

## LICE – Head Lice

### LICE-C COMPLICATIONS

**OUTCOME:** The patient/family will understand complications relating to head lice.

**STANDARDS:**

1. Discuss common complications of head lice:
  - a. It may transmit infectious agents from person-to-person
  - b. The louse's saliva and feces may sensitize people to their bites, thus exacerbating the irritation and increasing the chance of secondary infection from excessive scratching
  - c. The treatment may cause toxic reactions, especially if repeated frequently

### LICE-CM CASE MANAGEMENT

**OUTCOME:** The patient/family/caregiver will understand the importance of integrated case management of head lice.

**STANDARDS:**

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, school personnel, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

### LICE-DP DISEASE PROCESS

**OUTCOME:** The patient/family will understand head lice.

**STANDARDS:**

1. Discuss the common signs and symptoms of common complications of head lice:
  - a. Nits (white eggs) that are attached to hair and cannot be shaken off hair. These may also be found on the back of the neck.
  - b. Red rash on the scalp and/or neck.
  - c. Itching and inflammation that may result in loss of sleep.
2. Discuss the transmission of head lice:

- a. May be acquired by direct head-to-head contact with an infested person's hair.
  - b. May be transferred with shared combs/hair brushes, hats and other hair accessories.
  - c. May be transmitted through bedding or upholstered furniture.
3. Explain that head lice are dependent on blood and cannot survive for more than a day or so at room temperature without ready access to a person's blood.

#### **LICE-FU FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up in the treatment of head lice.

**STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

#### **LICE-HM HOME MANAGEMENT**

**OUTCOME:** The patient/family will understand the home management of head lice.

**STANDARDS:**

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources or support groups, as appropriate.

#### **LICE-HY HYGIENE**

**OUTCOME:** The patient/family will understand personal routine hygiene as it relates to prevention and treatment of head lice.

**STANDARDS:**

1. Review the importance of bathing, paying special attention to head and facial hair (beards, mustaches) and pubic hair. Discuss hygiene as part of a positive self image.

2. Explain the importance of laundering clothing and linens in infected households:
  - a. Wash all bed linens and clothing in very hot water (130° Fahrenheit, or 54.4° Celsius) then put them in the hot cycle of the dryer for at least 20 minutes.
  - b. Dry-clean bed linens, clothing, stuffed animals, and plush toys that can't be washed, or put them in airtight bags for two weeks.
3. Instruct to vacuum carpets and any upholstered furniture (in the home or car).
4. Instruct to soak hair-care items like combs, barrettes, hair ties or bands, headbands, and brushes in rubbing alcohol or medicated shampoo for one hour. You can also wash them in hot water or just throw them away.

## **LICE-L LITERATURE**

**OUTCOME:** The patient/family will receive literature about prevention and treatment of head lice.

### **STANDARDS:**

1. Provide patient/family with literature on head lice.
2. Discuss the content of the literature.

## **LICE-M MEDICATIONS**

**OUTCOME:** The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

### **STANDARDS:**

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

## **LICE-P      PREVENTION**

**OUTCOME:** The patient/family will understand ways to reduce risk of acquiring head lice.

### **STANDARDS:**

1. Explain methods to prevent the spread of head lice:
  - a. Encourage patient/family to avoid sharing of combs, brushes, hats, clothing, or towels.
  - b. Disinfect all combs, brushes before using them on hair.

## **LICE-TX      TREATMENT**

**OUTCOME:** The patient/family will understand the treatment plan for head lice.

### **STANDARDS:**

1. Explain the treatment plan. Emphasize the importance of active participation in the treatment plan. Emphasize the importance of accurate diagnosis of active or viable eggs before treatment.
2. Discuss therapies that may be utilized including:
  - a. a medicated shampoo, cream, lotion, or home remedy to kill the lice
  - b. use of a fine-tooth comb on hair after regular shampooing every 3 to 4 days for 2 weeks
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.