Health Education Thames Valley

TELEPHONE APPOINTMENT – ADVICE ABOUT CHICKEN POX

MODULE: ADVICE ABOUT CHICKEN POX

TARGET: ST1/2 GP TRAINEES STARTING GP PLACEMENTS

BACKGROUND

Giving advice about chickenpox is a common consultation in general practice. For trainees new to general practice, whose experience to date has been in hospital jobs, this is an unfamiliar or often never encountered before scenario. This topic covers several areas of low confidence for trainees entering GP placements; giving advice about common paediatric problems, pregnant contacts and school exclusion as well as being able to provide an effective safety net.

MRCGP COMPETENCIES

1	Communication and consultation skills - communication with patients, and the use of recognised consultation techniques
3	Data gathering and interpretation -for clinical judgement, choice of physical examination and investigations and their interpretation
4	Making a diagnosis and making decisions – a conscious, structured approach to decision making
5	Clinical management - recognition and management of common medical conditions in primary care

MRCGP CURRICULUM

1.	Being a General Practitioner
2.01	The GP Consultation in Practice
3.04	Care of children and young people
3.06	Women's health
3.21	Care of people with skin problems

LEARNING OBJECTIVES

To be able to confidently manage consultations about chickenpox

Specifically:

- To discuss symptomatic management
- To discuss school exclusion
- To give advice to pregnant contacts
- To give appropriate safety netting advice

SCENE SETTING

Location:	GP surgery – telephone appointments.
Personal in scenario	GP trainee and patient
Expected duration of scenario:	2 x 15 mins
Expected duration of debriefing:	2 x 15 mins

Editor: Dr Andrew Darby Smith
Original Author: Dr Suzie Gill

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DOCTOR BRIEFING 1

You are a GP trainee in a GP practice placement. You are working through your morning telephone call list.

Your next call is:

Name	Joseph Whitwood
Reason for call	Mum calling to discuss chickenpox
Age	6
Past medical history	Nil
Social history / occupation	Nil
Repeat medications	Nil
Allergies	NKDA
Last consultation	This morning – seen by another GP in the practice: With dad – rash started yesterday, mild URTI symptoms, no fevers, eating and drinking, well in self. O/E well, afebrile, HR100, RR20, cap refill <2secs, ears nad, throat mildly inflamed, chest clear no resp distress, typical vesicular rash. Imp: Chickenpox. Plan: usual advice given.

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PATIENT BRIEFING 1

Name	Claire Whitwood
Age	32
Reason for telephone call	Ringing for advice about your son Joseph Whitwood, age 6, who has chickenpox.
Opening statement	Hi, I was ringing about my son Joseph, he's got chickenpox….
Information to give	Joseph's dad (Tom) took him to see the GP this morning as you'd both noticed some spots. You were at work this morning so couldn't come to the appointment. The GP said Joseph has chickenpox but Tom didn't really ask anything else whereas you have lots of questions. You want to know what you should expect with chickenpox. What can you do to help Joseph, how long will it last, is there anything you should be looking out for, how long will he have to be off school for?
Information to give if asked	• Joseph is well, he's playing as usual, he doesn't seem too bothered by the chicken pox • He's had lunch as normal • He has an occasional dry cough • He had a couple of spots last night before he went to bed then lots today • He has no fever / no breathing difficulties • No previous medical problems / no regular medications • Some other children at school have had chickenpox recently
Attitude	You're ringing for advice. Your son has chickenpox but is fine with it so you're not concerned as you know children usually fight it off quickly without any problems. You want to check what you should do and what to look out for.
Possible questions to ask the doctor	Is there anything I can do to help with the chickenpox? Is there anything I should be looking out for? How long does it normally take to go away and how long does he need to be off school?
Past medical history	Nil
Social history / occupation	You and Joseph's dad Tom are married and have a good relationship
Repeat medications	Nil
Allergies	NKDA

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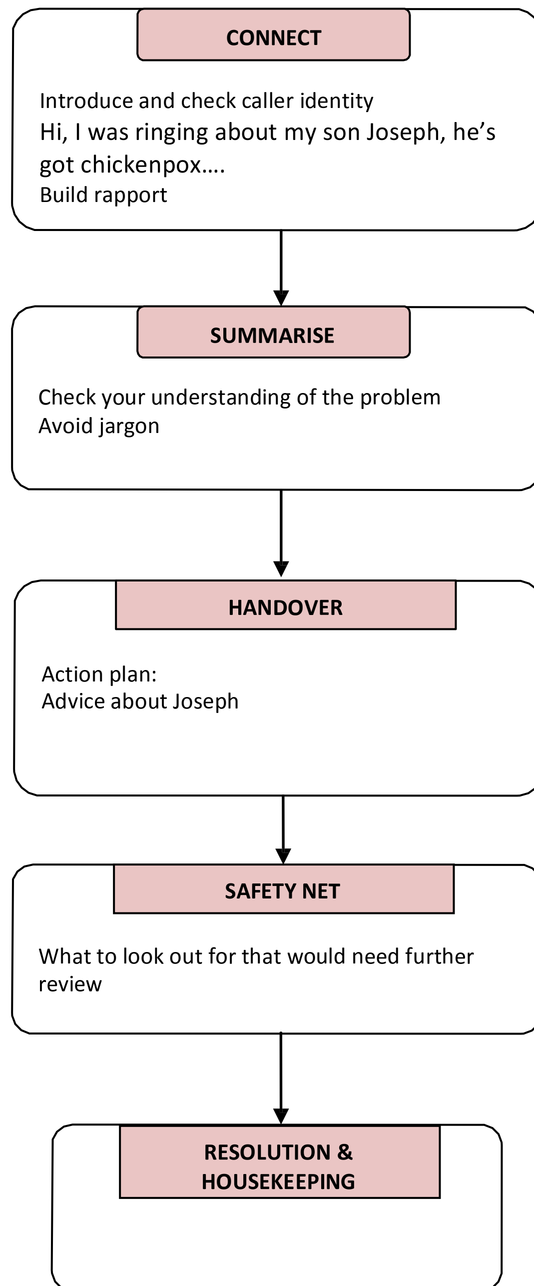
CONDUCT OF SCENARIO 5 (PART 1)



Possible questions:

Is there anything I can do to help with the chickenpox?

Is there anything I should be looking out for?

How long does it normally take to go away and how long does he need to be off school?

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DOCTOR BRIEFING 2

You are a GP trainee in a GP practice placement. You are working through your morning telephone call list. Your next call is:

Name	Neeta Shan
Reason for call	Pregnant, been in contact with chickenpox
Age	26
Past medical history	Nil
Social history / occupation	Civil Servant
Repeat medications	Nil
Allergies	NKDA
Last consultation	2 Months ago: Pregnant – first pregnancy, very pleased, LMP 8 weeks ago, taking folic acid, non-smoker and no alcohol. BP115/75. Discussed lifestyle advice, antenatal care/screening tests. Refer routine antenatal care – midwife and local hospital for scans.

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PATIENT BRIEFING 2

Name	Neeta Shan
Age	26
Reason for telephone call	Ringing for advice, you're pregnant and your nephew has chickenpox
Opening statement	I'm pregnant and my nephew has chickenpox. I was with him yesterday, could I get it too?
Information to give	You are currently 16 weeks pregnant and are worried whether there's any risk to the baby.
Information to give if asked	• You spent a few hours at your sister's house yesterday. Her son Adam who is 4 was there. Your sister telephoned this morning to say Adam came up in spots last night and this morning she took him to see the GP and he has chickenpox. • You've had your dating scan, everything is going well, this is your first pregnancy. • You are well and have no symptoms • You remember definitely having chicken pox when you were 8.
Attitude	You've heard chickenpox can cause problems during pregnancy so are worried about what this means for you.
Possible questions to ask the doctor	Could the chickenpox affect the baby?
Past medical history	You are generally fit and well in yourself and have no health problems.
Social history / occupation	Civil Servant Live with husband Non-smoker No alcohol
Repeat medications	You are taking pregnancy vitamins from the pharmacy but no other medications
Allergies	Nil

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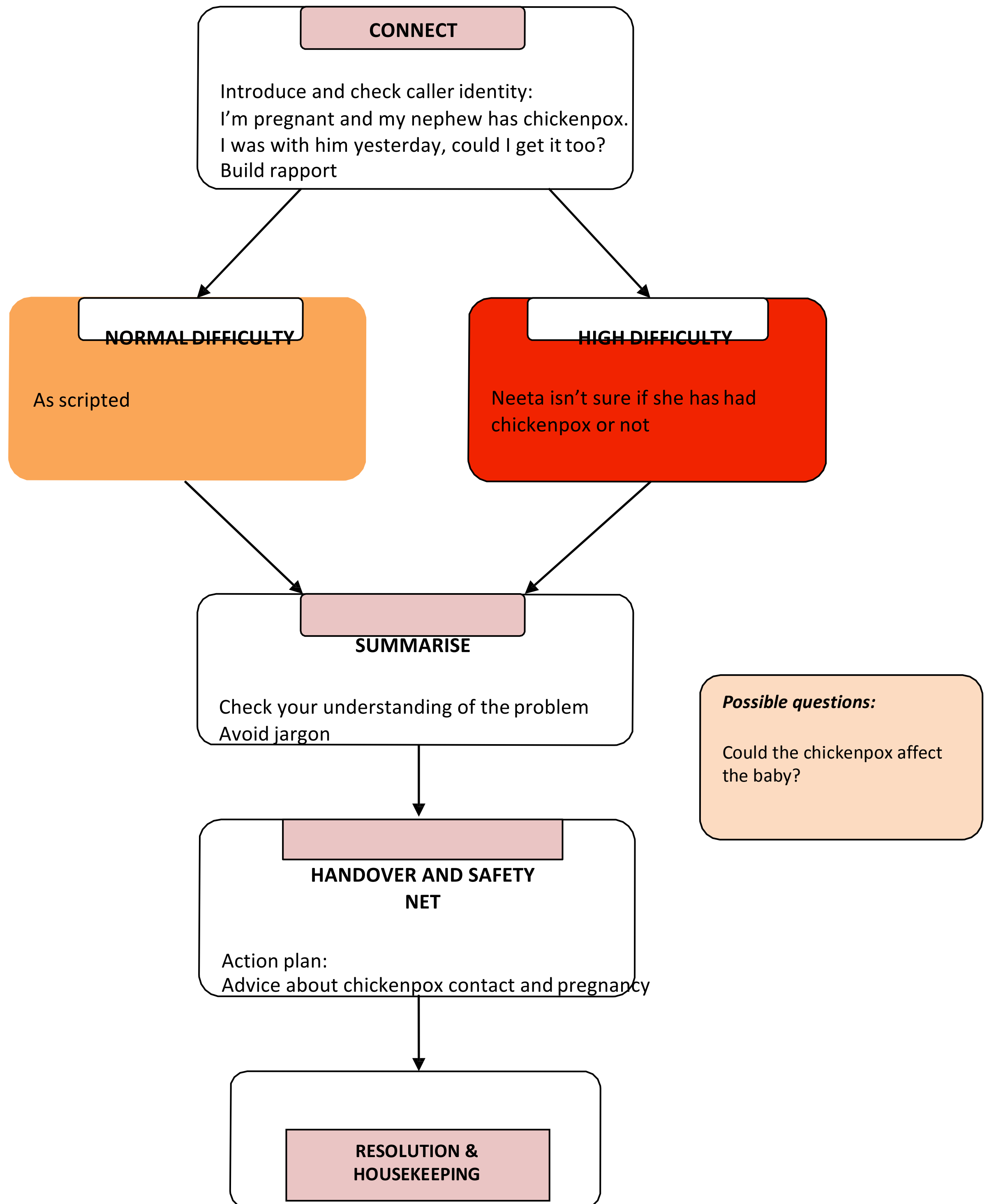
CONDUCT OF SCENARIO 5 (PART 2)



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DEBRIEFING – POINTS FOR FURTHER DISCUSSION

There are two scenarios in this module. The first focuses on handover and safety netting advice about chickenpox in a child, the second on handover and advice about contact with chickenpox in pregnancy.

Scenario 1:

HANDOVER

What to expect with chickenpox

E.g. 'With chicken pox often the first thing you notice is a temperature and feeling a bit achy, this can go on for a few days. A day or two later red spots start on the body and face and sometimes spread to the arms/legs and scalp. The red spots turn into blisters and after a few days these crust over. People also often have a sore throat and a mild cough.'

What to do

E.g. 'There isn't a cure for chickenpox but usually children fight it off easily and get better quickly. If Joseph feels unwell with a temperature then paracetamol can help bring the temperature down and make him feel brighter.'

'The spots are often itchy and it's a good idea to try and stop scratching because spots are more likely to scar and to develop bacterial infection if they're scratched. You can get calamine lotion from the chemist and applying this regularly can help with the itching. It would also be a good idea to make sure Josephs nails are trimmed and short. Some people put mittens or socks on the hands at night to stop scratching. Sometimes if the itching is really bad and children can't sleep we suggest taking an antihistamine medicine to help with the itch, you can always ring back if you think Joseph needs this.'

School exclusion

'Chickenpox is most infectious from about 2 days before the rash appears until all the spots have crusted over (usually about 5-6 days from symptom onset). The national advice[3] is that children with chickenpox shouldn't go back to school until at least 5 days from onset of the rash. After this once Joseph is well it's fine to go back.'

SAFETY NET

Chickenpox is usually a mild, self-limiting illness. It's important to be aware of rare but serious complications such as pneumonia, secondary bacterial infection and encephalitis.

How would you discuss with a parent what to except and provide them with an appropriate safety net?

E.g.'Children with chickenpox usually feel much better within a week. New spots usually stop appearing by about a week and scab over, but it may take a few weeks for them to fade away completely. We advise that children should stay away from school for 5 days from when the spots start. It's rare for children to have complications but there are a couple of things to watch out for, if you notice them or if you're worried Joseph is more unwell, speak to a GP again:

'It's important that Joseph drinks plenty so he doesn't get dry, even if he's not eating as much as normal. Sometimes children get chicken pox spots in their mouths and this can be quite sore and make them not want to eat and drink. Cold drinks, yogurt or ice-cream/ice lollies can sometimes feel more soothing, paracetamol may also help. If you're worried that Joseph isn't drinking well then get back in touch.'

'If the skin around a spot becomes very red, hot and sore compared to the others it might be a bacterial infection and need antibiotics.'

'Very occasionally chickenpox can lead to infection in the lung. If you notice Joseph is having difficulty breathing or pain in the chest or seems more unwell in himself talk to a GP.'

'Chickenpox can be more dangerous for people with immune problems. It's best to keep Joseph away from any one with immune problems, like people having chemotherapy.'

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Scenario 2:

HANDOVER

Chickenpox in pregnancy

I'm pregnant; could the chickenpox affect the baby?

'Chickenpox is only a problem for pregnant women if they haven't had chickenpox. Because you've had chickenpox you don't have to worry, your body has the protection it needs for you and your baby.'

Guidelines on chickenpox in pregnancy

Chickenpox can be more serious in pregnant women with higher risk of complications such as pneumonia for the women and a risk of congenital varicella syndrome for the fetus. Congenital varicella syndrome has multisystem involvement and causes problems including shortened limbs, skin scarring, cataracts and growth retardation. The risk is less than 1% in the first 12 weeks of pregnancy, around 2% between 13 and 20 weeks and much rarer after 20 weeks. In the later stages of pregnancy varicella can cause premature delivery and neonatal chickenpox infection[2].

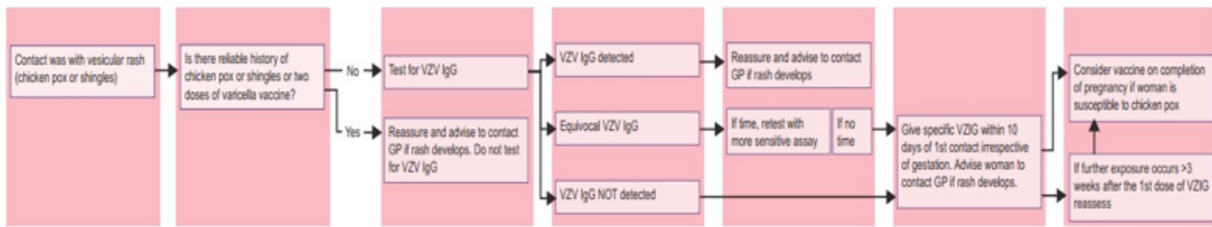

Figure 1: HPA algorithm for woman exposed to vesicular rash in pregnancy[2]

- When did exposure occur? Chickenpox is infections for 2 days prior to rash developing until all the vesicles are crusted
- If a woman has previously had chickenpox or shingles and now has had contact with either of these during pregnancy she can be offered reassurance that she is not at any risk.
- If a woman has contact with chickenpox or shingles and has no past history of either – check serum antibodies to determine if she has antibodies. Most women will have antibodies and so not be susceptible even if they don't remember having chickenpox. Speak to microbiology, the antibody test can usually be done on a stored booking blood test. Varicella zoster immunoglobulin should be offered to confirmed susceptible women within 10 days of exposure.
- Pregnant women with chickenpox – talk to the obstetric team for specialist advice, note increased risk of complications as well as fetal risk.
    - HPA advice - If the woman presents within 24 hours of the onset of the rash, and she has reached 20 weeks gestation, she should be offered oral antiviral treatment for seven days. Aciclovir should be used cautiously before 20 weeks of gestation. The woman should have daily review. If there is deterioration, or the fever persists, or the cropping of the rash continues after six days, or the woman develops respiratory symptoms, the woman should be referred for urgent hospital assessment. The general practitioner should have a low

Answers to other common questions:

Chickenpox is very **infectious**; a person who has not had chickenpox can catch it from a person with chickenpox by touching the blisters, by touching infected objects such as clothing, or by breathing in droplets in the air. The droplets get there when the infected person breathes in and out. It can take between 10 and 21 days from contact with chickenpox until the symptoms start.

A person who has not had chickenpox can catch chickenpox from a person with **shingles** but this is not common as it occurs by contact with the blisters. Keeping the blisters covered prevents this.

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It is not possible to catch shingles from a person with chickenpox or a person with shingles.

Chickenpox is generally mild in children but can be more severe in adults, neonates, pregnant women and people who are immunosuppressed. Consider aciclovir for adolescents and adults presenting within 24 hours of rash onset. Those at increased risk can be treated with antivirals and/or immunoglobulin depending on specialist advice.

It is possible to have chickenpox and have only very mild symptoms or even no symptoms at all so people can be immune without knowing they have had it.

There some concerns that using NSAIDs in children with chickenpox may be associated with an increased risk of necrotising soft tissue infections. The evidence is conflicting. NHS choices advises to avoid giving ibuprofen.

There is a vaccine that protects against chickenpox but it is not part of routine childhood vaccinations in the UK.

HOUSEKEEPING

Any other reflections?

RESOURCES

1. Chickenpox – HPA website http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ChickenpoxVaricellaZoster/GeneralIn
2. Guidance on viral rash in pregnancy, HPA 2011. http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1294740919684
3. Really useful 1 page hand out of advice on school exclusion for common infections http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496946639
4. Great Ormond Street chicken pox leaflet - http://www.gosh.nhs.uk/medical-conditions/search-for-medical-conditions/chicken-pox/chicken-pox-information/
5. NHS choices chickenpox and shingles advice http://www.nhs.uk/Conditions/Chickenpox/Pages/Introduction.aspx
6. Chickenpox and shingles www.patient.co.uk
7. Neighbour R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press. 2004

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GENERAL PRACTICE – SCENARIO 5 - HANDOUT

LEARNING OUTCOMES

To be able to confidently manage consultations about chickenpox

Specifically:

- To discuss symptomatic management
- To discuss school exclusion
- To give advice to pregnant contacts
- To give appropriate safety netting advice

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KEY POINTS COVERED

Scenario 1:

HANDOVER

What to expect with chickenpox

E.g. 'With chicken pox often the first thing you notice is a temperature and feeling a bit achy, this can go on for a few days. A day or two later red spots start on the body and face and sometimes spread to the arms/legs and scalp. The red spots turn into blisters and after a few days these crust over. People also often have a sore throat and a mild cough.'

What to do

E.g. 'There isn't a cure for chickenpox but usually children fight it off easily and get better quickly. If Joseph feels unwell with a temperature then paracetamol can help bring the temperature down and make him feel brighter.'

'The spots are often itchy and it's a good idea to try and stop scratching because spots are more likely to scar and to develop bacterial infection if they're scratched. You can get calamine lotion from the chemist and applying this regularly can help with the itching. It would also be a good idea to make sure Josephs nails are trimmed and short. Some people put mittens or socks on the hands at night to stop scratching. Sometimes if the itching is really bad and children can't sleep we suggest taking an antihistamine medicine to help with the itch, you can always ring back if you think Joseph needs this.'

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SAFETY NET

Chickenpox is usually a mild, self-limiting illness. It's important to be aware of rare but serious complications such as pneumonia, secondary bacterial infection and encephalitis.

How would you discuss with a parent what to except and provide them with an appropriate safety net?

E.g.'Children with chickenpox usually feel much better within a week. New spots usually stop appearing by about a week and scab over, but it may take a few weeks for them to fade away completely. We advise that children should stay away from school for 5 days from when the spots start. It's rare for children to have complications but there are a couple of things to watch out for, if you notice them or if you're worried Joseph is more unwell, speak to a GP again:

'It's important that Joseph drinks plenty so he doesn't get dry, even if he's not eating as much as normal. Sometimes children get chicken pox spots in their mouths and this can be quite sore and make them not want to eat and drink. Cold drinks, yogurt or ice-cream/ice lollies can sometimes feel more soothing, paracetamol may also help. If you're worried that Joseph isn't drinking well then get back in touch.'

'If the skin around a spot becomes very red, hot and sore compared to the others it might be a bacterial infection and need antibiotics.'

'Very occasionally chickenpox can lead to infection in the lung. If you notice Joseph is having difficulty breathing or pain in the chest or seems more unwell in himself talk to a GP.'

'Chickenpox can be more dangerous for people with immune problems. It's best to keep Joseph away from any one with immune problems, like people having chemotherapy.'

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Scenario 2:

HANDOVER

Chickenpox in pregnancy

I'm pregnant; could the chickenpox affect the baby?

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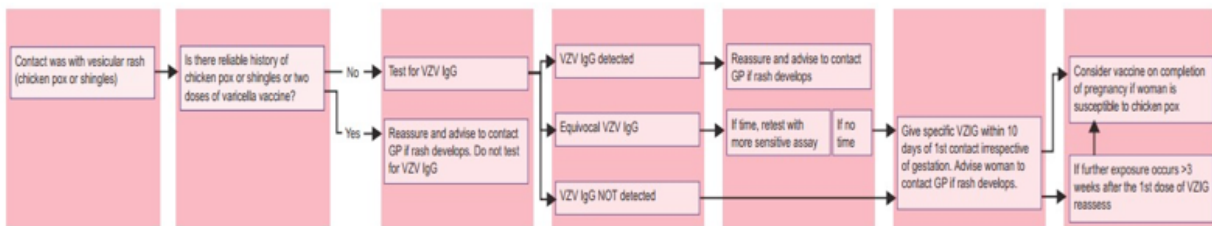

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Chickenpox is generally mild in children but can be more severe in adults, neonates, pregnant women and people who are immunosuppressed. Consider aciclovir for adolescents and adults presenting within 24 hours of rash onset. Those at increased risk can be treated with antivirals and/or immunoglobulin depending on specialist advice.

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There some concerns that using NSAIDs in children with chickenpox may be associated with an increased risk of necrotising soft tissue infections. The evidence is conflicting. NHS choices advises to avoid giving ibuprofen.

There is a vaccine that protects against chickenpox but it is not part of routine childhood vaccinations in the UK.

HOUSEKEEPING

Any other reflections?

RESOURCES

8. Chickenpox – HPA website http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ChickenpoxVaricellaZoster/GeneralIn
9. Guidance on viral rash in pregnancy, HPA 2011. http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1294740919684
10. Really useful 1 page hand out of advice on school exclusion for common infections http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496946639
11. Great Ormond Street chicken pox leaflet - http://www.gosh.nhs.uk/medical-conditions/search-for-medical-conditions/chicken-pox/chicken-pox-information/
12. NHS choices chickenpox and shingles advice http://www.nhs.uk/Conditions/Chickenpox/Pages/Introduction.aspx
13. Chickenpox and shingles www.patient.co.uk
14. Neighbour R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press. 2004

RESOURCES

1. GMC confidentiality 2009. http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp
2. MPS Confidentiality - http://www.medicalprotection.org/uk/booklets/medical-records/confidentiality
3. Neighbour R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press.

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GENERAL PRACTICE – SCENARIO 5 – PRE-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strongly	2	3	4 Neither agree nor di...	5	6	7 Disagree strongl
1. I can safely assess a cough over the telephone	1	2	3	4	5	6	7
2. I know what questions to ask a patient with a cough in order to decide whether they need further review	1	2	3	4	5	6	7
3. I can confidently discuss with patients why antibiotics don't help viral URTIs	1	2	3	4	5	6	7
4. I can give clear safety netting advice over the telephone to a patient with a cough							

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GENERAL PRACTICE – SCENARIO 5 – POST-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strong ly	2	3	4 Neithe r agree nor	5	6	7 Disagr ee strongl
1. I can safely assess a cough over the telephone	1	2	3	4	5	6	7
2. I know what questions to ask a patient with a cough in order to decide whether they need further review	1	2	3	4	5	6	7
3. I can confidently discuss with patients why antibiotics don't help viral URTIs	1	2	3	4	5	6	7
4. I can give clear safety netting advice over the telephone to a patient with a cough	1	2	3	4	5	6	7

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GENERAL PRACTICE – SCENARIO 5 – TRAINEE FEEDBACK

Overall score out of 5:
The scenario covered material that was useful and relevant to me (1 = strongly disagree, 5 = strongly agree)

Will you use the information / ideas from this scenario? If yes how will you use them?

How could this scenario be improved for future participants?

Other comments?

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GENERAL PRACTICE – SCENARIO 5 – FACILITATOR FEEDBACK

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?

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