healthy skin

CBD: A cure-all, or just snake oil?

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I have found myself over the past several months in many conversations about CBD oil. People share with me anecdotal stories of friends who have used it to relieve back pain or how it’s now available in products at Whole Foods. When I probe further, no one can really tell me what CBD oil is and why as consumers we are seeing it everywhere we look.

“The future belongs to the curious. The ones who are not afraid to try it, explore it, poke at it, question it, and turn it inside out.” This anonymous quote really sums up why I chose to explore the topic of CBD oil further. I don’t want to be one of those people who just take anecdotal stories of its effectiveness at face-value.

While I am not by any means encouraging anyone to try it, I think it is so important for us to do our due diligence to understand if it has a place in healthcare, and can we trust this emerging trend. If I am hearing people talk about it all the time, caregivers and healthcare professionals must be, too.

I encourage you to read this month’s cover story, page 18, to get some perspective from medical professionals on what research is available, where the FDA stands today on the use of CBD oil, and the product’s prospects for the future.

Our secondary feature is on patient experience — how it impacts reputation, care quality and staff engagement. Care providers across the continuum can benefit from providing positive patient interactions. And in hospitals, it has direct financial implications.

As always, we have articles on everyday issues to help you educate and share information with your peers. Our goal is to make skin health second nature for everyone in your facility.

Enjoy!
Katie Treptow
Marketing, Skin Health
features
18  CBD: A cure-all, or just snake oil? A beginner’s guide
24  Patient experience: Delivering more than warm cookies and a smile

departments
5  Buzzworthy  Medline works in Argentina; World Wide Pressure Injury Prevention Day; Supreme Court ruling; new 2019 NPUAP guidelines; pressure injury prevention; choosing incontinence products; save the date
9  Case study  Skin Champion program elevates, reinforces skin health education to frontline staff
10  Prevention  Malnutrition: The hidden danger of wound care
12  Poster review  Skin tear prevention with clinical skin care with nurturing botanicals
14  Treatment  A haircut that can save a life
24  Back to basics  Importance of wound care documentation
28  Wellness  8 ways to find inner peace
29  Hotline topic  Best practices in dressing leg ulcers

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This June, a Medline global health team returned to Argentina to continue its wound care project that began earlier this year. Working in collaboration with Nurses Specializing in Wounds, Ostomy and Continence Canada (NSWOCC), the two teams introduced a standardized set of foundational tools and training centered on wound assessment and care.

The majority of the project was focused on the population of Tartagal, a city of 64,000 in the northern province of Salta. This area is home to seven aboriginal ethnic groups, most of whom rely on traditional means of living such as farming, hunting and fishing. Because Tartagal is a remote city with access to only one public hospital, the communities lack adequate access to quality healthcare.

Medline and NSWOCC led training sessions on the area’s most immediate wound issues, including diabetic foot ulcers and pressure injuries. Education sessions utilized materials easily shared among the region’s healthcare professionals to increase knowledge and improve consistency of care. Although the area’s only healthcare facility, Juan de Peron Hospital, is limited by its lack of resources, this project will be the first step in elevating its current situation through education and ongoing training and assessment.

As this initiative develops, Medline’s Social Responsibility team will continue to monitor outcomes and explore the project’s next phase. The ultimate goal of this and other innovative partnerships is to remove the barriers that prevent patients from receiving the care that every human being deserves.

WORLD WIDE Pressure Injury Prevention DAY

NPUAP has designated November 21, 2019 as World Wide Pressure Injury Prevention Day. Their objective is to increase awareness about pressure injury prevention and to educate the public on this topic.

This is a great opportunity to re-educate your staff on the importance of pressure injury prevention. Consider the following activities:

• Host a lunch and learn on your facilities preventive intervention protocols
• Hand out pins or stickers to recognize facility champions
• Hang trivia posters in breakrooms or on bulletin boards
• Send out a notice in your facility employee newsletter
On June 3, in a 7-1 decision, the U.S. Supreme Court sided with hospitals that sued Health and Human Services (HHS) over a payment policy change that was implemented by the Obama administration and defended by the Trump administration. This is a big win for hospitals — for now.

The case is a highly technical one, in which the justices affirmed a 2017 ruling by the D.C. Circuit Court. The ruling found HHS in violation of the Medicare Act for changing the reimbursement formula for disproportionate share hospital (DSH) payments without going through public notice-and-comment rule-making.

What are DSH payments, and why is this ruling so important?
- DSH payments are intended to offset hospitals’ uncompensated care to shore up the financial stability of safety-net hospitals.
- Many hospitals rely on these payments, which amount to billions of dollars overall, with some hospitals receiving hundreds of millions of dollars.
- The dispute implicates up to $4 billion in payments to hospitals, according to HHS.

What change did HHS make that started this dispute?
In 2014, HHS made a change to dramatically reduce payments to hospitals serving low-income patients.

Nine hospitals, led by Allina Health Services, sued HHS, arguing the change was both procedurally and substantively invalid. Their claims total $48.5 million in additional reimbursement for a single year. Hundreds of similarly situated hospitals have filed follow-on lawsuits making similar claims, so the total amount implicated in this dispute between $3 billion and $4 billion for fiscal years 2005 through 2013, HHS said in court filings.

However, this victory may not last. The ruling leaves room for HHS to go back and provide a notice and comment period to implement the payment cuts in the future. But this process then allows those hospitals impacted by the proposed changes an opportunity to voice their concerns and/or make adjustments before the changes become effective.

Stay tuned.

SOURCES

Margaret Halstead is vice president of Health Economics and Market Access at Medline Industries, Inc.
NEW 2019 NPUAP GUIDELINES coming soon

This November, the National Pressure Ulcer Advisory Panel (NPUAP) is launching the 2019 International Pressure Ulcer/Injury Prevention and Treatment Clinical Practice Guideline (CPG).

The CPG is a consolidation of current evidence-based clinical practice recommendations for clinicians and caregivers involved in the prevention and treatment of pressure injuries. This is the third in a series of international pressure ulcer/injury guidelines. The 2014 edition sold over 6,000 copies, was downloaded over 200,000 times and was cited 155 times in peer-reviewed journals.

The CPG was developed by NPUAP in collaboration with its international partners, the European Pressure Ulcer Advisory Panel (EPUAP) and Pan Pacific Pressure Injury Alliance (PPPIA).

The 2019 update has enjoyed even broader international input, with the addition of 14 international associate organizations participating in the guideline development process and plans for review by over 1,000 registered international stakeholders.

This international guideline is geared to those professionals interested in a systems-level approach to implementation of an evidence-based pressure injury program, including administrators, researchers, educators, clinicians and public policymakers.

The guidelines will be formally introduced Nov. 15-16 at an event at the University of Southern California in Los Angeles.

Pressure injury prevention AND CAREGIVER SAFETY

Are you engaging your safe patient handling team in your pressure injury prevention efforts? If not, it may be time to start.

Getting patients up and moving as quickly as possible prevents pressure injuries and helps patients build strength. Caregivers often omit activities such as turning and repositioning a patient, or moving a patient to the edge of the bed — either because they don’t have the right equipment or because they have other priorities. And when they do move a patient, caregivers may rely on standard draw sheets to boost and reposition, putting both the patient and the caregiver at risk.

Partnering with your safe patient handling coordinator can help you identify solutions such as friction-reducing repositioning/transfer sheets. These can be left under the patient without impacting the functionality of specialty mattresses or the integrity of the patient’s skin. They can also make it easier to comfortably move the patient, while protecting the backs of caregivers.
Wound care nurses are often asked to make recommendations to patients or purchasing reps on selection and use of incontinence products. But which products to suggest and for what condition? There often is no helpful tool to guide them.

To address this gap, the WOCN Society recently launched The Body Worn Absorbent Product Guide. This online tool is an evidence- and consensus-based algorithm for selection, use and evaluation of body-worn absorbent products for the management of individuals with urinary and/or fecal incontinence. This algorithm will guide frontline and wound care practice nurses for optimal use of these products.

The guide includes suggestions on body-worn products such as briefs, booster pads and wraps; underpads and other absorbent products will be added in future updates.

Check out the new product guide at http://bwap.wocn.org/#evaluation.

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Christine Litsch, wound, ostomy and continence educator at Lehigh Valley Health Network in Eastern Pennsylvania, shares how its Skin Champion program is helping spread skin health education to its frontline staff across multiple facilities and bringing renewed focus to a crucial area of care.

It was a little more than a year ago that it was recognized that staff engagement in skin health at two Lehigh Valley Hospital sites — Cedar Crest and Muhlenberg — needed revitalization. Attendance by staff at the skin health meetings had decreased, and education efforts appeared to have become less effective.

“I knew something needed to change in our approach to skin health,” says Christine Litsch, the wound, ostomy and continence educator for Lehigh Valley Health Network.

That change started in October 2018 when the two Lehigh Valley Health Network sites kicked off the Medline Skin Champion program.

“It is difficult to circulate skin health education to all staff without a designated unit representative,” says Litsch, who leads the program.

“The Skin Champion program centers on having a point person — a dedicated resource — to educate staff on their unit regarding the latest skin health topic.”

Train the trainer
The Skin Champion program is based on the train-the-trainer model. Litsch holds regularly scheduled meetings at two sites every other month with her team of Skin Champions, composed of nurses and technical partners who represent every unit at each facility. At the meetings, she shares prebuilt education, tools and resources on a specific area of skin health. The first area Litsch addressed with her team was pressure injuries, including wound assessment, staging and prevention strategies.

“Having a successful kickoff to the program was crucial in relaying to our staff the importance of skin health. We encouraged hospital-wide dedication to improvement in our long-term skin health goals,” Litsch says. “Skin Champions were chosen by their leadership based on their passion for skin health and their ability and willingness to lead and mentor staff.”

“Having Skin Champions spread the information to unit staff following the meeting is crucial to the success of the program. The frontline staff is educated on the skin health topic that was discussed. They display the educational components on poster boards and present the education at unit meetings.

“We’ve already seen heightened interest and engagement from Skin Champions and their staff,” says Litsch. “What has been a nice surprise is that the interest in the program has gone beyond the preset education. It’s opened serious discussion among staff about how we can improve our skin health in general. Staff are sharing real issues they’re experiencing and asking how to handle them. We’re coming up with new ideas on how to implement positive change because of this program initiative.”

SKIN CHAMPION PROGRAM ELEVATES, reinforces skin health education to frontline staff
It’s estimated that between 20 and 50 percent of all hospitalized patients are at risk for malnutrition, yet only 7 percent are actually diagnosed with this disorder during their stay. This leaves millions of people undiagnosed and at risk for further complications.

Among those complications is poor wound healing. Studies show that patients’ overall health and wound healing rates are directly linked to their nutritional status. So it’s critical that patients’ nutrition needs are constantly monitored and re-evaluated throughout the course of treatment to ensure they receive the right kinds and levels of nutrients. But to achieve optimal nutrition for your patients, you need to know what you’re looking for and have the proper tools.

What does malnutrition mean?
The World Health Organization defines malnutrition as “deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients.” It covers two broad groups of conditions. One is “undernutrition,” which includes low height, underweight and micronutrient deficiencies or insufficiencies — a lack of important vitamins and minerals. The other is overweight, obesity and diet-related diseases, such as heart disease, stroke, diabetes and cancer.

Both groups are at risk for compromised wound healing. But what makes this condition more complicated is that visually, you can’t confirm that someone is malnourished, making it a hidden danger.

What also makes malnutrition hard to identify is that there can be a large discrepancy between what patients are actually consuming and the nutrients required to improve overall health and wound healing. To help assess a patient’s nutritional status, caregivers should ask themselves the following questions.

• Are my patients finishing their meals?
• Are they getting enough protein?
• How is nutrition intake being documented?
• Is documentation accurate?

Studies estimate that 65 percent of adults 65 years and older are malnourished. When a person continues to eat poorly, the risk for unanticipated complications increases. Adults who are malnourished in the hospital are 54 percent more likely to be readmitted within 30 days after discharge than those who are well nourished.

Assessment tools
Because observation alone won’t help you accurately identify a malnourished patient, caregivers need tools to help them proactively assess a patient’s nutritional status and determine next steps.

This can be done by investing in and maintaining a quality nutritional program that can positively impact patient outcomes and wound healing rates. Caregivers need to screen their patients with a simple, reliable, economical and validated nutrition assessment tool. The information gathered from the tool will help caregivers develop more precise, targeted individual care plans with emphasis on nutritious foods.
The importance of protein
Malnutrition and weight loss can be a precursor to pressure injuries and delayed wound healing.\(^6\) This is especially true when it comes to lack of protein. Several studies identify protein as a key nutrient for aging adults for maintaining muscle composition, repairing tissue and promoting wound healing.

The problem is that total body protein declines with aging. This means that older adults require more protein per kilogram (g/kg) of body weight than younger adults. When there are inadequate levels of protein, the body struggles with making collagen, a major component for skin health and bone strength. Additionally, high exudate loss can contribute to a loss of as much as 100 grams of protein in one day.\(^2\)

Oral nutritional supplements
With the potential for significant protein loss in older patients, a nutritional supplement can help boost and maintain adequate protein levels. A recent survey of 140 registered dietitians (RDs) found that 80 percent agreed that the majority of their patients need protein supplementation.\(^8\) However, getting patients to actually take their protein can be a challenge. Approximately 58 percent of the RDs surveyed said they struggle to get their patients to increase their protein intake.

That’s where oral nutritional supplements (ONS) can help. ONS are liquids, semi-solids or powders that help patients ingest macro and micro nutrients more easily than eating solid foods.

Many patients have decreased energy, decreased appetite, dysphagia, an illness with high nutrient demand or other factors influencing their ability to eat. In these cases, taking ONS has shown improved outcomes. Several studies of patients 65 and older, and who are at risk for malnutrition, showed fewer complications (e.g., pressure injuries, deep vein thrombosis, infections) when taking ONS, versus routine care.\(^3\)

ONS also help deliver other essential nutrients for wound healing, including amino acids such as arginine and glutamine.\(^\text{11}\)

SOURCES

Amy Rogers, RN-BSN, is a clinical nurse specialist for the Nutrition & Pharmaceuticals division at Medline Industries, Inc.
What challenges was your facility facing?
A. Nearly 50 percent of our resident population consistently experienced skin tears, an unacceptably high rate. Skin tears can be painful and lead to serious wounds and infections. We looked at everything that could cause skin tears. We re-educated our staff on proper positioning and repositioning, correct ways to transfer fragile residents, nutrition intake, medications — but none of it made a real difference in our rates.

How did you finally uncover what was causing the high rate of skin tears?
A. It turns out we were overthinking the problem. We began drilling down to how we were caring for our residents’ skin and keeping it hydrated. We know that hydration helps skin cells stretch and remain pliable, reducing the chance of tearing. We looked at all the lotions we were using and how often they were being used and found that we had no standardized skin care. Every resident room, every drawer and shower, had different types of lotions. Residents brought them from the hospital, their house or bought expensive brand names. Their families were bringing in whatever they were using at their house. They were watered down or had harsh perfumes and other ingredients that were doing more harm than good.

What actions did you take to address the lack of skin care standardization?
A. First, we made sure we had proven skin care guidelines and practices that our staff could easily and consistently follow. Second, we cleaned out every room, drawer and shelf of lotions and creams. Third, we standardized our skin care with Remedy moisturizers, cleansers and barrier creams in a three-month trial period. These products are made with botanicals that are specifically formulated for fragile skin. Finally, our wound care nurse did a lot of staff training on proper skin care, including when and how to use the products.

How have the botanicals made a difference on sensitive skin?
A. They have made a huge difference on our residents’ and patients’ skin. Botanicals are natural ingredients and essential oils from plants, like soy protein, green tea and clove extracts, and blue green algae, all of which are vital to helping moisturize and strengthen the skin but are gentle to use. They absorb into the skin better than other ingredients we’ve used, and our patients really love how they feel and smell. They’ve even starting asking for it and using it themselves. That’s a big win.
How did you implement the new skin care products and guidelines?

A. One of the major reasons we saw success so fast is the lotions are in color-coded, one-time-use packets, so there are no bottles or tubes to run out of. As an aside, the individual product packaging improved our facility’s cleanliness and infection control since we no longer have half-used bottles and tubes all over the place. We put the packets in easily accessible areas such as the floor closets, so even though our caregivers are really busy, they always have the lotions nearby. At the start of each shift, caregivers load up on barrier cream and moisturizer packets, which fit easily in their scrub pockets and help ensure consistent use. During the trial period, we had posters and signage displayed in key areas to help drive awareness and increase compliance.

How did the color-coded packaging help your caregivers increase compliance?

A. It helps our caregivers quickly and easily distinguish among the different products. The purple packet is the lotion, the orange packet is the zinc-based skin protectant and the blue packet is the silicone barrier cream. The color coding allows us to really simplify the process. It’s simple for current team members and easy to train new hires. Anything we can do to make their lives easier, stay in compliance and improve patient health is a home run.

What were the results of the trial?

A. We saw a 50 percent decrease in skin tears’ during the three-month trial period compared to the three months before using the new products and process. Not only were our residents and their families happy, our staff was amazed. They were so pleased and satisfied that they could finally solve this persistent issue.

What advice do you have for facilities that have had a similar experience?

A. Standardize your products and guidelines. Use lotions that are pH balanced without alcohol and fragrances that can damage frail skin. Make sure the products are easily accessible to the staff so they are used consistently and maintain compliance. In addition to training staff to consistently apply lotions, ensure they know how to properly position and move residents with frail skin.

1. Supportive data on file.
Dr. Bill Releford, D.P.M., knows firsthand that the numbers don’t look good for African-American men when it comes to diabetes, hypertension and heart failure. According to The Centers for Disease Control and Prevention, African-American men compared to white men are:

- Almost twice as likely to be diagnosed with diabetes
- Nearly three times as likely to have end-stage renal disease related to diabetes
- Nearly 2.5 times as likely to get a lower extremity amputation
- 20 times likelier to have heart failure

Contributing to these disheartening statistics is that this vulnerable population is less likely to get a checkup and see
a doctor unless they’re very sick — and then many of these individuals might not even have health insurance. Further complicating this trend is the history of medical malfeasance that continues to haunt the African-American community.

“Decreasing the diabetes-related amputation rate in high-risk populations is my personal and professional assignment. It’s my purpose,” says Dr. Releford. “I’m a physician focusing on health disparities. African-Americans are disproportionately affected by cardiovascular disease, diabetes and high blood pressure.”

Several years ago, he partnered with the American Diabetes Association to do community health screenings, but it discontinued the program and he felt there was so much more he could be doing.

So Dr. Releford, medical director of the Releford Foot and Ankle Institute in Inglewood, California, had a novel idea to reach African-American men where they socialize — in the local barbershop. He organized hundreds of medical volunteers and black-owned barbershops, first in Inglewood, to screen African-American men for diabetes and high blood pressure. Every Saturday, he and the volunteers set up a health center in the barbershop, where customers not only got a haircut, they received a free health screening.

“Few outreach programs target African-American men. That’s why this program can be so effective,” he says. “As strange as it may sound, the neighborhood barbershop is an environment that is more conducive for African-American men to learn about diabetes and get screened. We call the barbershop the ‘Black Man’s Country Club.’”

Since starting the Black Barbershop Health Outreach Program in 2007, he and his national network of volunteers have screened more than 30,000 men in 750 barbershops across 13 states. He says that as many as one in three men screened in the program learn they have diabetes.

The goal of the program is to teach prevention with nutrition, diet and exercise guidance. But in many cases, the disease has progressed to the point that the men need more immediate care. For these men, he provides a list of local doctors called the “The Black Book.” And for those who need immediate care, he sends customers directly to the nearest emergency department. He also treats many of these patients himself at his clinic.

“African-Americans are disproportionately affected by cardiovascular disease, diabetes and high blood pressure.”
- Dr. Bill Releford, D.P.M.
“Prevention needs to be more than waiting until someone develops a complication,” he says. “With this population, there are people walking around that don’t even know they have diabetes.”

For those who have already developed diabetic ulcers and other hard-to-heal wounds, he employs a system of protocols and advanced wound care solutions at his clinic.

**Treating diabetic wounds**
The longer a wound remains open, the greater the chance of complications such as infection or amputation, says Dr. Releford. Because wound healing requires a multifaceted approach, he recommends that anyone treating diabetic wounds focus on the following:

- Infection prevention
- Off-loading, or taking the pressure off the area
- Debridement, or the removal of dead skin or tissue
- Topical wound medications or specialized dressings
- Nutrition that enhances wound healing
- Managing diabetes and other health issues

Of special interest to Dr. Releford is his use of various modalities to promote or enhance wound healing. Over the past three decades, he has employed various forms of regenerative medicine, hyperbaric oxygen therapy and, most recently, he has found great success using Plurogel, a concentrated surfactant wound dressing.

“Plurogel has a gentle, nonsensitizing formula to soften, loosen and trap debris in the wound, and has become a useful tool when treating diabetic wounds,” he says.

Following is Dr. Releford’s protocol for using Plurogel:

- Confirm there are no signs of infection
- Ensure that adequate blood flow is present
- Remove all devitalized tissue
- Apply a generous amount to the treatment area
- Cover with an occlusive dressing such as Xeroform
- Apply a secondary dressing such as an adhesive foam or gauze
- Offload when required

**References**

**Case Study**
The following images are of a 67-year-old African-American male who wore new ill-fitting shoes while walking and standing at an amusement park for many hours. The patient subsequently developed a nonpainful bullous lesion at the bottom of his left heel. There were no signs of infection or foreign bodies. The bullous lesion was deroofed and Plurogel was applied at three- to four-day intervals and covered with Optifoam adhesive foam dressing.

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CBD: A cure-all, or just snake oil?

A BEGINNER’S GUIDE TO WHAT IT IS, ITS APPLICATIONS AND WHAT TO LOOK OUT FOR

CBD Everyone is talking about it. But what is it, exactly, and what can it do? Currently, CBD is being touted for a wide range of conditions and has promising possibilities, including:

- Treating wounds, itching, inflammation and pain
- Smoking cessation and drug withdrawal
- Treating seizures and epilepsy
- Anxiety treatment
- Reducing some of the effects of Alzheimer’s
- Antipsychotic effects on people with schizophrenia
- Future applications in combating acne, type 1 diabetes and cancer

“CBD has shown a lot of potential to treat many conditions,” says Marcel Bonn-Miller, Ph.D., an adjunct assistant professor of Psychology in Psychiatry at the University of Pennsylvania’s Perelman School of Medicine. He’s also the global clinical scientific director for Canopy Growth Corp., a producer of cannabis products. “Unfortunately, it’s an unregulated market, so for the most part it’s ‘buyer beware.’ Companies are marketing and selling products with almost zero research or scientific backing for their dosing guidelines or claims — they’re just riding the wave of publicity and the cannabis fad.”

What is CBD?

CBD stands for cannabidiol, one of about 120 different phytocannabinoids, that can be found in both the cannabis and hemp plants. (Hemp is defined as containing less than 0.3 percent THC). It’s the second-most-prevalent active ingredient in cannabis — delta-9-tetrahydrocannabinol (THC) is the first.
But unlike other cannabinoids — such as THC — CBD does not produce a euphoric “high.” This is because CBD does not affect the same receptors as THC.\(^2\)

According to Adam Friedman, M.D., professor and chair of dermatology at George Washington School of Medicine and Health Sciences, we have two cannabinoids receptors: CB1 receptors are primarily located within the central nervous system (CNS), while CB2 receptors are primarily located in the periphery, including the gastrointestinal and immune systems, though they are also found in the CNS (but at lower density than CB1). THC binds to both CB1 and CB2, while CBD binds to neither.

CBD is an entirely different molecule than THC, and its effects are very complex. It influences the body by interacting with as many as 65 other receptors, including GPR55, TRPV1 and the serotonin system.\(^3\) These receptors may play an important role in treating conditions such as pain, inflammation, epilepsy, anxiety and many others.

“We are learning that there are multiple parallel pathways that can impact our endocannabinoid system, much of which still needs to be clarified,” Dr. Friedman says.

**Is CBD safe?**

The World Health Organization says, “In humans, CBD exhibits no effects indicative of any abuse or dependence potential. To date, there is no evidence of public health — related problems associated with the use of pure CBD.”\(^4\)

The U.S. Food & Drug Administration (FDA) is working to learn more about the safety of CBD and CBD products. More specifically, during its review of the marketing application for Epidiolex — a purified form of CBD (administered orally) that the FDA approved in 2018 for use in the treatment of certain seizure disorders — it identified certain safety risks, including the potential for liver injury.

“These are serious risks that can be managed when an FDA-approved CBD drug product is taken under medical supervision, but it is less clear how these risks might be managed when CBD (taken orally) is used far more widely, without medical supervision and not in accordance with FDA-approved labeling,” according to the FDA website.\(^5\)

**Why is CBD so popular?**

According to Bonn-Miller, Charlotte’s Web helped put CBD on the map. Charlotte’s Web is a high CBD, low THC cannabis product marketed as a “dietary supplement” under U.S. federal law. Charlotte’s Web is named after Charlotte Figi, a young girl who experienced a major reduction of her epileptic seizures brought on by Dravet syndrome after her first dose at age five.
Her usage of Charlotte’s Web was first featured in a 2013 CNN documentary. Media coverage increased demand for Charlotte’s Web and similar products high in CBD, including the aforementioned Epidiolex, the first-ever FDA-approved CBD medication.

Although CBD has a long and rich history with humans, dating back almost 4,000 years when man first cultivated cannabis, clinical research and government regulation has lagged far behind the growing interest in the marketplace.

“Because CBD and products linked to cannabis have had a negative social stigma and long been rated as a schedule 1 controlled substance, major, legitimate companies haven’t put significant money or time behind research,” says Dr. Friedman. “But that’s changing as legalization and a growing acceptance of the medicinal benefits of cannabis sweep across the country.”

In 2018, the Drug Enforcement Agency (DEA) announced that drugs, including CBD with THC content below 0.1 percent, are being dialed back to a Schedule 5 (meaning less dangerous than Schedule 1 drugs), as long as they have been approved by the FDA.4

CBD’s impact on skin care
The interest level among consumers, patients and physicians is quickly growing regarding CBD’s effectiveness to treat a laundry list of skin conditions and symptoms, including psoriasis, atopic dermatitis and wound healing. But there are too many unanswered questions for anyone to be certain about the benefits.

Dr. Friedman and his colleagues surveyed 531 dermatologists to get a better idea about their attitude and awareness of cannabinoids as therapeutics, and it turns out there’s a lot they need to learn.

First, dermatologists are being approached by their patients with questions on this subject matter, and this is more likely to occur in states where medical cannabis is legalized. Second, while more than 90 percent of respondents agreed that this is an important area for R&D and 85 percent thought medical cannabinoids should be legal, more than 80 percent were not comfortable with their understanding or knowledge on this subject matter, which is not surprising given that 65 percent of respondents incorrectly responded that CBD has psychoactive effects.

“Since CBD is not heavily regulated, has few side effects and companies are making claims, people are willing to give it try,” says Bonn-Miller. “Physicians need to know how to talk about CBD with their patients if they bring it up.”

“Because CBD and products linked to cannabis have had a negative social stigma and long been rated as a schedule 1 controlled substance, major, legitimate companies haven’t put significant money or time behind research.”

— Dr. Adam Friedman, professor and chair of George Washington School of Medicine and Health Sciences

Talking to patients about CBD
Christina Weng, M.D., a dermatologist in Boston, agrees that more patients are asking about CBD, if it works and what products to use.

“I have patients who tell me their kids or even grandkids are suggesting they try CBD for their skin issues,” says Dr. Weng. “I obviously can’t recommend specific products to our patients, but there is growing research that shows topical CBD seems to help patients with chronic itching and symptoms associated with psoriasis, eczema and other inflammatory skin conditions.”

However, she cautions that CBD is not a replacement for prescription medication, and patients should not swap out their medications for CBD products without first consulting their physician. Dr. Weng also suggests that before patients apply CBD to the afflicted area on the body, they first patch test it on a small non affected area of the skin to monitor for a negative reaction, as there may be other allergens or irritating additives in these products.

Dr. Friedman is a major proponent of recommending CBD to his patients, especially when it comes to wound care and pain management.

“There are a lot of dermatological issues where pain is central to the condition — and in many cases where wound healing is a significant problem,” he says. “Conditions in which the immune system is activated and won’t turn off, patients can develop painful abscesses such as boils in body folds under the arms, breasts, groin and buttocks. Studies show that these patients can abuse drugs and alcohol to manage the pain.

“Topical CBD can be a real benefit in these difficult cases, and I recommend patients go to a dispensary, where the product quality assurance is more dependable. Of note, from a pain perspective, opioids delay wound healing and they’re very addictive, as we know.
Interest in CBD from consumers, patients and clinicians is moving at a much faster clip than the clinical evidence to support the many claims being made by its producers and marketers. Following are a few important things we do know about CBD and some helpful tips from the experts.

1. **CBD has no euphoric effects.** You can’t get high from using it (even though Dr. Friedman’s survey of dermatologists showed that 65 percent of respondents did not know that cannabidiol cannot get them high). CBD generally does not contain Tetrahydrocannabinol (THC), but in some cases you can find trace amounts. THC is the main psychoactive cannabinoid found in cannabis and causes the sensation of getting “high” that’s often associated with cannabis.

2. **Topical CBD does not absorb into intact skin.** Some companies are claiming transdermal activity (absorbs into the body) of lotions or ointments. If they are, ask them for the data that show CBD has absorbed into the body. According to Bonn-Miller, currently there are no bona fide data that show transdermal activity (except one pharmaceutical company, and that product is not on the market yet). However, if you are treating local skin issue like psoriasis or eczema, products may not necessary need to be absorbed into the blood.

3. **Beware of the ingredients on the label.** Because there are currently no FDA guidelines for non prescription forms of CBD, the amount of CBD can vary greatly from product to product, or from what the label actually says. A 2017 study led by Bonn-Miller found that nearly 43 percent of the products contained too little CBD (compared to the label), while about 26 percent contained too much. Bonn-Miller suggests taking the product to an independent lab to get the actual ingredient levels.

4. **Dispensaries are more reliable than mom-and-pop stores.** Cannabis dispensaries in the United States, or marijuana dispensaries, are a local government-regulated and licensed physical location. In general, while these dispensaries sell cannabis products that have not been approved by the FDA and are not legally registered with the federal government, the product claims are more reliable than most websites or other retail outlets.

5. **CBD is legal in all 50 states.** According to the FDA, “It depends, among other things, on the intended use of the product and how it is labeled and marketed. Even if a CBD product meets the definition of “hemp” under the 2018 Farm Bill, it still must comply with all other applicable laws, including the FD&C Act.” (The Farm Bill says both cannabis and hemp are the same plant, simply separated by legal distinctions. The U.S. government classifies hemp as any plant of the cannabis family that contains not more than 0.3 percent THC. It classifies marijuana [cannabis] as any plant of the cannabis genus that contains greater than 0.3 percent THC.) To date,
the agency has not approved a marketing application for cannabis for the treatment of any disease or condition. While hemp-derived CBD is legal in all 50 states, cannabis-derived CBD is not legal federally. The FDA says it’s not legal to sell any CBD as an ingredient in products sold as dietary supplements, food, cosmetics, or OTC drugs.7

6 Don’t forget the basics of wound care.
While the advent of CBD is exciting, Dr. Friedman says it’s too new and there are far too many questions to start avoiding the basics of wound care. He reminds clinicians to keep the wound covered and moist. “Those two things alone will advance the healing of wounds more than anything else,” he says.

7 Keep an open mind.
As a clinician, when patients express interest or are curious about CBD, engage in an open conversation. Dr. Friedman says not to immediately dismiss the idea or shut down the discussion. This helps maintain a healthy patient/clinical relationship and advances a more trusting connection.

For more information from the FDA on “What you need to know (and what we’re working to find out) about products containing cannabis or cannabis-derived compounds, including CBD,” visit https://www.fda.gov/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-productsContaining-cannabis-or-cannabis.

Since CBD has been shown to be non-addictive, I’ve seen cases where CBD has actually helped patients wean themselves off addictive pain killers.”

Dr. Friedman believes that many clinicians now agree that there’s enough pre-clinical evidence from cells and animal models to show that cannabinoids can have a positive effect on skin care and wound healing. But he warns that we’re only at the beginning stages of clinical research and gathering evidence of its effects on humans.

“First things first, let’s educate our colleagues on the current state of the science and practice. This is already starting to manifest. We need sessions at both local and national conferences, as well as those who are ingrained in this field to publish, publish and publish,” says Dr. Friedman. “Next, we need industry to take an interest, support investigators and collaborate to bring new cannabinoid-based drugs to the market.”

Dr. Friedman says genuine clinical research in CBD as a potential treatment for many indications is accelerating due to some promising results in earlier trials — many for brain-related issues such as epilepsy, anxiety and autism — and some for skin conditions and pain management.

“Ultimately, it is the laboratory research that will help us understand how CBD works on the basic scientific level and is key to making this not just a fad,” says Dr. Weng. “We need to better understand the mechanistic pathways that drive our clinical observations (such as reducing itch). I’m excited to see what the future brings for new solutions for a whole realm of skin conditions we don’t yet have good solutions for. When reputable companies start coming out with CBD products supported by clinical evidence, clinicians will have a lot more confidence in the ingredients, the testing that goes into them and what we recommend to our patients.”

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Issue 3 / 2019 23
Patient experience is a hot button for hospital administrators, but achieving reliable high patient satisfaction is no easy task. Volatile patient experience performance impacts reputation, care quality, staff engagement and finances.

By Diane S. Hopkins

Delivering more than warm cookies and a smile
Most people choose healthcare as their profession because they like caring for people. They want to provide a great patient experience, but sometimes barriers, both in and out of their control, stand in their way. Remember why you got into healthcare in the first place to help avoid these common pitfalls.

1. **Distracted culture.** Hospitals are notorious for fast-paced work where everyone is just doing, doing and doing. There’s not a lot of “think” time. With the advent of EMR, clinicians are pulled away from valuable patient-facing time. With so many distractions, strive to be fully present moment by moment, and don’t forget about the patient’s needs.

2. **Change resentment.** At all levels, sometimes there’s a prevailing attitude that if something appears to be working, why change. Or, we’ve all heard, “We’ve always done it this way, I don’t see why we need to change.” Those attitudes are recipes for mediocrity. Changes that elevate the level of patient care and at the same time enhance their experience helps every organization stay relevant.

3. **Conflicting priorities.** You no doubt have several important priorities facing your facility — a renovation, a new EMR system or recruitment issues to fill key vacancies. Building a culture of excellent patient experience can help solve some of your priorities, including recruiting and retaining staff. People want to work in an organization where they go home satisfied and that they were given the opportunity to provide the best care possible for their patients.

4. **Budget constraints.** Being tight on money is not a reason not to pursue exceptional experience strategies. Investment in reliable patient satisfaction helps reduce wasted costs and can protect/increase revenue.

**Historically, patient experience was solely measured by a hospital’s own internal patient satisfaction surveys and relegated to a mid-level priority within the organization. Staff scripts, warm cookies, comfortable socks and other amenities were thought to be the road to achieving outstanding patient experience. It comes as no surprise that those approaches don’t produce reliable results, and for good reason.**

A perfect storm has hit the healthcare world: Value-based payments are intersecting with consumerism to elevate patient satisfaction to the forefront.

**The empowered consumer**

The patient experience movement really accelerated in 2012 when the Centers for Medicare & Medicaid Services’ (CMS) new value-based purchasing program began rewarding hospitals with incentive Medicare payments for quality care (based on the HCAHPS survey) or withholding payments for not meeting certain benchmarks. We’re talking real money, millions of dollars for hospitals to gain or lose.

The HCAHPS results, along with lots of other useful information such as infection rates, quality levels, medical errors, employee injuries and more, are now all publicly available from each facility. And they can be compared to other hospitals via Medicare.gov, so consumers know how one facility stacks up against another. Also, the internet has given patients and their families unprecedented — and easy — access to treatment choices.

With all of this information, consumers are more informed than ever before and empowered to choose where they receive their care. Higher deductibles are causing consumers to be even more selective in choosing their preferred provider.

The rise of social media is also elevating the importance of patient experience. You used to tell your friends and neighbors in
Healthy Skin

person if you had a bad or good experience at a hospital. With social media, you can tell a thousand people in 280 characters in two minutes. As a healthcare provider, you’re just one click away from boosting or taking a hit to your reputation, so you want to do all you can to provide the best experience all the time.

Consumers are being bombarded by marketing efforts more than ever before from healthcare providers. All of this information can be helpful, but it can also be overwhelming, making it harder for consumers to tell one provider from the next. This commoditization of the marketplace could elevate price as a point of differentiation. That’s a dangerous way to compete when lives are at stake and technology and people are so expensive.

Eroding margins are also hitting hospitals hard. Specialty health groups, like vein and wound care specialists, are chipping away at hospital profits. Hospitals need to build a culture of outstanding patient experience to ensure that patients and families become return customers and help create positive word-of-mouth marketing.

Finally, providing an outstanding patient experience is just the right thing to do. Always. Patients are putting their lives in our hands, so we have to make it an exceptional experience. That should be the overriding motivating factor as to why all of us are in this business.

Win-win for everyone
Delivering a positive patient experience from every area of a facility and staff member — from a wound care nurse to the admissions department — results in numerous benefits to patients and the hospital.

One of the most important benefits is increased compliance. Everyone wins when patients are more compliant. The patient is more likely to understand post-care instructions and follow them, resulting in better and faster healing. The nurse wins because she’s not repeating procedures and spending excessive time with patients. The hospital wins by achieving lower infection rates, fewer readmissions, less waste and better patient loyalty. And the insurance company wins because care and costs are better managed.

When patients feel well cared for and confident, they become partners with their caregivers — not an us vs. them environment — which builds trust and understanding. So, if things don’t go exactly perfect during a stay (and odds are they won’t), patients won’t be as critical when small things go wrong.

Co-creation
One of the most important ways hospitals can embrace exceptional patient experience is by committing to a strategy called co-creation. This is an organization-wide pledge to include everyone who’s involved with delivering patient experience in the process of designing or refining the experiences. This means leadership brings to the table not only department heads but frontline staff. From the wound care nurse to the valet parker to the homecare delivery manager, all should have input in the process.

They see what leadership doesn’t see at the bedside and other areas where patient interactions occur. I refer to it as the worm’s eye view. This is where the rich soil is — invaluable insights from which to build a patient-focused culture.

Co-creating means the entire staff is taught new skills and different ways to view what patient experience means, not only to them as clinicians but the effect it has on the entire organization and their patients.

56% OF PATIENT-CONSUMERS SAY THEY WOULD DEFINITELY CHOOSE A HOSPITAL THAT IS KNOWN FOR PATIENT EXPERIENCE

79% OF PATIENT-CONSUMERS USED 2 OR MORE SYSTEMS ACROSS 5 YEARS
WHAT’S MY ROLE IN ELEVATING THE PATIENT EXPERIENCE?

You’re being tasked with more responsibilities than ever before, such as electronic charting and reports that take you away from spending more time with your patient. And now you’re being asked to improve the patient experience.

You may be asking yourself, “What exactly does this mean for me, and what specifically can I do as a wound care nurse to build a good relationship with my patient?” Following are a few simple yet effective ideas you can do starting today.

Involve your patients in caring for their own wound. Take time to explain why you’re doing something. It shows you care, and doing so can help your patients understand what they need to do to care for their own wound once they’re at home.

Connect with your patients and their family members. Sit down next to your patients and address them by name (versus by the type of wound they have, e.g., “You’re the one with the venous ulcer.”). This can help establish an immediate rapport, alleviate anxiety and make them feel more at ease in what is generally a stressful and scary situation.

Manage supplies. Keep frequently needed wound care supplies in exam rooms, patient rooms or store rooms and restock regularly. It’s frustrating for patients (and you as a WOCN) when you have to stop what you’re doing to track down supplies.

Get involved at a higher level. Ask your superiors to allow you to literally and figuratively have a seat at the table when your facility is developing patient experience strategies. As a wound care nurse, you know what’s happening at the bedside, and your input is invaluable as the first line to patient interaction.

The old ways of enhancing the patient experience are no longer enough to achieve high performance. For you to be successful in both experience and outcomes, there must be a balanced integration of quality, safety and service.

You can’t co-create unless you include your human resources team. HR can help ensure the right people are hired that fit with a patient-centered culture. The talent we choose to join our organization and care for our patients makes or breaks everything. And it’s not just patient-facing staff that can influence the culture of outstanding patient experience but personnel from all departments.

Maybe the most important (and obvious) element is that you can’t have an exceptional experience unless it’s safe. Avoiding medical errors must be the foundation of an exceptional experience. Patient experience must be aligned with patient safety and quality; they must be operationally integrated like three intertwined strands of a rope for sustainable high-performing results.

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Diane S. Hopkins is executive director and lead faculty at Medline Industries, Inc. She is a nationally known patient experience and innovation leader, health system strategy executive and author of the book “Unleashing the Chief Moment Officers.” A certified Experience Economy Expert, she was one of the first Chief Experience and Innovation Officers in the U.S. health industry.
Importance of WOUND CARE DOCUMENTATION

Katie James, BA, RN, CWCN

Wound documentation in any setting is critical in managing a patient’s outcome. The documentation of a wound is like painting a picture for the physician, the next clinician, the administration and the insurance company/payor. Being able to accurately portray the visual, tactile and olfactory components of a wound and periwound gives critical insight to what the wound is doing. A WOCN colleague once said that in time, a wound will “present” itself to the clinician.

They say that a picture is worth a thousand words. In wound care, truer words could not be written. It’s crucial when documenting a wound to be accurate and precise. Knowing the right words and when to use them in descriptive terms is key to being an expert at wound documentation. Understanding the difference between excoriation and denuded can be a clue to how the wound occurred. The differences among serous, serosanguineous and sanguinous, scant, light, medium and heavy drainage will tell you which cover dressing will be most appropriate.

There are several mnemonics to assist in the documentation of a wound. One is DIMES.

**D** for debridement. Does it need to be debrided? What does the tissue look like? Is it viable or nonviable? Beefy red, dusky, slough covered, black? What are the measurements? Is there a decrease in area from previous measurements?

**I** for infection/inflammation. Are there visible signs of infection? Is the periwound red or “angry” looking? Is there adequate perfusion to the wound bed?

**M** is for moisture management. Is the wound wet? Is it desiccated? Is the periwound macerated?

**E** is for edge. What do the wound edges look like? Do they have epibole? Wounds will heal from the bottom up, so keeping the edges prepped and ready to migrate over as the wound gets shallower is crucial for final epithelialization.

**S** is for support products. How is it going to be cleansed? What type of cover does the wound need?

By using the above mnemonic, wound documentation can be concise and consistent, which leads to effective documentation practices and opportunities for better outcomes.

Being able to paint an accurate and effective picture of a wound will give valuable information for the permanent record, not only to help the next clinician follow up with the patient, but also to track the progression or lack of progression of the wound over time.

As a final thought, in today’s medical climate, ensuring proper documentation will only enhance the validity and strength of creating an effective and consistent plan of care.

Katie James, BA, RN, CWCN is a clinical nurse specialist for Skin Health Acute Care at Medline Industries, Inc.
8 ways to find INNER PEACE

Wolf J. Rinke, Ph.D., RD, CSP, says that it’s possible to shed life’s daily stresses and find inner tranquility. Here’s how.

Be honest.
When you always tell the truth, you’re able to talk from the heart. Honesty enhances your leadership skills because people follow those they trust. It puts you on the fast track in any endeavor and enriches your personal relationships. Most important, honesty gets you to like and respect yourself.

Think empowering thoughts.
Achieving inner peace requires us to become aware of how we think, which sounds simple but is not. We must ask ourselves, is this a thought that empowers me and makes me stronger, or does it make me feel mad, bad or sad? We can hold only one thought at a time, so choose a positive one.

Take advantage of the abundance all around you.
It may sound counterintuitive, but if you want more of something, you have to give it first. If you want more love in your life, give more love. If you want to be happier, make others happy. But the only way you can take advantage of this principle is to internalize the next one.

Take great care of No. 1 (you).
Achieving inner peace requires you to love who you are, and not who others — parents, spouse or friends — expect you to be. You are who you are. Take really great care of your thoughts — and extraordinary care of your body. Eat right. Get adequate rest. Exercise regularly, and give yourself some days off, too.

Become your own creator.
We create our own realities. Consider this story: A young man is interviewing for his dream job. On the big day, he enters the hospital and says to the security guard, “Tell me about the people here.” The man replies, “What were the people like at the last hospital you worked for?” “They were deceitful, unsupportive and mean. “Well,” the security guard says, “I believe you will find the same kind of people here.”

Now imagine if the young man had answered, “I just loved the people at my former hospital. They were kind, supportive and hard-working.” The security guard’s answer: “I believe you will find the same kind of people here.”

Let go of the past.
It’s amazing how much mental energy we spend on something over which we have no control — the past. Instead, become future-oriented by learning from every action. If an action gives you the results you desired, keep doing it. If it didn’t, commit to doing it differently and then let it go. Get on with your life by refocusing on the only moment you have any control over — the present.

Kill your ego.
Ego, along with greed and envy, is one of the most powerful destroyers of inner peace. We can get rid of our ego with these powerful phrases expressed from the heart. 1) “You are right about that.” 2) “I’ve made a mistake.” 3) “I changed my mind.” 4) “I don’t know.” 5) “Let’s agree to disagree.”

Never give up on your dream.
Doris Haddock had a passion; she believed that Congress needed to get off their duff and change the campaign finance laws. Unlike most of us, Doris did not sit around and complain. Instead, the 90-year-old grandmother walked from Pasadena, California, to Washington, D.C. Whatever you do, don’t ever give up on your dreams. It will put you on the road to achieving inner peace.
When identifying a wound, it’s always important to conduct perfusion studies to ensure adequate blood flow to the limb. Determine the etiology of the wound and differentiate among venous, arterial or mixed leg ulcers. Care will vary depending on these factors.

In general, petroleum impregnated dressings are made of an absorbent fine mesh gauze that easily conforms to the body. They are comfortable and soothing against the skin. The fine mesh gauze is impregnated with a 3 percent bismuth tribromophenate petroleum blend formula that provides bacteriostatic protection. Traditionally, an ABD — or cotton pad covered with gauze — is often used as a cover dressing and held in place with tape, a self-adhesive stretch dressing or even a sock or stockinet. Allergies to bismuth tribromophenate have been reported. In addition, petroleum based gauze dressings and saturated ABDs can cause damage to the peri-wound skin, causing further wounds and/or breakdown, and must be changed several times a day. Current best practice is to treat leg ulcers with elevation and compression, after blood flow studies have been completed and following prescriber’s orders. Due to the location of these wounds, they may be infected and should be evaluated for signs and symptoms of infection. For these wounds, a bactericidal primary dressing should be considered. If it’s a wet wound, silver powder or a silver impregnated absorbent dressing can be used. In a dry wound, a silver gel could be a good choice.

Avoiding damage from fluid drainage to the peri-wound skin is vital. Barrier choice will depend on the condition of the skin and drainage of the wound. For dry skin needing moisture, apply a silicone-based nutritional cream. In moist conditions, a liquid film-forming barrier wipe or spray may be chosen. For very moist conditions, apply a cyanoacrylate film dressing to the peri-wound skin. The wound should be covered with an absorptive dressing that wicks moisture away from the wound bed and promotes dry wound bed conditions. Dressing choice will be determined by depth and drainage of the wound.

Apply a secondary dressing with absorbent foam and silicone adhesive, which can be left in place for three to five, or up to seven days. If compression is appropriate, cover with a one-, two- or three-layer compression system as ordered.

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