**PURPOSE:**

To establish a standardized procedure on how to examine and diagnose patients with head lice.

**DEFINITIONS:**

1. *Nits- Lice eggs that are “yellowish-white, tear drop shaped, and firmly attached to the hair shaft close to the scalp. Nits are not easily brushed or blown away. They must be picked or removed with a fine tooth comb”(NIH).*
2. *Lice- Lice are “2-3mm grey/brown wingless insects with 6 legs that crawl quickly away from light. Lice do not fly, hop, or jump” (Frankowski, 2010).*

**PROCEDURE:**

1. Head lice examination will be a required assessment item on the Preprocedural/Universal Protocol Check and the Nursing Admission Assessment.
2. An RN or LVN will perform the head lice exam on patients upon admission to the hospital and within 24 hours prior to any sterile procedure that requires an informed consent.
3. NICU patients will be exempt from head lice examination. NICU patients will ONLY require head lice examination when admitted or transported from an emergency department or admitted directly from home or clinic.
4. Only an RN, LVN, APP, DO or MD are allowed to determine the presence of head lice by performing a head lice examination.
5. Use long wooden Q-tips, tongue depressors, or gloved hands to examine the hair and scalp.
6. “Separate the hair into small sections and examine the scalp and hair for live lice and nits paying very close attention to the areas behind the ears and back of the neck. It is common to only see nits and not actual live lice” (Macon County Schools).
7. “Active lice infestation is defined as the presence of a live louse or 5 or more nits found within ¼ inch of the scalp. Nits found more than ¼ inch from the root of the hair shaft are almost always non-viable (hatched or dead)” (CDC).
8. “If a live louse is found, use transparent tape to remove the louse. This can then be shown to a caregiver to prove active lice infestation” (Macon County Schools).
9. If a patient is diagnosed with head lice, the RN will notify the Anesthesiologist (if Pt. is scheduled to go to the operating room) or notify the primary admission physician care team.
10. ***If the presence of head lice is discovered for the first time after entering the sterile operating room, an iReport will need to be completed.***
11. Refer to [Policy IC-308.0 Pediculosis Infestation and Exposure Management](https://sharepoint.chla.usc.edu/Docs/Infection%20Control/IC%20-%20308%20Pediculosis%20Infestation%20and%20Exposure%20Management.pdf?d=w2f60ea9da4c744ea8822b7a124256fbd) on how to treat and report head lice.

**REFERENCES:**

1. <https://www.cdc.gov/parasites/lice/head/diagnosis.html>
2. <https://www.cdc.gov/parasites/lice/head/schools.html>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724133/>
4. <https://pediatrics.aappublications.org/content/135/5/e1355>
5. <https://pediatrics.aappublications.org/content/126/2/392>
6. [Macon-County-Schools-Head-Lice-Protocol](https://4.files.edl.io/4798/02/13/20/232804-7ed676d3-f3f0-4880-9d0e-77b142870797.pdf):

https://4.files.edl.io/4798/02/13/20/232804-7ed676d3-f3f0-4880-9d0e-77b142870797.pdf

**PROCEDURE OWNERS:**

*Pediatric Nurse Practitioner, Division of Pain Medicine*