



SECTION 13: CARE OF THE CHILD WITH AN ORTHOPAEDIC CONDITION

13.5 Pin Site Care

Aims

1. To prevent infection
2. To prevent skin hypertrophy.¹

Key points

1. Use [Aseptic Non Touch Technique](#) for all care and management of external fixator pin sites.
2. This procedure should be undertaken by nurses who have received instruction in this technique.
3. Dressings will be attended on the first post-operative day and weekly thereafter.² The frequency of dressing changes will increase if complications arise.

Equipment

2% Chlorhexidine in 70% isopropyl alcohol solution or swab sticks

Sterile dressing pack (\pm extra non woven gauze)

Antimicrobial IV sponges (3 sponges per pin)

Sterile scissors

2.5cm x 1.5m cotton crepe bandages (1 bandage per two pins)




Bag to dispose of used items


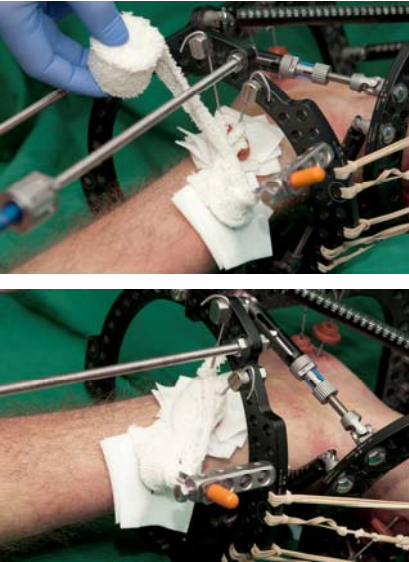
Tape

Procedure

- The treating consultant will inform the patient when they are able to shower.
- Pin site care should be performed after showering. Dry the skin and fixator device thoroughly. If using a towel ensure that no filaments are left on or around the pin as remnants of towelling may cause infection.

PROCEDURE	ADDITIONAL INFORMATION
Consider need for appropriate comfort measures and pain control.	Refer to Acute Pain Management Clinical Practice Guidelines and Protocols for further information on procedural pain assessment and management.
Perform Hand Hygiene. Using an Aseptic and Non Touch Technique, prepare equipment on a dressing trolley.	Refer to Infection Control: Wound Care Guideline for further information on the correct techniques.
Slide the rubber stoppers up the pins and off the dressing.	
Remove dressing using an aseptic non touch technique. Discard dirty materials. Repeat hand hygiene.	
Observe the pin sites for signs of infection.	<p>Early detection of problems will facilitate prompt management.</p> <p>Some redness and swelling may occur as part of the normal healing process.^{2,3}</p> <p>A clear fluid may also be present around the pins, which does not necessarily indicate infection. If this fluid becomes purulent or increases in volume it is a good indication that the pins have either loosened or infection is present.^{2,4}</p>

PROCEDURE	ADDITIONAL INFORMATION
<p>Clean around each pin site using 2% Chlorhexidine/70% alcohol⁵ swabs or swab sticks. Do not dry excess solution.</p> 	<p>If the patient experiences a reaction to the chlorhexidine ie. itchiness, increased pain or erythema, cease treatment and use 0.9% saline.</p>
	<p>Evidence to support one cleansing solution over another is limited, however international consensus suggests a chlorhexidine/alcohol solution is preferable in preventing microbial growth.^{2,5,6}</p>
<p>Do not remove any crusts or scabs that are present.</p>	<p>Adherent crusts form a physical barrier to the development of pin site infection.⁷</p>
<p>Do not move the pins.</p>	<p>Excessive movement of the pin may contribute to an adverse reaction by tissue surrounding the pin.⁶</p>
<p>Apply antimicrobial drain/IV sponges around the pins.</p> 	<p>If pins are situated close together, cut an extra slit into the IV sponges and place around both pins. This will decrease the bulkiness of the dressing.</p>
<p>If the pin sites are noted to have an increase in ooze, use a non-adhesive absorbent dressing.</p> 	<p>eg. Allevyn™</p>

PROCEDURE	ADDITIONAL INFORMATION
<p>Push the rubber stoppers down onto the sponges to secure them in place.</p> 	<p>Skin hypertrophy, haematoma formation and movement around the pin will be minimised^{5, 6, 7}</p>
<p>Ensure light pressure is applied to the skin.</p>	<p>Excessive pressure may form pressure injuries around the pin sites.</p>
<p>Apply one bandage around two pins to ensure the dressing remains in situ.</p> 	<p>Use a figure of 8 motion to ensure the dressing is secure.¹</p>
<p>Complete the Wound Assessment Tool. Document status of pin site wounds in the patient record. Document date of outpatient appointment and planned dressing change in the patient record.</p>	

Related policies, guidelines, protocols or procedures
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Wound Assessment and Dressing Selection click here
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A&NTT Clinical Practice Framework click here
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Useful Resources

Wounds International click here

Royal College of Nursing. Guidance on pin site care: report and recommendations from the 2010 Consensus Project on Pin Site Care click here

References:

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