

SERVICE USER SCABIES LINE LIST



Name of Setting	Post Code	Completed by	Date
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Service user identifiers			Diagnosis				Treatment			Contacts	Post scabies symptoms			
Initials	D.O.B	Room No.	Floor/unit	Skin rash? (Y/N)*	Face to Face Review? (Y/N)	diagnagada	Dermatology referral? (Y/N)	G.P surgery name and postcode	Treatment type (Permethrin and/or Ivermectin)	Date of 1st treatment	Date of 2nd treatment	Other treatments prescribed? (Y/N)	Contacts identified and added to staff/visitor linelist? (Y/N)	Symptoms still present at 8 weeks post treatment? (Y/N)
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