Shingles

**Assessment:**  
The patient presents with a painful, unilateral, vesicular rash in a dermatomal distribution, consistent with shingles (herpes zoster). No signs of disseminated disease or secondary infection. Differential diagnosis includes contact dermatitis, herpes simplex, and impetigo.

**Plan:**  
Start antiviral therapy with valacyclovir or acyclovir to reduce severity and duration, ideally within 72 hours of rash onset. Recommend pain control with NSAIDs, acetaminophen, or, if needed, gabapentin for neuropathic pain. Advise on keeping the rash clean and dry to prevent secondary infection. Recommend shingles vaccine (Shingrix) for future prevention if not previously vaccinated. Follow up in 1-2 weeks to monitor recovery and for possible postherpetic neuralgia, referring to pain management if symptoms persist.