Perineal Care

Purpose

The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident’s skin condition.

Preparation

1. Review the resident’s care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Wash basin;
2. Towels;
3. Washcloth or approved wipes;
4. Soap (or other authorized cleansing agent); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

Steps in the Procedure

1. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach. May use cleansing wipes if indicated.
4. Fold the bedspread or blanket toward the foot of the bed.
5. Fold the sheet down to the lower part of the body. Cover the upper torso with a sheet.
6. Raise the gown or lower the pajamas. Avoid unnecessary exposure of the resident’s body.
7. Put on gloves.
8. Instruct the resident to bend his or her knees and put his or her feet flat on the mattress. Assist as necessary.
9. For a female resident:
   a. Wet washcloth/wipes and apply soap or skin cleansing agent.
   b. Wash perineal area, wiping from front to back.
      (1) Separate labia and wash area downward from front to back. (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.)
      (2) Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, and using downward strokes. Do not reuse the same washcloth or water to clean the urethra or labia.
      (3) Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth. (Note: If the resident has an indwelling catheter, hold the tubing to one side and support the tubing against the leg to avoid traction or unnecessary movement of the catheter.)
      (4) Gently dry perineum.
   c. Instruct or assist the resident to turn on her side with her top leg slightly bent, if able.

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d. Rinse wash cloth/change wipes and apply soap or skin cleansing agent.
e. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. Do not reuse the same washcloth/wipe or water to clean the labia.
f. Rinse thoroughly using the same technique as described in “e” above if indicated.
g. Dry area thoroughly.

10. For a male resident:
a. Wet washcloth/use wipe and apply soap or skin cleansing agent.
b. Wash perineal area starting with urethra and working outward. (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.)
   (1) Retract foreskin of the uncircumcised male.
   (2) Wash and rinse urethral area using a circular motion.
   (3) Continue to wash the perineal area including the penis, scrotum and inner thighs. Do not reuse the same washcloth or water to clean the urethra.
c. Thoroughly rinse perineal area in same order, using fresh water and clean washcloth/or wipe. (Note: If the resident has an indwelling catheter, hold the tubing to one side and support the tubing against the leg to avoid traction or unnecessary movement of the catheter.)
d. Gently dry perineum following same sequence.
e. Reposition foreskin of uncircumcised male.
f. Instruct or assist the resident to turn on his side with his upper leg slightly bent, if able.
g. Rinse washcloth/wipe and apply soap or skin cleansing agent.
h. Wash and rinse or use wipes on the rectal area thoroughly, including the area under the scrotum, the anus, and the buttocks.
i. Dry area thoroughly.

11. Discard disposable items into designated containers.
12. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
13. Reposition the bed covers. Make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. Clean wash basin and return to designated storage area.
16. Clean the bedside stand.
17. Wash and dry your hands thoroughly.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

Documentation

The following information should be recorded in the resident’s medical record:

1. The date and time that perineal care was given.
2. The name and title of the individual(s) giving the perineal care.
3. Any discharge, odor, bleeding, skin care problems or irritation, complaints of pain or discomfort.
4. Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.
5. How the resident tolerated the procedure or any changes in the resident’s ability to participate in the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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Reporting

1. Notify the supervisor if the resident refuses the perineal care.
2. Report other information in accordance with facility policy and professional standards of practice.

### References

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