CALLUSES / CORNS / INGROWN TOENAIL

Subjective Data: **Allergies:** _____

Chief complaint: _____

Location: _____Size: _____

History:

History of Chronic Illnesses: ❑ Yes   ❑ No If "Yes" Type: _____

Current treatment/medications:

Previously treated by health care provider:	❑ Yes	❑ No Describe: _____

Over the counter medication	❑ Yes	❑ No	Describe:_____
Prescription medication	❑ Yes	❑ No	Describe:_____

Associated Symptoms:

❑ Itching	❑ Burning	❑ Tenderness	❑ Pain	Pain scale (0 -10) ____

Objective Data: (clinically indicated VS)

BP_____ Pulse_____ Resp. _____ Temp. _____ Wt._____

❑ Deformity	❑ Redness	❑ Edema	❑ Hot	❑ Streaking	❑ Swelling

<u>**REFER TO HEALTH CARE PROVIDER IF**</u>*: If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

❑ Diabetic or circulatory problems
❑ Signs of secondary infection present
❑ Unusual location
❑ Condition not responding to nursing intervention
❑ Severe pain or burning

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** ❑ Yes ❑ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

❑ Check in assessment only for health care providers visit.
❑ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
❑ Cleanse gently with mild antiseptic soap
❑ Soak foot in plain warm water twice a day
❑ Soak foot in warm water with Epson salt daily for 5 days PRN (must be performed in medical unit)
❑ Apply calluses or corn pad to lesion
❑ Mole skin to affected area
❑ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
   OR
❑ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
❑ Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry, do not pick lesion, reapply pad only if it comes off, medication use, proper nail techniques - trim nails straight across, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

_____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name   DOC #
(Last, First)