

## **INCONTINENCE CARE**

### **PURPOSE:**

1. To cleanse the perineum
2. To prevent infection, odor and skin irritation
3. Maintain resident comfort

### **EQUIPMENT:**

1. Waterproof bed pad and/or incontinence product/undergarment.
2. Basin of warm water and soap or perineal washing solution – no rinse.
3. Washcloths (cloth or disposable).
4. Towels.
5. Disposable gloves.
6. Bath blanket or sheet (if resident in bed).
7. Moisture barrier ointment if ordered.

### **PROCEDURE:**

1. Gather and assemble equipment.
2. Identify resident, introduce yourself, provide privacy (pull privacy curtain).
3. Put on disposable gloves.
4. Position the resident on their back if possible, place a waterproof bed protector under the resident (if resident is in bed).
5. Remove soiled incontinence pad, incontinence product or undergarment. Cover the resident with a bath blanket or sheet (if resident is in bed).
6. Draw up the cover or sheet to expose the perineal area.
7. Apply soap or perineal wash to a wet washcloth.
8. Use toilet paper first to remove any fecal matter that is present.
9. Wipe in only one direction, from front to back and from center to thigh. Fold wash cloth to allow for clean area with each new stroke and/or change wash cloth as necessary.

### **FEMALE PERINEAL CARE:**

- Separate the labia, wash the area around the urethra first wiping downward from front to back. Never wipe upward from the anus.
- Continue to wash between and outside the labia using downward strokes, moving outward to the thigh.

### **MALE PERINEAL CARE:**

- Pull back the foreskin of the uncircumcised male.
  - Wash and rinse the tip using a circular motion, beginning at the urethra.
  - Continue to wash down the penis to the scrotum and inner thigh.
  - Pull the foreskin back down into place after cleaning/drying.
10. If soap used, use fresh water and a clean washcloth to rinse the area with the same strokes.
  11. Gently pat the area dry in the same direction.

12. Ask and/or assist the resident to turn on one side facing away from you (if resident is in bed).
13. Apply soap or perineal wash to a wet washcloth.
14. Clean the rectal area thoroughly, wiping in strokes from the base of the labia or scrotum and over the buttocks. Rinse the area (not necessary if no-rinse perineal wash used) and dry the area thoroughly.
15. Remove or change the bed protector pad and/or apply clean incontinence product/undergarment. If residents skin is irritated or red, keep brief or undergarment off while in bed unless the resident objects.
16. Clean or dispose of equipment
17. Remove gloves and wash hands before touching the resident or other objects in the room.

Apply moisture barrier ointment, once perineum is dried. Notify nurse if another treatment is ordered to the skin or if redness or irritation is new.

NOTE – if resident requires additional assistance or asks for an item during incontinence care, remove gloves and wash hands before assisting the resident. Put on new gloves before returning to incontinence care. If resident's bed needs to be placed in lowest position for safety, remove gloves and lower bed. Then wash hands before touching the resident or other objects in the room.

IMPORTANT – Only human waste and toilet paper should be disposed of in the toilet. Disposable gloves, wet or dry wipes, soiled incontinence briefs or pad are disposed of in the trash. Cloth wash cloths/towels are rinsed as needed and placed in soiled laundry.