

Parasitic Infestations - Level II

ECTOPARASITE INFESTATIONS Level II (No Level I)

Skill Level: RN

Definition: Parasites living on or burrowing into epidermis (i.e., scabies, lice). Found in/on material fibers, body hair, and skin. Diagnosis determined by appearance and infestation location.

SCABIES	
<p>Subjective:</p> <ul style="list-style-type: none">• I have scabies.• I have this terrible itch and rash• Itching worse at night.• My cellmate has scabies.• This itch is spreading over a period of weeks	<p>Assessment:</p> <ul style="list-style-type: none">• Impaired skin integrity: Possible Scabies.
<p>Objective:</p> <ul style="list-style-type: none">• Characterized by epidermal curved or linear ridges (gray or skin colored/can be difficult to define) and Erythematous papules.• Tenderness of rash suggests secondary infection, go to skin infection protocol.• Rash found predominantly on hands (finger webs) wrists, forearms, waistline, and groin (not limited to these areas).• No rash on face/scalp (scabies usually does not affect the face).• Easy diagnosis to miss, consider treatment with persistent generalized severe pruritus. Consult with practitioner.• Patient is not pregnant.	<p>Plan:</p> <ul style="list-style-type: none">• Check for allergies to medications.• If patient is pregnant, consult practitioner prior to dispensing medication.• Elimite 5% Cream 60gm (2 ounces)—label and• Instruct patient to apply 30 GM (1/2 tube) topically to body neck down after showering. Not on head... not in eyes. Leave on elimite cream on 8-12 hours then wash off.<ul style="list-style-type: none">• Have patient save ½ of the Elimite. Note-Patients' with increased BMI may require more than one 30cc of elimite per treatment.• Schedule evaluation by nurse in 2 weeks to look for burrows or mites. If new burrows or mites, repeat treatment with 30gm (saved) Elimite. If none, do not retreat. (Discard unused Elimite 30cc).

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	<ul style="list-style-type: none"> • Treatment for Scabies as detailed in Patient Education Sheet. • Examine/interview and treat those having close frequent/contact with patient treat PRN. • Complete ectoparasite infestation report
<p>Head Lice</p>	
<p>Subjective:</p> <ul style="list-style-type: none"> • "My head itches bad." • "I have head lice." • "My cellmate has head lice." 	<p>Assessment:</p> <ul style="list-style-type: none"> • Impaired skin integrity: possible Head Lice.
<p>Objective:</p> <ul style="list-style-type: none"> • Intense pruritic areas back and sides of scalp with possible excoriations. • May be to the extent of scalp excoriation with matted, foul smelling, lusterless hair. Assess for secondary infection (skin infection protocol) • Lice eggs/nits 1mm long, attached to hair close to scalp • Nit colors range from viable creamy-yellow nits to empty white nits (1mm long), nits cannot be shaken from scalp like dandruff. • Patient is not pregnant. 	<p>Plan:</p> <ul style="list-style-type: none"> • Check for allergies to medications. • If patient is pregnant, consult with practitioner prior to dispensing medication. • Provide patient with 2 ounces (60cc) of Permethrin Shampoo 1% and instruct patient to apply to wet hair(shampoo first), leave on for 10 minutes/no longer, rinse hair completely and pat dry. • Repeat treatment in 7-14 days, if more lice/nits found. Nits hatch 6-10 days. • Bag, mark and clean clothing and bedding per institution system. • Complete "Ectoparasite Infestation Report." • Examine/interview and treat those having close frequent/contact with patient treat PRN.

Pubic Lice

Subjective: <ul style="list-style-type: none">• "I have crabs."• "I have this terrible itch mostly at night and a rash."• "I found this little bug."	Assessment: <ul style="list-style-type: none">• Impaired skin integrity: Possible Pubic Lice.
Objective: <ul style="list-style-type: none">• Excoriated pubic area with visible nits attached to pubic hairs or observed crawling lice.• No sign of secondary bacterial skin infection.• May have small blue gray spots on thigh or upper body.• Patient is not pregnant.	Plan: <ul style="list-style-type: none">• Check for allergies to medications.• If patient is pregnant, consult practitioner before dispensing medication.• Apply Nix shampoo to body hair (armpits to knees). Leave on for 20 minutes, then rinse completely and pat dry.• Bag, mark and clean clothing and bedding per institution practice.• Repeat treatment in 7 days PRN if any lice/nits are found. Nits hatch 6-10 days.• Examine and treat those having close contact with patient PRN.• If signs of secondary bacterial skin infection, apply skin infection protocol.• Complete "Ectoparasite Infestation Report."• Consult with practitioner regarding further testing for STDs.

Nursing Education:

Notify Clothing Room and Unit Officer

1. Unit officers should supervise the environment cleaning per institution.
2. Good hand washing is sufficient to prevent infection.
3. Scabies is spread by prolonged skin-to-skin contact.
4. Usually cell mates are not infected. Interview cellmates for PRN treatment.

Instructions for patient for treatment of Scabies:

1. Return to unit, strip bedding, place in plastic bag, clean bed and cell area thoroughly.
2. Go to clothing exchange. Get TWO sets of clean clothes and bedding in plastic bag. Keep bag closed.
3. Get medicated cream from the nurse. Shower–put dirty clothes in plastic bag.
4. After shower, rub the medicated cream into your skin from the neck down. Avoid eyes.
5. Put on clean clothing.
6. Return to unit to make up bed.

8-12 hours after applying cream:

1. Strip your bed again; place bedding and clothing into plastic bag; wash off the cream in shower. Put on clean clothing and clean bedding.
2. Itching can last up to 3 weeks even after the infection is cured. In 7 days the nurse will call you out. Tell the nurse if you see new burrows. One-time treatment is 95% effective.
3. Advise the patient that an allergic reaction to proteins of the scabies mite, alive or dead, is possible.
4. Be alert for secondary bacterial skin infection.
5. Advise patient not to share combs, clothing, bedding or other personal items.

APPROVED:

Health Services Manager

Date

Chief Medical Officer

Date

Steve Shelton M.D.

2/24/2015

Medical Director

Date

Date Effective

3/2015

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Treatment FAQs

Is mayonnaise effective for treating head lice?

There is no clear scientific evidence that suffocation of head lice with mayonnaise, oil, margarine, butter or any similar substance will effectively treat head lice.

If the treatment for head lice doesn't seem to work, does this mean the lice are resistant and I need a different treatment?

The following are several common reasons why treatment for head lice may fail sometimes:

1. **Misdiagnosis.** The symptoms are not caused by an active head lice infestation.
2. **Applying the treatment to hair that has been washed with conditioning shampoo or rinsed with hair conditioner.** Conditioners can act as a barrier that keeps the head lice medicine from adhering to the hair shafts; this can reduce the effectiveness of the treatment.
3. **Not following carefully the instructions for the treatment that is used.** Some examples of this are not applying a second treatment if instructed to do so, or retreating too soon after the first treatment before all the nits are hatched and the newly hatched head lice can be killed, or retreating too late after new eggs have already been deposited.
4. **Resistance of the head lice to the treatment used.** The head lice may have become resistant to the treatment. If the treatment used does not kill the head lice, your health care provider and pharmacist can help you be sure the treatment was used correctly and may recommend a completely different product if they think the head lice are resistant to the first treatment.
5. **Reinfestation.** The person was treated successfully and the lice were eliminated, but then the person becomes infested again by lice spread from another infested person. Sometimes re-shampooing the hair too soon (less than 2 days) after correctly applying and removing permethrin can reduce or eliminate any residual (continued) killing effect on the lice.

Is there a treatment recommendation for certain age groups?

Before treating young children, please consult the child's doctor, or the health department for the recommended treatment based on the child's age and weight.

Are there any side effects from using these chemical treatments for head lice?

Treatments for head lice are generally safe and effective when used correctly. Some treatments may cause an itching or a mild burning sensation caused by inflammation of the skin on the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for the treatment of lice should be used with care and only as directed.

Is it necessary to remove all the nits?

Removal of all nits after successful treatment with a pediculicide is not necessary to prevent further spread. Removal of nits after treatment with a pediculicide may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment. Because pediculicides are not 100% ovicidal (i.e. do not kill all the egg stages), some experts recommend the manual removal of nits that are attached within 1 cm of the base of the hair shaft.

Where can I go to have the nits removed from hair?

CDC does not make recommendations about businesses that may offer such services. Your health care provider or local health department may be able to provide additional guidance. Removal of all nits after successful treatment with a pediculicide is not necessary to prevent further spread of head lice. Removal of nits after treatment with a pediculicide may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment. Because pediculicides are not 100% ovicidal (i.e. do not kill all the egg stages), some experts recommend the manual removal of nits that are attached less than 1 cm of the base of the hair shaft.

Why do some experts recommend bagging items for 2 weeks?

Head lice survive less than one or two days if they fall off the scalp and cannot feed. Head lice eggs (nits) cannot hatch and usually die within a week if they do not remain under ideal conditions of heat and humidity similar to those found close to the human scalp. Therefore, because a nit must incubate under conditions equivalent to those found near the human scalp, it is very unlikely to hatch away from the head. In addition, if the egg were to hatch, the newly emerged nymph would die within several hours if it did not feed on human blood.

However, although rarely necessary, some experts recommend that items that may be contaminated by an infested person and that cannot be laundered or dry-cleaned should be sealed in plastic bag and stored for 2 weeks to kill any lice that already are present or that might hatch from any nits that may be present on the items.

Should my pets be treated for head lice?

No. Head lice do not live on pets. Pets do not play a role in the spread of head lice.

Should household sprays be used to kill adult lice?

No. Using fumigant sprays or fogs is NOT recommended. Fumigant sprays and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Do I need to have my home fumigated?

No. Use of insecticide sprays or fogs is NOT recommended. Fumigant spray and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Routine house cleaning, including vacuuming of carpeting, rugs, furniture, car seats, and other fabric covered items, as well as laundering of linens and clothing worn or used by the infested person is sufficient. Only items that have been in contact with the head of the infested person in the 48 hours before treatment need be considered for cleaning.

Should I have a pest control company spray my house?

No. Use of insecticide sprays or fogs is NOT recommended. Fumigant spray and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Routine vacuuming floors and furniture is sufficient to remove lice or nits that may have fallen off the head of an infested person.

Will laundering kill head lice?

Washing, soaking, or drying items at a temperature greater than 130°F can kill both head lice and nits. Dry cleaning also kills head lice and nits. Only items that have been in contact with the head of the infested person in the 48 hours before treatment should be considered for cleaning.

Although freezing temperatures can kill head lice and nits, several days may be necessary depending on temperature and humidity; freezing is rarely (if ever) needed as a means for treating head lice.

ECTOPARASITE Infestation Report

Date: _____

Name of Infected Person: _____

SID #: _____ Cell #: _____

Infestation Suspected. Itching of unknown cause not responding to other treatment.
Yes _____

Infestation Verified: Yes _____ No _____

Contradictions listed within Nursing Protocol Reviewed? Yes _____ No _____

If yes, explain: _____

Cellmate's name: _____ (Label) _____

SID #: _____ Cell #: _____

Treatment offered to cellmate? Yes _____ No _____ Accepted _____

If not, explain: _____

Security/housing staff notified of necessary housekeeping chores to be completed? Yes ___
_____ No _____

This is to serve as notification that an Ectoparasite infestation has been identified. The appropriate treatment and instructions for self-care have been provided to the individual/s.

Person completing report: _____

cc: Medical Services Manager
Infection Control Nurse

Name: _____
SID #: _____
DOB: _____