

**Ohio Department of Rehabilitation and Corrections**  
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**Nursing Assessment Guidelines<sup>1</sup>**  
**Skin Complaints – Tinea Pedis (Athlete’s Foot)**

Definition: Pruritic cracking and peeling eruption of the feet, especially between toes

Etiology: Several different fungi

<p><b>Subjective:</b> Patient History          Patient complaint:</p> <ul style="list-style-type: none"> <li>• “I have athlete’s foot” or “I have cracks between my toes”, “My feet itch”</li> <li>• Mild-moderate itching/pruritus</li> </ul> <p><u>Onset:</u></p> <ul style="list-style-type: none"> <li>• Generally gradual, involving 1-2 toes then spreading to other toes and/or soles and/or tops of feet</li> </ul>	<p><u>Past Medical History:</u></p> <ul style="list-style-type: none"> <li>• Previous fungal infections</li> <li>• Allergies</li> <li>• Chemical exposure</li> <li>• Exposure to parasites</li> <li>• Psoriasis</li> </ul>
<p><b>Objective:</b> Physical Assessment  <u>Vital Signs:</u>          Generally within normal limits</p>	<p><u>Skin</u></p> <ul style="list-style-type: none"> <li>• Cracking, peeling eruption of feet, especially in toe webs, but may be found on tops and soles of feet. Vesicles may be seen.</li> <li>• Toe webs may appear macerated</li> <li>• Rash may extend to hands and/or groin</li> <li>• No signs or symptoms of cellulitis</li> </ul>
<p><b>Nursing Assessment:</b></p> <ul style="list-style-type: none"> <li>• Impaired skin integrity R/T athlete’s foot (tinea pedis)</li> </ul> <p><b>Differential Diagnosis (see appropriate nursing guidelines):</b>          Impaired skin integrity R/T</p> <ul style="list-style-type: none"> <li>• Contact dermatitis</li> </ul>	<p><b>Differential Diagnoses (refer to advanced provider):</b></p> <ul style="list-style-type: none"> <li>• Secondary syphilis</li> <li>• Psoriasis</li> <li>• Candidiasis</li> <li>• Bacterial infection</li> <li>• Scabies</li> <li>• Tinea versicolor</li> </ul>
<p><b>Nursing Care Plan:</b>  <u>Refer to advanced provider if:</u></p> <ul style="list-style-type: none"> <li>✓ Signs of secondary infection</li> <li>✓ Signs of candidiasis</li> <li>✓ No response to treatment within 2 weeks</li> <li>✓ Fungal infections on other parts of the body</li> </ul> <p>If referral to an advanced provider is not indicated, the nurse should consider the following interventions, as indicated by the patient’s presenting symptoms and the physical assessment:</p> <ul style="list-style-type: none"> <li>• Wash feet twice daily; dry thoroughly, especially between toes</li> <li>• Apply clotrimazole, or other antifungal ointment, to all affected areas twice daily for 21 days</li> </ul> <p><u>Patient Education</u></p> <ul style="list-style-type: none"> <li>• Thoroughly dry areas between toes; keep dry</li> <li>• Use absorbent socks; change at least once daily</li> <li>• May use drying foot powder (available at commissary)</li> <li>• RTC if no improvement in 10-14 days</li> </ul>	
<p><sup>1</sup> Adapted from: Hoole, A., Picard, C.G., Ouimette, R., Lohr, J. &amp; Powell, W. (1999). Patient Care Guidelines for Nurse Practitioners.  <sup>2</sup> Adapted from: Fenstermacher, K.; Hudson, B. (2004). <i>Practic Guidelines for Family Nurse Practitioners.</i></p>	