 **Herpes Zoster Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Herpes Zoster |
| **I am wondering if we should do a herepes simplex Rationale** | To reduce the duration of a rash and associated pain in patients who have herpes zoster. |
| **Scope (condition and patient group)** | Adult patients presenting with signs and symptoms of herpes zoster infection who do not have any contraindications (see under additional information below). |
| **Red Flags** | If eye is involved (ophthalmic branch of trigeminal nerve), get medical advice.  If patient is immunosuppressed or acute severe systemic infection, consider referral for infectious diseases assessment. |
| **Assessment** | 1. The first symptom of shingles is usually pain. The diagnosis may be considered at this stage.   * Herpes zoster pain   + May be severe.   + In the area of one or more sensory nerves, often close to the spine where the sensory nerves emerge.   + Pain may be localized to one spot or over a larger area.   + Patient usually feels unwell and may have fever and headache.   + Lymph nodes draining the affected area may be enlarged and tender.   2. A rash appears in the painful area of skin within one to three days of the onset of pain, but may be up to 10 days. This is often the time patients present.   * Herpes zoster rash   + Rash starts as a crop of closely-grouped red macules, which then become papular in a continuous band on the area of skin supplied by one or sometimes more neighbouring spinal nerves.   + New lesions continue to appear for several days, each blistering (vesicles) or becoming pustular then crusting over.   + Shingles can affect any area with a sensory nerve supply and may cause blisters inside the mouth, ears, and the genital area.   3. Laboratory testing to investigate suspected shingles is not routinely required. If renal impairment is suspected, contact a medical practitioner for advice. |
| **Indication** | **Treatment of herpes zoster infection** |
| **Medicine** | **Aciclovir** 800mg tablets |
| **Dosage instructions** | Adult: 800 mg five times daily for seven days (every four hours with an eight-hour gap overnight).  Advise patient to set an alarm for each dose. |
| **Route of administration** | Oral |
| **Quantity to be given** | 35 x 800mg tablets |
| **Contraindications** | Hypersensitivity to acyclovir or any excipients. |
| **Precautions** | * Maintain adequate hydration * Renal impairment (seek medical or nurse practitioner advice) * Elderly- risk of neurological reactions |
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| **Indication** | **To relieve symptoms of itchy lesions** |
| **Medicine** | **Calamine** lotion |
| **Dosage instructions** | Dab onto skin with cotton wool and allow to dry. Repeat when needed. |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x 200mL |
| **Contraindications** | None |
| **Precautions** | * Limited evidence to support use, but can help to reduce itch and dry lesions |
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| **Additional information** | Medical consultation is required if:   * Patient has known or suspected renal impairment. * Patient is immunosuppressed e.g., taking prednisone or immunosuppressants. * Patient is pregnant * Ophthalmic or auricular involvement * Patient is aged < 18 years as the diagnosis is unusual and dose adjustment is required.   The pain and systemic symptoms subside gradually as the rash disappears.  • In uncomplicated cases, young adults recover in 2 to 3 weeks.  • Older patients' recovery may take 3 to 4 weeks.  Advise patient to rest and take analgesia if required. See Pain Standing Order. |
| **Follow-up** | Observe for complications. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Macules- an area of discoloration of the skin.  Papular- small solid, usually inflammatory elevations of the skin that does not contain pus. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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