

**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 medical 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

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**Refer to Medical Provider If:**

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

**Medical Provider Notified:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

Alteration in comfort related to calluses / corns / ingrown toenail

**Plan: Nursing Intervention Routine:** (check all that apply)

- Check in assessment only for medical providers visit.
  - Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
  - Cleanse gently with mild antiseptic soap
  - Soak foot in warm water twice a day
  - 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
- OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
  - 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. Offender verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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