

Spots and Rashes: Can You Spot Disseminated Herpes Zoster?

Nancy M. Robin M.Ed, RN, CEN Denise Brennan MSN, RN, CNL
Joanne Kane AD, RN, CEN
Miriam Hospital, Providence, R. I.

Purpose

The goal of this project was to improve the recognition of disseminated herpes zoster presentations



Staff needed to be competent in the care of patients with syndromes of varicella

Design

Staff Development Project

Setting

Teaching, urban emergency department with 61,000 visits



Participants

All ED RN's, ED Nursing Leadership
ED Physicians
Infection Preventionists

Relevance/Significance

Summer 2014

Three patients presented to triage with rash later identified as disseminated herpes zoster
None received a mask



Disseminated herpes zoster is a low volume/ high risk syndrome of varicella primarily seen in the immunosuppressed



A time intensive notification process took place to make those who were also in the waiting room aware they may have been exposed to varicella

Methods

Root cause analysis revealed knowledge deficit among staff

Since the triage greeter does not obtain a medication list or do a full head to toe assessment to identify disseminated herpes zoster, the first step was to mask every rash until secondary triage could be completed



MASK EVERY RASH!



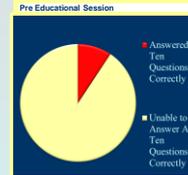
Staff needed to be competent in caring for different syndromes of varicella

Project Began



Each staff nurse met individually with the Advanced Practice Manager to review case scenarios and determine what precautions were needed

Results/Outcomes



Only 9.4% (8/85) answered all 10 questions correctly on the pre-test



Post education, 97.6% (83/85) answered all questions correctly
Two were remediated

During the 10/14-12/14, four presentations were correctly identified

Implications

Nursing staff need to have an understanding of varicella, herpes zoster, herpes zoster in immunocompromised host, disseminated herpes zoster and precautions needed

Contact Information
dbrennan@lifespan.org
nrobin@lifespan.org