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TABLE OF CONTENTS

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 administering any OTC medication always obtain signs/symptoms, allergies, medications, pertinent past history, last oral taken, and events leading to the injury or illness (SAMPLE) history. When questioning the athlete about the use of any medications (OTC and/or Rx) also screen for nutritional supplements. After obtaining SAMPLE history, record relevant vital signs (blood pressure, pulse, temperature, peak flow rate, body weight, etc.).

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.

SAMPLE History
Signs/symptoms
Allergies
Medications
Pertinent past history
Last oral taken
Events leading to the injury or illness

Student-Athletes with fever greater than 99.5 degrees Fahrenheit, have signs/symptoms lasting longer than 5 days, or unable to practice for any reasons due to signs/symptoms will be referred to ERAU Student Health Services (SHS).

II. Protocols:

A. COLD and/or 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 to palpation
4. Appearance of patient

- Treatment for adult patients:

1. Diphen (note may cause drowsiness)
2. Gargling for sore throat with salty water
3. Robitussin DM and/or Medikoff Drops for cough
4. Bed Rest
5. Push fluids (electrolytes, water, juices)
6. Referral to ERAU Student Health Services

- Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD or SHS

1. Fever greater than 99.5 degrees
2. Breathing difficulty

3. Sore throat for 2 days despite continued treatment or other significant associated with symptoms such as extreme fatigue
4. Signs of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color or frequency of urination)
5. Unable to practice due to symptoms

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

B. CONTACT DERMATITIS

- Treatment for adults:
  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 or SHS

1. Abnormalities in vital signs or signs and symptoms of systemic condition
2. Open sore/exudate
3. Signs of infection
4. Failure to respond to treatment.

C: 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 such as asthma, bronchitis, or pneumonia in the past?

- Physical Findings:
  1. Fever (duration and highest point) >100 degrees Fahrenheit
  2. Wheezing (auscultation) or difficulty breathing
  3. Productivity of cough (color and consistency)

- Treatment:
  1. Monitor temperature every 4-8hrs
  2. May take decongestant if associated with upper respiratory infection
  3. Robitussin 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 degrees Fahrenheit
  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 or SHS

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

D. DIARRHEA

- Screening Questions:
  1. Frequency & consistency of stools including color of stools (blood, pus or mucous)?
  2. Treatment to date?
  3. Other symptoms (fever, vomiting, abdominal pain)?
  4. Roommate or close friends with history of illness?
  5. Medications (Rx or OTC)?
  6. Onset, duration, 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 first 24 hours
    3. If improved, progress intake of food to bland types
    4. Stress hand washing
    5. Medications do not shorten course of illness, but may minimize symptoms. Adults take one unit dose of Diotome to relive 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:
    1. 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.
    2. Bacterial – blood, pus, or mucous in stools (fever or loss of bowel control).

- Progressive Diet:
    1. Day 1 – water or electrolyte drinks (preferred)
    2. Day 2 – if improved, saltine crackers, toast, bland soups, baby food, and oatmeal
    3. Day 3 – lean meats, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices or dairy products)
    4. Day 4 + - gradual progression to regular diet.

- Physician Referral Criteria:
    Presence of one or more of the following may indicate need for referral to appropriate MD or SHS
    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.

E. 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 or SHS

1. Ear pain – severe and/or persistent as associated with other systemic signs or symptoms
2. Discharge
3. Temperature 99.5 degrees Fahrenheit or above with symptoms
4. Swollen erythematous ear or canal.

F. 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 1-10 increasing Likert scale)?
    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
    3. Fluids and food if appropriate from screening questions.

- Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD or SHS

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 or APAP.

G. INDIGESTION

- Screening Questions:
    1. Alcohol use, tobacco usage (cigarettes, smokeless tobacco), stress?
    2. Does position change symptoms?
    3. Paine 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 or SHS

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

H. INSECT BITES

-Treatment for Adults:

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 condition (history of anaphylaxis)?
4. Give Diphen for itching (note: may cause drowsiness)
5. Continue to assess for possible signs/symptoms of allergic reaction (hive, 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.

I. NAUSEA AND/OR VOMITING

- Screening Questions:

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

- 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.

- 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
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 upset stomach. Diotome 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:

1. Day 1 – water or electrolyte drinks (preferred)
2. Day 2 – if improved, saltine crackers, toast, bland soups, and oatmeal
3. Day 3 – lean meats, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices or dairy products)
4. Day 4 + - gradual progression to regular diet.

- Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD or SHS

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.

J. SOFT TISSUE INJURY ("Contusion, Strain, Sprain")

- Screening Questions:
  1. Pain (rate on 1-10 increasing Likert scale)
  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, popping, or clicking
- Treatment:
  1. R.I.C.E.
  2. Therapeutic modalities as indicated
  3. Give Iprin, Aminofen Maxx or APAP.
- Physician Referral Criteria:

Presence of one or more of the following may indicate need for referral to appropriate MD or SHS

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. ERAU SPORTS MEDICINE MEDICATION INFORMATION CARDS

ADVIL
Use: Anti-inflammatory/Pain Reliever/Fever Reducer
Dosage: 1 to 2 tablets every 4-6 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.

BENADRYL
Use: Antihistamine for Hay Fever/Allergies
Dosage: 1-2 tablets every 4-6 hours; do NOT exceed 6 doses in a 24 hour period
Contains: Diphenehydramine HCl 25mg/tablet
Warning: May cause drowsiness.

CHLORASEPTIC
Use: Sore throat pain relief
Dosage: 5 sprays into affected area every 2 hours, not to exceed use for 2 days
Contains: Phenol 1.4%

IMODIUM / ANTI DIARRHEAL
Use: Anti-diarrheal
Dosage: 2 caplets after first loose bowel movement, followed by 1 caplet after each subsequent loose stool; do NOT take more than 4 caplets in 24 hours; do NOT use for more than 2 days unless directed by physician
Contains: Loperamide HCl 2 mg/tablet
Note: Drink plenty of clear fluids to help prevent dehydration caused by diarrhea
Warning: May cause tiredness, dizziness, or drowsiness.

IPRIN COLD & SINUS
Use: Analgesic/Sinus and Nasal Decongestant Without Drowsiness
Dosage: 1 to 2 tablets every 4-6 hours, do NOT exceed 6 caplets in a 24 hour period
Contains: Ibuprofen 200mg, Pseudoephedrine HCl 30mg
Note: Take with food or milk if upset stomach occurs.

MEDIKOFF DROPS
Use: Cough drops
Dosage: Allow 1 drop to dissolve slowly in mouth per hour as needed.
Contains: Menthol 6.1 mg/drop
Warning: Excessive use may have a laxative effect
Note: Sugar-free

MEDI FIRST SINUS PAIN & PRESSURE
Use: sinus pain, headache, nasal and sinus congestion
Dosage: 2 tablets with water every 6 hours as needed. Do not take more than 8 tablets in 24 hours.
Contains: Acetamiophen 500mg, Phenylephrine HCl 5mg

NAUSATROL INSTYDOSE
Use: Nausea Associated With Upset Stomach
Dosage: Shake well; ½ to 1 dose (15-30 ml) as needed every 15 minutes until distress subsides up to 1 hour, do NOT exceed 5 doses in a 1 hour period
Contains: Dextrose (glucose) 1.87 g, Levulose (fructose) 1.87 g, Phosphoric Acid 21.5 mg
Warning: Do NOT take if hereditary fructose intolerance (HFI)
Note: Never dilute product or drink fluids of any kind immediately before taking a dose

PEPTO-BISMOL
Use: Upset Stomach Reliever/Anti-Diarrheal
Dosage: Shake well before use, 2 Tbsp (or 30 ml) every ½ - 1 hour as needed; do NOT exceed 8 doses in 24 hour period.
Contains: Bismuth subsalicylate 524mg / 30 ml dose
Warning: Do NOT take if you are allergic to salicylates (including aspirin) or taking other salicylate products
Note: May cause a temporary, harmless darkening of the stool and/or tongue.

ROBITUSSIN-DM
Use: Cough Suppressant/Expectorant
Dosage: 2 tsp every 4 hours; NOT for prolonged use
Contains: Alcohol, dextromethorphan HBr 10 mg, Guaifensin USP 100 mg
Note: Do NOT use if taking drugs for depression, psychiatric or emotional conditions

TUMS
Use: Antacid
Dosage: Chew 2-4 tablets as needed; do NOT exceed more than 10 tablets in a 24 hour period
Contains: Calcium carbonate USP 750 mg
Warnings: Antacids may interact with certain prescription drugs.

TYLENOL
Use: Pain Reliever, Fever Reducer
Dosage: 2 caplets every 4-6 hours as needed; do NOT exceed 8 caplets in a 24 hour period
Contains: Acetaminophen 500 mg
Warning: Do NOT use with other medicines containing acetaminophen