NURSING EDUCATION DEPARTMENT

PIN SITE (ORTHOPEDIC) CARE PROCEDURE

PURPOSE:

To outline nursing responsibilities in the care of patients with orthopedic pins.

SUPPORTIVE DATA:

Sterile metal pins are inserted percutaneously to either provide bony stabilization (e.g., external fixation) or for skeletal traction.

Pin site care is performed as ordered. Based on nursing assessment, pin site care is performed using 3M[™]Tegaderm[™] CHG Chlorhexidine Gluconate Gel Pad if dry. If draining kerlix is used as ordered.

Serosanguinous drainage is normal (48-72 hours) after initial insertion.

Pin site dressing following pin placement is generally kerlix wrapped around each pin.

*Note: The National Association of Orthopedic nurses recommends using 2% chlorhexidine solution for pin site care.

SUPPLY LIST:

Initial Pin Site Care

- Non-sterile gloves
- Ordered solution (sterile Normal Saline, chlorhexidine gluconate [CHG] solution, Hydrogen peroxide)
- Sterile Cotton tipped applicators or chloraprep applicators/choraprep swabs (2% chlorohexidine solution)
- Sterile suture removal kit (scissors)

Dry Pin Site

- Non-sterile gloves
- 3M[™] Tegaderm[™] CHG Gel Pad

Draining Pin Site

- Non-sterile gloves
- 2" kerlix roll
- Sterile suture removal kit (scissors)
- Sterile Cotton tipped applicators or chloraprep applicators/chloraprep swabs (2% chlorohexidine solution)

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- Ordered solution (sterile Normal Saline, Chlorhexidine gluconate [CHG] solution, Hydrogen peroxide)
- Sterile Drape

CONTENT:

PROCEDURE STEPS		KEY POINTS					
PREPARATION							
1.	Gather supplies.						
2.	Perform hand hygiene and don non-						
	sterile gloves.						
3.	Remove all dressings from pins.						
4.	Inspect pin sites for loose pins,						
	appearance (redness, swelling),						
	drainage, tracking (open area where						
	skin has pulled away from the pin) and						
	odor.						
5.	Remove and discard gloves, perform hand hygiene.						
6.	Create a general aseptic field by						
	cleaning off and disinfecting working						
	surface.						
7.	Open equipment, pour prescribed						
	cleaning solution in sterile container.						
	Put on sterile gloves.						
9.	Clean skin at pin insertion site (s) with	Use a clean, cotton-tipped applicator for each					
	ordered solution, using moistened swab	site.					
	to gently wipe from puncture site	Allow site to dry completely.					
	outward to remove exudate, debris, and						
	crusting.						
DRY	PIN SITES						
	1. Apply 3M [™] Tegaderm [™] CHG gel	Perform pin care on dry pin sites before					
	pads to any dry pin site(s).	performing care for draining pin sites.					
		Classes CHC and an allower 7 days are					
		Change CHG gel pad every 7 days or as					
DDAI	NING PIN SITES	ordered (see attached).					
DKAII 1.							
1.	Open both 2" Kerlix and keep in clear plastic wrap.						
2.	Soak one roll with ordered solution.						
	Keep second roll dry.						
3.	Cut wet roll into 6–12 inch strips. One						
	strip per pin.						

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		T					
4.	Cut dry roll into 6-12 inch strips. One						
	strip per pin.						
5.	Use a separate solution-soaked strip to	Carefully remove crusting above the level of					
	clean each pin. Wrap one limb of the	the wound during cleaning.					
	strip around a pin and use a back-and-						
	forth motion to clean the pin starting at	Allow the site(s) to dry completely after.					
	the level of the skin and moving						
	outward.						
6.	If ordered, wrap dry strip around each						
	pin at the level of the skin.						
7.	Remove gloves, perform hand hygiene,						
	and don new non-sterile gloves						
	between working with drainage pins.						
COMPLETION							
1.	Discard used supplies in appropriate						
	receptacles.						
2.	Remove gloves and perform hand						
	hygiene.						
3.	Notify provider of any changes in						
	assessment.						
4.	Document the procedure.						

Initial date:	Reviewed and approved by:	Revision date:
09/06 Professional Practice Committee		07/15, 05/16, 1/20, 12/23
	Nurse Executive Council	
	Attending Staff Association Executive	
	Committee	

References:

External Fixation Management, Lippincott February 2023
<u>Lippincott Procedures - External fixation management (lww.com)</u>

Provideing Pin Site Care for Skeletal Traction and External Fixation, Dyanmic Health 2023. Providing Pin Site Care for Skeletal Traction and External Fixation - Dynamic Health (dynahealth.com)

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 $\frac{Providing\ Pin\ Site\ Care\ for\ Skeletal\ Traction\ and\ External\ Fixation:\ NRC\ Plus\ (ebscohost.com)}{https://web.s.ebscohost.com/nup/detail/detail?vid=3&sid=03dec5b6-dda2-4d20-abf9-4f9c3b11f4d5%40redis&bdata=JnNpdGU9bnVwLWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#db=nup&AN=T704539$

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Product Guide

Drains, External Fixator Pins, and Other Percutaneous Devices

3M™ Tegaderm™ CHG Chlorhexidine Gluconate Gel Pad 1664

With proven antimicrobial protection for intravenous catheters for over a decade, 3M™ Tegaderm™ CHG technology is now extended to provide protection to a wide variety of percutaneous devices in an easy to use design.

Transparent CHG gel pad

Provides antimicrobial protection and site visibility. No additional moisture is required to activate. Absorbs fluid.*

Highly breathable film

Helps release moisture.

Pre-cut slit

Conforms to a variety of percutaneous devices. Adhesive border

Gentle, yet strong adherence to skin.

Image has been enlarged to show detail.

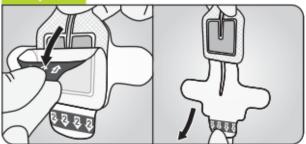
1664

3M⁻⁻ Tegaderm⁻⁻ CHG Chlorhexidine Gluconate Gel Pad can be used for a variety of percutaneous device applications. Follow the below instructions for application and removal:

Product Guide

Drains, External Fixator Pins, and Other Percutaneous Devices

Prepare



Prepare site according to facility protocol. Ensure site is completely dry. Remove liner 1, then liner 2 as shown above.

Press

Place CHG gel pad around the device, covering the insertion site and ensuring that the device rests upon the slit of the gel pad. Per facility protocol, the CHG gel pad may be used in combination with a transparent semipermeable film dressing (e.g. 3M" Tegaderm" HP, 3M" Tegaderm" Diamond, 3M" Tegaderm" I.V. Port, 3M" Tegaderm" I.V. Advanced Securement).

Monitor



Inspect the CHG gel pad daily and change as necessary, in accordance with facility protocol. Change the dressing:

- At least every 7 days, or according to facility protocol
- If the gel pad remains displaced when pressed with a gloved finger
- If the gel pad is saturated, when the dressing becomes loose or soiled, or in cases where there is swelling, visible drainage, or lost visibility
- If active bleeding or blood is present outside the gel pad

Gel pad is not intended to absorb large quantities of blood or drainage. Cover and protect gel pad during patient bathing or showering.

Refer to product Instructions for Use for other important information.



Other Applications



External Fixator Pin

Ordering Information

Product	Product Number	CHG Gel Pad Size	Dressing Size	Dressings/Box	Boxes/Case
	1664	1.18 in x 1.18 in 3,0 cm x 3,0 cm	2.44 in x 1.94 in 6,2 cm x 4,9 cm	25	4

Important Safety Information for 3M" Tegaderm" CHG Chlorhexidine Gluconate Gel Pad

Do not use Tegaderm" CHG Gel Pad on premature infants or infants younger than two months of age.

Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin.

The safety and effectiveness of Tegaderm" CHG Gel Pad has not been established in children under

18 years of age. For full prescribing information, see the Instructions for Use (IFU). Rx Only.



Phone 1-800-228-3957

Web 3M.com/medical

Scan to view a product training video or visit 3M.com/IVtraining to find product training resources for all 3M IV care solutions.

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