

PROCEDURE FOR: Pin Site Care

POLICY: Pin site care varies according to physician preference and patient need. A physician order outlining frequency of site care, and types of solutions and dosages must be obtained prior to initiation of pin site care.

SUPPORTIVE

DATA: Since skeletal pins have direct contact with bone, thorough cleansing around pin sites is essential to prevent localized infection that could lead to cellulitis and/or osteomyelitis.

PATIENT

- EDUCATION:**
1. Assist patient/significant other to assume responsibility for pin site care.
 2. Teach patient/significant other signs/symptoms of infection and/or complications (e.g. loosening of pins).
 3. Assess for need for referral to community nursing service.

EQUIPMENT: Hydrogen Peroxide/normal saline - 1:1 solution
Normal saline
Sterile cotton-tipped applicators
Suture removal kit (if appropriate)
2x2 gauze (as ordered)

PROCEDURE:

ACTION

POINTS OF EMPHASIS

Pin Site Care:

- | | |
|---|---|
| 1. Remove previous dressing. | 1. LIP should remove first dressing. |
| 2. Inspect entry/exit sites for: erythema, pulling or tearing of skin around pin, shifting of pin, tenderness or purulent drainage. Skin tenting and adhering to pin. | 2. Serous drainage is normal for the first few days after insertion of pins. Drainage should decrease thereafter. |
| 3. Check pin/wire to be sure it is straight. | |
| 4. Check bow to be sure it is not pressing on any skin areas. | |
| 5. Dip cotton-tip applicator in H ₂ O ₂ /NS solution and cleanse pin sites. | 5. Follow clean technique. Use a new swab each time. Repeat until all crusts/exudate are removed. Use enough solution to insure foaming. Use a rolling motion to gently remove exudate. Using cotton tipped applicator, gently push skin away from pin site to prevent skin from adhering to pin. |

PROCEDURE FOR: Pin Site Care

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
6. Dip cotton-tip applicator in NS solution to rinse H ₂ O ₂ from pin sites/skin.	
7. If pins are located in an area with significant soft tissue (e.g. thigh, pelvis), cover pins with 2x2 gauze to prevent skin breakdown from pins.	7. 2x2 gauze should be cut halfway through so that gauze can be wrapped around pins.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 11/83

REVISION DATES: 2/94, 11/03, 10/05