Tinea Capitis
(Ringworm of the Scalp)

I. Definition:
A superficial fungal infection involving the scalp and hair shaft which causes an inflammatory response and hair shaft fragility.

II. Clinical Features:
A. Reddened scaling lesions or lymphadenopathy and broken hairs (itchy, red, circular rash).
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. OTC topical therapy (creams, lotions, or powders) alone is ineffective. Oral prescription antifungal medication is taken for 1 to 3 months.
   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. Haircuts, 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.

REFERENCES:

Taketomo, Carol, PharmD; Hoddingh, Jane, PharmD; Krause, Donna M., PharmDFAPHA; Pediatric Dosage Handbook; 17th ed. 2010.
Rakel: Textbook of Family Medicine, 8th edition Chapter 33, p 710-711. Mdconsult.com