

# Chickenpox

## DEFINITION

- Distinctive, widespread rash made up of small red bumps that change to blisters or pimples, then open sores and then crust over

## Symptoms

- Minimal required findings: some small water blisters or pustules on the head and trunk
- Chickenpox progress within 24 hours through the following 5 stages:

- 1) small red bumps,
- 2) thin-walled water blisters,
- 3) cloudy blisters
- 4) open sores, and
- 5) dry brown crusts

- Rash is on all body surfaces, but usually starts on the head and back.
- Repeated crops of new chickenpox keep appearing for 4 to 5 days. Therefore, all 5 stages are present at same time.
- Sores (ulcers) occur normally in the mouth, eyelids, and genital area.
- Fever is usually present (the more the rash, the higher the fever)
- Known exposure to chickenpox 10 - 21 days earlier
- Main complications: secondary infections from bacteria

## Cause

- Varicella (chickenpox) virus. Chickenpox can be prevented by the varicella vaccine.

## Return to School

- Your child can return to child care or school after all the sores have crusted over, usually day 6 or 7 of the rash.

## HOME CARE ADVICE FOR CHICKENPOX

- **Cool Baths:** For itching, give cool or lukewarm baths for 10 minutes as often as needed (caution: avoid any chill). Can add baking soda 2 ounces (60 ml) per tub. Baths don't spread the chickenpox.
- **Calamine Lotion:** Apply calamine lotion to the chickenpox that itch the most or massage them with an ice cube for 10 minutes (Don't use any lotion containing Benadryl because it can be absorbed across the inflamed skin and cause side

effects).

- **Benadryl Medicine:** If itching becomes severe or interferes with sleep, give oral Benadryl (see Dosage table).
- **Discourage Scratching:** Trim fingernails and wash hands frequently with an antibacterial soap to prevent impetigo (infected sores). Discourage picking and scratching.
- **Fever Medicine:**
  - Give acetaminophen (e.g., Tylenol) for fever above 102° F (39° C)
  - Never use aspirin (Reason: risk of Reyes syndrome)
  - Also don't use ibuprofen (Reason: may increase risk of severe strep skin infections)
- **Soft Diet:** Offer a soft diet for painful mouth and throat ulcers. For infants, give fluids by cup, spoon, or syringe rather than bottle because the nipple can cause increased pain.
- **Liquid Antacid for Mouth Pain:** For severe mouth ulcers in children over age 4, use 1 teaspoon (5 ml) of a liquid antacid as a mouth wash 4 times per day after meals. For younger children, put a few drops in the front of the mouth after meals.
- **Painful Urination:**
  - For females with painful vulva ulcers, apply petroleum jelly to the area as needed.
  - For severe pain, use a numbing ointment such as 2.5% xylocaine ointment (no prescription needed) 4 times per day.
  - For males with painful pox on the tip of the penis, this also works.
- **Contagiousness:** Your child can return to child care or school after all the sores have crusted over, usually day 6 or 7 of the rash.
- **Expected Course:** Expect new chickenpox every day for 4 or 5 days. Most children get 400 to 500 chickenpox.
- **Preventing Exposure of Office to Chicken Pox:** If need to be seen, consider bringing 2 adults and having one enter office first for instructions. For nonemergent problems, doctor may examine child in the car.
- **Call Your Doctor If:**
  - Chickenpox look infected (draining pus, scabs become larger)
  - Gets any new chickenpox after day 6
  - Your child becomes worse