

## Referral Support Service

## Dermatology

### D17 Scabies

#### Definition



- Scabies is an itchy rash caused by the mite *Sarcoptes Scabiei* which is nearly always spread by skin to skin contact.
- There are intensely itchy red papules and burrows may be seen on fingers, wrists, ankles and feet. It affects the entire skin, but the face and scalp are usually only involved in infants and bed-bound elderly patients.

#### Exclude Red Flag Symptoms



- Consider crusted (Norwegian) scabies in patients with dementia, neurological disease or immunosuppression

#### Topical insecticides

- As per [local antimicrobial guidance](#)
- First line: **permethrin 5% dermal cream**. Repeat application after 7 days. Current guidance is to treat the whole body, including the scalp and face in all patients, a larger quantity of treatment will be needed to ensure this is possible (average sized adult will require a total of 3 x 30g tubes to cover 2 applications). Ensure patients know all areas should be treated including folds and under nails.
- Alternative: **malathion 0.5% aqueous liquid**. Repeat application after 7 days
- Treat all household members and any other significant contacts e.g. childcare, boyfriend/girlfriend etc.
- Clothes, towels and bedding of all potentially infested close contacts (even if asymptomatic) should be washed after first application. Bedding, clothing, and towels should be decontaminated by washing at a high temperature (at least 60°C) and drying in a hot dryer, or dry-cleaning, or by sealing in a plastic bag for at least 72 hours. Failure of treatment is usually due to non-adherence to instructions for using insecticide or failure to treat a contact. Do not share bedding, clothing or towels with someone with scabies.
- Failure of treatment is usually due to non-adherence to instructions for using insecticide or failure to treat a contact
- Remember contacts may be infected, but remain asymptomatic for weeks.

- The itch of scabies may persist for at least a month after eradication of the mite. Treatment with **crotamiton 10% cream or lotion** may help to relieve the itch and is also a mild insecticide.
- Stop babies and children sucking treatment from their hands by putting socks or mittens on them.
- Do not have sex or close physical contact until you have completed the full course of treatment.

#### **Refer to Dermatology if:**

- Diagnostic uncertainty

#### **Discuss with Dermatology if:**

- Crusted scabies
- An outbreak in nursing or care home

### **Referral Information**

#### **Information to include in referral letter**

- How long the rash has been present
- Treatments that have been tried
- Relevant past medical/surgical history
- Photograph required if diagnostic uncertainty – please refer to the CCG commissioning statement [here](#)
- Current regular medication
- BMI/Smoking status

#### **Investigations prior to referral**

- None needed.

#### **Patient information leaflets/ PDAs** *(these may not represent local commissioning guidance)*

- <http://www.patient.co.uk/health/scabies>
- Current guidance is to treat the whole body, including the scalp and face in all patients, a larger quantity of treatment will be needed to ensure this is possible. Ensure the patient understands this as some medication leaflets won't include this instruction.
- BAD – [Information on Scabies for patients](#)

### **References**

[Clear information about scabies and how to treat on the Primary Care Dermatology website.](#)  
[NICE CKS Management of scabies \(Nov 2017\)](#)  
<https://www.nhs.uk/conditions/scabies/>