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. 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:

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