### CORNS, CALLUSES, WARTS

#### Level II
(No Level I)

**Skill Level:** RN  
**Definition:** A benign circumscribed area of hyperkeratosis (thickening) of the skin due to pressure, friction or virus. Does not apply to genital/anal warts.

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#### Subjective:
- Pain on bottom of foot described as dull and constant or sharp when pressure is applied or walking.  
- “Feels like I have a rock in my shoe.”  
- “I have a wart, corn or callus I want removed.”

#### Assessment:
- Impaired skin integrity - Corn, Callus, Wart.  
- Risk for impaired mobility.

### Objective:
- A thickening over a weight bearing area or a bony prominence of the foot which is not well demarcated (callus).  
- A flat or slightly elevated well defined lesion with a keratinous core (corn).  
- Elevated well defined, firm lesion somewhat scaling gray, brown or flesh color variable size. May be solitary or in clusters. (wart)  
- Mobility of extremity affected by complaint.

#### Plan:
**SELF CARE:**
- If less than one inch and does not impair mobility, no treatment is necessary.  
- Instruct patient to scrub calluses with a washcloth in the shower, then may apply Vaseline from canteen.  
- If complaint begins to impair mobility return to sick call.  
- Give patient education handout.

**NURSE CARE:**
- If the wart, corn or callus interferes with mobility may apply Salicylic Acid 17% once per day for up to 3 weeks.  
- If patient is diabetic or has other circulatory problems, refer to provider if the problem is on the foot.

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**Nursing education:**

1. Not all wart, calluses, or corns need treatment. Only those that impair mobility need to be treated. If mobility is not impaired, patients are to use self-care management strategies.
Corns, Calluses, Warts - Level II

APPROVED:

Medical Services Manager ___________________________ Date

Chief Medical Officer ___________________________ Date

Clinical Medical Director ___________________________ Date

Effective Date: ___________________________
Revised: October 2017
Supersedes: February 2015