

15 - PERFORMING PERINEAL CARE ON A MALE 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, provided privacy.				
4. Introduced self to patient and family, explained procedure and its importance in preventing infection.				
5. Identified patient using two identifiers, compared identifiers with ID bracelet.				
6. Brought bed to appropriate working height, applied clean gloves.				
7. Checked water temperature.				
8. Performed perineal care for male 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.				
d. Washed, rinsed, and dried patient's upper thighs, covered thighs with a bath towel, raised blanket to expose patient's genitalia.				
e. Raised penis, placed bath towel underneath, retracted foreskin if necessary, deferred procedure if patient has an erection.				
f. Washed tip of penis at the urethral meatus, used circular motion and separate section of wash cloth.				
g. Rinsed and dried tip of penis thoroughly and gently, returned foreskin to natural position if necessary.				
h. Had patient abduct legs, cleansed shaft and scrotum, washed all undersides and skin folds.				
i. Rinsed and dried area thoroughly front to back.				
j. Observed perineal area for redness, swelling, irritation, discharge, or signs of skin breakdown.				
k. Removed towel and bath blanket, pulled patient's gown down and blankets up.				
9. Helped patient into comfortable position, placed toiletries and personal items				

within reach.

10. Disposed gloves in receptacle.

11. Placed call light within reach, ensured patient knows how to use it.

12. Raised side rails and lowered bed as needed for patient safety.

13. Performed hand hygiene.

14. Documented and reported patient's response and outcomes.

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: _____