INSTRUCTION SHEET:
NAIL PUNCTURE WOUND OF THE FOOT

The Student Health Provider has treated you today for a nail puncture wound of the foot.

Puncture wounds cause swelling and pain at the wound site. Pain is increased by walking on the foot. Swelling and pain usually decrease each day after the injury occurs.

Although a puncture wound of the foot does not seem serious, be aware that a serious infection occasionally results from this type of injury.

A puncture wound is often deep, but closed; the wound can't be scrubbed clean, and drainage is limited. As a result, infection can occur. Also, a nail sometimes pushes a foreign body (piece of shoe or sock) into the wound; having a foreign body in a wound increases the chance of infection.

Infection most often takes at least 24 hours to develop.

Rarely, a nail directly injures a deep structure: A bone may be broken or a tendon cut.

MEASURES YOU SHOULD TAKE TO HELP TREAT YOUR PUNCTURE WOUND:

1. Stay off your foot (avoid non-essential walking) as possible for 24 hours after the injury. Elevate the foot.

2. Keep a clean dressing over the wound. A dressing absorbs drainage from the wound and helps keep more germs from entering the wound. Don't wear shoes without a clean dressing over the wound: Shoes harbor germs which can cause infection.

3. Over-the-counter pain medications can relieve discomfort associated with a puncture wound. Acetaminophen (Tylenol), ibuprofen, or naproxen can be taken, depending on individual preference.

4. IF THE WOUND SHOWS ANY SIGNS OF INFECTION, RETURN/CALL THE STUDENT HEALTH CENTER OR SEE ANOTHER MEDICAL PROVIDER PROMPTLY. Signs of infection include: increasing pain/ redness/swelling, pus draining from the wound, or red streaks spreading from the wound.

5. As the foot shows gradual improvement, return to normal walking and weight bearing as discomfort allows.

6. If mild symptoms (soreness, difficulty walking) continue more than a few days, return to the Student Health Center or make a prompt appointment with your personal/referral doctor.