Shingles

(For adults aged 18 years and over) *Exclude: pregnant individuals*

Diagnose shingles on the basis of typical clinical features

Consider the risk of deterioration or serious illness

Serious complications suspected
- Meningitis (neck stiffness, photophobia, mottled skin)
- Encephalitis (disorientation, changes in behaviour)
- Myelitis (muscle weakness, loss of bladder or bowel control)
- Facial nerve paralysis (typically unilateral) (Ramsay Hunt)

Shingles in the ophthalmic distribution
- Hutchinson's sign – a rash on the tip, side or root of the nose
- Visual symptoms
- Unexplained red eye

- Shingles in severely immunosuppressed patient
- Shingles in immunosuppressed patient where the rash is severe, widespread or patient is systemically unwell

YES → Consider calculating NEWS2 score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

GATEWAY POINT

Does the patient follow typical progression of shingles clinical features:
- First signs of shingles are an abnormal skin sensation and pain in the affected area, which can be described as burning, stabbing, throbbing, itching, tingling, and can be intermittent or constant
- The rash usually appears within 2-3 days after the onset of pain, and a fever and/or headache may develop
- Shingles rash appears as a group of red spots on a pink-red background, which quickly turn into small fluid-filled blisters
- Some of the blisters burst; others fill with blood or pus. The area then slowly dries, crusts and scabs form
- Shingles rash usually covers a well-defined area of skin on one side of the body only (right or left) in a dermatomal distribution and will not cross to the other side of the body
- Refer to **NHS.uk** website for images of shingles

YES → **Shingles more likely**

NO → **Shingles less likely** → Consider alternative diagnosis and proceed appropriately

Shingles more likely

Does the patient have shingles within 72 hours of rash onset?

NO → **Does the patient have shingles up to one week after rash onset?**

NO → **Patient does not meet treatment criteria**
- Share self-care and safety-netting advice

YES

Does the patient meet (ANY) of the following criteria:
- Immunosuppressed (see below)
- Non-truncal involvement (shingles affecting the neck, limbs or perineum)
- Moderate or severe pain
- Moderate or severe rash (defined as confluent lesions)
- All patients aged over 50 years

YES

Does the patient meet (ANY) of the following criteria:
- Immunosuppressed (see below)
- Continued vesicle formation
- Severe pain
- High risk of severe shingles (e.g. severe atopic dermatitis/eczema)
- All patients aged 70 years and over

NO

YES — YES

Offer **aciclovir** (subject to inclusion/exclusion criteria in PGD) plus self-care

or if unsuitable

Offer **valaciclovir** (subject to inclusion/exclusion criteria in PGD) plus self-care

- Immunosuppressed patients
- Adherence risk: already taking 8 or more medicines a day or is assisted in taking their medicines

FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time, or do not improve after completion of 7 days' treatment

Onward referral
- General practice
- Other provider as appropriate

FOR IMMUNOSUPPRESSED PATIENTS:
- **Offer treatment if appropriate and call patient's GP or send 'urgent for action' email if out of hours to notify supply of antiviral and request review by GP**
- **Advise patient, if symptoms worsen rapidly or become systemically unwell, or the rash becomes severe or widespread – attend A&E or call 999**

FOR ALL PATIENTS:
- Share self-care and safety-netting advice using **British Association of Dermatologists Shingles leaflet**
- For pain management recommend a trial of paracetamol, an NSAID such as ibuprofen, or co-codamol over the counter. If this is not effective, refer patient to general practice
- Signpost eligible individuals to information and advice about receiving the shingles vaccine after they have recovered from this episode of shingles