Pharmacy First: Shingles Gateway – Updated Clinical Pathway

PATHWAY UPDATE & RATIONALE

Gateway clarified

Gateway → Pharmacist Assessment

Supporting Detail: Previously, the gateway was a separate step before assessing the patient.

Now: Gateway Integrated in Main Flow

PHARMACIST ASSESSMENT

SUSPECTED SHINGLES → Gateway check prioritized → RED FLAGS SCREENING → ASSESS PROGRESSION

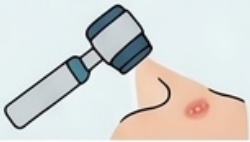
Supporting Detail: Now, it is part of the main clinical assessment flow: Suspected shingles → pharmacist assessment → red flags → assess progression.

Why this matters: Supports a more structured assessment of suspected shingles and ensures red flags are considered first, followed by assessment of typical shingles progression.

CLINICAL ASSESSMENT: RECOGNISING SHINGLES

Typical shingles features include:

- abnormal skin sensation or pain
- unilateral dermatomal rash
- rash appearing 2–3 days after onset of pain
- clusters of vesicles or blisters
- rash does not cross the midline



Timing still matters

Assess time since rash onset:

- 72H within 72 hours of rash onset
- 1H up to 1 week after rash onset

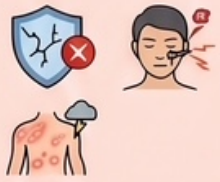
Management decisions depend on timing and patient risk factors.

RISK STRATIFICATION: RED FLAGS

RED FLAGS – URGENT ESCALATION

Refer or escalate patients with suspected:

- **meningitis** or **encephalitis**
- **ophthalmic shingles (eye involvement)**
- shingles in **immunosuppressed patients**
- **Ramsay Hunt syndrome / facial nerve involvement**
- **widespread or severe shingles**



STOP **Pathway Exclusion:** These patients should not be managed within the routine Pharmacy First pathway.

ACTION PLAN

When patients present with possible shingles: refer to the pharmacist for assessment

PHARMACY ACTIONS

- screen for red flags
- escalate or refer where appropriate
- provide self-care advice and safety-netting

check time since rash onset

confirm dermatomal shingles rash

Additional consideration: Immunosuppressed patients

Higher risk of complications.

If not of hours: consider urgent antiviral supply (in line with PGD) and inform GP / send urgent notification. Advise patient patient to seek urgent care if symptoms worsen or become severe.

Reference Guidance: Refer to NHS England Pharmacy First Clinical Pathways (Version 2.5) for full clinical guidance.

Community Pharmacy BLMK & Northants