

VISITOR SCABIES LINE LIST



lame of Setting	Post Code	Completed by	Date
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Visitor identifiers			Diagnosis		Treatment			Household contacts *(of symptomatic visitors)	Post scables symptoms	
Initials	Relative (R), friend (F) or visiting professional (VP)	Unit/floor visited	Room no. visited	Symptomatic (Y/N)	Scabies diagnosed? (Y/N)	Treatment type prescribed (Permethrin and/or Ivermectin)	Date of 1st treatment	Date of 2nd treatment	Contacts identified and treated? (Y/N)	Symptoms still present at 8 weeks post treatment? (Y/N)
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