

Madigan Army Medical Center Referral Guidelines

Ingrown Nail / Paronychia

Diagnosis/Definition

- Redness, warmth, tenderness and exudate coming from the areas adjacent to the nail plate.

Initial Diagnosis and Management

- History and physical examination.
- In chronic infection appropriate radiographic (foot or toe series to rule out distal phalanx osteomyelitis) and laboratory evaluation (CBC and ESR).

Ongoing Management and Objectives

- Primary care should consist of Epsom salt soaks and antibiotics for ten days as needed for infection
- If Epsom salt soaks and antibiotics are ineffective, the primary care provider has the following options:
 - Reevaluate and refer to podiatry.
 - Perform temporary avulsion/I&D.
 - Perform permanent avulsion followed by chemical cautery (89% Phenol or 10% NaOH application - 3 applications maintained for 30 second intervals, alcohol dilution after the 3 applications).
- Aftercare for all of the above is continued soaks, daily tip cleaning and bandage application.

Indications for Specialty Care Referral

- After the reevaluation at the end of the antibiotic period the primary care provider can refer the patient to Podiatry for avulsion/surgical care if they do not feel comfortable performing the procedure themselves. The patient should be given a prescription for antibiotics renewal and orders to continue soaks until avulsion can be performed.

Criteria for Return to Primary Care

- After completion of the surgical procedure, patients will be returned to the primary care provider for follow-up.

Last Review for this Guideline: **June 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator