NURSING PRACTICE PROTOCOLS

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)