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A GUIDE FOR OVER-THE-COUNTER (OTC) MEDICATION

GENERAL: Although there is a medication made for every conceivable symptom, we prefer to be very conservative in our prescription and use of medications, particularly in the child under one year of age. Please read and become familiar with the medications below.

MEDICATIONS FOR FEVER AND/OR PAIN

- <u>Acetaminophen</u> (Tempra, Tylenol, Panadol, "non-Aspirin" fever reducer) Beware of dosage form (infant's v. children's). See accompanying Medication Dosing Sheet. Great for reducing fever and pain. Given every 4-6 hours as needed.
- *Ibuprofen* (Advil, Motrin, Nuprin, "non-Aspirin" fever reducer) Beware of dosage form (infant's v. children's). See accompanying Medication Dosing Sheet. Great for reducing fever and pain. Given every 6-8 hours as needed.
- DO NOT GIVE A CHILD ASPIRIN OR ASPIRIN PRODUCTS (Pepto-Bismol has aspirin-like products in it) TO TREAT A FEVER.

COLD PREPARATIONS

These medications usually contain a combination of drugs. We like to specifically target the presenting symptoms rather than giving unnecessary medication. Sometimes the side effects (somnolence, excitability, agitation) out-weigh the benefits, so use them with caution. Please do not use in children under one year of age without first consulting your doctor. It has been shown over and over again in the literature that cough medicines DO NOT WORK. Also, they as well as decongestants can be dangerous to children. Please do not use over the counter medications for cough or cold without first consulting your doctors. If it is not listed below, please don't use it.

- <u>Antihistamines</u> are used for allergic symptoms or runny noses and post nasal drip. Some also have sedative properties. Also good for hives, bee stings, and a multitude of rashes.
 - Diphenhydramine (Benadryl)
 - o Loratadine (Claritin) is non-sedating
 - o Zyrtec
 - o Allegra
- <u>Decongestants</u> are used for nasal congestion (stuffy nose) and sinus pressure. These are stimulant medications, so use caution especially if your child is already taking a stimulant medication. These are not to be used for infants and small children. They are okay for older children and adults under certain circumstances.
 - o Pseudoephedrine (Sudafed), Phenylephrine, Phenylpropanolamine
- *Expectorants* help to loosen chest congestion and are only good in older children that can "bring up" what is loosened
 - o Guaifenesin
- Cough suppressants **DO NOT WORK**! Save your money.
- Do not use Afrin or Neo-Synephrine for nasal congestion as the rebound from cessation of use can be worse than the original symptoms



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ANTI-DIARRHEA PREPARATIONS

There are several OTC preparations, but please consult your doctor before using them. Some have aspirin-like components that could cause Reye's syndrome if taken with flu or flu-like symptoms. Also, taking these medications with certain intestinal illnesses can actually make them worse.

• Loperamide (Imodium), Bismuth Subsalicylate (Kaopectate), Bismuth Subsalicylate (Pepto-Bismol)

PREPARATIONS FOR SKIN CONDITIONS

<u>Antifungal creams</u> are good for athlete's foot, jock itch, yeast infections (external) and ring worm anywhere but on the scalp.

- Clotrimazole Topical (Lotrimin)
- Terbinafine(Lamisil AT)

<u>Antibacterial Ointments</u> are good for any superficial infection of the skin. Bacitracin is preferred as there is a greater likelihood of an allergic reaction with Poly/Neosporin.

- Bacitracin Topical
- Bacitracin/Polymyxin Topical (Polysporin)
- Bacitracin/Neomycin/Polymyxin B Topical (Neosporin)

Rashes: Dermatitis, Eczema, Insect bites, Poison Ivy, Chicken Pox, etc. (anything that itches)

- Aveeno Colloidal Oatmeal Bath is good for Poison Ivy and Chicken Pox
- Calamine Lotion is fine for the above also, but do not use Caladryl or anything with <u>topical</u> Benadryl (Diphenhydramine)
- OTC Hydrocortisone cream/ointment. If you commit to this, apply a small amount to the affected area 3 times / day for 5-7 days and then discontinue use. Not for prolonged use on the face.

EYES

- For itching/burning eyes, optic washes are best as are natural tear supplements (Tears Naturale). Visine and the like may actually harm your eyes as they constrict ocular blood vessels. If you have eye pain or difficulty seeing contact your physician at once.
- Zaditor is an over the counter anti-allergy eye medicine. This is safe to use for most ages and very effective.

RECOMMENDED TO HAVE IN YOUR MEDICINE CABINET

- First aid and CPR instructions!
- BENADRYL (diphenhydramine): for acute allergic reactions (hives or bee stings), rashes that itch, poison ivy, chicken pox. This also effective as a sedating/calming medication.
- ✤ <u>ACETAMINOPHEN</u> (Tempra, Tylenol, Panadol)
- <u>IBUPROFEN</u> (Advil, Motrin, Nuprin)
- ♦ <u>DO NOT USE SYRUP OF IPECAC</u>. If there is ingestion, call the
- ***** POISON CONTROL CENTER **1-800-222-1222**.



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Medication Dosing Sheet

This is to serve as a GENERAL guide for dosing acetaminophen and ibuprofen. In reality, acetaminophen is dosed at 15 mg/kg and ibuprofen at 10 mg/kg. Thus, what we tell you to take may differ from the guide below. Also, either medication is safe, even in infancy. Please note that INFANT Acetaminophen is no longer sold.

	Acetaminophen (Tylenol)							
Weight	Dose (mg)	Children's Suspension 160mg/5mL	Chewable Tablets 80 mg	Junior Strength Tablets 60 mg				
6-11 Pounds	40 mg							
12-16	80 mg	¹∕₂ Teaspoon						
17-24	120 mg	³ ⁄4 Teaspoon						
2-3 years (30 lbs)	160 mg	1 Teaspoon	2	1				
4-5 years (50 lbs)	240 mg	1 ¹ ⁄ ₂ Teaspoons	3	1 1/2				
6-8 years (60 lbs)	320 mg	2 Teaspoons	4	2				
9-11 years (80 lbs)	400 mg	2 ¹ / ₂ Teaspoons	5	2 1/2				

Children over 12 years may take 650 mg (2 adult strength tablets or 1 extra strength tablet). Adult strength = 325 mg and Extra strength = 500 mg.

Ibuprofen (Advil, Motrin)

Weight	Age	Infant Drops 50mg/1.25mL	Children's Suspension 100mg/5mL	Chewable Tablets 50 mg	Chewable Tablets 100 mg	Junior Strength Caplets 100 mg
12-17 lbs	6-11 mos	25 mg (0.625 mL)				
18-23 lbs	12-23 mos	50 mg (1.25 mL)				
24-35 lbs	2-3 yrs	100 mg (2.5 mL)	100 mg	2 tabs		
36-47 lbs	4-5 yrs		150 mg	3 tabs		
48-59 lbs	6-8 yrs		200 mg		2 tabs	2 caps
60-71 lbs	9-10 yrs		250 mg		2 ½ tabs	2 ¹ / ₂ caps
72-95 lbs	11yr		300 mg		3 tabs	3 caps

Children over 12 years may take 400 mg (2 adult sized tablets)



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FEVER

Fever is a symptom, not a disease. In general it is not harmful, causes no neurological damage, and actually helps the body fight infection. Seizures that are associated with fever, in general, are also not harmful (simple febrile seizure), but are frightening. They are mostly related to the rapid rise of the temperature rather than the absolute number.

Fevers are almost always worse at night because of a natural chemical we make called Cortisol. Cortisol is a natural steroid that helps fight pain and fever. It is made in a cyclical fashion with its peak (and thus highest efficacy) in the morning hours and its nadir (lowest efficacy) at night.

The reason to treat an elevated temperature is to make the child comfortable. The most efficient way to do this is to administer an appropriate dose of ibuprofen or acetaminophen. Sometimes giving the child a luke-warm bath for about 15 minutes is helpful. To rapidly cool your child, you can spray them with water from a spray bottle and blow a fan over them. The evaporation of the water helps cool the body down.

Another reason to treat a fever is to "judge a child at his/her best." A child that is irritable and cranky with a high fever, but who becomes more alert, active and playful as the temperature decreases is probably less ill from serious underlying disease than a child who is just as irritable, listless and inconsolable at a lower temperature.

These are general guidelines. Each child and each fever should be taken on their own merits. <u>THE MORAL IS TO</u> <u>NOT OVER-TREAT A FEVER</u>. Occasionally a child receiving appropriate doses of anti-fever medication, with fever and poor oral fluid intake can get into trouble from the medication.

ALWAYS CONSULT A PHYSICIAN IF THERE IS EVER A QUESTION ABOUT FEVER!

Please see Fever Myths/Facts