down to, but not through, the underlying fascia. It presents as a deep crater with or without undermining (the tissue that lies beneath the surface of the skin, such as fatty tissue and muscle).

Stage 4: Orange - Description: Use the potato peeler to break through the rind and create a deep wound in the orange. **Discussion:** The area of this orange represents a Stage 4 pressure ulcer. Not only is the rind broken, but the damage goes deep into the fruit of the orange. With this stage, the wound is full thickness with extensive destruction, tissue death or damage to the muscle, bone or supporting structures.

Suspected Deep Tissue Injury (SDTI): Banana - Description: SDTI is first noted as a discolored area on the skin, but with additional tissue damage suspected. (If the bruise is only on the peel when you pull the banana peel, it replicates a Stage 1 pressure ulcer. If the bruise extends into the banana, it is an SDTI, as seen on the banana peel). **Discussion:** Note that on the banana, the skin can be peeled back to see the extent of the damage, but with a SDTI on a resident's skin, deep tissue injury can only be suspected, not proven, as the epidermis remains intact and it is impossible to gauge the depth or amount of additional tissue injury. Pressure relief is important for all stages, including SDTI.

Unstageable pressure ulcers have eschar or a scab covering the break in the skin, making it physically impossible to visualize its depth.

Source: National Pressure Ulcer Advisory Panel (NPUAP) Pressure Ulcer Stages/Categories. Available at: www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-ulcer-stagescategories/

Solving the Puzzle – Assessing for Risk

For this activity, print Slide 31 and cut each Braden Scale puzzle piece into separate pieces of paper. Print and cut several sets of the puzzle pieces. Each set should have six puzzle pieces with a different Braden risk factor listed on each piece. Distribute puzzle pieces to all participants; multiple sets can be used for more than six players. Discuss each risk factor and ask the participants to raise their hands if they have that puzzle piece. Ask them for an intervention to help reduce the effect of that risk factor. At the end of this exercise, the accompanying PowerPoint presentation will show the completed puzzle. (Source: The Braden Scale for Predicting Pressure Sore Risk, Barbara Braden and Nancy Bergstrom, 1988.)

Sensory Perception: 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, implement a turning schedule to ensure that pressure is relieved at regular intervals.

Moisture: The amount of wetness the skin is exposed to. Interventions:

- Use moisture barrier in particularly wet areas (peri-area, buttocks, etc.).
- Change clothing, incontinence products, and linen as often as needed to keep the skin dry.

Activity: Getting up and around. Interventions:

- Change residents' position at least every 2 hours.
- Provide range of motion.
- Encourage or assist with ambulation.
- Teach resident to change his/her own position.

Mobility: Changing position and controlling body position. Interventions:

- Float the heels.
- Reposition at least every 2 hours for bed-bound residents; hourly for chair bound residents.
- Use pillows for support.

Nutrition: A resident's dietary intake. Interventions:

- Help to eat.
- Get foods they like (within their diet orders).
- Offer fluids frequently (as diet orders allow).
- Provide supplements as ordered.

Friction & Shear: Skin damage due to rubbing, dragging, pulling, etc., across another surface.

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.