



CHICKENPOX/SHINGLES SCREENING CHECKLIST

Client: _____

 DOB (dd/mmm/yyyy): _____
 MRN / MHSC: _____
 PHIN #: _____
 Addressograph/Place Label Here

Admission Date: _____

Date of Onset of Symptoms: _____

Were there any symptoms present prior to the onset of rash? No Yes

Date of onset of these symptoms: _____

Please describe these symptoms: _____

TYPE OF INFECTION/EXPOSURE:

- chickenpox (varicella) shingles (herpes zoster) The patient/resident/client had a significant exposure to a known case of shingles or chickenpox

Exposure date: _____

ASSESS FOR APPROPRIATE PRECAUTIONS:

- Routine Practices only Yes - Contact Precautions Yes – Airborne & Contact Precautions

Date implemented: _____

LABORATORY DATA:

Immunized against chickenpox or shingles? No Unknown Yes (please attach results)

Serology titres drawn? No Yes (please attach results)

TREATMENT:

Antiviral(s) ordered? No Yes (please name) _____

Original copy of form – place on patient/resident/client’s chart

Copy of form – forward to site ICP



CHICKENPOX/SHINGLES SCREENING CHECKLIST

Client: _____

 DOB (dd/mmm/yyyy): _____
 MRN / MHSC: _____
 PHIN #: _____
 Addressograph/Place Label Here

Chickenpox (varicella) or Shingles (herpes zoster) Infection

SEE PAGE 1 FOR RELEVANT ADDITIONAL PRECAUTIONS

If there is any suspicion of a chickenpox or shingles diagnosis for your patient/resident/client, please assess the following and clearly document this data below and in their chart and share IMMEDIATELY with your ICP/ICSA

- When did the rash first develop?

- What is the location, size and description of the rash?

- Is the rash localized or crossing multiple dermatomes?

- Is the rash covered? No – please explain when rash has been left uncovered Yes

- Date rash was covered _____
- Is the patient/resident/client immunocompromised? No Yes – please explain

- Has there been any skin-to-skin contact with the rash/lesions/vesicular fluid between staff and patient/resident/client? No Yes
- Was PPE used by staff when required? No Yes
Please inform ICP/ICSA of staff exposed due to any PPE breaches
- What is the level of care required by the patient/resident/client (ie. Independent vs 2-person assist)?

- What is the date the rash has fully crusted over and dried? _____

For further information, refer to Chickenpox & Shingles Education