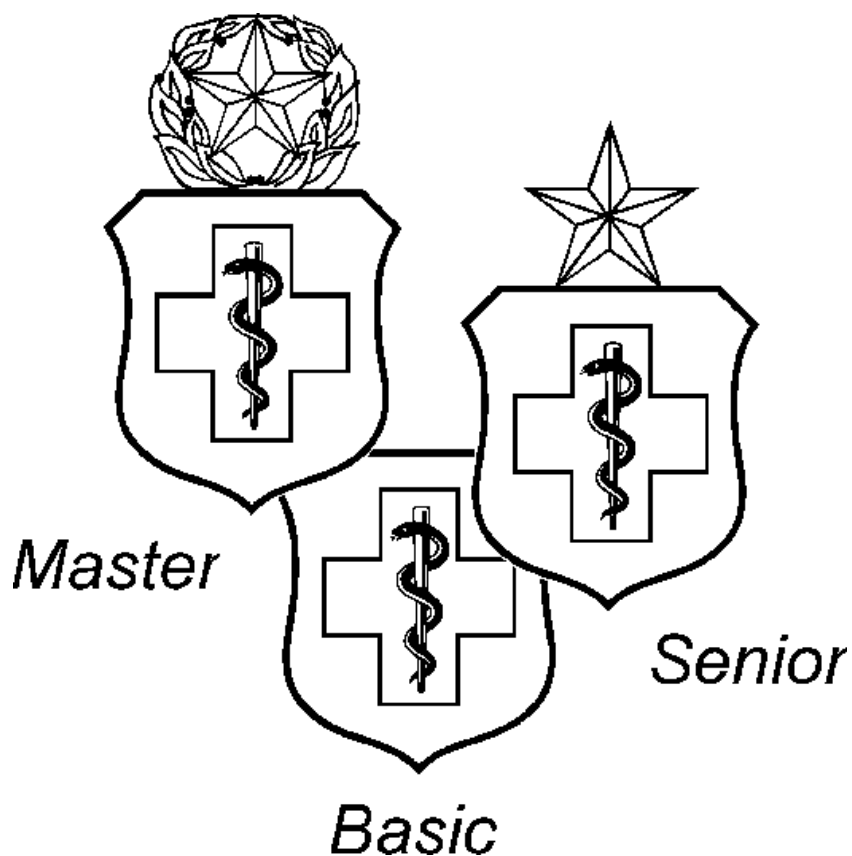


**AEROSPACE MEDICAL SERVICE SPECIALTY
NURSING CARE IN THE OUTPATIENT CLINIC**



TOTAL FORCE, TOTAL CARE – EVERYTIME, ANYWHERE

**383 Training Squadron
Training Management Section
2931 Harney Rd, BLDG 903
Fort Sam Houston, TX 78234**

QTP4N0X1-4

AEROSPACE MEDICAL SERVICE SPECIALTY

Volume 4: Nursing Care in the Outpatient Clinic

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Supersedes QTP4N0X1-4, 2 Feb 2016

INTRODUCTION

1. These Qualification Training Packages (QTPs) were developed to enhance on-the-job training for *Aerospace Medical Service Specialty* personnel. As a trainer, the QTPs provide you with the breakdown of tasks into teachable elements. The teachable elements will help you to guide the trainee toward sufficient proficiency for task performance **without assistance**. QTPs are also used by the task certifiers/certification official to evaluate trainees concerning tasks which need third-party certification.
2. Review each volume and identify which modules of QTPs are needed for the trainee's job position. Core task items are identified with the number "5" on the STS Column 2; these items are the minimum mandatory skills which are required for all 4N0X1 personnel to be proficient in performing. You have the flexibility to arrange training for each module in the order that you decide.
3. Review the subject-area tasks in each module with the trainee. Direct the trainee to review the training references to gain a better understanding of the objective for each module. If the trainee has any questions about the objective, clarify the behavior that is expected in the objective. Review the performance checklist with the trainee, and allow him/her sufficient time to learn each step (some objectives may take longer to teach). Remember--the objective of each QTP is to standardize training and to allow sufficient time for the trainee to learn each task thoroughly in order to perform the task **without assistance**.
4. When the trainee receives sufficient training and is ready to be evaluated on an objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully accomplishes the objective, document task completion appropriately in AFTR.
5. The QTP task completion is to be annotated on AF Form 1098, *Special Task Certification and Recurring Training*, filed in Part 3, Section B in AFTR. **NOTE:** The individual checklists are **not** filed in each member's AFTR. A master checklist is filed in Part 3, Section B of the hardcopy Master Training Plan (MTP) folder.
6. If the trainee does not accomplish the objective, review the areas which need remediation. Conduct a feedback concerning each module with the trainee, and document appropriately in AFTR. As the trainer, when you are satisfied that the trainee is qualified to perform the task, he/she will be re-evaluated until the objective is met.
7. If the task which is being trained requires third-party certification by a task certifier/certifying official, the trainer first must ensure that the trainee is qualified to perform the task **without assistance**. Then the trainee will be evaluated by a task certifier/certifying official. The tasks which require third-party certification are denoted with a "^" in Column 3E of the Career Field Education and Training Plan (CFETP). After third-party certification, training qualification is documented appropriately in AFTR.
8. The QTPs are a necessary tool for standardizing refresher/sustainment training. Such standardization will benefit the CFETP training concept throughout each member's career. These documents also will be utilized for assessing/certifying the Aerospace Medical Service Specialist each time that he/she is assigned to a new duty position. The QTP developers' goal is to publish a usable document for certifying officials, trainers, and trainees for the purpose of enhancing on-the-job training for *Aerospace Medical Service Specialty* personnel. We value your first-hand expertise, and we encourage your feedback. Direct all inquiries to:

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PERFORM PSEUDOFOLLICULITIS BARBAE (PFB) TREATMENTS

SUBJECT AREA:	Nursing Care in the Outpatient Clinic.
TASK(s):	Perform Pseudofolliculitis barbae (PFB) treatments.
CFETP/STS REFERENCE(s):	2.13.24.1.
EQUIPMENT REQUIRED:	Clippers, razor, skin hooks, and buff puff.
TRAINING REFERENCE(s):	AFPAM 160-44/ <i>KX Virtual Library - MOSBY'S ONLINE MODULE</i>
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in Pseudofolliculitis barbae (PFB) treatments.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of Pseudofolliculitis barbae (PFB) treatments.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Verify physician's order.		
2. Gather supplies/equipment.		
3. Identify patient/explain procedure.		
4. Position patient in a sitting position and drape appropriately.		
5. Wash hands and don gloves.		
6. Wash patient's face with soap and hot water using washcloth and buff puff.		
7. Closely examine skin for ingrown hair and manually remove if noted.		
ELECTRIC CLIPPER METHOD		
1. Clip sideburns using a smooth, downward motion.		
2. Clip cheeks, jaw line, and neck against the direction of hair growth by overlapping strokes without stretching skin. Reshove only if areas were missed.		
3. Remove ingrown hair if noted.		
ELECTRIC RAZOR METHOD		
1. Adjust razor to greatest possible length.		
2. Moisten face.		
3. Shave sideburns, cheeks, jawline, and neck using slow, overlapping circles.		
4. Remove ingrown hair if noted.		
ADJUSTABLE/DISPOSABLE RAZOR METHOD		
1. Apply a thin, even coat of shaving cream to face and neck.		
2. Steam face with a hot towel for 2 minutes with lather on face.		
3. Adjust razor to highest setting.		
4. Shave sideburns using smooth, downward strokes.		
5. Shave cheeks, jawline, and neck in the direction of hair growth.		
6. Remove ingrown hair if noted.		
CHEMICAL/DEPILATORY SHAVING METHOD		
1. Do not wash face during preparation.		
2. Mix depilatory per manufacturer's instructions.		
3. If first time use, test on small area of skin for sensitivity.		
4. Apply to facial hair, avoiding eyes, nose, and mouth.		
5. Allow to remain on skin for 3-5 minutes.		
6. Remove depilatory with a dull butter knife in a shaving-like manner.		
7. Repeat shaving action with water only, shaving rapidly to prevent burns.		
POST-PROCEDURE		
1. Wash face with mild soap and cold water, then pat dry.		
2. Apply lotion, cream, or conditioner per physician's orders.		
3. Dispose of supplies properly and document procedure.		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

PERFORM WART CLINIC PROCEDURES

SUBJECT AREA: Nursing Care in the Outpatient Clinic.

TASK(s): Perform wart clinic procedures.

CFETP/STS REFERENCE(s): 2.13.24.2.

EQUIPMENT REQUIRED, as needed: Bichloracetic acid kit: acid vials, applicator sticks, “15” blades, alcohol pads, transparent dressing, and Elastoplast tape. Other materials include: silver nitrate sticks, 4x4 gauze pads, band-aids, cotton-tipped applicators, salicylic acid, cotton balls, benzoin compound, podophyllium solution in benzoin compound, cantharone, duofilm, occlusal samples, exam gloves, liquid nitrogen, styrofoam cups, verrusol, and cryac.

TRAINING REFERENCE(s): KX Virtual Library - MOSBY'S ONLINE MODULE; Wilford Hall Medical Center, Department of Dermatology OI, 160-17, and Goldstein, Beth G. and Goldstein, Adam O., *Practical Dermatology*. Mosby Yearbook, 1992.

REMARKS/NOTES:

1. Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in wart clinic procedures.
2. Prior to performing the attached tasks, medical technicians must successfully pass Medication Administration in KX VIRTUAL LIBRARY - MOSBY'S ONLINE MODULE.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of wart clinic procedures.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

NOTE: The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

2. Use the performance checklist to ensure all steps of the task are accomplished.
3. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Verify physician's order.		
2. Gather supplies/equipment.		
3. Identify patient/explain procedure.		
4. Sign consent form with patient and/or guardian (1 st time only).		
5. Complete time out procedures.		
6. Wash hands and don gloves.		
7. Properly position patient and drape appropriately.		
8. Use a 15 blade or safety razor, gently scrape off the top keratin layer of the wart until the area bleeds or the patient complains of discomfort.		
Note: When bleeding occurs, control it with pressure, aluminum chloride, and "Monsels" solution (do not use on the face because the solution stains		
WART REMOVAL USING CRYOTHERAPY		
1. Select the appropriate sized spray tip based upon the diameter and thickness of the lesion.		
2. Hold the canister in the upright position approximately 1cm away from the wart.		
3. Squeeze cryostat trigger to apply liquid nitrogen until the wart and 1mm to 2 mm of the surrounding tissue appears white (frozen). <ul style="list-style-type: none"> a. Use a steady stream of liquid nitrogen of short duration centered on the lesion for small flat warts. b. Use short bursts of liquid nitrogen moving from one quadrant to another to achieve a uniform application and depth of freezing for larger broad warts. c. Allow the area to thaw (skin will gradually return to normal appearance). 		
Note: Normal thaw cycle may vary between 10-30 seconds depending on several factors including wart size, location and/or wart thickness.		
4. Repeat treatment 2-3 times depending on the provider's order.		
5. Provide patient home care instructions and educational material		
6. Schedule patient for follow-up appointment in 2-3 weeks.		
7. Document all aspects of treatment IAW Wart Treatment SSP		
NOTE: If a spray canister is not available, cryotherapy may be applied to the wart by direct contact using commercial product such as Histofreeze or a cotton tip applicator dipped in a Styrofoam cup of liquid nitrogen. For commercial products, follow the manufacturer's instructions on the label. If using LN2 in a styrofoam cup, submerge a cotton tip applicator for several seconds in the LN2, remove and apply directly to the center of the wart. Several applications may be necessary to achieve desired results.		

WART REMOVAL USING A TOPICAL AGENT		
1. Allow chemical to dry.		
2. Apply dressing to site.		
3. Schedule patient for follow-up appointment per physician's orders.		
WART REMOVAL USING 40% SALICYLIC ACID PADS		
1. Remove backing of acid pad.		
2. Apply acid pad sticky-side down to wart.		
3. Secure acid pad with tape to prevent slippage.		
4. Schedule patient for follow-up appointment per physician's orders.		
ASSIST PHYSICIAN WITH WART REMOVAL USING CURETTAGE		
1. Assist physician during anesthetic procedure.		
2. Assist physician during removal procedure.		
3. Dress the site.		
4. Schedule patient for follow-up appointment per physician's orders.		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.