CCORE CLINIC CHEAT SHEET

PAIN	OTHER
Ankle Sprain: ice or cold water emersion for 15 minutes q3 hours for the first 48 hours or until swelling is improved, whichever comes first. Compression dressing to reduce swelling should be applied early. Frequent elevation of ankle above heart level to reduce swelling. PRN NSAIDS. Rehabilitation exercises for 3-4 weeks once initial swelling has subsided (within the first week after injury – refer to rehab document on Ccore tab)Consider air cast for first 3-4 weeks to help with ankle stability. Ortho eval may be needed. Acute Back Pain: ibuprofen 400 mg PO QID for up to two weeks, wean as tolerated. Equivocal data for Tylenol, but reasonable alternative for those intolerant to NSAIDS. Consider addition of Flexeril with ibuprofen or Tylenol. Watch for sedation. Migraine abortive therapy that can be administered in clinic: recent trial data supporting Ketorolac 60 mg IM x1 (even in comparison to triptans), alternatively Compazine 10 mg IM x1 (can be coupled with PO Benadryl if available)	Acne -1st line: Topical Tretinoin, cream (less irritating than gel) start at 0.25% apply QHS (with benzoyl peroxide in AM if not too dry). Preg Cat C. -If mod/sev inflammatory, add Doxycyline 50-100mg BID. Minocycline slightly more effective than Doxy. Allergic Rhinitis -Fluticasone 2 puff each nostril 1-2 times daily. -Loratadine 10mg once per daily or cetirizine 5-10mgonce per day Depression : antidepressants essentially = in efficacy, start low dose, consider Lexapro 10 mg (max 20 mg) or Zoloft 50 mg daily (max 200 mg daily) . Sx improvement at 2 weeks, tx failure if no improvement at 6 weeks. Do not stop abruptly, needs taper Smoking Cessation -21-mg patch/day for 4-8 weeks, then 14-mg patch/day for 2-4 weeks, then 7-mg patch/day for 204 weeks (start with 14mg in patients with CVD, those <100lb or smoke <10cig/day) -Bupropion, 1-2 weeks before quit date, 150 mg/day X 3 days then 150mg BID for 8-12 weeks. -Gastric Bypass Referral. Avoid with history of seizure, eating d/o or MAO inh. Watch BP in HTN. -Varenicline, more success than buproprion, 0.5mg/day X 3d, then 0.5mg BID X 4d, then 1mg BID X 12 weeks. Can do additional 12 weeks to prevent relapse. S/E nausea, sleep disturbance, constipation, flatulence. Avoid in renal disease.

CCORE CLINIC CHEAT SHEET

INFECTIONS

Bacterial Vaginosis – Metro 500 mg PO BID x 7 days
Gonorrhea/Chlamydia- Urine in men, vaginal swabs in women.
-Chlamydia- Azi 1g po X1 or Doxy 100mg BID X7d
-Gonorrhea- Rocephin 250mg IM X1 + as above chlamydia tx

Sinusitis
-Consider X-ray for >10d. Immunocompromised. Consider CT/MRI for intracranial complications, >3wk.
-2 or more of URI >7d, facial pain, purulent discharge, can do abx. Bactrim first line.
-Amoxicillin 875mg po BID OR Bactrim DS 800/160mg po BID if pcn all. 2nd line: Amoxi-clavulanate, cefuroxime.
-Fluticasone 2 puff intranasally daily. Oral steroids for severe disease. Loratadine 10mg daily.

UTI
-Nitrofurantoin 100mg po BID X 5d. Avoid if early pyelo or renal insuff.
-Bactrim DS 800/160 BID X 3d. Avoid in renal insuff.
-Fosfomycin 3g po X 1. Avoid if early pyelo.
-If can't do the 3 above, Cipro 250mg po BID x 3d.

WOMENS HEALTH

Hot flashes: Hormone replacement therapy for typically 2-3 years (no more than 5 years). If no uterus, begin transdermal estradiol 0.025 mg patch weekly → increase to 0.0375 mg weekly patch after one month if sx persist → increase to 0.05 mg weekly patch after another month of tx if sx still problematic. If intact uterus, must give progesterone to reduce risk of uterine cancer. Progesterone 100 mg PO daily. (If having problems with irregular bleeding, can switch progesterone to 200 mg PO daily for 12 days per month)
AVOID HORMONE REPLACEMENT THERAPY IN: 1) breast cancer, high risk for breast cancer and 2) high VTE risk. CAUTION with hx of stroke (increased with estrogen therapy, but less so with transdermal vs oral). CAD risk is not increased unless ten years past menopause.
If pt not a candidate for hormone therapy: 1) Effexor, Paxil, Lexapro, or Pristiq (only these antidepressants have been found to be effect with hot flushes), 2) Gabapentin 300 mg PO TID (lower doses not effective), 3) Progestins? Side effects: Weight gain and adrenal insufficiency, possibly last resort? 4) Some evidence for clonidine → watch for serious rebound hypertension if missed dose. Non-pharm therapy not supported by clinical trial data (such as black cohosh, primrose oil)

Vaginal atrophy 1) vaginal moisturizer, such as K-Y SILK-E or Replens, if persistent sx then, 2)Premarin 0.5 gm twice per week. Higher dose consider concurrent progesterone. Ask Onc first if breast CA patient(vaginal ring/tablet also available).