

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Podortho Nurses-Onychomycosis Treatment Care Plan



Mark and **X** on the affected toenails

Nursing Diagnosis: (Circle relevant Nursing Diagnosis or add custom diagnosis in lines provided below)

1. Self-care deficit R/T: Inability to care for toenails at home due to
2. Self-care deficit R/T: compromised hygienic practices
3. Decreased Toenail Integrity R/T: trauma causing decreased tissue perfusion
4. Decreased toenail integrity R/T: reoccurring Onychomycosis
5. Risk for skin breakdown as evidence by paronychia R/T: Onychomycosis
6. Thickened yellowish discolored nails R/T: Onychomycosis
7. Risk for body image disturbances R/T: disfigured nails caused by; Onychomycosis
8. Acute pain at toenail \_\_\_\_\_ R/T: thick involuted ingrown nails cause by; Onychomycosis
9. Decreased tissue perfusion R/T: post chemotherapy treatments causing yellow, dystrophic nails suggesting onychomycosis
10. Impaired comfort R/T: thick overgrown toenails
11. Risk for impaired liver failure R/T: use of oral anti-fungicides
12. Impaired physical mobility R/T: Overgrown thickened involuted nails causing pain when wearing shoes, walking and ambulating
13. Impaired ability to follow onychomycosis protocol at clinic R/T: economic constraints

14. Impaired skin integrity R/T: Tinea Pedis

15. Risk for skin infection R/T: chronic reoccurrence of onychomycosis

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

**Nursing Assessment:**

Thickness of nail scale: (1-5) record under treatment category for each nail

Comorbidities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KOH and/or Culture Done: Yes No (circle) Date: \_\_\_\_\_ Result: + - inconclusive (circle)

Physician who ordered: \_\_\_\_\_ Physician Dx: \_\_\_\_\_

Rx'd Medications for tx. of Onychomycosis:

\_\_\_\_\_  
\_\_\_\_\_

Home Remedies tried and time frame:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Onychomychotic patterns:

- Distal Subungual Onycho
- White Superficial Onycho
- Proximal Subungual Onycho
- Total Subungual (severe) Onycho

Care Plan: Type of laser treatment that will be used:

1. Thermal 2. non-thermal 3. meth blue with genesis (circle)

2. Additional Adjunctive Therapy's:

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3. Home Care Kit given with first Tx. with instruction sheet

4. Additional Product recommendations

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5. Jublia or alternate topical Rx. Request sent to family physician

6. Images taken (Date): \_\_\_\_\_

**Tx. #1:** \_\_\_\_\_ **with nail debridement**

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

Progress notes:

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**Tx. #2:** \_\_\_\_\_

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

Progress notes:

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**Tx. #3:** \_\_\_\_\_

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

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**Tx. #4:** \_\_\_\_\_ (with nail debridement)

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

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**Re-Assess at the 24 weeks Date:** \_\_\_\_\_

- Clear no Further Treatment Required**
- Physical evidence of fungal activity Additional treatments required**

**#5:** \_\_\_\_\_

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

**#6:** \_\_\_\_\_

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

**#7:** \_\_\_\_\_

R-G.T. \_\_\_\_\_ R-2<sup>nd</sup> \_\_\_\_\_ R-3<sup>rd</sup> \_\_\_\_\_ R-4<sup>th</sup> \_\_\_\_\_ R-5<sup>th</sup> \_\_\_\_\_

L-G.T. \_\_\_\_\_ L-2<sup>nd</sup> \_\_\_\_\_ L-3<sup>rd</sup> \_\_\_\_\_ L-4<sup>th</sup> \_\_\_\_\_ L-5<sup>TH</sup> \_\_\_\_\_

**Evaluation:**

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Podortho Nurse \_\_\_\_\_

