

Case Study: Herpes Zoster

Patient Information:

- Name: Mrs. A. Smith
- Age: 68 years
- Gender: Female
- Occupation: Retired
- Medical History: Hypertension, Type 2 Diabetes Mellitus, Hyperlipidemia

Presenting Complaint:

Mrs. Smith presents to the clinic with a chief complaint of a painful rash on her left side of the torso. She describes the pain as burning and stabbing, accompanied by tingling sensations. She reports that the rash started as a cluster of small red bumps which quickly progressed into fluid-filled blisters. She also notes feeling generally unwell and fatigued for the past few days.

History of Present Illness:

The patient reports that she first noticed the rash three days ago. Initially, she thought it might be a reaction to a new laundry detergent but became concerned when the rash began to spread and became increasingly painful. She has not experienced any fever or chills but has noticed an increase in sensitivity to touch in the affected area.

Past Medical History:

Mrs. Smith has a history of hypertension, type 2 diabetes mellitus, and hyperlipidemia. She is compliant with her medications, which include lisinopril, metformin, and atorvastatin. She denies any recent changes in medications or dosage.

Social History:

Mrs. Smith is retired and lives alone. She denies any recent travel or exposure to sick contacts. She does not smoke or consume alcohol. She reports a routine exercise regimen consisting of

daily walks around her neighborhood.

Physical Examination:

- Vital Signs: Blood pressure 140/90 mmHg, Pulse 88 bpm, Respiratory Rate 16 bpm, Temperature 98.6°F (37°C)
- General: Patient appears fatigued but is alert and oriented.
- Skin: Examination reveals a vesicular rash with erythematous base involving the left T7-9 dermatomes. Lesions are at various stages, ranging from macules to vesicles to crusted lesions.
- Neurological: Sensory examination reveals hypersensitivity to light touch and pinprick along the affected dermatomes. Motor and reflex examinations are within normal limits.
- ****Cardiovascular, Respiratory, Abdominal, and Musculoskeletal systems:**** Unremarkable.

Assessment:

Based on the clinical presentation and physical examination findings, the patient is diagnosed with herpes zoster, also known as shingles.

Plan:

1. Pain Management: Initiate treatment with analgesics such as acetaminophen or NSAIDs for pain relief.
2. Antiviral Therapy: Start oral antiviral medication (e.g., valacyclovir) to shorten the duration and severity of the outbreak.
3. Topical Therapy: Recommend calamine lotion or cool compresses to alleviate itching and discomfort.
4. Prevention of Complications: Educate the patient about the importance of keeping the affected area clean and dry to prevent secondary bacterial infections.
5. Monitoring and Follow-up: Schedule a follow-up appointment in one week to monitor the progression of the rash and assess for any complications such as postherpetic neuralgia.

Patient Education:

1. Explain the nature of the disease, including its cause, transmission, and potential complications.
2. Emphasize the importance of completing the full course of antiviral medication as prescribed.
3. Advise the patient to avoid scratching the rash to prevent further irritation and potential scarring.
4. Discuss strategies for pain management, including relaxation techniques and distraction methods.
5. Encourage the patient to notify her primary care provider if she experiences any new symptoms or worsening of existing symptoms.

Follow-up:

The patient will return to the clinic in one week for re-evaluation and monitoring of the rash. Instructions will be given for further management based on the clinical response to treatment.

Note:

As a nurse, it's essential to provide comprehensive care to patients with herpes zoster, including pain management, antiviral therapy, patient education, and follow-up monitoring to ensure optimal outcomes and prevent complications.

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