

Developed by the BC Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/WCs from:

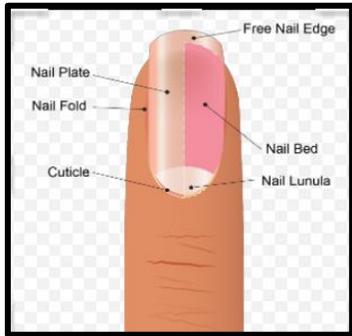


## Basic Hand & Foot Nail Care: Procedure for Nurses

<p><b>Endorsement:</b> British Columbia &amp; Yukon</p>	<ul style="list-style-type: none"> <li>• Endorsement done: Yukon</li> <li>• Endorsement pending: FNHA, FHA, IHA, ISLH, NHA, PHS, VCH/PHC; until endorsement has been granted by your health authority (HA), please follow your HA's current document.</li> </ul>
<p><b>DST Indications for Use</b></p>	<p>This Decision Support Tool (DST) procedure is to be used by a nurse for the adult or child <u>client</u> who requires basic hand and foot nail care (thumb clipper and emery board) and has:</p> <ul style="list-style-type: none"> <li>• A basic limb &amp; nail assessment (lower and upper) completed, as per HA/agency.</li> <li>• A basic hand &amp; foot nail care plan in place.</li> </ul>
<p><b>Practice Level</b></p>	<ul style="list-style-type: none"> <li>• In order to provide basic nail care, <u>RNs</u>, <u>RPNs</u>, and <u>LPNs</u> must, for their designation:             <ul style="list-style-type: none"> <li>◦ Follow <u>HA</u>/agency policy in place to support basic nail care practice.</li> <li>◦ Have the competency (knowledge, skill, ability) to perform basic nail care.</li> <li>◦ Follow the HA/agency endorsed DST, (e.g., the <u>PNSWC</u> Basic Hand &amp; Foot Nail Care guideline and procedure).</li> </ul> </li> <li>• Each nurse is responsible to maintain their competency in basic nail care.</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>• Prior to providing basic nail care, the nurse must have gained competency either through their nursing program, specialty <u>FCN</u> program or HA/agency-approved education, (e.g., PNSWC's Basic Hand &amp; Foot Nail Care education requirements and competencies).</li> </ul>
<p><b>Background</b></p>	<ul style="list-style-type: none"> <li>• Basic hand and foot nail care includes washing the hands/feet, trimming nails with a thumb clipper, and/or filing with an emery board as well as moisturizing. This care is <b>part of basic personal care</b> and promotes overall good health.</li> <li>• The provision of this care contributes to holistic care, improving the client's physical, mental, social, and spiritual well-being. The care activities provide time for the nurse to listen and talk the client, contributing to the building of rapport and trust.</li> <li>• Depending on the client's age and health, nails will usually grow 0.1 mm/day and up to 3.0 mm/month therefore scheduling nail care is very client-specific:             <ul style="list-style-type: none"> <li>◦ Infant/children/adolescent nails may need to be trimmed and filed weekly.</li> <li>◦ Adult nails may need to be trimmed/filed or filed-only every 4 to 6 weeks, based upon the client's nail growth and their preference for the length of nail. Older adults' rate of nail growth may be slower.</li> </ul> </li> <li>• By consensus, the British Columbia Provincial Nursing Skin &amp; Wound Committee has determined that soaking hands and feet prior to providing nail care is not to be done. Soaking causes the skin around the nail to swell which minimizes visualization of and the ability to feel for the nail edge which can lead to injury when trimming or filing.             <ul style="list-style-type: none"> <li>◦ <u>After</u> nail care is completed, a short soak (e.g., 5 to 10-minute) in warm water (basin, tub bath or in the shower) will provide additional cleansing as well as comfort. If there are wounds on the hands or feet, then shower areas rather than soaking in basin or tub bath.</li> </ul> </li> </ul>
<p><b>Bookmarks</b></p>	<p><a href="#">Procedure: Basic Hand &amp; Foot Nail Care Documentation</a>  <a href="#">Document Management</a></p>
<p><b>Related Documents</b></p>	<p><a href="#">Guideline: Basic Hand &amp; Foot Nail Care</a>  <a href="#">Flowsheet: Basic Hand &amp; Foot Nail Care</a>  <a href="#">Education Requirements &amp; Competencies: Basic Hand &amp; Foot Nail Care – Nurses</a>  <a href="#">Learning Module: Basic Hand &amp; Foot Nail Care - Nurses</a></p>

**Equipment and Supplies** (all personal care supplies are client-specific and HA/agency approved)

- Personal protective equipment (PPE) as per Point of Care Risk Assessment i.e., mask, clean gloves, safety glasses, gown/apron.
- Surface cleaning and disinfecting wipes as per HA/agency.
- Warm water and reusable/disposable cloth/wipe & towel.
- pH-balanced skin cleanser (HA approved).
- Client-specific nail clippers for both fingers and toes.
- Client-specific emery board.
- Disposable wooden manicure stick (orange stick).
- Moisturizer (HA approved).
- Small, re-sealable plastic bag.
- Footstool(s) if needed.

<b>Procedure: Basic Hand &amp; Foot Nail Care</b>	
<b>Steps</b>	<b>Key Points</b>
<p>1. Determine the care to be provided:</p> <ul style="list-style-type: none"> <li>• Review the current nail care plan and previous assessment.</li> <li>• Assess client’s ability to participate in nail care.</li> <li>• If client is to have bath/shower, plan nail care first.</li> <li>• Prior to doing nail care, assess for the following:                             <ul style="list-style-type: none"> <li>◦ A free nail edge for each fingernail and toenail.</li> <li>◦ Any concern with the limbs:                                     <ul style="list-style-type: none"> <li>◦ Punched-out wounds or black dry (eschar) areas on the toes and/or fingers.</li> <li>◦ Change of colour in the limb.</li> <li>◦ New or increasing pain in the limb.</li> <li>◦ New or increasing numbness or tingling in the toes/foot or fingers/hand.</li> </ul> </li> <li>◦ Any concerns with the nails:                                     <ul style="list-style-type: none"> <li>◦ The presence of the redness/inflammation around the nail fold/cuticle area.</li> <li>◦ Nail not intact (e.g., broken nail below the free nail edge, detached or missing).</li> <li>◦ Misshapen/thickened.</li> <li>◦ Ingrown.</li> <li>◦ Change in colour, e.g., bruised.</li> </ul> </li> </ul> </li> <li>• If concerns are noted:                             <ul style="list-style-type: none"> <li>◦ For a limb:                                     <ul style="list-style-type: none"> <li>◦ Do not provide nail care to that limb and notify the MRP/NSWOC.</li> </ul> </li> <li>◦ For a nail(:                                     <ul style="list-style-type: none"> <li>◦ Do not provide care to that nail(s), (e.g., if one nail is a concern, provide care to the other nine nails as per the care plan). Refer to FCN/MRP.</li> </ul> </li> </ul> </li> </ul>	<p>Do not soak the nails prior to providing nail care, as soaking causes swelling of the skin around the nail. This swelling can reduce the ability to see the free nail edge, increasing the risk of injury to the skin around the nail.</p> <p>Redness around a nail or cuticles and/or a discoloured nail may be an indication of infection. A nail torn/broken below the free nail edge, or a missing nail can lead to a wound in the nail bed as well as infection.</p> <div style="text-align: center;">     </div>
<p>2. Set up supplies and ensure a safe workspace for both client and nurse:</p> <ul style="list-style-type: none"> <li>• Gather supplies/equipment; ensure emery board, manicure stick and thumb clippers are in good working condition.</li> <li>• Clean and disinfect work surface as per HA/agency process.</li> </ul>	<p>Trimming and filing nail equipment is single-client use.</p> <p>Thumb clipper must be sharp enough to clip the nail cleanly.</p>

Steps	Key Points
<ul style="list-style-type: none"> <li>• Ensure good lighting to visualize the nails.</li> <li>• Ensure client privacy and that client feels comfortable, both emotionally and physically.</li> <li>• Ensure safe ergonomic position to minimize awkward and/or static positions:               <ul style="list-style-type: none"> <li>○ Ensure adequate space around the work area and remove hazards, (i.e., water on the floor).</li> <li>○ Where possible, position client's hand/foot about 5 cm (2.5 in) above elbow height.</li> <li>○ If care provided in bed, adjust the height of the bed to stand upright.</li> <li>○ If care is provided with the client in a chair, consider a foot stool for their feet and one to sit during the task.</li> </ul> </li> <li>• Perform hand hygiene, put on PPE.</li> </ul>	<p>The nurse's position of either in front, or beside the client, is determined by the client's comfort level with the position and safe ergonomics for the nurse.</p> <p>Contact HA/agency Musculoskeletal Injury Prevention or Ergonomics Team for additional information.</p>
<p>3. Wash hands/fingers and feet/toes:</p> <ul style="list-style-type: none"> <li>• Wash with a cloth/wipe, well-dampened with warm water and a cleanser. Ensure the finger and toe web spaces are cleansed.</li> <li>• Cleanse under the nail:               <ul style="list-style-type: none"> <li>○ Gently place the manicure stick under the free nail edge and the tip of the finger or toe.</li> <li>○ Gently and slowly, move the manicure stick along the underside of the nail to remove soft debris.</li> </ul> </li> <li>• Ensure fingers and toes are clean, repeat washing as needed. Gently pat dry fingers/toes and the web spaces.</li> </ul>	<p>Washing prior to doing nail care removes dirt and superficial bacteria which provides visualization of nails and surrounding skin.</p> <p>Cleansing allows for clear visualizing the nail edge in order to trim or file without causing trauma.</p>
<p>4. Trim nails, if needed as per the care plan and the pre-nail care assessment done (see above):</p> <ul style="list-style-type: none"> <li>• Using the nail clipper, trim nails straight across. Leave a small margin of the free nail edge to allow the nail to be filed.</li> </ul> <p>Note: if using one thumb clipper to do both fingers and toes then trim fingers first and then the toes.</p>	<p>The care plan will not indicate trimming:</p> <ul style="list-style-type: none"> <li>○ If nurse identified a client-specific risk.</li> <li>○ For some clients, trimming is not needed due to slower nail growth; these nails are managed with filing only.</li> </ul> <p>Note: The care plan may indicate trimming but if a concern has been noted with the pre-nail care assessment, then trimming is not done.</p> <p>Nails should be trimmed straight across avoid ingrown nails.</p> <p>Toenails are more at risk for fungal infection so trimming fingernails first avoids the possibility of infecting these nails.</p> <p><b>Trouble-shooting:</b> if clipper cuts the skin:</p> <ul style="list-style-type: none"> <li>• Stop the nail care activity.</li> <li>• Apply gentle pressure on the area of bleeding until the bleeding has stopped.</li> <li>• Apply appropriate dressing.</li> </ul>
<p>5. File nails:</p> <ul style="list-style-type: none"> <li>• Use the emery board in a gentle horizontal motion from one side of the nail to the other to:               <ul style="list-style-type: none"> <li>○ Remove any rough edges.</li> <li>○ Gently round-off the corners.</li> <li>○ Reduce the length (if not trimmed).</li> </ul> </li> </ul>	<p>Removing the rough edges reduces the risk of trauma from nails, (e.g., scratches, skin tears, and damage to socks and footwear).</p>

Steps	Key Points
<p>6. Cleanse hands/fingers and feet/toes:</p> <ul style="list-style-type: none"> <li>• Client can now have foot bath, tub bath or shower as needed.</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Use a dampened cloth to wipe fingers/toes, including the web spaces, to remove the nail filings. Gently pat dry.</li> </ul>	<p>Nail debris can cause irritation in the web-spaces.</p>
<p>7. Moisturize the hands and feet:</p> <ul style="list-style-type: none"> <li>• Apply the moisturizer:                             <ul style="list-style-type: none"> <li>○ Avoid as much as possible, the finger/ toe web spaces.</li> <li>○ Massage in gently.</li> <li>○ Wipe away any moisturizer from the webbing of the fingers and toes.</li> </ul> </li> <li>• Apply socks and/or footwear if footwear appropriate for the setting.</li> </ul>	<p>The moisturizers lubricate the nail and cuticles as well as helps retain moisture within the skin.</p> <p>Maceration may occur if moisturizer is left in the web spaces of the fingers and toes.</p> <p>Do not push back the cuticles as this could cause trauma.</p> <p><b>After the application of the moisturizer, slippers/shoes must be worn to prevent falls.</b></p>
<p>8. Clean up the workspace:</p> <ul style="list-style-type: none"> <li>• Doff PPE/gloves, perform hand hygiene and don clean gloves.</li> <li>• Clean the nail clippers to remove visible and/or non-visible soiling. Disinfect clippers as per HA/agency process and allow to air-dry.</li> <li>• Store clippers, emery board, and wooden manicure stick in a client-specific, re-sealable plastic bag. Ensure the bag is labelled with the client's name.</li> <li>• Clean and disinfect the work area as per HA/agency process.</li> <li>• Remove PPE/gloves.</li> <li>• Perform hand hygiene.</li> </ul>	<p>Follow HA/agency/site-specific policies for cleaning, disinfecting, and storing of reusable client-specific nail equipment. Note: the emery board and the wooden manicure stick cannot be cleaned or disinfected.</p> <p>Discard client-specific equipment if:</p> <ul style="list-style-type: none"> <li>• Thumb clipper if not sharp enough to cleanly clip a nail.</li> <li>• Thumb clipper is damaged, rusted or still visibly soiled after cleaning and disinfecting.</li> <li>• Emery board is damaged or visibly soiled.</li> <li>• Wooden manicure stick is damaged or visibly soiled.</li> </ul>

### **Documentation**

1. Document care provided on the [Basic Hand & Foot Nail Care Flow Sheet](#) or HA/agency approved documentation form.
2. Document any nail or foot concerns in the client's chart as per HA/agency guidelines.
3. If there is an injury related to fingernail or toenail care, report the event in the Patient Safety Learning System as per HA/agency policy.

### **Definitions**

**Client:** generic term used to describe a recipient of care regardless of care setting; patient in the hospital, client in community; resident/person-in care in long-term care.

**HA:** Health Authority.

**FCN:** Foot Care Nurse.

**LPN:** Licensed Practical Nurse.

**NSWOC:** Nurse Specialized in Wound Ostomy & Continence.

**MRP:** Most Responsible Provider (physician or nurse practitioner).

**PNSWC:** Provincial Nursing Skin & Wound Committee

**RN:** Registered Nurse.

**RPN:** Registered Psychiatric Nurse.

**WC:** Wound Clinician

**Bibliography/References:** See [Guideline](#)

### **Document Management**

This guideline is based upon the best evidence-based information available at the time it was published and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone provincial partner review.

<b>Created By</b>	British Columbia Provincial Nursing Skin & Wound Committee with collaboration with NSWOCs/WCs from across all health authorities.
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