

Basic Hand & Foot Nail Care Flow Sheet

Patient Name:

PHN:

DOB:

Year (XXXX):	Month/Day (MM/DD)																								
	Time (HH:MM)																								
Client has: ___ (#) fingers ___ (#) toes Circle if missing: R hand: T 2 nd 3 rd 4 th 5 th L hand: T 2 nd 3 rd 4 th 5 th R foot: GT 2 nd 3 rd 4 th 5 th L foot: GT 2 nd 3 rd 4 th 5 th			For concerns noted: mark a 'X' on hand or foot to show areas of concern and see below																						
Limb and Nail sections completed by a RN, RPN or LPN as an assessment and by an HCA as an observation.			Hands		Feet		Hands		Feet		Hands		Feet		Hands		Feet		Hands		Feet				
			R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L			
Limb Concerns (Knee-Toes & Elbow-Fingers) *Eschar: black, dry areas For each statement use Y or N			Open areas and/or eschar* on toes/fingers																						
			Colour same as client's normal																						
			Client states no pain or pain same as client's normal																						
			Client states no numbness or tingling or same as client's normal																						
			Other concerns noted																						
Nail Concerns *Broken below free nail edge For each statement use Y or N			Redness/inflammation																						
			Ingrown nails																						
			Broken*, detached, missing nails																						
			Misshapen or thickened nails																						
			Discoloured nails																						
Nail Edge (Y or N)			Free nail edge present, all nails																						
			Washed																						
			Trimmed																						
			Filed																						
			Cleansed																						
Care Provided Use the following: - not on care plan ✓ done X not done			Moisturized																						
			Socks/footwear applied																						
			Concerns noted/nurse informed (HCA only) use ✓																						
			Concerns noted/Narrative Note done (Nurse) use ✓																						
			Initials & Designation																						

