|  |  |
| --- | --- |
| **Common Cold** |  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Sudafed PE | Phenylephrine | Oral decongestant | Avoid in uncontrolled HTN, caution with DM or CV disease | Fever greater than 101.5Chest painSOBWorsening of symptoms or development of additional symptoms during self-treatmentConcurrent underlying chronic cardiopulmonary diseases (COPD, asthma)AIDS or chronic immunosuppressant therapyFrail patients of advanced age or infants under 9 months of ageThose with hypersensitivities to recommended OTC medicationDo not use cough and cold medicine if child is under 4 | Increased fluid intake, adequate rest, proper hand hygiene, and a nutritious dietIncreased humidification with steamy showers, vaporizers or humidifiersSaline nasal sprays or drops moisten irritated mucosal membranesSalt gargles ease sore throatsTea with honey, chicken soup or hot broths are soothingAromatic oil products ease nasal congestion and improve sleepHand sanitizers – alcohol based products are preferred but are short actingUsing antiviral disinfectants such as Lysol and antiviral tissues around the houseFor infants – upright positioning to enhance nasal drainage, clearing nasal passage with a bulb |
| Sudafed | Pseudoephedrine | Oral decongestant | Increase HR Avoid in uncontrolled HTN and pregnancy (especially 1st trimester), caution with DM or CV disease |
| Afrin | Oxymetazoline | Topical (intranasal) decongestant | Longest duration (12 hours)Preferred in pregnancy 2 sprays in each nostril twice a day Maximum 3-5 days – rebound  |
| Vicks Vapor Inhaler | Levmetamfetamine | Topical decongestant | Avoid if patient has completely clogged nasal passagePreferred in HTNDiscard every 2-3 months as med can dissipate Can use every 2 hoursLimit use to 5 days  |
| Neosynephrine | Phenylephrine  | Topical decongestant | Better efficacy than oral phenylephrineLimit use to 5 days  |
| Ocean Nasal Spray | Non-medicated | Moisten/loosens mucous  | Just saline – safe for most patients |
| Breathe Right Nasal Strips | Non-medicated | Opens nares | Safe in all patients |
| Vicks VapoRub  | Non-medicated | Rub on chest to help open nasal passages | Must be over the age of 2  |
| Benadryl | Diphenhydramine | Cold-related rhinorrhea | Any 1st generation antihistamine – more drying For runny nose or post nasal dripMust be over the age of 6 |
| Aleve | Naproxen Sodium | Sore throat | Safe in children and pregnancy |
| Children’s Tylenol | Acetaminophen  | Sore throat | Safe in children and pregnancy |
| Cepacol | Benzocaine, Menthol Cetylpyridinium Cl | Sore throat | Avoid in lidocaine allergy Safe in children and pregnancy  |
| Chloraseptic Spray | Phenol | Sore throat  | Avoid in lidocaine allergy Safe in children and pregnancy  |

* Zinc and Vitamin C to help reduce duration of cold
	+ Zinc can short duration but must be administered every 2 hours and began within 24 hours of symptom onset
	+ Vitamin C can reduce duration of colds in a general population – dose is 2g/day
		- Can prevent cold symptoms in a population under high stress

|  |
| --- |
| **Allergic Rhinitis** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Claritin | Loratadine  | Intermittent allergic rhinitis  | Must be over the age of 210 mg – used once a day2nd generation antihistamine  | Children under 12Pregnant or lactating womenSymptoms of non-allergic rhinitisSymptoms of Otis media, sinusitis, bronchitis or other infectionSymptoms of undiagnosed or controlled asthma, COPD or other lower respiratory disorder Severe or unacceptable side effects of treatment | Allergen avoidance is the primary nonpharmacological treatment House-dust mites thrive in warm humid environments Lowering household humidity to less than 40% Reduce mite population by removing carpets and bookshelves from patient’s room Bedding should be washed at least weekly in hot water Lessen exposure to outdoor moldWeekly cat baths may reduce the cat-derived allergen loadKeep household clean Pollen is highest early in the morning and lowest after rainNasal wetting agents may help |
| Zyrtec | Cetirizine  | Intermittent allergic rhinitis | Must be over the age of 2More sedating Used once a day2nd generation antihistamine |
| Allegra  | Fexofenadine | Intermittent allergic rhinitis | Must be over the age of 2Separate from fruit juice by at least 4 hoursUsed once a day2nd generation antihistamine |
| Nasacort | Triamcinolone acetate | Persistent allergic Rhinitis | Must be over the age of 2Can be used once or twice a dayMay take up to 2 weeks for complete symptom resolution Safe in pregnancy  |
| Flonase | Fluticasone | Persistent allergic rhinitis  | Must be over the age of 4Can be used once or twice a day May take up to 2 weeks for complete symptom resolution Safe in pregnancy  |
| Nasalcrom | Cromolyn sodium | Prevention of allergic rhinitis | Mast cell stabilizer Must start it at least 2 weeks before allergy season Use it QIDMust be over the age of 2May experience burning in the nose |

|  |
| --- |
| **Cough**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Mucinex | Guaifenesin | Productive cough  | Just as effective as drinking a lot of water Works for chest congestion – breaks up mucus so it is easier to cough it upLasts for 12 hours – take it BIDSafe in pregnancy  | Children under 4 History of symptoms of chronic disease associated with coughCough accompanied by one or more of the following: SOB, chest pain, hemoptysis, chills, night sweats, tight-feeling throat, swollen legs/ankles, cyanosis, unintentional weight loss, rash, persistent headache Cough that produces thick yellow, tan or green mucusCough with a fever (adults greater than 103 and children greater than 102) Cough that lasts more than 7 days or comes and goes and keeps coming back Cough that suddenly worsens as a cold or flu resolvesSuspected drug-associated cough Cough associated with inhalation of dust, particles or objects, if irritant stays in the lungs | Non-medicated lozenges reduce cough by decreasing throat irritationHumidification moistens and soothes irritated airwaysInterventions to promote nasal drainage and hydration Using a bulb to drain children’s nasal passages Propping infants upright when sleepingCaution using 1st generation antihistamines in glaucoma, trouble urinating, respiratory disease, thyroid disease and heart disease |
| Delsym | dextromethorphan | Non-productive cough | Lasts 12 hours so you can sleep through the night Less effective than just taking honeySafe in pregnancy |
| Codeine | Codeine  | Non-productive cough | 4 ounces is the maximum you can get at one time  |
| Benadryl | Diphenhydramine | Non-productive cough | Or any other 1st generation Other first generation antihistamines: Brompheniramine, Chlorpheniramine, Doxylamine Cause sedation and anti-cholinergic effectsCaution in elderly  |
| Vicks Cough Drops | Menthol  | Non-productive cough | N/A |
| Vicks VapoRub | Menthol, camphor | Non-productive cough | N/A |
| Robitussin  | Guaifenesin, dextromethorphan  | Cough and chest congestion | Counterintuitive  |

|  |
| --- |
| **Pediculosis**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| RID | Pyrethrins and piperonyl butoxide | Head or public lice | Apply to affected area, leave on for 10 minutes, then shampoo offRepeat in 7-10 days to kill any remaining eggs Block nerve transmission – causes paralysis and death  | Hypersensitivity to chrysanthemums, ragweed or pediculicide ingredientsPresence of secondary skin infection in lice-infested areaUnder 2 years of age for RIDUnder 2 months of age for Nix Lice infestation of eyebrows or eyelids Pregnancy or breast feeding Presence of active tumors  | Thoroughly wash and dry all clothing, bedding and towelsConsistently vacuum furniture and carpeting Do not share cosmetic tools When lice are discovered, use the specific lice comb to physically remove the lice and eggs from hairSeek medical treatment if symptoms of lice infestation persist after 2nd treatment |
| Nix | Permethrin  | Head lice  | Hair should be washed with shampoo beforeApply to wet washed hair, leave on for 10 minutes and rinse Comb with the lice comb Acts on nerve cell membrane of lice – causes paralysis and deathMore efficacious than RID  |
| Tea tree oil with lavender | N/A | Head lice | Applied to scalp daily for 10 days More efficacious than RID  |

|  |
| --- |
| **Headaches** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Tylenol | Acetaminophen | headache | Do not exceed 4 grams per day due to hepatotoxicity riskAvoid alcoholLess than 2 grams per day in individuals at high risk for liver toxicityMust be over 2 to give APAPPreferred in geriatrics, pregnancy and renal impairment  | Severe head painHeadache persisting for 10 daysLast trimester of pregnancyUnder 8 years of ageHigh fever, or signs of serious infectionHistory of liver disease or 3 or more alcoholic drinks per dayAssociated with underlying pathology (except minor sinus headache)Symptoms of migraine but without formal diagnosis | Limit OTC use to less than 3 days per week Most effective at headache onset Keep a headache log to determine triggers Tension headaches – do relaxation exercises, or physical therapy to stretch head/neck muscles Migraine headache – maintain regular sleeping, eating, exercise, stress management, apply ice packs, limit daily caffeine to < 200 mg, avoid trigger foods and drinks like chocolate, caffeine, aged cheese, MSG, alcohol Sinus headache – humidifiers, sipping hot tea, warn compresses over face  |
| Advil, Aleve, Motrin,(non-salicylate NSAIDs) | Naproxen, ibuprofen | Headache | Causes vasoconstriction and platelet aggregation – can lead to HTN, heart failure, stroke or MIMain side effects are GI relatedIf at high risk for CVD, avoid NSAIDsDrug interactions with bisphosphonates, HTN meds, ACEIs/ARBs, diuretics and anticoagulantsBeing over 60 increases risk for GI bleedingMust be over 6 months old for ibuprofen, over 12 for naproxen |
| Bayer and Ecotrin (salicylate NSAIDs) | Aspirin, magnesium salicylate | Headache | Same as above but low dose aspirin inhibits platelet aggregationTake aspirin at least 30 min before or 8 hours after ibuprofenNot good for rapid pain relief (if enteric coated) – won’t dissolve in the stomachContraindicated in patients with any bleeding disorder or peptic ulcer diseaseMay increase uric acid levelsCannot use if under 15 – Reyes syndromeTake with a full glass of water |
| Excedrin combination products | Acetaminophen, caffeine and/or aspirin | Tension or migraine headache | Caffeine can be used as an adjunct for tension and migraine headaches |
| Goody’s Extra Strength Headache Powder | Acetaminophen, aspirin, caffeine | Tension or migraine headache | Caffeine can be used as an adjunct for tension and migraine headaches |
| Sudafed, Aleve-D, Advil, Excedrin Sinus | Phenylephrine or pseudoephedrine added | Sinus headaches | Decongestant can be used as an adjunct for sinus headachesAvoid in patients with uncontrolled HTN |
| Excedrin, Tylenol, Aleve, Motrin, and Goody’s PM | Diphenhydramine added | Acute pain | Antihistamine can be used as an adjunct for acute pain, limited by drowsiness |

|  |
| --- |
| **Fever**  |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Tylenol | Acetaminophen | Fever with discomfort | 160 mg/5 mL10-15 mg/kg every 4-6 hours for children – max 5 doses per day325-1000 mg every 4-6 hours for adults – max 4 grams per day | ≥ 3 months with rectal temperature ≥ 104< 3 months with rectal temperature ≥ 100.1> 2 years with fever persisting for more than 3 days with or without treatment< 2 years with fever persisting for more than 24 hours Severe symptoms of infection that are not self-limitingRisk for hyperthermia Impaired oxygen utilization or immune function or CNS damageChildren with a history of seizuresChild who develops spots or a rash Child who has risk for dehydration Child who is very sleepy, irritable or hard to wake up  | Use the appropriate dosing device Goal is to maximize comfort, not to normalize temperature Limit treatment to 3 days and if fever persists, go see the doctorAvoid combining with cough and cold products that may also contain APAP or ibuprofen Do not alternate ibuprofen and APAP due to risk of overdose with medication errors Do not give antipyretics before vaccine administration to prevent side effectsMaintain adequate fluid intake (increase 1-2 oz. per hour for children and 3-4 oz. per hour for adults)Sponge bath with warm water Wear lightweight clothing, remove blankets Maintain room temperature at about 68 degrees F |
| Motrin, Advil | Ibuprofen  | Fever with discomfort | 100 mg/5 mLMust be older than 6 months 5-10 mg/kg every 6-8 hours for children – max 4 doses per day 200-400 mg every 4-6 hours for adults – max 1200 mg per day |

* Fever detection
	+ Oral +1 = rectal, tympanic and temporal
	+ Axillary + 1 = oral

|  |
| --- |
| **Musculoskeletal Injuries**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Aspercreme heat pain relieving gel, Bengay ultra strength pain reliving patch, Icy hot, mineral ice | Menthol | Musculoskeletal injury | If you experience wheezing or SOB worsen while on this, stop using it | Severe pain (>6)Experiencing pain for more than 10 daysPain that continues for more than 7 days with a topical analgesicIncreased intensity or change in character of pain Pelvic or abdominal pain Accompanying N/V, fever or other signs of systemic infection or disorder Visually deformed joint, abnormal movement, weakness in any limb, numbness, or suspected fracture Pregnancy Under 2 years of age Back pain and loss of bowel and/or bladder control | Seek medical attention if symptoms do not improve after 7 days RICERegular exercise – proper muscle tone and strength prevent injury Either heat the area or apply a topical, do not do both Apply a thin layer of the topical analgesic Use lowest concentration of menthol that is effective and use it for the shortest duration possibleDon’t apply a bandage or wrapping over topical analgesic |
| Joint flex pain relieving cream | Camphor | Musculoskeletal injury | N/A |
| Capzasin arthritis pain relief, Zostrix hot and cold therapy | Capsaicin  | Musculoskeletal injury | N/A |
| Aspercreme cream/lotion, sportscreme deep penetrating pain relieving rub cream | Trolamine salicylate | Musculoskeletal injury | Avoid if on anticoagulants  |
| Bengay ultra strength pain relieving cream | Methyl salicylate, menthol, camphor | Musculoskeletal injury | If you experience wheezing or SOB worsen while on this, stop using itAvoid if on anticoagulants  |
| Icy hot extra strength/precise pain relieving cream | Methyl salicylate, menthol | Musculoskeletal injury | If you experience wheezing or SOB worsen while on this, stop using itAvoid if on anticoagulants  |
| Aspercreme with lidocaine | Lidocaine  | Musculoskeletal injury |  |
| Aleve direct therapy | Non-medicated  | Musculoskeletal injury | Skin irritation side effect Contraindicated in pregnancy, pacemakers, and other implanted medical devices Designed only for lower back Recommended to wait 30 min between each 30 min session |

|  |
| --- |
| **Natural Products**  |
| **Product Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Kyolic | Garlic | CVD – hyperlipidemia, especially lowering LDL | Bleeding riskDrug interactions with warfarin, antiplatelets, HIV drugs and oral contraceptives Reduces LDL 1-16%Reduces bp 6-12 mm Hg/5-9 mm Hg250-300 mg/day | Not recommended in patients with peptic ulcer disease  | Patients should be counseled on potential risks and be advised to discuss all supplements with their providerPatients should be counseled on potential risks and be advised to discuss all supplements with their provider |
| Coenzyme Q10 | Ubiquinone | CVD – cardiomyopathy, HF and statin myopathy | Reduces warfarin effectiveness100 mg 1-3x per day  | - |
| Fish Oil | Omega 3 fatty acids | CVD – lower TGs and improve CV health | Bleeding risk Drug interactions with warfarin, antiplatelets, oral contraceptives and HTN meds Lowers TGs 14-29% 1-2 g/day – usual dose 2-4 g/day to lower TGs | - |
| Red Yeast Rice | Monacolin K  | CVD – hyperlipidemia  | Myopathy, elevated LFTs, rhabdomyolysis Drug interactions with statins, niacin, gemfibrozil, ethanol, CYP3A4 inhibitors Decreases total cholesterol 10-44%Reduces LDL 7-25%Reduces TG 13-44%Need to monitor liver function at baseline and after 6 months | - |
| Flaxseed Oil | Omega-3 fatty acids | CVD | Not as effective as fish oil  | - |
| - | Butterbur | Migraine prophylaxis Bladder spasms  | Hepatotoxicity Avoid in pregnancy and lactation 75 mg twice daily – usually treat for 4-6 months This one is better than Feverfew | - |
| - | Feverfew | Migraine prophylaxis | Antiplatelet effectsMany other drug interactions Avoid in pregnancy and lactation 50 mg twice dailyUsually treat for 4-6 months Can have withdrawal  | - |
| - | Gingko Biloba | Dementia, Alzheimer | Mild GI side effects, allergic dermatitis and bleeding risk Antiplatelet properties, seizures, additive bp lowering No better than placebo Avoid in pregnancy and lactation  | - |
| - | Melatonin | Insomnia | Take 30 min before bed May cause morning drowsiness 3-10 mg daily Takes 3-4 days to be effective Avoid in pregnancy and lactation  | Avoid with CNS depressants  |
| Unisom Natural Nights | Calcium, vitamin B, melatonin | Insomnia and restless leg syndrome | - | Avoid in pregnancy and lactation |
| - | Valerian Root | Insomnia | Good for jet lag Take 0.5-2 hours before bed400-900 mg daily Can take up to 4 weeks to be effective  | Avoid with CNS depressants and alprazolam |
| - | Kava Kava | Depression, anxiety | Great drug for anxiety, it works, but it will kill you Hepatotoxicity, thrombocytopenia, hearing impairment Dermopathy  | - |
| - | St. John’s Wort | Depression, anxiety | May modulate serotonin, dopamine and norepiTakes several weeks to see an effect900-1800 mg divided in 3 doses with meals Paresthesias, headache, nausea, dry mouth, agitation, sexual dysfunction, photosensitivity CYP3A4 inducer, serotonin syndrome, oral contraceptive and opioid drug interactions | Avoid in pregnancy and lactation | Serotonin syndrome counseling – excitability, rigidity, agitation, sweating, diarrhea  |
| - | Milk Thistle | Digestive system – treat liver disease  | Avoid in pregnancy and lactation Cross reaction with ragweed allergy Questionable if it works  | - | Patients should be counseled on potential risks and be advised to discuss all supplements with their providerPatients should be counseled on potential risks and be advised to discuss all supplements with their provider |
| - | Ginger | Digestive system – for N/V in pregnancy, HIV and post-surgery | 500-2500 mg daily divided Antiplatelet activity Can add vitamin B6 to help with nausea in pregnancy  | - |
| - | Peppermint | Digestive system – for IBS and dyspepsia  | Directly relaxes GI smooth muscle | Avoid in patients with reflux disease  |
| - | Alpha lipoic acid | Diabetes – peripheral neuropathy | 600 mg TIDTake on an empty stomach Separate from antacids by 2-3 hours May take up to 5 weeks for therapeutic effect May lower glucose  | - |
| - | Cinnamon | Diabetes | Lowers glucose and A1cCan cause a rash Questionable if it works  | - |
| - | American Ginseng | Diabetes | Lowers postprandial glucose Decreases warfarin effectiveness Questionable if it works  | - |
| - | Echinacea  | Probiotic/immune health | Used to prevent or treat colds and respiratory infections Increases cytokines, lymphocytes, and phagocytosis Antiviral, antibacterial and antifungalTake at symptom onset Conflicting if it works  | Avoid in allergic rhinitis, asthma, ragweed allergy and if on immunosuppressants or severe systemic illness  |
| Align  | Bifidobacterium  | Probiotics  | Separate from antibiotics by 2 hours Best for infant use Can be used for rotaviral diarrhea, constipation, Crohn’s, UC and IBS | Avoid in immunocompromised patients  |
| Culturelle  | Lactobacillus | Probiotics | Separate from antibiotics by 2 hours Use in antibiotic associated diarrheaCan be used in rotaviral diarrhea  | Avoid in immunocompromised patients |
| Florastor  | Saccharomyces Boulardii | Probiotics  | Best for C. diff associated diarrhea 1 g daily for 4 weeks along with antibiotic treatment Use in antibiotic associated diarrhea | Avoid in immunocompromised patients  |
| - | Saw Palmetto | Prostate | Used to treat BPH symptoms Inhibits 5 alpha reductase GI side effects, pancreatitis and bleeding No more effective than placebo  | Pregnancy category X  |
| - | Glucosamine | Osteoarthritis | Mucopolysaccharide Increases components available for collagen synthesis 1500 mg daily is most effective Takes 6-8 weeks to see benefit Takes 4-6 months for full benefit Nausea, constipation, diarrhea Should not increase blood glucose  | Avoid if severe shellfish allergy  |
| - | Chondroitin | Osteoarthritis | 1200 mg daily Divide dose and take with meals to avoid side effects Takes 6-8 weeks to see benefit Takes 4-6 months for full benefit Nausea, constipation, diarrhea  | Avoid in severe shellfish allergy  | Patients should be counseled on potential risks and be advised to discuss all supplements with their provider |
| Black Cohosh | Remifemin  | Menopause | No estrogenic activity GI effects, weight gain, headache Hepatotoxicity  | Avoid in pregnancy and lactation  |
| Estroven  | Soy Isoflavones | Menopause | Has estrogenic activity GI effects Well tolerated  | Avoid in pregnancy and lactationAvoid if history of hormone sensitive cancers |

|  |
| --- |
| **Essential Nutrients**  |
| **Product Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Niacin |  | Deficiency – Pellagra – in alcoholics and poorly nourished persons | Recommended 12-16 mg/dayGI symptoms, hepatotoxicity, skin lesions, tachycardia, HTN Flushing around the face, neck and earsContraindicated in patients with gastritis or peptic ulcer diseaseNiacin may impair liver function, disturb glucose tolerance and cause hyperuricemia | - | - |
| Caltrate | Calcium Carbonate | Deficiencies – Ca, vitamin D, hypoparathyroidism | Recommended 1-1.3 g/day for individuals older than 1 year High intake of Ca and vitD can prevent PMSCan lead to renal stones, hypercalcemia and constipation  |
| Iron  |  | Deficiency – mainly through blood lossIron deficient anemia | Recommended 8-15 mg/day Tend to irritate GI mucosa and may produce nausea, abdominal pain, constipation and diarrhea |

|  |
| --- |
| **Warts** |
| **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| **Salicylic Acid 40%**Compound W One Step PadsCompound W Pads for FeetCompound W Pads for KidsCompound W Waterproof Invisible StripsCurad Mediplast PadsDr. Scholl’s Clear Away One Step Clear StripsDr. Scholl’s Clear Away Plantar DiscsDr. Scholl’s Clear Always Ultra-Thin Discs DuoFilm Wart Remover Patch for KidsPediFix Wart Stick | Plantar warts | Potential for skin irritation and systemic toxicity  | < 4 years of agePregnancy or breastfeedingMental or physical conditions that limit or prevent the patient from following the product directionsChronic, debilitating conditions that affect sensitivity or circulation of the hands or feet (diabetes)Poor blood circulationLarge or multiple warts located on one area of the bodyPainful plantar wartsWarts located on the face, breasts, armpits, fingernails, toenails, anus, or genitaliaImmunosuppressive medications or medications that contradict the use of salicylic acid | If you are not sure it is a wart, talk to your PCPDo not shave or pick at wartsWash hands after any contact with wartsUse a designated towelDo not share hygiene items (towels, razors, socks, shoes, etc.)Do not walk barefoot, especially in bathrooms or public placesAvoid nail bitingKeep feet clean and dryKeep the product away from the eyes |
| **Salicylic Acid 17%**Compound W Fast Acting GelCompound W Fast Acting LiquidDr. Scholl’s Clear Away Fast Acting LiquidDuoFilm Wart Liquid Remover | Warts on the hands or areas with thinner epidermis |
| **Salicylic Acid 15%**Trans-Ver-Sal 1220 MM Adult Patch  | Common and plantar warts |
| **Cryotherapy (Dimethyl ether, Propane, Isobutene)**Compound W Freeze Off Wart Removal System | Warts | Blistering, scarring, hyper/hypo pigmentation, tendon or nerve damage |
| **Cryotherapy (Dimethyl ether, Propane)**Dr. Scholl’s Freeze Away Wart RemoverKids Wartner Wart Removal SystemWartner Plantar Wart Removal SystemWartner Wart Removal System  | Warts  |

|  |
| --- |
| **Heartburn and Dyspepsia** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| **Antacids** TUMSRolaidsMylantaPepto Bismol Children’s PeptoAlka-Seltzer | Calcium carbonateCalcium carbonate & Mg hydroxideAl hydroxide, Mg hydroxide, simethiconeBismuth subsalicylate Calcium CarbonateAspirin, Na bicarb | Mild, infrequent HB and acid indigestion | Side effects related to salt:Calcium – constipation – safest in pregnancyMg citrate – diarrhea – safest in pregnancyAluminum – constipationSodium Bicarb – renal dysfunction or heart failure population be carefulSeparate from other medications by 2 hoursFast onset & inexpensiveShort DOA, caution in renal function and drug interactionsUse after symptoms occurWith pepto – black stool and tongue | Frequent for >3 monthsHB while taking recommended dosages of OTC or prescription H2RA or PPIHB that continues after 2 weeks of treatment with OTC H2RA or PPISevere HB or dyspepsiaNocturnal HBDifficulty or pain on swallowing solid foodsVomiting blood or black material or black tarry stoolsChronic hoarseness, wheezing, coughing, or chokingUnexplained weight lossContinuous nausea, vomiting or diarrheaChest pain with sweating, pain raiding to shoulder, arm, neck or jaw and SOBChildren <2 (antacids), <12 (H2RAs), or <18 (PPIs)Adults >45 with new onset | Reduce eating fatty mealsDon’t eat right before bedElevation of bed/pillowWeight lossIdentify triggersEat smaller meals |
| **H2RAs**TagametZantacPepcid Complete (H2RA + antacid) | Cimetidine RanitidineFamotidine, Ca carbonate & Mg hydroxide | Mild-moderate, infrequent HB | Take before eating or trigger as prevention Don’t use chronically – toleranceSlower onset but longer DOA than antacidsReduce dose in renal impairedTagamet drug interactions – warfarin, phenytoin, theophylline, amiodarone, metforminH2RA/Antacid combo is the preferred postprandial HB when not pre-medicated with H2RA |
| **PPIs**NexiumPrilosecPrevacid | EsomeprazoleOmeprazoleLansoprazole | Frequent HB (at least 2 days/week or failed with other products) | Longest onset of action (2-3 hours) and longest DOATake 2-3 days for full reliefDon’t use longer than 14 daysWorks best when taken with food and chronicallyCan be used in renal impairedExpensiveAvoid if you have active peptic ulcer/bleeding | Same as above plus:Take with food, do not crush or chewDecreased calcium absorptionCYP2C19 interactionsNot for acute or occasional HB |
| **Tobacco Cessation** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Nicotine Gum | Nicotine | Cigarette smoke cessation | Caution with stomach ulcers and diabetesNot recommended in patients with TMJUnpleasant taste, mouth irritation, jaw muscle soreness, hyper salivation, dyspepsiaUse every 1-2 hours while awake (around 9 piece/day)Max 24 pieces/day | Serious heart disease (recent MI within 1 year, irregular heartbeat, severe angina)HypertensionPregnant or breast feeding<18 years Active peptic ulcer diseaseUsing smokeless tobacco (these OTCs are only indicated for smoking)  | Behavioral counseling is 1st line for light smokers (<10/day)Ask, advise, assess, assist, arrangeGum and Lozenge - If time to first cig is <30 min of waking up, start with 4mg Gum - Use “chew and park” method: Chew slowly until tingling sensation, park gum between cheek and gum, when tingling stops, chew again. Repeat until taste/tingle is goneLozenge – Allow to dissolve slowly in mouth. Don’t chew or swallow. Rotate around mouth to prevent irritation. Don’t eat or drink 15 min before or while usingPatch – remove at night for nocturnal symptomsRemove patch before MRIApply to clean, dry, hairless area at the same time daily. Apply to a different place each day. Hold firm pressure for 10 seconds to ensure good seal. Wash hands after applying/removing patch. Don’t leave on longer than 24 hours. Don’t cut patch. Can swim, exercise and bathe while wearing.If you stop, reduced risk of heart attack, CHD and stroke, bp decreases, lung function and circulation improves  |
| Nicotine Lozenge | Nicotine | Cigarette smoke cessation | Don’t use in patients with diabetes or stomach ulcersSame PK as gum, but delivers 25% more nicotineUse 1 every 1-2 hours while awake (at least 9/day)Use additional for cravings between scheduled dosesMax 20/dayMouth irritation, nausea, insomnia, heartburn If still using after 12 weeks, see provider |
| Nicotine Patch | Nicotine | Cigarette smoke cessation | Smoke >10 cigs/day, start with higher strength (21 mg) Smoke <10 cigs/day, start with 14 mgLocal skin irritation, vivid/abnormal dreams, insomnia, headacheAvoid with underlying dermatologic conditions  |

|  |
| --- |
| **Insomnia, Drowsiness and Fatigue**  |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Antihistamines | Diphenhydramine Doxylamine | For occasional insomnia | Anticholinergic effectsCaution in older adults and those with BPH | < 12 years of age or > 65 years of agePregnancy Chronic insomnia (>3 weeks)Sleep disturbances secondary to psychiatric/general medical disorder | Avoid caffeine, alcohol or nicotine 4-6 hours before bedExercise regularly but not within 2-4 hours of bed If unable to sleep, get up feeling tiredAvoid using electronic devices around bedtimeMake bedroom comfortable for sleeping Avoid meals within 2 hours of bedtimeAvoid daytime napping |
| Dietary supplements | Melatonin Valerian root  | Melatonin – most benefit in short term use and for jet lag |
| NoDoz | 200 mg Caffeine | Fatigue  | Caffeine is the only FDA approved OTC stimulant Over 250 mg can increase HR and bp Caution drug interactions via CY1A2Must adults consume an average of 227 mg of caffeine per day | < 12 years of age Heart disease Medication-induced Pregnancy or breast feeding Anxiety disorder Chronic fatigue  | Good sleep hygiene should be emphasized first Coffee (8 oz.)-108 mg caffeine Espresso (2 oz.)-100 mg caffeine Mountain dew (12 oz.)-54 mg caffeine Tea (8 oz.)-40 mg caffeine |
| Excedrin Migraine | 65 mg Caffeine |

* Medications associated with insomnia – alcohol, steroids, antidepressants, amphetamines, caffeine, decongestants, nicotine, albuterol

|  |
| --- |
| **Intestinal Gas**  |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| GasX | Simethicone | Treatment of intestinal gas | First line treatment  | Symptoms that persist for more than several months or occur more than occasionally (several times per month) Severe debilitating symptoms Sudden change in location of painSignificant increase in the frequency or severitySymptoms in individuals > 40 years of ageSignificant abdominal discomfort or sudden change in bowel function Presence of accompanying diarrhea, constipation, GI bleeding, fatigue, unintentional weight loss or frequent nocturnal symptoms | Relax before eating and chew food slowly and thoroughly Do not overload the stomach Keep a dietary diary while tracking symptoms Avoid caffeinated and carbonated beverages Avoid gas-producing foods Avoid or minimize certain drugs that can cause symptoms Develop a regular routine or exercise and rest  |
| CharcoCaps | Activated Charcoal | Treatment of intestinal gas | More useful for very smelly gas or in those where GasX did not workShould not be used in children  |
| Beano | Alpha Galactosidase | Prevention of intestinal gas | Will hydrolyze the long chain carbohydrates (fiber) Decreases the amount of GI irritation that the food may cause Not approved in children Will increase absorption of carbohydrates – can be an issue in diabetic patients Take with first bite of food |
| Lactaid | Lactase Enzyme | Prevention of intestinal gas | Not approved in children Take with first bite of food |

* Gas producing foods
	+ Vegetables – Brussel sprouts, cabbage, onions, green salads
	+ Grains
	+ Beans
	+ High sugar and fatty foods
	+ Dairy products
* Gas producing drugs
	+ Antibiotics and anticholinergic drugs
	+ Metformin
	+ Orlistat
	+ Narcotics
	+ Psyllium
	+ Alka-Seltzer
	+ Lactulose – affects intestinal flora
	+ Cholestyramine

|  |
| --- |
| **Diarrhea** |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Imodium A-D Caplets | Loperamide | Anti-diarrhealAcute, non-specific diarrhea | Few side effects, other than occasional dizziness and constipationDDI: No clinically significant, except saquinavirPatient must be over 6 years of ageAdults – 4 mg initially and 2 mg after each loose stool (max 8 mg/day)Child 6-8 (48-59 lbs.) – 2 mg initially and then 1 mg after each loose stool (max 4 mg/day)Child 9-11 (60-95 lbs.) – same as 6-8 years old but max is 6 mg/day | < 6 months of ageSevere dehydration: children with behavioral changes, no urine output in 8 hours, or no tears when crying≥ 6 months of age with persistent high fever (>102.2°F)Blood, mucus, or pus in the stoolProtracted vomitingOrthostatic hypotensionSevere abdominal pain/distressRisk for significant complications: DM, severe CVD, renal disease, frail patients ≥65 y/o, immunosuppressed patients, or multiple chronic medical conditionsPregnancyChronic or persistent diarrheaInability to administer or tolerate ORS, or suboptimal response to ORS already administeredCannot treat protozoal induced diarrhea | Do not withhold food for longer than 24 hours and encourage the re-introduction of age-appropriate diet once patient is rehydratedOnce source contaminate known, implement strategies to minimize exposure to others:-Isolating the individual-Hand-washing-Strict food-handling and sanitationInitial self-management for mild-moderate, uncomplicated diarrhea should focus on fluid and electrolyte replacementSymptoms should improve, and in most cases, resolve, within 24-48 hours; If symptoms persist or worsen beyond this time, the patient should see their PCPCalculate an appropriate dosage based on the patient’s age and weight, and emphasize the number of doses that can be taken in 24 hoursExplain drug interactions, side effects, contraindications and maximum duration of treatment  |
| Imodium Advanced Caplets | Loperamide; Simethicone | Anti-diarrhealAcute, non-specific diarrhea | Best for diarrhea and intestinal gas togetherPatient must be over 6 years of age |
| Pedialyte | ORS | For mild-moderate diarrhea | Children 6 months to 5 years old – begin ORS: 50-100 mL/kg over 3-4 hoursChildren 5 years and older, adolescents, and adults – begin ORS at 2-4 L over 3 hours + replace ongoing loss of body fluid and electrolytes; Initiate symptomatic drug therapy as well |
| Pepto Bismol /Kaopectate | Bismuth Subsalicylate | Acute diarrheaTraveler’s diarrheaFor children > 12 years old & adults | Dose-related tinnitus, harmless black staining of tongue and darkening of stoolDDI: Aspirin, or other salicylate containing drugsPatient must be over 12 years of ageAdults – 525 mg every 30-60 min, up to 4200 mg/day (8 doses)Children – not recommended |

* Assessing dehydration and diarrhea severity
	+ Minimal – no fever, blood pressure, breathing or mental status changes
		- <3% loss of body weight from baseline
		- <3 unformed stools/day
	+ Mild-moderate – thirsty, cool extremities and/or dry mucous membranes
		- 3%-9% loss of body weight
		- 3-5 unformed stools/day
	+ Severe – mental status changes, fever, cold extremities, low bp, severe abdominal pain
		- >9% loss of body weight
		- 6-9 unformed stools/day
* Special Populations
	+ Children: ≤ 5 – rehydration with ORS only
	+ Elderly: ≥ 65 years old – cautioned against self-treatment
	+ Pregnancy – refer for evaluation before self-treating
		- Loperamide is Pregnancy Category C
		- Bismuth subsalicylate is contraindicated

|  |
| --- |
| **Nausea and Vomiting**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Bonine Chewable Tablets/Dramamine Less Drowsy Tablets | Meclizine HCl (Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retentionOnly use in children > 12 Typically dosed 1 hour prior to travel and 1 dose per 24 hours | Suspected Food PoisoningSevere abdominal pain in the middle or right lower quadrantN/V with fever and/or diarrheaBlood in the vomitusStiff neck (headache)Drug-induced N/VSevere symptoms in pregnancy or breastfeeding | **For** **Motion Sickness**: 1st line is non-pharm Avoid reading during travelAvoid excess food or alcohol before travelSit where motion is least experienced (wings of the plane)Avoid strong odors from food or tobacco smokeAcupressure wristbands**For N/V:**Fresh air in the room where you sleepEat several dry crackers and rest for 10 minutes getting out of bedRise slowlyEat 4-5 small meals per day instead of large mealsDrink small sips of liquid between mealsAvoid greasy or fatty foods; Eat dry, bland, and high-protein foods |
| Bonine Kids Chewable Tablets/Marenzine Tablets | Cyclizine HCl(Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retentionOnly use in children > 6Typically dosed 30-60 minutes prior to travel and continuously throughout travel |
| Dramamine Original Chewable Tablets | Dimenhydrinate(Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retentionOnly use in children > 2Typically dosed 30-60 minutes prior to travel and continuously throughout travel |
| Benadryl | Diphenhydramine(Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retentionOnly use in children > 2Typically dosed 30-60 minutes prior to travel and continuously throughout travel |
| Emetrol Cherry Flavor Liquid | Phosphoric Acid; Dextrose; Fructose | Best for N/V associated with food beverage or overeating | Stomach Pain and Diarrhea15-30 mL every 15 minutes until distress resolves for adults 5-10 mL every 15 minutes for children 2-12 years of ageUse in caution in those with diabetes |

* Use ORS for dehydration associated with N/V
* Pregnancy guidelines – always seek medical attention before starting OTC therapy for N/V
	+ Pyridoxine – pregnancy category A – first line
	+ Doxylamine – pregnancy category A – second line
		- Can be used in combination with Pyridoxine
	+ Ginger – compatible during pregnancy with comparable efficacy as Pyridoxine
	+ Antihistamines – pregnancy category B
		- For more severe and failed other options

|  |
| --- |
| **Constipation**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| **Bulk Forming:** Citrucel Powder | Methylcellulose | Dissolve or swell in intestinal fluid which stimulates peristalsis  | Separate from other meds by 2 hoursFirst line – not systemically absorbed | Marked abdominal paint or significant distention or crampingMarked or unexplained flatulenceFeverNausea and/or vomitingPresence of a chronic medical condition that may preclude self-care laxative treatmentDaily laxative useUnexplained changes in bowel habits, especially if accompanied by weight lossBlood in stool or dark, tarry stoolMarked change in character of stoolAny bowel symptoms that persists > 2 weeks or recur over a period of at least 3 monthsAny bowel symptoms that recur after dietary or lifestyle changes, or laxative useIBSAnorexiaAge < 2 yearsSigns of systemic or severe illnessPresence of other GI conditions (IBS or colostomy) | Increasing dietary fiber intake (slowly)14 grams per 1000 kcal daily~25 g/day adult women~38 g/day adult menFiber supplements also available commerciallyIncrease fiber over 1-2 weeksEffects are not immediate (3-5 days)Fluid intake: 2 L/dayExerciseBowel habitsRectal bleeding or persistent constipation warrant medical referral Explain that individual bowel habits vary Overuse of laxatives can cause diarrhea, nausea, vomiting, and electrolyte imbalances No literature supports a medical benefit in terms of colon cleansing for “detoxification”Patients not responding after 7 days should be referred to a primary care provider“If I give the enema, you don’t look to the sky” |
| **Bulk Forming:** Fibercon | Calcium Polycarbophil | Dissolve or swell in intestinal fluid which stimulates peristalsis  | Separate from other meds by 2 hoursUse caution – Ca contentFirst line – not systemically absorbed |
| **Bulk Forming:** Metamucil, Konsyl | Psyllium | Dissolve or swell in intestinal fluid which stimulates peristalsis  | Separate from other meds by 2 hoursFirst line– not systemically absorbed |
| **Hyperosmotic:** Miralax | Polyethylene Glycol 3350 | Draw water into the colon | Onset is 12-72 hours17 grams of powder mixed 4-8 oz. water |
| **Hyperosmotic:** Fleet Glycerin Suppository |  Glycerin Suppository | Draw water into the colon  | Onset is 15-30 minutes |
| **Emollient:** Colace | Docusate Sodium | Used to prevent straining of hard, dry stools“the mush” | Preferred if a stool softener is needed over mineral oil due to safety concernsIncreases wetting– soften fecal massOnset is 12-72 hoursDo not take with mineral oil  |
| **Lubricant:** Fleet Mineral Oil Enema | Mineral Oil 100% | Coats the stool and softens fecal contents | Lipid pneumonia from aspirationAnal pruritusImpaired fat-soluble vitamin absorption (A, D, E, K)Do not use in children <6, pregnancy, older adults and those with difficulty swallowingOral onset – 6-8 hoursRectal onset – 5-15 minutes |
| **Lubricant:** Kondremul Emulsion  | Mineral Oil 55% | Coats the stool and softens fecal contents | Lipid pneumonia from aspiration of mineral oilAnal pruritusImpaired fat-soluble vitamin absorption (A, D, E, K)Do not use in children <6, pregnancy, older adults and those with difficulty swallowing |
| **Saline:** Magnesium Citrate Oral Solution | Magnesium Citrate  | Used for bowel evacuation before procedures | Can cause electrolyte imbalancesDo not use in patient who cannot tolerate fluid loss |
| **Saline:** Fleet Enema, Pedia-Lax Enema | Monobasic Sodium Phosphate, Dibasic Sodium Phosphate | Used for bowel evacuation before procedures | Can cause electrolyte imbalancesDo not use in patient who cannot tolerate fluid loss |
| **Saline:** Phillip’s Milk of Magnesium Suspension) | Magnesium Hydroxide | Used for bowel evacuation before procedures | Can cause electrolyte imbalancesDo not use in patient who cannot tolerate fluid loss |
| **Stimulant:** Dulcolax | Bisacodyl | Increase intestinal motility by local irritation or activity at the intramural nerve plexus “the push” | Excessive use can cause hypermotility resulting in nausea, vomiting, cramping, fluid deficienciesEnteric coated Bisacodyl tablets: Do not chew or crushSeparate from antacids, H2As, PPIs, and milk by 1 hour |
| **Stimulant:** Senokot | Sennosides | Increase intestinal motility by local irritation or activity at the intramural nerve plexus “the push” | Excessive use can cause hypermotility resulting in nausea, vomiting, cramping, fluid deficiencies |
| **Stimulant:** Fletcher’s Laxative for Kids | Senna Concentrate | Increase intestinal motility by local irritation or activity at the intramural nerve plexus “the push” | Excessive use can cause hypermotility resulting in nausea, vomiting, cramping, fluid deficiencies |
| **Combo:** Senokot-S | Sennosides and Docusate  | Mush and a push |  |

* Special Populations
	+ Children
		- Assess causes and rule out impaction
		- Fiber intake (age >2) = age in years + 5 g/day
		- Recommendations:
			* < 2 years old – exclusion for self-care
			* 2 to < 6 years old – docusate, magnesium hydroxide, Senna
			* 6 to < 12 years old – methylcellulose, calcium polycarbophil, psyllium powder, docusate, mineral oil, magnesium citrate, magnesium hydroxide, Bisacodyl, castor oil
	+ Elderly – 65-year-old more prone
		- Always perform a medication review
		- Bulk-forming laxatives are typically first line
		- Avoid mineral oil & saline laxatives
	+ Pregnancy – can affect up to 1/3 of pregnant patients
		- Goal is to achieve soft stools without laxatives
		- Bulk-forming agents also considered first-line
		- Avoid castor oil, mineral oil, and saline laxatives

|  |
| --- |
| **Anorectal Disorders** |
| **Product Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Local Anesthetics (**LAs**) Americaine Ointment | Benzocaine | Block transmission of nerve impulses  | Do not apply to open sores Do not use internallyProduce a cool, warn or tingling sensation | Signs or symptoms of serious anorectal disordersAnorectal disorders, including hemorrhoids, in patients <12 yearsDiagnosed GI diseases associated with colorectal bleeding: UC, Crohn’sFamily history of colon cancerPotentially serious anorectal disorder such as abscess, fistula or fissures, neoplasm or malignancy, or anorectal disorders previously diagnosed by PCPAnorectal signs or symptoms such as acute onset of severe pain; bleeding; seepage; prolapse; thrombosis; black tarry stools; and moderate-severe, burning, inflammation, swelling, and discomfortMinor anorectal symptoms that do not respond to 7 days of self-treatment | Increasing dietary fiber intakeAvoid sitting on the toilet for long periods of timeSitting in warm water or a sitz bath for 10-20 minutes 2-4 times dailyLarge hemorrhoids are treated with surgeryAvoid lifting heavy objectsIf pregnant, only use products for external use, but protectants can be used internally  |
| **LAs**Tronolane Anesthetic Hemorrhoid Cream  | Pramoxine HCl; Zinc Oxide | Block transmission of nerve impulses | Do not apply to open sores Do not use internallyDo not use if you have Pramoxine allergiesProduce a cool, warn or tingling sensationMethemoglobinemia, tinnitus, SOB |
| **LAs** TUCKS Hemorrhoidal Ointment | Pramoxine HCl; Zinc Oxide; Mineral Oil | Block transmission of nerve impulses  | Do not apply to open sores Do not use internallyProduce a cool, warn or tingling sensationMethemoglobinemia, tinnitus, SOB |
| **LA**sTUCKS Fast Relief Spray | Pramoxine HCl | Block transmission of nerve impulses; Patients with allergies to local anesthetics should use pramoxine (a counterirritant) | Do not apply to open sores Do not use internallyProduce a cool, warn or tingling sensation |
| **Vasoconstrictors**Preparation H Cooling Gel | Witch Hazel; Phenylephrine HCl | Stimulate alpha-adrenergic receptors resulting in vasoconstriction | Increased heart rate, tremor, increased blood pressure (Phenylephrine effects on CNS are minimal)Do not use in patients taking antihypertensives, antidepressants, cardiac medications, etc. |
| **Vasoconstrictors**Preparation H Suppositories | Phenylephrine HCl; Cocoa Butter | Stimulate alpha-adrenergic receptors resulting in vasoconstriction | Increased heart rate, tremor, increased blood pressure (Phenylephrine effects on CNS are minimal)Do not use in patients taking antihypertensives, antidepressants, cardiac medications, etc.Methemoglobinemia, tinnitus, SOB |
| Skin Protectants **(SP)**Preparation H Ointment | Mineral Oil; Petrolatum; Phenylephrine HCl | Provide a physical barrier which prevents further irritation  | Petrolatum or greasy ointments should be removed prior to applying products with Kaolin or aluminum hydroxide gel  |
| **SP**TUCKS Internal Soothers Suppositories | Topical Starch | Provide a physical barrier which prevents further irritation  | Petrolatum or greasy ointments should be removed prior to applying products with Kaolin or aluminum hydroxide gel |
| **Corticosteroids**Preparation H Anti-Itch Cream Hydrocortisone 1% | Hydrocortisone 1% | Vasoconstrictor and AntipruriticHydrocortisone 1% is the only corticosteroid approved for OTC use  | Onset may take up to 12 hours but duration is longer Can mask bacterial and fungal infections |
| Misc. Combo Products **(MCP)** Preparation H Maximum Strength Pain Relief Cream | Glycerin; Phenylephrine HCl; Pramoxine; White Petrolatum | For External Use | Methemoglobinemia, tinnitus, SOB |
| **MCP**Preparation H Medicated Wipes | Witch Hazel | For External Use | Stinging Sensation |
| **MCP** TUCKS Medicated Cooling Pads | Witch Hazel | For External Use | Stinging Sensation |

|  |
| --- |
| **Diaper Dermatitis** |
| **Product Brand** | **Product Generic** | **Indication** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| A + D Original Ointment | Petrolatum; Lanolin | DD – skin protectant | Lesions present > 7 daysLesions have not improved in 7 days despite appropriate careTherapy complicated by secondary infectionLesions part of or caused by another disease statePresence of diaper dermatitis outside diaper regionDD possibly associated with a UTI or disfigurement of the penis or vulvaPresence of broken skin due to disease progression or patient actionOnion-skin-like appearance of bulla formation in the affected areaOozing, blood, vesicles, or pus at lesion sitesChronic or frequently recurrent lesionsPresence of constitutional symptomsSignificant behavioral changes in patientComorbid conditions | Increase diaper changes to at least 6 per dayWipe gently with soft materialFlush skin with water while changing Gently dry the area or allow to air dryUse disposable diapersDo not use rubber or plastic pants over cloth diapers (this would encourage skin breakdown)Do not wipe the infant with the diaperAvoid starched or stiff diapersAvoid commercial baby wipes that contain alcohol, perfumes and soap, which may burn or sting the skinIf able, let the infant go without a diaper for short periods of time to help dry the rashIf an infection is suspected-referring to PCPThe best treatment for diaper rash is prevention  |
| A + D Zinc Oxide Ointment | Zinc Oxide; Dimethicone  | DD – skin protectant |
| Aquaphor Healing Ointment | Petrolatum; Lanolin; Mineral Oil | DD – skin protectant |
| Balmex Diaper Rash Cream | Zinc Oxide; Dimethicone; Mineral Oil | DD – skin protectant |
| Boudreaux’s Butt Paste | Zinc Oxide; Castor Oil; Mineral Oil; Peruvian balsam; Petrolatum | DD – skin protectant |
| Caldesene Baby Cornstarch Powder with Zinc Oxide | Talc; Zinc Oxide | DD – skin protectant |
| Desitin Maximum Strength Original Paste | Zinc Oxide; Cod Liver Oil; Lanolin; Petrolatum; Talc | DD – skin protectant |
| Flanders Buttocks Ointment | White Petrolatum; Zinc Oxide; Beeswax; Castor Oil; Mineral Oil; Peruvian Balsam | DD – skin protectant |
| Lansinoh Diaper Rash | Dimethicone; Lanolin; Zinc Oxide; Chamomile; Corn Starch; Jojoba; Petrolatum | DD – skin protectant |
| Triple Paste Medicated Ointment | Zinc Oxide; Cornstarch; Lanolin; White Petrolatum | DD – skin protectant |
| Vitacilina Bebe Diaper Rash Ointment | Petrolatum; Zinc Oxide; Allantoin; Cornstarch; Mineral Oil; Vitamin A and D | DD – skin protectant |

|  |
| --- |
| **Prickly Heat**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Aveeno Daily Moisturizing Lotion | Colloidal oatmeal | Prickly Heat | - | Lesions do not resolve after 7 daysSigns of systemic manifestation such as lethargy, increased respiration, and high pulse rate | Wearing light, loose fitting clothingKeeping skin dryUse only water-washable, cream based productsDo not overuse the product**Key Points**:Prickly heat will typically resolve on its own once occlusion and wetness are resolvedPrickly heat lasting >7 days warrants medical referral |
| Extra Strength Benadryl Itch Stopping Cream | Diphenhydramine HCl 2%; Zinc Acetate 0.1% | Prickly Heat |
| Cortizone-10 Maximum Strength Anti-Itch Cream | Hydrocortisone 1% | Prickly Heat | Do not use in infantsOnly use if area affected is < 10% of body surface area  |
| Eucerin Skin Calming Itch Relief Treatment | Menthol | Prickly Heat | - |
| Lubriderm Daily Moisture Lotion | Water; glycerin; mineral oil | Prickly Heat |

|  |
| --- |
| **Vaginal/Vulvovaginal and Emergency Contraceptives**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Gynazole 1 | Butoconazole Nitrate 2% | Vulvovaginal Candidiasis (VVC)- “Yeast Infection”  | Topical Adverse Reactions include Burning, Itching, and Irritation Drug Interactions: Warfarin   | Suspected trichomoniasis and bacterial vaginosis Never been diagnosed with VVC before Patients <12 years oldPregnantFever or pain in lower abdomen, back or shoulderRecurrent VVC (≥4 infections in the past year or previous infection in past 2 months) Current contributing medications: corticosteroids or anti-neoplastics Medical disorders that can predispose to VVC: DM or HIV  | Ideal patient for self-treatment: mild-moderate current symptoms and minimal dischargeWearing breathable, light, loose fitting clothingKeeping skin dryEating yogurt with live cultures or taking probiotics regularlyAvoiding Trigger Foods: Chocolate Reduce refined sugarsDiscontinue causative medications (contraceptives, antibiotics, steroids) – PCP must OK thisIf symptoms get worse after 3 days or don’t improve after 7 days, see PCPThe number on the box tells you the treatment days Regimen should be used for the full duration- if pt. selects 1, 3, or 7-day regimen they should stick to it even if symptoms resolve  |
| Monistat 7 Cream | Miconazole Nitrate 2% | Vulvovaginal Candidiasis (VVC)- “Yeast Infection” |
| Vagistat-1 Ointment 1-Day Ointment | Tioconazole 6.5% | Vulvovaginal Candidiasis (VVC)- “Yeast Infection” |
| Gyne-Lotrimin 3 Cream  | Clotrimazole 2% | Vulvovaginal Candidiasis (VVC)- “Yeast Infection” |
| Vagisil Maximum Strength | Benzocaine 20%; Resorcinol 3%  | Treatment of Vaginal Itching | Just helps with itching and irritation – doesn’t treat the infection Reserved for limited use  |
| Summer’s Eve Feminine Powder/ Vagisil Feminine Powder | Cornstarch; Aloe; Mineral Oil  |
| K-Y Jelly  | Glycerin; Hydroxyethylcellulose | Atrophic Vaginitis  | Goals are to reduce symptoms of vaginal dryness, burning, itching and dyspareunia Temporarily moistens vaginal tissues Mostly used short-term Atopic vaginitis – inflammation of the vagina due to low estrogen – occurs during menopause, post-partum bleeding, chemo, breast feeding, anti-estrogen meds | Severe vaginal dryness or dyspareunia (painful intercourse) Non-localized symptoms Symptoms not relieved by personal lubricantsVaginal bleeding present  | Symptoms should be improved within a week or lessPt. should avoid irritants Call provider is symptoms do not improve or bleeding persists after 1 week Sexual arousal and intercourse can improve symptoms by increasing lubrication Do not use petroleum jelly – difficult to remove from vagina  |
| Plan B One-StepNext Choice One DoseMy Way  | Levonorgestrel | Emergency Contraceptive  | Remember that it is not 100% effective and is more effective the earlier it is taken Most common adverse event is N/V Does not protect against STIs and should not be used as regular contraception  | >5 days after unprotected intercourse  | If patient does not hold dose down (vomits) within 1-2 hrs. after taking dose, they should purchase another doseOTC use hormonal therapy to prevent pregnancy is restricted to 3-5 days after unprotected intercourse Copper IUC can be placed up to 8 days after (by PCP)If menstrual cycle has not occurred within 21 days, take a pregnancy test |

* Natural Products to treat VVC
	+ Tee Tree Oil – treatment for 6 days
	+ Gentian violet – you must soak your tampon in it
		- The color of the bottle is the color of the liquid – it will stain – be careful
		- Treatment for 5 days
	+ Boric acid – gelatin capsule that can be inserted once or twice a day for 14 days

|  |
| --- |
| **Dry Skin and Atopic Dermatitis**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Eucerin Cream | Petrolatum; Mineral Oil; Mineral Wax; Wool Wax Alcohol  | Dry Skin (emollient and moisturizer)  | In severe cases, use product containing a humectant (glycerin or urea) Caution in elderly-slippery bath tub Can add corticosteroid for inflammation & itching but not for more than 7 days  | **For Dry Skin:** Worsening dryness after 7 days of treatment Dry skin is a chronic disorder  **For Atrophic Dermatitis:**Moderate-Severe Condition with intense pruritis Large area of body involved < 1 years of ageSkin appears infected (pussing, drainage, inflammation, etc.) Involvement of face or intertriginous areas  | Limit bath time to 3-5 minutes 2-3 times/week with tepid waterOil-based emollients applied directly after bath after patting skin dry and leaving beads of moistureApply moisturizers at least 3X dailyHumidifiersStay hydrated  |
| Aveeno Moisturizing Bath Treatment Formula  | Mineral Oil; Colloidal Oatmeal 43%  | Dry Skin (Bath Oils)  |
| Lubriderm Daily Moisturizing Lotion | Mineral Oil; Petrolatum; Sorbitol; Lanolin; Lanolin Alcohol; Triethanolamine  | Dry Skin (emollient and moisturizer) | Do not use in infants |
| Cetaphil Gentle Skin Cleanser Liquid  | Cetyl Alcohol; Stearyl Alcohol; Polyethylene Glycol (PEG)  | Dry Skin (Cleanser)  | N/A |
| Hydrocortisone 1% | Hydrocortisone 1% | Dry Skin (for inflammation and itching)Atrophic Dermatitis  | Goals of treatment are to stop the itch-scratch cycle, maintain skin hydration, avoid/minimize triggers and prevent secondary infections Safe in children over 2 years of age Apply 1-2 times daily Avoid if skin is open or cracked Report skin thinning to primary care provider Most commonly develops before age 5 Bathe in colloidal oatmeal bath or add bath oil at the end of the bath can also help | Take short baths with tepid water and pat dry Enhance skin hydration – apply moisturizer within 3 minutes of bathing Use mild non-soap cleansers (Cetaphil) Avoid triggers Avoid occlusive clothing or irritating fabrics – use a 2nd rinse cycle in laundryOozing or weeping lesions: use cool tap water compresses and avoid ointments If no improvement or worsens after 2-3 days of treatment, see PCP |
| **Contact Dermatitis** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Calamine Lotion | Calamine | Contact Dermatitis  | Calamine works to dry the lesions  | < 2 years of agePresent for > 2weeksNumerous bullae or severe vesicle formation >20% body surface area involvedSwollen eyes or eyelidsMouth, nose, eyes or anus involvementFailure of self-management after 7 days | Removal/avoidance of antigen Tepid showers or cool baths |
| Aveeno Soothing Bath Treatment  | Colloidal Oatmeal  | Contact Dermatitis- for cleansing/itching  | Add to running bath waterSoak for 15-20 minutes; twice daily Use caution with young children and elderly—makes tub very SLIPPERY Do not scratch while in the shower |
| Domeboro Astringent Solution | Aluminum Sulfate; Calcium Acetate  | Contact Dermatitis  | Do not use in infantsOnly use if area affected is < 10% of body surface area  |  |
| Cortaid  | Hydrocortisone 1% | Contact Dermatitis Relief of itching, decrease in inflammation, dries lesions  | Avoid ointment with open lesionsUsually applied 2X daily and not to large areasDo not apply bandages to areas treated with hydrocortisone Do not apply on children <2 years of age  |  |
| Burow’s Solution | Aluminum Acetate 5% (astringent)  | Contact Dermatitis  | Dries – but it burns – must be dilutedPatients don’t prefer this  |  | May soak affected area for 15-30 minutes 2 times daily  |

* Treatment of Allergic Contact Dermatitis:
	+ Usually resolves in 10-21 days (due to immune system) – Don’t use local anesthetics spray, antibiotics and topical antihistamines
* Deciding on treatment:
	+ Open blisters or vesicles🡪 Hydrocortisone CREAM, aluminum acetate, cool baths, tepid showers, colloidal oatmeal baths
	+ No open blisters or vesicles🡪 Hydrocortisone ointment OR cream, tepid showers, colloidal oatmeal bath, calamine
	+ Upon reassessment 2 days later🡪 ***oral antihistamine*** if itching not improved (Loratadine, Cetirizine or Benadryl)
	+ Upon reassessment in 1 week🡪 no improvement🡪 ***medical referral***

|  |
| --- |
| **Fungal Skin Infections**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Desenex Antifungal Liquid Spray  | Miconazole | tinea pedis, tinea cruris, tinea corporis | Skin irritation, burning and stinging NO DDI (topical) Apply BID for 2-4 weeks  | Tinea capitis—scalp involvementNail involvementUnclear what caused it Failure of initial treatment or worseningFace, mucous membrane or genitalia involvement Possible bacterial infectionExcessive exudationCondition unbearableOther disease states: DM, systemic infection, immunodeficiencyFever/malaise or both    | Do not share towels or clothingCleanse the skin dailyDo not wear clothes that cause skin to stay wet Avoid contact with people that have current fungal infectionsWash towels and clothing in hot water and dry in dryerInfection has to be cleaned and dried daily**Antifungals:** Massage into affected areaAvoid eyesWash hands before and after application May cause irritation, redness, itching General- Treat jock itch for 2 weeks and tinea pedis for 4 Solutions and creams are best for delivery as compared to powders and sprays Choose agents based upon type of fungal infection and patient compliance  |
| Lotrimin AF  | Clotrimazole  |
| Lamisil AT Cream  | Terbinafine | Interdigital tinea pedis, tinea cruris, tinea corporis | Irritation, burning, itching/DrynessNo DDI (topical)Apply sparingly BID Been shown to cure tinea pedis  |
| Lotrimin Ultra Antifungal Cream  | Butenafine  | Cure for tinea pedis (between toes), tinea cruris, and tinea corporis  | Low incidence SEs No DDIsFor foot fungus: apply thin film between toes BID for 1 week, then once daily for 4 weeks For jock itch or arms and legs:Apply thin film daily for 2 weeks  |
| Tinactin Powder Spray  | Tolnaftate  | Prevention and treatment tinea infections  | StingingNO DDIs Apply sparingly twice daily after area cleaned thoroughly (usually 2-4 weeks)  |
| Burow’s Solution | Aluminum Acetate  | Relieves inflammation and dries out affected areaNo antifungal activity  | Careful with storage, where applied on body and duration of use (don’t use near eyes and store away from children)Must be diluted Usually used BID for 1 week | Contraindicated for use with deep fissures |
|  | Aluminum Sulfate  |

* Deciding on treatment for antifungals:
	+ Groin involvement with erythematous and unclear lesions🡪 ***medical referral***
	+ Groin involvement with clear lesions 🡪 Antifungal BID X 2 weeks and non-pharmacologic treatment
	+ Lesions on trunk
		- Without clear scaling and edges 🡪 ***medical Referral***
		- With clear scaling and edges 🡪 Antifungal BID X 4 weeks and non-pharmacological treatment
	+ Tinea Pedis:
		- **Lesions** with or without inflammation
			* With inflammation🡪 aluminum acetate solution then antifungal treatment BID X 4 weeks and non-pharmacological treatment
			* No inflammation🡪 antifungal BID X 4 weeks and non-pharmacological treatment
		- **Wet** with fissures or without fissures
			* No fissures🡪 20-30% aluminum chloride then antifungal BID X 4 weeks and non-pharmacologic treatment
			* Fissures present 🡪 10% aluminum chloride until fissures heal (1 week); then antifungal BID X 4 weeks and non-pharmacologic treatment

|  |
| --- |
| **Scaly Dermatoses**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Desenex Antifungal Liquid Spray  | Pyrithione Zinc  | Dandruff (itching is common symptom) Seborrheic Dermatitis (red, itchy and scaly; yellow, greasy scales)—controls (not cure) | Massage into scalp and leave for 3-5 minutes (repeat rinse for Selenium)Use daily for 1 week and then 2-3 times weekly for 2-3 weeks then once weekly or every other week (dandruff) Use daily for 1-2 weeks then 2-3 times weekly for 4 weeks then once a week when controlled | No response after 2 weeks Children < 2 years  | Avoid contact with the eyes  |
| Selsen Blue | Selenium Sulfide  |
| Scalpicin Maximum Strength Foam/Solution  | Salicylic Acid 3%; Menthol  | Mild cases of psoriasis (symmetrical plaques, clearly demarcated, pink or red with overlying thick white scales)  | Avoid application over extensive areas Takes 7-10 days for keratolytic effect  | Joint pain, large areas or face, >5% BSANo response to emollients or OTC hydrocortisone after 2 weeksChildren <2 years | Bathe in lubricating bath products 2-3 times per week with tepid water  |

* Other Treatments Scaly Dermatitis
	+ Sulfur
		- Approved only for dandruff – smells bad
	+ Hydrocortisone ointment 1% may be used on acute lesions for mild psoriasis or seborrheic dermatitis
		- Adverse effects: local atrophy with prolonged use
	+ Ketoconazole Shampoo
		- For dandruff and seborrheic dermatitis
		- Used twice a week X 4 weeks with 3 days between each treatment; once controlled then once weekly
		- Adverse effects: hair loss, skin irritation, abnormal hair texture, dry skin
		- Avoid contact with eyes
	+ Coal Tar
		- Used in treatment dandruff, seborrheic dermatitis, and psoriasis
		- Limited efficacy and not esthetically pleasing (smells bad)
		- Available in numerous formulations
		- Adverse effects: folliculitis, stains, photosensitization, and irritant contact dermatitis
		- Avoid sun for 24-hours post application

|  |
| --- |
| **Ophthalmic Disorders** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| **Dry Eyes:**Mild: Low viscosity tears 1-2x/day prnModerate: Low viscosity tears 3-4x/day prn OR increase to high viscositySevere: Tears hourly + ointment HS  | **Mild**: Systane Ultra, Refresh Tears**Moderate**: Refresh Liquid Gel**Severe**: Soothe Eye Ointment | Dry Eyes, Allergic conjunctivitis | Ointment used at bedtime because causes blurry visionIf using tears hourly, use one WITHOUT a preservativePreservative free:  -single use vials (throw away  after use) -less irritation -ex: Refresh PMMulti-dose vials always have preservatives (BAK, purite, sodium perborate)Preservative = increase toxicity (burning, itching, stinging)Tearing is a symptom | Wears contactsTreated and not better within 72 hoursPain in the eye, chemical burn, puncture wound | Warm compresses or humidifiersD/C offending agents (anticholinergics, decongestants, diuretics)Eyelid therapy/hygiene Omega 3 fatty acids or flax seed oilStay away from heat, AC units, allergies, dustAvoid prolonged screen timeUse eye protection |
| Naphcon-AZaditor  | Naphazoline, pheniramineKetotifen | Allergic conjunctivitis  | Allergic: itchy eyes, both eyes1st line therapy: Artificial tears as needed2nd line: antihistamine/decongestant or mast cell stabilizer Naphcon-A – 72 hours’ max (rebound congestion)Zaditor- quick relief, can be used continuously, twice daily, ages 3+, safe in pregnancy | Bacterial: white, yellow, pus-y, crusting dischargeViral: clear, watery dischargeB & V: starts in 1 eyeNaphcon-A - Open-angle glaucoma & caution in CVD | Remove/avoid allergenCold compressUse air filtersUse AC/keep windows closed |
| Clear Eyes Redness Relief | Naphazoline, glycerin | Ocular decongestant | SHORT TERM – up to 72 hoursJust helps to get rid of rednessNo impact on allergic response | Caution in CVD, diabetes, pregnancy |
| Sodium chloride 2% or 5% solutionSodium chloride 5% ointment | Hyperosmotic | Corneal Edema | Goal: draw fluid from cornea | Doctor must diagnose firstCI in pt.’s with traumatized corneal epithelium  |  |
| Sterile SalineOcular irrigant  | -- | Loose Foreign Particles | Flush eye out with sterile saline or ocular irrigantSymptoms include water (tearing), gritty sensation and minor irritation | Abrasion of the surfaceKnown wood or metal fragmentsMore than minor irritation or continuous pain/rednessChanges in vision | Wear eye protectionDon’t rub eyesFlush eye out as soon as possibleCaution with Clear Care for contact solution – CANNOT be put directly on the eye  |

* How to use eye drops
	+ Wash your hands well with soap and water.
	+ Remove glasses or contact lenses.
	+ If instructed by your doctor or pharmacist - Shake the bottle well for 10 seconds.
	+ Remove the cap from the eyedrop bottle and make sure nothing touches the tip of the container.
	+ Tilt your head back or lie down.
	+ With your eyes open, place a finger just under your eye and gently pull the lower lid down to form a pouch.
	+ Hold the eye drop bottle near the eyelid. Ensure the dropper does not touch the eye or other surfaces.
	+ Look up towards the ceiling to help prevent blinking. Instill one drop into the pouch.
	+ Keep your eyes closed for 2-3 minutes. Do not squeeze your eyelids together or rub your eyes; this could push the drops out.
	+ Wipe any excess liquid from your face with a tissue.
	+ If you are to use more than one drop in the same eye, wait at least 5 minutes before instilling the next drop. This will keep the first drop from being washed out by the second before it has had time to work. If you are using another type of eye drop medication, wait 10 minutes before instilling it.
	+ Replace and tighten the cap on the dropper bottle. Do not touch, wipe, or rinse the dropper tip.
	+ Wash your hands to remove any medication.
* For the ointment – same basic steps but make a ribbon strip of the ointment in the pouch of your eye
	+ Use a mirror or have someone help you
	+ Do at bedtime because may cause blurry vision
	+ Always avoid touching the tip to your eye

|  |
| --- |
| **Otic Disorders**  |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Debrox | Carbamide peroxide | Excessive/Impacted Cerumen | Clinical Presentation: -Fullness/pressure in ear -Gradual hearing loss -Dull pain -VertigoCounseling on Debrox: -Use BID x4 days max -Patients ≥12 years -Can cause: pain, rash,  irritation, dischargeNormal if you hear a crackling or popping sound after putting in ear drops | Under 12 yearsSurgery in the past 6 weeksCurrent ear tubesSigns of infectionCannot treat swimmers ear  | Damp washclothOtic bulbAVOID: Q-tips, ear candling |
| Swim Ear Drops | Isopropyl alcohol, anhydrous glycerin | Water Clogged Ears | Clinical Presentation: -Feeling of wetness; gradual  hearing loss -Common after periods of  swimming, bathing, or  excessive sweating |
| Vinegar/Water Mixture | -- | Water Clogged Ears  |

* How to use ear drops properly
	+ Wash your hands well with soap and water.
	+ Warm the eardrop bottle by holding it in the palm of your hand for a few minutes. This will make the eardrops more comfortable to instill.
	+ If instructed by your doctor or pharmacist – gently shake the bottle well for 10 seconds.
	+ Remove the cap or dropper from the ear drop bottle and make sure nothing touches the tip of the container.
	+ Tilt your head to one side or lie down with the affected ear facing up. For adults or children over 3, gently pull the top of the ear upward and backward. For children under 3, gently pull the bottom of the ear back and down. This will straighten the ear canal.
	+ Instill the correct number of drops in your ear, as instructed on your prescription label. Ensure the dropper or the tip of the container does not touch the ear or other surfaces, to avoid contamination.
	+ Keep your ear tilted up for 3-5 minutes.
	+ Replace and tighten the cap or dropper right away. Make sure not to touch the tip of the container or dropper.
	+ Wash your hands to remove any medication.
	+ If you are instilling drop in both ears, wait 5-10 minutes between ears to allow the ear drops to run into the ear canal

|  |
| --- |
| **Sun-Induced Skin Disorders** |
| **Product Brand** | **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| SPF 15-50+ | -- | Sunburn prevention | Sunscreen counseling: -Use enough to all exposed  areas (½ of a shot glass full) -Apply 15 min before exposure -Reapply at least every 2 hours -More frequently if  swimming or excessive  sweating -Lip balm including SPF -Allergic reaction may occur to  Sunscreen (active ingredient)Only SPF 15+ and greater is broad spectrum (cancer preventing)Chemical vs. Physical barrier | **Burns exclusions:**Patients with DM or other multiple medical disordersPatients of advanced age Burns to the eyes, ears, face, hands, feet or perineum  | Sensitizing medications:Bactrim, tetracyclines, SSRI, ACEI, CCB, NSAID, CetirizineAlways use an SPF ≥30 in patients on above medsWant broad spectrumChoose SPF level based on tanning historySPF > 50 = same efficacy of SPF 50 |

|  |
| --- |
| **Wounds** |
| **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Types of dressings:Absorb moisture: early in healing process (inflammatory phase promotes drainage)Maintain moisture: proliferation phase, when new skin is createdProvides moisture: late in healing process wound may dry out Pain:System analgesicsSkin protectantsTopical anesthetics-benzocaine, lidocaine, Use 3-4x/day, watch for allergic rxn | Want to keep moist🡪 keep occluded, minimizes pain and infectionDried out wounds: delays healing, promotes scabbing and scars, increase exposure to bacteriaPain: topical NSAID or APAPCover area with skin protectant and dressingDry area-ointmentWet area-cream | Cuts to the face, mucous membranes or genitalia Cuts caused by animal or human bites  | Immediately run under cool water >10 minDon’t use ice = vasoconstrictionClean area, irrigation may be necessaryGauze promotes drying—avoid gauze unless you want to change dressing 3-4 times/dayUse adhesive bandage |