

how long has it been present for? has this happened before? have you tried anything to help relieve sx? do you know what may have caused it?	any medical conditions? taking other meds/otc/herbal supps? any allergies? pregnant/breastfeeding if relevant	diagnosis, cause and triggers product, ingredient, dose, moa side effects, device technique non-pharm, referral pts, any qs?
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<b>fexofenadine (telfast)</b> <i>Adult</i> ; 180mg once daily. <i>2–12 yo</i> ; oral 30 mg twice daily <b>ADR</b> : drowsiness, fatigue, headache, nausea, dry mouth	<b>Paracetamol</b> <i>Adult</i> ; 0.5–1 g every 4–6 hours; maximum 4 g daily. <i>&gt;1mth</i> ; 15 mg/kg every 4–6 hours. maximum 60 mg/kg (not to exceed 4 g) daily	<b>Ibuprofen</b> <i>Adult</i> ; oral 200–400 mg 3-4 times a day. Up to 2400 mg daily may be used short term. Don't use in pregnancy. <i>Child &gt;3mth</i> ; oral 5–10 mg/kg (maximum 400 mg) 3 or 4 times a day. <b>ADR</b> : nausea, diarrhoea, indigestion.
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<b>EAR</b>			
<b>Impacted ear wax</b> <b>sx</b> : earache (pressure), blocked ear, ringing, gradual hearing loss  - Is there any discharge? - How do you clean your ears?  <b>causes</b> : old age, hearing aids/ear buds, cotton buds	<b>Cerumol ear drops</b> - soften and disperse wax through emulsification - >1yo, safe in P and BF Instil 5 drops into the affected ear bd for 3 days. Gently massage around the outside of the ear. Wait at least 5mins and repeat in other ear if required. <b>ADR</b> : stinging, itching, irritation  <b>paracetamol</b> for pain in adult / refer child	<b>Contradictions</b> : infection/inflammation of ear canal, perforation of eardrum, otitis, history of otic surgery  <b>Refer</b> - tx failure, foreign body in ear, tinnitus, infection (fever, chills), dizziness, worsening of sx	- Don't ever use cotton buds/ear candles and ear buds often - Over 30% of ears impacted with wax will <b>clear without treatment within 5 days</b> - u can ask how long sx been present and suggest to wait a few days before starting treatment if <5 days
<b>Otitis externa (swimmer's ear)</b> - inflammation of ear canal, usually due to remaining water <b>sx</b> : irritation, discomfort, <b>itchy</b> , pain (worse with movement, usually in <b>tragus</b> area), feeling of pressure/fullness, <b>discharge (usually clear)</b> , mild hearing loss  - Do you have any other (skin) conditions?	<b>acetic acid + isopropyl alcohol (Aqua ear)</b> - dries up water + restores ear canal pH to inhibit microbial growth - >3yo, safe in P and BF - Used as <b>prevention</b> or first sign Instill 4-6 drops into each ear after water exposure <b>ADR</b> : stinging on instillation, irritation of skin  <b>analgesics for pain</b>	<b>Refer</b> : hearing impairment, inflammation has moved to pinna, feeling unwell (not localised), mucopurulent discharge, <3yo  - Have you participated in any water activities? Or felt water retained in ear in the past few days?	- Use <b>ear plugs/Vaseline cotton ball + swimming/shower cap</b> when swimming/bathing. - Don't insert anything inside ear. - Use <b>tissue spears</b> q6h to remove pus/water if ear canal is not too inflamed. Don't use in bleeding, perforation of eardrum or glue ear. - Keep ear dry during and for 2 weeks after treatment.

<p><b>Otitis media (middle ear infection)</b> - inflammation of the middle ear + fluid build up</p> <p><b>sx:</b> general pain esp in <b>mastoid area</b>, fever, <b>mucinous discharge</b>, hearing loss</p> <p>- Have you been sick recently? - What colour is the discharge?</p>	<p><b>analgesics for pain</b></p> <p>If sx are mild on presentation, analgesia for 1-2 days. Refer for antibiotics if sx still haven't resolved after 2 days.</p>	<p><b>Refer:</b> special pt groups including &lt;6mths, &lt;2yo with bilateral infection, pt with recurrent conditions, ATSI, severe symptoms</p>	<p>- Don't use any analgesia ear drops – can mask sx progression - Rest and hydration - Do not insert anything into the ear</p>
<p><b>Perichondritis</b> – infection of tissue lining of ear cartilage</p> <p><b>sx:</b> redness, pain, swelling, pus, fever</p>	<p><b>analgesia</b> for pain</p> <p><b>sodium chloride 0.9%</b></p>	<p><b>Refer:</b> sx &gt;mild (for antibiotics)</p> <p><b>causes:</b> piercing, injury, insect bites, burns, trauma, surgery, boil</p>	<p>- Wash with saline bd. - Keep area dry. - <b>Warm compresses</b> for ~15 mins 4-5 times a day for pain relief and to encourage drainage.</p>
<p><b>EYES</b> - referral: unilateral sx, vision impacted, severe pain, recent trauma or surgery. DO YOU WEAR CONTACT LENSES????</p>			
<p><b>Dry eye</b></p> <p><b>sx:</b> bilateral, soreness, fatigue, redness, irritation, excessive watering, gritty feeling</p> <p><b>causes:</b> aging, environmental (wind, screens), contact lens, drugs</p> <p>- Can you tell me about your lifestyle?</p>	<p><b>Propylene glycol (Systane Complete PF)</b></p> <ul style="list-style-type: none"> <li>- Don't use with CL, dispose after 3 months</li> </ul> <p>Use 1-2 drops in each eye prn.</p> <p><b>carmellose sodium (cellufresh)</b></p> <ul style="list-style-type: none"> <li>- Can use with CL</li> </ul> <p><b>polyvisc ointment (paraffin + wool fat)</b></p> <p>1cm strip before bed</p> <p><b>ADR:</b> temporary burning, stinging, irritation, blurred vision</p>	<p><b>Refer:</b> contact lens issues, severe dry eye - intense stinging or burning, light sensitivity, blurred vision</p>	<p>- <b>Warm compress</b> to unclog oil glands; 5-10 minutes, 3-4 times a day - <b>Less screen time</b> (take breaks); 20-20-20 rule. Allows eye muscles to relax and refocus – reduce eye strain - Humidifier, don't sit near ac/windows - Lid hygiene can help – opti-soothe lid wipes (&gt;2yo) or little eyes cleansing wipes (any age) PRN</p>
<p><b>Allergic conjunctivitis</b> – reaction to allergens, causing inflammation of conjunctiva (thin membrane covering white part and inner surface of eye)</p>	<p><b>0.9% sodium chloride</b> - flush out allergen</p> <p><b>dry eye drops</b> - lubricate eye, wash away allergens, and soothe irritation. 4-8 times/day</p>	<p><b>Refer:</b> tx failure</p> <p>- Do you have any allergies? - Could you tell me about any patterns you notice</p>	<p>- <b>Cold compresses</b> and <b>lubricating eye drops</b> for discomfort - <b>Avoidance</b> eg. wearing glasses when mowing - Try not to scratch eye; further irritation</p>

<p><b>sx:</b> bilateral, <b>itching</b>, stringy discharge, <b>tearing</b>, burning, redness, swelling</p> <p><b>causes:</b> seasonal, perennial, contact hypersensitivity</p>	<p><b>ketotifen 0.025% (Zaditen)</b></p> <ul style="list-style-type: none"> <li>- &gt;3yo, not recommended for P and BF. Can insert CL 10min after.</li> </ul> <p>Instil 1 drop into both eyes bd.</p> <p><b>ADR:</b> blurred vision/stinging on instillation, eye irritation, headache, dry eyes, dry mouth</p> <p><b>Oral antihistamine</b> - swollen eye</p>	<p>with the frequency or severity of your symptoms?</p>	
<p><b>Bacterial conjunctivitis</b> usually caused by staphylococcus</p> <p><b>sx:</b> mucopurulent discharge, foreign body sensation, redness and irritation, gritty feeling</p> <p><b>causes:</b> touching eye with dirty hands, CL, sharing makeup/eyedrops/towels</p>	<p><b>Chloramphenicol 0.5% (Chlorsig drops)</b></p> <ul style="list-style-type: none"> <li>- &gt;2yo, don't use with contacts</li> </ul> <p><b>ADR:</b> bad taste, stinging, burning, irritation</p> <p><b>Chlorsig ointment</b></p> <ul style="list-style-type: none"> <li>- &gt;2yo, don't use with contacts</li> </ul> <p>If used without drops, use a 1cm ribbon 3-4 times a day for up to 7 days.</p> <p><b>ADR:</b> blurred vision, stinging, irritation</p>	<p><i>Self-limiting</i>; 65% of cases are cured in 2-5 days without treatment. Sx may last up to 14 days.</p>	<ul style="list-style-type: none"> <li>- <b>Highly contagious</b>; wash hands regularly, use separate tissues to avoid infection of the other eye, separate towels</li> <li>- Use warm compress or eyelid wipes to loosen crusting and soothe eye area</li> <li>- Keep kids away from school until discharge has stopped</li> </ul>
<p><b>Viral conjunctivitis</b></p> <p><b>sx:</b> red, irritated eyes, burning sensation, <b>watery discharge</b>, usually starts in one eye and spreads quickly</p> <p>- Have you been sick recently?</p>	<p><b>Systane Complete PF</b></p> <ul style="list-style-type: none"> <li>- Not to use with contact lenses</li> <li>- Throw out after 3 months</li> </ul> <p>Use 1-2 drops in each eye every 2 hours for comfort.</p> <p><b>Cool compress</b> every 2hrs</p>	<p><i>Self-limiting</i>; should resolve in ~10-12 days.</p> <p><b>Refer:</b> suspected HSV conjunctivitis (ask about <b>cold sore/shingles outbreak</b>)</p>	<ul style="list-style-type: none"> <li>- <b>Highly contagious</b> until weeping and redness resolves; wash hands (esp after touching eye), separate towels etc.</li> <li>- Kids are recommended to stay away from school until sx resolves</li> <li>- Eyelid wipes for secretions/crusts around eye</li> </ul>
<p><b>Seborrheic blepharitis</b></p> <p>Mainly caused by <b>seborrheic dermatitis</b>, overproduction of oil/yeast</p> <p><b>sx:</b> <b>greasy</b>, but easily removed scales on the eyelid margin</p> <p>- Do you have any other skin conditions?</p>	<p><b>Lid hygiene</b></p> <p>Gently scrubbing affected lid margins with eyelid wipes (<i>Opti-Soothe PF</i> eyelid wipes)</p> <p><b>Warm compresses</b></p> <p>5-10 minutes bd to soften crusts</p>	<p><b>Refer:</b> in staph blepharitis for chlorsig, in chronic for tetracyclines, tx failure/worsening,</p>	<ul style="list-style-type: none"> <li>- <b>Daily warm compresses and eyelid scrubs</b> may be required long-term to prevent recurrence</li> <li>- Don't wear eye makeup and contact lenses if possible</li> </ul>