



Scabies Case Worksheet ~ Client

Date: _____

Client Name _____

Room _____

Symptoms Observed: _____

Client's Attending Physician: _____

Scabies Diagnosed by Whom? _____

Diagnosis Method: Skin Scraping _____ Visual Exam _____

Diagnosis Made: Scabies _____ Query Scabies _____ Other _____

Bath/shower given, if needed: Date _____ Time _____

Scabicide treatment applied: Date _____ Time _____

Gown/gloves worn during bath and Rx application? Yes No

Bed Linen changed: Date _____ Time _____

Gown/gloves worn to strip bed? Date _____ Time _____

Personal clothing washed: Date _____ Time _____

Hand hygiene afterward? Yes No

Rash documented on Body Diagram (refer to Documentation)? Yes No

Signature of Nurse _____

Follow-up (according to product guidelines – approx 10 hours)

Follow-up bath (soap) Date _____ Time _____

Bed stripped Date _____ Time _____

Gown/gloves worn during bath? Yes No Gown/gloves worn to strip bed? Yes No

Hand hygiene afterward? Yes No

Rash documented on Body Diagram (refer to Documentation)? Yes No

Signature of Nurse _____

72 Hour Follow-up

Any further symptoms observed or reported? Yes No

Rash documented on Body Diagram (refer to Documentation)? Yes No

Signature of Nurse _____

Seven Day Follow-up

Any further symptoms observed or reported? Yes No

Rash documented on Body Diagram (refer to Documentation)? Yes No

Signature of Nurse _____

DOCUMENTATION:

[Scabies Body Diagram for Rash Documentation IPC-E00.096](#)