



Patient Education:

# Scabies, Pediatric

Elsevier Interactive Patient Education ©2016 Elsevier Inc

# Scabies, Pediatric

Scabies is a skin condition that occurs when a certain type of very small insects (the human itch mite, or *Sarcoptes scabiei*) get under the skin. This condition causes a rash and severe itching. It is most common in young children. Scabies can spread from person to person (*is contagious*). When a child has scabies, it is not unusual for the his or her entire family to become infested.

Scabies usually does not cause lasting problems. Treatment will get rid of the mites, and the symptoms generally clear up in 2–4 weeks.

#### **CAUSES**

This condition is caused by mites that can only be seen with a microscope. The mites get into the top layer of skin and lay eggs. Scabies can spread from one person to another through:

- Close contact with an infested person.
- Sharing or having contact with infested items, such as towels, bedding, or clothing.

# **RISK FACTORS**

This condition is more likely to develop in children who have a lot of contact with others, such as those in school or daycare.

### **SYMPTOMS**

Symptoms of this condition include:

- Severe itching. This is often worse at night.
- A rash that includes tiny red bumps or blisters. The rash commonly occurs on the wrist, elbow, armpit, fingers, waist, groin, or buttocks. In children, the rash may also appear on the head, face, neck, palms of the hands, or soles of the feet. The bumps may form a line (*burrow*) in some areas.
- Skin irritation. This can include scaly patches or sores.

#### DIAGNOSIS

This condition may be diagnosed based on a physical exam. Your child's health care provider will look closely at your child's skin. In some cases, your child's health care provider may take a scraping of the affected skin. This skin sample will be looked at under a microscope to check for mites, their fecal matter, or their eggs.

#### **TREATMENT**

This condition may be treated with:

- Medicated cream or lotion to kill the mites. This is spread on the entire body and left on for a number of hours. One treatment is usually enough to kill all of the mites. For severe cases, the treatment is sometimes repeated. Rarely, an oral medicine may be needed to kill the mites.
- Medicine to help reduce itching. This may include oral medicines or topical creams.

• Washing or bagging clothing, bedding, and other items that were recently used by your child. You should do this on the day that you start your child's treatment.

## HOME CARE INSTRUCTIONS

#### Medicines

- Apply medicated cream or lotion as directed by your child's health care provider. Follow the label instructions carefully. The lotion needs to be spread on the entire body and left on for a specific amount of time, usually 8–12 hours. It should be applied from the neck down for anyone over 2 years old. Children under 2 years old also need treatment of the scalp, forehead, and temples.
- **Do not** wash off the medicated cream or lotion before the specified amount of time.
- To prevent new outbreaks, other family members and close contacts of your child should be treated as well.

#### Skin Care

- Have your child avoid scratching the affected areas of skin.
- Keep your child's fingernails closely trimmed to reduce injury from scratching.
- Have your child take cool baths or apply cool washcloths to help reduce itching.

#### **General Instructions**

- Use hot water to wash all towels, bedding, and clothing that were recently used by your child.
- For unwashable items that may have been exposed, place them in closed plastic bags for at least 3 days. The mites cannot live for more than 3 days away from human skin.
- Vacuum furniture and mattresses that are used by your child. Do this on the day that you start your child's treatment.

#### **SEEK MEDICAL CARE IF:**

- Your child's itching lasts longer than 4 weeks after treatment.
- Your child continues to develop new bumps or burrows.
- Your child has redness, swelling, or pain in the rash area after treatment.
- Your child has fluid, blood, or pus coming from the rash area.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 05/03/2016 Document Reviewed: 11/25/2015 Elsevier Interactive Patient Education ©2016 Elsevier Inc.