

## Shingles (Herpes Zoster) MedMe Flow Document

### Description of Service

A pharmacist will assess your symptoms for shingles (herpes zoster) and prescribe medication when appropriate.

**Booking – Only pharmacy can book. Patient would see the message: If you are looking for an appointment to assess if you have shingles, please call the pharmacy right away at XXX-XXX-XXXX to talk to a pharmacist. Assessment of this condition is time sensitive.**

**For Completion by the Pharmacist when booking:**

1. Do you have a NS healthcard? If yes- proceed and enter healthcard #. If no:  
'There is a fee for this service if you do not have a NS Health card. Please contact the pharmacy for details (or customize fee if possible). Would you like to proceed with the booking? Yes/No

<b>Name:</b>	<b>Date of Birth:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>Email Address:</b>		
<b>Family Doctor:</b>		
<b>Verbal Consent Collected by Pharmacist at time of booking</b>	<b>Yes</b>	<b>No</b>
I confirm that I have not had a herpes zoster assessment at any other pharmacies in the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that a maximum of two (2) PINs of any combination per resident within a rolling 12-month period (from first date of claim).	<input type="checkbox"/>	<input type="checkbox"/>
Consent to proceed to use of the booking platform and virtual appointment where applicable. The patient is aware that they will receive a booking confirmation that will include the MedMe and Pharmacy Privacy policy.	<input type="checkbox"/>	<input type="checkbox"/>

Confirmation booking email sent to patient.

### PHARMACIST ASSESSMENT

**Completed by pharmacist during the appointment**

Questions	Yes	No
Has the patient had primary varicella zoster infection (chickenpox)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient had a previous episode of herpes zoster? <b>Refer if within the past year to assess underlying cause. Continue assessment.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of a unilateral rash (macules, papules, vesicles, pustules) along one dermatome? Rash was preceded by tingling, irritation numbness or pain within 5 days of rash? _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Complicated Shingles Refer to Emergency Care. Continue assessment re: antivirals</b> Does the rash occur on the tip of the nose, around the eye, scalp causing pain and impacting vision? Does the rash occur around the ear, impact hearing, cause vertigo or facial weakness or paralysis? Does the patient experience nausea, vomiting, high fever, or other signs of systemic infection? Is the patient experiencing muscle weakness, lack of coordination, tremor, significant headache, altered mental status?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Severe Shingles</b> Is the pain severe? (>7 out of 10) <b>Refer to PCP &amp; Continue assessment re: antivirals</b>	<input type="checkbox"/>	<input type="checkbox"/>
Has the area come in contact with allergens, contact irritant or known trigger? Is the tissue swollen and tender? <b>Refer or manage as appropriate</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergies, Medical Conditions and Medications Updated on Patient Profile. Relevant Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have conditions that may weaken the immune system? (malignancies, HIV positive, uncontrolled diabetes) Does the patient take medications that suppress the immune system? (high dose corticosteroid, chemotherapy, biologics) <b>Refer to PCP. Continue assessment re: antivirals</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Has the patient started new medication that may induce skin rash? <b>Refer to PCP.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have renal impairment? eGFR _____ CrCl _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient pregnant and/or breastfeeding? <b>Refer to PCP.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Has a typical shingles rash been present for more than 72 hours? <b>If yes antivirals are not indicated. Complicated symptoms or immunocompromised should be referred but may receive an antiviral within 7 days if they do not have access to immediate care.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient less than 50 years old? <b>Effectiveness is less well-established in this population but may be used if the patient requests it.</b>	<input type="checkbox"/>	<input type="checkbox"/>
The patient is experiencing symptoms consistent with herpes zoster and anti-viral treatment is indicated.	<input type="checkbox"/>	<input type="checkbox"/>
The patient has also been referred to another care provider (provide rationale, and where referred): _____	<input type="checkbox"/>	<input type="checkbox"/>

**Post- Service** – email patient the post-service survey link (to be provided)