

Pediculosis Pubis (Pubic Lice), or Verified Contact to Pediculosis Pubis Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*:

Clients may present with the following history:

- may report itching in the pubic area
- may report live lice in the pubic area or nits on pubic hairs

*Patient reported subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess and document at least one subjective finding from 1-3 below before implementing treatment on an asymptomatic contact

Verified Criteria

Recent (within 30 days) exposure to Pubic Lice:

1. client presents with evidence that partner was treated for pubic lice, or
2. client provides name of sexual partner and public health nurse verifies diagnosis of named sexual partner by calling the medical provider of named partner (index case), or
3. a MD, medical provider, or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings:

The STD ERRN or RN must visually assess and document the following objective finding before implementing treatment

- Lice in the pubic area and/or nits on pubic hairs

Plan of Care

Implementation:

A registered nurse employed or contracted by local health department may recommend OTC treatment for pubic lice infestations (Pthiriasis) by standing order if the objective finding(s) above or verified contact to pubic lice has been recorded in the medical record.

Permethrin 1% cream rinse over the counter (OTC) applied to affected areas and washed off after 10 minutes is the recommended regimen. The local medical director should choose which OTC product (s)he would like the RN to recommend.

If alternative treatment is indicated, consult physician or medical provider for a patient-specific order.

Nursing Actions:

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that (s)he received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior

- B. Advise the client to:
1. all sex partners from within the previous month should be informed that they are at risk for infestation and should be treated
 2. persons should avoid sexual contact with their sex partner(s) until both they and their partners have been successfully treated and reevaluated to rule out persistent infestation
 3. explain that condoms will not prevent transmission from areas that cannot be covered by a condom
 4. learn the relationship between STDs and the acquisition of HIV
 5. request repeat HIV testing in the future (persons with multiple partners should be tested every three (3) months)

B. Inform the client about the medication prescribed:

- Permethrin 1% cream rinse, or other drug *chosen by medical director here*

C. Counsel the client regarding the prescribed medication:

1. Permethrin 1% is safe during pregnancy or breast feeding.
2. inquire and document the type of reactions the client has experienced in the past when taking the ordered medication
3. wash the infested area; towel dry
4. carefully follow the instructions in the package or on the label. Thoroughly saturate the pubic hair and other infested areas with lice medication. Leave medication on hair for the time recommended in the instructions. Usually approximately 10 minutes. After waiting the recommended time, remove the medication by following carefully the instructions on the label or in the box
5. following treatment, most nits will still be attached to hair shafts. Nits may be removed with fingernails or by using a fine-toothed comb
6. put on clean underwear and clothing after treatment
7. to kill any lice or nits remaining on clothing, towels, or bedding, machine-wash and machine-dry those items that the infested person used during the 2–3 days before treatment. Use hot water (at least 130°F) and the hot dryer cycle
8. items that cannot be laundered can be dry-cleaned or stored in a sealed plastic bag for 2 weeks
9. fumigation of living areas is not necessary
10. persons with pubic lice should be evaluated for other (STDs)
11. return to clinic in 1 week after treatment if symptoms persist. Repeat treatment in 9–10 days maybe recommended if live lice are still found
12. reinforce counseling by providing client with a Permethrin medication teaching sheet
13. do not apply recommended regimen to eye lashes, Pediculosis of the eye lashes should be treated by applying occlusive Ophthalmic ointment or petroleum jelly to the eyelid margins twice daily for 10 (ten) days.

C. Additional Instructions

1. return to clinic if symptoms persist, worsen, or re-appear two (2) weeks after treatment
2. remove all nits found on pubic hair after treatment

D. Criteria for Notifying the Medical Provider

- contact health department medical director or medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)