Ingrown Nail/Paronychia	Referral Guide: Page 1 of 1	Podiatry
Referral	l age i oi i	
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, or soapy water, and antibiotics for ten days. 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 between each application).		
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.		
Test(s) to Prepare for Consult:	Test(s) Consult	ant May Need To Do:
Criteria for Return to Primary Care:		
After completion of the surgical procedure, patients will be returned to the primary care provider for follow-up.		

Ingrown Nail/Paronychia

Revision History: Created Revised

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.