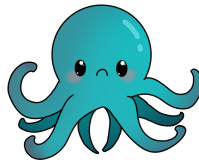


Shingles



osce toolbox

Adults over 18 y/o only
exclude: pregnant women.



IS THE PATIENT AT RISK OF DETERIORATING OR SERIOUSLY UNWELL?

- Meningitis?
• neck stiffness, photophobia, mottled skin?
- Encephalitis?
• disoriented, behaviour changes?
- Myelitis?
• muscle weakness, bladder/bowel control lost?
- Facial nerve paralysis?
• particularly unilateral
↳ Ramsay Hunt Syndrome

- Herpes Zoster Ophthalmicus?
↳ Shingles in the ophthalmic distribution.
- Hutchinson's sign?
• rash on tip/side/root of nose?
- Visual symptoms?
- Unexplained red eye?

- Severely immunosuppressed?
• particularly if rash is severe or widespread.
- particularly if the patient is systemically unwell.

Consider calculating NEWS2 Score and signposting to A&E/calling 999.

- First signs/symptoms are abnormal skin sensation and pain in affected area?
• burning, stabbing, itching, throbbing, tingling
• constant or intermittent.
- A rash that appears within 2-3 days after pain begins +/- fever/headache.
- A rash typical to Shingles?
• group of red spots on an erythematous background.
• quickly turns to small fluid filled blisters.
- The rash follows the typical progression of a Shingles rash?
• some blisters burst / fill with pus or blood.
• area slowly dries, crusts & scabs over.
- The rash covers a well defined area of skin in a dermatomal distribution.

<https://www.nhs.uk/conditions/shingles/>

MORE
LIKELY
SHINGLES

SHINGLES
LESS
LIKELY

consider an alternative diagnosis.

Shingles within 72 hours of rash onset?

Shingles up to 1 week after rash onset?

Self-care and Safety-Netting Advice

Is/does the patient:

Immunosuppressed?

Have non-truncal involvement?
• Shingles affecting the neck /limbs/ perineum.

Have moderate to severe pain?

Have a moderate to severe rash?
• presence of confluent lesions.

Aged over 50?

Is/does the patient:

Immunosuppressed?

Have ongoing vesicle formation?

Have severe pain?

Have a high risk of severe Shingles?
• e.g. severe atopic eczema/dermatitis?

Aged over 70?

Offer Aciclovir and advise on self-care.

If Aciclovir unsuitable: Offer valaciclovir and advice on self-care.

subject to inclusion/exclusion criteria in PGD.

IMMUNOSUPPRESSED PATIENTS:

- Offer treatment if appropriate and contact the patient's GP/ send urgent email if out of hours and request GP review.
- Advise patient to attend A&E/call 999 if symptoms rapidly worsen/they become systemically unwell/rash becomes severe or widespread.

ALL PATIENTS:

- Advise to visit GP/ healthcare provider if symptoms worsen rapidly or significantly at any time OR do not improve within 48 hours of taking antibiotics.
- Share self-care and safety-netting advice using the [British Association of Dermatologists Shingles Leaflet](#).
- For pain management: recommend: paracetamol, NSAIDs (ibuprofen), OTC co-codamol. If ineffective refer to GP.
- Signpost/advise eligible individuals on receiving the Shingles vaccine after recovering.