

PARASITIC INFESTATION
(example –LICE (Pediculosis Capitus, Corporis, Pubis))

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Onset: _____ New Onset Recurrence

Associated Symptoms:

Itching Burning Pain scale (0-10) _____

Current treatment/medications:

Over the counter Yes No Describe: _____

Prescription Yes No Describe: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Location of any lice seen: Head Pubic area Body

Location of any nits/eggs seen: Head Pubic area Body

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

- Worsening of condition or fails to respond after treatment
- Severe pruritus, pyoderma, dermatitis
- Signs / symptoms of secondary infection

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Instruct inmate to bath with soap and water
- Obtain inmate's weight and contact health care provider for medication order - Ivermectin. (This will require an order from the health care provider)
- OR**
- RID (piperonyl butoxide) applied to affected areas of the skin and to hairy area according to product directions, follow-up in 10 – 14 days
- If eyelashes involved, apply petrolatum thickly twice daily for 8 days followed by mechanical removal of any remaining nits.
- Notify housing officer to clean cell, cloths, linens etc. according to facility procedure
- Place inmate's clothes and shoes in laundry bags and send to laundry department for decontamination
- Assign nursing protocol to Infectious Disease nurse if positive for lice
- Education/Intervention: Instructed on hygiene, do not share linens, signs and symptoms of secondary infection, keep hands off infected areas and avoid scratching, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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