ACUTE BRONCHITIS

MEDICAL PROBLEM Addressed this Visit: Acute Bronchitis

Brief Description: Usually caused by a virus infection, acute bronchitis is a nagging chest cough. This cough will usually last for several weeks before going away (18 days is the average). Even if you are coughing up yellow or green phlegm, antibiotics cause more problems than they help the bronchitis.

PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:

Albuterol Inhaler and Spacer, 2 puffs every 4 hours as needed for cough

INSTRUCTIONS FOR CARE:

Non-steroidal anti-inflammatory drugs (NSAIDs) such as Motrin or Aleve decrease cough. Naproxen (e.g., Aleve) is best for adults. Ibuprofen, at least in larger doses, increases risk of stroke and heart attack. Children and teenagers should take ibuprofen (Motrin, Advil, Nuprin) but should not take aspirin.

Of the available over-the-counter and prescription cough ingredients, which are not very effective, the best is dextromethorphan (DM). For those 6 or older, use a sustained-release dextromethorphan cough medication at the dose recommended by the manufacturer. Use a sustained-release dextromethorphan (DM) cough medication. Two well-known brands are Delsym and Robitussin-12, there are also generics. Get whichever 12-hour DM cough syrup is cheapest.

Some scientific studies have shown that honey is better than dextromethorphan at suppressing cough. For adults, I recommend 2 tablespoons (not teaspoons, tablespoons; nobody ever died of a honey overdose) four times a day.

FOLLOW-UP CARE:

1. Follow-up with your primary care physician in 2-3 weeks if you don’t start to improve or sooner if you get worse. You should be seen right away if you develop chest pain, shortness of breath or a new or higher fever.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.

**01 ALLERGIC RHINITIS**

**MEDICAL PROBLEM** Addressed this Visit: Allergic Rhinitis (Nasal Allergy)

**Brief Description:** Nasal congestion, sneezing and/or sinus congestion caused by things like pollen, mold, grass and dust. Nasal allergies can interfere with sleep, cause bacterial sinus infections, and make people shun you as if you had the flu.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

azelastine spray, 2 sprays both nostrils twice a day as needed

**INSTRUCTIONS FOR CARE:**

The AAAAI, the American Academy of Allergy, Asthma & Immunology recommends a three-step approach to nasal allergies. If the first one isn’t enough, you keep on doing it and add the second, and if the second isn’t enough, you keep on with the first two and add the third.

The first is to take one of the over-the-counter 24-hour “nonsedating” antihistamines. There are three of them.

Zyrtec and the generics (cetirizine) are not supposed to make you sleepy and make everyone sleepy. Claritin/Alavert and the generics (loratadine) are not supposed to make you sleepy and make many but not all people sleepy. (They certainly make me sleepy.)

Then there is Allegra and the generics (fexofenadine) which are not supposed to make you sleepy and even if you OD on it, it won’t make you sleepy.

Don’t use the “-D” versions of the over-the-counter antihistamines, which include a decongestant, as the decongestants don’t work very well and have lots of bad side effects. And the prescription variants have no advantages unless you are an officer or shareholder of the manufacturer.

If that isn’t enough, you add a steroid nasal spray. They used to be prescription-only, but a couple of years ago they all became available over-the-counter, under the tradenames Nasacort (triamcinolone), Flonase (fluticasone) and Rhinocort (budesonide), all of which work similarly well, as well as generics. Get whichever is cheapest. If you are pregnant, Rhinocort is probably the safest; budesonide is quickly taken out of the circulation by the liver so less will get to the baby.

If even that isn’t enough, you add a first-generation antihistamine nasal spray called azelastine, which requires a prescription. If your nose is very congested, spray the azelastine up your nose, then lay flat on your bed with your head hanging over the edge of the bed, so that by gravity, the spray will get through those swollen membranes up to where the sinus orifices are. Stay that way for 30 seconds, then go do something else for 10 minutes and use the steroid spray the same way; the steroid spray takes about 4
hours to work so it’s best to use the azelastine to open up your nose so the steroid spray can get in deeper.

**FOLLOW-UP CARE:**
1. Follow-up with your primary care physician in 2-3 days if you get worse or don’t start to improve.
2. If you think your condition has turned into a **Medical Emergency**, **call 911** or go to the nearest **Emergency Department**.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC ([https://myupmc.upmc.com](https://myupmc.upmc.com)). To find your summary, navigate to Past Appointments in the Medical Summary section.
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02 ANKLE SPRAIN

MEDICAL PROBLEM Addressed this Visit: Ankle Sprain

Brief Description: An ankle sprain is a stretching or tearing of the ligaments that hold the bones of your ankle together.

PRESCRIPTION DEVICE(s) Sent to Your Pharmacy:

Aircast Airstirrup ankle brace for 3 weeks.

INSTRUCTIONS FOR CARE:

Use both naproxen (Aleve) and acetaminophen (Tylenol) according to the package directions. Generic is cheaper and just as good as brand name.

Stay off the injured leg as much as possible until you can walk without pain.

Keep your leg elevated when sitting.

Place a bag of ice or frozen vegetables on your ankle for up to 20 minutes every 1-2 hours for the first 24 hours.

Wear the Aircast AirStirrup whenever up and on your feet for 3 weeks. You can take it off to shower and when in bed. But if you walk without it on and twist your ankle again, you’ll have to start all over on your three weeks.

Call your primary care physician to arrange for physical therapy evaluation for possible nerve damage (proprioceptive loss) resulting in a "weak" ankle. Often you can deal with the doctor’s front office secretary to arrange this without having to talk with the doctor.

FOLLOW-UP CARE:

1. Follow-up with your primary care physician in 5 -7 days if you don’t start to improve.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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03 ANTIBIOTICS

ANTIBIOTIC RESISTANCE

Why is it so important NOT to take antibiotics when you don’t need them? Although antibiotics kill bacteria, a few will survive. These bacteria are antibiotic resistant and can grow, multiply, and spread to other people. Sometimes antibiotics kill "good" bacteria that prevent other infections. This can cause other illnesses to develop. Eventually, an antibiotic that once worked to treat bacterial infections is no longer effective because it becomes resistant.

Antibiotics were once considered the solution to most infectious diseases. Unfortunately, the misuse and overuse of antibiotics, combined with bacteria’s ability to resist treatment, mean that antibiotics are no longer as effective. Antibiotic resistance is now a worldwide public health problem.

Antibiotic resistance is a global problem. We continue to read news stories about superbugs, bacteria that are increasingly resistant to common antibiotics. This resistance is causing new infections and making it difficult to treat others. We all need to be responsible about the antibiotics we take – using antibiotics to treat viral infections like a cold or flu, using antibiotics too often, and not using antibiotics as prescribed are all contributing to the problem. Use antibiotics wisely to help protect your health and the health of your family and community. Treating viral infections with antibiotics to prevent bacterial infections does NOT work.
04.2 BRONCHOSPASM

MEDICAL PROBLEM Addressed this Visit: Bronchospasm

Brief Description: The air tubes in the lungs can become narrowed from swelling or spasm, causing a frequent hard cough, wheezing or trouble breathing. Bronchospasm can be triggered by a cold virus, an irritant like cigarette smoke, an allergic reaction or as part of an asthma attack.

PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:

Albuterol inhaler and spacer, 2 puffs as often as every 4 hours for cough, wheezing or shortness of breath (may use up to 4 puffs every 3 hours if using with spacer)

Dexamethasone, 16 mg taken by mouth as one dose

INSTRUCTIONS FOR CARE:
1. Take all medications as recommended or prescribed by your provider today.
2. Additional Treatment Recommendations [ none ]

FOLLOW-UP CARE:
1. Follow-up with your primary care physician in 2-3 days if you don’t start to improve or sooner if you get worse. You should be seen right away if you develop chest pain, shortness of breath or a new or higher fever.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:
1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
**04 BACK PAIN**

**MEDICAL PROBLEM** Addressed this Visit: Back Pain

**Brief Description:** Back pain can be caused by many things, such as, a muscle strain (most common), arthritis, a worn disc or even a pinched nerve.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

Flexeril (cyclobenzaprine) 10 mg three times a day as needed for muscle pain and spasm. If working during the day, may want to take just one at dinnertime so it helps you sleep but doesn’t make you groggy in the morning.

**INSTRUCTIONS FOR CARE:**

Use both naproxen (Aleve) and acetaminophen (Tylenol) according to the package directions. Generic is cheaper and just as good as brand name.

Bed rest is bad for your back. Avoid heavy lifting, prolonged sitting or activities that make the pain a lot worse.

Do 20 reps 3-4 times a day of the following exercises:

- twists,
- side stretches, and
- toe touches

as I showed you during your visit. Do these until your back is better, then twice a week for the rest of your life as it’s good for your back.

Chronic back pain is best treated by a primary care physician or by a physician who specializes in back problems.

**FOLLOW-UP CARE:**

1. Follow-up with your primary care physician in 5 -7 days if you don’t start to improve.
2. You need to be seen right away if you develop numbness, tingling or weakness in any of your arms or legs or you have a change in your bowel or bladder habits.

**ADDITIONAL INFORMATION:**

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05 CONJUNCTIVITIS

**MEDICAL PROBLEM** Addressed this Visit: Conjunctivitis (Pink Eye)

**Brief Description:** Redness and swelling of the surface of the eye that can be caused by infections (bacteria and viruses), allergies or exposure to chemicals.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

Polytrim (polymyxin and trimethoprim) eye drops, 1 drop four times a day

Ofloxacin eye drops, 1 drop every 2 hours while awake for today, then four times a day for the next 5 days

**INSTRUCTIONS FOR CARE:**

Whether your pinkeye is caused by a virus, bacteria or allergy, an over-the-counter antihistamine-decongestant eye drop will decrease the redness and discomfort. My favorite is Naphcon-A.

Pink eye caused by bacteria is usually treated with antibiotic eye medicines.

Pink eye from infections spreads easily. Wash your hands often, especially after touching your face.

You can us a warm washcloth to remove crusting from your eyelids, which is often worse in the morning

**FOLLOW-UP CARE:**

1. You should see an eye doctor (ophthalmologist or optometrist) in 1-2 days if you develop eye pain, trouble seeing, swelling around the eye, or your eye redness and drainage worsens or does not begin to improve
2. If you think your condition has turned into a **Medical Emergency**, **call 911** or **go to the nearest Emergency Department**.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
05.kc2 Dental Abscess

MEDICAL PROBLEM addressed this Visit: Dental Abscess

Brief Description: Infection at root of tooth

PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:

Penicillin 500 mg four times a day for 10 days.

INSTRUCTIONS FOR CARE:

Take generic Aleve and generic Extra-Strength Tylenol for the pain.

FOLLOW-UP CARE:

1. Follow-up with your primary care physician, dentist or oral surgeon in 2-3 days if you get worse or don’t start to improve.

2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:

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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.

05.kc Earache

MEDICAL PROBLEM addressed this Visit: Earache

Brief Description: Earache can be caused by lots of things.

If you've been swimming or wearing earbuds a lot or scratched the inside of your ear, it could be otitis externa (“swimmer’s ear”). Otitis externa will sometimes drain out of your ear. If you pull up on the top of your ear and it hurts, and it hurts if you press on the little bump right in front of your ear canal (the tragus) and it hurts, it’s probably otitis externa. This is usually treated with antibiotic ear drops, though you can make your own homemade antibiotic eardrops at home:

Get a small dropper bottle from the pharmacy (ask the pharmacist for it) or rinse out an old medicine's dropper bottle. Mix rubbing alcohol and either vinegar or lemon juice (your choice) half and half in the bottle. Put a few (3) drops in the affected ear 3-4x a day until better. If you get swimmer's ear a lot, put a drop in each ear after swimming, or if your swimmer's ear is from something else, once a week. You also may be able to find over-the-counter drops that contain acetic acid (vinegar) and alcohol, which is an easy way to get started with this. You can then refill the bottle at home when it's used up.
If you’ve had a cold or your allergies are acting up, it could be fluid in the middle ear ("serous otitis media") or the fluid behind the eardrum might be infected ("suppurative otitis media"). You can’t tell which unless you look in the ear with a device called an otoscope, but it doesn’t really make much difference. For both kinds, oxymetazoline 12-hour decongestant nasal spray (e.g., Afrin) is the main treatment, and if there is any suggestion of allergy, a steroid nasal spray (e.g., Flonase). Antibiotics such as amoxicillin are commonly prescribed in the US, but not in Europe unless both ears are infected or you have a very high fever. Antibiotics do almost nothing to make an ear infection better, and certainly do nothing except cause problems if you have serous otitis media.

Sometimes otitis media, either serous or suppurative, can rupture. When this happens, usually the pain suddenly gets a lot less, and fluid starts draining out the ear. This is usually treated with antibiotic ear drops instead of pills, unless there’s another reason to prescribe pills, such as a sinus infection.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

- amoxicillin 875 mg twice a day for 10 days
- ofloxacin ear drops five drops twice a day for a week

**INSTRUCTIONS FOR CARE:**

Twice a day, use oxymetazoline (e.g., Afrin) nasal spray: two squirts both nostrils. After squirting up your nose, lay flat on your back on the bed. This way, gravity will help the nasal spray drain to the back of the nose and throat where the Eustachian tubes are. These tubes drain the fluid out of your middle ears, and they are what pop when you yawn and pop your ears. After you do this, go away and do something else for 10 minutes, as it only take 5-10 minutes for Afrin to open your nose.

Then, if there’s even a hint of nasal allergies, use two squirts of a steroid nasal spray both nostrils. Steroid nasal sprays are marketed over-the-counter for allergies. Even if you don’t have allergies, though, they will help you get better quicker from a sinus infection, probably as much as an antibiotic does. Steroid nasal spray is available by prescription, as a generic and under several brand names. It is also available without a prescription under the tradenames Nasacort (triamcinolone), Flonase (fluticasone) and Rhinocort (Budesonide), all of which work similarly well. The cost is about $15-20/bottle at most pharmacies. At Sam’s Club and Costco you can five or six of them at once for the price of one bottle at the drugstore. All of these nasal sprays are generally OK in pregnancy, as you don’t get much of it into your system, but for a steroid spray, budesonide is better in pregnancy than the others as your liver clears most of it out of your blood quickly.

The saline and steroid nasal sprays you can use the rest of your life if you need to. Afrin and other decongestant nasal sprays, however, can be addicting. If you use them too long, you get a rebound swelling in your nose, and the only thing that makes it get better is more Afrin, and then more Afrin, and then more Afrin... and then you have to go into a detox and 12-step rehab for Afrin addicts (just kidding about the detox and rehab).

The Afrin bottle says to use no more than 3 days. The most recent research says 10 days, so I figure seven days is safe, and then taper off using just at night for a couple of nights.

Please also read other important information in my teaching handouts at:

FOLLOW-UP CARE:

1. Follow-up with your primary care physician in 2-3 days if you get worse or don’t start to improve.

2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.

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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
06.1 GASTROENTERITIS

**MEDICAL PROBLEM** Addressed this Visit: Gastroenteritis (Stomach ‘Flu’)

**Brief Description:** Usually caused by a virus called *Norovirus*, gastroenteritis may result in nausea, vomiting, and diarrhea.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

Zofran (ondansetron) 4 mg oral dissolving tablet three times a day as needed for nausea or vomiting

**INSTRUCTIONS FOR CARE:**

Drink small amounts of liquids frequently. Increase as tolerated.

Just drinking water won’t keep you from getting dehydrated. You also need salt to hold the water in your body. We get most of our salt from the food we eat. For the next few days, increased your salt intake. Young children can drink Pedialyte. Older children and adults can drink Gatorade, salty broth and salty clear soups. Chicken rice soup is great as the rice helps slow diarrhea.

Return to a normal diet when nausea and vomiting stop and diarrhea has decreased.

Loperamide (e.g., Imodium-AD) is safe and effective for controlling diarrhea.


**FOLLOW-UP CARE:**

1. Follow-up with your primary care physician in 24 - 48 hours, if you get worse or don’t start to improve.
2. You should be seen right away if you develop severe belly pain, begin to vomit blood/coffee grounds, your stools become black/tarry/bloody or you develop signs of dehydration (dizziness, dry mouth, decreased urination)
3. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC [https://myupmc.upmc.com](https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
06 CONTACT DERMATITIS

**MEDICAL PROBLEM** Addressed this Visit: Contact Dermatitis (Poison Ivy)

**Brief Description**: An allergic reaction of the skin usually due to plant oils (poison ivy), chemicals (hair dye) or metal (necklace). An itchy rash develops that often blisters.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

Dexamethasone 6 mg daily (best in the AM) for 14 days

Triamcinolone acetonide 0.1% cream twice a day

**INSTRUCTIONS FOR CARE:**

Oral steroids are used when the reactions is widespread or severe. Do *not* use strong (prescription) steroid creams on your face or genitals. You may use hydrocortisone cream (prescription or over-the-counter) on these areas. (Strong steroid cream can cause thinning of the skin in these areas.)

Take fexofenadine (generic ALLEGRA) 180 mg twice a day. (The official dose on the bottle is to take it once a day for allergies, but it’s OK to take it twice a day, because your doctor told you to.) This will not make you sleepy.

At bedtime, take 50 mg of diphenhydramine (generic BENADRYL). This will make you sleepy but it works very well for itching.

Do NOT use creams with the ingredients Benadryl (diphenhydramine) or lidocaine or benzocaine on your skin for itching. These medications can cause another allergic reaction just like poison ivy. And then you can’t take Benadryl tablets at night, and can’t get the benzocaine or lidocaine the dentist uses. Instead, look for products that have pramoxine in them; only one person in the history of the world has been allergic to it. Examples include Gold Bond Anti-Itch and ItchX. My favorite is Rite Aid Medicated First Aid Anti-Itch Cream, which has both pramoxine and menthol. Menthol is mint oil, which is a great numbing medicine which nobody gets allergic to, and it also smells nice.

For more information, see


**FOLLOW-UP CARE:**

1. Follow-up with your primary care physician 48–72 hours if your rash gets worse (such as, more red, *swollen* or tender) or doesn’t start to improve.
2. If you think your condition has turned into a **Medical Emergency**, call **911** or go to the nearest **Emergency Department**.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
07.2 INFLUENZA

**MEDICAL PROBLEM** Addressed this Visit: Influenza

**Brief Description:** Influenza is a virus respiratory infection. Unlike the common cold, the flu comes on suddenly and the symptoms, such as a cough, congestion, fever, chills, fatigue, aches, and pains, are often more severe.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

- Tamiflu 75 mg. Take 1 pill twice a day for 5 days.
- Zofran (ondansetron) 4 mg oral dissolving tablet three times a day as needed for nausea or vomiting

**INSTRUCTIONS FOR CARE:**

Use saline (salt water) spray randomly throughout the day. It will loosen up the boogers so you can blow your nose and get them out. This will help the sinuses drain.

Twice a day, use oxymetazoline (e.g., Afrin) nasal spray: two squirts both nostrils. After squirting up your nose, lay flat on your back on the bed with your head hanging off the edge. This way, gravity will help the nasal spray get through the swollen nasal membranes up to where the sinus orifices are.

Afrin and other decongestant nasal sprays, however, can be addicting. If you use them too long, you get a rebound swelling in your nose, and the only thing that makes it get better is more Afrin, and then more Afrin, and then more Afrin... The Afrin bottle says to use no more than 3 days. The most recent research says 10 days, so I figure seven days is safe, and then taper off using just at night for a couple of days.

Tylenol (acetaminophen), Motrin (Advil, Nuprin, ibuprofen) and Aleve (naproxen) will decrease fever and aches. Motrin and Aleve also suppress cough. However, these medication (or combination cold medicines with them) that decreased fever make you worse, make you worse longer, and make you more likely to give the flu to others. The best medication is an electric blanket.

Please also read other important information in my teaching handout at:


**FOLLOW-UP CARE:**

1. Follow-up with your primary care physician in 2-3 days if you don’t start to improve or sooner if you get worse. You should be seen right away if you develop chest pain or shortness of breath.
2. If you think your condition has turned into a **Medical Emergency**, call 911 or go to the nearest **Emergency Department**.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC ([https://myupmc.upmc.com](https://myupmc.upmc.com)). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
07 GENERAL TEMPLATE

**MEDICAL PROBLEM** Addressed this Visit: [ ]

**Brief Description:** [ ]

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**
[None ]

**INSTRUCTIONS FOR CARE:**
1. Take all medications as recommended or prescribed by your provider today.
2. Additional Treatment Recommendations [ ]

**FOLLOW-UP CARE:**
1. Follow-up with your primary care physician in 24 - 48 hours, if you get worse or don’t start to improve.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

**ADDITIONAL INFORMATION:**
1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
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3. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
**07.kc Lyme Disease**

**MEDICAL PROBLEM** Addressed this Visit: Possible Lyme disease

**PRESCRIPTION MEDICATION**(s) Sent to Your Pharmacy:

[doxycycline 100 mg twice a day for 14 days]

Doxycycline makes you more likely to get sunburnt. Don’t take at the same precise time as vitamins, minerals or antacids: separate them from the doxycycline by a couple of hours.

**INSTRUCTIONS FOR CARE:**

Read Dr. Conover’s Ticks handout, and follow the instructions there.

You can find it online at

[http://conovers.org/ftp](http://conovers.org/ftp)

Scroll down to Ticks.pdf.

Lyme disease blood tests are very unreliable. They tend to not turn positive in early Lyme disease until you’ve had it for a month. And they tend to stay positive for the rest of your life.

Therefore, early Lyme disease is what we call a “clinical diagnosis”: based on history and physical exam. We treat based on a high clinical suspicion. You have a high clinical suspicion of Lyme disease.

**FOLLOW-UP CARE:**
1. Follow-up with your primary care physician as needed.
2. If you think your condition has turned into a **Medical Emergency**, **call 911** or go to the nearest **Emergency Department**.

**ADDITIONAL INFORMATION:**
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08 NON-eVISIT

**ASSESSMENT:** Thank you for choosing UPMC AnywhereCare for your medical care today. I feel that an ‘in person’ evaluation is necessary to diagnose and/or treat your concerns of [ ].

**RECOMMENDATIONS FOR TREATMENT AND FOLLOW-UP:**

[ ]

**ADDITIONAL INFORMATION:**

Since I was unable to offer you the evaluation or treatment you need, there will not be a charge for your UPMC AnywhereCare visit today. If you made a credit card payment, it may take up to seven business days for the credit to appear on your statement. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.

Thank you for your understanding. We hope that you will try UPMC AnywhereCare again in the future.

**ADDITIONAL INFORMATION:**

1. A complete summary of today’s visit is available on MyUPMC (https://myupmc.upmc.com). To find your summary, navigate to Past Appointments in the Medical Summary section.
2. To reach a UPMC AnywhereCare representative, please call 1-866-884-8579.
09 PHARYNGITIS

MEDICAL PROBLEM Addressed this Visit: Pharyngitis (Sore Throat)

Brief Description: Pharyngitis is a throat infection commonly caused by a virus – most colds start with a
day or two of sore throat – and sometimes by the ‘strep’ bacteria (‘strep throat’). Sore throats with cold
symptoms are usually viral. The Centor criteria for diagnosing a strep throat without a rapid-strep test or
culture (or for treating for Fusobacterium necrophorum, which is common and worse than strep) are:

1. absence of cough
2. history of fever
3. tonsillar exudates (white patches on the tonsils)
4. tender anterior cervical lymph nodes (swollen, tender glands under the back of the jaw)

Having three or more of these criteria mean a higher likelihood of strep or Fusobacterium necrophorum.

PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:

Penicillin 500 mg three times a day for 10 days.

INSTRUCTIONS FOR CARE:

A sore throat is pain just like a stubbed toe. Take generic Aleve (naproxen) and generic extra strength
Tylenol (acetaminophen) as needed for pain.

Gargling with salt water – as hot as you can tolerate without burning your throat, and with as much salt
as you can dissolve in the water – will, by osmotic pressure, suck some of the swelling out of your tonsils
and make your throat feel better.

Chloraseptic spray will numb your throat but is pretty yucky.

A non-yucky alternative is an over-the-counter version of “magic swizzle”: mix kid’s Benadryl liquid half
and half with Maalox (or any liquid antacid). Gargle with it for a minute or two and then spit it out.
Tastes a little strange, but not yucky. It takes a few minutes to work.

FOLLOW-UP CARE:
1. Follow-up with your primary care physician in 48-72 hours if you get worse or don’t start to improve.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest
Emergency Department.

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10 SINUSITIS

MEDICAL PROBLEM addressed this Visit: Sinusitis

Brief Description: Sinusitis is congestion of the air-filled spaces in your face due to a virus head cold, allergies or sometimes a bacterial infection. All can cause facial pressure. Bacterial sinus infections usually cause nasal congestion, post-nasal drip, and/or a scratchy throat that lasts 10 days or more, or get worse at 5-6 days after the beginning of a cold. Sinus infections may also come from bad nasal allergies.

PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:

Amoxicillin-clavulanate 875 mg twice a day for 7 days; take with food

doxycycline 100 mg twice a day for 7 days; take with food but do NOT take at the same precise time as vitamins, minerals or antacids or they clump together into little pellets you poop out and neither one will work. Just separate them by a couple of hours. Doxycycline also makes you more likely to get sunburnt, avoid the sun.

INSTRUCTIONS FOR CARE:

Use saline (salt water) spray randomly throughout the day. It will loosen up the boogers so you can blow your nose and get them out. This will help the sinuses drain.

Twice a day, use oxymetazoline (e.g., Afrin) nasal spray: two squirts both nostrils. After squirting up your nose, lay flat on your back on the bed with your head hanging off the edge. This way, gravity will help the nasal spray get through the swollen nasal membranes up to where the sinus orifices are. After you do this, go away and do something else for 10 minutes, as it only takes 5-10 minutes for Afrin to open your nose.

Then, use two squirts of a steroid nasal spray both nostrils. Steroid nasal sprays are marketed over-the-counter for allergies. Even if you don’t have allergies, though, they will help you get better quicker from a sinus infection, probably as much as an antibiotic does. Steroid nasal spray is available by prescription, as a generic and under several brand names. It is also available without a prescription under the tradenames Nasacort (triamcinolone), Flonase (fluticasone) and Rhinocort (Budesonide), all of which work similarly well. The cost is about $15-20/bottle at most pharmacies. All of these nasal sprays are generally OK in pregnancy, as you don't get much of it into your system, but for a steroid spray, budesonide is better in pregnancy than the others as your liver clears most of it out of your blood quickly.

The saline and steroid nasal sprays you can use the rest of your life if you need to. Afrin and other decongestant nasal sprays, however, can be addicting. If you use them too long, you get a rebound swelling in your nose, and the only thing that makes it get better is more Afrin, and then more Afrin, and then more Afrin...

The Afrin bottle says to use no more than 3 days. The most recent research says 10 days, so I figure seven days is safe, and then taper off using just at night for a couple of days.

Please also read other important information in my teaching handout at:
FOLLOW-UP CARE:

1. Follow-up with your primary care physician in 2-3 days if you get worse or don’t start to improve.

2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

ADDITIONAL INFORMATION:

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10.kc Tick Bite

**MEDICAL PROBLEM** Addressed this Visit: Tick Bite

**INSTRUCTIONS FOR CARE:**
Read Dr. Conover’s Ticks handout, and follow the instructions there.

You can find it online at

http://conovers.org/ftp

Scroll down to Ticks.pdf.

If the red area around the tick bite gets larger than 2 inches across, or if you get a rash with red patches elsewhere, call your doctor. If, in the next few weeks, you get “flu” symptoms such as stiff neck, headache, fever, chills and sweats, though without the nasal congestion of the flu, call your doctor. In either case, you may need to be treated for Lyme disease.

**FOLLOW-UP CARE:**
1. Follow-up with your primary care physician as needed.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

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11 UPPER RESPIRATORY TRACT INFECTION

**MEDICAL PROBLEM** Addressed this Visit: Upper Respiratory Tract Infection (URI)

**Brief Description:** A URI or Common Cold is caused by a virus. You are contagious from a day before you realize you are sick until five days after. Symptoms linger days or a week after this.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:** [None]

**INSTRUCTIONS FOR CARE:**

Antibacterial antibiotics do not help virus infections and may cause harmful side effects. However, the antiviral antibiotic zinc gluconate is effective for colds. There are many over-the-counter zinc lozenges and sprays, but I recommend ZiCam Rapidmelts: you put one in your mouth, let it dissolve, and then don’t eat or drink for 15 minutes afterwards. You do this every three hours or so throughout the day until you’re all better, and it will take a day and a half or two off the end of you cold (better than the one day penicillin takes off of a strep throat). The citrus flavor tastes like moldy grapefruit but the orange cream flavor is pretty good.

Use saline (salt water) spray randomly throughout the day. It will loosen up the boogers so you can blow your nose and get them out. This will help the sinuses drain.

Twice a day, use oxymetazoline (e.g., Afrin) nasal spray: two squirts both nostrils. After squirting up your nose, lay flat on your back on the bed with your head hanging off the edge. This way, gravity will help the nasal spray get through the swollen nasal membranes up to where the sinus orifices are.

Afrin and other decongestant nasal sprays, however, can be addicting. If you use them too long, you get a rebound swelling in your nose, and the only thing that makes it get better is more Afrin, and then more Afrin, and then more Afrin... The Afrin bottle says to use no more than 3 days. The most recent research says 10 days, so I figure seven days is safe, and then taper off using just at night for a couple of days.

Tylenol (acetaminophen), Motrin (Advil, Nuprin, ibuprofen) and Aleve (naproxen) will decrease fever and aches. Motrin and Aleve also suppress cough. However, these medications (or combination cold medicines with them) also make you worse, make you worse longer, and make you more likely to give the cold to others.

If you have a cold, and at 5-6 days you get worse, or if it lingers beyond 10 days or in adults or 14 days in kids, then you’ve got a bacterial sinus infection. Contact your primary care physician to discuss an antibacterial antibiotic.

Please also read other important information in my teaching handout at:

FOLLOW-UP CARE:
1. Follow-up with your primary care physician as needed.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

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12 URINARY TRACT INFECTION

**MEDICAL PROBLEM** Addressed this Visit: Urinary Tract Infection (UTI)

**Brief Description**: A bacterial infection of the urinary tract usually causing burning and frequent urination.

**PRESCRIPTION MEDICATION(s)** Sent to Your Pharmacy:

Ceftin (cefuroxime axetil) 500 mg twice a day for 7 days.

**INSTRUCTIONS FOR CARE**:

Phenazopyridine is a medication that will help cover up the symptoms of a UTI. It is available as the prescription Pyridium but also over-the-counter by the following names:

- Azo-Maximum Strength
- Azo-Standard
- Baridium
- Nefrecil
- Phenazodine
- Pyridate
- Pyridium
- Pyridium Plus
- Sedural
- Uricalm
- Uristat
- Uropyrine

Phenazopyridine will turn your urine orange. If you wear contact lenses they might be stained orange. If you have disposable lenses, especially if it’s Halloween and you want orange eyes, you can wear your contacts. If your contacts are not disposable, don’t risk it.

Drinking plenty of liquids will probably help clear the infection.

**FOLLOW-UP CARE**:

1. If you have to use phenazopyridine for more than a day and a half or two days, that’s a sign that your antibiotic isn’t working and that you should see a provider for an in-person re-exam, possibly a urine culture, and probably a different antibiotic. You can do this at your primary care physician’s office, an urgent care, or an Emergency Department, but not through AnywhereCare OnDemand. Follow-up with your primary care physician, an urgent care or an Emergency Department sooner if you develop worsening symptoms such as fever, nausea, vomiting or back pain.

2. If you think your condition has turned into a **Medical Emergency**, call 911 or go to the nearest Emergency Department.
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13 VULVO-VAGINITIS CANDIDA

**MEDICAL PROBLEM** Addressed this Visit: Candida VulvoVaginitis (Yeast Infection)

**Brief Description:** This is an infection caused by yeast germs that usually causes a thick white vaginal discharge, itching and redness.

**PRESCRIPTION MEDICATION(s) Sent to Your Pharmacy:**

[Diflucan 150 mg, once]

**INSTRUCTIONS FOR CARE:**

1. Take all medications as recommended or prescribed by your provider today. Over-the-counter medications for vaginal yeast infections containing miconazole or clotrimazole are usually very effective treatments.
2. If your provider prescribed fluconazole (Diflucan), you should NOT take this medication if you think you could be pregnant. Miscarriage or birth defects can result. If in doubt, you should get a pregnancy test.

**FOLLOW-UP CARE:**

1. Follow-up with your primary care physician in 24 – 48 hours don’t start to improve, or - if you develop fever, abdominal pain or sores around your vagina.
2. If you think your condition has turned into a Medical Emergency, call 911 or go to the nearest Emergency Department.

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