

CORNS, CALLUSES, WARTS

Level II
(No Level I)

Skill Level: RN

Definition: A benign circumscribed area of hyperkeratosis (thickening) of the skin due to pressure, friction or virus.

<p>Subjective:</p> <ul style="list-style-type: none"> • Pain on bottom of foot described as dull and constant or sharp when pressure is applied or walking. • "Feels like I have a rock in my shoe." • "I have a wart, corn or callus I want removed." 	<p>Assessment:</p> <ul style="list-style-type: none"> • Impaired skin integrity - Corn, Callus, Wart. • Risk for impaired mobility.
<p>Objective:</p> <ul style="list-style-type: none"> • A thickening over a weight bearing area or a bony prominence of the foot which is not well demarcated (callus). • A flat or slightly elevated well defined lesion with a keratinous core (corn). • Elevated well defined, firm lesion somewhat scaling gray, brown or flesh color variable size. May be solitary or in clusters. (wart) • Mobility of extremity affected by complaint. 	<p>Plan:</p> <p>SELF CARE:</p> <ul style="list-style-type: none"> • If less than one inch and does not impair mobility, no treatment is necessary. • Instruct patient to scrub calluses with a washcloth in the shower, then may apply Vaseline from canteen. • If complaint begins to impair mobility return to sick call. • Give patient education handout. <p>NURSE CARE:</p> <ul style="list-style-type: none"> • If the wart, corn or callus interferes with mobility may apply Duofilm once per day for up to 3 weeks. • If patient is diabetic or has other circulatory problems, refer to practitioner if the problem is on the foot.

Nursing education:

1. Not all wart, calluses, or corns need treatment. Only those that impair mobility need to be treated. If mobility is not impaired, patients are to use self-care management strategies.

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APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

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Medical Director

Date

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