University of Georgia Sports Medicine

Over-the-Counter Medication Protocols

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October 4, 2002

TABLE OF CONTENTS

I. Introduction

II. Protocols

- **a. Cold – Sore Throat**
- **b. Contact Dermatitis**
- **c. Cough**
- **d. Dermatitis**
- **e. Diarrhea**
- **f. Earache**
- **g. Headache**
- **h. Indigestion**
- **i. Insect bite**
- **j. Nausea – Vomiting**
- **k. Soft Tissue Injury**

III. Documentation

IV. Appendix

- **a. American Academy of Family Physicians Medication List**
- **b. NCAA Banned Medication List**
- **c. USOC Medication Reference Card**
- **d. UGAA Medication Information Cards**

I. Introduction

This over-the-counter (OTC) medication protocol is a recommendation and is not a replacement for treatment and consultation with a physician. Before dispensing any OTC medication always obtain a SAMPLE (Signs/Symptoms, Allergies, Medications, Pertinent Past History, Last Oral Intake, Events Leading to the Injury or Illness) history. When questioning the athlete about the use of any medications (OTC, Rx) also screen for any nutritional supplements. After obtaining SAMPLE history record baseline vitals (blood pressure, pulse, temperature). Peak expiratory flow rate (PEFR), lung auscultations, and body weight should be assessed and recorded when indicated.

Always instruct athlete to follow guidelines on package when taking any OTC medications. **Avoid alcoholic beverages when taking OTC medications**. Instruct athlete to read guidelines about precautions that persist when taking OTC medications while operating any machinery.

Remember, always obtain a detailed SAMPLE history and baseline vitals prior to administering any OTC medications. The box listed at the bottom of the page will provide assistance prior to distributing OTC medication.

SAMPLE History

Signs/symptoms

Allergies

Medications

Pertinent past history

Last oral intake

Events leading to the injury or illness

Always assess baseline vitals (blood pressure, pulse, temperature) Assess PEFR, lung auscultations, and body weight when indicated Always ask athlete about any allergic conditions Always ask athlete if presently taking any medications (Rx, OTC) or nutritional supplements Avoid the use of alcoholic beverages when using any medication

II. Protocols

COLD-SORE THROAT

Screening Questions:

1. Nasal drainage (color, duration)?
2. Sore throat? Difficulty swallowing?
3. Hydration and appetite?
4. Exposure to strep throat? Other illness exposure? Past history?
5. History of mononucleosis or allergies?
6. Sneezing?
7. Coughing? Productive cough (color, odor)?
8. Ear pain?

Physical Findings:

1. Fever
2. Swollen Tonsils
3. Tender/Swollen lymph nodes (palpations)
4. Appearance of patient

***Treatment for adult patients:**

1. ***Oranyl Plus*** (a.m.) and/or ***Diphen*** (p.m. – note: may cause drowsiness)
2. Gargling for sore throat with salty water
3. ***Robitussin-DM*** or ***Guiacon DM*** and/or ***Medikoff Drops*** for cough
4. Bed Rest
5. Push fluids (electrolytes, water, juices)

****if temp (100°and pulse <100)***

Call back:

1. Persistent symptoms for 5-7 days
2. Sore throat greater than 5-7 days
3 Productive cough with fever 100^{o}
4. New symptoms

Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

1. Fever greater than 100^{o} for 24 hours
2. Breathing difficulty
3. Sore throat for two days despite continued treatment or other significant associated symptoms such as extreme fatigue
4. Signs of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
5. Unable to practice due to symptoms

Cold symptoms usually last 7-10 days. Medications may not shorten length of symptoms.

CONTACT DERMATITIS

1. Give ***Diphen*** for itching (note: may cause drowsiness)
2. Consider outlining area with pen to aid in evaluating change in size
3. May apply calamine lotion as needed topically
4. Wash area thoroughly with warm soapy water
5. A topical application of 1-2% hydrocortisone cream may be used for up to 3 days

Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

Abnormalities in vital signs or other signs and symptoms of systemic condition

1. Open sore/Exudate
2. Signs of infection
3. Failure to respond to treatment

COUGH

Screening Questions:

1. Duration?
2. Association with upper respiratory infection: sore throat? sinus pressure?
3. When is cough worse (morning or night)?
4. Activity and appetite?
5. Chronic problems as asthma, bronchitis, or pneumonia, in past?

Physical Findings:

1. Fever (duration and highest point) >100°F
2. Wheezing (auscultation) or difficulty breathing
3. Productivity of cough (color and consistency)

Treatment:

1. Monitor temperature every 4-8 hrs
2. May take decongestant (***Oranyl Plus***) if associated with upper respiratory infection
3. ***Robitussin-DM*** or ***Guiacon DM*** and/or ***Medikoff Drops*** for cough
4. Force fluids
5. Call back if symptoms do not improve in 24 hrs

Call back:

1. Persistent temperature of 101^{o}
2. Prolonged cough; shortness of breath
3. Not eating or drinking adequately
4. Unable to practice due to symptoms

Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

1. Difficulty breathing, wheezing, or croup
2. Productive cough with dark colored (green or brown) sputum

DERMATITIS

1. Give ***Diphen*** for itching (note: make cause drowsiness)
2. Consider outlining area with pen to aid in evaluating change in size
3. May apply calamine lotion as needed topically
4. Wash area thorough with warm soapy water
5. A topical application of 1-2% hydrocortisone cream may be used for up to 3 days

Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

Abnormalities in vital signs or other signs and symptoms of systemic condition

1. Open sore/Exudate
2. Signs of infection
3. Failure to respond to treatment

DIARRHEA

Screening Questions:
1. Frequency and consistency of stools (rule out diarrhea) including color of stools (blood, pus, or mucous)
2. Treatment to date?
3. Other symptoms (fever, vomiting, abdominal pain)?
4. Roommates or close friends with history of illness?
5. Medications (OTC or Rx)?
6. Onset, duration, and intensity?
7. Diet history (previous problems/episodes)?

Physical Findings:
1. Signs/symptoms of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
2. General appearance (i.e. skin color and temperature)
3. **Assess/monitor weight loss**
4. Consider blood pressure standing/seated supine to R/O orthostatic hypotension

Home Treatment:
1. Encourage electrolytes and clear fluids with small but frequent amounts
2. Avoid milk and dairy products the first 24 hours
3. If improved, progress intake of food to bland types (day 2 - see below)
4. Stress hand washing
5. Medications do not shorten course of illness, but may minimize symptoms. Adults take one unit-dose of ***Diotame*** to relieve indigestion, heartburn, upset stomach, nausea, and diarrhea. For control and symptomatic relief of acute nonspecific diarrhea, take two ***Diamode*** caplets after first loose bowel movement followed by one caplet after each subsequent loose bowel movement (Do NOT take more than four caplets per day). **Avoid taking *Diamode* if blood is present in diarrhea!**

Call back if:
1. Diarrhea increases or persists despite treatment
2. Other symptoms develop (i.e. vomiting, fever, abdominal pain, difficulty taking liquids)
3. Blood, pus, or mucous in stools
4. New onset fever

Considerations:
Viral: May last several days up to 2 weeks; only real danger is dehydration and medications may not shorten course – should not practice with fever and/or dehydration
Bacterial: Blood, pus, or mucous in stools (fever or loss of bowel control)

Progressive Diet:
Day 1 Water or electrolyte drinks (preferred)
Day 2: (If improved) saltine crackers, toast, bland soups, and oatmeal
Day 3: Lean meat, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices, dairy products)

"Gradual Progression to Regular Diet"

Physician Referral Criteria:
Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

1. Lethargy
2. Signs/symptoms of dehydration (refer to #3 in screening questions section)
3. Bloody stools
4. Associated continuous abdominal pain greater than two hours
5. More than one stool each hour that persists for one day
6. Fever

EARACHE

Screening Questions:

1. Duration?
2. Change in Hearing?
3. Other symptoms (sore throat, swollen glands)?
4. Mechanism of injury?
5 Previous history?
6. History of swimmer's ear/upper respiratory tract infection?

Physical Findings:

1. Fever
2. Discharge
3. Tender/swollen lymph nodes (palpation)
4. Otoscopic evaluation

Treatment until seen:

1. May use heat
2. ***Aminofen Max*** or ***APAP***

Physician Referral Criteria: *Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):*

1. Ear pain- severe and/or persistent or associated with other systemic signs or symptoms
2. Discharge
3. Temperature 100^{o} or above with symptoms
4. Swollen erythematous ear or canal

HEADACHE

Screening Questions:

1. Mechanism of injury (contact) or exertional activity or illness?
2. What effects headache (location, duration, type of pain)?
3. Severity of headache (Rate headache: 1-10 scale; 10 = severe, 1 = minimal)?
4. History of migraines or seizures (diagnosed) or headaches?
5. Any neck stiffness present?
6. Previous history/associated symptoms?
7. Previous treatment?

Physical Findings:

1. Level of consciousness (dizziness, nausea, light headed)
2. Check pulse size and reaction to light
3. Neurological evaluation

Treatment until seen:

1. ***Aminofen Max*** or ***APAP***
2. Bed Rest

Physician Referral Criteria: *Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):*

1. Altered level of consciousness
2. Neurological deficit
3. Mechanism of injury- trauma
4. Persistent headache
5. Fever
6. Failure to respond with Aminofen Max (Tylenol)

INDIGESTION

Screening Questions:

1. Alcohol use, tobacco usage (cigarettes, smokeless tobacco), stress?
2. Does position change symptoms?
3. Pain relative to eating?
4. Do certain foods cause problems?
5. Stress?
6. Past/family history?
7. Previous treatment?

Physical Findings:

1. Rule out abdominal quadrant tenderness/rigidity

Treatment Until Seen:

1. Give ***Diotame*** or ***Pepcid***
2. Avoid large meals and fatty foods

Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):

1. Worsening pain despite taking an over the counter medicine (s) for 2 days
2. Associated with other systemic symptoms (fever, weight loss, dehydration)

INSECT BITES

1. Apply ICE to insect stings to reduce swelling
2. Apply ***Medicaine Swab*** or ***Camphophenique*** over area of sting
3. Ask athlete about possible allergic conditions? (history of anaphylaxis)
4. Give Diphen for itching (note: may cause drowsiness)
5. Continue to assess for possible signs/symptoms of allergic reaction (hives, itching, flushed skin, cyanosis, edema, increased heart rate, stridor, decreased blood pressure, severely increased or decreased respiratory rate with severe respiratory distress or absent) for 15-30 minutes
6. Refer to EpiPen protocol, if needed
7. Consider outlining area with pen to aid in evaluating change in size

Physician Referral Criteria:

1. Signs of allergic reaction
2. Open wound/exudates
3. Signs of infection
4. Neurotic tissue

NAUSEA-VOMITING

Screening Questions:

1. Associated diarrhea (changes in bowel movement or stool character)?
2. Other symptoms (fever or abdominal pain)?
3. Other ill family members and friends?
4. Medications (OTC or Rx)?
5. Ask about vomit (color, amount)?
6. Onset, duration, and intensity?
7. What causes or relieves symptoms?
8. Previous history (alcohol use, gastrointestinal disorders, peptic ulcer disease)?

Physical Findings:

1. General appearance (i.e. skin color and temperature)
2. Signs of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
3. **Assess/monitor weight loss**
4. Rule-out pregnancy in female athlete

Home Treatment:

1. Encourage electrolytes and clear fluids in small but frequent amounts
2. First 24 hours (avoid milk and dairy products)
3. If improved, progress intake of food to bland types (day 2 - see below)
4. Medications may relieve gastrointestinal distress. ***Aldroxicon II*** may be taken as an antacid/anti-gas aid. ***Nausatrol*** may be taken for nausea associated with an upset stomach. ***Diotame*** may be taken for diarrhea, heartburn, indigestion, upset stomach, and nausea.

Call back if:

1. Nausea increases or persists
2. Nausea does not improve on diet, or diarrhea develops
3. Other symptoms develop (i.e. fever)
4. Blood in vomitus

Progressive Diet

Day 1: Clear liquids (electrolytes)
Day 2: (If improved) saltine crackers, toast, bland soups, and oatmeal
Day 3: Lean meat, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices, dairy products)

"Gradual Progression to Regular Diet"

Physician Referral Criteria: *Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):*

1. Lethargy
2. Symptoms of dehydration (refer to #2 in physical findings)
3. Associated continuous abdominal pain greater than two hours
4. Symptoms unrelieved with home treatment
5. Fever

SOFT TISSUE INJURY
"Contusion-Strain-Sprain"

Screening Questions:
1. Pain (rate on scale of 1-10; 10 = severe, 1 = minimal)?
2. Loss of function?
3. Mechanism of injury (finish activity)?
4. Previous injury?

Physical Findings:
1. Edema/effusion (localized or diffuse)
2. Tenderness (localized or diffuse)
3. Ecchymosis
4. Decreased ROM, strength
5. Neurovascular status
6. Crepitation, clicking, or popping

Treatment:
1. Ice-Compression-Elevation
2. Therapeutic modalities as indicated
3. Give ***I-prin, Aleemeed,*** or ***Aminofen Max*** or ***APAP***

Physician Referral Criteria: *Presence of one or more of the following may indicate need for referral to appropriate MD (as indicated):*

1. Pain increased with weight bearing or resisted use
2. Swelling not controlled with ice, elevation, and rest
3. Loss of sensation or motor function
4. If deformity and/or crepitation develop, immobilize and see your physician

III. Documentation

Dispersal of OTC medication should be documented with the following information using the University of Georgia Sports Medicine OTC Documentation Log:

Name
Date
Illness/Injury
Name of Medication
Amount Dispensed
Currently Taking Prescription Medications
Currently Taking OTC Medications
Currently Taking Supplements
Known Drug Allergies
Name of Clinician Dispensing OTC Medications

IV. APPENDIX A-D

UGAA Medication Information Cards

ALAMAG-PLUS

Antacid/Anti-Gas

Dosage: chew 1 to 4 tablets, 4 times a day, 20 minutes to 1 hour after meals and at bedtime, or as directed by physician; do not take more than 16 tablets in 24 hour period

Contains: Magnesium Hydroxide 200 mg.
Dried Aluminum Hydroxide Gel 200 mg.
Simethicone 25 mg.

Note: salt free, lactose free

Warning: Do not use if have kidney disease

ALDROXICON I
Insty Dose

Antacid/Anti-Gas

Dosage: shake well; one dose (30 ml.) as needed, between meals and at bedtime, or as directed by physician; not to exceed 4 doses in 24-hour period

Contains: Magnesium Hydroxide 200 mg.
Aluminum Hydroxide 200 mg.
Simethicone 20 mg.

Note: sugar free, sodium free, lactose free

Warning: Do not use if have kidney disease

ALEEMED or MEDIPROXEN

Pain Reliever/Fever Reducer

Dosage: Take 1 tablet every 8 to 12 hours

Not for prolonged use
10 days for pain
3 days for fever

Contains: Naproxen and sodium

Notes: Do **not** take product if you have had hives or severe allergic reaction after taking any pain reliever

Do **not** take during the last 3 months of pregnancy unless directed by physician

AMINOFEN MAX or APAP

Extra Strength Maximum Dose Non-Aspirin
(Generic Tylenol)

Dosage: 2 tablets every 4 hours:
Not to exceed 8 tablets per day

Contains: Acetaminophen 500 mg./tablet

Note: sugar free, sodium free

DIAMODE

Anti-Diarrheal

Dosage: Take 2 caplets after first loose bowel movement
followed by 1 caplet after each subsequent loose bowel
Do **not** take more than 4 caplets per day!

Contains: Loperamide hydrochloride (See box for inactive ingredients)

Note: sugar free, salt free, antihistamine free, lactose free

DO NOT USE FOR MORE THAN 2 DAYS UNLESS DIRECTED BY A PHYSICIAN!

ALWAYS DRINK PLENTY OF CLEAR LIQUIDS

DIOTAME
Insty Dose

Diarrhea/Heartburn/Indigestion/Upset Stomach/Nausea

Dosage: Shake well; one dose (30 ml.) as needed every 30 to 60 minutes;
Do **not** exceed 8 doses in 24-hour period

Contains: Bismuth Subsalicylate 524 mg.

Note: May cause harmless darkening of the tongue and/or
stool; stool darkening should not be confused with melena

DIPHEN

Antihistamine for Hay fever/Allergies

Dosage: 25 to 50 mg. every 4 to 6 hours;
Not to exceed 300 mg. in 24 hours

Contains: Diphenhydramine HCL 25 mg.

Warning: May cause drowsiness

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GatorLYTES

Electrolyte Mix

Dosage: Add one package to a 20-ounce electrolyte drink and mix until dissolved. Drink immediately.

Contains: Sodium Chloride, Potassium Chloride, Calcium Lactate, Magnesium Chloride, Calcium Silicate

I-PRIN

Anti-Inflammatory/Pain Reliever/Fever Reducer

Dosage: 1 to 2 tablets every 4 to 6 hours;
Do **not** exceed 6 tablets in 24 hours unless directed by physician

Contains: Ibuprofen 200 mg./tablet

Note: Take with food or milk to reduce risk of mild heartburn, upset stomach, or stomach pain

Warning: Do not use if taking any other anti-inflammatory medication

MEDIKOFF DROPS

Cough Drops

Dosage: Do not chew; dissolve 1 cough drop in upper cheeks as needed;
Not for prolonged use

Contains: Methol

Note: sugar free, salt free, antihistamine free, lactose free

NAUSATROL
InstyDose

Nausea Associated With Upset Stomach

Dosage: Shake well; one-half to one dose (15-30 ml.) as needed every 15 minutes until distress subsides; Do **not** exceed 5 doses in one hour period

Contains: Dextrose (glucose) 1.87 g.
Levulose (fructose) 1.87 g.
Phosphoric Acid 21.5 mg.

Note: Never dilute Nausatrol or drink fluids of any kind immediately before or after taking a dose

Warning: Do not take if hereditary fructose intolerance (HFI)

ORANYL PLUS or MEDI-SYNAL

Analgesic/Sinus and Nasal Decongestant Without Drowsiness

Dosage: 2 tablets every 4 hours;
Not to exceed 8 tablets per day

Contains: Acetaminophen 500 mg.
Pseudoephedrine Hydrochloride 30 mg.

Note: Contains Acetaminophen

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ROBITUSSIN-DM
InstyDose

Cough Suppressant/Expectorant

Dosage: One dose (10 ml.) every 4 hours; **not** for prolonged use

Contains: Alcohol
Dextromethorphan Hydrobromide 10 mg.
Guaifensin 100 mg.

Note: Do **not** use if taking drugs for depression, psychiatric or emotional conditions

BANNED BY NCAA (Rifle Only)