

Pressure Ulcer Jeopardy

Setting up the Game:

This Jeopardy game is designed to be played either electronically or on paper.

The electronic version is attached. Download it to your computer and project it on a screen for all to see. Open the PowerPoint so that you are on the game screen (you see the categories and point selections). Once a category and point selection is chosen, click on the points selected under the appropriate category. This will bring up the slide with the question. To see the slide with the answer click your mouse again. To get to the game screen after the answer slide, click the little PUP in the lower right hand corner of the answer slide. Once a question has been called the points on the game screen should change from red to grey. See Playing the Game below for rules.

If you do not have a computer and projector available you can play the game with paper. The questions/answers are printed on the following pages, cut them apart and glue to an index card with the question on the front and the answer on the back.

Seal some business size envelopes and cut them in half. Label the half envelopes with the category and point value of the question and place the appropriate index card in that envelope. (Instead of using envelopes, you can make pockets by folding colored construction paper.)

Use a poster board or foam board and label the categories across the top. Tape the envelopes below the appropriate category with the lowest points at the top and moving down with the highest points at the bottom of the column.

As each question is called, the index card is removed from the pocket (envelope) and put to the side so the teams know which questions have already been called.

Playing the Game (Rules):

Divide group into 2 or more teams. Each team needs a spokesperson. Starting with one team allow them to choose a category and point value of question. They can discuss as a team and the spokesperson gives the answer within 10-15 seconds. If correct they get the points added to their score. The other team then gets a chance to call for a question and attempt to answer.

If the team choosing the question gives an incorrect answer, the other team has a chance to steal the points by giving the correct answer within 10-15 seconds.

Alternate from team to team until all questions have been answered no matter who gives the correct answer, i.e. if team 1 chooses a question and answers incorrectly and team 2 is able to answer correctly, team 2 still picks the next question. The team with the most points wins.

If using more than 2 teams, teams can alternate as described above with or you can provide buzzers or bells and they can ring in to answer the question. This second method can get a little chaotic depending on how many people are playing.

HAVE FUN!

Prevention

Prevention -100 points –Question

List three ways to prevent pressure ulcers.

Answer – 100 points-Prevention

Any three will do:

- Repositioning
 - Incontinence care
 - Toileting schedules
 - Pressure relief devices
 - Adequate nutrition
 - Skin inspections weekly
 - Use of moisturizing lotion and/or barrier creams
 - Avoid friction/shearing
 - Use of therapy/CRA programs.
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Prevention -200 points - Question

How often should an at-risk resident's skin be inspected for breakdown?

Answer-200 points-Prevention

Daily with personal cares.
Documented weekly by licensed nurse

Prevention- 300 points - Question

What do you look/feel for when inspecting a resident's skin?

Answer-300 points-Prevention

- Changes in skin color and/or temperature
- Open areas or abrasions
- Mushy/boggy area
- Area painful to touch

Prevention -400 points – Question

How do you check for bottoming out?

Answer-400 points-Prevention

- Place hand under chair cushion (under hips) or mattress overlay (under shoulders or hips),
 - Lift fingers. Should feel at least 1 inch of padding between resident and your fingers.
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Prevention- 500 points – Question

Define FRICTION and SHEARING.

Answer-500 points-Prevention

FRICTION – Skin rubbing over a surface, i.e. \ sheets

SHEARING - When the skin sticks to a surface while the body is pulled/moved.

Anatomy and Physiology (A & P)

A & P-100 points-Question

Double Jeopardy question so points double to 200

What is the body's first line of defense against infections/microorganisms?

Answer-100 points-A & P

THE SKIN

Intact skin keeps outside micro-organisms from entering the body.

A & P -200 points-Question

What is another name for a pressure ulcer?

Answer-200 points-A & P

Bed sore, decubitus ulcer

A & P- 300 points –Question

Name 3 areas on the body where pressure ulcers are most likely to occur.

Answer-300 points-A & P

Bony prominences: back of head, ears, shoulders, spine, hips, coccyx/sacrum, inner/outer ankles, heels, toes, sides of feet.

Areas that rub: casts, prosthesis

A & P- 400 points –Question

What are the first signs of a pressure ulcer?

Answer-400 points-A&P

Persistent area of redness or discoloration that does not disappear when pressure is relieved

A & P -500 points – Question

What is the difference between a stage II and a stage III pressure ulcer?

Answer-500 points-A & P

Stage II – partial thickness skin loss, superficial, presents as an abrasion, blister, or shallow crater

Stage III – full thickness loss involving subcutaneous tissue, may extend down to, but not through, underlying fascia

RISK FACTORS

Risk Factors- 100 points –Question

List 3 things that put a resident at risk for developing a pressure ulcer.

Answer-100 points-Risk Factors

Any three can be correct:

- Restraints
 - Incontinence
 - Immobility
 - Acute illness
 - History of pressure ulcers
 - Poor nutrition
 - Certain medical diagnosis/meds
 - Weight loss
 - Obesity
 - Cognitive impairment
 - Edema
 - Newly admitted in past 2 weeks
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Risk Factors- 200 points -Question

Name 3 sources of moisture that can damage the skin.

Answer-200 points-Risk Factors

- Incontinence of urine and/or stool
- Perspiration
- Wound drainage

Risk Factors- 300 points –Question

True or False

All pressure ulcers are preventable.

Answer-300 points-Risk Factors

False

Most pressure ulcers indicate an inadequacy in basic care. However terminally ill residents can develop pressure ulcers even though care is appropriate.

Risk Factors- 400 points–Question

Cognitive impairment and edema are both risk factors for developing pressure ulcers. Explain why.

Answer-400 Points-Risk Factors

- The cognitively impaired resident may not recognize pain, remember to change position, or be able to verbalize needs.
 - Edema makes the skin more fragile and may indicate circulatory problems.
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Risk Factors- 500 points –Question

A resident has a higher risk of developing a pressure ulcer within the first 2 weeks of admission to a NH. Explain why.

Answer-500 points-Risk Factors

- Change in health status
- Acute illness
- Immobility from hospital stay
- NH staff not familiar with the resident's needs, wants, routine

NUTRITION

Nutrition- 100 points -Question

Name 2 food sources of protein.

Answer-100 points-Nutrition

Meat
Peanut butter
Cheese
Eggs
Nuts
Legumes/beans

Nutrition-200 points-Question

True or False

It is important to weigh a resident more often than monthly if they are at high risk or have actual skin breakdown

Answer-200 points-Nutrition

TRUE

Weekly or every other week is best. Nutritional intake and skin health are directly related to each other. Weight loss or excess weight gain can indicate presence of either a physical or nutritional problem.

Nutrition-300 points-Question

Which is more important in preventing or treating a pressure ulcer: nutrition or hydration?

Answer-300 points-Nutrition

Both are equally important in skin health. You must have adequate protein and calorie intake as well as adequate fluids for pressure ulcers to heal.

Nutrition-400 points-Question

When feeding a resident, which foods or fluids are most important, i.e. which ones do you start with or encourage most?

Answer-400 points-Nutrition

Start with resident preference but encourage protein sources, fortified foods, high calorie supplements.

Nutrition-500 points-Question

True or False

An obese resident and a very thin resident may both be at risk for developing a pressure ulcer.

Answer-500 points-Nutrition

TRUE

Obesity or thinness does not equal good nutritional status. Either resident could be in poor nutritional health. You must look at the overall risk factors.

POSITIONING/REPOSITIONING

Positioning/Repositioning-100 points-Question

True or False

Donut-type cushions help relieve/prevent pressure.

Answer-100 points-Answer

FALSE

Actually they **increase** pressure and decrease blood flow. Do **NOT** use donut cushions.

Positioning/Repositioning-200 points-Question

How can you protect the heels from breaking down when a resident is in bed?

Answer-200 points-Positioning/Repositioning

- Float heels by using a pillow under lower legs to raise heels off bed.
 - Heel protectors and sheepskins help to reduce friction, but do not prevent pressure ulcers.
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Positioning/Repositioning-300 points-Question

If a resident has a pressure ulcer, how do you properly position him on his side i.e. where do you place pillows and why?

Answer-300 points-Positioning/Repositioning

Place pillows behind the back, between knees and ankles/feet – keeping the body aligned. This adds padding to bony areas and decreases pressure on bony prominences. Avoid placing resident on the actual ulcer or problem area.

Positioning/Repositioning-400 points-Question

What is one way to organize a resident room to encourage independence and slight position changes?

Answer-400 points-Positioning/Repositioning

Place the overbed table within safe reach so the resident is encouraged to reach for personal items i.e. phone, comb, papers, water, etc. but not so far away that it increases their risk for falls.

Positioning/Repositioning-500 points-Question

What are the rules for frequency of repositioning in bed and chair?

Answer-500 points-Positioning/Repositioning

- Position in bed must be changed at least every two hours.
- If up in chair, reposition every hour.
- If alert, teach them to shift weight in chair every 15 minutes.
- All staff can help prompt/cue residents to shift their position.



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