



SNS COLLEGE OF NURSING

saravanampatti(po),coimbatore-35

**Affiliated to The Tamilnadu DR.MGR MEDICAL
UNIVERSITY,Chennai**

DEPARTMENT OF NURSING

COURSE – 1 ST YEAR B.SC(N)

Subject-Nursing Foundation

UNIT: X- MEETING NEEDS OF PATIENT

TOPIC 4:PERINEAL CARE

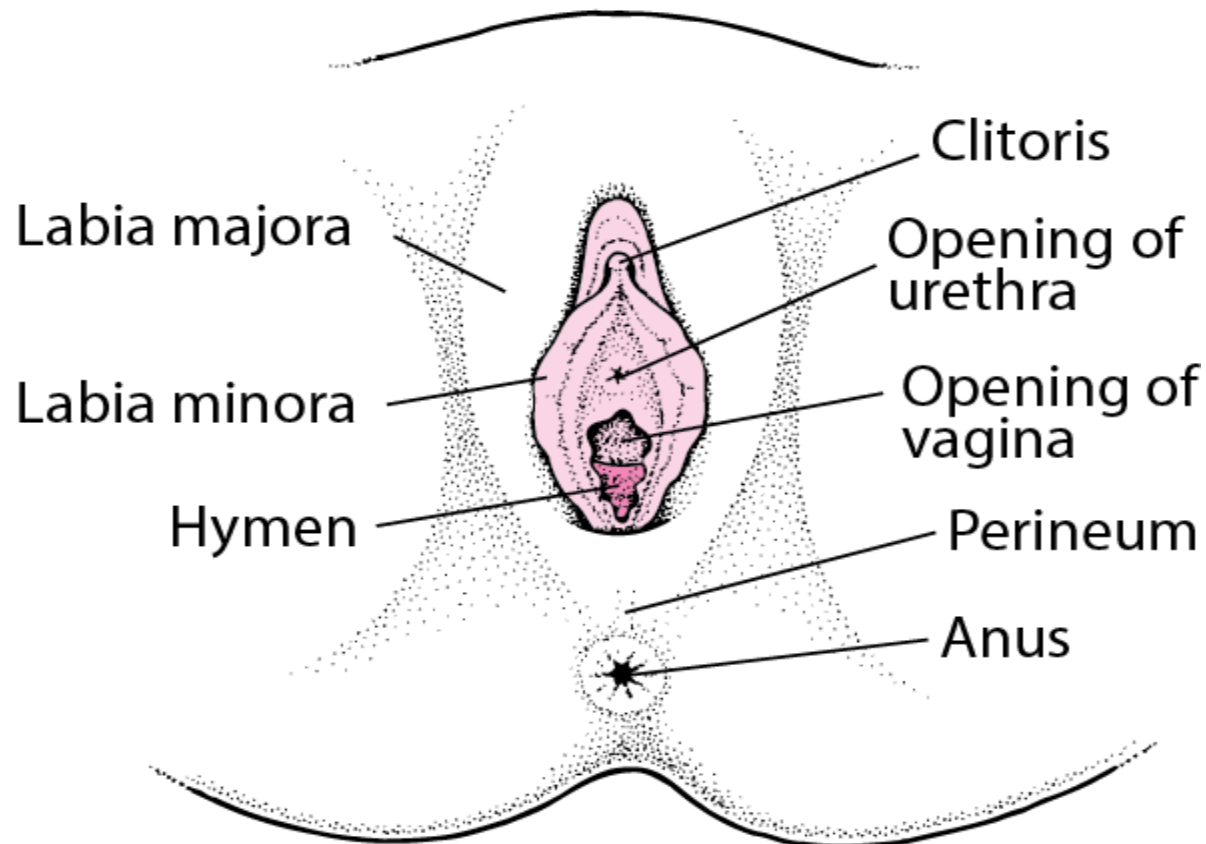


INTRODUCTION



- ❖ The perineal area is conducive to the growth of pathogenic organisms because it is warm, moist and it is not well-ventilated. Since there are , urinary meatus, vaginal orifice and the anus situated in this area, the pathogenic organisms can enter into the body. Thoroughly cleanliness is essential to prevent bad odor to promote comfort.

FEMALE GENITALIA





PERINEAL CARE



- Perineal care involves **washing the genital and rectal areas of the body**. It should be done at least once a day during bed bath, shower, or tub bath. It is done more often when a patient is incontinent. This prevents infection, odors and irritation.
- involves thorough cleansing of the client's external genitalia, anal area and surrounding skin.



PURPOSE



- To prevent or eliminate infection, odor and promote healing
- Remove secretions, and provide comfort



PRINCIPLE



- ❖ To clean the perineum from the cleanest to the less clean area.
- ❖ Follow Standard Precautions.
- ❖ Maintain patient's privacy.
- ❖ Proximal level of functioning.



INDICATIONS



- Who are unable to do self care
- Patients with genito-urinary tract infections
- With fecal & urinary incontinence
- An Indwelling foley catheter
- Who are recovering from rectal or genital surgery or childbirth



INDICATIONS



- Patients with excessive vaginal drainage
- Patients with injury and ulcers
- Uncircumcised males
- Morbid obesity



SPECIAL CONSIDERATION



- Importance of not massaging reddened skins during bathing.
- Recognizing early signs of impaired skin integrity.
- Proper ways to position clients with musculoskeletal limitations or who have an indwelling foley catheter or other equipment (e.g. intravenous tubing)
- When report change in skin or perineal area to nurse.



EQUIPMENT



- ✓ Washcloth
- ✓ bath towels
- ✓ Bath blanket
- ✓ Soap and soap dish
- ✓ Toilet tissue or diaper
- ✓ Disposable gloves
- ✓ Bed pan
- ✓ Laundry bag
- ✓ prescribed solution
- ✓ cotton balls or pads
- ✓ Bath basin with warm water at 43 °C to 46°C
- ✓ urinals



PRELIMINARY ASSESSMENT(FEMALE)



1. Assess perineal skin-any itching, irritation, ulcers, oedema, drainage etc.
2. Assess the need and frequency of perineal care.
3. Assess perineal care should be done under an aseptic technique or a clean technique.
4. Check the physician's order for any specific instructions.



CONTINUED...



5. Assess the patient ability for self care.
6. Assess the patient mental state to follow instructions.
7. Check the articles available in patients unit.



PREPARATION OF ARTICLES



ARTICLES	PURPOSES
Mackintosh	To protect the bed.
Wet cotton ball or rag pieces in a bowl.	To clean perineum.
A jug with warm water or antiseptic solution	Gauze or rag pieces in a container
Long artery forceps	To hold swabs for cleaning.



PREPARATION OF ARTICLES



Paper bag	To receive wastes.
Clean linen, pads, dressing etc	To keep patient clean.
Bed pan.	if the patient is in need to passing urine or stool.



PREPARATION OF PATIENT



1. Explain procedure to the patient.
2. Provide privacy by screens and drapes. Drape the patient as for vaginal examinations.
3. Remove all articles that may interfere with the procedure e.g. air cushion.
4. Give extra pillows to raise the head.
5. Roll the draw sheet to opposite side to prevent soiling when bedpan is placed under buttocks



PREPARATION OF PATIENT



6. Offer bed pan. Keep the clean bed-pan on the bed on your working side.
7. Untie the pads, if any and observe the discharges its color, odor, amount etc.
8. Leave the patient for sometime so that she may pass urine or stool if necessary.
9. Get the toilet tray and arrange the articles conveniently on bed side table.



PROCEDURE



1. Wash hands, To prevent cross infection.
2. Pour water over perineum, To wash off the discharge from the perineal area
3. Clean the perineum using the wet swabs, to prevent the entrance of bacteria from the colon into urinary tract
4. Hold the swabs with forceps and clean from above.
5. Use one swab for one swabbing.



PROCEDURE



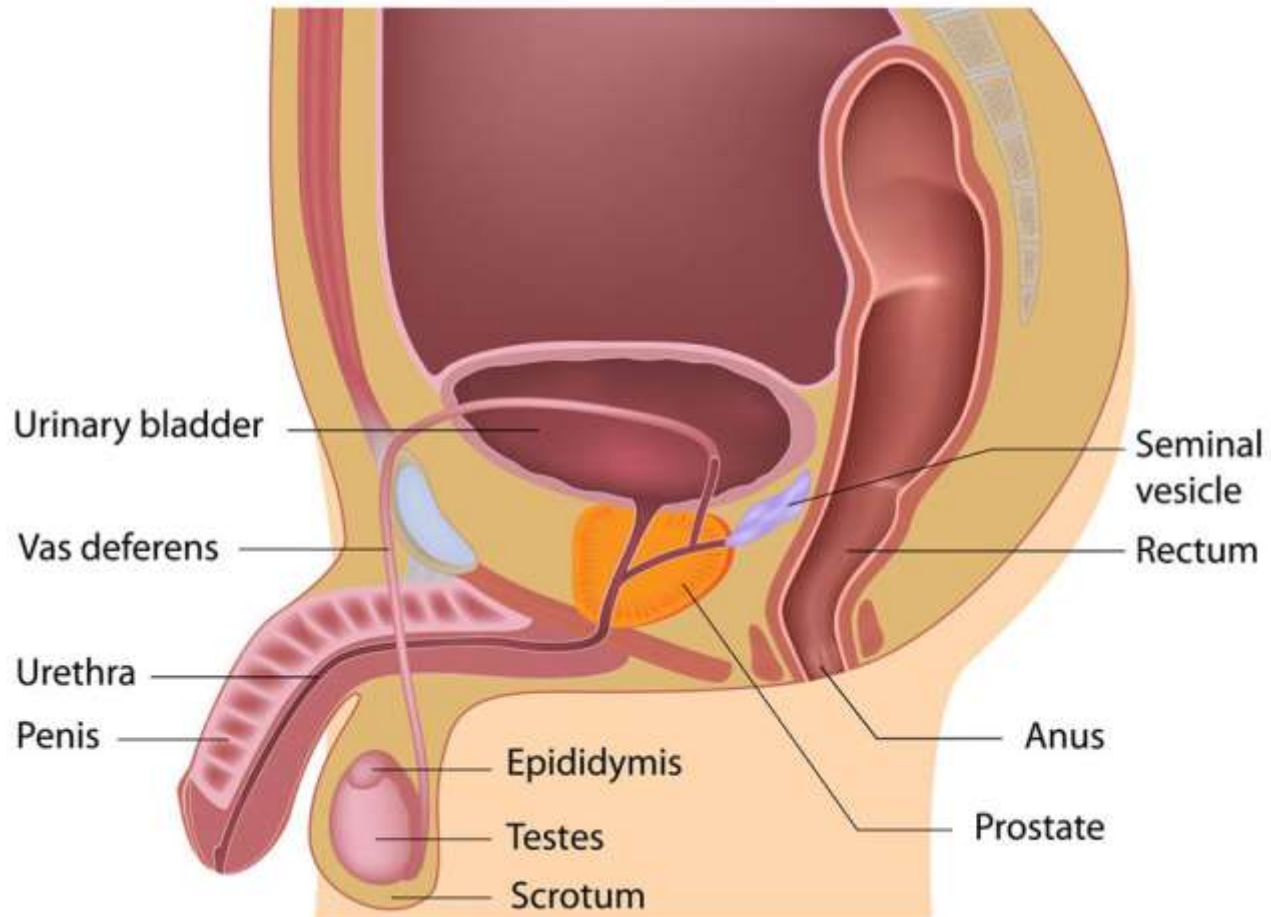
6. Clean perineum from the midline outward in following order:

a. The vulva, b. The labia, c. Inside of labia on both sides, d. Outside of labia on both sides.

7. Clean the perineal region and anus thoroughly.

8. Remove the bed pan by supporting the hip as before. Turn the patient to one side and dry the buttocks with dry rag piece.

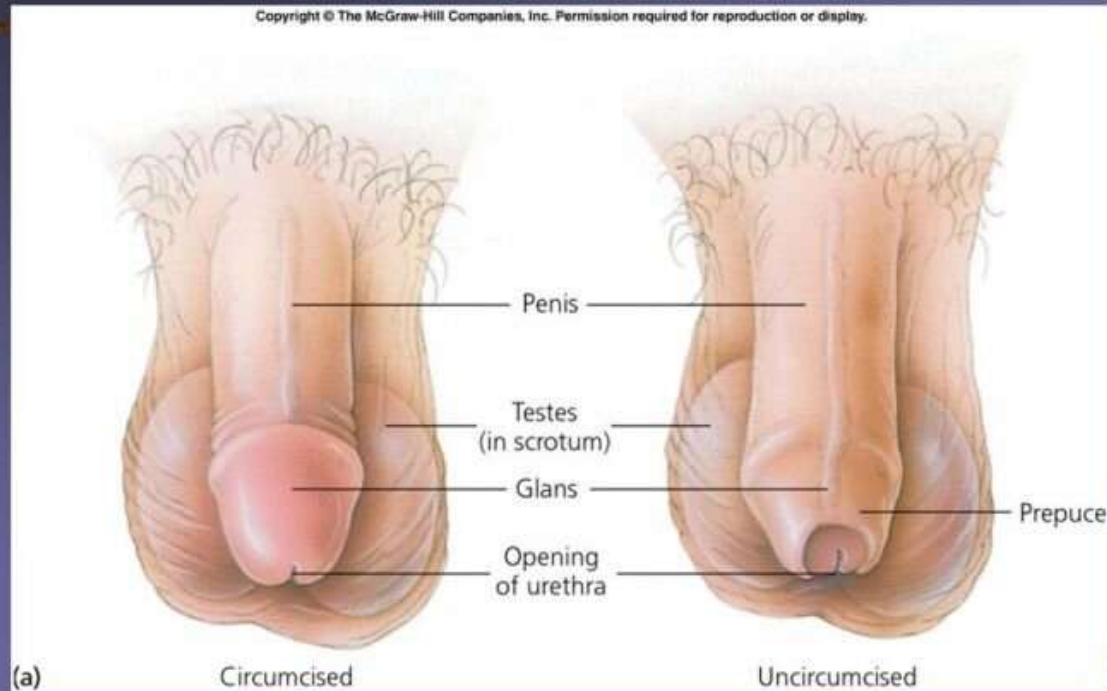
MALE GENITAL TRACT



MALE EXTERNAL GENITALIA

Male External Genitalia

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PERINEAL CARE FOR MALE PATIENTS



- fill the bath basin with clean warm water
- position the male patient on their back,
- put a protective cover over the bed linen,
- Wash the groin from the front to the back starting at the groin area and then going to the inside of the thighs,



PERINEAL CARE FOR MALE PATIENTS



- Then rinse the cloth or use a new wash-cloth,
- Pull back the foreskin if the patient is not circumcised, wash and rinse the tip of the penis downward while using gentle, circular motions and then the scrotum,
- turn the person on their side,
- and wash, rinse and dry the rectal area.



AFTER CARE



1. Apply the medicine and pad if necessary.
2. Remove the mackintosh if extra one is used.
3. Change linen if necessary.
4. Make patient comfortable.
5. Take the bed pan to sanitary annex. Remove cotton swabs, and empty the contents into toilet.
6. Clean all articles and Boil the forceps.
7. Replace articles and screen, tidy up the unit



REFERENCES



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- I Clement(2017) Basic Concepts on Nursing Procedures, Jaypee, publications
- Lippincott Nursing Procedures. Publication Year: 2018. Edition: 8th Ed. Authors/Editor: Lippincott. Publisher: Lippincott Williams & Wilkins (LWW).