

## Pin Site Care Addendum

Pin site care to be attended once daily or as requested by medical governance or more frequently as clinically indicated.

**Refer to:**  
WACHS [Wound Management Policy](#)

Pin site care may be performed as an aseptic technique or as a clean procedure in the shower once approved by medical governance.

Assessment	Potential complications	Equipment
<p>Assessment is performed once initial dressing is debulked/removed at 48 hours. Then assess pin site daily, as directed by MO or as clinically indicated.</p> <ul style="list-style-type: none"> <li>Assess for the following: <ul style="list-style-type: none"> <li>Erythema/heat/inflammation</li> <li>Discolouration (bruising, mottled or dusky areas)</li> <li>Increased Pain/tenderness</li> <li>Swelling of limb</li> <li>Exudate – type, colour and volume</li> </ul> </li> </ul> <p>Infection</p> <ul style="list-style-type: none"> <li>Pin site infection is suspected if drainage volume increases, persists or becomes discoloured <ul style="list-style-type: none"> <li>The presence of a pin or wire commonly leads to an inflammatory response, especially within the first 72 hours after insertion (pin site reaction). During this period, there may be erythema around the pin site, increased heat to the local area and/or loss of serous or haemoserous fluid.</li> <li>These physiological changes should subside and are the normal process of inflammation following injury to the tissues</li> <li>Pin sites that are red and inflamed should not be mistaken for infection if no other symptoms are present.</li> </ul> </li> <li>Tightness of skin around pin (skin tenting - when skin tracks up the pin).</li> <li>Pin movement.</li> </ul> 	<p>If any of the following complications are suspected inform MO/Senior Clinician for a management plan.</p> <p><b>Infection as per assessment.</b></p> <p><b>Pin Loosening</b></p> <p>Pin loosening is a common complication and may require the pin or fixator to be replaced.</p> <p><b>Neurovascular Injury when Inserting the Pin</b></p> <p>Neurovascular injury may occur following placement of external fixation. If there is a change in neurovascular status Refer to WACHS <a href="#">Clinical Observations and Assessments Clinical Practice Standard (physiological, neurovascular, neurological and fluid balance)</a></p> <p><b>Osteomyelitis</b></p> <p>Local or generalised infection of the bone and bone marrow may be secondary to a severe pin tract Infection. Signs may include:</p> <ul style="list-style-type: none"> <li>Pain and tenderness over the area of bone affected.</li> <li>Swelling and redness of the joint next to the affected bone.</li> <li>Fever/sweats/chills/malaise.</li> <li>Localised Oedema.</li> <li>Warmth of the overlying skin.</li> <li>Restricted movement of the affected limb.</li> </ul> <p><b>Foot drop</b></p> <p>Can occur in lower leg fixators where there are pins around the ankles or where wires have transfixed tendons or muscles. Notify MO if concerned.</p>	<ul style="list-style-type: none"> <li>Dressing pack</li> <li>Sodium Chloride 0.9%.</li> <li>Sterile cotton tip applicators (minimum of x2 per pin).</li> <li>Gauze swab or an absorbent dressing per pin if moist.</li> <li>Non-sterile gloves (for dressing removal).</li> <li>Sterile scissors (to cut absorbent dressing if indicated – do not cut gauze).</li> <li>PPE as per standard precautions.</li> </ul>

Picture sourced from [Pin Site Care NPS RPBG](#)

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Process	Showering	Patient education and discharge planning
<ul style="list-style-type: none"> <li>• Educate patient on the need for pin site care and obtain consent as appropriate.</li> <li>• Prepare equipment.</li> <li>• Perform hand hygiene and don PPE.</li> <li>• Remove dressing (if present) and expose wound and dispose of dressing into waste.</li> <li>• Assess the pin site and surrounding tissue refer to <a href="#">Assessment of Pin Site</a>.</li> <li>• If any abnormalities detected, refer to <a href="#">Potential Complications</a>.</li> <li>• Clean pin site using aseptic technique.</li> <li>• Use gauze swabs/cotton tip applicator moistened with Sodium Chloride 0.9% to mechanically remove any wound exudate or debris from wound surface and cleanse the wound.</li> <li>• Swab once around the base of each pin in a circular motion, one way only and discard (either clockwise or anti-clockwise).</li> <li>• Repeat the above step until the pin insertion site is clean.</li> <li>• Using a clean, dry applicator, gently push down on the skin surrounding the pin to mobilise and prevent adherence of skin to the metal (tenting),</li> <li>• Liaise with MO/Senior Clinician with regards to scab removal.</li> <li>• Leave pin sites open if minimal exudate or surrounding skin of pin site is dry.                         <ul style="list-style-type: none"> <li>– If excessive exudate i.e. if exudate extends beyond pooling around pin site, apply an absorbent non-shedding dressing or wrap a small square of gauze around the base of the pin. Secure dressing with adhesive tape.</li> </ul> </li> <li>• Document in the patient health care record.</li> </ul>	<p>Pin sites may be cleaned in the shower after the first 48 hours as per Medical Team instructions.</p> <p>DO NOT bathe or soak pin sites</p> <p>Instruct the patient to:</p> <ul style="list-style-type: none"> <li>• Wash the limb, pin sites and frame in the shower with tap water</li> <li>• <b>Avoid the use of soap</b> directly on pin sites</li> <li>• Use cotton tip applicators in the shower to clean around the pins as indicated</li> <li>• Mobilise skin with a clean cotton tip applicator to prevent adherence of skin to the metal (tenting)</li> <li>• Use a clean towel to completely dry the skin</li> </ul> <p>In the home setting, if patient is not able to access a shower then cooled boiled water is appropriate for cleaning the pin sites</p> <p>Water to be discarded after each use and the container cleaned.</p> <p>A clean towel is to be used each time.</p>	<ul style="list-style-type: none"> <li>• Initial education to be provided by Tertiary facility where pins were inserted.</li> <li>• Provide education as required.</li> <li>• Patient/carer to report any signs of infection/complications to hospital outpatient clinic in office hours, and Medical Centre or Emergency Department out of hours. Patients can go to a nursing post within WACHS.</li> <li>• Assess the patient/carer performing pin site care until able to perform procedure independently.</li> <li>• Provide a small supply of pin site consumable for discharge.</li> </ul> <p>If patient/carer is not able to attend to pin site care liaise with Senior Clinician /MO for referral to appropriate clinic/hospital service for outpatient care.</p> <ul style="list-style-type: none"> <li>• Ensure the patient has a follow-up outpatient appointment in the orthopaedic clinic.</li> <li>• If patient has an Ilizarov frame, a cover for the frame will be provided by tertiary hospital.</li> </ul> <p>Ilizarov frame cover may be wiped over with hospital grade detergent as required during patient’s hospital stay. On discharge patients are advised to use own cleaning products as required.</p>