**Peri Care Audit**

Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Step to evaluate** | **Yes/No/NA** | **Comments** |
| Hand hygiene |  |  |
| Gather supplies |  |  |
| Knock when entering room |  |  |
| Provided privacy (door, curtains/roommate); resident draped |  |  |
| Hand hygiene and apply gloves |  |  |
| Peri Care   * Gloves changed between removal of brief and cleansing of peri area |  |  |
| Female Peri Care |  |  |
| * Cleanse from front to back, outer labia and thighs |  |  |
| * Clean gloves and wipe/cloth; Open labia, cleanse front to back. If need to repeat, use clean wipe/cloth |  |  |
| * Dry as needed |  |  |
| * Barrier cream applied with clean gloves |  |  |
| Male Peri Care |  |  |
| * Clean gloves and wipe/cloth, cleaning using circular motion from meatus down. If need to repeat, use clean wipe/cloth |  |  |
| * Cleanse from scrotal area/thighs to rectal area |  |  |
| * Dry as needed |  |  |
| * Barrier cream applied with clean gloves |  |  |
| Hand hygiene at completion of peri care |  |  |

7/10/2020

Provided immediate feedback of observation: YES / NO

Provided one-on-one education if indicated above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received and understand the education provided above.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_