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Nurse Apparel & Tools - Look Good, Feel Good & Be Prepared

To have a successful shift, having the right apparel and tools for the job is essential! Whether you are a new graduate or a seasoned professional, we'll look at some tools of the trade to help you get your job done with ease. As always, keep your organization's policies in mind when making purchases to make sure they are appropriate and meet requirements.

Scrubs
Many organizations have moved to color schemes to help patients and healthcare professionals differentiate who is providing care (for example, registered nurses in navy blue, unlicensed assistive personnel in turquoise, etc). Many nurses enjoy having scrub tops and pants with multiple pockets to hold the essentials (pen, notes, unit phone, tape, alcohol wipes, etc). There are a variety of styles, brands, and price points out there to choose from as well.

Lab Coats
Speaking of pockets, a lab coat offers even more of them! A lab coat also adds a touch of distinction to your professional ensemble and can often be embroidered with your name and nursing specialty.

Watches
While many nurses depend on their cell phone for the time and may use it as a stopwatch, many still prefer a wristwatch to keep track of their time and to use for patient assessments. Be certain that your watch has a second hand; it's also a benefit if you can set it to military time. There are some watches that can be attached to your scrub top or affixed to your stethoscope as well.

Travel Bags
I used to carry at least two to three bags to work with all my personal and professional paraphernalia. Purchasing a travel bag was a great solution for me and could be just the ticket for you as well. These bags offer many pockets but are small and lightweight, and don't weigh you down on your travels. For nurses who travel in their job (for example, home care or travel nurses), a bag like this is calling your name!

Stethoscope
There are a wide variety of stethoscopes on the market. Your organization or nursing school may provide you with guidelines on what type you will need for your patient assessments.

Penlight
A penlight is a great tool to have on hand. Whether you need to check pupils or look in the patient's ears or throat, it is always an essential item to have available.

Shoes and Compression Socks
Your choice of foot apparel is very important. Shoes and socks should be comfortable and durable. Remember, your choice of shoe can affect your whole body, not just your feet!

Pulse Oximeters (Pulse Ox)
A pulse oximeter is a small electronic device, usually placed over a patient's nailbed, that measures the saturation of oxygen carried in the red blood cells. While your organization may have these available (or a respiratory therapist should have one), check with your facility's policy first to see if you are permitted to use your own personal pulse ox device.

Reflex Hammers
These soft, silicone hammers can help you accurately elicit muscle stretch reflexes, superficial or cutaneous reflexes, and plantar and abdominal reflexes. If you care for patients who need frequent neurologic assessments, this would be a great tool for you.

ECG Calipers
If you work with telemetry monitors on your unit, this tool will come in handy. The calipers allow you to accurately measure ECG tracing intervals.

Pocket References
Keeping valuable information – such as laboratory values or procedural steps – right in your pocket is key! Hint: Lippincott NursingCenter.com has over 50 quick, evidence-based Nursing Pocket Cards to help you make accurate and appropriate care decisions for your patients. You can download them FREE.
• **Careismatic Brands** is a leader in the design, manufacturing and distribution of medical apparel under the Cherokee, Dickies, HeartSoul, Infinity, Anywear, ELLE, ScrubStar and other brands.

• **Nurse Mates** offers scrub tops, scrub pants and jackets for women. They also offer watches, travel bags, compression socks, and shoes.

• **Moxie Scrubs** is a direct-to-consumer brand for nurses; they offer scrub tops, pants and jackets.

• **WonderWink Scrub Shop** has a line of scrubs to fit any style.

• **Scrubs & Beyond** offers a variety of scrub tops, scrub pants, jackets, and lab coats for men and women in different styles and fits (from petite to maternity and short to tall). They also offer shoes, socks, lab coats, and medical supplies (including stethoscopes, stethoscope parts, pulse oximeters, neurological hammers, clipboards, penlights, and scissors).

• **All Heart** sells scrub tops, scrub pants, jackets, and lab coats for men and women in a multitude of colors, patterns, and sizes. Other items include shoes, compression socks, and medical devices (including forceps, clamps, ECG calipers, hammers, penlights, protective eyewear, and scissors).

• **Uniform Advantage** offers a diverse range of scrub tops, scrub pants, jackets, and lab coats for men and women. They also offer shoes, socks, compression socks, clogs, and medical supplies (including nursing bags, stethoscopes, watches, penlights, pulse oximeters, protective eyewear, ECG calipers, and surgical caps).

• **The Uniform Outlet** offers scrub tops, scrub pants, lab coats and jackets for women and men. Other items include socks, compression socks, clogs, and medical devices (including hammers, penlights, and stethoscopes).

• **Amazon** sells nursing apparel and tools as well.

• **Scrubin Uniforms** sells scrub tops, scrub pants, lab coats, clogs and jackets for women and men. Clip boards, stethoscopes, scissors, penlights, watches, socks, and compression socks are available too.

Ready to start shopping? Here are some places to start!

Overall, there are some great resources out there to help you provide great patient care. Did your favorite resources and items make the list?
Shoe Shopping - Putting Your Best Foot Forward

As a nurse, you are constantly on the move. It is important to remember that wearing good shoes can help you feel your best and prevent injuries. We will look at some factors to consider before you purchase a new pair of nursing shoes.

Quality and Comfort

Two key points to keep in mind during shoe shopping is making sure your new pair of kicks is comfortable and they will last you a long time. Remember, your choice of shoe can affect your whole body, not just your feet!

Top Shoe Brands for Men and Women

With so many popular brands and companies who offer shoes that would work in the nursing field, here are a few highlights. Again, keep your facility’s policy in mind when selecting the type of shoes you can wear in your role and if there is a certain color you need to have.

- **Nurse Mates** offers a variety of choices including sneakers, clogs, and slip-ons, with prices ranging from $36-$130. You can also find a wide choice of compression socks here as well.

- **Dansko** makes a wide variety of shoes, including clogs ($100-$150), slip resistant shoes ($100-$150), and sneakers ($110-$145).

- **Skechers** offers many different styles and choices of shoes to fit any need, with prices ranging from $50 to $125.

- **The Walking Company** offers up to 40 brands of shoes including ABEO, Brooks, Dansko and Klogs, with prices ranging from $50-$200 and up.

- **Crocs** offers styles including sneakers, clogs and more with prices ranging from $28-$65.

- **Merrell** offers options from lightweight hiking shoes with sturdy traction to sneakers of all styles; prices range from $80 and up.

- **Rockport**, **Saucony**, and **New Balance** also provide a range of options for sneakers, with prices starting at about the $50 range.

Other footwear stores include Famous Footwear, Zappos (online), DSW Shoe Warehouse, Dick’s Sporting Goods, Footlocker, and Modell’s.

Best Foot Forward

Remember to keep your facility’s policy in mind about the type of shoes you can wear in your role. Overall, your shoe should have a non-skid bottom and be completely closed to protect you from harm from spills and sharps. Here are some key points when purchasing your shoes:

1. Your shoe should have a stiff back and you should not be able to move the shoe side-to-side around the heel.

2. Look for a shoe that has some torque and can twist slightly.

3. Arch support is key! Proper arch support can help prevent many musculoskeletal problems that could lead to back problems and even disability.

4. Make sure that your toes have some room to flex and be comfortable.

5. Be sure the shoes feel comfortable right away! As you try them on, kneel in them and move around like you would at work to make sure they are right for you.

6. If possible, purchase shoes where a trained sales professional will size your feet and make sure the shoes are best for you.

Ready for a Replacement?

Examine the heels of your shoes. If the heel has become angled, this will alter your step and can contribute to pain. It is recommended that your shoes be replaced every 350 to 500 miles – about every three to six months.
Compression Socks

Since you will be on your feet most of the day, compression socks can help your feet and legs feel great all day. Compression socks improve your blood flow, decrease swelling in your legs and reduce your chances of getting a deep vein thrombosis (DVT).

There are a variety of compression socks out there. They have different levels of pressure, measured in mm Hg. Be sure to ask your health care provider what is best for you. They average in cost from $12 to $25 and up, depending on the brand.

IN CONCLUSION...

Appropriate footwear will help you stay on top of your game during your shifts. So, take a moment to think about the shoes you wear at work and consider if you would benefit from a new pair of shoes. With the right shoes, you will feel your best as you provide exceptional care to your patients each and every day!

Nurses & Plantar Fasciitis: Keep Your Hard-Working Feet Healthy

As nurses, we spend a lot of time on our feet. This holds true not only for bedside nurses but also for nurse educators, nurse practitioners and many, if not all, other nursing professionals. Our feet carry three times our body weight with each step. When you factor in the strenuous job duties required in nursing, i.e., lifting patients, lifting equipment, and running to a code blue, just to name a few, we add significant weight load on our feet. Furthermore, most of our walking and weight bearing at work is on hard surfaces – hospital floors and hallways, and the concrete stairs present in most healthcare facilities. While providing a “sterile” environment, these are unforgiving surfaces that do little to improve the shock absorption of our steps.

Plantar fasciitis is one of the most common causes of foot and heel pain in the United States. There are many risk factors associated with developing plantar fasciitis, including obesity/high body mass index (BMI) in the non-athlete, running, and underlying structural deformities such as flat feet (pes planus), high arches (pes cavus), exaggerated pronation, or limited ankle dorsiflexion, but the condition is largely considered an overuse injury. While the precise etiology is not completely understood, it is thought to be due in part to microtrauma and inflammation from prolonged standing, walking, or running in conjunction with contributing risk factors noted above. Other factors include poor fitting or poorly supportive shoes and a recent increase in weight bearing activity (i.e., a new running or exercise program).

Nurses are at high risk for developing plantar fasciitis due to our job responsibilities. The plantar fascia is composed of fibrous bands that insert at the heel (calcaneus) and connect to the toes (metatarsals). These bands provide support to the foot and in turn bear the weight of the body with ambulation and any weight bearing activity. The plantar fascia assists with shock absorption via a windlass mechanism. This refers to the fascia lengthening and increased tension on the medial longitudinal arch as the toes extend during weight bearing, which in turn maintains the arch and stabilizes the foot. There is no elastic tissue in the plantar fascia, so all of the work is via this tension mechanism.

Common clinical symptoms include heel pain that is worse with the first step in the morning or after a longer period of inactivity, and similar heel pain after long periods of weight bearing (such as the end of a 12-hour shift). Onset is typically precipitated by recent increase in weight bearing (new exercise routine, etc.). On clinical exam, there is palpable tenderness along the plantar fascia, specifically, at the area of insertion at the calcaneus. The “windlass test” is also typically positive, (heel pain reproduced with passive dorsiflexion of toes). If you develop foot pain or heel pain, proper diagnosis is key.
Once diagnosed with plantar fasciitis, the cornerstones of therapy typically include conservative measures with a combination of stretching both of the calf and plantar fascia, ice, rest, orthotics, strength exercises to stabilize the foot and ankle, and short-term non-steroidal anti-inflammatory drugs (NSAIDs). Physical therapy is also typically recommended in treatment. Let’s look at some of these treatment modalities.

### Treatment

#### Home

- **Rest**
- **Ice**
  - Try freezing a plastic water bottle (~ 16oz); once frozen, roll under your foot to ice the entire plantar fascia.
- **Short term over-the-counter NSAIDs (for acute pain)**
- **Stretching**
  - Try rolling a tennis ball under the foot, massaging the plantar fascia.
  - Perform stretches targeting the calf (gastrocnemius and soleus), hamstrings and Achilles.
- **Over-the-counter orthotics (targeting distributing rear foot pressure)**
  - Heel support (heel cushioning to assist in shock absorption); silicone heel cups
  - Medial arch support inserts
- **Properly fitting shoes**
  - Motion control shoes
  - Consider rotating shoes if working multiple days in a row.
- **Limit time walking barefoot or in flip flops.**
- **Consider foot reflexology or massage by someone with experience treating plantar fasciitis.**

#### Physical therapy

Typically includes:

- **Proper assessment of foot posture and underlying structural deformities**
- **Manual therapy (massage, myofascial release) targeting mobilization of the plantar fascia, gastrocnemius and soleus myofascia, joint mobilization**
- **Stretching (calf, hamstring, posterior muscle groups)**
- **Anti-pronation taping**
- **Foot orthoses/custom options available**
- **Night splints (maintains a static stretch during sleep)**

#### Orthopedist or Podiatrist

Potential treatment modalities:

- **Corticosteroid injection**
- **Casting or controlled ankle motion (CAM) walker (boot); both designed to prevent weight bearing on heel and promote rest**
- **Extracorporeal shockwave therapy (ESWT); improves neovascularization of the area of pain by inducing microtrauma stimulating a healing process**
- **Surgery; plantar fascia release at the calcaneus (performed endoscopically)**

Remember, as nurses we are lucky to be working in a position that keeps us on our feet! From a health perspective, we do not face many of the health conditions related to prolonged sitting and sedentary desk jobs. There are industries dedicated to combat sedentary jobs by creating an “active office” – these interventions include standing desks, treadmill desks, and under-desk cycles, all focused on creating movement at work. This is already built into our jobs. I was recently speaking with a cardiologist about the standing desk and she commented, “They say sitting is the new smoking,” stressing the importance of movement and avoidance of prolonged sitting due to adverse health consequences. As nurses, we are ahead of the curve, most of our jobs are the opposite of a desk job. That being said, we need to keep our feet healthy and feeling good for optimal job performance and comfort. The most effective way to prevent plantar fasciitis is to wear proper footwear at work, maintain a healthy weight, routinely stretch after a long shift, and if starting a new exercise or running program, build up to your goal rather than going all out on the first work-out. Lastly, pay attention to your feet. If you have pain, have it evaluated. In our busy work and home lives, let’s not forgot to give our feet some attention.

### Reference

Shopping for Stethoscopes - Do You Hear What I Hear?
You use your stethoscope countless times each shift. As an indispensable tool for rapid patient assessment, your stethoscope has a constant presence with you as you care for patients. Now that it’s time to purchase your first or a replacement, how do you choose between the many styles and options available?

What should you look for in a stethoscope?
A quality stethoscope is durable, comfortable to use, and provides good acoustics for accurate assessment of heart, lung, and gastrointestinal sounds. The classic adage, you get what you pay for, is true for stethoscope performance and longevity. Because a quality stethoscope might last 10-15 years, the choice of a reliable high or medium performance model could be a good long-term investment if you work in a hospital setting. If you are a student on a tight budget, there are basic models that will cover your assessment needs.

A stethoscope is made up of a head/chest piece, tubing, and ear buds. Let’s take a look at each of these components:

Head/chest piece
Stethoscopes will use one of three different heads – dual head, single head, or electronic head.

- A dual head model includes the diaphragm (for high frequencies) and the bell (for low frequencies). Some dual head stethoscopes include an accessory kit with adult, pediatric, and infant bells.
- Cardiology single head stethoscopes have a pressure-sensitive tunable head that functions as both a diaphragm and bell depending on the applied pressure. This tunable diaphragm allows for easy shift between high and low frequency sounds. To hear low-frequency sounds, you rest the chest piece lightly on the patient; to hear high-frequency sounds, you apply firm contact pressure to the chest piece. There are also very inexpensive single head stethoscopes that are only used to measure blood pressure.
- Electronic models provide sound amplification and ambient noise reduction. They also allow saved recordings with the capability of sending recordings to a computer using wireless connectivity. However, these models are very expensive ($240-$550), and the magnitude of sound improvement is small relative to the best acoustic stethoscopes.

Tubing
Length
Most stethoscopes come in 22-inch or 27-inch tube lengths. Shorter tubing, in theory, offers better sound volume, but the human ear does not detect the difference in acoustical performance between a stethoscope with shorter tubing versus one with longer tubing. Practical factors come into play when considering tubing length. Longer tubing allows more distance from sick patients when auscultating and improves ergonomics as there is less bending over patients.

Double or single lumen
Single lumen tubing has one tube connected to the chest piece, which then splits into two tubes, with each one going into one ear. Single lumen, single head stethoscopes are inexpensive and often used for taking blood pressures and in isolation rooms or other situations when disposable models are more practical. Double lumen stethoscopes are more sensitive than single lumen stethoscopes because they provide an individual sound channel to each ear. This allows you to hear the subtle characteristics of heart sounds and murmurs more distinctly. Most companies make “dual-channel” stethoscopes with two lumens inside a single tube.

Earpiece
A good fit is essential to avoid audio leak and minimize ambient noise. Earpieces are angled forward to match the direction of your external auditory canal. Soft gel or rubber earpieces are comfortable and ensure good coupling between the scope and the examiner’s ears. Most high-quality stethoscopes come with several different sizes and shapes of ear tips, which enables the user to select the best-fitting and most comfortable tips.
Think about what level of acoustic performance you need. If you practice in a specialty such as critical care or cardiology that requires precise auscultations, a high-performance model may be best for you. High performance stethoscopes include the 3M™ Littmann® Master Cardiology™ or Cardiology Series IV, ERKA Finesse, ERKA Precise, Welch Allyn Harvey Elite, MDF Classic Cardiology, or ADC 600 Cardiology. These models range in price from $130-$240.

If you practice in an outpatient setting or general medical/surgical units, a medium performance stethoscope may be adequate. Examples of models in this category include the Littman Classic series, ERKA Sensitive, MDF MD One, Welch Allyn Professional, and ADC Adscope 601. These models range in price from $80-130.

Basic, entry level stethoscopes are the most economical, making them a good choice for medical, nursing, or EMT students. These models allow you to make general diagnoses and perform basic auscultations. Their limitations include the inability to detect murmurs of Grade 1 and S3/S4 heart sounds, as well as lack of durability. Basic models include Littmann Lightweight II S.E., MDF Acoustica Lightweight, and Welch Allyn Lightweight.

If your specialty is exclusively pediatrics, you should consider pediatric models such as the Littmann Classic II Infant and the Littmann Classic II Pediatric. If you work with varying age ranges, there are models with multiple interchangeable heads for adults, children and neonates, such as the MDF ProCardial C3 Cardiology and MDF ProCardial ERA.

Conclusion

Choosing the best stethoscope for you comes down to determining your day-to-day needs and your budget. Invest in the best stethoscope you can afford. It will help you provide better patient care and will be your clinical companion for many years.

Stethoscope Care

Once you have purchased your ideal stethoscope, take the proper steps to make it last as long as possible.

- Wipe tubing and earpieces regularly with 70% isopropyl alcohol solution.
- Do not immerse your stethoscope in liquid, or subject it to any sterilization process.
- Keep it away from extreme cold or heat, oils, and solvents.
- Replacement earpieces, diaphragms, and bell covers are available should these components wear out.
- To prevent loss or theft, consider engraving the metal part of the diaphragm with your name or choosing a distinctive tubing color.
Ear-Savers and Surgical Caps for Nurses

Over the past year, nurses and other health care providers have sought out some new accessories and tools to add to our work uniforms. In addition to scrubs and comfortable shoes, many of us are now wearing full personal protective equipment (PPE) for our entire shifts. While many may find that hospital-provided PPE is required, accessories to improve the look and feel of PPE is in high demand.

Ear-Savers

Elastic or plastic from masks with ear loops puts pressure on the back of the ear and can even lead to skin issues and breakdown. Nurses and others have found creative ways to ease that pressure, from looping the elastic around strategically-placed hair buns and the advent of ear-savers.

- Glow Forge Ear Savers (free for frontline workers)
- MIAODAM Adjustable Mask Extender Strap (Amazon Best Seller)
- Staples Face Mask Extender
- Print Globe Face Mask Ear Savers
- Etsy ear savers

Surgical Caps and Headbands

Also, while not new on the scene, surgical or scrub caps are now also being worn outside of the surgical suite to cover exposed hair. And while function and durability are the priority, there are many fashionable options. Added bonus: some have buttons that you can loop your masks around!

- KimKaps
- Equipe All Ear Relief Caps
- Allheart Scrub Caps and Hats
- Scrubs & Beyond Cherokee Twist Front Headbands with Mask Extenders
- Uniform Advantage Surgical Caps
- Etsy scrub caps and headbands with buttons

Feeling Crafty?

If you are creative and crafty, there are also DIY instructions and videos. Search “ear-savers” or “make your own scrub caps” and you are sure to find ideas ranging from simple no-sew options to more challenging patterns for expert crafters and sewers.

- NIH 3D Print Exchange: Surgical Mask Tension Release Band for Ear Comfort & Extended Use
- Sarah Maker How to Make Ear Savers with Free Cricut SVG Template
- Dolly Craft Crochet How to Face Mask Ear Saver
- 10 Knit Ear Savers Free Knitting Patterns & Paid
- Crafty Daily Face Mask Ear Saver

As with any piece of apparel or tool, make sure it is facility-approved.
mHealth Apps for Nurses

The Food and Drug Administration (FDA) (2018) supports the “development of mobile medical applications (apps) that improve health care and provide consumers and healthcare professionals with valuable health information.” For nurses, mHealth apps can be a convenient source of evidence-based information, particularly for those working in community settings where access to information is not readily available. But which apps are the most accurate, trustworthy, and reliable?

Epocrates: For prescribers, this app includes prescription and over the counter monographs, a drug interaction checker, pill identifier, dosing calculators, formularies, labs, ICD-10 codes and more. Published by Epocrates, Inc. Cost: in-App purchase.


GoodRx Pro: Provides current prices at local and mail order pharmacies, manufacturer co-pay cards, pharmacy and membership programs, Medicare co-pay information and tips for saving money. This app helps support medication compliance and patient satisfaction. Published by GoodRx. Free.

UpToDate: Clinical decision support resource with evidence-based information. UpToDate has been evaluated in over 30 research studies showing that its use is associated with improved patient care and hospital performance. Published by Wolters Kluwer Health. Individual or Institutional Subscription required.

Medscape: Provides current medical news, expert perspectives, point-of-care drug and disease information, reference articles, and professional education (CME/CE). Published by WebMD, LLC. Free with registered account.

MDCalc: Developed by board-certified physicians, this app provides access to over 270 clinical decision tools including risk scores, algorithms, equations, formulas, classifications, dosing calculators, and more to support patient care. Published by MD Aware, LLC. Free with registered account.

Merck Manual Professional: Provides health care practitioners and students with descriptions of thousands of conditions in all major medical and surgical specialties, covering etiology, pathophysiology, evaluation, and treatment. Topics written and updated by over 350 academic physicians. Published by Merck Sharp & Dohme Corp. Free.

Mayo Clinic: Offers health news and reliable, research-based information on diseases, symptoms, and health procedures. Published by Mayo Clinic. Free

3M™Littman® Learning Institute: For nursing students and professional nurses, this app helps improve auscultation skills and provides instruction on how to use the stethoscope more effectively. Published by 3M™Littman®. Free; premium content available with purchase of a Littman® product.

ASCVD Risk Calculator: Assists the clinician in estimating a patient’s individual 10-year risk for Atherosclerotic Cardiovascular Disease (ASCVD) and provides guidance on a customized intervention plan. Published by the American College of Cardiology. Free.

Nurse’s Pocket Guide: Helps clinicians make nursing diagnoses and develop care plans. 440 medical diagnoses include the definition, related factors, defining characteristics, interventions, Nursing Intervention Classification/Nursing Outcome Classification (NIC/NOC), and documentation guidelines. Published by F.A. Davis and offered by Unbound Medicine, Inc. Cost: in-App purchase.
Nurses should evaluate mHealth apps using several criteria (Airth-Kindree & Vandenbark, 2014):

- What are the author’s credentials?
- Does the developer or publisher have a strong reputation in the healthcare industry?
- Is the app peer-reviewed?
- Who is the intended audience?
- What is the purpose of the app?
- Is it current? What is the publication date?

Keep in mind that device apps have specific requirements to run properly. Prior to downloading, be sure to check the following:

- Compatibility with your device
- Minimum software requirements or operating system
- File size or storage specifications

References:


PPE-Related Skin Complications and “Maskne” – What You Can Do to Prevent and Treat It

We’re hiding behind masks these days and for all the right reasons: to protect ourselves and to protect others from coronavirus disease 2019 (COVID-19) infection. Health care professionals are required to wear masks and personal protective equipment (PPE) for prolonged periods of time, often for their entire shift, whether it’s 8 hours, 12 hours or more. This extended use practice has been employed to conserve the supply of PPE (Centers for Disease Control and Prevention [CDC], 2020) and places clinicians at high risk for developing skin complications such as face mask dermatitis, also known as irritant contact dermatitis. Symptoms will manifest as dryness, peeling, mild erythema, rashes, swelling, inflammatory pustules, maceration and skin breakdown on the nasal bridge, forehead, cheeks and behind the ears (Kelechi, Brunette & Lee, 2020).

Pacis, Azor-Ocampo, Burnett, Tanasapphaisal & Coleman (2020) conducted a quality improvement program to assess the use of prophylactic dressings to prevent skin breakdown when using N95 respirators. They assessed six different types of dressings that were designed to protect the skin from friction, pressure or moisture; comfortable to wear; and easy to apply and remove without aerosolizing particles that could cause self-contamination. The only dressing that met all of these criteria was the Adapt No Sting Skin Protective Wipe, an alcohol-free liquid acrylate dressing. The researchers found that applying this product to areas of friction before putting on the N95 respiratory mask will provide comfort, prevent skin friction, and maintain an adequate seal. Use of topical dressings with padding (i.e., foam, hydrocolloid) should be avoided with tight-fitting respirators as they may affect the fit and seal and reduce its effectiveness (Wound, Ostomy and Continence Nurses Society [WOCN] Board of Directors Task Force, 2020). You may use padded dressings under face shields that don’t require a seal against the skin as long as it does not compromise mask functionality (Kelechi, Brunette & Lee, 2020).

Preventing and Treating PPE-Related Skin Injuries

Several strategies to prevent and treat PPE-related skin injuries specifically for health care professionals are outlined below (Kelechi, Brunette & Lee, 2020; WOCN Board of Directors Task Force, 2020).

**Prevention strategies include:**

- Wash your face with a gentle face wash prior to applying the mask and be sure to dry well.
- Apply a thin moisturizing facial lotion to the entire face.
  - Use a noncomedogenic product if you are prone to acne.
  - Use an alcohol-free barrier film (cyanoacrylate-based moisture barrier) if you tend to sweat or develop excessive moisture.
  - Apply where the facepiece is likely to touch the skin or cause friction such as the nose bridge, cheeks, tops of ears, or forehead; avoid the eye area.
  - Allow the products to dry for at least 90 seconds prior to putting on your mask.
  - Barrier films do not need to be removed.

- Apply daily but decrease use if buildup occurs.
- Avoid petrolatum-based products as these may affect the seal of the mask; these products may be applied to broken skin when not wearing a mask.

- Watch for allergic reactions to the following materials:
  - Glue strips or rubber along the nosepiece
  - Metal wire, sometimes made of nickel
  - Sterilizing sprays that are applied to reuse masks

**Treatment strategies include:**

- If contact dermatitis develops, a low-potency topical corticosteroid should be applied to decrease skin inflammation.
- For skin loss, apply a breathable, no-sting cyanoacrylate-based skin protectant/sealant up to 3 times per day.
Maskne

The current pandemic has resulted in an increase in mask-associated acne and the birth of a new term: “maskne.” Maskne is a form of “facial dermatosis that occurs in areas of friction from the use of masks, respirators, and PPE” (Sinha & Singh, 2020). According to Teo (2020), maskne is likely due to follicular occlusion and directly related to mechanical stress such as pressure, occlusion, or friction, also known as acne mechanica, and changes in the skin microbiome including heat, pH, and moisture. Contributing factors include a genetic predisposition, older age, prior skin issues, long hours of PPE use, improper PPE sizing, tighter PPE and use of adhesive tape (Sinha & Singh, 2020).

We are not only wearing masks all day at work, but we are wearing them at home and in public spaces where we cannot maintain physical distance. The American Academy of Dermatology Association ([ADA], 2021), recommends several tips to help prevent maskne not only for health care professionals but for the general population:

1. Cleanse and moisturize daily.
   a. Cleanse with an antibacterial, mild, fragrance-free cleanser.
   b. Moisturizers add a protective layer and decrease dryness.
      i. Look for moisturizers that include ceramides, hyaluronic acid, dimethicone.
      ii. Apply before and after wearing a mask.

2. Apply petroleum jelly to your lips after washing your face, before you put on your mask and before bedtime.

3. Avoid wearing makeup under your mask.
   a. If makeup is necessary, use products that are non-comedogenic and that won’t clog pores.

4. Avoid new skin care products that can be irritating to your skin, such as chemical peels, exfoliants or retinoids for the first time.

5. Decrease use of certain skin care products if your skin becomes irritated, such as leave-on salicylic acid, retinoid or aftershave.

6. Choose masks that (Teo, 2020):
   a. Are comfortable, with a snug fit
   b. Have smooth surfaces without folds
   c. Have a minimum of two layers of fabric
   d. Are made of natural, breathable UPF 40+ fabrics such as cotton
   e. Include adjustable ear loops
   f. Don’t have metallic parts at nose bridge

7. Take a 15-minute break from your mask every 4 hours.

8. Wash your fabric masks after each use.

Hydration and a daily skin care routine are both important components that help maintain healthy skin. As health care professionals, we often neglect our own needs to care for others. Take care of yourself – and your skin.

References


Successfully Navigating the Night Shift

Working the night shift is often a non-negotiable requirement for new nurses working in hospital settings. I remember my first few years as a nurse rotating to nights and struggling to stay alert and straining to keep my eyes open. I never felt completely rested and consistently fought insomnia. Some nurses enjoy working the night shift and have managed to make it their lifestyle. There are some benefits to the off shift. You can schedule activities during the day, avoid distractions at night from administrative personnel and visitors, escape institutional politics, and receive higher pay (Morelock, 2017). However, studies have shown that night shift can have serious negative physical, psychological, and psychosocial health effects on nurses and their job performance (Books et al., 2020). Let’s take a look at how sleep deprivation can impact nurses and review helpful strategies to successfully navigate the night shift.

Understanding Your Internal Clock

We all need sleep, ideally seven or more hours every night. Two factors that can impact natural sleep are chronotype and insomnia vulnerability (Lee et al., 2015). Chronotype or chronobiology is your internal clock or circadian rhythm (Crooks, 2017) which dictates how much sleep you need and what time you sleep best. You might consider yourself a morning-person, evening-type or a night owl. Your chronotype is associated with your mental health, sleep pattern, personality traits and stress vulnerability. A study conducted by Lee et al. (2015) found that participants who worked the evening shift had the most significant issues with falling asleep. They also found that nurses with evening chronotype were more vulnerable to insomnia. Insomnia vulnerability refers to the degree in which stress can cause transient insomnia and ultimately chronic insomnia (Lee et al., 2015). Individuals with high insomnia vulnerability are easily aroused and have poor coping techniques when managing stress.

Impact of Shift Work on Nurses

Night shift is taxing both physically and emotionally. Shift work has been associated with sleep disturbances, disrupted circadian rhythms, altered physical and mental health, unsettled family life, complicated interpersonal relationships, and a decrease in the quality of nursing care (Lee et al., 2015). A survey conducted by Carney (2013) found only 59% of respondents reported getting the recommended seven or more hours of sleep between shifts. Another interesting finding was 29% of respondents indicated that they remain awake for 24 consecutive hours at least once per week (Carney, 2013). Researchers concluded that night shift for a long duration was associated with an increased risk of developing breast cancer, colorectal cancer, obesity and type-2 diabetes (Books et al., 2020). Chronic sleep deprivation can result in depression, anxiety, cognitive impairment, suppression of the immune system, and metabolic changes (Books et al., 2020).

Working nights without adequate sleep during the day can impair work performance and negatively impact direct patient care. Fatigue alters judgment making individuals prone to mistakes. Nurses who work long night hours and multiple shifts are at an increased risk for work-related injuries and driving accidents (Neville et al., 2017).

Strategies to Help you Survive the Night Shift

There are a variety of approaches that nurses take to manage working night shifts. Some nurses embrace a “night stay” program in which they adapt every aspect of their life to the night shift (Morelock, 2017). This approach works best if you live in a large city with 24-hour services, but it is difficult to maintain permanently. The most common approach is the “no-sleep” program. On the first day of the first night shift after time off, stay awake all day, then work a 12-hour night shift. Unfortunately, your cognitive functioning is significantly diminished after as little as 17 hours of no sleep (Morelock, 2017). Another option is the “nap proxy” in which you take a 1- to 2-hour nap right before the start of your night shift.
Regardless of the approach you adopt, integrate these helpful strategies to improve your sleep hygiene while working night shift (Crooks, 2017; Morelock, 2017):

- Give yourself permission to sleep during the day.
- Prioritize sleep and allow adequate time to obtain at least 7 hours of continuous rest.
- Develop a non-stimulating routine prior to bedtime and stick to it!
- Eat light meals in the few hours prior to sleep.
- Drink caffeinated drinks early during the night shift; avoid caffeine toward the end of the shift.
- Limit bright lights and screen time about an hour before bed; blue wavelength light is disruptive to your brain and melatonin secretion.
- Clear your mind before sleep.
  - Make a to-do list for the next day so your mind is not consumed trying to remember things.
  - Avoid thinking about the things you feel you should be doing while you are sleeping and instead focus on the benefits of sleep.
  - Don’t worry about getting enough sleep as this can delay falling asleep.
- Block out normal daytime noise.
  - Wear ear plugs.
  - Use white noise (fan, sound machine).
  - Switch telephones to silent mode.
- Keep your bedroom dark and cool.
  - Use window coverings to maintain darkness while you sleep.
  - The ideal room temperature for sleeping is between 60- and 68-degrees Fahrenheit; higher temperatures will prevent the body from cooling itself making it difficult to fall asleep.
- Try relaxing exercises before bed to unwind such as progressive muscle relaxation.
  - Take a deep breath, tighten your feet and leg muscles, then release the tension as you exhale; work your way up your body to the thighs, stomach and shoulders, finishing with slow, deep breaths.
- Use caution when taking over the counter (OTC) and prescription sleep aids as long-term use can lead to physical and psychological dependence.
  - Melatonin is often used as a sleep aid; however studies have not proven that it promotes longer or higher-quality sleep (Morelock, 2017).
- Use a light machine to help your body realize the time to wake up.

In addition to the strategies listed above to improve your sleep during night shift, there are other general health practices that you can implement for an overall healthier outlook (Crooks, 2017):

- Change your mindset, look at night shift not as a burden but an opportunity.
  - Accept shift work as a requirement of your job.
  - Look at the big picture – night shift is just one aspect of your job.
  - Find humor in working night shift – things certainly happen at night that don’t necessarily happen during day shift.
  - Stay positive!
- Maintain self-care, do things to help maintain your physical and emotional health.
  - Exercise – helps manage stress and improve sleep; try yoga, walking, or swimming.
  - Socialize – maintain your relationships and spend time with family and friends.
  - Eat a healthy diet – eat food high in fiber and protein; avoid processed foods loaded with sugar.
- Practice gratitude.
  - Make time to think about the positive aspects of your life.
- Hydrate to boost alertness.

There's a special camaraderie and culture that comes with the night shift - it's almost a rite of passage. While there are physical and emotional effects of working when your body wants to sleep, remember the strategies from this article to help you successfully navigate shift work.
References


Save Your Back!
Proper Body Mechanics for Nurses

We know that nursing is demanding work – mentally, emotionally, and physically – but did you know that musculoskeletal injuries in health care occupations are among the highest of all US industries? Both the American Nurses Association and The National Institute for Occupational Safety and Health (NIOSH) are working to establish a safe environment for nurses using Safe Patient Handling and Mobility (SPHM) programs and advocacy.

Safe Patient Handling and Mobility
Standardized mobility protocols and guidance from SPHM programs include prioritizing the use of available equipment over manually moving a patient. When available, use ambulation aids (such as gait belts with handles, canes, walkers, or crutches), transfer devices (such as slide boards or friction reducing slide sheets), manual standing aids, shower chairs or benches, and raised toilet seats or convertible commodes. Powered equipment should also be used, when possible, such as height-adjustable beds and stretchers, bed-wheelchair transfer systems, ceiling-mounted lifts, portable floor lifts and powered air-assist inflatable transfer systems (Beauvais & Frost, 2014; Dickinson et al., 2018).

Proper Body Mechanics
Even when using equipment – and especially if you do need to move a patient without equipment – it is important to use proper body mechanics to reduce your risk of injury. Here are some tips to keep you safe:

1. Set your feet in a wide solid base.
2. Keep your head upright and hold your shoulders back.
3. Keep the patient close to your body to minimize forces on it.
4. Bend your knees and use the momentum from your legs (not your back) to move or lift the patient.
5. Don’t twist; pivot instead.
6. Pay attention to your limits; don’t try to do more than you can handle.
7. Work together with your colleagues, including those in other disciplines, such as physical therapy.

What else can you do?
Take your own advice and follow the recommendations we regularly give to patients: eat well, get enough rest, exercise, and maintain a healthy weight. Also, invest in shoes that are comfortable and good shock absorbers.

Back pain and injury can be debilitating so be sure to use the equipment and programs available at your facility, and if necessary, get involved in developing programs to keep you, your colleagues, and patients safe.

References:
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