






























| | COMPLAINT & TREATMENT NOTES | | DRUGS OF CHOICE | | USUAL DOSE Adult / Pediatric (Daily MAXIMUM) | \$ / pkg | COMMENTS  |
|--|---|--|--|---|--|--|--|
| | GENERIC NAME | TRADE NAME | GENERIC NAME | TRADE NAME | | | |
| COLDS | CONGESTION ♦nasal decongestants: Cochrane Review ⁷³ ; single dose in adults moderately effective for cold (13% ↓ symptoms); not recommended for children (especially <6months) with common cold (lack of data & reports of CNS, CV side effects) ♦oral - limited data, especially in children ⁷⁶ ♦limit nasal preps to 3-7 days to avoid problems with rebound congestion (≤ 3 days with phenylephrine) ♦antihistamines of questionable benefit in common cold ⁷² ; anticholinergic activity provides extra drying (? benefit) ♦saline drops or spray possible alternative but less effective | ORAL | ♦Pseudoephedrine  | SUDAFED (12hr formulation and pediatric tabs also available) | 60mg q4-6h or 120mg q12h; MAX 240mg/d 2-5 yrs: 15mg q4-6h; MAX 60mg/day 6-11 yrs: 30mg q4-6h; MAX 120mg/d | 6-8 | ♦ SE = insomnia, tremor, irritability & headache ♦oral decongestant: caution in pts with ↑ BP, heart Dx, β-blockers ⁵⁶ , hyperthyroidism, diabetes, glaucoma narrow angle & prostatic hypertrophy ♦ nasal agents - less concern with above cautions but systemic absorption still possible ♦ Phenylpropanolamine (PPA) not recommended: products withdrawn - rare ↑d risk of stroke in ♀<50yrs ⁶⁴ |
| | | | ♦Phenylephrine (Note: short acting)  | DIMETAPP select version DRISTAN reg tabs | 10mg q4h; MAX 60mg/day 2-5 yrs: 2.5mg q4h; MAX 15mg/day 6-11 yrs: 5mg q4h; MAX 30mg/day | 5-7 | |
| | | | ♦Oxymetazoline  | DRISTAN LONG LASTING NASAL MIST | 2-3 drops or sprays q10-12h up to BID MAX 2 applications/24hrs Adults: 0.05% Peds: 0.025% ≥2yr 2drop | 5-7 | |
| | | | ♦Xylometazoline  | OTRIVIN | 2-3 drops or sprays q8-10h up to TID Adults: 0.1% Peds: 0.05% ≥6month 2 drop | 5-7 | |
| | | | ♦Saline Nasal Spray  | SALINEX  Pediatric option | 1 spray TID-QID PRN | 5 | |
| | | | ♦Nasal Phenylephrine (eg. REGULAR DRISTAN NASAL MIST) not recommended - short duration, frequent admin, rebound congestion more likely | | | | |
| | COUGH ♦ acute (ie. <3-8wks duration) usually due to self-limiting viral infection ♦ chronic ^{13,86} (>8wk) usually symptom of underlying resolvable cause: -drugs (ACEI's - persists <4wks after stopping) -GERD, asthma, COPD (smokers) -allergies or postnasal drip Treat underlying cause; interim use of antitussives may be warranted. ♦hydration: oral liquids & humidified air ♦ Rx prep (↑ codeine doses- TYLENOL #3 ; hydrocodone- TUSSIONEX , others) are avail. | NASAL | ♦Dextromethorphan (DM)  | BENLYN DM  {12hr formulations: BENLYN DM 12hr , DELSYM DM 12hr... 2 tsp (60mg) po BID} ROBITUSSIN (plain) | 10-20mg q4h; 30mg q6-8h MAX 120mg/d 2-5yrs: 2.5-5mg q4h or 7.5mg q6-8h; MAX 30mg/d; 6-11yrs: 5-10mg q4h or 15mg q6-8h; MAX 60mg/d 200-400mg q4-6h; MAX 2.4g/day 2-5 yrs: 50-100mg q4-6h; MAX 600 mg/day 6-11 yrs: 100-200mg q4-6h; MAX 1.2 g/day | 5-8 | ♦expectorant + cough suppressant may not be rational ♦Some products have 4 drugs in one formulation: e.g. TYLENOL COLD (acetaminophen, chlorpheniramine, pseudoephedrine, DM) ♦ Pediatric Cautions: lack of efficacy data; toxicity and overdose potential if using multiple cold products ^{76,77} ♦sugar & alcohol in some products may be of concern in diabetes & kids (some >14 kcal/dose) ♦Codeine preps: SE = drowsiness, nausea, constipation, not recommended in asthmatics ♦Rx Salbutamol VENTOLIN ?? in acute bronchitis ^{14,15} ♦ in general, products designated with: DM contain Dextromethorphan (suppressant) D contain a decongestant E contain an expectorant (ie. Guaifenesin) |
| | | | Evidence for clinical effectiveness of OTC products in acute cough is limited & conflicting. ^{12,74,92} | | | | |
| | | | ♦Guaifenesin - not a suppressant but reduces viscosity & may aid in expectoration of sputum  | | | | |
| | | | ♦Codeine - avail. OTC in 3.3mg/tsp liquid formulas with ≥ 2 other active ingredients (eg. Benlyn Codeine , Robitussin with Codeine)  | | Effective dose of codeine = 10-20mg q4h; MAX 120mg/d 2-5 yrs: 1-1.5mg/kg/d (use calibrated syringe for measuring); 6-11 yrs: 5-10mg q4-6h; MAX 60mg/d. Contraindicated: <2yrs. Label dosing guidelines of most OTC [codeine containing] cough syrups results in subtherapeutic levels of codeine in adults. | | |
| ALLERGY – SYSTEMIC ^{5,16-24,99} ♦ oral antihistamines relieve all (to some extent) allergic symptoms except nasal congestion (exceptions: desloratadine ²⁵ & cetirizine ²⁶ may aid congestion). If congested short-term oral decongestants may be required (avoid topical decongestants). ♦↑ efficacy if used prophylactically {Terfenadine SELDANE , astemizole HISMANAL no longer marketed due to rare risk of arrhythmias} ♦ Rx SINGULAR -less effective than intranasal steroids. ²⁷⁻²⁹ TOPICAL (Nasal/Ophthalmic) ♦ Rx preps generally more efficacious ³⁰⁻³⁴ | ALLERGY | 1st Generation oral: ♦Chlorpheniramine  | CHLORTRIPOLON  (12hr Repetabs also - 1 tab (12mg) po BID; syrup; tabs) | 4mg q4-6h; 4-8mg @hs; MAX 24mg/day 2-5yrs: 1mg q4-6h; MAX 6mg/d 6-11 yrs: 2mg q4-6h; MAX 12mg/d | 8-12 | ♦ USEFUL for itch, sneeze & urticaria symptoms ♦ NOT very USEFUL for sinonasal congestion ♦ Pregnancy: 1 st gen. chlorpheniramine preferred or  agents ♦1 st generation caution in narrow angle glaucoma, bladder neck obstruction, heart disease, hyperthyroidism & prostatic hypertrophy ♦ SE: sedation esp. 1 st gen (May not be an issue at low ⁶³ doses -most Benadryl studies used 50mg as a comparator ²¹) (paradoxical stimulation possible in kids & elderly) & anticholinergic (eg. dry mouth & nose, constipation, ↑ heart rate & ? ↓ lactation). Effects more common with 1 st gen. antihistamines; negligible with more costly 2 nd gen. 1 st gen. start dose low & taper up depending on sedation / diagnosis ♦headache = common ≤10% with 2 nd gen agents ♦rare seizures reported with 1 st & 2 nd generation ⁵⁵ ♦ 2nd gen favored by experts ^{5,17} due to less cognitive impairment, long acting & less SE. ♦ prophylactic if used before allergen exposure but slow onset Home-made saline generally not recommended as lack of sterility is a concern for nasal/ophthalmic preparations (level teaspoon of salt mixed in 250ml warm water) | |
| | | ♦Diphenhydramine  | BENADRYL  syrup, cap, tab -esp. for anaphylactic reactions | 25-50mg q4-6h; MAX 150mg/day 2-5yrs: 6.25mg q4-6h; MAX 25mg/d 6-11 yrs: 12.5mg q4-6h; MAX 75mg/d | 6-8 | | |
| | | 2nd Generation oral: ♦Cetirizine hydroxyzine metabolite Useful: nasal congestion, sedating @ 1 st doses  | REACTINE  tab & syrup | 5-10mg OD; 2-5yrs: 2.5mg OD-BID | 8-10 | | |
| | | ♦Fexofenadine terfenadine metabolite DI: grapefruit juice, antacids  | ALLEGRA  tabs | 60mg BID or 120mg OD 6-11yrs: 30mg BID; <6yr not recommended | 10-15 | | |
| | | ♦Loratadine  | CLARITIN  reg. & dissolve tabs; syrup | 10mg OD (kids >30kg: 10mg od) 2-9yrs: 5mg OD (tabs: tasteless & chewable) | 12-15 | | |
| | | ♦Desloratadine loratadine metabolite Useful: nasal congestion  | AERIUS 5mg tabs, liquid soon | 5mg OD | 18 | | |
| | | Rx Intranasal Steroid (INCS): (for allergic rhinitis) Beclomethasone*, FLONASE *, NASOCORT *, NASONEX *, RHINOCORT *, RHINALAR *, Rx anticholinergic nasal for rhinorrhea: ATROVENT *. | | Also remember environmental factor modification! | | | |
| | | Rx Ophthalmics: H ₁ blockers: LIVOSTIN  expiry 30day (also Livostin nasal *), EMADINE *; H ₁ & Mast Cell: ZADITOR *, PATANOL *; Mast Cell slow onset: ALOMIDE *, ALOCRIL *. | | | | | |
| | | ♦ Avoid OTC topical decongestants due to rebound (Vascon-A , Naphcon-A , Albalon-A...). ♦may require short term oral decongestants ♦ Saline/Lubricating Sprays/Drops | ♦Sodium cromoglycate  | CROMOLYN OPTICROM  Mast cell stabilizer | Adults & ≥2yr: 1 spray each nostril QID ^{3,5} 1-2 eye drops qid expiry in 1 month after opened | | 15-17 |
| | | | ♦Saline solution  | EYE STREAM | Use, wash out & flush as necessary | | 7 |
| | ♦Methylcellulose...  | ISOPTOTEARS | - also EYELUBE  | 9 | | | |

Rx = non-OTC products available by prescription in Canada; see page 4 for description of additional abbreviations

| | COMPLAINT & TREATMENT NOTES | DRUGS OF CHOICE | USUAL DOSE Adult / Pediatrics (Daily MAXIMUM) | \$ | COMMENTS | www.RxFiles.ca OTC Products | |
|-------------------|--|--|--|--|--|---|--|
| GASTRO-INTESTINAL | DYSPEPSIA ^{35,36,57} (non-ulcer) ♦antacids & OTC histamine-2 receptor antagonists (H2RAs) effective for mild-moderate episodic heartburn & GERD; more severe cases require appropriate assessment + Rx therapy ♦important to avoid precipitating and aggravating factors (eg. stop smoking) ♦ persistent symptoms should be self-medicated for no longer than 2wks before seeking medical evaluation | Antacids/Protectants ♦Magnesium-aluminum hydroxide antacids B ♦Alginates B OTC H2RAs ♦Famotidine B ♦Ranitidine B | MAALOX MYLANTA Available in tablet & liquid forms; liquid may be more efficacious GAVISCON PEPCID AC ZANTAC 75 | 50-100MEq QID (see label instructions) (1hr after meals & HS) RULE OUT organic disease if >50yrs or any patient with alarm symptoms (VBAD: persistent Vomiting, Bleeding / hematemesis / melena, Abdominal mass, Dysphagia; radiating chest pain, ↓weight, fatigue) 2-4tsp QID (after meals & HS) >12yrs: 10mg OD; can repeat x1 (MAX 20mg/d; 2wk trial) >16yrs: 75mg OD; may repeat x1 (MAX 150mg/d; 2wk trial) | 4-10 8-12 6-10 4-6 | ♦Mg+Al antacids preferred as constipating effect of Al ⁺ counterbalanced by laxative effect of Mg ⁺ ; AVOID Sodium Bicarbonate products ♦ Pregnancy : antacids & alginates preferred ♦antacids interfere with absorption of some drugs (bisphosphonates, digoxin, iron, tetracyclines & quinolone antibiotics); space 2hrs apart ♦ OTC H2RAs comparable but NOT superior to antacids for episodic heartburn & GERD ♦ranitidine may ↑ blood alcohol level ♦dyspepsia may be drug induced : e.g. alendronate, amiodarone, antibiotics eg. erythromycin..., acarbose, herbs, iron, K+ tabs, metformin, orlistat, NSAIDs, steroids & theophylline | |
| | CONSTIPATION ^{37,65} ♦ensure adequate FIBRE (~25g/day); slowly ↑ intake of fruits & vegetables; begin with 1-2 TBSP/day wheat bran & ↑ up to 2-4 TBSP/day with FLUID ♦adequate FLUID INTAKE & regular EXERCISE is important ♦rule out impaction; treat underlying causes where possible ♦may be drug-induced (anticholinergics, analgesics esp. opiates, antacids with Al ⁺ , calcium and iron supplements, high dose diuretics, clonidine, calcium channel blockers esp. verapamil, & tricyclic antidepressants) | Bulk forming ♦Psyllium B Stool softeners ♦Docusate C Stimulant : tend to ↑cramps ♦Senna: benign melanosis coli C ♦Bisacodyl B Osmotic ♦GLYCERIN } C ♦MOM } ♦phosphate } ♦Lactulose ^{Poorly absorbed sugar} B | METAMUCIL ▼ PRODIEM ▼ COLACE ▼ SENOKOT ▼ , EXLAX SENOKOT-S ▼ ^{+docusate} DULCOLAX ▼ GLYCERIN supp ▼ Milk of Magnesia ▼ FLEET ▼ (oral & enema) CHRONULAC , gen ▼ | 4.5-20g/day ^{↑ gradually} with adequate fluid (bacteria degrade fiber → gas & bloating possible) 1-2 caps OD-BID (not laxative per se & not effective except for softening) 1-2 tabs OD-BID (if OD, give at HS) 5-15mg tab HS/OD; 10mg supp OD for immediate relief 15-30mls OD-BID ^{Risk of hypermagnesemia} for immediate relief ^{Risk of hyperphosphatemia} 15-30mls OD-BID | 8-18 4-8 5-10 3-8 4 5-10 7 30 | ♦ bulk-forming agents, stool softeners & lactulose OK for chronic use; stimulant , other osmotic preps for short-term occasional use (1-2 days duration, one course/week) EXCEPT stimulants useful with chronic opioid therapy ♦ Pregnancy : bulk, lactulose & docusate preferred ♦ SE : bloating, abdominal discomfort, flatulence common with most; stimulants & osmotics can cause cramping, abdominal pain & diarrhea. Abuse & habit forming potential. ♦ ONSET : bulking & softening agents work over days; lactulose in 24-48hrs; stimulants & MOM within hours (overnight); Oral Fleet, suppositories & GOLYTELY ▼ within ~1hr. | |
| | DIARRHEA ♦OTC therapy is for mild-moderate cases only (ie. otherwise healthy adult, no fever, <2days duration, no blood) ♦most common CAUSES = infections, food, water, drugs (antibiotics, acarbose, chemotherapy, cholinergics, laxatives, Mg ⁺ , misoprostol & orlistat, SSRIs) & IBS ♦ rehydration critical esp. in infants & elderly; PEDIA-LYTE suitable for infants (Home made option: 1 tsp salt+8 tsp sugar in 1 liter water.); GATORADE suitable for mild-moderate dehydration in adults ♦antibiotic-induced usually self-limiting (live culture yogurt helpful in restoring gut flora); if prolonged/severe, need assessment for C. difficile | ♦Bismuth Subsalicylate C ♦Loperamide B ♦Rx preps: codeine & LOMOTIL available | PEPTO-BISMOL ▼ generics IMODIUM ▼ generics | Tx: 30ml or 2 tabs q30mins x 8doses/d Prophylaxis of Travellers Diarrhea: ⇨ 2 tabs or 30ml QID Contraindicated in children esp ≤3yrs 4mg stat; 2mg after each loose bowel movement to max of 16mg (8tabs)/day Use cautiously in kids <12yrs; Contraindicated if ≤2yrs old | 5-10 6-10 | ♦ antidiarrheals are contraindicated in ≤2yrs ; treatment of infantile diarrhea should be rehydration & appropriate dietary measures, treatment of underlying causes ♦AVOID sorbitol, xylitol, lactose, any food triggers ♦prevention of Traveller's Diarrhea: Boil it, Cook it, Peel it or Forget it! ♦bismuth subsalicylate can turn tongue and stools black; beware salicylate overdose ♦kaolin not particularly effective but attapulgite (KAOPECTATE B) of limited usefulness for symptoms; psyllium(METAMUCIL B) also useful for symptom control - absorbs fluids, adds bulk ♦ avoid loperamide if dysenteric symptoms or high fever; can lead to retention of pathogens | |
| PAIN | DIARRHEA ♦Irritable Bowel Syndrome (IBS) ⁵⁸⁻⁶¹ is characterized by disordered intestinal motility and alternating bouts of constipation and diarrhea. Organic causes must be ruled out. Therapy is symptomatic (loperamide for diarrhea, fiber for constipation, antispasmodics if indicated). Lifestyle changes are as important as drug therapy (avoid food triggers, adequate diet, fibre, fluids & exercise, reducing stress); underlying psychosocial co-morbidity should also be treated. Rx products such as antidepressants (Elavil), antispasmodics (Buscopan [®] , Bentylol [®] , Modulon [®] , Dicetel [®] , Zelnorm [®] for constipation ⁸²) may help. | | | | | | |
| | PAIN RELIEF – GENERAL ♦for conditions self-limiting and of short duration including: lower back, dental, headache ♦ Caution : many strengths, formulations and combination products available Codeine available OTC only in combination products (eg. TYLENOL #1 , ATASOL 8) or ASA (eg. 222s) in a dose of 8mg codeine /tablet | ♦Acetaminophen B Acetaminophen available in many combo products. Ensure total MAX <4grams/day. ♦ASA C/D ♦Ibuprofen B/D | TYLENOL ▼ generics ASPIRIN ▼ , ANACIN generics ADVIL ▼ , MOTRIN ▼ generics | 325-1000mg q4-6h MAX 4g/day (≤12yrs: 10-15mg/kg q4-6h: MAX 65mg/kg/day +q4-6h prn) 325-1000mg q4-6h MAX 4g/day Avoid in children due to Reyes 200-400mg q6-8h MAX ^{OTC} 1.2g/d 6mon-12yrs: 5-10mg/kg q6-8h MAX ≤30mg/kg/day ^{OTC} | 5-9 5-9 50-100+ 8-10 6-8 | ♦for more complete discussion of analgesic agents, see other Rx Files Comparative Charts : NSAIDs and other Analgesics Opiates Migraine Treatment & Prophylaxis Back Pain ♦maximum OTC ibuprofen dose provides analgesia but anti-inflammatory effect requires ≥1600mg/day - regular Caution : chronic use can lead to rebound headache; NSAIDs: ↑heart failure & hypertension, ↑GI ulcers. ♦non drug treatments (massage, hot/cold therapy, resuming activity, physiotherapy...) are sometimes useful | |

| COMPLAINT & TREATMENT NOTES | DRUGS OF CHOICE | USUAL DOSE Adult / Pediatrics (Daily MAXIMUM) | \$ | COMMENTS OTC Products |
|---|--|--|--|---|
| <p>ACNE (noninflammatory; papulopustular)^{38-40,87,88} Mild – moderate cases treated with OTC preps & non-drug therapy:</p> <ul style="list-style-type: none"> ♦ balanced diet (but food “triggers” do not directly affect acne) ♦ wash twice daily (mild soap) ♦ wash hair frequently & keep off the face & forehead ♦ use oil-free cosmetics ♦ control stress factors ♦ avoid picking & squeezing lesions to prevent scarring ♦ while somewhat useful to cosmetically dry oily skin, avoid antiseptic cleansers since ineffective (surface bacteria not causative agent), costly & irritate skin | <p>♦ Benzoyl Peroxide (BP) 2.5-5% OTC in lotions, creams, gels (>5% products by Rx only)</p> <p>♦ glycolic acid (eg. alpha hydroxy acid)</p> <p>♦ Salicylic Acid (SA)- up to 5%</p> <p>Drug induced acne: anabolic steroids, azathioprine, bromides, carbamazepine, corticosteroids, corticotropin, cyclosporine, disulfiram, isoniazid, lithium, phenobarbital, phenytoin, quinidine, tetracycline & vitamins B_{1,6,12} & D₂.</p> | <p>BENZAGEL ▼ 2.5, 5% lotion and gel (wash and soap also available)</p> <p>NeoStrata..., Reversa...</p> <p>ACNEX ▼ CLEARASIL OXY CONTROL lotion, 1 or 2%</p> | <p>8-15</p> <p>8-10</p> | <p>General Directions:</p> <ul style="list-style-type: none"> ♦ begin with water based lotion or cream containing SA ♦ apply at HS after washing, increase to BID if needed; wash off in am ♦ allow a trial of 6-8wks; if no improvement change to BP 2.5% lotion or cream at hs (can ↑ to BID) ♦ if no improvement, increase to BP 5% x 6-8wks; if no improvement, change to gel or consider Rx products: topical antibiotics (eryc & clindamycin) or oral; oral contraceptives (Tri-cyclen, Alesse, Diane-35 x, Stieva-A) comedogenic, Differin ▼ fast onset & less skin irritation but expensive, Tazorac ▼ effective but skin irritation & expensive, Or Accutane ▼ severe, nodulocystic cases; not if pregnant) <p>♦ BP most effective OTC agent; ↓ sebum production & has both exfoliant & antibacterial effects</p> <p>♦ glycolic acids: ? better than SA with ↓ irritation</p> <p>♦ SA preps less potent exfoliant but still effective for mild cases, less irritating than BP</p> <p>♦ SE: all preps cause stinging, reddening, peeling of skin esp. BP; BP can bleach hair & clothing</p> <p>♦ all products: begin @ low concentration & ↑ up; potency greatest with: gels > creams > lotion</p> <p>♦ applying to entire affected area more effective than “spot treating”</p> <p>♦ warn patients they may look worse before better; may take 6-12 weeks for improvement</p> <p>BP tolerability improved if applied for only 15 min. initially before removing, then double contact time qhs up to 4hrs, then can leave on overnight.</p> |
| <p>FUNGAL Infections^{41-44, 100} (acute, superficial)</p> <p>♦ Athlete’s Foot (Tinea pedis)</p> <p>♦ Jock Itch (Tinea cruris)</p> <p>♦ Ringworm (Tinea corporis)</p> <p>Nvstatin – 2ndary choice as must be applied 3-4x daily; treats yeast (candida, pityrosporum) but not dermatophyte fungi, thus not useful for most cases of jock itch, athlete’s foot or ringworm</p> <p>♦ Candidiasis -Vaginal -Cochrane Review: no difference in effectiveness of oral Rx vs intra-vaginal OTC routes; oral route often preferred by pts.⁷¹ -fluconazole 150mg po weekly effective in ↓ recurrent vaginal candidiasis but expensive & DIs possible⁹³</p> | <p>♦ Clotrimazole 1% cream</p> <p>♦ Miconazole 2% cream</p> <p>Rx: Terbinafine (LAMISIL) 1% cream or 1% spray soln: Apply BID x1-2 wks (Max 4wks) \$23/30g</p> <p>♦ Tolnaftate – slightly less effective, higher recurrence</p> <p>♦ Clotrimazole</p> <p>♦ Miconazole</p> | <p>CANESTEN ▼ MICATIN ▼</p> <p>TINACTIN ▼ – crm, aerosol, powder</p> <p>CANESTEN ▼ 1,3,6 day MONISTAT ▼ 1,3,7 day</p> | <p>7-13</p> <p>8-14</p> <p>9-14</p> <p>16-18</p> <p>14-16</p> | <p>Apply BID (am + hs) x 2-6weeks</p> <p>Apply to affected as well as surrounding area. Continue application for at least 1 week after symptoms disappear to ensure eradication (10-14 days preferred)</p> <p>Vaginal: Insert one applicatorful or one vag supp at hs x 1-7 days; apply cream to external perineum & vulvar area BID</p> <p>Vaginal products: {CANESTEN 3 Combi Pak ▼, CANESTEN 1 Combi Pak ▼, CANESTEN 3 Cream 2% ▼, CANESTEN 6 Cream 1% ▼, MONISTAT 3 Dual Pak ▼, MONISTAT 7 Dual Pak ▼, MONISTAT 7 Vag Supp ▼, MONISTAT 3 Vag Supp ▼, MONISTAT 2% Cr. ▼}</p> <p>♦ keep area clean and dry (use non-scented talc or medicated powder as prophylaxis)</p> <p>♦ do not share towels or personal items</p> <p>♦ improve ventilation of affected area –wear loose clothing, cotton fabrics etc</p> <p>♦ launder affected linens and clothing in hot water; dry in hot dryer or line dry to expose to UV rays</p> <p>♦ foul odor may indicate secondary bacterial infection</p> <p>♦ if recurring tinea pedis & cruris → possibly a sign of toenail infection requiring Rx systemic therapy</p> <p>♦ Rx systemic products: Diflucan, Fulvicin U/F, Nizoral ▼, Lamisil & Sporanox ▼ may be needed, esp. for non-responsive/non-albicans infections.</p> <p>Vaginal candidiasis</p> <p>♦ 1-3 days regimens as effective as 6-7days with better compliance; recurrent resistant cases may need 3-4weeks therapy</p> <p>♦ dietary yogurt (with live culture) or oral bacilli caps may help restore Lactobacilli colonization, but not prevent post-antibiotic vulvovaginitis⁹⁴</p> |
| <p>Diaper – see below; usually secondary infection after 2-3days of general diaper dermatitis (shiny red patches with satellite lesions; can affect folds)</p> | | | | |
| <p>DERMATITIS - mild-moderate Atopic^{45,46} (eczema) –unknown cause</p> <ul style="list-style-type: none"> ♦ hydration therapy ♦ itch control <p>Contact –allergens & irritants^{eg. nickel, detergents}</p> <ul style="list-style-type: none"> ♦ acute – cool compress (+/- astringent eg. Buro-Sol solution) ♦ chronic – hydration as per atopic <p>Diaper – prevention key:</p> <ul style="list-style-type: none"> ♦ change diapers often; keep area clean and dry; ♦ disposable diapers with gel often better than cloth ♦ avoid baby wipes (irritating) and use wash cloth and water ♦ increase air exposure time ♦ use protectants as prophylaxis ♦ avoid potent corticosteroids!!! | <p>♦ Hydrating creams, lotions</p> <p>♦ Colloidal oatmeal preps</p> <p>♦ Petroleum jelly</p> <p>♦ Hydrocortisone ½ %</p> <p>♦ Oral Antihistamines (limited efficacy; 1st gen H1 preferred; ATARAX[®] useful for itch, sedation effect); H2’s also option</p> <p>♦ Aluminum acetate (astringent) compresses</p> <p>♦ anti-staphylococcal</p> <p>♦ Petroleum jelly</p> <p>♦ Baby or talc powder (avoid use of corn starch)</p> <p>♦ Zinc Oxide cream, paste</p> <p>♦ Hydrocortisone ½/2%</p> <p>♦ Antifungals (clotrimazole, miconazole)</p> | <p>Lubriderm, Nutraderm, Moisturel, Sama-P, Uremol</p> <p>AVEENO BATH VASELINE; (PREVEX) CORTATE</p> <p>Chlorpheniramine</p> <p>Diphenhydramine</p> <p>Cetirizine²⁴</p> <p>BURO-SOL COMPRESS ▼</p> <p>VASELINE</p> <p>ZINCOFAX ▼, PENATEN CORTATE ▼</p> <p>CANESTEN ▼ MICATIN ▼</p> | <p>8-12</p> <p>~400ml</p> <p>8-14</p> <p>3-5</p> <p>5-8</p> <p>8-12</p> <p>18</p> <p>8-10</p> <p>10-12</p> <p>3-5</p> <p>5-10</p> <p>5-8</p> <p>7-10</p> <p>7-10</p> | <p>Apply BID-QID</p> <p>Use in the bath as directed</p> <p>See allergy section; 1st gen: effective for both allergic & non allergic rash but sedating give @ hs & thus esp. useful for non-allergic rash eg. eczema. 2nd gen: less useful for non allergic rash but ↓ sedation; useful for allergic rash eg. hives & bites.</p> <p>If oozing vesicles, apply BURO-SOL for 10 minutes 3-4x/day; otherwise cool H2O or saline compresses for 20min 4-6x/day.</p> <p>Protectants should be applied liberally to diaper area with each change; for steroids and antifungals (for candidal cases) – may rub in small amount to affected area, cover with protectant (may alternate between steroid and antifungal rather than mixing together which dilutes both)</p> <p>Non drug treatment:</p> <ul style="list-style-type: none"> ♦ avoid known triggers, irritants, stress; minimize soap use & hot water contact (bathing, showering) ♦ cool room temp with adequate humidity ♦ loose cotton clothing; avoid wool & synthetics ♦ use laundry soap vs detergent; double rinse cycle or use vinegar in the rinse for diapers; avoid fabric softeners <p>Topical corticosteroids (eg. CORTATE): Use lowest effective potency for as short duration as possible (Rx strength may be required for flare-ups and acute contact dermatitis; apply sparingly BID and change to hydrating lubricants once acute symptoms under control)</p> <p>Rx products: topical corticosteroids (Betaderm, Diprosone, Dermovate); non-steroidal anti-inflammatories (Protopic[®], Elidel[®]); antibiotics (Fucidin 2% Cr/Oint, Cloxacillin, Bactroban)</p> |

| | COMPLAINT & TREATMENT | DRUGS OF CHOICE | USUAL DOSE Adult / Pediatrics | \$ | COMMENTS |
|---------------------|---|---|--|--|--|
| DERM. | PLANTAR WARTS 47-49,70 -hard, flat with black pinpoint specks in center ♦20-30% resolve within 6 months without tx and 65% within 2yrs ♦removal desirable often due to pain and to reduce spread of infection Rx: Cantharone Plus also an option. | Salicylic Acid (SA) 12-40% ♦gels, collodions, plasters, discs, pads (weaker preps: less pain but require more reapplication) Laser therapy: expensive & sometimes painful. ??Zinc 10mg/kg od ~60d ⁸⁴ ??Duct tape: 6days on, 12hrs off; repeat x 5-10 cycles may work ⁶⁶ | COMPOUND W Plus (30% liquid;40% pads) DUOFORTE 27% gel DUOFILM 40% patch SCHOLLS Wart Remover 40% disks | 10-12 17 20 /14 20 | ♦ Caution: persons with diabetes or circulatory disorders should not self treat ♦Rx: Podophyllin & cantharidin CANTHARONE effective single application; delayed ~24hr pain & blistering ♦Cauterization or freezing with liquid nitrogen faster & more efficacious but often more painful ♦Avoid walking barefoot (eg. in pool area) |
| | HEAD LICE (P. capitis) 50-51 ♦ Notify & examine all contacts to prevent a cycle of reinfestation. ♦ Reinfestation prevention: nit removal: bedding, clothing, etc.: wash & dry (with heat), dry clean or seal in plastic bag for ~14 days; vacuum affected rooms; soak combs & brushes in disinfectant solution x 1hr or hot water (65°C for 10min) | ♦Permethrin 1% Cream Rinse Cream Rinse: Apply to washed, towel dried hair. Saturate hair & scalp, wait 10 min, rinse. ♦Pyrethrins & Piperonyl Butoxide Apply & saturate dry hair & scalp, wait 10 min, slowly add water to lather, rinse. ♦Lindane 1% Shampoo Apply-saturate dry hair & scalp, massage x4 min., add H2O slowly - lather, massage x4 min. then rinse. ♦SH-206 - see comments | NIX KWELLADA-P R & C Shampoo Generic SH-206 Shampoo | ♦Apply as directed; MAY repeat in 7d. ♦Apply as directed; REPEAT in 7 days. ♦Apply as directed; REPEAT in 7 days. ♦Apply as directed; REPEAT in 48 hrs. | 11-14 9 9 10 |
| VITAMINS & MINERALS | VITAMINS/SUPPLEMENTS In otherwise healthy subjects, supplementation recommended in: ♦Breast-fed infants - Vitamin D 400IU/d ♦Deficient intake or Malabsorption ⁸¹ ♦Pregnancy - calcium, Vit D, folate , iron (possible with diet alone) ⁵² ♦Vegetarians - Ca ⁺⁺ , Vit B12, D, Iron? ♦Alcoholic - Vit B's; multivit. (MV)? ♦Women with heavy menses - Iron ♦Non-milk drinkers - Ca ⁺⁺ , Vit D ♦Elderly (esp. if poor diet) - B12, D; MV? ♦if on steroids/phenytoin - Vit D, Ca ⁺⁺ ♦HIV - Multivit. (B's, C, E & folate) ⁹¹ | Vitamin Products Vitamin D ₃ : D-VI-SOL 400 IU/ml (=10ug cholecalciferol) Children's CENTRUM JUNIOR chewable Pregnancy: MATERNA Fe ⁺⁺ 27mg; Folic 1mg; ORIFER F Fe ⁺⁺ 60mg; Folic 0.8mg; {Iron/Folic/Vit C: PALAFER CF Fe ⁺⁺ 100mg; Folic 0.5mg } B & C Vitamins: BEMINAL C FORTIS ♦well formulated multivitamins (MV) with both regular and age 50+ formulations: -CENTRUM; ONE-A-DAY; PARAMETTES -house brands: most retailers have products comparable to brand name at lower cost | RDA Recommended Daily Allowance in Adults: Fat Soluble Vitamins replace if on orlistat A (retinol) - 700 ⁸ -900 ⁸ ug (~3000 IU) Beta carotene - 6000 ug (~10000 IU) D -200-400 IU; 600 IU if >70yr {2002 CND Osteoporosis Guidelines 6: 400 IU men & ♀ <50yr; 800 IU if >50yrs } D3 (cholecalciferol) preferable to D2 (ergocalciferol) E -22 IU (15mg) RRR-α-tocopherol natural (= 67 IU (30mg) of all-rac-α-tocopherol ^{92synthetic}) ¹ | 15 8-12 15-20 Vit B&C 8-12 /60 tab Multivite 10-12 /3 month Fe ⁺⁺ 5-10 /60 tab 12-15 for 30 tab SR products Ca ⁺⁺ 5-12 /100tab Multivite 10-12 /3 month | GENERAL SUPPLEMENTATION ♦vitamins not a substitute for healthy diet ♦NO proven benefit to "mega dose" supplements unless true deficiency; excess water soluble vitamins (Bs & C) are lost in the urine, while fat-soluble (A,D,K) can accumulate ⇒ toxicity. Also - ↑↑ Vit A: ↑lung ca in smokers ^{78,96} & may ↑ fracture risk ^{80,95} ANTI-OXIDANTS: no proven heart benefit from recent studies for supplemental Vitamin E, C, beta-Carotene & Selenium ^{53,54,90} ; Vitamin E in Alzheimer's limited evidence ^{67,68,79} & may even impair possible statin benefit ⁶⁹ ; nicotinamide not prevent diabetes ⁸³ ; some evidence that dietary sources of antioxidants may decrease heart risk. Supplements may increase all cause mortality. ^{97,98} IRON ♦Iron best on an empty stomach (or HS) but GI irritation common so OK to take with food but absorption reduced by 50% (Vit. C ↑ absorption) ♦SR and enteric products may cause less GI irritation but expensive and poorly absorbed ♦continue ~3 months to replace iron stores CALCIUM ♦can only absorb ~500mg of Ca ⁺⁺ at one time so best to split doses (ie. 1 tab BID); ♦calcium carbonate better with food so take with meals (if necessary one dose at bedtime is acceptable) ♦Citrate form - ↑↑ absorption if achlorhydria ♦if a natural source calcium product is desired, use a reputable brand name product as lead contamination can be a problem (particularly with off-shore health food products) |
| | IRON (Fe⁺⁺) SUPPLEMENTS ♦iron products: use on Dr's advice ♦amount of iron in multivitamins OK for chronic daily use; breast-fed infants ≥6mo require Fe ⁺⁺ (cereals or supplement) CALCIUM & VITAMIN D ♦adequate intake important throughout life (consider age, bisphosphonates, etc.) ♦vitamin D essential for Ca ⁺⁺ absorption & utilization; deficient in most North Americans due to ↓ sun ⁶² ♦magnesium supplements not required as deficiency rare (dietary intake provides sufficient); no proven clinical benefit on bone but laxative effect may counteract constipating effect of Ca ⁺⁺ ♦excess Vit A causes bone loss and interferes with Vit D | Ferrous sulfate (300mg tab = 60mg Fe ⁺⁺) Fer-in-Sol drops ~520 (75mg/ml = 15mg Fe ⁺⁺) Ferrous sulfate syrup (30mg/ml = 6mg Fe ⁺⁺) Ferrous gluconate (300mg tab = 35mg Fe ⁺⁺) Ferrous fumarate (300mg tab = 99mg Fe ⁺⁺) ♦ Calcium carbonate least expensive & highest percentage of available elemental Ca ⁺⁺ : - calcium carbonate = 40% elemental Ca ⁺⁺ e.g. OSCAL (1250mg = 500mg elemental Ca ⁺⁺) TUMS ^{chew} (Reg=200mg, Extra=300mg, Ultra=400mg Ca ⁺⁺) - calcium citrate = 21% elemental Ca ⁺⁺ - calcium lactate = 13% elemental Ca ⁺⁺ - calcium gluconate = 9% elemental Ca ⁺⁺ ♦ General multivitamin good economical source of vitamin D (most have 400 IU/tablet) ♦ Milk: 1 cup = 300mg Ca ⁺⁺ & 100 IU Vit D 30g cheese = 200mg Ca ⁺⁺ ; Tofu 120g = 150mg Ca ⁺⁺ | Water Soluble Vitamins B1 (thiamine) ~1.2 mg B2 (riboflavin) ~1.3 mg B3 (niacin) ~15 mg B6 (pyridoxine) ~1.5 mg replace if on isoniazid B12 (cyanocobalamin) 2.4 ug (OTC: CENTRUM SELECT contains 25ug; Rx: 100 & 1200 ug tab ⁸⁹) C (ascorbic acid) 75-90 mg Folic Acid 400 ug Replace if on methotrexate & phenytoin Pantothenic acid 5 mg Minerals Fe⁺⁺ 8 mg (men & ♀ post menopausal) 18 mg (women <50yrs) { Treatment: 2-3mg/kg/day e.g. Ferrous Sulfate 300mg (=60mg Fe ⁺⁺) po BID-TID } Ca⁺⁺ 1000 mg (adults); 1500 mg for postmenopausal ♀ & ♂ >50yrs ⁶ Mg⁺⁺ 310-420 mg Zn⁺ 8-11 mg (evidence inconclusive in common cold ⁷⁵ , ? eye benefit ⁸⁵) | 10-12 /3 month Fe ⁺⁺ 5-10 /60 tab 12-15 for 30 tab SR products Ca ⁺⁺ 5-12 /100tab Multivite 10-12 /3 month | ♦Iron best on an empty stomach (or HS) but GI irritation common so OK to take with food but absorption reduced by 50% (Vit. C ↑ absorption) ♦SR and enteric products may cause less GI irritation but expensive and poorly absorbed ♦continue ~3 months to replace iron stores CALCIUM ♦can only absorb ~500mg of Ca ⁺⁺ at one time so best to split doses (ie. 1 tab BID); ♦calcium carbonate better with food so take with meals (if necessary one dose at bedtime is acceptable) ♦Citrate form - ↑↑ absorption if achlorhydria ♦if a natural source calcium product is desired, use a reputable brand name product as lead contamination can be a problem (particularly with off-shore health food products) |

↓ = dose for renal dysfx ♀ = female x = non formulary in Sask. 🏠 = EDS ▼ = covered by NIHB
 BP = blood pressure COPD = chronic obstructive pulmonary disease CI = contraindication d = days
 DI = drug interaction Dx = disease GERD = gastroesophageal reflux disease h = hours hs = bedtime
 Rx = prescription SE = side effect SR = sustained release tsp = teaspoon ~5ml tbspoon = tablespoon ~15ml
 tx = treatment wk = weeks yr = year; ⚡ = scored; **Cost Range:** low-end price - generic or smaller size

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Additional Pediatric Dosing Information for Physicians & Pharmacists (from 2003-2004 Formulary – The Hospital for Sick Children (Toronto, Canada))

| | | |
|---|---------|--|
| Aluminum & Magnesium Hydroxide | infant | 2.5-5ml po q1-2h |
| | child | 5-15ml po after meals & qhs |
| Bisacodyl | | 0.3mg/kg/dose po 6-12h before desired effect |
| Dextromethorphan | | 1mg/kg/day |
| Dimenhydrinate | | 5mg/kg/day po/IV/IM/pr (÷ q6h) |
| Diphenhydramine | | 5mg/kg/day po/IV/IM (÷ q6h) |
| Docusate Sodium | | 5mg/kg/day po (÷ q6-8h or single daily dose) |
| Iron – Treatment | | 6mg Fe ⁺⁺ /kg/day po OD (or ÷ TID) |
| Iron – Prophylaxis | | 0.5-2mg Fe ⁺⁺ /kg/day given OD (or ÷ BID-TID) |
| Lactulose - for Constipation | | 5-10ml/day po OD (double daily dose till stool produced) |
| Mineral Oil (Heavy) | | 1ml/kg/dose po HS (Avoid in <1 yr old) |
| Magnesium Hydroxide (MgOH) 80mg/ml (33mg elemental Magnesium/ml) | | 20-40 mg elemental Magnesium/kg/day po (÷ TID) –for treatment of hypomagnesemia |
| Pseudoephedrine: | <2yrs | 4mg/kg/day (÷ q6h prn) |
| Ranitidine – Treatment | | 5-8mg/kg/day po ÷ q12h x8 weeks |
| Ranitidine – Maintenance | | 2.5-5mg/kg/day given OD |
| Senna Syrup | 2-5yrs | 3-5ml/dose qhs |
| | 6-12yrs | 5-10ml/dose qhs |
| Senna Tablet | 6-12yrs | 1-2 tablets/dose po qhs |
| Sorbitol Syrup 70% | | 1.5-2ml/kg/dose po (Max 150ml/dose) |

Taste of some medications – MgOH, docusate, lactulose - may be masked by giving with milk (chocolate mix), juice or infant formula.