PHARMACIST ASSESSMENT – HERPES ZOSTER (SHINGLES)

Patient Information ☑ Informed consent obtained ☑ PharmaNet Check ☑ Patient Eligible

Name: John Example	PHN: 1234 567 892	DOB: 01-01-1972 **(Age < 12 → Refer)**
Address 123 Vancouver Street	☐ Allergies: None	
Telephone: 604-123-4567	☐ Pregnant	☐ Breastfeeding/Chestfeeding

Medical History:

☐ Renal impairment (CrCl = eGFR 110) → If yes, adjust dose of oral antivirals as recommended in guideline

☐ Immunocompromised due to disease state (HIV, malignancies, etc.) → Refer; consider initiating a prescription for an oral antiviral, especially if no immediate access to care.

Vesicular rash developed on upper right cheek this morning. Burning, tingling, numbness that began yesterday. Mild pain/discomfort in rash area. Reports increased stress related to work in last week. Denies any ocular symptoms currently such as vision changes/ disruptions. Previous history of Shingles (10 years ago), doesn't recall treatment

Drug History:

☐ Immunocompromised due to medication (e.g., high-dose corticosteroid, chemotherapy, certain biologics) → Refer; consider initiating a prescription for an oral antiviral, especially if no immediate access to care.

☐ Recently started new medication → Rule out drug-induced rash before continuing; if unsure → Refer

Received Zostavax vaccine around 10 years ago (Has not received Shingrix). Relevant medical history and medications: Hypertension (Controlled on Ramipril 5 mg BID) , High Cholesterol (Controlled on Atorvastatin 20 mg daily), T2DM (Controlled on Metformin 500 mg TID) ; Supplement: Vitamin D3 1000 IU daily

Review of Symptoms

Are any red flag symptoms or symptoms of complicated shingles present?

☐ Neurologic changes (e.g. confusion or delirium)

☑ Ocular involvement (e.g. vesicles on tip of nose, eyelid or forehead, eye pain, blurred vision)

☐ Auricular involvement (e.g. vesicles in or around ear, ear pain, vertigo, hearing loss, or facial pain)

☑ Yes to <u>any</u> → Refer; consider initiating an oral antiviral, especially if no immediate access to care

☐ Systemic symptoms (e.g. nausea, vomiting, fever, chills) or severe pain → Refer immediately

Are symptoms typical of shingles?

☑ Unilateral rash which follows dermatomes and does not cross midline

☑ Rash consists of grouped vesicles on an erythematous base

☑ Pain ± itching predominately in and around area of rash

☑ Malaise, myalgia, headache may be present

☑ ± Prodromal stage of pain, burning, tingling or numbness preceding the rash (not always present)

☑ Mostly yes → Continue ☐ No → Refer

Has the rash been present for more than 72 hours?

☑ No → Continue

☐ Yes

☐ Uncomplicated → Non-pharmacologic treatment of lesions, OTC analgesics → Refer if pain is severe

☑ Complicated symptoms or immunocompromised patient → Refer but <u>consider</u> prescribing antiviral if patient does not have immediate access to medical care.

Age < 50 years:

☑ Yes → Benefit of antivirals unproven in uncomplicated, otherwise healthy person

☑ Recommend non-pharmacological, OTC treatment for symptoms

☑ Can consider antiviral treatment if patient requests it

☐ No → Non-pharmacologic treatment of lesions, OTC analgesics, **prescribe antiviral**

Symptom Review Summary

☑ Appropriate to proceed with minor ailment treatment
☑ Advised to see another health care provider as out of scope

Treatment recommended

☐ Initiate non-pharmacologic therapy
☑ Mild to moderate pain: OTC analgesics
☑ Antiviral therapy for 7 days*:

- ☐ **Acyclovir** 800mg FIVE times daily
- ☐ **Famciclovir** 500mg THREE times daily
- ☑ **Valacyclovir** 1000mg THREE times daily

☐ Other:

*See "Treatment" section in guideline for renal dosing and use in pregnancy

Prescription Issued for Minor Ailment ☑

Rationale for prescribing: Symptoms consistent with shingles (with possible Ophthalmic involvement) As

Rx: Valacyclovir 500 mg

Quantity (provide 7 day supply, no refills): 42 tabs

Directions: take 2 tablets (=1000 mg) TID for 7 days

Other Recommendations (e.g., OTC, self-care, referral to other healthcare provider):

Recommended Acetaminophen 500- 1000 mg QID PRN for pain. Recommended to keep rash clean to reduce risk of bacterial infection, wash hands often, and prevent transmission.

Counselling ☑ May have prescription filled at pharmacy of choice ☑ PAR will be communicated to primary care provider as part of collaborative practice

☑ Non-pharmacologic management
☑ Expectations of antiviral therapy (e.g., rash resolution, pain reduction)
☑ If no response or symptoms worsening (new vesicles, symptoms of bacterial superinfection), contact pharmacist or primary care provider

Advised patient to seek urgent attention by ophthalmologist ASAP at urgent care to ensure reassessment of ocular involvement.

Follow-up scheduled in 7 days: Pharmacist to call patient in 3 days

☐ **In pharmacy** ☑ **Telephone**
☑ Adequate pain control achieved/pain improving → If not adequate, refer
☑ Rash symptoms resolving (no new vesicle formation; majority of blisters crusted over) → If not resolving, refer
☑ Discuss post-herpetic neuralgia → Instruct patient to report to pharmacist or primary care provider if pain persists or worsens
☑ Discuss available vaccines

Prescribing Pharmacist:

Name: Example BC RPh	Pharmacist License Number: 12345
Pharmacy: Example Pharmacy	Pharmacy Address: 123 BC Street, 604-123-4567
Signature: RPh	Date: June 1, 2023
Telephone: 604-111-1111	Fax: 604-111-1112

Primary care provider notified (Date): June 1, 2023 **Method of Notification:** Fax

Primary Care Provider: Dr. Family Example	**Fax:** 604-111-1234

Pharmacist Minor Ailment Prescribing Record

To Dr. Family Example

This document is to inform you I met with your patient below who presented with **shingles**.

After an assessment, a prescription was issued for Valacyclovir 500 mg

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics:

Name: John Example	PHN: 1234 567 892
Address: 123 Vancouver Street	DOB: 01-01-1972
Telephone: 604-123-4567	☐ Pregnant ☐ Breastfeeding/Chestfeeding

Prescription Issued on June 1, 2023

MEDICATION: Valacyclovir 500 mg

DIRECTIONS: take 2 tablets (=1000 mg) TID for 7 days

QUANTITY: 42 tabs

Rationale for prescription / relevant patient information:

Symptoms consistent with shingles (with possible Ophthalmic involvement) As patient is unable to see a physician until tomorrow, Pharmacotherapy initiation and referral to ophthalmologist is most appropriate to avoid delays in treatment while ensuring patient receives adequate care and follow-up.

I will follow-up with the patient on Pharmacist to call patient in 3 days **and discuss these items:**

- ☑ Adequate pain control achieved/pain improving → If not adequate, refer
- ☑ Rash symptoms resolving (no new vesicle formation; majority of blisters crusted over) → If rash is not resolving , refer
- ☑ Post-herpetic neuralgia → Instruct patient to report to pharmacist or primary care provider if pain persists or worsens
- ☑ Discuss available vaccines And ensure follow-up made with Ophthalmologist

Prescribing Pharmacist:

Name: Example BC RPh	Pharmacist License Number: 12345
Pharmacy: Example Pharmacy	Pharmacy Address: 123 BC Street, 604-123-4567
Signature: RPh	Date: June 1, 2023
Telephone: 604-111-1111	Fax: 604-111-1112

Primary care provider notified (Date): June 1, 2023 **Method of Notification:** Fax

Name: Dr. Family Example	Fax: 604-111-1234