# Princess Margaret Hospital for Children Emergency Department Guideline

PAEDIATRIC ACUTE CARE GUIDELINE			
Head Lice			
Scope (Staff):	All Emergency Department Clinicians		
Scope (Area):	Emergency Department		

This document should be read in conjunction with this DISCLAIMER <a href="http://kidshealthwa.com/about/disclaimer/">http://kidshealthwa.com/about/disclaimer/</a>

## **Head Lice**

Pediculosis humanus Capitis is an obligate human parasite.

#### General

- Spread is mainly through head to head contact lice can move from one head to another in seconds
- Spread via fomites is probably low
- Pruitus occurs in response to mite saliva, but may take several weeks to develop
- Recurrent infection may result in skin desensitisation and little itch
- Pruritus results in scratching, with secondary folliculitis and impetigo
- Eggs (nits) are visible firmly attached to hair shaft, usually within 1cm of scalp and require manual removal

## **Assessment**

Life Cycle of Head Lice:



## **Management**

• **Insecticides:** none can guarantee to kill all eggs – those not killed or removed manually will hatch 7-10 days after being laid.

- An important part of management therefore involves manual removal of eggs with a 'nit comb' after treatment with an insecticide.
  - Metal 'nit combs' are probably superior, however, children with coarse hair may require a plastic comb with slightly wider spaces between the teeth.
  - The addition of hair conditioner prior to combing may ease the process.
- Risk of transmission via fomites is probably low but washing bed linen in hot wash and sun drying is recommended.
- Close contacts should be checked for evidence of infestation, and treated at the same time.
- Resistance to pyrethrins has been reported internationally, therefore it is appropriate to use a different type of insecticide if the infestation is not adequately treated or recurs.

#### **Medications**

#### **Insecticides:**

- Permethrin 1% rinse/shampoo (e.g. Pyrifoam)
  - Used in infants over 6 months
  - Apply to towel dried hair, leave for 10 minutes, and then nit comb out hair
  - Repeat seven days later
- Dimethicone 4% lotion: 'Hedrin': method of physical control
  - Available over the counter
  - Applied to entire length of dry hair, left 8 hours or overnight. Combed out with nit comb.
  - Repeat in 7 days

#### The 10 Day Conditioner Method:

- The saturation of dry hair with hair conditioner (any type) will immobilise fast moving lice, allowing manual removal with a nit comb
- The procedure must be repeated daily for 10 days to ensure removal of new lice as they hatch
- Examine combings on white paper
  - The presence of dark adult lice (hatchlings are paler) after day 1 means that the process must be restarted as this represents a new infestation and new eggs are likely to have been laid
- Concentrate on removal of eggs closest to scalp as those >1cm from scalp are likely to already be hatched or dead
- Check for reinfestation after 4 weeks
- A magnifying glass and using white coloured conditioner make lice easier to see

Other: e.g. tea tree oil, sassafras oil - there is no evidence that other products are effective.

## **Internal hospital links**

**Head Lice Prescription for Patient Contact** 

### **Tags**

eggs, folliculitis, head, head lice, impetigo, itch, itchy, lice, louse, mites, nits, parasite, permethrin, pruritus

This document can be made available in alternative formats on request for a person with a disability.

File Path:				
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department			
Reviewer / Team:	Kids Health WA Guidelines Team			
Date First Issued:	30 October, 2014	Version:		
Last Reviewed:	8 June, 2017	Review Date:	8 June, 2020	
Approved by:	Dr Meredith Borland	Date:	8 June, 2017	
Endorsed by:	Medical Advisory Committee	Date:	8 June, 2017	
Standards Applicable: NSQHS Standards:    Output  Description:				

Printed or personally saved electronic copies of this document are considered uncontrolled