



The SCOOP on our units:

T-11 TRAUMA

Tower 11 is a 44-bed medical-surgical monitored unit, serving adult patients.

Patients seen on this unit often include orthopaedic surgeries, neurological surgeries, fractures, traumas, neurological disorders, and medical cases. Nurses are trained in caring for complex fractures and post-operative care of joint replacements.

The unit has an amazing team of nurses, nursing assistants, physical therapists, physicians, and case managers who collaborate to provide exceptional patient care to a diverse patient population.



"There are great opportunities for learning on Tower 11," says unit director Joyce Haney, RN. "The nurses care about the growth and development of new nurses and there is a strong sense of teamwork. We all have the same goal for providing the best care possible to our patients." —Joyce Haney, MSN, RN

Nursing news you can use

Information for student nurses working at UPMC



Pressure injury prevention for ears

EarMates™ are foam sleeves available in PAR rooms to help protect a patient's ears from developing pressure injuries, when on oxygen, by increasing the surface area of a tube or strap and providing a soft barrier against a patient's skin.

If you have a patient on oxygen for more than 24 hours, use a set. They are a foam tube with a slit along the length to slip around the ear loops. EarMates can also be used on facemask and high-flow O₂ straps. You can use a piece of Medipore tape to help hold the EarMate on the strap. Wrap it around the foam tube to seal up the slit.

Remember to educate your patient on why you are applying them.

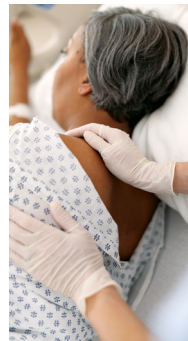
The forgotten organ

If you were asked to name an organ, what comes to mind? Normally, the heart, lungs, and kidneys take the spotlight. But remember, the skin is the largest organ and extremely important, providing protection for everything in our bodies.

A skin assessment can be quick and easy — you just need to know how to multitask! In a short amount of time, you will be an expert.

Try to incorporate some of these tips into your routine:

- At bedside shift report, is the patient able to reposition or have they slid down in bed? This gives you an indication of mobility and skin risk.
- You are always making visual assessments. When asked to pull a patient up, provide incontinence care, or when rolling them over to straighten linen, do a 10 second skin inspection starting at the back of the head, then the spine, sacrum, thighs, and heels.
- Look over any bony prominences, lift the sheets to look at the front of the patient, and don't forget to check under medical devices like oxygen tubing, SCD, or adult briefs.



Reposition your patient and take action to prevent skin injuries. Document what you see at that time, not what others may or may not have seen before you. Just like that, your skin assessment is complete.

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