PERFORMANCE CHECKLIST SKILL 40-1 BATHING AND PERINEAL CARE

**ASSESSMENT**

1. Identified patient using two identifiers.
2. Assessed patient's tolerance for bathing.
3. Assessed patient's visual status, ability to sit without support, hand grasp, and ROM of extremities.
4. Assessed for presence of equipment.
5. Assessed for allergy or sensitivity to CHG.
6. Assessed patient's bathing preferences.
7. Asked if patient had noticed any problems related to condition of skin and genitalia.
8. Assessed condition of patient's skin before or during bath. Noted presence of abnormalities.
9. Assessed patient's knowledge of skin hygiene.

**PLANNING**

1. Reviewed orders for specific precautions concerning patient's movement or position.
2. Checked for a therapeutic bath order.
3. Explained procedure, asked patient for suggestions on preparing supplies.
4. Prepared equipment and supplies, left call light in patient's reach.

**IMPLEMENTATION**

1. Performed complete or partial bed bath properly:
   a. Assessed environment for safety.
   b. Provided privacy, offered bedpan or urinal, provided toilet tissue.
   c. Performed hand hygiene, applied clean gloves if necessary. Ensure patient was not allergic to latex.
   d. Verified that bed was in locked position, raised bed to proper height. Assisted patient to supine position.
   e. Placed bath blanket over patient, removed covers without exposing patient, placed soiled linen in laundry bag. Did not allow linen to touch uniform.
   f. Removed patient's gown or pajamas.
      (1) Unsnapped or untied gown for patient with IV line, upper extremity injury, or limited ROM.
      (2) Removed gown from unaffected side first for patient with limited upper-extremity ROM or IV access.
      (3) Removed gown from arm with IV line, removed IV bag from pole and slid container through arm of patient's gown. Rehung IV container, checked flow rate. Regulated if necessary.
      (4) Turned IV pump off, clamped tubing, removed tubing from pump, processed as in Step (3). Reinserted tubing, unclamped, and turned on pump. Observed flow rate, regulated if necessary. Did not disconnect tubing.
   g. Pulled side rail up, lowered bed temporarily to lowest position and raised to working height on return after filling washbasin two-thirds full with warm water, placed basin and supplies on over-bed table, checked water temperature with patient, warmed bath lotion if desired.
   h. Lowered side rail, removed pillow and raised head of bed 30 to 45 degrees if allowed, placed towels under patient's head and over patient's chest.
   i. Washed face properly:
      (1) Asked if patient was wearing contacts.
(2) Folded washcloth around hands like a mitten, immersed mitt in water, wrung thoroughly.
(3) Washed patient's eyes properly, used a different section of mitt for each eye, soaked crusts before removal, dried eyes thoroughly.
(4) Asked if patient prefers soap on face. Washed, rinsed, and dried face, neck and ears as patient wishes, shaved patient if necessary.

j. Washed trunk and upper extremities:
   (1) Removed bath blanket from patient's arm, placed lengthwise under arm, bathed properly with soap and water.
   (2) Raised and supported arm to wash, rinse, and dry axilla, applied deodorant or powder if needed.
   (3) Repeated Steps
   (1) and (2) with other arm.
   (4) Covered patient's chest and arms with bath towel, bathed chest appropriately, rinsed, and dried well.

k. Washed hands and nails properly:
   (1) Placed basin on folded hand towel beside patient, immersed patient's hands, washed hand and fingernails, removed basin and dried well, repeated for other hand.

l. Checked temperature of bath water, changed water when cool or soapy.

m. Washed abdomen properly:
   (1) Placed towel lengthwise over chest and abdomen and folded down properly, bathed abdomen and groin with one mitted hand appropriately keeping abdomen covered, rinsed, and dried well.
   (2) Applied clean gown or pajama top if appropriate. Dressed affected side if necessary.

n. Washed lower extremities properly:
   (1) Covered chest and abdomen with top of bath blanket, exposed only near leg.
   (2) Placed bath towel under leg, placed patient’s foot in bath basin to soak if appropriate. If patient unable to support leg, washed with washcloth.
   (3) Washed leg properly, did not massage calf, rinsed and dried well. Cleansed feet and toes, rinsed, and dried, cleaned and clipped nails as needed, removed and discarded towel.
   (4) Raised side rail, moved to opposite side, lowered side rail, and repeated for other leg and foot, applied moisturizer if necessary, covered patient when done.

o. Covered patient, raised side rail, removed gloves, performed hand hygiene, changed bath water.

p. Provided perineal hygiene properly:
   (1) Allowed patient to cleanse perineum if able.
   (2) Female patient:
      (a) Applied clean gloves, lowered side rail, assisted patient to appropriate position, positioned waterproof pad, draped patient properly with bath blanket, lifted lower edge to expose perineum.
      (b) Folded lower corner of bath blanket up, washed and dried patient's upper thighs.
      (c) Washed labia major properly, used separate sections of washcloth for each side, rinsed and dried.
      (d) Separated labia, washed urethral meatus and vaginal orifice properly, used separate section of
cloth for each stroke, avoided placing tension on indwelling catheter if present.

(e) Provided catheter care if present.
(f) Rinsed area thoroughly, dried from front to back.
(g) Folded lower corner of bath blanket down, instructed patient to assumed comfortable position.

3. Male patient:

(a) Applied clean gloves, lowered side rail, assisted patient to appropriate position. Noted any restriction in mobility.
(b) Folded lower half of bath blanket up to expose thighs, washed, and dried.
(c) Covered thighs with bath towel, exposed genitalia, placed bath towel underneath penis, retracted foreskin, deferred procedure to later if necessary.
(d) Washed tip of penis properly, discarded washcloth, repeated with a clean cloth until penis is clean, rinsed, and dried.
(e) Returned foreskin to natural position.
(f) Cleansed shaft and scrotum, paid attention to underlying surfaces, lifted scrotum and washed underlying skinfolds, rinsed and dried gently.
(g) Avoided placing tension on indwelling catheter if present, provided catheter care if necessary.

q. Washed back:

(1) Performed hand hygiene, applied clean gloves, lowered rail, assisted patient to appropriate position, placed towel along patient's side, kept patient covered with bath blanket.
(2) Kept patient draped, washed, rinsed, and dried from neck to buttocks.
(3) Had patient remain in position, cleaned anus and buttocks area.
(4) Enclosed any fecal material in fold of toilet tissue, removed with disposable wipes.
(5) Cleansed buttocks and anus appropriately, cleaned, rinsed, and dried, removed contaminated gloves, raised side rail, performed hand hygiene.
(6) Returned to bed and lowered side rail, gave a backrub.

r. Applied additional body lotion or oil to patient's skin as needed.
s. Removed soiled linen, placed in dirty-linen bag, cleaned and replaced bathing equipment, washed hands.
t. Assisted patient in dressing, combed patient's hair, allowed women to apply makeup, assisted as needed.
u. Made patient's bed.
v. Checked function and position of external devices.
w. Placed bed in lowest position.
y. Replaced call light and personal possessions, left room clean and comfortable.
z. Performed hand hygiene.

2. Used commercial bag bath or cleansing pack properly:
a. Warmed cleansing pack in microwave, checked temperature before using.
b. Used single towel for each general body part, followed same order as total bed bath.
c. Massaged skin when using cloth, allowed skin to air dry for 30 seconds, lightly covered patient if necessary.
d. Used extra bag bath or conventional washcloths if there was excessive soiling.

3. Assisted patient with tub bath or shower properly:
a. Considered patient's condition, reviewed orders for movement precautions.
b. Scheduled use of shower or tub.
c. Checked tub or shower for cleanliness, placed rubber mat on bottom of tub or shower, placed disposable bath mat in front of tub or shower.
d. Collected all hygienic aides, toiletries, and linens requested by patient, placed within easy reach.
e. Assisted patient to bathroom if necessary, had patient wear robe and slippers.
f. Demonstrated how to use call signal.
g. Placed "occupied" sign on bathroom door.
h. Filled bath tub halfway with warm water, checked temperature, explained faucets to the patient, adjusted water temperature first if taking a shower, used chair if needed.
i. Instructed patient to used safety bars and pull cord, cautioned patient against use of bath oil in tub water.
j. Instructed patient not to remain in tub longer than 10-15 minutes, checked patient every five minutes.
k. Returned to bathroom with patient signals, knocked before entering.
l. Drained tub for unsteady patient, placed towel over patient’s shoulders, assisted patient out of tube and with drying as needed.
m. Assisted patient as needed with getting dressed.
n. Assisted patient to room and comfortable position.
o. Cleaned tub or shower, removed linen, placed in laundry bag, discarded disposable equipment in appropriate receptacle, placed "unoccupied" sign on door, returned supplies to storage area.
p. Performed hand hygiene.

EVALUATION

1. Observed skin, paid attention to areas previously soiled, reddened, dry, or showing signs of breakdown.
2. Observed ROM during bath.
3. Asked patient to rate comfort level.
4. Asked patient to rate level of fatigue.
5. Used Teach Back to determine understanding of the importance of hygiene.

RECORDING AND REPORTING

1. Reported abnormal skin integrity to charge nurse or health care provider.
2. Reported intolerance of activity to patient's nurse.
3. Recorded procedure, amount of assistance provided, and patient's participation in care, condition of skin and significant findings.