

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient

POLICY # TX VI-4

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SUBJECT: Grinding of Toenails and Calluses

EFFECTIVE DATE: February 2002  
SUPERCEDES DATE: September 2001

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## **Purpose:**

To provide guidelines for nursing staff to treat mycotic toenails and calluses under the orders of a physician, physician extender or podiatrist.

## **Requirements:**

The nurse must have successfully completed a training course on use of electric grinder (Dremel), taught by a physician or podiatrist. The nurse must demonstrate competency in trimming and grinding toenails and calluses, which will be documented on a clinical skills checklist. (Attachment)

## **Restrictions:**

Nurses are not permitted to grind toenails or calluses of patients with diabetes and peripheral vascular disease.

## **Procedure:**

1. This is an aseptic procedure. The patient's foot shall be cleaned with soap and water prior to procedure. Also, an antiseptic spray or solution may be applied.
2. Eye and hearing protection should be worn by the nurse and patient.
3. Place an absorbent pad or other suitable material under foot to catch debris.
4. Select the grinding bit, either coarse for thick calluses and nails or fine for less dense lesions and put it on grinder and tighten securely.
5. Turn on grinder to a slow to moderate speed to begin procedure. Speed should be decreased if patient complains of burning (too much heat) or may be increased if cutting is going too slowly.
6. Begin grinding by applying the grinding bit to lesion in short bursts so as not to create excessive heat. Move bit back and forth rapidly over lesion, being careful not to contact normal skin.
7. After grinding the majority of the lesion away and beginning to approach normal underlying skin or nailbed, change to a fine bit if using a coarse bit initially.
8. Stop grinding when normal appearing tissue is reached or if the patient complains of pain or you encounter bleeding.
9. If you encounter bleeding, the lesion may require a dry dressing for one to three days after the procedure. Otherwise no dressings are required.

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10. To prevent a recurrence of the problem, instruct patient to start using a nail file or pumice stone on a daily basis starting about one week after procedure. Notify medical staff if any redness or pain develops.
11. Clean bits with Cetylclide-G (or other identified cleaning solutions) after each procedure.



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Paula Y. Smith, M.D., Director of Health Services

Date

SOR: Deputy Medical Director