

“kitten” or “puppy” fungus. (From Habib TP: *Clinical dermatology: a color guide to diagnosis and therapy*, ed 4, St Louis, 2004, Mosby.)

Nursing Care Management

When teaching families how to care for ringworm, the nurse should emphasize good health and hygiene. Because of the infectious nature of the disease, affected children should not exchange grooming items, headgear, scarves, or other articles of apparel that have been in proximity to the infected area with other children. Affected children are provided with their own towels and directed to wear a protective cap at night to avoid transmitting the fungus to bedding, especially if they sleep with another person. Because the infection can be acquired by animal-to-human transmission, all household pets should be examined for the disorder. Other sources of infection are seats with headrests (theater seats), seats in public transportation vehicles, helmets, and gymnasium mats.

Both 2% ketoconazole and 1% selenium sulfide shampoos may reduce colony counts of dermatophytes. These shampoos can be used in combination with oral therapy to reduce the transmission of disease to others. The shampoo should be applied to the scalp for 5 to 10 minutes at least three times per week. The child may return to school after the therapy is initiated.

Alternately, if the child is treated with the drug griseofulvin, the therapy frequently continues for weeks or months, and because subjective symptoms subside, children or parents may be tempted to decrease or discontinue the drug. The nurse should emphasize to family members the importance of maintaining the prescribed dosage schedule and of taking the medication with high-fat foods for best absorption. They are also instructed regarding possible drug side effects, such as headache, gastrointestinal upset, fatigue, insomnia, and photosensitivity. For children who take the drug over many months, periodic testing is required to monitor leukopenia and assess liver and renal function. Newer antifungal medications (such as, terbinafine, itraconazole, and fluconazole) may be used when there are adverse reactions to griseofulvin. Currently, these drugs are being studied to determine their efficacy and safety in treating tinea capitis in children but are not approved by the US Food and Drug Administration for this indication at this