DAY 6 — PERSONAL HYGIENE STUDY GUIDE

Basic Care & Comfort • NGN NCLEX 2026 Master Review

BATHING | ORAL / VAP | DIABETIC FOOT | EYE / EAR | PERINEAL | SKIN / PI

CRITICAL / EMERGENCY | PATHOPHYSIOLOGY | SAFE / EXPECTED | COMPLICATIONS | NCLEX TRAPS | PROCEDURES | PT EDUCATION

FOUNDATIONS — HYGIENE = INFECTION PREVENTION + SKIN INTEGRITY + DIGNITY

Personal hygiene protects skin barrier, reduces infection (especially VAP, CLABSI, CAUTI, periodontal), and preserves dignity and culture-sensitive care. NCLEX prioritizes **safety, skin assessment, infection prevention, and respecting client preferences**.

> **Universal rule:** always work cleanest → dirtiest. Hand hygiene before/after care. Inspect skin every encounter — no PI is acceptable.

BATHING — TYPES & CHOOSING

BATH TYPE	INDICATION	NOTES
Complete bed bath	Total dependence, ICU, paralysis, fragile	Nurse provides head-to-toe
Partial bed bath	Some independence; clean face/hands/axilla/perineum daily	Self-help bath
Bag bath / disposable	Routine bedside; ICU; CHG-impregnated for line care	No-rinse cloths
Tub / shower	Stable, ambulatory, no contraindications	Non-skid mat, supervised if fall risk
Therapeutic (oatmeal, sitz)	Pruritus, perineal healing	Per provider order

BATHING PRINCIPLES

- Water temp 105–110°F (40.5–43°C); test before contact

- Privacy, warmth (room ≥ 75°F), drape with bath blanket
- Wash from cleanest → dirtiest (eyes inner→outer; perineum front→back)
- Different cloth area per body region; rinse and pat dry
- Change soiled linens; assess full skin during bath
- Older adults: every-other-day bathing prevents skin dryness; mild fragrance-free soap; moisturize damp skin

ORAL CARE & VAP PREVENTION

STANDARD ORAL HYGIENE

- Brush 2× daily (soft brush, fluoride toothpaste)
- Floss daily
- Routine dental visits
- Bleeding gums, soft brush + nutrition + bleeding workup if persistent

UNCONSCIOUS / INTUBATED CLIENT

1. Side-lying position, HOB elevated 30°
2. Suction available at bedside
3. Soft toothbrush + minimal fluid; no large rinses
4. Chlorhexidine 0.12% q2–4h (per VAP-prevention bundle)
5. Lubricate lips with water-based moisturizer
6. Document oral mucosa appearance every shift

VAP-prevention bundle: HOB 30–45° · oral care q2h with chlorhexidine · daily sedation vacation/SAT · daily extubation readiness · DVT/PUD prophylaxis · subglottic suctioning if available.

DIABETIC FOOT CARE

- **Inspect feet daily**, including soles (mirror or family member)
- Wash with **lukewarm water** (NEVER hot — neuropathy + burn risk)
- **Do NOT soak** (macerates skin → infection)
- Dry thoroughly between toes (fungal prevention)
- Apply lotion to **tops and bottoms** — NOT between toes
- Wear well-fitting shoes; never barefoot, even at home
- Cotton or moisture-wicking socks
- Cut nails straight across (or refer to podiatrist if neuropathy/vision impairment)
- **Never cut callus or corn** — refer to podiatrist
- Report any cut, blister, redness, drainage, or temperature change

PERINEAL CARE

FEMALE

- Clean front to back to prevent fecal contamination of meatus → UTI
- Use a fresh section of cloth for each stroke
- Spread labia gently; clean the labia minora before majora

UNCIRCUMCISED MALE

- Retract foreskin, clean glans
- **Always return foreskin** to original position — failure causes **paraphimosis** (urologic emergency from constriction)

GENERAL

- Warm soapy water, rinse, pat dry
- Apply barrier cream for incontinence-associated dermatitis (zinc-based)
- Privacy and dignity

EYE CARE (UNCONSCIOUS / SEDATED)

- Clean from **inner to outer canthus**
- Use a **separate cotton ball/gauze for each eye** (cross-contamination)
- Saline-moistened gauze; remove crusting
- Lubricating eye drops or ointment per orders (artificial tears, methylcellulose)
- If blink reflex is absent or eyelids cannot fully close, **tape eyelids gently closed** to prevent corneal abrasion / exposure keratopathy
- Document eye assessment

HEARING AID CARE

- Inspect daily for cerumen, cracks, dead battery
- Wipe with dry cloth — **NO water, alcohol, or sanitizer** on the device
- Open battery door at night to extend battery life and prevent corrosion
- Store in dry, cool place; dehumidifier kit prolongs life
- Whistling = poor fit, excess wax, or volume too high
- Remove during MRI/CT, swimming, showering
- Allow client to insert/manage if able to maintain independence

ANTICOAGULANT HYGIENE CONSIDERATIONS

- **Electric razor** only (no straight or safety razors → bleeding from nicks)
- Soft toothbrush; gentle flossing or water flosser
- Avoid IM injections when possible; SQ at preferred sites
- Stool softeners to prevent straining
- Report black tarry stools, hematuria, prolonged bleeding from nicks, severe headaches

SKIN INTEGRITY — MASD VS PRESSURE INJURY

PRESSURE INJURY (PI)

- Over bony prominence (sacrum, heels)
- Localized pattern
- Stages 1–4 / unstageable / DTPI
- Cause: pressure ± shear/friction

MASD (MOISTURE-ASSOCIATED SKIN DAMAGE)

- Diffuse, irregular pattern
- Perineum, perianal, intertriginous
- Macerated, weeping, often itchy
- Cause: urine, stool, sweat, wound exudate

STAGE 1 PI INTERVENTION

- Offload and reposition
- **Do NOT massage reddened area** (worsens tissue damage)
- Reassess Braden; nutrition consult; pressure-redistribution surface
- Educate client + family

OLDER ADULT SKIN CARE

- Bathe every other day to preserve oils
- Lukewarm water; mild, fragrance-free, pH-balanced cleanser
- Moisturize damp skin (within 3 minutes of bathing)
- Avoid antibacterial soaps unless indicated
- Inspect skin folds for fungal infection (candidiasis)

DENTURE CARE

- Remove at night to allow gum tissue to rest
- Clean with denture cleanser or mild soap (NOT toothpaste — abrasive)
- Brush over a **towel-lined basin** filled with water (cushions if dropped)
- Store in **water or denture solution** (warping if dry)
- Rinse mouth, brush gums, tongue, and palate before reinsertion
- Inspect oral cavity for irritation, candidiasis, ill-fit

IV / PICC BATHING CONSIDERATIONS

- Cover IV / PICC site during bathing — keep dry
- **PICC arm restrictions:** no BP, no venipuncture, no heavy lifting on the PICC arm
- Inspect insertion site each shift; document length to ensure not migrated
- CHG-impregnated cleansing for line care

IF / THEN — CLINICAL DECISION RULES

IF unconscious client during oral care	→	side-lying, HOB 30°, suction at bedside
IF client is diabetic + foot care	→	lukewarm water, no soak, dry between toes, no lotion between toes
IF uncircumcised male after perineal care	→	return foreskin to prevent paraphimosis
IF client on anticoagulant needs to shave	→	electric razor only
IF unconscious + no blink reflex	→	lubricate + tape eyelids closed
IF Stage 1 PI	→	offload; do NOT massage
IF client has PICC in left arm	→	no BP / no venipuncture on left
IF dentures stored	→	water or denture solution; never dry

NCLEX TRAPS

Hot water for diabetic foot
Burn risk with neuropathy.

Lotion between toes
Fungal growth.

Forgetting to return foreskin
Paraphimosis emergency.

Massaging Stage 1 PI
Worsens damage.

Toothpaste on dentures
Abrasive — denture cleanser only.

Water on hearing aid
Damages electronics.

BP on PICC arm
Causes line damage / clot.

Same cloth for both eyes
Cross-contamination.

NCLEX PATTERNS

PATTERN: CLEANEST → DIRTIEST

- Eyes inner → outer
- Perineum front → back
- Top to bottom of body

PATTERN: POSITION + SUCTION

- Unconscious oral care = side-lying
- Dysphagia feeding = upright 90°
- Suction available

PATTERN: BLEEDING RISK

- Anticoag + electric razor
- Soft toothbrush
- Stool softeners

PATTERN: UAP DELEGATION

- UAP CAN: bathe stable client, oral care, denture care, document I&O
- UAP CANNOT: assess skin breakdown, perform sterile dressing, teach

NGN BOW-TIE — SAMPLE SYNTHESIS

Case: 65 y/o post-CVA, intubated, R hemiplegia, decreased LOC. AM care due. Family at bedside.

TOP 2 ACTIONS	CONDITION	TOP 2 MONITOR
• Oral care q2–4h with chlorhexidine; HOB 30–45°; suction at bedside • Eye care: lubricate; tape closed if no blink; reposition q2h with skin assessment	UNCONSCIOUS / INTUBATED — Hygiene & Skin Risk	• Oral mucosa, eye condition, skin breakdown • SpO_2 during care; Braden score

PATIENT & FAMILY EDUCATION CHECKLIST

- ✓ Inspect feet daily — diabetics; report any redness, cuts, or sores
- ✓ Wash with lukewarm water and mild soap; pat dry, especially between toes
- ✓ Apply lotion to feet (not between toes); never go barefoot
- ✓ Brush teeth twice daily with soft brush; floss; chlorhexidine if recommended
- ✓ Use electric razor while on blood thinners
- ✓ Remove dentures at night; store in water or solution
- ✓ Open hearing aid battery door at night; never expose to water
- ✓ Bathe every other day in older adulthood; moisturize damp skin
- ✓ Report new redness, blisters, or skin breakdown immediately
- ✓ For uncircumcised males: always return foreskin after washing

DAY 6 OF 7 — BCC STUDY GUIDE SERIES

Pair this guide with the Day 6 Question Bank (20 NGN items).

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