

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-22

PAGE 1 of 2

SUBJECT: ONYCHOMYCOSES

EFFECTIVE DATE: April 2007

SUPERCEDES DATE: None

---

## PURPOSE

To assure that DOP inmates with onychomycoses are only treated when medically indicated and the medical benefit outweighs the treatment risk.

## POLICY

- 1) The **pathophysiology** of onychomycoses
  - a) Onychomycoses is primarily a disorder with a **cosmetic concern** to the patient and should only be treated when it is associated with **significant medical complications**.
  - b) The primary infection is of little medical significance and rarely requires definitive therapy
  - c) The most common medical complication of onychomycoses is pain/discomfort due to interaction between thickened and distorted toenails and the footwear.
  - d) Rarely, secondary bacterial infections may occur in the surrounding soft tissues, these infections are usually only a serious problem if there is immune or vascular compromise due to other coexistent diseases
- 2) **Nonpharmacologic treatment** of medical complications of onychomycoses
  - a) The **primary treatment** of most medical complications of this disorder is by **physically grinding** distorted and/or thickened toenails with a mechanical grinder
    - i) All housing units in the DOP have been supplied with a **Dremel tool** and **podiatry bits**.
    - ii) Most medical departments have registered nurses who have been trained to perform toenail grinding
    - iii) Most non diabetic patients can be handled by the nursing staff
    - iv) Diabetic patients may be treated by unit physicians/physician extenders or referred to podiatrist.
    - v) Generally, this procedure should only be done when there are objective findings to support the patient's subjective complaints of significant pain secondary to thickened nails
    - vi) Toenails should be ground to the greatest extent possible without damage to the surrounding soft tissues or nail
    - vii) bed
  - b) **Topical treatment** with **acetic acid** has been shown in controlled studies to have some benefit in controlling this condition
    - i) This treatment can be dispensed by the nursing staff per nursing protocol
    - ii) It can also be prescribed following mechanical grinding of the nails
- 3) **Pharmacologic therapy** of onychomycoses
  - a) **All pharmacologic therapy** of onychomycoses in the DOP **requires utilization review approval**

## HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-22

PAGE 2 of 2

SUBJECT: ONYCHOMYCOSES

EFFECTIVE DATE: April 2007

SUPERCEDES DATE: None

---

- b) The **only approved** pharmacologic treatment for onychomycoses are **terbinafine (Lamisil) and itraconazole(Sporanox)**. **Ketoconazole and griseofulvin are not recommended** for the treatment of this condition. These drugs are not very effective and have significant side effects and/or drug interactions.
- c) Generally all the following requirements will have to be met prior to receiving utilization review approval for pharmacologic treatment:
  - i) Diabetic neuropathy or advanced peripheral vascular disease
  - ii) Recurrent (two or more) or persistent perionychial infections involving toes with significantly distorted toenails.
  - iii) Immunocompromised patients with any evidence of past bacterial infections



4/1/07

---

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Deputy Medical Director