

Recommended treatment - Hedrin* lotion

Treatment should only be started when living lice have been shown to be present. To ensure that the treatment works it is important that it is applied correctly as per the manufacturer's instructions.

Hedrin is odourless, colourless and does not contain neurotoxic insecticides. It contains 4% dimeticone (a silicone), in a silicone base called cyclomethicone. Both silicones are used extensively in cosmetics and toiletries. The product dries by the evaporation of the cyclomethicone, leaving the dimeticone fully encapsulating the lice, which is killed by it not being able to function. As Hedrin kills lice physically rather than by poisoning, it is effective against lice resistant to insecticide treatments. Lice cannot become resistant to Hedrin.

As Hedrin is not absorbed through the skin it can be used on children (from six months of age) and can be recommended for asthmatics, pregnant and breast feeding mothers. It can also be used repeatedly as required. In a clinical trial 2% of patients reported irritant reactions to dimeticone and 9% to phenothrin – an insecticide found in other head lice treatments.

Hedrin is a two- dose treatment. It should be applied to dry hair, ensuring that the hair is fully covered from roots to tip, and should be left to dry for 8 hours or left on over night. The hair can then be washed and combed in the usual way to remove dead lice. The nits can be removed with the fingers or a fine toothed comb. A second treatment should be applied after 7 days to deal with any eggs that may have hatched since the first application. To check the treatment has been effective, use a detector comb 24 hours after second treatment. If live lice are found then the entire treatment should be repeated until no live lice are found. A 50ml bottle should be sufficient for a two – dose treatment of short hair. Longer hair or multiple treatments will require a 150ml bottle.

Prevention

- It is recommended that those households with school age children (particularly nursery and primary school age); make wet combing a weekly activity for all members of the household.
- Hair brushes, combs and hats should not be shared. It is unlikely that head lice are transferred in this way, but if a hair brush is used immediately after someone with head lice there is potential for a louse to be transferred.
- Long hair should be tied back to reduce contact with other children's hair.

If you have any queries or concerns please don't hesitate to contact the School Nurse Team on:

Information taken from: Leicestershire County and Rutland Guidelines for the Management of Patients with Head Lice in Community Hospitals and Primary Care. The Treatment of Head Lice by Dr Philip Monk.

If you would like this information in another language or format, please contact the Patient Information Officer on 0116 295 0903

* Please note: there are a number of products available to treat headlice, and it is recommended that you speak to your local pharmacist about other products that can be used.

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