

#14- PERFORMING PERINEAL CARE ON A FEMALE PATIENT (Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Verified health care provider's orders.				
2. Gathered necessary equipment and supplies.				
3. Performed hand hygiene.				
4. Provided privacy.				
5. Introduced self to patient and family.				
6. Identified patient using two identifiers.				
7. Explained procedure and its importance in preventing infection.				
8. Performed perineal care for female patient:				
a. Allowed patient to cleanse perineum if able.				
b. Noted restrictions or limitations on patient's position, helped patient into appropriate position, placed waterproof pad under patient's buttocks.				
c. Draped patient properly with bath blanket, lifted lower edge to expose perineum.				
d. Applied gloves, wet and wrung washcloth, applied cleaning product to washcloth, washed, rinsed, and dried patient's upper thighs.				
e. Washed labia majora properly, rinsed and dried thoroughly.				
f. Cleansed labia minora, clitoris, and vaginal orifice thoroughly and properly, cleansed and avoided placing tension on urinary catheter if present.				
g. Rinsed and dried area thoroughly front to back.				
h. Rinsed by pouring water over perineal area if patient uses a bedpan, dried thoroughly.				
i. Observed area for redness, swelling, irritation, discharge, or signs of skin breakdown that persists.				
j. Asked patient to lower legs, removed towel and bath				

blanket, pulled patient's gown down and blankets up.			
9. Removed and disposed of gloves properly, performed hand hygiene.			
10. Helped patient into comfortable position, placed toiletries and personal items within reach.			
11. Placed call light within easy reach, ensured patient knows how to use it.			
12. Raised side rail and lowered bed appropriately to ensure patient's safety.			
13. Assessed patient's comfort and level of fatigue.			
14. Documented and reported patient's response and outcomes including participation, tolerance, and skin condition.			

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____