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| **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 101.5  Chest pain  SOB  Worsening of symptoms or development of additional symptoms during self-treatment  Concurrent underlying chronic cardiopulmonary diseases (COPD, asthma)  AIDS or chronic immunosuppressant therapy  Frail patients of advanced age or infants under 9 months of age  Those with hypersensitivities to recommended OTC medication  Do not use cough and cold medicine if child is under 4 | Increased fluid intake, adequate rest, proper hand hygiene, and a nutritious diet  Increased humidification with steamy showers, vaporizers or humidifiers  Saline nasal sprays or drops moisten irritated mucosal membranes  Salt gargles ease sore throats  Tea with honey, chicken soup or hot broths are soothing  Aromatic oil products ease nasal congestion and improve sleep  Hand sanitizers – alcohol based products are preferred but are short acting  Using antiviral disinfectants such as Lysol and antiviral tissues around the house  For 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 passage  Preferred in HTN  Discard every 2-3 months as med can dissipate  Can use every 2 hours  Limit use to 5 days |
| Neosynephrine | Phenylephrine | Topical decongestant | Better efficacy than oral phenylephrine  Limit 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 drip  Must 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

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| **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 2  10 mg – used once a day  2nd generation antihistamine | Children under 12  Pregnant or lactating women  Symptoms of non-allergic rhinitis  Symptoms of Otis media, sinusitis, bronchitis or other infection  Symptoms 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 mold  Weekly cat baths may reduce the cat-derived allergen load  Keep household clean  Pollen is highest early in the morning and lowest after rain  Nasal wetting agents may help |
| Zyrtec | Cetirizine | Intermittent allergic rhinitis | Must be over the age of 2  More sedating  Used once a day  2nd generation antihistamine |
| Allegra | Fexofenadine | Intermittent allergic rhinitis | Must be over the age of 2  Separate from fruit juice by at least 4 hours  Used once a day  2nd generation antihistamine |
| Nasacort | Triamcinolone acetate | Persistent allergic Rhinitis | Must be over the age of 2  Can be used once or twice a day  May take up to 2 weeks for complete symptom resolution  Safe in pregnancy |
| Flonase | Fluticasone | Persistent allergic rhinitis | Must be over the age of 4  Can 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 QID  Must be over the age of 2  May experience burning in the nose |

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| **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 up  Lasts for 12 hours – take it BID  Safe in pregnancy | Children under 4  History of symptoms of chronic disease associated with cough  Cough 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 mucus  Cough 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 resolves  Suspected 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 irritation  Humidification moistens and soothes irritated airways  Interventions to promote nasal drainage and hydration  Using a bulb to drain children’s nasal passages  Propping infants upright when sleeping  Caution 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 honey  Safe 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 effects  Caution 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 |

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| **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 off  Repeat in 7-10 days to kill any remaining eggs  Block nerve transmission – causes paralysis and death | Hypersensitivity to chrysanthemums, ragweed or pediculicide ingredients  Presence of secondary skin infection in lice-infested area  Under 2 years of age for RID  Under 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 towels  Consistently 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 hair  Seek medical treatment if symptoms of lice infestation persist after 2nd treatment |
| Nix | Permethrin | Head lice | Hair should be washed with shampoo before  Apply 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 death  More efficacious than RID |
| Tea tree oil with lavender | N/A | Head lice | Applied to scalp daily for 10 days  More efficacious than RID |

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| **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 risk  Avoid alcohol  Less than 2 grams per day in individuals at high risk for liver toxicity  Must be over 2 to give APAP  Preferred in geriatrics, pregnancy and renal impairment | Severe head pain  Headache persisting for 10 days  Last trimester of pregnancy  Under 8 years of age  High fever, or signs of serious infection  History of liver disease or 3 or more alcoholic drinks per day  Associated 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 MI  Main side effects are GI related  If at high risk for CVD, avoid NSAIDs  Drug interactions with bisphosphonates, HTN meds, ACEIs/ARBs, diuretics and anticoagulants  Being over 60 increases risk for GI bleeding  Must 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 aggregation  Take aspirin at least 30 min before or 8 hours after ibuprofen  Not good for rapid pain relief (if enteric coated) – won’t dissolve in the stomach  Contraindicated in patients with any bleeding disorder or peptic ulcer disease  May increase uric acid levels  Cannot use if under 15 – Reyes syndrome  Take 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 headaches  Avoid 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 |

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| **Fever** | | | | | |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| Tylenol | Acetaminophen | Fever with discomfort | 160 mg/5 mL  10-15 mg/kg every 4-6 hours for children – max 5 doses per day  325-1000 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-limiting  Risk for hyperthermia  Impaired oxygen utilization or immune function or CNS damage  Children with a history of seizures  Child 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 doctor  Avoid 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 effects  Maintain 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 mL  Must 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

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| **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 days  Pain that continues for more than 7 days with a topical analgesic  Increased 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  RICE  Regular 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 possible  Don’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 it  Avoid 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 it  Avoid 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 |

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| **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 risk  Drug interactions with warfarin, antiplatelets, HIV drugs and oral contraceptives  Reduces LDL 1-16%  Reduces bp 6-12 mm Hg/5-9 mm Hg  250-300 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 provider  Patients 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 effectiveness  100 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 effects  Many other drug interactions  Avoid in pregnancy and lactation  50 mg twice daily  Usually 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 bed  400-900 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 norepi  Takes several weeks to see an effect  900-1800 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 provider  Patients 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 TID  Take 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 A1c  Can 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 antifungal  Take 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 diarrhea  Can 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 lactation  Avoid if history of hormone sensitive cancers |

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| **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/day  GI symptoms, hepatotoxicity, skin lesions, tachycardia, HTN  Flushing around the face, neck and ears  Contraindicated in patients with gastritis or peptic ulcer disease  Niacin 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 PMS  Can lead to renal stones, hypercalcemia and constipation |
| Iron |  | Deficiency – mainly through blood loss  Iron deficient anemia | Recommended 8-15 mg/day  Tend to irritate GI mucosa and may produce nausea, abdominal pain, constipation and diarrhea |

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| **Warts** | | | | |
| **Product Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm/Counseling** |
| **Salicylic Acid 40%**  Compound W One Step Pads  Compound W Pads for Feet  Compound W Pads for Kids  Compound W Waterproof Invisible Strips  Curad Mediplast Pads  Dr. Scholl’s Clear Away One Step Clear Strips  Dr. Scholl’s Clear Away Plantar Discs  Dr. Scholl’s Clear Always Ultra-Thin Discs  DuoFilm Wart Remover Patch for Kids  PediFix Wart Stick | Plantar warts | Potential for skin irritation and systemic toxicity | < 4 years of age  Pregnancy or breastfeeding  Mental or physical conditions that limit or prevent the patient from following the product directions  Chronic, debilitating conditions that affect sensitivity or circulation of the hands or feet (diabetes)  Poor blood circulation  Large or multiple warts located on one area of the body  Painful plantar warts  Warts located on the face, breasts, armpits, fingernails, toenails, anus, or genitalia  Immunosuppressive medications or medications that contradict the use of salicylic acid | If you are not sure it is a wart, talk to your PCP  Do not shave or pick at warts  Wash hands after any contact with warts  Use a designated towel  Do not share hygiene items (towels, razors, socks, shoes, etc.)  Do not walk barefoot, especially in bathrooms or public places  Avoid nail biting  Keep feet clean and dry  Keep the product away from the eyes |
| **Salicylic Acid 17%**  Compound W Fast Acting Gel  Compound W Fast Acting Liquid  Dr. Scholl’s Clear Away Fast Acting Liquid  DuoFilm Wart Liquid Remover | Warts on the hands or areas with thinner epidermis |
| **Salicylic Acid 15%**  Trans-Ver-Sal 12  20 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 Remover  Kids Wartner Wart Removal System  Wartner Plantar Wart Removal System  Wartner Wart Removal System | Warts |

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| **Heartburn and Dyspepsia** | | | | | | | | |
| **Product Brand** | **Product Generic** | **Indication** | | **Warnings/Side Effects/Other** | | **Exclusions to Self-Care** | | **Non-Pharm/Counseling** |
| **Antacids**  TUMS  Rolaids  Mylanta  Pepto Bismol  Children’s Pepto  Alka-Seltzer | Calcium carbonate  Calcium carbonate & Mg hydroxide  Al hydroxide, Mg hydroxide, simethicone  Bismuth subsalicylate  Calcium Carbonate  Aspirin, Na bicarb | Mild, infrequent HB and acid indigestion | | Side effects related to salt:  Calcium – constipation – safest in pregnancy  Mg citrate – diarrhea – safest in pregnancy  Aluminum – constipation  Sodium Bicarb – renal dysfunction or heart failure population be careful  Separate from other medications by 2 hours  Fast onset & inexpensive  Short DOA, caution in renal function and drug interactions  Use after symptoms occur  With pepto – black stool and tongue | | Frequent for >3 months  HB while taking recommended dosages of OTC or prescription H2RA or PPI  HB that continues after 2 weeks of treatment with OTC H2RA or PPI  Severe HB or dyspepsia  Nocturnal HB  Difficulty or pain on swallowing solid foods  Vomiting blood or black material or black tarry stools  Chronic hoarseness, wheezing, coughing, or choking  Unexplained weight loss  Continuous nausea, vomiting or diarrhea  Chest pain with sweating, pain raiding to shoulder, arm, neck or jaw and SOB  Children <2 (antacids), <12 (H2RAs), or <18 (PPIs)  Adults >45 with new onset | | Reduce eating fatty meals  Don’t eat right before bed  Elevation of bed/pillow  Weight loss  Identify triggers  Eat smaller meals |
| **H2RAs**  Tagamet  Zantac  Pepcid Complete (H2RA + antacid) | Cimetidine  Ranitidine  Famotidine, Ca carbonate & Mg hydroxide | Mild-moderate, infrequent HB | | Take before eating or trigger as prevention  Don’t use chronically – tolerance  Slower onset but longer DOA than antacids  Reduce dose in renal impaired  Tagamet drug interactions – warfarin, phenytoin, theophylline, amiodarone, metformin  H2RA/Antacid combo is the preferred postprandial HB when not pre-medicated with H2RA | |
| **PPIs**  Nexium  Prilosec  Prevacid | Esomeprazole  Omeprazole  Lansoprazole | Frequent HB (at least 2 days/week or failed with other products) | | Longest onset of action (2-3 hours) and longest DOA  Take 2-3 days for full relief  Don’t use longer than 14 days  Works best when taken with food and chronically  Can be used in renal impaired  Expensive  Avoid if you have active peptic ulcer/bleeding | | Same as above plus:  Take with food, do not crush or chew  Decreased calcium absorption  CYP2C19 interactions  Not 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 diabetes  Not recommended in patients with TMJ  Unpleasant taste, mouth irritation, jaw muscle soreness, hyper salivation, dyspepsia  Use 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)  Hypertension  Pregnant or breast feeding  <18 years  Active peptic ulcer disease  Using smokeless tobacco (these OTCs are only indicated for smoking) | | Behavioral counseling is 1st line for light smokers (<10/day)  Ask, advise, assess, assist, arrange  Gum 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 gone  Lozenge – 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 using  Patch – remove at night for nocturnal symptoms  Remove patch before MRI  Apply 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 ulcers  Same PK as gum, but delivers 25% more nicotine  Use 1 every 1-2 hours while awake (at least 9/day)  Use additional for cravings between scheduled doses  Max 20/day  Mouth 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 mg  Local skin irritation, vivid/abnormal dreams, insomnia, headache  Avoid with underlying dermatologic conditions | |

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| **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 effects  Caution in older adults and those with BPH | < 12 years of age or > 65 years of age  Pregnancy  Chronic insomnia (>3 weeks)  Sleep disturbances secondary to psychiatric/general medical disorder | Avoid caffeine, alcohol or nicotine 4-6 hours before bed  Exercise regularly but not within 2-4 hours of bed  If unable to sleep, get up feeling tired  Avoid using electronic devices around bedtime  Make bedroom comfortable for sleeping  Avoid meals within 2 hours of bedtime  Avoid 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 CY1A2  Must 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

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| **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 pain  Significant increase in the frequency or severity  Symptoms in individuals > 40 years of age  Significant 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 work  Should 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

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| **Diarrhea** | | | | | |
| **Brand** | **Generic** | **Indication** | **Warnings/Side Effects/Other** | **Exclusions to Self-Care** | **Non-Pharm Counseling** |
| Imodium A-D Caplets | Loperamide | Anti-diarrheal  Acute, non-specific diarrhea | Few side effects, other than occasional dizziness and constipation  DDI: No clinically significant, except saquinavir  Patient must be over 6 years of age  Adults – 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 age  Severe 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 stool  Protracted vomiting  Orthostatic hypotension  Severe abdominal pain/distress  Risk for significant complications: DM, severe CVD, renal disease, frail patients ≥65 y/o, immunosuppressed patients, or multiple chronic medical conditions  Pregnancy  Chronic or persistent diarrhea  Inability to administer or tolerate ORS, or suboptimal response to ORS already administered  Cannot 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 rehydrated  Once source contaminate known, implement strategies to minimize exposure to others:  -Isolating the individual  -Hand-washing  -Strict food-handling and sanitation  Initial self-management for mild-moderate, uncomplicated diarrhea should focus on fluid and electrolyte replacement  Symptoms should improve, and in most cases, resolve, within 24-48 hours; If symptoms persist or worsen beyond this time, the patient should see their PCP  Calculate an appropriate dosage based on the patient’s age and weight, and emphasize the number of doses that can be taken in 24 hours  Explain drug interactions, side effects, contraindications and maximum duration of treatment |
| Imodium Advanced Caplets | Loperamide; Simethicone | Anti-diarrheal  Acute, non-specific diarrhea | Best for diarrhea and intestinal gas together  Patient 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 hours  Children 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 diarrhea  Traveler’s diarrhea  For children > 12 years old & adults | Dose-related tinnitus, harmless black staining of tongue and darkening of stool  DDI: Aspirin, or other salicylate containing drugs  Patient must be over 12 years of age  Adults – 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

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| **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 retention  Only use in children > 12 Typically dosed 1 hour prior to travel and 1 dose per 24 hours | Suspected Food Poisoning  Severe abdominal pain in the middle or right lower quadrant  N/V with fever and/or diarrhea  Blood in the vomitus  Stiff neck (headache)  Drug-induced N/V  Severe symptoms in pregnancy or breastfeeding | **For** **Motion Sickness**:  1st line is non-pharm  Avoid reading during travel  Avoid excess food or alcohol before travel  Sit where motion is least experienced (wings of the plane)  Avoid strong odors from food or tobacco smoke  Acupressure wristbands  **For N/V:**  Fresh air in the room where you sleep  Eat several dry crackers and rest for 10 minutes getting out of bed  Rise slowly  Eat 4-5 small meals per day instead of large meals  Drink small sips of liquid between meals  Avoid 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 retention  Only use in children > 6  Typically dosed 30-60 minutes prior to travel and continuously throughout travel |
| Dramamine Original Chewable Tablets | Dimenhydrinate  (Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retention  Only use in children > 2  Typically dosed 30-60 minutes prior to travel and continuously throughout travel |
| Benadryl | Diphenhydramine  (Antihistamine) | Motion sickness | Drowsiness, Sedation, dry mouth, urinary retention  Only use in children > 2  Typically 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 Diarrhea  15-30 mL every 15 minutes until distress resolves for adults  5-10 mL every 15 minutes for children 2-12 years of age  Use 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

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| **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 hours  First line – not systemically absorbed | Marked abdominal paint or significant distention or cramping  Marked or unexplained flatulence  Fever  Nausea and/or vomiting  Presence of a chronic medical condition that may preclude self-care laxative treatment  Daily laxative use  Unexplained changes in bowel habits, especially if accompanied by weight loss  Blood in stool or dark, tarry stool  Marked change in character of stool  Any bowel symptoms that persists > 2 weeks or recur over a period of at least 3 months  Any bowel symptoms that recur after dietary or lifestyle changes, or laxative use  IBS  Anorexia  Age < 2 years  Signs of systemic or severe illness  Presence 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 men  Fiber supplements also available commercially  Increase fiber over 1-2 weeks  Effects are not immediate (3-5 days)  Fluid intake: 2 L/day  Exercise  Bowel habits  Rectal 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 hours  Use caution – Ca content  First line – not systemically absorbed |
| **Bulk Forming:** Metamucil, Konsyl | Psyllium | Dissolve or swell in intestinal fluid which stimulates peristalsis | Separate from other meds by 2 hours  First line– not systemically absorbed |
| **Hyperosmotic:** Miralax | Polyethylene Glycol 3350 | Draw water into the colon | Onset is 12-72 hours  17 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 concerns  Increases wetting– soften fecal mass  Onset is 12-72 hours  Do not take with mineral oil |
| **Lubricant:**  Fleet Mineral Oil Enema | Mineral Oil 100% | Coats the stool and softens fecal contents | Lipid pneumonia from aspiration  Anal pruritus  Impaired fat-soluble vitamin absorption (A, D, E, K)  Do not use in children <6, pregnancy, older adults and those with difficulty swallowing  Oral onset – 6-8 hours  Rectal onset – 5-15 minutes |
| **Lubricant:** Kondremul Emulsion | Mineral Oil 55% | Coats the stool and softens fecal contents | Lipid pneumonia from aspiration of mineral oil  Anal pruritus  Impaired 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 imbalances  Do 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 imbalances  Do 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 imbalances  Do 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 deficiencies  Enteric coated Bisacodyl tablets: Do not chew or crush  Separate 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

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| **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 internally  Produce a cool, warn or tingling sensation | Signs or symptoms of serious anorectal disorders  Anorectal disorders, including hemorrhoids, in patients <12 years  Diagnosed GI diseases associated with colorectal bleeding: UC, Crohn’s  Family history of colon cancer  Potentially serious anorectal disorder such as abscess, fistula or fissures, neoplasm or malignancy, or anorectal disorders previously diagnosed by PCP  Anorectal signs or symptoms such as acute onset of severe pain; bleeding; seepage; prolapse; thrombosis; black tarry stools; and moderate-severe, burning, inflammation, swelling, and discomfort  Minor anorectal symptoms that do not respond to 7 days of self-treatment | Increasing dietary fiber intake  Avoid sitting on the toilet for long periods of time  Sitting in warm water or a sitz bath for 10-20 minutes 2-4 times daily  Large hemorrhoids are treated with surgery  Avoid lifting heavy objects  If 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 internally  Do not use if you have Pramoxine allergies  Produce a cool, warn or tingling sensation  Methemoglobinemia, 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 internally  Produce a cool, warn or tingling sensation  Methemoglobinemia, tinnitus, SOB |
| **LA**s  TUCKS 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 internally  Produce 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 Antipruritic  Hydrocortisone 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 |

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| **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 days  Lesions have not improved in 7 days despite appropriate care  Therapy complicated by secondary infection  Lesions part of or caused by another disease state  Presence of diaper dermatitis outside diaper region  DD possibly associated with a UTI or disfigurement of the penis or vulva  Presence of broken skin due to disease progression or patient action  Onion-skin-like appearance of bulla formation in the affected area  Oozing, blood, vesicles, or pus at lesion sites  Chronic or frequently recurrent lesions  Presence of constitutional symptoms  Significant behavioral changes in patient  Comorbid conditions | Increase diaper changes to at least 6 per day  Wipe gently with soft material  Flush skin with water while changing  Gently dry the area or allow to air dry  Use disposable diapers  Do not use rubber or plastic pants over cloth diapers (this would encourage skin breakdown)  Do not wipe the infant with the diaper  Avoid starched or stiff diapers  Avoid commercial baby wipes that contain alcohol, perfumes and soap, which may burn or sting the skin  If able, let the infant go without a diaper for short periods of time to help dry the rash  If an infection is suspected-referring to PCP  The 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 |

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| **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 days  Signs of systemic manifestation such as lethargy, increased respiration, and high pulse rate | Wearing light, loose fitting clothing  Keeping skin dry  Use only water-washable, cream based products  Do not overuse the product  **Key Points**:  Prickly heat will typically resolve on its own once occlusion and wetness are resolved  Prickly 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 infants  Only 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 |

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| **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 old  Pregnant  Fever or pain in lower abdomen, back or shoulder  Recurrent 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 discharge  Wearing breathable, light, loose fitting clothing  Keeping skin dry  Eating yogurt with live cultures or taking probiotics regularly  Avoiding Trigger Foods: Chocolate  Reduce refined sugars  Discontinue causative medications (contraceptives, antibiotics, steroids) – PCP must OK this  If symptoms get worse after 3 days or don’t improve after 7 days, see PCP  The 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 lubricants  Vaginal bleeding present | Symptoms should be improved within a week or less  Pt. 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-Step  Next Choice One Dose  My 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 dose  OTC 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

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| **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 age  Skin 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 water  Oil-based emollients applied directly after bath after patting skin dry and leaving beads of moisture  Apply moisturizers at least 3X daily  Humidifiers  Stay 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 laundry  Oozing 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 age  Present for > 2weeks  Numerous bullae or severe vesicle formation  >20% body surface area involved  Swollen eyes or eyelids  Mouth, nose, eyes or anus involvement  Failure 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 water  Soak 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 infants  Only 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 lesions  Usually applied 2X daily and not to large areas  Do 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 diluted  Patients 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***

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| **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 involvement  Nail involvement  Unclear what caused it  Failure of initial treatment or worsening  Face, mucous membrane or genitalia involvement  Possible bacterial infection  Excessive exudation  Condition unbearable  Other disease states: DM, systemic infection, immunodeficiency  Fever/malaise or both | Do not share towels or clothing  Cleanse the skin daily  Do not wear clothes that cause skin to stay wet  Avoid contact with people that have current fungal infections  Wash towels and clothing in hot water and dry in dryer  Infection has to be cleaned and dried daily  **Antifungals:**  Massage into affected area  Avoid eyes  Wash 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/Dryness  No 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 DDIs  For 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 | Stinging  NO DDIs  Apply sparingly twice daily after area cleaned thoroughly (usually 2-4 weeks) |
| Burow’s Solution | Aluminum Acetate | Relieves inflammation and dries out affected area  No 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

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| **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% BSA  No response to emollients or OTC hydrocortisone after 2 weeks  Children <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

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| **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 prn  Moderate: Low viscosity tears 3-4x/day prn OR increase to high viscosity  Severe: 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 vision  If using tears hourly, use one WITHOUT a preservative  Preservative free:  -single use vials (throw away  after use)  -less irritation  -ex: Refresh PM  Multi-dose vials always have preservatives (BAK, purite, sodium perborate)  Preservative = increase toxicity (burning, itching, stinging)  Tearing is a symptom | Wears contacts  Treated and not better within 72 hours  Pain in the eye, chemical burn, puncture wound | Warm compresses or humidifiers  D/C offending agents (anticholinergics, decongestants, diuretics)  Eyelid therapy/hygiene  Omega 3 fatty acids or flax seed oil  Stay away from heat, AC units, allergies, dust  Avoid prolonged screen time  Use eye protection |
| Naphcon-A  Zaditor | Naphazoline, pheniramine  Ketotifen | Allergic conjunctivitis | Allergic: itchy eyes, both eyes  1st line therapy: Artificial tears as needed  2nd 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 discharge  Viral: clear, watery discharge  B & V: starts in 1 eye  Naphcon-A - Open-angle glaucoma & caution in CVD | Remove/avoid allergen  Cold compress  Use air filters  Use AC/keep windows closed |
| Clear Eyes Redness Relief | Naphazoline, glycerin | Ocular decongestant | SHORT TERM – up to 72 hours  Just helps to get rid of redness  No impact on allergic response | Caution in CVD, diabetes, pregnancy |
| Sodium chloride 2% or 5% solution  Sodium chloride 5% ointment | Hyperosmotic | Corneal Edema | Goal: draw fluid from cornea | Doctor must diagnose first  CI in pt.’s with traumatized corneal epithelium |  |
| Sterile Saline  Ocular irrigant | -- | Loose Foreign Particles | Flush eye out with sterile saline or ocular irrigant  Symptoms include water (tearing), gritty sensation and minor irritation | Abrasion of the surface  Known wood or metal fragments  More than minor irritation or continuous pain/redness  Changes in vision | Wear eye protection  Don’t rub eyes  Flush eye out as soon as possible  Caution 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

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| **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  -Vertigo  Counseling on Debrox:  -Use BID x4 days max  -Patients ≥12 years  -Can cause: pain, rash,  irritation, discharge  Normal if you hear a crackling or popping sound after putting in ear drops | Under 12 years  Surgery in the past 6 weeks  Current ear tubes  Signs of infection  Cannot treat swimmers ear | Damp washcloth  Otic bulb  AVOID: 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

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| **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 disorders  Patients of advanced age  Burns to the eyes, ears, face, hands, feet or perineum | Sensitizing medications:  Bactrim, tetracyclines, SSRI, ACEI, CCB, NSAID, Cetirizine  Always use an SPF ≥30 in patients on above meds  Want broad spectrum  Choose SPF level based on tanning history  SPF > 50 = same efficacy of SPF 50 |

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| **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 created  Provides moisture: late in healing process wound may dry out    Pain:  System analgesics  Skin protectants  Topical anesthetics-benzocaine, lidocaine,  Use 3-4x/day, watch for allergic rxn | Want to keep moist🡪 keep occluded, minimizes pain and infection  Dried out wounds: delays healing, promotes scabbing and scars, increase exposure to bacteria  Pain: topical NSAID or APAP  Cover area with skin protectant and dressing  Dry area-ointment  Wet area-cream | Cuts to the face, mucous membranes or genitalia  Cuts caused by animal or human bites | Immediately run under cool water >10 min  Don’t use ice = vasoconstriction  Clean area, irrigation may be necessary  Gauze promotes drying—avoid gauze unless you want to change dressing 3-4 times/day  Use adhesive bandage |