Skin and Nail Stratification

Skin and nail conditions criteria for Podiatry referral and discharge

This chart is meant to be used by attending physicians as a guide to stratify patients with skin and nail conditions of the feet into the 3 risk categories. Attending Physicians should continue to apply clinical discretion in the use of this chart.

Stratification to be done by attending physician

Skin and nail conditions of the foot		Risk stratification	Types of care
Nails Nail elongation, thickened nails, mild fungal nails	**Skin** Simple callus & corns	**Low-Risk** Suitable for Self-Care & Over the Counter (OTC) products	Encourage, coach, counsel self care. For PCN GPs, consider referring to PCN Nurses for additional counselling and support. • Refer patient to MOH Pamphlet for Personal Footcare • Engage patient or caregiver to self-manage via filing, good footwear, OTC products. Those who are unable to self-manage are encouraged to seek help from caregivers or non-healthcare providers in the community.
Pathological nail (e.g. Moderate fungal nails, very thick nails, ingrown nail without wound)	Painful callus & corns Moderate to heavy callus which cannot be managed by self-care or over-the-counter products	**Moderate-Risk** Podiatric Care	Stable and/or able to self-manage? Yes → **To discharge** with patient education or caregiver training. For PCN GPs, consider referring to PCN Nurses for additional support No → **Refer to Podiatrist** for further assessment and management (see list below). After assessment, podiatrist may recommend escalation of the case further to specialists (e.g. orthopaedics) where needed. Attending physicians are recommended to continue follow-up with the patients.
Ingrown nail with wound Nail trauma or injury that cannot be conservatively managed	Breakdown of callus leading to ulceration	**High-Risk** Podiatric care/ Podiatric Nail Surgery	Nail: • Partial or total nail avulsion Skin: • Callus or corn removal • Wound care • Orthotics • Footwear advice