

Peri Care Audit

Staff Initials: _____ Date: _____ Shift: _____ Completed by: _____

Step to Evaluate	Yes/No/NA	Comments
Hand hygiene performed		
Supplies gathered		
Knocked when entering room		
Privacy provided (door, curtains/roommate, resident draped)		
Hand hygiene performed		
Clean gloves applied		
Undergarments removed and clean gloves applied		
Female Peri Care		
Clean gloves applied to wipe (labia opened and cleansed front-to-back, including outer labia and thighs)		
Clean wipe used for each front-to-back cleaning, if more cleansing is needed		
Area dried as needed		
Clean gloves applied if applying barrier cream		
Gloves removed and hand hygiene performed upon completion of peri care		
Male Peri Care		
Clean gloves applied to wipe, using circular motion from the meatus down		
Clean wipe used each time, if more cleansing is needed		
Clean gloves applied and scrotal area, thighs and rectal area are cleansed		
Area dried as needed		
Clean gloves applied if applying barrier cream		
Gloves removed and hand hygiene performed upon completion of peri care		
Any time gloves are visibly soiled, perform hand hygiene and apply clean gloves		

Provided immediate feedback of observation (YES/NO): _____

Provided one-on-one education if indicated above (YES/NO): _____

I have received and understand the education provided above.

Printed Name and Title: _____ Signature: _____