

Scabies Standing Order

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| Issue date: | | Review date: | |
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| Standing Order Name | Scabies |
| Rationale | To treat scabies in an appropriate and time efficient manner. |
| Scope (condition and patient group) | Adults and children who have been diagnosed as having scabies or the contacts of patients who have been diagnosed as having scabies |
| Red Flags | N/A |
| Assessment | <ol style="list-style-type: none"> 1. Scabies can affect anyone in the community. Have a high index of suspicion in people who develop a widespread itchy rash, especially if they have had close contact with another itchy person. 2. Examine skin with low level magnifier e.g. x4. Visible burrows or tracks may be seen with experience, especially in the wrist, hands or fingers, outer elbow, abdomen, and instep. 3. Itchiness after infection is often delayed for primary infection, but appears faster after reinfection (as it is an allergic reaction). |
| Indication | Treatment of patients with scabies and any contacts |
| Medicine | Permethrin 5% (Lyderm cream or A-Scabies lotion) |
| Dosage instructions | <p>Adult: apply preparation over whole body and wash off after 8–12 hours; if hands washed with soap within 8 hours of application, they should be treated again with cream; repeat application after 7 days</p> <p>Child: Apply as above, but ensure include face, neck, scalp and ears.</p> |
| Route of administration | topical |
| Quantity to be given | 1 x original pack |
| Contraindications | Hypersensitivity to active ingredients or excipients. |
| Precautions | <ul style="list-style-type: none"> • Avoid contact with eyes • Do not use on broken or secondarily infected skin |
| Additional information | <p>Treat those with close skin contact, whether or not itchy, at the same time.</p> <p>Provide verbal and written instructions to the patient and/or carer to help compliance and reduce fear.</p> <p>Inform patient about required treatment measures.</p> <ul style="list-style-type: none"> • Launder sheets, towels, flannels and clothes that have been worn in last 4 days or set aside for at least 4 days. • Mite is not small enough to go through weave of sheets, so under blanket and mattress do not require laundering. • For items that cannot be laundered (e.g., footwear and blankets): <ul style="list-style-type: none"> ○ Set aside for 4 days. ○ Place in a bag, use fly spray, and close the bag for 2 hours. ○ Freeze items overnight. • Using the hot cycle in a clothes drier will also inactivate mites <p>Because treatment usually applied before bedtime, remind of importance of reapplying cream to hands post any night toilet hand washing.</p> <p>As it can be difficult to determine if treatment has failed as dermatitis associated with scabies lasts over 6 weeks. Wait at least 2 to 3 weeks after initial treatment, then check for new lesions. There is often by a significant delay in relief after the mites have been eradicated. This does not mean that the treatment has failed.</p> |

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| | <p>Consider confirming diagnosis by referring to testing service.</p> <p>Reasons for treatment failure:</p> <ul style="list-style-type: none"> • Lack of thorough treatment application. • Failure to reapply treatment after toileting in the night, bathing an area, or hand washing. • Lack of synchronising treatment with known close contacts leading to re-infestation • Debilitated patient - often more difficult to eradicate mite. • Over treatment - resulting in contact dermatitis to agent. • Ongoing hypersensitivity to (dead) mite or its eggs - need to wait for skin to shed, approximately 6 weeks. • Resistance to treatment. |
| Follow-up | Follow-up is only required for treatment failure, which can take up to 6 weeks to determine. |
| Countersigning and auditing | Countersigning is not required. Audited monthly. OR Countersigning is required within XX days |
| Competency/training requirements | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| Supporting documentation | Healthpathways at www.healthpathways.org.nz Best Practice Journal at www.bpac.org.nz New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| Definition of terms used in standing order | None |

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| Medical Centre or Clinic: | |
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| Signed by issuers |
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Name: _____

Signature: _____

Title: _____

Date: _____

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| Nurses operating under this standing order |
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Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____