MD Guidelines for Clinical Practice

	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
Animal Bites and Scratches	Yes	• Treat only if known animal • Review photo of bite recommended • First aid – soap and water	• Rabies vaccine status unknown • Bat, skunk, fox, wild animal • Needs wound care/repair	• High risk of infection • Needs to be reported to local agency. • Cleaning and visualization of wound • Rabies is FATAL	• For known rabies: vaccine status • Tetanus vaccine • Rx Augmentin
Tick Bites	Yes • RX for Lyme Disease	• Bulls-eye rash • Fever	• Treat and then Refer for Lyme disease for follow up.	• https://www.cdc.gov/ticks/tickbornediseases/tick-bite-prophylaxis.html • https://www.uptodate.com/contents/what-to-do-after-a-tick-bite-to-prevent-lyme-disease-beyond-the-basics	• Doxycycline 100mg BID x 10 days
	Yes • Prophylaxis	• Tick found on skin & removed <36hrs. • No rash present. • No symptoms present.			If tick is removed <72 hours: • Watch and wait only in non-endemic areas. In endemic areas Rx Doxycycline: • Adults: 200mg • Child: 4mg/kg (not to exceed 200mg)
Travel	**OK to Treat**	**Special Considerations**	**When to Refer**	**Rationale**	**Rx Suggestions & Recommendations**
Covid Testing for Clearance to Travel **(testing during consult for purposes of cruise travel)**	No	• No	• Always	• Must be tested in person with proper documentation	• N/A
Sea Sickness (prophylaxis)	Yes				• Meclizine / scopolamine patch

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Traveler's Diarrhea	Yes	• E. coli	• Dehydration, severe abd pain	• E. coli	• Zithromax
Altitude Sickness	Yes • Prevention	• Send to lower altitude			• Diamox • Hydration
	Yes • Treatment		• Severe SOB / headache	• Beware pulmonary edema / cerebral edema	• Rx for O2* *Out of pocket cost
Malaria Prophylaxis	Yes	• Check CDC, yellow book website for risk	• Suspected malaria	• CDC Travel Guidelines for that particular country	• Malarone
Shingles (Herpes Zoster)	Yes	• Start within 72 hours of onset			• Valacyclovir

Behavioral Health	**OK to Treat**	**Special Considerations**	**When to Refer**	**Rationale**	**Rx Suggestions & Resources**
Anxiety / Depression	Yes • May refill existing Rx: SSRI, SNRI's, Trazadone, Risperidone, Remeron • Only refill 3x in 12 months • No initiation of **new** SSRI, SNRI prescription	• Screen for suicide risk **(document this and if they are, ask PEA to help dispatch an ambulance while talking to patient)**	• Suicide risk • Severe depression	• Must be followed by PCP, psych for side effects, dose adjustments. • Always check if patient has FSH counseling or VPC benefit	• Short term: Hydroxyzine*/Atarax* (antihistamine) 25mg *Do **not** Rx if breastfeeding • FSH Virtual Mental Health Counseling**:** 1-888-691-7867 • FSH Virtual Primary Care • **NAMI hotline:** 1-800-950-6264 (M-F 10a-10p) • **Suicide Prevention Hotline**: 988 (call or text)
ADHD	Yes • May refill if meds are not controlled substances No • If on controlled substances	• Strattera (Atomoxetine): **can** be refilled; <u>not</u> controlled. It is the same class as clonidine	• For controlled substance Rx	• Needs follow up with prescribing doctor	• Refill medication if it is not a controlled substance, otherwise refer out

EYE	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
Conjunctivitis (Pinkeye)	Yes, for uncomplicated adult and child	• Viral most common • Bacterial: mucoid discharge, matting of eyelids • Known eye trauma	• Photophobia or vision changes • Recurrent infections • No improvement after 7 days	• Avoid steroid eye drops	• Remove contact lens Viral: None Bacterial: 7 days of: • Polytrim, Erythromycin or Ofloxacin, Ciloxan, Bleph-10
Corneal Abrasion	Most are minor and will resolve within 24-36 hours. If persistent or unresolved after 24 hours, needs referral.	• R/O eye trauma, bleeding disorder	• If persistent or unresolved, needs referral.	• Needs in person exam if > 24 hours and unresolved. • Detect foreign bodies and abrasions	• Treat for 24 hours with Ofloxacin, Ciloxan or Erythromycin ointment. If not better in 24 hours, refer to PCP/ ophthalmology
Subconjunctival Hemorrhage	Yes		• Eye trauma, bleeding disorder	• Benign in absence of pathology / trauma	• No Rx
ENT	**OK to Treat**	**Special Considerations**	**When to Refer**	**Rationale**	**Rx Suggestions & Recommendations**
Eustachian Tube Dysfunction	Yes	• Clogged ears (unable to “pop” ears open) • Pressure in ears associated with URI infection • Mild hearing loss/distortion • No fever • No drainage Pain from pressure	• Pediatric • Severe Barotrauma	• Clearing Eustachian tube relieves Sx	• Zyrtec D Information ○ Contains Pseudoephedrine • Afrin sprays (48hr) • Flonase • All the above + Augmentin
Barotitis	Yes	• Diving or air travel	• Severe Barotrauma Ruptured TM	• Rx like OM	• Augmentin

Otitis Externa	Yes	• Consider possible TM rupture and tubes • Consider OM • Consider Rx • Cerumenosis after infection resolves	• Persistent symptoms > 6 weeks	• Consider prophylaxis (alcohol or vinegar) for recurrent problem once infection resolves	• Ofloxacin drops • Ciprodex, Cortisporin otic drops • **Do not** use drops with tubes
Otitis Media	Yes	• R/o mastoiditis	Persistent / recurrent infection	• Presumptive Rx is indicated in cases where bacterial otitis is likely	• Amoxicillin / cefdinir • Azithromycin for PCN allergy or suspected bullous myringitis/mycoplasma
Strep Throat	Yes	• Sudden onset fever, • Exudates on tonsils (bacterial and EBV) • Swollen LNs • **No cough** • Centor 4 or higher • Pain greater than 4 • Exposure to school aged child • Consider differential diagnosis, rule out viral causes to avoid antibiotic overuse	• Hx rheum fever • Drooling • Dyspnea • Unable to swallow • Uvula deviation	• Antibiotics shorten the course of strep and prevent late sequelae of rheumatic fever • Beware peritonsillar abscess	• PCN-VK: Adult • Amoxicillin: Adult and child PCN allergy: • Clindamycin • Azithromycin • Clarithromycin
DDX: EBV (Mono) COVID, Other Viral	Yes	• Testing for mono / covid / strep • R/o peritonsillar abscess	Dyspnea, inability to swallow, abscess, persistent sx	• Most pharyngitis is viral and requires only sx Rx	• Saltwater gargles, Tylenol, viscous lidocaine for severe pain

Respiratory	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
Bacterial Sinusitis	Yes	• Prior sinus surgery • Prolonged: > 10 days 2. Severe: initial T > 102°F (38.9°C) with sinus pain pressure 3.Worsening: after 3-4 days, developing T >102°F (38.9°C)	• 4+ episodes per year • Chronic: lasting >12 weeks • Abx treatment in last 30 days	• https://www.nejm.org/doi/full/10.1056/NEJMcp1601749	• Augmentin • Doxycycline
Viral Sinusitis (Cold)	Yes	• DDX: allergic rhinitis, bacterial sinusitis • Asthmatics need albuterol	• SOB, severe or persistent sx	Viral sinusitis is frequent / common and does NOT respond to abx	• Zyrtec D • Flonase • Saltwater rinses
Asthma	Yes	• Steroid dependent • Severe asthma • Pulse ox	• Pulse ox <94 • Severe dyspnea		• Nebulizer and/or • Inhaler
Nebulizer	Yes • Refills No • New machine		• If nebulizer machine is needed, refer to in person provider • Use clinical judgement, especially with young children	• Nebulizer machine is considered durable medical equipment and requires prior authorization	• Medication refill
Bronchitis (Acute)	Yes	• If co-morbidities present (i.e., COPD / Asthma / Pulmonary Fibrosis) consider abx +/- steroids	• Dyspnea / hypoxia (O2 sat <93%) • Word dyspnea • Tachypnea	• https://pubmed.ncbi.nlm.nih.gov/3492164/	• If prolonged coughing & comorbidities (COPD, CF, etc.), consider abx (Zithromax)
Influenza	Yes	• Rx within 72h • Dx is clinical during epidemic • Prophylaxis for family members UTD vaccinations	• Dyspnea (O2 sat <94) • Fever >103.5 • Severe Sx	• Rx family members with Tamiflu prophylaxis	• Tamiflu (give within 72 hours)

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first stop health

Genitourinary	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
STIs (Gonorrhea, Chlamydia, Trichomoniasis, HPV, HIV, Syphilis, etc.)	No	• Needs referral for testing	• Always refer	• Must r/o HIV, syphilis, etc.	• N/A refer to UC or ER
UTI Male	No	• Refer for UA/CS, STI	• Refer for testing	• Risk of STI, pyelonephritis, prostatitis, obstruction, BPH	• N/A refer to UC or ER • May consider treatment of **recurrent** prostatitis
UTI Female	Yes, if female is **>12yo**	• Diabetes • Hx of kidney Disease • Immunocompromised	• Females < 12 years • High-grade fever, flank pain, or vomiting • Pregnancy • Initial UTI • Postmenopausal state • Immunocompromised • Vaginal or urethral discharge • Treatment of UTI in the past 30-days • Urologic abnormality (e.g., solitary kidney, etc.)	• Complicated UTI's require a urine culture and carry a higher risk of treatment failure	• Nitrofurantoin (However, large number of resistances with nitrofurantoin in some parts of USA) • Cephalexin • TMP/SMX • Ciprofloxacin (not >age 55) • Levofloxacin (not >age 55) **RX at least 7 days (shorter courses have a significant failure rate)**
Bacterial Vaginosis	Yes, if previously documented infection with similar symptoms/ referral for repeat cases	• Is the patient pregnant? • MUST r/o STDs • Has patient had recent/multiple visits for this	• Suspect STDs • Second consult w RX failure	• Must be able to know sx between BV, UTI, STD • https://www.healthline.com/health/bacterial-vaginosis-vs-yeast-infection	• Flagyl tablet
Yeast infection	Yes	• DDX: BV, STDs	• Multiple infections? • New DM	Needs culture if initial treatment with Diflucan fails	• Diflucan 150mg

Gastrointestinal	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
Nausea / Vomiting / Diarrhea	Yes	• R/o appendicitis/ dehydration, e coli, other pathology	• Dehydration • Suspicion surgical abdomen	• Beware if appendicitis • Beware of pregnancy	• Pepto Bismol • BRAT • Fluids • Zofran
Travelers Diarrhea	Yes	• See travel section above			• See travel section above
Abdominal Pain	Yes	• R/o surgical abdomen, CX pregnancy/delivery	• Uncertain etiology • Surgical abdomen • Dehydration	• This can be hazardous. Be cautious and err on the side of the serious dx. Beware AAA, ectopic, etc.	• Evaluate for GI issues and use clinical judgement
Integumentary	**OK to Treat**	**Special Considerations**	**When to Refer**	**Rationale**	**Rx Suggestions & Recommendations**
Cellulitis	Yes	• R/o sepsis • DM • MRSA • Tetanus status	• Sepsis • Fever • Abscess	• Clindamycin covers MRSA • Keflex for abscess (and refer) • Tetanus prophylaxis is important	• Clindamycin • Cephalexin • Dicloxacillin
Eczema	Yes	• Accurate Dx? • Previous Rx?	• Severe	• See dermatologist if does not improve	• HC cream, triamcinolone • Antihistamine, Ceramide moisturizers • Avoid soap
Scabies	Yes	• Resistance is increasing • Pregnancy	• Rx failure		• Scabies: Permethrin 5% • Launder clothes/bedding
Lice	Yes		• Rx failure		• Permethrin • Malathion (>6 yo) • Spinosad • Launder clothes/bedding
Bed Bugs	Yes				• Bed bugs: HC 2.5% cream for itch • (Benadryl) antihistamine • Prednisone if severe itch • Exterminate bugs

Poison Ivy (Mild)	Yes	• Isolated / not extensive		• https://www.cdc.gov/niosh/docs/2010-118/pdfs/2010-118.pdf	• Zanfel wash • Kenalog cream • Calamine Lotion • HC cream • antihistamines
Poison Ivy (Severe)	Yes	• Face / groin / extensive	• Severe	• RX failure often occurs w short courses (6 days)	• Prednisone for 12 days
Puncture Wound/Burns	Yes	• Tetanus vaccination status • Wound MUST be cleaned / debrided	• Deep PW / needs debridement / FB	• Tetanus shots can be obtained at pharmacy without prescription	• Tdap • Consider abx prophylaxis
Fungal Infections: tinea pedis (athlete's foot), tinea cruris, tinea corporis (ringworm)	Yes	• Does patient have DM?	• Resistance		• Clotrimazole (OTC) • Ketoconazole
Fungal Infections: Onychomycosis (fungus of toenails)	Yes	• HIGH Rx failure rate • HIGH COST for Efinaconazole ($1000/ month)	• If considering oral therapy refer to PCP.	• OK to Rx w topical (Econazole, etc.). Keep the nails trimmed and filed. Explain Rx failure rate • Terbinafine has many neg drug interactions, affects blood, liver, and immune system. Needs to be monitored by PCP.	• Econazole • Efinaconazole (HIGH COST)
Neurological	**OK to Treat**	**Special Considerations**	**When to Refer**	**Rationale**	**Rx Suggestions & Recommendations**
Headache Migraine	Yes	• R/o CVA / tumor / meningitis	• Worsening headache, • Vision changes, • Malignant HTN • focal weakness, difficulty with speech or vision • Fever	• New or worsening headaches should be evaluated in person for neurovascular causes	• Excedrin Migraine • Other NSAIDS • Prochlorperazine • "triptans" if the patient has had them before
Dizziness	Yes	• Forbid driving / Fall risk	• Rule out cerebellar stroke	• Cerebellar vs labyrinthitis	• Meclizine
Seizure	No		• Always	• Must determine cause, MRI/ CT	• EMS, ER

Lifestyle	OK to Treat	Special Considerations	When to Refer	Rationale	Rx Suggestions & Recommendations
Male Pattern Baldness	Refill only	• Must f/u with PCP		• Needs monitoring	• Finasteride 1mg/daily
Impotence	Refill only Request photo of medication bottle	• Refill only after appropriate eval to rule out other causes of impotence	• Not previously evaluated by MD	• Must exclude risk CVD, don't Rx if on nitrates	• Viagra • Cialis
Birth Control	Refill only			• OK to send one 90-day Rx per year	• Send refill ○ Up to 90 days per calendar year
Plan B	Yes, but can be found OTC in many places	• Available OTC where legal • Must r/o & report sexual assault	• Would advise patient follow-up with gyn or ER if develop pelvic cramps/bleeding	• Available OTC but if prescribed, some insurance companies will cover.	• N/A
Plan C	No	• Abortion is governed by state law. These RXs need medical supervision	• Refer all	• Beware of patients citing "medical" Rx w this drug	• N/A