Guidance on maintaining personal hygiene in nail care


Summary
Nail care is important in the maintenance of personal hygiene and is an essential aspect of patient care. Confusion about who should perform nail care for patients has resulted in poor practice and cycles of non-activity. This article provides guidance for nurses on performing routine nail care.

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The Nursing and Midwifery Council (NMC) (2007) suggests that nursing students should make provision for or undertake routine nail care.

Expansion of nursing roles
In the 1990s nursing roles were expanded to meet predicted healthcare requirements (DH 1997a). Prominent developments focused on technical aspects of care, such as cannulation, venepuncture and electrocardiogram interpretation, and specialisation in nursing roles (DH 1997a, 2000a).

Prioritising certain aspects of care, for example maintaining fluid balance, can devalue other areas of care, such as nail care (Love 1995, Foster 1997, Howell and Thirlaway 2004).

Florence Nightingale recognised the risk of devaluing personal hygiene and the effect on patients in terms of low morale (Nightingale 1980). The DH (2001a) Essence of Care document highlights the importance of prioritising personal care.

Confusion about who should perform nail care for patients may result from misconceptions relating to the overlapping of nursing and podiatry roles. The DH (2001b) identified that lack of role clarity and shared roles contributed to the deskilling of registered nurses with less than satisfactory outcomes for patients.

The expansion of podiatry services and the increase in referrals has resulted in nurses becoming deskilled in the area of toenail care (DH 2001b, DH 2006). The focus on specialist care delivery in podiatry may have contributed to role confusion and the subsequent reluctance of registered nurses to undertake toenail care.

This may also have contributed to the perception that nail care is not part of the nurse’s role, when it

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Care of the nails is important to prevent the occurrence of pain and infection. Nails harbour debris and are potential sources of infection (Mooben et al. 2000, Duenwald 2004, Lynn 2008). Visitors and all clinical staff are encouraged to wash their hands and use hand gels to maintain hygiene in the effort to reduce hospital infection rates (Rickard 2004). Thorough handwashing is essential to reduce infection, and patient’s fingernails and toenails should not be omitted from this process. Nurses’ nails also need to be kept short and neat to reduce the likelihood of infection.

Neglecting nail care The effect on patients of neglecting nail care is underappreciated, although acknowledged by nurses (Adams and Johnson 1998). Long, roughened nails, which have not been trimmed or filed, may increase the occurrence of traumatic nail avulsions – trauma to the nail that may result in the nail plate being torn from the nail bed.

Nail care is particularly important in older adults, those who are visually impaired, and patients with learning disabilities or mental healthcare needs. Service evaluations for these groups identified nail care as an area that required improvement (DH 1997b, 1998a).

Older patients may present with thickened or brittle nails that may be difficult to care for and may affect the individual’s ability to maintain independence (Adams and Johnson 1998, Bryant and Beinlich 1999, Knott 2003). Older adults may also not have the strength or manual dexterity to cut their nails. Poor toenail care may lead to poor mobility, which may affect the patient’s general health (Kelechi 1996, Knott 2003), with associated delays in hospital discharge, for example (NHS 2004).

Rush and Cook (2006) identified that patient perceptions of what makes a good nurse included attention to hygiene and detailed knowledge of patients’ conditions. Poor nail care can be viewed as neglect (Adams and Johnson 1998), and can leave the patient feeling unclean and uncared for. Failure to undertake remedial action such as filing or cutting a nail may be viewed as an omission of care (NMC 2008a).

**Barriers to nail care** In the literature, nail care is frequently linked to patients with complex conditions, such as diabetes, which suggests specialist care is necessary (DH 2003). However, this undermines the confidence of nurses to undertake what should be a routine aspect of patient care. While consideration of associated risk and complexity is important, it should not be undertaken within context, using common sense to determine that in most cases routine nail care can be delivered by registered nurses (Wolfe 1996).

It is easy to overlook nail care as it is not necessarily a daily activity and often feet are covered by slippers or shoes. Toenails may be seen as ugly and dirty, and their importance for mobility may go unrecognised (Love 1995, Adams and Johnson 1998).

In addition, nurses may be told that they require specific training to undertake nail care (Malkin 2008). Assessments of toenails may be overlooked, with patients automatically being referred to podiatry services in the event of any care requirements. This, coupled with a lack of specific equipment within ward areas for nail care, makes it common for patients to be referred elsewhere (NHSE 1994, DH 1999b, 2000b).

The inclusion of nail care as an activity to be undertaken by nursing students (NMC 2007) should reduce automatic referral to podiatry services; however, the lack of confident registered nurses to undertake nail care procedures and teach this skill to nursing students remains a problem.

Love (1995) identified that a lack of procedural knowledge, specifically related to nail trimming, was implicated in the reluctance of nurses to undertake nail care. This lack of knowledge and reluctance may result in cycles of non-activity, with poor practice and negative attitudes towards nail care being passed on to nursing students (NMC 2008b).

The DH and RCN (2003) identified the shortage of registered nurses and the focus on technical and specialist role development as contributing to the inability and/or reluctance of nurses to perform nail care. Nurse shortages may also have led to the perception that nurses are too busy to perform such tasks, resulting in patients not requesting help (Rush and Cook 2006).

Effective nail care is essential in reducing infection rates and maintaining patients’
independence and mobility (Popoola et al 2005). The DH and RCN (2003) identified that future health care must be designed from the patient’s perspective with the most appropriate health professional delivering the service required. Therefore, it is reasonable to expect that whoever cares for the patient undertakes all aspects of personal hygiene, including nail care (DH 1997b, 1999, 2001b).

Performing nail care

While research evidence for performing nail care is limited, there are various guidelines that demonstrate and incorporate best practice (Health and Safety Executive (HSE) 1998, 2005 2008, DH 2001d, 2009, Glasper et al 2009).

Assessment Evaluation of the nail condition is important. Healthy nails should be supple with a white crescent visible at the base; they should not be discoloured (Freshwater and Maslin-Prothero 2005) (Figure 1). Nurses can trim nails that are slightly thickened but not deformed. Discoloured, extremely thickened, brittle and deformed nails can indicate infection or disease. Nail assessment should include consideration of the following:

- Who usually cuts the patient’s nails?
- Does the patient have any pre-existing conditions that require extra care, for example peripheral neuropathy, diabetes, peripheral vascular disease, necrosis or infection?
- What is the condition and length of the nails?
- For toenails, is referral to podiatry necessary?

Nail clippers should be used if available and are the equipment of choice if a patient has particularly thick nails. Emery boards and nail clippers are available nationally from NHS suppliers. Recommended practice for nail trimming is highlighted in Box 1.

Cleaning equipment Nail clippers should be cleaned with soap and water after every use, and dried thoroughly before reuse or storage. If clippers are contaminated with body fluids such as blood, they should be cleaned according to the local blood spillage policy using an appropriately prepared hypochlorite solution (HSE 1998, 2005, 2008, DH 2009). All nail files and emery boards should be for single-patient use only.

Conclusion Routine nail care for all patients should be undertaken by nurses. The omission of this aspect of care can result in infection, immobility and increased length of hospital stay. Guidance from podiatry services can be sought if necessary. Nursing staff should work with other healthcare professionals to ensure optimum patient care NS

**Figure 1**

Healthy toenails

**Box 1**

**Procedure for nail trimming**

- Explain to the patient why nail care is necessary.
- Obtain verbal consent before cleaning or trimming the nails.
- To encourage participation and independence, plan nail care with the patient and involve relatives, if appropriate (Kozier et al 2008, Glasper et al 2009).
- Seek patient preference regarding the shape of fingernails, if appropriate.
- To minimise the risk of cross-infection, wash hands and use disposable gloves and an apron.
- Ensure that the patient is comfortable. Wash the patient’s hands and feet before trimming nails, but do not soak – this increases the likelihood of trauma for those with peripheral neuropathy or peripheral vascular disease (Bryant and Beinlich 1999).
- If trimming toenails, sit opposite the patient with his or her foot resting on your leg, if possible, to prevent back injury to the staff member and to promote patient comfort.
- When cutting nails try to avoid cutting the whole nail in one go as this requires significant pressure and may lead to the nail splitting.
- Use the tip of the nail clippers and take small cuts. Depending on the size of the nail, either cut straight across at the level of the toe or finger, or follow the curve of the toe or finger ensuring that you do not cut down into the nail grooves. This increases the risk of trauma and ingrowing toenails (Mayo Clinic 2009).
- To use scissors, place your finger over the nail you are cutting. Cut with the shoulder of the blade – the flat edge of the scissors – not the tip, as this method minimises the risk of accidentally cutting the patient.
- Use a disposable emery board and file the nail to ensure that there are no sharp corners left to cause adjacent toe or finger injury or nail avulsion.
- Ensure the patient is comfortable at the end of procedure (NMC 2008a).
- Document care given (NMC 2008a).
- Dispose of and clean equipment used.
References


Nursing and Midwifery Council (2008b) Standards to Support Learning and Assessment in Practice. NMC Standards for Mentors, Practice Teachers and Teachers. NMC, London.


