

## **Mosby: Mosby's Nursing Video Skills**

### **Procedural Guideline for Performing Perineal Care for a Female Patient**

1. Verify the health care provider's orders.
2. Gather the necessary equipment and supplies.
3. Perform hand hygiene.
4. Provide privacy.
5. Introduce yourself to the patient and family if present.
6. Identify the patient using two identifiers.
7. Explain the procedure and its importance in preventing infection.
8. Perineal care for a female patient:
  - A. If the patient is able to maneuver and handle a washcloth, allow her to cleanse the perineum on her own.
  - B. Note any restrictions or limitations on the patient's positioning. Help the patient into a dorsal recumbent position if there are no limitations. Place a waterproof pad under the patient's buttocks.
  - C. Drape the patient with a bath blanket placed in the shape of a diamond. Lift the lower edge of the bath blanket to expose the perineum.
  - D. Apply gloves. Wet and wring out the washcloth. Apply a cleaning product to the washcloth. Wash and dry the patient's upper thighs. Rinse and dry this area.
  - E. Wash the labia majora. Use your nondominant hand to gently retract the labium from the thigh. Use your dominant hand to wash carefully within the skin folds. Wipe from the perineum to the rectum (front to back). Repeat on the opposite side, using a separate section of the washcloth. Rinse and dry the area thoroughly.
  - F. Gently separate the labia with your nondominant hand to expose the urethral meatus and vaginal orifice. With your dominant hand, wash downward from the pubic area toward the rectum in one smooth stroke. Use a separate section of the cloth for each stroke. Cleanse thoroughly over the labia minora, clitoris, and vaginal orifice. Avoid placing tension on an indwelling urinary catheter, if present, and thoroughly clean the area around it.
  - G. Rinse and dry the area thoroughly, from front to back.
  - H. If the patient uses a bedpan, rinse by pouring warm water over the perineal area. Then dry the area thoroughly.
  - I. Observe the perineal area for redness, swelling, irritation, discharge, or signs of skin breakdown that persist after performing perineal hygiene.
  - J. Ask the patient to lower her legs. Remove the towel and bath blanket. Pull the patient's gown down and the blankets up.
9. Remove and dispose of gloves in receptacle and perform hand hygiene
10. Help the patient into a comfortable position, and place toiletries and personal items within reach.
11. Place the call light within easy reach, and make sure the patient knows how to use it to summon assistance.
12. To ensure the patient's safety, raise the appropriate number of side rails and lower the bed to the lowest position.
13. Assess patient's comfort level and level of fatigue.

14. Document and report the patient's response and expected or unexpected outcomes including how much she participated, her tolerance of the procedure, the condition of the skin and any significant findings.