

## Basic Hand & Foot Nail Care Flow Sheet Documentation Guide

This provincial document guides the documentation process, either electronic health record or paper, of the hand & foot nail point-of-care assessment/observation and the basic nail care provided for a patient, client or resident.

Care Setting	Nurse	Health Care Assistant (as per Health Authority)
<b>Acute Care</b>	Assessment & care provided	Observation & care provided
<b>Community Care</b>	Assessment & care provided	Observation & care provided
<b>Long-Term Care</b>	Assessment & care provided	Observation & care provided

Nurse: Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licenced Practical Nurse (LPN)

Health Care Assistant (HCA): a care aide in acute and long-term care settings; a community health worker in community.

Flowsheet													
<b>Year (xxxx)</b> (for paper flowsheet only)	Enter current year, (e.g., 2026). The year needs to be documented when new flow sheet is started.												
<b>Month/Day (MMM/DD)</b> (for paper flowsheet only)	Enter the month/date care was provided, (e.g., Feb 26).												
<b>Time (HH:MM)</b> (for paper flowsheet only)	Enter the time care was provide as per 24:00 clock, (e.g., 14:30).												
<b>Client has X number of fingers &amp; toes</b>  This section is done once and then updated if needed. For paper charting, this section is done for each new page.	Indicate the number: ___(#) fingers ___(#) toes.  If any are missing, circle the missing digit(s): R hand: T 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> L hand: T 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> R foot: GT 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> L foot: GT 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>												
<b>For concerns found</b>	If a concern is found when the limb or nail assessment/observation is done, mark an 'X' on the appropriate hand or foot to show area of concern and see below for reporting and documentation of concern.  <div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="text-align: center; font-size: small;">Right</td> <td style="text-align: center; font-size: small;">Left</td> <td style="text-align: center; font-size: small;">Right</td> <td style="text-align: center; font-size: small;">Left</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table> </div>	Right	Left	Right	Left								
Right	Left	Right	Left										
<b>Limb Concerns</b>	Lower limb assessment/observation is done from knees to toes. Upper limb assessment/observation is done from elbow to fingers.  For both right (R) & left (L) hands and feet, use Y (Yes) or N (No) for the following: <input type="checkbox"/> Open areas and/or eschar* noted on toes/fingers (*Eschar: black dry areas) <input type="checkbox"/> Colour same as client's normal <input type="checkbox"/> Client states no pain or pain same as client's normal <input type="checkbox"/> Client states no numbness/tingling or same as client's normal <input type="checkbox"/> Other concerns noted												
<b>Nail Concerns</b>	For both right (R) & left (L) hands and feet, use Y (Yes) or N (No) for the following: <input type="checkbox"/> Redness/inflammation <input type="checkbox"/> Ingrown nail(s) <input type="checkbox"/> Broken*, detached or missing nail(s) (*Broken below free nail edge) <input type="checkbox"/> Misshapen or thickened nail(s) <input type="checkbox"/> Discoloured nail(s) <input type="checkbox"/> Other concerns noted												

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Flowsheet cont.	
<b>Nail Edge</b>	For both hands and feet, right (R) & left (L), use Y (Yes) or N (No): <input type="checkbox"/> Free nail edge present all nails
<b>Care Provided</b>	For both right (R) & left (L) hands and feet use the following: -- if not care plan, (e.g., trimming) ✓ if done X if not done  <input type="checkbox"/> Washed <input type="checkbox"/> Trimmed <input type="checkbox"/> Filed <input type="checkbox"/> Cleansed <input type="checkbox"/> Moisturized <input type="checkbox"/> Socks/footwear applied
<b>Concerns noted/nurse informed</b>	For HCA only, use ✓
<b>Concerns noted/ Narrative Note done</b>	For nurse only, use ✓
<b>Initials &amp; Designation</b>	For both nurse and HCA/