

TINEA CAPITIS
(Ringworm of the Scalp)

I. DEFINITION:

Superficial fungal infection involving the scalp.

II. CLINICAL FEATURES:

- A. Reddened scaling lesions or lymphadenopathy and broken hairs.
- B. Alopecia (localized loss of hair).
- C. May be mildly or severely pruritic.

III. MANAGEMENT PLAN:

A. Specific Treatment:

- 1. **Refer to physician or APRN with prescriptive authority for oral antifungal agent.** Topical therapy alone is ineffective.
- 2. Advise client that oral medication will be best absorbed with a fatty meal. i.e. whole milk or ice cream.

B. General:

- 1. Ribbons, combs, hairbrushes, caps and pillowcases should not be shared.
- 2. Once treatment started, child should be able to return to day care/school if there are no weeping lesions.
- 3. Washing hair daily will help remove loose hair.
- 4. Hair cuts, shaving the head or wearing a cap is not necessary when child is being treated.
- 5. All infected household members should be treated.

C. Referral to APRN/physician for additional evaluation if:

- 1. A secondary bacterial infection develops.
- 2. There is a severe or widespread infection (areas of oozing, bleeding, or crusts).
- 3. There is failure to respond to treatment.

NOTE: Duration of oral antifungal therapy usually involves 6 - 8 weeks.

- D. Follow-up:
1. As directed by physician/APRN.
 2. Determine tracking priority utilizing professional judgment.

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