ADVICE

Centor Criteria
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 actually 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.

Addl Testing – U GC/Chlamy
We sent a test for gonorrhea and Chlamydia. If you are concerned about sexually transmitted diseases, you should also see your primary care doctor or the county Health Department for testing for other potential diseases, including syphilis, hepatitis, and HIV.

Angioedema
Angioedema may be caused by drugs known as ACE (angiotensin converting enzyme) inhibitors (ACE inhibitors). It may also be caused by ARBs (angiotensin receptor blockers). Even if you've been on one of these medicines for years, you may suddenly get angioedema. If it gets into your airway, you may choke to death.

If you get angioedema while on one of these medications, you must immediately STOP TAKING this medication. And you must NEVER take one of these medications again.

Examples of these medications include:
ACE inhibitors:
captopril (trade name Capoten)
zofenopril
enalapril (Vasotec/Renitec)
ramipril (Altace/Prilace/Ramace/Ramiwin/Triatec/Tritace)
quinapril (Accupril)
perindopril (Coversyl/Aceon/Perindo)
lisinopril (Listril/Lopril/Novatec/Prinivil/Zestril)
benazepril (Lotensin)
imidapril (Tanatril)
zofenopril (Zofecard)
Trandolapril (Mavik/Odrik/Gopten)
fosinopril (Fositen/Monopril)

ARBs:
losartan (Cozaar)
candesartan (Atacand)
valsartan (Diovan)
irbesartan (Avapro)
telmisartan (Micardis)
eprosartan (Teveten)
olmesartan (Benicar/Olmetec)
azilsartan (Edarbi)

**Bell’s Palsy**
Get artificial tears drops and use them throughout the day as needed for eye irritation.
Get artificial tears ointment and use at nighttime; tape eye as shown just at nighttime.
(Artificial tears drops and ointment are available without a prescription, though you may have to ask the pharmacist for them.)

**Brachial Plexopathy**
You seem to have an irritation of the brachial plexus, a grouping of nerves. I will prescribe some nerve-stabilizing medications, and recommend you see a neurologist.

**Dehydration**
When you are dehydrated, especially from sweating, vomiting or diarrhea, water is not enough to get you rehydrated. You also need more salt in your diet. Gatorade provides some salt. Simply eating salty foods, or adding salt to your foods, will help. The salt helps hold the water inside you.
If you are on a low-salt diet and you are dehydrated, it's OK to increase your dietary salt for a few days until you're not dehydrated.
If you're taking a "water pill" (diuretic such as Lasix=furosemide, or HTCZ=hydrochlorothiazide) it's probably a good idea to stop it until your dehydration is better.

**Detox**
If you need detox from alcohol, benzodiazepines or opiates (narcotics), I recommend you to to the ED at UPMC Mercy for evaluation and referral to a detox program.

**Dysmenorrhea**
For dysmenorrhea (painful menstrual periods) the scientific evidence suggests that the following are helpful ways to prevent them:
Take thiamine 100 mg daily.
Take fish oil 2 g daily.
NSAIDS (non-steroidal anti-inflammatory drugs) such as ibuprofen (Motrin, Advil, Nuprin, generics) and naproxen (Aleve, generics) in over-the-counter doses help when the pain is bad.
There are many other “cures” that have proposed, but either there is no scientific evidence for them, or scientific studies have shown them useless.
**Foot Problems**

A lot of foot problems can be traced to the socks, shoes and insoles you wear.

Cotton socks keep moisture next to you skin, and mat down under your heel and the ball of your foot, eliminating their padding. Wool socks don't have these problems. Get wool socks. SmartWool socks are expensive but worth it. Wool is better than cotton both in all seasons including summer. To prevent blisters best, wear them inside out. You can get SmartWool socks online, or from the REI stores at Settler’s Ridge and at Southside Works.

Most shoe insoles, even in hiking boots and most running shoes, aren’t that good. SuperFeet insoles are expensive but worth it, and available at REI. The blue ones are pretty much the same size as most standard insoles.

If you’re getting a new pair of shoes, try them on with thick SmartWool socks and the Copper SuperFeet insoles. The copper version is a bit thicker than the blue, but provides more padding. They also break in and form to fit your feet.

**Heating Pad**

Apply a heating pad to the area for 15-20 minutes four times a day. The kind that you zap in the microwave works well, and costs about $20 at most drugstores.

**Insomnia**

For trouble sleeping:
- no caffeine at or after dinner
- no chocolate after lunch
- eat some aged cheese with dinner

You also may want to try some melatonin if the above doesn't work.

**Migraine**

Take one of the Compazine (prochlorperazine) tablets, and a naproxen tablet (e.g., Aleve) and drink a lot of water or other fluid. And then take a nap in a dark, quiet area for a couple of hours.

**Mitral Valve Prolapse**

Listening to your heart I hear something that sounds like Mitral Valve Prolapse. This is not serious, but you should see your doctor and arrange for an echocardiogram to check your heart valves.

**Neuropraxia**

You have neuropraxia, which is basically a bruise of a nerve. Take the medication as prescribed. If not better in a week, it is very important that you followup with your primary doctor or a neurologist or pain specialist. You may be developing something called Reflex Sympathetic Dystrophy (also known as Complex Regional Pain Syndrome Type I).

**Pertussis**

There is a possibility you have pertussis (whooping cough). We are treating you with an antibiotic for this. We are giving you pertussis instructions just in case.
**Repeat CXR**

Your chest xray is not entirely normal. To make sure this is not a problem such as lung cancer or tuberculosis. it is important that you see a primary care physician and arrange for a repeat chest xray or a CT scan. We do not provide such follow-up services at MedExpress. If you would like information on local primary care physicians, please let us know.

**Pneumonia Repeat CXR**

You have been diagnosed with a pneumonia. It is important to get a repeat chest X-ray, through your primary care physician, in 4-6 weeks, to make sure the chest X-ray findings have all resolved, and that there is no lingering abnormality that might be lung cancer. If you don’t have a primary care physician, ask us for a list.

**Superficial Phlebitis**

Take an 81 mg aspirin tablet daily.

Avoid ibuprofen (Advil, Nuprin, Motrin) or naproxen (Aleve).

It is OK to take Tylenol (acetaminophen).

Walk frequently, and avoid standing.

Elevate the leg when possible.

If you get swelling in the calf, or in the ankle, or pain in the calf or the back of the knee, or chest pain or shortness of breath, go to the ED right away.

**Tick Bite**

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

You can also 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, call your doctor or return. 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 or return. In either case, you may need to be treated for Lyme disease.

**Insect Repellents**

Consumer Reports says the best insect repellents, both for mosquitos and for ticks, are Repel and Sawyer Premium Picaridin.

**AGAINST MEDICAL ADVICE**

**EMS Refusal**

Your condition may be life threatening. Therefore, we recommend that you go to the Emergency Department by ambulance. If you choose not to go by ambulance, you may be placing your health and your life at increased risk.
**ER Refusal**
You have been advised to go to the Emergency Department immediately for further evaluation to rule out serious and potentially life-threatening medical problems. You have indicated an unwillingness to follow this advice. It is possible that your decision to forego the evaluation in the Emergency Department may result in permanent disability or death.

**Test refusal**
You have been advised to undergo further testing to evaluate your condition, but you have declined some or all of the testing. Your decision to decline these tests may delay discovery of conditions which could result in permanent disability or death.

**DERMATOLOGY**

**Abscess No Repack**
Continue warm soaks until the abscess hole seems to be healed.

**Aloe**
For burns and frostbite, there is evidence that Aloe vera extract speeds healing. There are many over-the-counter creams with Aloe at any drugstore. Pick one and use it on a regular basis, several times a day if possible, until better.

**Athlete's Foot: Lamasil + Soaks**
You may use the over-the-counter cream terbinafine (e.g., Lamisil-AT), which is highly effective.
Another treatment that dates back thousands of years is vinegar-water soaks. Mix one part vinegar (or lemon juice if you wish like the smell better) and nine parts water, and soak your feet a few times a day.

**Bacitracin to Dry Dressings**
Twice a day, clean the area off with warm water and soap and apply Bacitracin ointment and a non-nonstick bandage such as a standard gauze pad (NOT a nonstick Telfa pad or similar).
Bacitracin is available without a prescription at any pharmacy. Bacitracin is one of the three antibiotics in Neosporin (triple antibiotic) ointment and is strong enough to kill any bacteria. But the Neomycin in Neosporin is famous for causing allergic reactions, so Bacitracin is better.
When you pull of the gauze pad, it will pull off some of the dead tissue with it. We call this debridement. If you see tiny dots of blood after you take it off, that's a sign of good healing. If you have difficulty getting the gauze pad off, put some clean water on it and wait 10 or 15 minutes.

**Bactroban after Cleaning**
Clean with soap and water three times a day, then apply the Bactroban (mupirocin) ointment.

**Bactroban to Dry Dressings**
Apply a thin film of the Bactroban (mupirocin) ointment to the area. then apply dry gauze to the area . Remove and replace the ointment and gauze twice a day. Soak with water if needed to remove.
Once the dead tissue is removed, you should see pinpoints of bleeding in pink flesh each time you take off the dressing. Do NOT use nonstick gauze pads! We want the gauze to stick and help clean off dead tissue.

Once you are getting no more dead tissue off with the gauze, you may switch to nonstick gauze pads (e.g., Telfa pads).

**Falk Derm FU**

Call the Falk dermatology clinic at 412-647-4200 to make an appointment.

**Falk Derm prn**

If you need to see a dermatologist, call the Falk Dermatology Clinic in Oakland at 412-647-4200 for an appointment. You can usually get an appointment there in a week or two.

**Frostbite Superficial**

Superficial frostbite does not damage the lower layers of skin. However, the upper layers of the skin may turn red and, in a few days to a week or so, may peel off. Usually there is new, healthy skin underneath.

Follow this treatment regime:

1. Take ibuprofen (Motrin, Advil, Nuprin) at bigger-than usual doses: 800 mg twice a day with food for 7 days.
2. Find a good hand cream with aloe vera in it, and use this on the frostbite several times a day.
3. If there are blisters that burst, clean them with plain (not antibacterial) soap and water twice a day, and apply a thin film of Bacitracin ointment. Bacitracin is available without a prescription at any pharmacy.

If the frostbite is not healing as expected, call 412-232-8225 to make an appointment to see one of the burn surgeons at UPMC Mercy hospital, or 412-578-5120 for a burn surgeon at West Penn Hospital.

**Fungal Kerion**

You have a fungal kerion.

This is a reaction to a fungal infection. The fungal infection is called tinea capitis. (This is basically athlete's foot of the scalp).

You will need to take medicine for a couple of months to get it to go away.

Follow up with your primary doctor in the next couple of weeks to see how the treatment is working. We do not follow patients at MedExpress for ongoing care for kerions. If you need a new primary care physician, please ask us for a list.

**Hydrocortisone Cream**

You may use hydrocortisone 1% Cream to affected area 2 or 3 times a day as needed. This is available without a prescription at any pharmacy.

Do NOT use for more than 2 weeks.

If your rash lasts for more than 2 weeks, you should be re-checked by your primary care physician.

**Hypoallergenic**

Switch all soaps, laundry detergents, perfumes, make-up, and fabric softeners to dye-free and hypoallergenic brands. Products like Dove unscented and Ivory soaps, Dreft laundry detergent are examples of hypoallergenic products.
**Immunization Reaction**

This does not look like cellulitis, more likely a local delayed hypersensitivity reaction to the immunizations. It's good to use ice on the area.

Benadryl by mouth only as needed for itching, and a steroid cream on the skin in the area. 1% hydrocortisone cream is a steroid cream and is available over-the-counter without a prescription. There are also prescription-only steroid creams that are stronger.

**Mild soap and cream**

Use only Dove, Tone or Caress soap to wash your skin. Use a high-quality hand/body cream that doesn’t contain lanolin (may cause allergy) or alcohol (may sting). Nivea and Eucerin are good creams.

**Onycholysis**

Onycholysis is when the nail separates from the nailbed. This may occur after trauma (long hikes in tight boots are famous for this). It may also occur with infections, or with psoriasis or with thyroid problems.

This makes the nail appear opaque white. Within days to a couple of weeks, the nail usually falls off. A new nail grows from the nailbed underneath. You should follow up with a podiatrist to check for underlying problems and to make sure the new nail grows in correctly.

**Paronychia**

Soak the digit in warm water 15-20 minutes 3-4x a day. Expect it to take a week or so for this to get all better. You should put a bit of antibiotic ointment on the area after this. Unless I have given you a prescription for Bactroban (mupirocin) ointment, use Bacitracin ointment. Bacitracin ointment is available without a prescription; and is better than Neosporin as no allergic reactions.

**Poison Ivy**

See Dr. Conover's handout on Poison Ivy for general instructions. If you lose them, or want additional copies, a PDF is available online at [http://www.conovers.org/ftp](http://www.conovers.org/ftp)

Scroll down to Poison-Ivy.pdf

**RMSF Doxy PRN**

If you get a fever, headache or stiff neck, call back for a prescription for doxycycline for possible Rocky Mountain Spotted Fever.

**RMSF/Lyme Possible**

You have a rash or other symptoms that are suggestive of Rocky Mountain Spotted Fever (RMSF) or Lyme Disease. It could also be a viral infection. Tests take a long time and are not very reliable, so we are simply treating you for RMSF/Lyme Disease. Take your medicine as prescribed.

Dr. Conover’s handout on ticks and Lyme Disease is available at [http://www.conovers.org/ftp/](http://www.conovers.org/ftp/)

Scroll down to Ticks.pdf

**Scabies**

Scabies is an allergic reaction to scabies mites on and in the skin. We all have lots of other microscopic mites on our skin all the time, but most humans are particularly allergic to scabies mites, just like most of us are allergic to poison ivy. Those mites we have on our skin all the time are harmless and some of them are important to
preventing disease (eyelash mites in particular). If you lose your eyelash mites, you may get eye infections, and it’s even possible to go blind as a result.

Permethrin 5% cream or lotion is an effective treatment for scabies. At bedtime, put it on your entire body from the neck down; leave it on overnight, for about 8 to 14 hours. then shower it off in the morning. Don’t put it on your face or scalp! Scabies mites on the face or scalp are almost unheard-of, and you don’t want to kill off the good mites there.

Permethrin 1% is available without a prescription for head lice, but the more concentrated 5% version for scabies requires a prescription. Use it as per the package instructions. (Permethrin is also available to spray on clothing to prevent tick bites.)

One treatment with permethrin is normally enough for mild infections. For moderate to severe cases, apply another dose a week or two later. Permethrin may cause mild skin irritation.

Another effective treatment for scabies is an oral medication called ivermectin. As with permethrin, for moderate or severe cases, it’s usual to take a second dose a week or two later.

The itching allergic reaction to the mites may last for two or more weeks after the infection is gone. Household contacts should also be treated even if they don’t have a rash. Casual contacts don’t need to be treated.

Wash all your clothes and sheets in hot water to make sure you don’t get reinfected.

Seborrhea

Seborrheic dermatitis may lead to dandruff, or inflamed or greasy scaling areas on the skin. The first treatment to try is a selenium-containing shampoo such as Selsun Blue, or a coal-tar based shampoo like T-gel. Use it to shampoo, and if you have seborrhea on your skin, rub a little of the shampoo on there every time you wash your hair. Every couple of weeks, switch between the selenium shampoo and the coal tar shampoo. If this isn't working in a couple of months, see a dermatologist.

Shingles Vaccine

Shingles VACCINE!

Silvadene + Gauze

Sunburn

Tinea

Urticaria
Afrin-azelastine-steroid

If you are using Afrin, azelastine and a steroid nasal spray for allergies and a sinus infection, use them in this order:

1. Afrin 2 squirts both nostrils (twice a day). Wait 10 minutes, then
2. azelastine 2 squirts both nostrils (twice a day). Wait 10 minutes, then
3. steroid nasal spray both nostrils (twice a day).

Allergic Rhinitis

Nasal allergies can interfere with sleep, cause bacterial sinus infections, and make people shun you as if you had the flu.

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. Xyzal, which is a slightly different kind of Zyrtec (levocetirizine), is more expensive, no better, and still makes you 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. Steroid nasal spray 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), as well as generics. All work similarly well, and generally
cost about $15/bottle. There is a Costco/Kirkland version (Aller-Flo) available which is only $3/bottle, but you have to buy 5 of them at a time. The Sam’s Club version is only $3/bottle, but you have to buy 6 of them at a time. My wife likes the Costco brand best because (she says, anyway) that it smells like honeysuckle. 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.

**Cerumen**

To clean out your ears at home, use peroxide. Get 2-3% hydrogen peroxide (standard peroxide in the brown bottle) and an eyedropper (ear dropper) from the drugstore. Once every week or month, lie on your side and fill up the upper ear with peroxide. Listen to it snap, crackle and pop for about 10 minutes, then roll over and let the ear drain out onto a towel. Do the same with the other ear. You can use a Q-tip to clean any wax off the outer part of your ears. If your ears get full of wax again, you can do this daily for a week or so to get it out.

If the wax gets very bad and you want to irrigate it out yourself, you can use the same "Elephant Ear Washer Bottle System" that MedExpress uses. It's available for about $30 on amazon.com and gets 4.5 of 5 stars.

**Tonsillitis 2 Centors**

You have tonsillitis. Your tonsillitis might be bacterial, or it might be viral, we’re not sure and we don’t have additional tests to tell the difference right now. Bacterial tonsillitis, such as that caused by various types of strep and other bacteria such as Fusobacterium necrophorum generally get better with an antibacterial antibiotic. Viral tonsillitis generally may get better with the antiviral antibiotic zinc gluconate, which is in ZiCam RapidMelt lozenges.

**Homemade Eardrops**

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.

**Sinusitis**

MEDICAL PROBLEM(s) 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 of these conditions 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 for adults or 14 days for kids, 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 mgs, taken by mouth twice a day for 7 days]

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 take 5-10 minutes for Afrin to open your nose.

Then, use two squirts of a steroid nasal spray both nostrils. These are marketed 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 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), as well as generics. All work similarly well, and generally cost about $15/bottle. There is a Costco/Kirkland generic (Aller-Flo) available which is only $3/bottle, but you have to buy five of them at a time. My wife likes it best because (she says, anyway) that it smells like honeysuckle. Sam’s Club also has a similarly-priced generic, but being Sam’s Club, you have to buy SIX of them at once. For women who are pregnant, Rhinocort (budesonide) is probably the safest; it is quickly taken out of the circulation by the liver so less will get to the baby.

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 are carrying around gallon jugs of Afrin, and have to go into a detox program and 12-step rehab for Afrin addicts. Just kidding about the detox, but addiction is real. But even if it’s dangerous, you should use it, because it’ll probably take two days off your sinus infection.

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 PCP in 2-3 days if you feel sicker 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.

2. If you have questions for a provider regarding your recent visit, you may send a message to UPMC-AnywhereCare On-Demand Care, through MyUPMC

3. If you have never used MyUPMC, you will need to create an account. Your login credentials for UPMC AnywhereCare and MyUPMC will be different.

Follow Up

If you have concerns about a sexually transmitted disease, please go to the Allegheny County Health Department Public Health Clinic:

Blakey Center
1908 Wylie Avenue
Ortho

Back Stretching Daily Forever
###

Piriformis
You likely have Piriformis Syndrome, spasm of a muscle in the buttocks that can compress the sciatic nerve and cause pain down the leg.
Stretch as follows.
Sit in a chair.
Cross the bad leg over the good leg.
Place both hand on the knee of the bad leg.
Push the knee of the bad leg to the other side - away from the leg that hurts.
Keep pushing the knee that way for a long time - 15-30 minutes. Repeat this at least four times a day.

If you are taking an oral antibiotic, you don’t need to also take eye drops. Your tears will be continuous antibiotic eyedrops.

Ank Spr Aircast – Mild
SPRAIN: ANKLE
You have an ankle sprain which is a tearing of the ligaments that hold the joint together. Sprains take from 3-6 weeks to heal depending on how severe the injury is.
HOME CARE:
1) As long as you have swelling, keep your leg elevated when sitting or lying down. This is very important.
2) For the first 2 days: Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply over the injured area for 20 minutes every 1-2 hour~' the first day. You should continue with ice packs 3-4 times a day for the first two days Continue the use of ice packs for relief of pain and swelling as needed.
3) Wear the Aircast Airstirrup (ankle brace) that we gave you. Wear this whenever bearing weight, for about 3 weeks. With this in place and adjusted properly (use the Velcro at the bottom to fit to your particular size foot), you can engage in any activity, including running or sports, without fear of reinjury. Let pain be your guide. You may take the Airstirrup when taking a shower or going to bed, but be careful. Twist you ankle again, and the healing has to start all over.
**Follow-up PT**

Call your doctor 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.

**Dermatology**

**Folliculitis**

Folliculitis from hot tubs or swimming pools is usually a superficial infection with the bacteria Pseudomonas or Aeromonas. The main treatment is to soak the affected areas in vinegar for 15 minutes 3-4 times a day. If the infection gets deeper into the skin (cellulitis) an oral antibiotic may be needed; however, oral antibiotics don't help superficial folliculitis.

**Kanavel's Signs**

Kanavel's signs are clinical sign found in patients with infection of a flexor tendon sheath in the hand (flexor tenosynovitis), a serious condition which can cause rapid loss of function of the affected finger.

There are four signs:

1. the affected finger is held in slight flexion. (Bent slightly.)
2. there is fusiform swelling over the affected tendon. (On the palmar side of the finger, not the back. Fusiform means "elongated and tapering at both ends; spindle-shaped.")
3. there is tenderness over the affected tendon. (On the palmar side of the finger.)
4. there is pain on passive extension of the affected finger. (It hurts too much to straighten the finger, even if you grab the sides of the finger with the tinges of your other hand, and try to stretch it out straight.)

The more of these signs you develop, the more likely you will have serious permanent problems with the finger, or even maybe have to have it amputated.

If you are concerned that you are developing a worse flexor tendon infection, go to the nearest Emergency Department.

The sign is named after Allen B. Kanavel.

**Cold Instructions**

See Dr Conover's *The Common Cold* handout.

All of the following are available without a prescription:

- **Adults and older kids**: use oxymetazoline (Afrin or similar) 12-hour nasal spray for up to 10 days, no more. Younger kids use the children's version. Babies should not use.
- **Adults**: Use Ocean Complete Sinus Irrigation frequently. Kids use Ocean spray. Use the spray on babies, and then suck out all the boogers with a blue bulb syringe.
- **Adults and kids (but not babies)**: Get a sinus mask that you can heat in your microwave to apply heat to your sinuses.
- **Use naproxen (e.g., Aleve) for adults, or ibuprofen for kids and babies**, for aches and to help suppress cough.
- **Use honey to help suppress cough**
- **Avoid Tylenol (makes nose more stuffy, and makes you sick longer), Robitussin and Mucinex (useless), Dayquil and Nyquil and the like** (lots of side effects.)
• Zinc lozenges (e.g., ZiCam) for adults and kids (but not babies) will shorten your cold by two days and make you feel better.

If you get to 10 days from the start of your cold (14 days for kids), and you aren’t significantly improving (colds last 7-14 days, 3 days longer for smokers), then call back for a prescription for an antibiotic and start using some steroid nasal spray.

**Afrin – Sinuses**

Use oxymetazoline {e.g., Afrin) spray, twice a day, for less than 10 days. Lie flat on your back, with your head hanging off the bed, so the spray gets to the top of the nose where the sinus orifices drain out into the nose.

**Nasacort**

Steroid nasal spray 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), as well as generics. All work similarly well, and generally cost about $15/bottle. There is a Costco/Kirkland version (Aller-Flo) available which is only $3/bottle, but you have to buy 5 of them at a time. My wife likes it best because (she says, anyway) that it smells like honeysuckle. 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.

**Steroid – Sinuses**

Use the steroid nasal spray, twice a day for 3 days and then daily after that. Squirt it up your nose, then lie flat on your back, with your head hanging off the bed, so the spray gets to the top of the nose where the sinus orifices drain out into the nose. If you are using this with Afrin (oxymetazoline) decongestant spray, use the Afrin FIRST, wait for 10 minutes (it just take a few minutes to work), and THEN use the steroid spray. The steroid spray takes several hours to take effect.

**Pepcid**

Famotidine (e.g., Pepcid) is known as an H2 blocker: it blocks receptors in the stomach that cause the secretion of acid. Thus it is good for ulcers or acid reflux. It is also good for hives, angioedema and some other allergic reactions. For hives, angioedema and certain allergic reactions, you should take 20 mg four times a day until better; this is more than recommended on the package but may be needed to control these allergic reactions.

**Pepcid Complete**

Pepcid (famotidine) is particularly good for certain allergies, including angioedema. Carry some of the chewable Pepcid (Pepcid Complete) with you in case you have another attack.

**Pepcid Complete Half**

Take half a chewable Pepcid Complete tablet three times a day as needed for hives.

**Follow Up**

**MHC - General Surgery**

If you need to see a general surgeon, I recommend you call to make an appointment with:

UPMC Mercy General Surgery Clinic
1515 Locust Street
Hand Surgery – Baratz

If you need a hand surgeon affiliated with UPMC, who deals with kids, I recommend Mark Baratz, M.D., (877) 471-0935. He has several offices around the area:

UPMC South Hills
1300 Oxford Dr., Suite 1B
Bethel Park, PA 15102

Roesch-Taylor Building (UPMC Mercy - South Side)
2100 Jane St. Suite 7100
Pittsburgh, PA 15203

95 Leonard Ave.
Suite 202
Washington, PA 15301

UPMC Lemieux Sports Complex
8000 Cranberry Springs Drive
Cranberry Twp, PA 16066

Hand Surgery – McCulloch

If you need a hand surgeon in the deep South Hills area, call 724-225-8657 to make an appointment with

Patrick T. McCulloch, MD
Advanced Orthopaedics & Rehabilitation

He has several offices:

100 Trich Drive, Ste. 2
Washington, PA 15301-5892

112 Walnut Ave., Ste. B
Waynesburg, PA 15370

1200 McKean Ave., Ste. 106
Charleroi, PA 15022

5000 Waterdam Plaza Drive, Ste. 240
McMurray, PA 15317

363 Vanadium Road, Ste. 103
Pittsburgh, PA 15243

Magee

Call 1-866-696-2433 to make an appointment at the Magee outpatient clinic.

Optometry – Dormont

If you need an optometrist in the Dormont area, I recommend

Paul Spivak, OD
Dormont Vision Center
Oral Surgery - Chung
If you need to see an oral surgeon affiliated with UPMC, particularly for problems like TMJ syndrome, I recommend that you see:
William Chung, DDS
3459 5th Ave # S639-11
Pittsburgh, PA 15213
(412) 647-2345

Oral Surgery - Datillo
If you need to see an oral surgeon affiliated with Highmark, particularly for problems like TMJ syndrome, I recommend that you see:
Dattilo Hall & Associates
Dattilo, David J, DDS
320 E North Ave # 109
Pittsburgh, PA 15212-4756
(412) 281-3988
dattilohalloms.com

Oral Surgery - Pituch
If you need to see a UPMC Oral Surgeon convenient to Pittsburgh's South Hills, I recommend:
Pituch and Kail Oral Maxillofacial Surgery
1350 Locust St
UPMC Mercy Hospital
Pittsburgh, PA 15219
412-232-8945

Ortho – CHP
Please call
Dept. of Orthopedic Surgery
Children's Hospital of Pittsburgh of UPMC
4401 Penn Avenue, Floor 2
Pittsburgh, PA 15224
412-692-5530
to make an appointment.
Ortho - Richman

If you need to see an orthopedic surgeon, call to make an appointment to see Dr. Jory Richman or one of his partners at Mercy Hospital.

Mercy Orthopedic Associates
1350 Locust St # 220
(Mercy Health Center)
Pittsburgh, PA
(412) 232-5800

Medications

**Abx/BC Pills**

If you are taking birth control pills, do not stop taking them, but use a back-up method of birth control while you are using antibiotics, until you start the new pack. Antibiotics can lower the effectiveness of birth control pills.

**Decatini 10 mg**

We gave you 10 mg of dexamethasone (DECADRON). This is a steroid.

**Decatini 16 mg**

We gave you 16 mg of dexamethasone (DECADRON). This is a steroid.

**Abx/Steroids**

If you are taking birth control pills, do not stop taking them, but use a back-up method of birth control while you are taking or given steroids such as Decadron or prednisone, until you start the new pack. Steroids can lower the effectiveness of birth control pills.

**OB**

**Unisom + B6 + Ginger**

Ginger is highly effective to treat vomiting in pregnancy. Jamaican ginger beer and ginger tea have more ginger than ginger ales. Also you can take:

UNISOM (doxylamine): take 12.5 mg (half a tab) twice a day

Vitamin B6 (pyridoxine): take 50 mg twice a day

**Ortho**

**Compartment Syndrome**

Sometimes, when a muscle is bruised, it can swell up a lot. And muscles are divided into COMPARTMENTS by thick layers of gristle (FASCIA). If the swelling in a part of a compartment gets too tight, then the capillaries (small blood vessels) collapse. This cuts off the blood supply to that part of the muscle, and this causes a vicious cycle of more swelling and more pressure. This is called COMPARTMENT SYNDROME. In compartment syndrome, the area of muscle feels hard and is very, very painful. Sometimes, the pressure can be enough to collapse large blood vessels and press on nerves going through the compartment, causing problems beyond the
swollen muscle. If you have a hard muscle that is very painful, go, not to an Urgent Care, but to an Emergency Department where they can measure compartment pressures. One of the larger academic Emergency Departments, especially one that is a trauma center, would be best. Sometimes, compartment syndrome requires surgery to cut the fascia to relieve the pressure in the compartment (FASCIOTOMY).

**Midfoot Sprain**

Tape the foot as shown for 2-3 weeks. Putt some Tincture of Benzoin on the foot, and let it dry first. This will make the tape stick better. (Benzoin is available without a prescription at most pharmacies.)

**Pes anserinus bursitis**

Pes anserine bursitis is an inflammation of tendons and a fluid filled sac (a bursa) in the lower medial (side towards the middle) anterior (front) knee.

Treatment is:

- strengthening of the quadriceps (leg lifts while on your back)
- strengthening of the ABductors (leg lifts while lying on the opposite side)
- strengthening of the ADductors (leg lifts while lying on the same side) and
- hamstring stretches (lie on your back in a doorway, put your leg up and your heel against the side of the doorway, and pull yourself partly through the doorway to stretch the back of your leg).

**Plantar Fasciitis**

Plantar fasciitis is best treated by the following stretching exercises:

1. Frozen Bottle Roll: freeze a plastic bottle of water or pop. Put it on the floor, and press your naked foot down crosswise on the bottle. Push down with your foot, and roll the bottle forwards and back.

2. Towel Stretch: Grasp a large towel in both hands. Put the center under the ball of your foot, straighten your knee, and pull up on both ends of the towel.

3. Wall Stretch: Stand a few feet from wall, facing it. Put your heel close to the wall and the front of your foot against the wall, 4-6 inches up the wall. Step closer to the wall. You can also do this while out walking, stretching the bottom of your foot with whatever is handy: a tree. a signpost. the wall of a building...

Of these, I have found the third the most effective. To work, you must do this many, many times a day, for many days. Each stretch should be a minimum of 60 seconds, longer is better.

If you don't get better with stretching, you should see a podiatrist for an injection of a steroid into the planter fascia.

**Sacroiliac Sprain**

You have sprained your sacroiliac joint. This tends to occur years after trauma (a fall or auto accident) or pregnancy (which relaxes the ligaments). It tends to get better, but may come back. Doctor Gary Gruen at UPMC Presby (412) 605-3211 and Dr. Greg Altman at AGH (412-359-3895) are experts in dealing with such problems.

**OTC Medications**

**Allegra**

If you need an over-the-counter antihistamine for allergies, The Medical Letter says that the best is fexofenadine (e.g., Allegra). It is much less likely to make you sleepy than cetirizine (e.g., Zyrtec) or loratadine (e.g., Claritin, Alavert). Generics are just as good as the brand name.
**Antihistamines for Itching**

Over-the-counter antihistamines can be effective for the itching of rashes such as poison ivy.

Take fexofenadine (generic ALLEGRA) 180 mg twice a day. (The official dose on the bottle is to take it once a day, 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.

**Delsym**

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.

**Hyperemesis Gravidarum**

Follow the hyperemesis diet: six small dry meals a day. No soups. Drink fluids between your six dry meals.

Ginger is highly effective to treat vomiting in pregnancy. Jamaican ginger beer and ginger tea have more ginger than ginger ale. Also you should take the following over-the-counter medications which are safe in pregnancy and very effective for controlling the vomiting:

- UNISOM (doxylamine): take 12.5 mg (half a tab) twice a day
- Vitamin B6 (pyridoxine): take 50 mg twice a day.

**Pramoxine**

There are many over-the-counter creams for itching or skin pain like from a burn. Most of them are bad for you. Benadryl (diphenhydramine) cream, if you use it on your skin, tends to make you allergic to Benadryl and then you can’t take Benadryl pills at bedtime when you’re itching and want to go to sleep (Benadryl generally makes people sleepy). There are also creams with lidocaine or benzocaine in them, but putting those on your skin also tends to make you allergic to them. And those are the anesthetics that the dentist uses, and then your dentist can’t use them when you need dental work. AND you get an allergic reaction, sometimes with blistering like poison ivy, on top of your original problem.

But there is an ingredient in some over-the-counter anti-itch creams, a local anaesthetic, called pramoxine. Only one person in the history of the world has been allergic to it. It’s in several different creams including ItchX, and some Aveeno creams. But my favorite is Rite Aid Maximum Strength First Aid Medicated Anti Itch Cream (what a terrible name), because it also has menthol (essence of mint) in it, which is also an effective numbing agent, and nobody gets allergic to it. This is the same as Gold Bond Medicated Rapid Relief Anti-Itch Cream, but cheaper. And it smells nice. It’s the Rite Aid cream in the orange box and tube, not the one in the blue box that’s just hydrocortisone.

**Trauma**

**Burn Silvadene > bacitracin**

For the first 24 hours or so, clean twice a day with plain soap and water, blot dry, then apply a thick coat of Silvadene ointment. This will help control the pain.

However, Silvadene can slow healing, so after a day, keep cleaning with soap and water twice a day, and apply bacitracin ointment. Bacitracin is one of the three antibiotics in Neosporin (triple antibiotic) ointment and is strong enough to kill most any skin bacteria.
Don't use Neosporin, or the equivalent generic "triple antibiotic ointment." If you have some at home, throw it away. Neosporin is a combination of three antibiotics: neomycin, polymyxin and bacitracin. But the neomycin in Neosporin is famous for causing blistering allergic reactions like poison ivy.

Bacitracin by itself is better. Bacitracin ointment is available without a prescription at any pharmacy.

**Laceration**

A LACERATION is a cut through the skin. This will usually require stitches or staples if it is deep. Minor cuts may be treated with surgical tape closures ("Steri-Strips") or cyanoacrylate skin adhesive.

**HOME CARE:**

1) Keep the wound clean and dry. If a bandage was applied and it becomes wet or dirty, replace it.

2) If your laceration was closed with sutures or staples, clean the wound twice a day:
   -- After removing the bandage, wash the area with soap and water.
   -- After cleaning, apply a thin layer of Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage. Bacitracin is available in any drugstore without a prescription. Do NOT use Neosporin or the equivalent generic “triple antibiotic” ointment. Those ointments include the antibiotic neomycin, which is famous for causing blistering allergic reactions like poison ivy. If you randomly test people off the street, 13% of them are allergic to neomycin, and if you use neomycin on your skin on a regular basis, you have a 50% chance of becoming allergic to it. If you have Neosporin or triple-antibiotic ointment at home, throw it away and replace it with bacitracin ointment. Bacitracin, one of the three Neosporin antibiotics, is plenty strong enough by itself, and doesn’t cause allergic reactions. Bacitracin ointment is available without a prescription at any pharmacy.
   -- You may shower as usual, but do NOT soak the area in water (no baths or swimming, or washing dishes without gloves) until the sutures are removed.

3) If your laceration was closed with Steri-Strips, keep the area clean and dry. If it becomes wet, blot it dry with a towel. After the Steri-Strips have been removed it is safe to resume your usual activities.

4) You may use acetaminophen (Tylenol) or naproxen (Aleve) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.

**FOLLOW UP:**

Most skin wounds heal within about ten days. However, you might get an infection despite proper treatment. Therefore, check your laceration daily for the signs of infection listed below If Steri-Strips were used, remove them after about seven days.

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Increasing pain in the laceration
- Redness, swelling or pus coming from the laceration
- Fever over 100.0° F (37.8° C) oral, or over 101.0° F (38.3° C) rectal
- If sutures come apart or fall out, or if Steri-Strips or cyanoacrylate skin adhesive fall off before five days
- If the wound edges re-open
- Numbness that does not go away by the time of suture removal

**Azo**

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
- Pyridiate
- Pyridium
- Pyridium Plus
- Sedural
- Uricalm
- Urinstat
- Uropyrine

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 call your doctor to switch your antibiotic. Warning: when you take phenazopyridine it will turn your urine bright orange. Some people who wear contact lenses may find that it also colors their contacts orange, which is great at Halloween but not at other times of the year.