



COVIDIEN

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Resident Skin/Peri Care

Purpose:

- To prevent and control the spread of infection
- To prevent skin breakdown
- To promote comfort
- To maintain cleanliness
- To promote dignity

Equipment & Supplies:

- Facility-designated cleansing product (choose one: non-alkaline soap (4.5pH), peri wash, or wet wipes)
- Facility-designated barrier cream product
- Basin, washcloth with soap, or peri wash (not needed with wipes)
- Bath towel and blanket or sheet
- Toilet tissue
- Disposable gloves
- Protective equipment if needed (gown, mask, etc.)

Key Points:

- Knock before entering room
- Provide privacy at all times
- Explain procedure even if resident is disabled or cognitively impaired
- Wash hands before and after procedure
- Use gloves per facility protocol

Procedure:

- Raise bed to comfortable, working position
- Drape resident with bath blanket
- Place towel under buttocks
- Move bath blanket up onto abdomen to only expose the region that you are cleaning
- Follow Female and Male Care Checklist
- Assure resident safety at all times

Document or Report:

- All abnormal observations (i.e. discharge)
- Condition of genitalia and perineum and buttocks (rash, skin breakdown, color change, etc.)
- Urine odor or abnormality in color
- Any complaints or expression of pain

Guidelines for Prevention of Skin Breakdown

Skin Care/Early Treatment Guideline:

- Complete skin assessment on admission
- Inspect skin at least once a day
Check folds, wrinkles, etc.
- Individualize bathing schedule
Use a mild cleanser, and avoid hot water and powders
- Minimize environmental factors
Low humidity and cold air
- Moisturize dry skin
- Avoid massaging reddened bony prominences
- Wash perineal area after each incontinent episode
- After washing, pat skin dry (do not rub)
- Apply thin layer of moisture barrier cream for at-risk skin per facility protocol
- If needed, use absorbent products that wick urine away from skin
- Monitor and document hydration and nutritional status if required by facility protocol

If Resident Is Confined to Bed:

- Reposition per individualized care plan
- Use positioning devices to keep bony prominences from direct contact
- Use pressure-relieving devices to totally prevent pressure on heels
- Avoid positioning directly on trochanter if possible
- Use lifting devices to move individual during transfer and position change (do not drag)
- Place at-risk residents on pressure-reduction surfaces per facility protocol

If Resident Is Chair Bound:

- Reposition per individual care plan
- Encourage the resident to shift weight every 15 minutes if possible
- Place pressure-reduction devices on seating surface

Note:

- Use a written plan
- Monitor and document all interventions and outcomes per facility protocol



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