Skin Care Oktoberfest: A Creative Approach to Pressure Ulcer Prevention Education in a Pediatric Intensive Care Unit

Michael Scott, RN, BSN
Tracy Ann Pasek, RN, MSN, CCRN, CMI
Allison Lancas, NP-C, MSN, CCRN
Ashley Duke, RN, BSN
Carol Vetterly, PharmD

Pressure ulcer prevention is an important and challenging focus of care for pediatric critical care nurses. A unit-based skin care team in the pediatric intensive care unit (PICU) at Children’s Hospital of Pittsburgh provided skin care education through a collaborative and interactive venue—a Skin Care Oktoberfest. Root “beer” and ginger “ale” provided a light-hearted backdrop for the sharing of essential knowledge pertaining to support surfaces and a patient and family-centered turning tool (“Time 2 Turn”; Figure 1).1,2 Because of the role that moisture plays with compromising skin integrity and increasing pressure ulcer risk, topical pharmaceutical preparations to manage incontinence-associated dermatitis (IAD) were included in the seasonal curriculum.

Attendees were provided with the opportunity to stage, measure, and document pressure ulcers in fresh “critically ill” pumpkins (Figure 2). Pumpkins were used to simulate a patient’s skin surface and to align with the theme of the educational festival. Attendees included PICU nurses, critical care physicians, respiratory therapists, pharmacists, and nursing school faculty and students.

Learner objectives targeted (1) pressure ulcer prevention, (2) patient safety, and (3) patient and family-centered care (Table 1). Objectives 1 through 5 were the primary catalysts for the education. Nurses observed during weekly skin care rounds that an increased number of acute care support surfaces were being procured for PICU patients. Additionally,
nurses’ knowledge deficits regarding support surface characteristics and indications resulted in a decrease in appropriate support surfaces for critically ill patients. Appropriate documentation of support surfaces was included because this gap was identified during monthly data collection for the National Database for Nursing Quality Indicators.

The Skin Care Oktoberfest included 5 learning stations: support surfaces, IAD, topical skin care preparations, Time to Turn, and pressure ulcers. Attendees learned about the materials and characteristics of hospital-owned support surfaces. Patient indications were reviewed, implementing didactic policy-based information, the Braden Q Risk Assessment Scale, and a new nurse-designed support surface reference tool (Table 2).

IAD and topical skin care preparations comprised 2 stations with related content. Case scenarios and quizzes were used to test nurses’ knowledge of IAD prevention and management. The hospital’s IAD clinical effectiveness guideline was a reference. Topical skin care preparations—floor stock and pharmaceutical—were available for nurses to review the ingredients and indications for each. Topical preparations included, but were not limited to nystatin, colloidal oatmeal, aluminum acetate solution, and an ointment containing trypsin, balsam peru, and castor oil.

A fourth station included the review of Time to Turn, an outcome of a pediatric pressure ulcer prevention safety initiative. Time to Turn is a repositioning tool that facilitates the participation of families with turning their child and prevention of hospital-acquired pressure ulcers (HAPUs).1,2

A pressure ulcer station included the updated staging system from the National Pressure Ulcer Advisory Panel, supplies to measure pressure ulcers, and fresh pumpkins with simulated HAPUs. All stages (eg, deep tissue injury and stages I-IV) were inflicted on the pumpkins, including a device-related (ECG cable) stage I HAPU.3 Attendees demonstrated and described proper measurement and documentation

Table 1  Skin Care Oktoberfest learner objectives

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<th>Learners will:</th>
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<tr>
<td>1. Identify hospital-owned support surfaces for use in critical care.</td>
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<td>2. Compare and contrast the characteristics of support surfaces.</td>
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<td>3. Describe support surface indications for patients in the pediatric intensive care unit.</td>
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<td>4. Discuss safety issues associated with support surfaces for patients with cervical spine injury.</td>
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<td>5. Describe appropriate documentation for their choice of support surface.</td>
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<td>6. Identify topical preparations to manage various degrees of incontinence-associated dermatitis.</td>
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<td>7. Distinguish floor stock topical preparations from those dispensed by the hospital pharmacy.</td>
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<td>8. Discuss appropriate treatment of incontinence-associated dermatitis, implementing case scenarios and a clinical effectiveness guideline.</td>
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<td>9. Describe the importance of turning and repositioning as they relate to pressure ulcer prevention.</td>
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<td>10. Discuss the indications for using “Time 2 Turn” with patients and families.</td>
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<td>11. Discuss pressure ulcer stages, implementing the National Pressure Ulcer Advisory Panel’s guidelines and simulated pressure ulcers in fresh pumpkins.</td>
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<td>12. Practice measuring simulated pressure ulcers in fresh pumpkins.</td>
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<td>13. Describe pressure ulcer documentation within an electronic medical record.</td>
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Figure 2  Simulated pressure ulcers in a fresh pumpkin.
As the focus of this event was prevention and basic wound measurement and staging, advanced concepts such as tunneling and undermining were not included.

**Outcomes**

Approximately 100 health care professionals attended the Skin Care Oktoberfest. Nurses enjoyed using pumpkins as a means to learn about pressure ulcers and they were able to answer the quiz questions based on the IAD scenario correctly.

A hospital-owned PICU support surface reference tool was developed to assist nurses with selection of an appropriate and safe support surface. This reference tool was shared with ancillary personnel who deliver support surfaces to the PICU from a bed storage area in hospital. The poster delineates critical care support surfaces and streamlines choices, thereby reducing the likelihood of an acute care support surface being delivered to the PICU.

Collaboration between the critical care and trauma services, with guidance from a certified wound ostomy nurse, resulted in clearly defined recommendations for support surfaces for patients with cervical spine precautions. Participation in a recent international study on pressure ulcer prevention revealed that PICU nurses are choosing appropriate support surfaces for patients who are risk for the development of HAPUs—29 of 30 patients were on a support surface appropriate for critically ill patients. CCN

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None reported.

**References**


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**Table 2** Content of a reference tool for hospital-owned support surfaces for the pediatric intensive care unit

1. Product trade names
2. Photographs of support surfaces
3. Descriptions of support surfaces (eg, material, static vs powered)
4. Indications for treatment and/or prevention (eg, history of spina bifida)
5. Safety indications (eg, cervical spine precautions)
6. Selection recommendations based on Braden Q Risk Assessment score
7. Selection recommendations based on patients’ characteristics (eg, acuity, weight)
8. Documentation guidelines for nurses
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