



A DISEASE PROCESS MODULE: UNDERSTANDING SHINGLES



...Developing top-notch caregivers, one inservice at a time.



A Disease Process Module:
UNDERSTANDING SHINGLES

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Discuss the relationship between chicken pox and shingles.



Name at least three risk factors for developing shingles.



Describe both the prodromal and active stages of shingles.



Define postherpetic neuralgia and discuss how it can impact your clients.



Name at least three ways you can contribute to the treatment plan for clients with shingles.

THANK YOU!



A Disease Process Module:
Understanding Shingles

Inside This Inservice:

<i>The Varicella Zoster Virus</i>	2
<i>Who Gets Shingles?</i>	3
<i>Warning, Warning, Shingles Ahead!</i>	4
<i>The Active Stage of Shingles</i>	5
<i>Treating a Case of Shingles</i>	6
<i>Postherpetic Neuralgia</i>	7
<i>Myth or Fact?</i>	8
<i>Helping Clients Who Have Shingles</i>	9
<i>Observe and Report!</i>	10

© 2020 In the Know
www.knowingmore.com
Expires 12/31/2022
IMPORTANT:

This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).

In accordance with industry standards, this inservice material expires on December 31, 2022. After that date, you may purchase a current copy of the materials by calling 877-809-5515.

IT'S JUST A RASH...

Margaret is 73, lives alone in her own home and is in overall good health. But, one day, she gets the chills, runs a fever and feels achy. She also notices that the right side of her chest is tingling and a little itchy. Margaret decides that she probably picked up a “bug” from her grandchildren during their recent visit. So, she takes a couple of Tylenol and takes it easy for the day.

The next day, that tingling on Margaret’s right side turns into a stabbing pain—right in the area of her gallbladder. She’s had issues with her gallbladder in the past and figures that it’s “acting up” again. So, she watches what she eats for the next couple of days and continues to take it easy.

After a few more days, Margaret notices a rash on the right side of her chest, in the form of raised dots that create a “band” from the front around to the back side of her torso. “It’s just a rash,” she tells herself, wondering how she could be so unlucky to get the flu, a gallbladder attack and a rash all at the same time!

Three days later, those little red dots have turned into painful fluid-filled blisters. Margaret is still running a fever and feels tired and depressed. She spends most of her day in bed, praying that the awful pain will go away. Instead, over the next few days, more blisters appear—all in that same “belt” shape around her right side.

Over the next few weeks, the blisters slowly get “crusty,” then scab over and finally heal. Margaret’s skin is a bit discolored where the blisters used to be, but the rash, fever and chills are all gone.

Unfortunately, the pain does not go away. Margaret continues to suffer from sharp, stabbing pain on the right side of her torso. The skin is so sensitive that the slightest touch makes the pain worse.

Finally, after *weeks* of suffering, Margaret goes to the doctor. He tells her that she did not have the flu or a gallbladder attack. Instead, she had a case of shingles.

Keep reading to learn more about this common disease!



THE VARICELLA ZOSTER VIRUS

You may already know that shingles and chicken pox are related, but do you know how? Here's the deal:

- Both conditions, chickenpox and shingles, are caused by the same “bug”—the *varicella zoster virus*—or VZV for short.
- Varicella zoster virus is one of eight *herpes* viruses known to infect humans.
- When VZV leads to chickenpox, it is usually called “varicella zoster.” When it leads to shingles, it is often known as “herpes zoster.”
- VZV can infect and grow in several different cell types in the body, including blood, skin and nerve cells.
- Like other herpes viruses, VZV causes an acute infection first—that’s chickenpox. When the body heals, the virus travels up to groups of nerve cells or to nerve roots. There, the virus hides out, remaining silent or dormant for life—unless it “wakes up.” If that happens, even years or decades later, the virus can come back down the nerve pathway and cause another disease—shingles—to develop.

CHICKENPOX (VARICELLA ZOSTER)

Chickenpox is a very contagious disease caused by the varicella zoster virus (VZV). Symptoms include a blister-like rash, itching, tiredness and fever.

It spreads easily from infected people to people who have never had chickenpox or who never received the chickenpox vaccine.

Chickenpox spreads through the *air* when a sick person coughs or sneezes—or when virus particles are shed from chickenpox blisters. The virus can also be spread by *touching* the blisters.

SHINGLES (HERPES ZOSTER)

You can think of shingles as “reactivated chickenpox.”

Is shingles contagious? Not exactly. You can’t catch *shingles* from someone who has the disease. However, people who have not had chickenpox or the chickenpox vaccine can get *chickenpox* by touching the fluid that drains from a shingles blister.



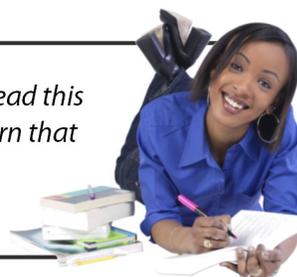
The Facts

ABOUT SHINGLES

- *The name “shingles” comes from the Latin word for “belt.” Why? Because an outbreak of shingles often looks like a belt wrapped around one side of the body.*
- *The best guess is that there are 1 million cases of shingles in the United States every year.*
- *Nearly half of those cases occur in adults who are 60 years of age or older.*
- *Nine of every ten adults in the U.S. are at risk for developing shingles...and their risk increases the older they get.*
- *For every two people who live to age 85, one of them will develop shingles.*
- *Studies show that the shingles vaccine cuts a person’s risk for the disease in half. And, for those people who still get shingles, the course of the disease tends to be milder.*

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!





ADD 'EM UP!

If you work with clients who are worried about developing shingles, ask them if any of their close relatives (mother, father and siblings) ever had the disease.

According to Dr. Stephen Tyring, clinical professor at the UT Medical School in Houston, family history makes a difference. "If just one blood relative has had shingles, you should get vaccinated. Your risk is *double* that of someone who has had no relatives with the virus."

Researchers at the University of Texas examined more than 500 patients with shingles. Nearly 40 percent of them knew of a close blood relative who had suffered from shingles in the past.

In a similar group of people *without* shingles, only 11 percent knew of a relative with the disease.

WHO GETS SHINGLES?

You now know that nine out of ten American adults are at *risk* for developing shingles. This is because anyone who has had chickenpox can get shingles. However, studies show that only *one* or *two* people out of ten will get shingles. So what makes the difference? Why do some adults have a higher risk for the disease? Here are some *other* factors that increase a person's risk for shingles:

The Aging Process. While shingles shows up occasionally in children and young adults, it is most common among people over the age of 50. By the time a person reaches age 85, he or she has a 50% chance of developing shingles. Shingles tends to last longer in older people and they have a higher risk of developing *complications* from the virus. (See page 7.)

Gender. While anyone, regardless of race or gender, can get shingles, researchers seem to think that women have a slightly higher risk for the disease.

Immune System Health. People who have weakened immune systems are more likely to develop an infection—and this includes shingles. There are many causes of a weakened immune system, such as:

- HIV or AIDS.
- Other serious illnesses.
- Chemotherapy or radiation therapy.
- Extreme stress levels.

Cancer. Unfortunately, having cancer puts people at risk for shingles. People with Hodgkin's disease and lymphoma seem to have the greatest chance of developing the disease.

Medications. Certain prescription medications, like prednisone, suppress the immune system, increasing the risk for shingles. You may work with clients who take these immunosuppressant drugs because of:

- Rheumatoid arthritis.
- Lupus.
- Diabetes.
- Multiple Sclerosis.
- Crohn's disease.
- An organ transplant.

The Chickenpox Vaccine. You're probably thinking, "Wait a minute! How can a *vaccine* increase the risk of shingles?" Here's the scoop: Research has shown that when adults (who have had chickenpox already) get exposed to kids with chickenpox, they may get an extra "boost" of shingles-fighting antibodies. However, as more and more children receive the chickenpox vaccine, fewer adults will have the opportunity to get that extra boost. Scientists are guessing that this may increase the risk for shingles among today's adult population.

WARNING, WARNING, SHINGLES AHEAD!

"It started with an uncontrollable tingling and itching on my side and back. But, when I looked at my skin, nothing was there."

"The pain first started on my shoulder and felt like a bruise."

"The first symptom I had was pain in my right leg. I had been very active the day before so I figured I'd just pulled a muscle."

Pain is the most common warning sign that a case of shingles is on its way. Most often, the pain occurs on an isolated region on one side of the body or face—the site where the virus has reactivated (or woken up). This period of time, before the rash appears, is called the *prodromal* stage. Prodrome symptoms are warning signs that shingles are about to appear.

People may describe prodromal pain as sharp, aching, piercing, tearing, shooting, burning or similar to an electric shock. You may hear people say that the affected skin itches, feels numb or is unbearably sensitive to touch. The pain and discomfort may be constant or it may come and go. *Why does this pain occur before the shingles blisters appear?* It is caused by the reactivated VZV traveling along the nerve path on its way to the skin.

The most common locations for VZV to reactivate are the chest and back. Other common places for the virus to attack are the belly, an arm, a leg or the head, face or neck. However, the virus can "wake up" along *any* nerve pathway.

In addition to pain, during the prodromal stage people may have mild flu-like symptoms such as muscle aches, a headache, diarrhea or nausea. The lymph nodes may become swollen and tender. Chills and a fever are possible, but uncommon.

Generally, the prodromal stage for shingles lasts from one to five days, although in rare cases, the prodromal pain lasts for weeks or even months *before* the rash erupts.

Remember that, typically, the first "pre-rash" stage of shingles has symptoms that the person *feels* but you can't see. Many people brush off these symptoms or mistake them for a mild illness like a "stomach bug." Because you spend so much time with your clients, you might be the first person to notice your client's prodromal-type pain *and* flu-like symptoms. Notify your supervisor immediately. The entire healthcare team should remain on the lookout for any shingles blisters. Once they appear, a diagnosis can be made and your client can receive treatment promptly.



THINK ABOUT IT!

Prodrome is defined as "a symptom or group of symptoms that appears shortly before an acute attack of illness." The term comes from a Greek word that means "running ahead of."

You might think that it would be easy to treat shingles because it warns physicians that it is coming. However, the prodromal symptoms have been mistaken for migraines, respiratory conditions like pleurisy, abdominal disease and cardiac pain.

So what good does it do to learn about the shingles prodrome? Knowing the warning signs helps put you *on the alert* for a rash. Then, as soon as the rash shows itself, your client can get medical attention. This is vital because anti-shingle medications work best if they are started within 72 hours of the onset of the rash.



SHINGLES HURT!

Here's what shingles sufferers had to say about the pain they felt:

"Not only did I get deep muscle aches but the rippling, buzzing effect of the blisters themselves came in waves and kept me up at night."

"The pain was unbearable. It was like someone taking a knife and scraping it across my skin."

"The numbness and pain on my face was like having a big hair clip clamped onto my eyebrow and it felt like an insect had sprayed its poison right into my eye."

"The pain was worst in the morning when I woke up. It felt like I was being gnawed by rats."

"It was like a hot needle jabbing me. And, I had itchy episodes in bed at night that felt like ants crawling through my ear and hair."

THE ACTIVE STAGE OF SHINGLES

After the prodromal stage, a rash appears on the skin, made up of small, well-defined, red spots. *This marks the beginning of the active—or eruptive—stage of shingles.* The spots form at the same location as the prodromal pain—on a track of inflamed nerves on one side of the body.

Within one to four days, these lesions become small, fluid-filled blisters. At first, the fluid inside the blisters is clear. Then, the blisters grow, merge together and become filled with cloudy-looking pus. (The blisters resemble chickenpox blisters. However, instead of being scattered over the body like chickenpox, shingles blisters are bunched or clustered together.)



Shingles blisters are *painful*—and the pain is usually constant. For many people, the pain makes sleep difficult. If your client has shingles, you may notice a sudden onset of insomnia.

During the next two to four weeks, the blisters slowly break open, become crusty, scab up—and finally heal. (The healing process takes longer in people with weakened immune systems.) Once the blisters heal, one may continue to have pain for a month *or longer*. The person's skin may look discolored or may scar where the rash once was.



Up to 60% of shingles cases occur on the trunk. The second most common site is the head, particularly on one side of the face. If the face is affected, there is a risk that the infection may spread to the eye or mouth. A shingles rash along the side of the nose puts the person's eyesight in danger.

During this active stage, people with shingles are *contagious*. While, they can't spread *shingles* to anyone else, they can spread *chickenpox* to someone who is not immune to the disease—if that person comes in contact with fluid from a shingles blister.

Shingles continues to be contagious as long as there are new blisters forming and old blisters healing. Only after *all* the blisters have crusted over is the virus no longer contagious. This may take a month or longer. During the contagious period, people with shingles should be cautious about being around other people—especially babies, children and pregnant women.



TREATING A CASE OF THE SHINGLES

One day, your client, Mrs. Winston, complains of an itchy, burning pain around one side of her waist. She tells you that she feels a bit under the weather, like she has the flu. Worried that it might be a case of shingles, you report her complaints to your supervisor immediately. By the time Mrs. Winston is seen by her physician, she has developed a red rash around the left side of her torso, the pain is unbearable and the itching has intensified. The doctor diagnoses shingles. His treatment plan has four goals. They are to:

- Reduce the pain.
- Lessen Mrs. Winston's itching.
- Speed up healing of blisters.
- Prevent the disease from spreading.

Because Mrs. Winston is 78, she is at risk for a severe case of shingles, including postherpetic neuralgia. The doctor prescribes an **antiviral agent** called acyclovir. While an antiviral doesn't kill the virus, it does stop it from reproducing. When this medication is given within 72 hours after the rash appears, it may speed healing and reduce the risk of PHN. Mrs. Winston must take this drug for seven days. Your supervisor tells you to **watch for side effects** which might include headache, nausea, vomiting, fatigue and tremors.

In addition, the physician orders an **antihistamine**, Benedryl, to help with the itching. Because Benedryl might make Mrs. Winston **sleepy**, you know you need to walk her to the bathroom to prevent falls.

The nurse has an order to apply a **topical cream**, called Zostrix, to Mrs. Winston's blisters. It contains capsaicin (a pepper extract) that may reduce the risk of postherpetic neuralgia.

Your new care plan for Mrs. Winston includes orders to:

- **Observe her rash** and to **report any changes**. If she continues to develop new blisters, or the current ones become more swollen, the doctor may prescribe prednisone for her.
- Apply a **cool wet compress** to ease Mrs. Winston's discomfort.
- Encourage Mrs. Winston to **rest in bed** until her fever is gone.
- Keep Mrs. Winston's **skin** clean.
- Make sure Mrs. Winston's visitors know that if they have not had chickenpox or are pregnant, they should **stay away** until her blisters have dried up and any risk of transmission has passed.



In addition, your supervisor reminds you not to reuse contaminated items with other clients. Any non-disposable items, like stethoscopes and blood pressure cuffs, must be disinfected according to your workplace policy.



VACCINE NEWS!

In 2006, the Food and Drug Administration approved a vaccine called Zostavax for use in people who are 60 years and older—and who have had chickenpox.

Researchers found that giving older adults the vaccine cut the expected number of shingles cases *by half*. For those people who still got shingles, the pain and duration of their outbreak was lessened.

The shingles vaccine is given as a single dose injection and can be given along with other vaccines, like the flu shot.

Side effects with the vaccine are minimal, including redness, soreness, itching at the injection site and a mild headache.

The shingles vaccine is only a *preventive* therapy and is not a treatment for people who are suffering from shingles or postherpetic neuralgia.



DON'T FORGET!

If your client has had shingles and the pain persists, notify your supervisor. Untreated nerve pain can lead to further nerve damage.

The pain of postherpetic neuralgia is *real*. Just because you can't see the cause of the pain, doesn't mean it isn't there.

The pain from PHN can be constant or it might come and go. Your client may complain of burning, aching, itching or hypersensitivity. Even a light touch or a slight gust of wind hitting the skin can trigger the pain.

Besides PHN, complications of shingles may include:

- Eye infections and vision loss.
- Hearing loss, vertigo or weakness in facial muscles.
- Stroke or meningitis from shingles spreading to the brain and spinal cord.

POSTHERPETIC NEURALGIA

The most common complication of shingles is *postherpetic neuralgia*—which involves abnormal pain messages between the nerves and the brain. The nerves which were irritated or damaged by the shingles virus become confused and send random, uncontrolled pain signals to the brain.

Someone is said to have postherpetic neuralgia (or PHN, for short) when nerve pain continues for at least a month *after* the shingles rash has healed. Some people suffer from postherpetic neuralgia for months, years or even for the rest of their lives!

The symptoms of postherpetic neuralgia include:

- Aching, burning, stabbing pain in the area of the previous shingles rash.
- Persistent pain that may linger for years.
- Itching and numbness.
- Extreme sensitivity to touch and/or temperature changes.

Up to 20% of people who get shingles will suffer from PHN—which means that about 200,000 people every year are diagnosed with this painful condition. *And the odds increase with age.* For every ten people who get shingles after age 60, six of them will end up with PHN. After age 70, nearly 8 out of 10 shingle sufferers will go on to have postherpetic neuralgia!

The ongoing nerve pain caused by postherpetic neuralgia can be severe and debilitating. Clients with PHN may find it difficult to eat, sleep or do daily activities. Because of the chronic pain, they are also at risk for depression.

TREATMENT OPTIONS FOR PHN INCLUDE:

Antidepressants. Even if your client is not depressed, an antidepressant may help alter the brain chemistry so that the pain becomes tolerable.

Seizure Medications. Drugs usually given to people for seizures, such as Neurontin, have been found to calm irritated nerves.

Steroid Injections. When injected into the area around the spinal cord, these medications may help relieve the persistent PHN pain.

Painkillers. This includes both over-the-counter and prescription painkillers.

Transcutaneous electrical nerve stimulation (TENS). This treatment involves placing electrodes over the painful area. They deliver tiny, painless electrical impulses to nearby nerve pathways. This may keep the “confused” pain signals from ever reaching the brain.

Lidocaine skin patches. These are small, bandage-like patches that contain a pain relief medication. These patches can be cut to fit the affected area and offer temporary pain relief.

Most people can expect the condition to gradually disappear during the first three months. However, for up to 20 percent of people with postherpetic neuralgia, the pain may persist for a year or more.

IS IT TRUE?

Myth: If there is no rash, then it's not shingles.

Truth: While rare, shingles *can* occur without a rash. This condition is called *zoster sine herpette* and is most common in elderly patients. The symptoms include burning or shooting pain, numbness, tingling, itching, headache, fever, chills, and nausea. (Do those symptoms sound familiar? They are all part of the prodromal stage.) Because there is no telltale rash, diagnosing *zoster sine herpette* can be difficult. TIP: If you notice that a client suddenly complains of not being able to taste his food and has trouble smiling or moving one eye, let your supervisor know immediately. Your client may have shingles on one side of his face—even if there is no rash.

Myth: Since shingles eventually heal on their own, people with shingles don't really need medical attention.

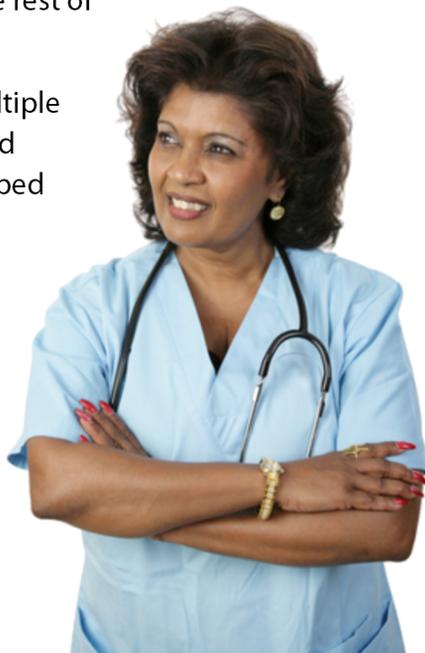
Truth: It's true that, over time, a shingles outbreak will generally heal within a few weeks. However, untreated shingles can result in chronic pain, especially among the elderly. Shingles can also lead to serious complications that may affect the eyes, ears and brain. Because prompt treatment with antiviral medications lessens the risk for serious problems, physicians advise seeking medical attention as soon as the symptoms appear.

Myth: Once you've had shingles, you can never get it again.

Truth: For years it was believed that shingles could strike a person only once. That belief gave some comfort to people who developed shingles—allowing them to think that once they got through with their shingles outbreak, they were safe for the rest of their lives.

Unfortunately, shingles *can* affect people multiple times. A recent study at the Mayo Clinic found that five out of every hundred people developed shingles a *second* time within eight years. Researchers noticed that the people most likely to have a second (or even third) recurrence were patients whose pain with their first shingles episode lasted *more than 30 days*.

Getting the shingles vaccine is important—even for people who have already had shingles. It may help reduce the chance for recurrence by boosting the immune system's ability to keep the virus in check.



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You care for Mr. C., a 76 year old man who lives with his daughter and her family. Mr. C. has mild dementia and is incontinent. He wears adult diapers.
- Mr. C. develops shingles in his groin area. His daughter wants him to continue wearing diapers to prevent messes in her home.
- **WHAT YOU KNOW:** You know that Mr. C.'s blisters need to be kept clean and dry—which is nearly impossible with him wearing a diaper.
- **GET CREATIVE:** What will you do? Think of three creative solutions to help Mr. C. heal without upsetting his daughter.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Both chickenpox and shingles are caused by the same “bug”—the varicella zoster virus—or VZV for short.
2. There are 1 million cases of shingles in the United States every year. Nearly half of those cases occur in adults who are 60 years of age or older.
3. Shingles tends to last longer in older people and they have a higher risk of developing *complications* from the virus.
4. Pain is the most common warning sign that a case of shingles is on its way.
5. Shingles continues to be contagious as long as there are new blisters forming and old blisters healing. Only after *all* the blisters have crusted over is the virus no longer contagious. This may take a month or longer.

HELPING CLIENTS WHO HAVE SHINGLES

- Cold compresses and/or cool baths may help relieve the discomfort of blisters. However, it is important not to *break* the blisters, as this can cause infection.
- Avoid warm compresses which tend to make any itching worse.
- Suggest that your clients wear *loose* clothing to prevent the fabric from irritating or breaking the blisters. If possible, encourage your client to spend time each day with the blisters uncovered to promote healing.
- Some clients may need to keep their blisters covered—especially if they live around people who have not yet had chickenpox. For them, apply clean loose gauze coverings over the affected areas—if allowed by your care plan.
- An oatmeal bath or application of calamine lotion may help with the itching. However, calamine lotion may be considered a medication at your workplace. Do not apply it without permission from your supervisor.
- Assisting your client with a bath or shower is fine, if that is part of your care plan. Be sure to keep the water cool, not warm.
- Keeping the inflamed skin clean is *essential*, so wash the affected area with cool water and mild soap. However, do not scrub the blisters! They will crust over and fall off on their own. Pat the skin dry very gently.
- Remind your client to avoid picking at or scratching the blisters. Too much rubbing or scratching can lead to a secondary skin infection. (If allowed by your care plan, file your client’s fingernails to keep them short.)
- Watch out for too much sunlight if your client’s shingles outbreak is on an area exposed to the sun—such as the face. Sunlight can change the color of skin as it is healing, causing any scarring from blisters to be more prominent.
- Remember that shingles can cause your clients to be weak and fatigued—especially if they are in a lot of pain. But, it can be difficult to rest when plagued by pain and itching. By helping your clients *relax*, you may distract them from the pain and help them get some rest. Try some soft music, crafts, hobbies or light exercise with your clients. If you work in a facility with an activity director, ask for suggestions that may help your client.
- Remind your clients to take their shingles medications on schedule. Even if they begin feeling better, they need to finish the prescription as ordered.





A Disease Process Module:
Understanding Shingles

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about shingles? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- Chickenpox and shingles are related because they both:**
 - A. Cause a blistery rash.
 - B. Can spread chickenpox.
 - C. Are caused by the same virus.
 - D. All of the above.
- People have a higher risk of developing shingles if they:**
 - A. Are under age 60.
 - B. Have a weak immune system.
 - C. Have never had chickenpox.
 - D. Have been hospitalized recently.
- Your client tells you that the skin on her neck feels itchy and numb, but it looks fine to you. You should:**
 - A. Report that she is having an allergic reaction.
 - B. Give her a neck massage.
 - C. Report the symptoms to your supervisor.
 - D. Keep an eye on her neck for the next few days.
- Which of the following is true about shingles blisters? They:**
 - A. Are painful.
 - B. Are spread all over the body.
 - C. Do not spread infection to others.
 - D. Clear up within 72 hours.
- True or False**
By the time a person reaches age 85, he or she has a 50% chance of developing shingles.
- True or False**
For the speediest recovery from shingles, it is important for a physician to prescribe pain medications within 72 hours after the rash appears.
- True or False**
Postherpetic neuralgia is a rare complication of shingles in which the rash fails to heal for months or even years.
- True or False**
If your client doesn't develop a rash, then there is no way he has shingles.
- True or False**
People can still get shingles after having the shingles vaccine, but they will probably have a milder case.
- True or False**
It's important not to rub, scrub or scratch shingles blisters.

