

Pin Site: Skeletal or External Fixator Care**Skill Level:** Basic RN/RPN/LPN**Need to Know:**

Pin sites will have a scant amount crusting and drainage for 2 to 3 days after insertion. After that time, these symptoms indicate a problem. As these pins go through bone, infection can lead to osteomyelitis. This in turn, can lead to permanent damage to or loss of a limb.

PRACTICE GUIDELINE**Equipment List:**

1. Dressing tray
2. Cleaning solution (saline, chlorhexidine, ½ strength hydrogen peroxide) as per prescriber orders
3. Sterile applicators
4. Antibiotic ointment or gauze if ordered

Procedure:**Perform pin site care as per prescriber orders**

STEPS	RATIONALE
1. Perform hand hygiene , and apply clean gloves	
2. Remove old split gauze dressings around pins, and discard in proper trash receptacle. Note condition of tissues around the pin site	Evaluates ongoing condition of tissues. Ensures early identification of infection.
3. Remove gloves and perform hand hygiene.	
4. Prepare supplies, and apply clean gloves (sterile gloves are optional).	Aseptic technique reduces infection transmission.
5. Clean pins on one side of extremity and do the same on other side. Never touch one pin site with material used on another. Inspect pin sites for drainage, tenderness or inflammation.	Early signs of infection.

NURSING PRACTICE STANDARD

B-00-12-10034 – Pin Site Care

<ul style="list-style-type: none"> i. Dip sterile cotton- tipped applicator into sterile container of cleansing solution as per the physicians order ii. Place sterile applicator by the pin and roll it along the skin away from insertion site. iii. Clean outward in a circular fashion from the pin. iv. Discard applicator in proper trash receptacle. v. Remove crusts from pin site when signs of infection are present. vi. Dip a new sterile applicator in cleaning solution; roll applicator across skin away from pin. 	<p>Removes cleansing solution to reduce skin irritation</p>
<p>6. Using a sterile applicator apply a small amount of topical antibiotic ointment to pin site (if ordered) and cover with a sterile 2 x 2 inch manufactured split dressing.</p>	<p>Reduces bacterial growth</p>
<p>7. Assess pin sites and notify physician if pins are loose or infection present</p>	<p>Local infection can lead to systemic infection or osteomyelitis. Loose pins can cause loss of fixation.</p>
<p>8. Repeat procedure for other pin sites. Discard used supplies remove gloves and perform hand hygiene.</p>	
<p>9. Document the procedure in the patient's record.</p>	

Documentation:

Interdisciplinary Progress Notes - procedure is charted as being done, when done. Any observations about the sites should be included.

References:

1. Skeletal Traction and Pin Site Care. Elsevier Clinical Skills (2018). St. Louis, MO. Elsevier. Retrieved February 14 2018 from <https://epm601.elsevierperformancemanager.com/Personalization/Home?virtualname=providencehealthcare-canada>

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B-00-12-10034 – Pin Site Care

2. Dabrowski, M., Daymond, M., Dock, C., Fox, A., Halm, M., Lagerquist, D., & Sandau, K.E. (2012). Care of External Fixator Pin Sites. *American Journal Of Critical Care*, 21(4), 288-292. doi:10.4037/ajcc2012600

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