Link
NICE CKS: scabies

Scabies

(For adults and children aged 1 year and over)
Linked pathway: Mild Skin and Soft Tissue Infections

NHS England

Exclusion considerations: under 1 year (refer to general practice); pre-existing eczema or another skin condition (increased risk of sensitivity to permethrin); or already treated for scabies in this episode, including over-the-counter treatment (refer to general practice)

Patient presenting with itch or a rash suggestive of scabies, or a close contact of someone with scabies
Face-to-face examination is required. On darker skin, redness may be hard to see and the rash may look darker: look closely for burrows.
Example images: DermNet

Does the patient have ANY of the following?
- Systemically unwell or suspected sepsis
- Crusted scabies (thick, crusted or scaly skin), or immunosuppression
- Fever, spreading colour change, pain, discharge or suspected secondary bacterial infection
- Suspected nodular scabies: firm, itchy, red-brown lumps, often on the genitals, groin or armpits
- Living in a care home or other communal residential setting, or linked to a suspected outbreak in one
- Safeguarding concern, or complete contact management cannot be arranged

YES →

Onward referral
- Systemically unwell: A&E, or 999 if life-threatening; consider calculating NEWS2 score ahead of signposting
- Secondary bacterial infection: same-day general practice or out-of-hours service
- Crusted or nodular scabies, immunosuppression or communal residential setting: general practice
- Suspected outbreak: health protection route
- Safeguarding concern: local safeguarding route

NO ↓

Does the patient have typical features of classical scabies, or are they a close contact?
- Burrows or papules at typical sites, including finger webs, wrists, armpits, waist, groin, genital area or buttocks
- Itch that is worse at night
- Similar symptoms in household members, sexual partners or other close contacts
- Or: a household member, sexual partner or close contact of someone with scabies, even without symptoms

NO →

Scabies less likely
Consider eczema, dermatitis, insect bites, urticaria or folliculitis; itch without a rash may indicate systemic disease
Onward referral: general practice if the diagnosis remains uncertain

YES ↓

Offer permethrin 5% cream, informed by NICE CKS and the BASHH UK scabies guideline, taking account of local antimicrobial guidelines and the NHS Community Pharmacy Clinical Prescribing Guidance
- Check age, allergy, pregnancy or breastfeeding and ability to apply; if permethrin is unsuitable, refer to general practice. Oral ivermectin is outside scope
- Prescribe enough for two whole-body applications, 7 days apart
- **Treat all household members, sexual partners from the past month and close contacts at the same time, even if they have no symptoms**, each in their own consultation
- Scabies from a sexual partner: consider referral to a sexual health service for partner notification and an STI check

FOR ALL PATIENTS AND CONTACTS: share application and safety advice
- Apply to cool, dry skin over the whole body, including the neck, scalp, face (avoiding the eyes) and ears, finger and toe webs, under the nails, armpits, groin, genitals and buttocks
- Leave on overnight for 12 hours, then wash off; reapply to any area washed during this time
- Repeat the whole-body application after 7 days
- Patient information: BAD scabies leaflet (step-by-step guide); NHS website: scabies
- Fabrics in contact with the cream burn more easily: avoid smoking and naked flames
- Wash clothing, bedding and towels at 60°C or above, or seal in a bag for 72 hours

AFTER TREATMENT
- Itching may continue for up to 4 weeks after successful treatment and does not alone mean treatment failure
- Seek further assessment (general practice or the relevant out-of-hours service) if new burrows appear, itch continues for more than 2 to 4 weeks after the second application, infection develops, or the diagnosis becomes uncertain

This pathway supports, but does not replace, professional judgement.

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