

## PARASITIC INFESTATIONS

Level II  
(No Level I)

Skill Level: RN

Definition: Infestation of human host by a parasite. May be found in/on material fibers, body hair and skin. Diagnosis is determined by appearance and location.

<b>MODERATE (Scabies)</b>	
<p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>• I have scabies.</li> <li>• I have this terrible itch and rash. It is worse at night.</li> <li>• My cellmate has scabies.</li> <li>• My skin is crawling.</li> </ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Alteration in skin integrity: <b>Possible Scabies.</b></li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Burrows or excoriated, erythematous nodules with network of tracks sometimes visible.</li> <li>• Found predominantly on hands, arms, and waistline area, not limited to these areas.</li> <li>• No rash on face (scabies usually does not affect the face).</li> <li>• Patient is not pregnant.</li> </ul>	<p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• At nursing discretion may use any of the below:</li> <li>• Check for allergies to medications.</li> <li>• If patient is pregnant, consult practitioner prior to dispensing medication.</li> <li>• Provide patient with 60 grams of Elimite cream and instruct patient to apply cream from the neck down and thoroughly rub in. Leave on 8-12 hours and wash off.</li> <li>• Bedding and clothing to be bagged at time of shower, marked and cleaned per institution system.</li> <li>• Examine and treat those having close contact with patient prn.</li> <li>• Education concerning the possibility of the rash and itching persisting, even after the scabies mites are gone.</li> <li>• <b>Complete "Ectoparasite Infestation Report"</b>.</li> <li>• Recheck patient if not better in two weeks and check for burrows, indicating ongoing infestation. Repeat treatment may be indicated.</li> </ul>

## Parasitic Infestations - Level II

<b>MODERATE (Head Lice)</b>	
<b>Subjective:</b> <ul style="list-style-type: none"><li>• "My head itches bad."</li><li>• "I have head lice."</li><li>• "My cellmate has head lice."</li></ul>	<b>Assessment:</b> <ul style="list-style-type: none"><li>• Alteration in skin integrity: <b>Head Lice.</b></li></ul>
<b>Objective:</b> <ul style="list-style-type: none"><li>• May be to the extent of scalp excoriation with matted, foul smelling, lusterless hair.</li><li>• Presence of gray/white nits on hair shafts that can't be shaken loose like dandruff.</li><li>• Patient is not pregnant.</li></ul>	<b>Plan:</b> <ul style="list-style-type: none"><li>• At nursing discretion may use any of the below:</li><li>• Check for allergies to medications.</li><li>• Provide patient with 2 ounces of Nix and instruct patient to apply to wet hair and leave on for 10 minutes, then rinse completely and pat dry.</li><li>• If patient is pregnant, consult with practitioner prior to dispensing medication.</li><li>• Bag, mark and clean clothing and bedding per institution system.</li><li>• Examine and treat those having close contact with patient prn.</li><li>• <b>Complete "Ectoparasite Infestation Report."</b></li><li>• Advise patient not to share combs, clothing, bedding or other personal items.</li></ul>

<b>MODERATE (Pubic Lice)</b>	
<p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>• "I have crabs."</li> <li>• "I have this terrible itch mostly at night and a rash."</li> <li>• "I found this little bug."</li> </ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Alteration in skin integrity: <b>Pubic Lice.</b></li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Excoriated pubic area with nits attached to pubic hairs.</li> <li>• May have small blue gray spots on thigh or upper body.</li> <li>• Patient is not pregnant.</li> </ul>	<p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• At nursing discretion may use any of the below:</li> <li>• Check for allergies to medications.</li> <li>• If patient is pregnant, consult practitioner before dispensing medication.</li> <li>• Apply Nix shampoo to body hair (armpits to knees). Leave on for 20 minutes, then rinse completely and pat dry.</li> <li>• Bag, mark and clean clothing and bedding per institution system.</li> <li>• Repeat in 7 days prn if any lice are found.</li> <li>• Examine and treat those having close contact with patient prn.</li> <li>• <b>Complete "Ectoparasite Infestation Report."</b></li> </ul>

**Nursing Education:**

1. Advise the inmate that an allergic reaction to proteins of the scabies mite, alive or dead, is possible. The rash may persist for two weeks even after effective treatment (with no scabies present).
2. Be alert for secondary bacterial skin infection.
3. Instruct patient to attempt to remove nits as much as possible in lice infestations, especially those close to the base of the hair shaft.

**APPROVED:**

\_\_\_\_\_  
Health Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

Steve Shepton MD  
\_\_\_\_\_  
Medical Director

8/27/09  
\_\_\_\_\_  
Date

Date Effective 8/09

Revised August 2009

## 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.