This bible of family practice for primary care students and clinicians provides current national practice guidelines for professional standards of care across the life span. Concise and clearly organized, the resource features detailed, step-by-step instructions for physical examinations and diagnostic testing in the outpatient setting, information on health promotion, care guidelines, dietary information, information on culturally responsive care, patient resources, and abundant patient education handouts.

This fourth edition is updated to include new evidence-based guidelines for rheumatology, public health (featuring updated information on substance abuse, violence, obesity, homelessness, and lesbian health), the sports physical exam and interventions, endocrinology, the 2015 Beers Criteria, new Centers for Disease Control and Prevention (CDC) recommendations for health maintenance, posttraumatic stress disorder (PTSD) assessment and management, restless legs syndrome, sexual dysfunction treatment, and psychiatric disorders. Several new and updated Patient Teaching Guides—written in printable education points—add to the book’s outstanding utility as a thorough and reliable clinical resource. Each of the 268 diagnoses includes definition, incidence, pathogenesis, predisposing factors, common complaints, signs/symptoms, subjective data, physical exam and diagnostic tests, differential diagnosis, and a care plan.

New to the Fourth Edition:
• New and updated guidelines for:
  - Rheumatology: polymyalgia rheumatica, Sjögren’s syndrome, psoriatic arthropathy, pseudogout (calcium pyrophosphate dihydrate), ankylosing spondilitis, reactive arthritis, Raynaud’s syndrome
  - Public Health: substance abuse, violence, obesity, homelessness, lesbian health
  - Sports Exam: assessment and treatment
  - 2015 Beers Criteria
  - CDC recommendations: vaccine and cancer screening
  - Endocrinology: diabetes management and new Food and Drug Administration–approved medications
  - Updated to reflect the Whelton 2017 guidelines for hypertension
  - Neurology: PTSD and restless legs syndrome management
  - Sexual dysfunction
  - Bipolar and other behavioral health disorders
• New and updated Patient Teaching Guides

Key Features:
• Presents information for 268 disorders in consistent format for ease of use
• Highlights key considerations with Practice Pointers
• Provides individual care points for pediatric, pregnant, and geriatric patients
• Includes 138 printable Patient Teaching Guides
• Offers 18 procedure guidelines and routine health maintenance guidelines

Jill C. Cash
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NOW WITH UPDATED HYPERTENSION GUIDELINES!
Jill C. Cash, MSN, APRN, FNP-BC, a family nurse practitioner for over 20 years, currently practices as a family nurse practitioner at the Vanderbilt Medical Group, Westhaven Family Practice, in Franklin, Tennessee. Her past experience includes teaching as an instructor for the School of Nursing, Southern Illinois University in Edwardsville and Carbondale, Illinois, in the undergraduate BSN program and the graduate NP program. She has been a clinical preceptor for a variety of programs. Her previous experience includes high risk obstetrics as a clinical nurse specialist in maternal–fetal medicine at Vanderbilt University Medical Center, rheumatology in the outpatient setting, women's health in the outpatient setting, and providing wound care in skilled nursing facilities. She has served as a member and officer on numerous boards which include Hospice of Southern Illinois, the Marion Memorial Health Foundation, the American Cancer Society, and Women for Health and Wellness in Southern Illinois. Ms. Cash has authored several chapters in other textbooks and is the co-author of *Family Practice Guidelines*, first, second, third, and fourth editions, and *Adult-Gerontology Practice Guidelines*. Most recently, she was awarded the 2017 AANP Nurse Practitioner State Award for Excellence from Illinois.

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This book is dedicated to all of our families, friends, and colleagues who have influenced our lives, careers, and dreams. We greatly appreciate our colleagues, Margaret Zuccarini and Joanne Jay at Springer Publishing, and Ashita Shah and the Newgen KnowledgeWorks staff for keeping us on track for deadlines and understanding that life happens!

Jill C. Cash and Cheryl A. Glass
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Preface

We are excited to collaborate again on the new fourth edition of Family Practice Guidelines. The guidelines have been written and updated by experienced nurse practitioners in their fields of expertise. This valuable resource is designed to assist novice and experienced nurse practitioners in organizing and using the content in a quick-reference format. Emphasis is placed on history taking, physical examination, and key elements of the diagnosis. Useful website links have also been incorporated, along with updated patient teaching guides to offer to patients.

This book is organized into chapters using a body-system format. The disorders included within each chapter are organized in alphabetical sequence for easy access. Disorders that are more commonly seen in the primary care setting are included. Patient teaching guides are also organized in alphabetical order. Bold text or italic text highlights alerts for practitioners and educational clinical pearls are easily found.

Organization

The book is now organized into three major sections:

- **Section I: Guidelines** presents 23 chapters containing the individual disorder guidelines.
- **Section II: Procedures** presents procedures that commonly are conducted within the office or clinic setting.
- **Section III: Patient Teaching Guides** presents patient teaching guides that are easy to distribute to patients as a take-home teaching guide. The teaching guidelines are arranged in alphabetical order for ease of reference and the pages are perforated for easy pull-out and photocopying. The Patient Teaching Guides are also available for download at springerpub.com/familypracticeguidelines4e

New to This Edition

New guidelines have been added to the fourth edition, and include the following:

- The newest up-to-date Centers for Disease Control and Prevention (CDC) guidelines on health maintenance and immunization schedules for adults and children.
- An entire chapter is dedicated to the sports pre-participation examination.
- A new chapter on Public Health Guidelines, including the subchapter Homelessness.
- The Dermatology Guidelines include the newest guidelines for wound care management.
- The Respiratory Guidelines include a new subchapter on shortness of breath and the newest updated treatment guidelines for chronic obstructive pulmonary disease (COPD) and pneumonia.
- The Cardiovascular chapter includes the newest guidelines for heart failure and hypertension.
- The Genitourinary Guidelines include an updated subchapter on erectile dysfunction and a new subchapter on premature ejaculation.
- The Gynecologic Guidelines have been updated with a new subchapter, female sexual dysfunction.
- New subchapters have been added to the Infectious Disease chapter, including the new CDC guidelines for the Zika virus.
- Updated guidelines are included in the Neurologic chapter, together with the newest treatment options for stroke and trigeminal neuralgia.
- A brand new Rheumatological Guidelines chapter includes the most common rheumatic conditions encountered in primary care, including fibromyalgia, psoriatic arthritis, gout, and many others.
- A new subchapter on bipolar disorder, depression, sleep disorders, and others.

**New Patient Teaching Guides**

- Chapter 4, Dermatology Guidelines: Wound Care: Lower Extremity Ulcers; Wound Care: Pressure Ulcers; Wound Care: Wounds
- Chapter 6, Ear Guidelines: Tinnitus
- Chapter 10, Cardiovascular Guidelines: Atrial Fibrillation, Chronic Venous Insufficiency, Superficial Thrombophlebitis, and Varicose Veins
- Chapter 12, Genitourinary Guidelines: Kidney Disease: Chronic
Chapter 19, Neurologic Guidelines: Migraine Headache
Chapter 22, Psychiatric Guidelines: Sleep Disorders/Insomnia

Procedures
Three of the procedures have been updated: Clock-Draw Test, Cystometry, and Prostatic Massage Technique: 2-Glass Test.

We hope you find this fourth edition of *Family Practice Guidelines* easy to access and a valuable resource during your clinical practice. We appreciate your support for our first three editions and hope you find the fourth edition as rewarding as the others.

Jill C. Cash
Cheryl A. Glass
Share
Family Practice Guidelines, Fourth Edition
Guidelines

1. Health Maintenance Guidelines
2. Public Health Guidelines
3. Pain Management Guidelines
4. Dermatology Guidelines
5. Eye Guidelines
6. Ear Guidelines
7. Nasal Guidelines
8. Throat and Mouth Guidelines
9. Respiratory Guidelines
10. Cardiovascular Guidelines
11. Gastrointestinal Guidelines
12. Genitourinary Guidelines
13. Obstetrics Guidelines
14. Gynecologic Guidelines
15. Sexually Transmitted Infections Guidelines
16. Infectious Disease Guidelines
17. Systemic Disorders Guidelines
18. Musculoskeletal Guidelines
19. Neurologic Guidelines
20. Endocrine Guidelines
21. Rheumatological Guidelines
22. Psychiatric Guidelines
23. Assessment Guide for Sport Participation
Acne Rosacea

Jill C. Cash and Amy C. Bruggemann

**Definition**
A. A multifactorial vascular skin disorder, acne rosacea is characterized by chronic inflammatory processes in which flushing and dilation of the blood vessels occur on the face. It is manifested in four stages of pathologic events.

**Incidence**
A. Acne rosacea affects approximately 13 million people in the United States.

**Pathogenesis**
A. Rosacea is a functional vascular anomaly with a tendency toward recurrent dilation and flushing of the face. This results in inflammatory mediator release, extravasation of inflammatory cells, and the formation of inflammatory papules and pustules.

**Predisposing Factors**
A. Tendency to flush frequently
B. Exposure to heat, cold, or sunlight
C. Consumption of hot or spicy foods and alcoholic beverages
D. Some topical medications, astringents, or toners

**Common Complaints**
A. Papules, pustules, and nodules. Hallmarks for diagnosis are the small papules and papulopustules. Many presenting erythematous papules have a tiny pustule at the crest. No comedones are present.
B. Periodic reddening or flushing of face
C. Increase in skin temperature of face
D. Face flushing in response to heat stimuli (hot liquids) in mouth

**Other Signs and Symptoms**
A. Periorbital erythema
B. Telangiectasia, paranasally and on cheeks
C. Rhinophyma
D. Blepharoconjunctivitis with erythematous eyelid margins
E. Conjunctivitis: Diffuse hyperemic type or nodular
F. Keratitis: Lower portion of cornea, associated with pain, photophobia, and foreign-body sensation

**Subjective Data**
A. Ask the patient to describe the location and the onset. Was the onset sudden or gradual? How have the symptoms continued to develop?
B. Assess if the skin is itchy or painful.
C. Assess for any associated discharge (blood or pus).
D. Complete a drug history. Has the patient recently taken any antibiotics or other medications?
E. Determine whether the patient has used any topical medications, astringents, toners, or new skin-care products.
F. Rule out any possible exposure to industrial or domestic toxins, insect bites, and possible contact with venereal disease or HIV.
G. Ask the patient about close contact with others with skin disorders.
H. Identify whether exposure to heat, cold, or sunlight provokes the symptoms.
I. Ask whether eating or drinking hot or spicy foods or consumption of alcoholic beverages provokes the symptoms.

**Physical Examination**
A. Check temperature, pulse, and blood pressure.
B. Inspect
   1. Skin, focusing on face and scalp
   2. Nose and paranasal structures
   3. Eyes, eyelids, conjunctiva, and cornea. An ocular manifestation, rosacea keratitis, may cause corneal ulcers to develop.

**Diagnostic Tests**
A. Consider skin biopsy to rule out lupus, sarcoidosis, or other possible causes if history and physical exam findings warrant further testing.

**Differential Diagnoses**
A. Acne rosacea
B. Acne vulgaris
C. Steroid-induced acne
D. Perioral dermatitis
E. Seborrheic dermatitis
F. Lupus erythematosus
G. Cutaneous sarcoidosis

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Acne Vulgaris

Jill C. Cash and Amy C. Bruggemann

Definition
Acne vulgaris is a disorder of the sebaceous glands and hair follicles of the skin that are most numerous on the face, back, and chest. The sebaceous glands become inflamed and form papules, pustules, cysts, open or closed comedones, and/or nodules on an erythemic base. In severe cases, scarring can result.

Incidence
Acne is the most common skin disorder in the United States, affecting 40 to 50 million persons of all ages and races. Nearly 80% to 90% of all adults experience acne during their lifetime. Acne vulgaris, commonly seen in adolescence, may even extend into the third or fourth decade of life.

Pathogenesis
A. Sebum is overproduced and collects in the sebaceous gland. Sebum, keratinized cells, and hair collect in the follicle. With Propionibacterium acnes present, the duct becomes clogged, and lesions (noninflammatory and/or inflammatory) evolve.

Predisposing Factors
A. Age (adolescence)
B. External irritants to skin (makeup, oils, equipment contact on skin)
C. Hormones (oral contraceptives with high progestin content)
D. Medications (lithium, halides, hydantoin derivatives, rifampin)
E. Hot, humid weather

Common Complaints
A. Outbreak of pimples on face, chest, shoulders, and back that do not resolve with over-the-counter (OTC) treatment.
B. Acne rosacea: Telangiectasia, flushing, and rhinophyma present

Other Signs and Symptoms
A. Mild: Comedones open (blackhead) and closed (whitehead)
B. Moderate: Comedones with papules and pustules
C. Severe: Nodules, cysts, and scars

Subjective Data
A. Elicit the age of onset of outbreak, duration, and course of symptoms.
B. Determine what makes the lesions worse or better.
C. Ask whether there are certain times of the month or year when lesions are better or worse.
D. Identify the patient's current method of cleanser or moisturizer treatment.
E. Ask if the patient has ever been treated by a provider for this problem. If so, determine the treatment and results of the treatment.
F. Assess whether other family members have this same problem.
G. Ask the patient for a description of his or her environment and occupation.
H. Explore with the patient any current stress factors in his or her life.

Physical Examination
A. Inspect
1. Observe skin for location and severity of lesions.
2. Rate severity of lesions as mild, moderate, or severe.
a. Mild: Few papules/pustules, no nodules
b. Moderate: Several papules/pustules, rare nodules
c. Severe: Many papules/pustules with many nodules
3. Take a picture of areas of affected skin for chart and document date. Use this for future appointments as a reference to compare results for follow-up visits.

Diagnostic Tests
A. No tests are generally required.
B. Culture lesions to rule out gram-negative folliculitis with patients on antibiotics.
C. Consider hormone testing if other primary causes of acne are taken into account (follicle-stimulating hormone, luteinizing hormone, testosterone levels).

Differential Diagnoses
A. Acne vulgaris
B. Acne rosacea
C. Steroid rosacea
D. Folliculitis
E. Perioral acne
F. Drug-induced acne

Plan
A. General interventions
   1. Document location and severity of lesions. Assess quality of improvement at each office visit.
   2. The primary goal of treatment is prevention of scarring. Good control of lesions during puberty and early adulthood is required for best results. Anticipate ups and downs during the normal course of treatment.
   
B. Patient teaching
   2. Instruct the patient on proper cleansing routine. The patient should wash affected areas with a mild soap (Purpose, Cetaphil) twice a day and apply medications as directed.
   3. Warn the patient that washing the face more than two to three times a day can decrease oil production and cause drying.
   4. Discuss current stressors in the patient’s life and discuss treatment options.
   5. Recommend an exercise routine 3 to 5 days a week.
   6. Recommend oil-free sunscreens.

C. Pharmaceutical therapy: It may take 1 to 3 months before results are visible when using these medications.
   1. Mild: Treatment of choice is topical. Use one of the following:
      a. Benzoyl peroxide, 2.5%, 5%, 10%; begin with 2.5% at bedtime. May graduate to 5% or 10% twice daily, if needed, as tolerated.
      b. T-Stat: Apply to dried areas twice daily. Avoid eyes, nose, and mouth creases.
      c. Topical tretinoin 0.1% (Retin-A Micro); use at bedtime.
         i. With Retin-A use, the patient may see rapid turnover of keratin plugs.
         ii. Instruct the patient to avoid abrasive soaps.
   iii. Warn the patient regarding photosensitivity.
   iv. Warn the patient regarding increased dryness. May apply a moisturizer such as Cerave or Cetaphil if needed.
   d. Desquam E: Use at bedtime. Wash face with soap and then apply Desquam E.

2. Moderate: Use one of the aforementioned topical medications in addition to one of the following oral medications:
   a. Tetracycline 500 mg twice daily for 3 to 6 weeks, for adolescents older than 14 years. As condition improves, begin tapering medication to 250 mg twice daily for 6 weeks, then to daily or to every other day.
      i. Instruct the patient to take tetracycline on an empty stomach and to avoid dairy products, antacids, and iron.
      ii. Warn the patient about photosensitivity. This medication may be used as a maintenance dose at 250 mg daily or every other day for those patients who break out after discontinuing antibiotic therapy. No drug resistance is seen with tetracycline.
   b. Erythromycin 250 mg four times per day after meals or topical erythromycin 2%, solution or gel, twice daily, or clindamycin (Cleocin T) solution, pads, or gel, twice daily. Erythromycin resistance has been seen.
   c. Minocycline 100 mg twice daily. When this is effective, taper to 50 mg twice daily.
      i. Have the patient drink plenty of fluids.
      ii. Central nervous system (CNS) side effects (headaches) have been seen.
   d. Bactrim single strength twice daily, if the aforementioned regimens do not work well. Bactrim works well if others fail because it is effective for Gram-negative folliculitis.
   e. Oral contraceptives with higher doses of estrogen have also been effective for girls.
   f. Doxycycline
   g. Spironolactone

3. Severe: Medications as prescribed by the dermatologist.

Follow-Up
See patients every 6 to 8 weeks for evaluation.
A. Mild: Adjust dose depending on local irritation.
B. Moderate (oral and topical medications)
   1. Adjust dose according to irritation.
   2. Taper oral antibiotics with discretion and/or continue topical medications.
   3. Oral antibiotics may be tapered and discontinued when inflammatory lesions have resolved.
C. Severe: Recommend referral to dermatology and follow-up with the specialty.

Consultation/Referral
A. Consult with a physician if treatment is unsuccessful after 10 to 12 weeks of therapy or if acne is severe.
B. The patient may need dermatology consultation.
Procedures

- Canalith Repositioning (Epley) Procedure for Vertigo
- Cervical Evaluation During Pregnancy: Bimanual Examination
- Clock-Draw Test
- Cystometry
- Cystometry: Bedside
- Foreign Body Removal From the Nose
- Hernia Reduction (Inguinal/Groin)
- Intrauterine Device Insertion
- Neurologic Examination
- Nonstress Test
- Oral Airway Insertion
- Pap Smear and Maturation Index Procedure
- Pregnancy: Estimating Date of Delivery
- Prostatic Massage Technique: 2-Glass Test
- Rectal Prolapse Reduction
- Sprain Evaluation
- Tick Removal
- Trichloroacetic Acid/Podophyllin Therapy
- Wet Mount/Cervical Cultures Procedure
Nonstress Test

Jill C. Cash

Description
A. The nonstress test (NST) is a noninvasive test to assess fetal well-being. A fetus with an intact central nervous system with adequate oxygenation will demonstrate transient fetal heart rate (FHR) accelerations in response to fetal movement. Results of the NST must be evaluated with consideration of gestational age. It is not uncommon for a neurologically intact fetus between the ages of 24 and 28 weeks gestation to have a nonreactive NST.

Indications
A. Patients at risk of adverse perinatal outcome
   1. Maternal indications
      a. Hypertension
      b. Maternal cardiac disease
      c. Diabetes (including gestational diabetes)
      d. Renal disease
      e. Hyperthyroidism
      f. Collagen vascular disease
      g. Sickle cell disease
      h. Previous stillbirth
   2. Fetal indications
      a. Intrauterine growth restriction (IUGR)
      b. Postdates (greater than 41 weeks)
      c. Decreased fetal movement

B. Frequency of testing: One must consider prognosis for neonatal survival and severity of maternal disease. In general, most high-risk pregnant women should begin testing by 32 to 34 weeks estimated gestational age (EGA). In case of multiple or severe high-risk conditions, testing may begin at 26 to 28 weeks. Frequency may be biweekly. If clinical deterioration is noted, reducing the testing interval is prudent.

Precautions
A. A reactive NST is reassuring. However, the significance of abnormal results is less clear. Loss of FHR reactivity may be benign, or it may be a sign of the metabolic consequences of hypoxemia.

Equipment Required
A. Electronic FHR monitor (EFM)
B. Reclining chair or bed/stretcher
C. Sphygmomanometer
D. Vibroacoustic stimulator (protocol dependent)

Procedure
A. Place the patient in the semi-Fowler’s position in a recliner or on a stretcher. Optimal positioning includes the patient tilted to the left or right side to avoid vena caval compression. The patient is preferably nonfasting and has not recently smoked.
B. Measure the patient’s blood pressure.
C. Apply EFM on the maternal abdomen.
D. Record FHR for 20 to 40 minutes. Ask the mother to record fetal movements with a marker button, if available. However, all accelerations may be counted as they probably have the same significance whether or not they occur in response to the fetal movement felt by the mother.
E. Interpret FHR tracing as reactive or nonreactive (see the following).
F. If the fetus is suspected to be in a sleep state, a vibroacoustic stimulation device may be applied, placed on the maternal abdomen, and used for a 3-second stimulation in an attempt to awaken the fetus.

Evaluation/Results of Procedure
A. Reactive NST: Baseline FHR 110 to 160 beats per minute (bpm) with two or more accelerations of greater than or equal to 15 bpm amplitude that last at least 15 seconds or more, within a 20-minute period. (Note: Before 32 weeks of gestation, accelerations are defined as two accelerations or more greater than 10 bpm amplitude that last at least longer than 10 seconds over a 20-minute period.) If these criteria are met before 20 minutes, the test may be declared reactive. The FHR tracing may be continued for at least 40 minutes to account for the typical fetal sleep–wake cycle.
B. Nonreactive NST: The aforementioned criteria are not met within the 40-minute time frame.

Treatment
A. If the NST is a reactive, reassuring test, continue obstetrical prenatal care. Further testing is required for maternal and fetal indications as previously noted.

Consultation/Referral
A. Further evaluation is mandatory for a nonreactive NST. Consult with a physician. Depending on the situation, the patient could be given juice or sent to eat and return later for a repeat NST. She may undergo a modified NST, which includes a single 1- to 3-second sound (vibroacoustic) stimulation applied to the maternal abdomen plus the assessment of amniotic fluid and/or biophysical profile (BPP). She may also be sent to the hospital for another NST, modified NST, BPP, or a contraction stress test (CST).

The CST should only be performed in a setting where immediate delivery could occur if indicated for fetal distress.
Patient Teaching Guides

- Abdominal Pain: Adults
- Abdominal Pain: Children
- Acne Rosacea
- Acne Vulgaris
- Acute Otitis Media
- Addison’s Disease
- ADHD: Coping Strategies for Teens and Adults
- ADHD: Tips for Caregivers of a Child With ADHD
- Adolescent Nutrition
- Alcohol and Drug Dependence
- Allergic Rhinitis
- Amenorrhea
- Ankle Exercises
- Aphthous Stomatitis
- Asthma
- Asthma: Action Plan and Peak Flow Monitoring
- Asthma: How to Use a Metered-Dose Inhaler
- Atherosclerosis and Hyperlipidemia
- Atrial Fibrillation
- Atrophic Vaginitis
- Back Stretches
- Bacterial Pneumonia: Adult
- Bacterial Pneumonia: Child
- Bacterial Vaginosis
- Basal Body Temperature Measurement
- Bell’s Palsy
- Bipolar Disorder
- Bronchiolitis: Child
- Bronchitis, Acute
- Bronchitis, Chronic
- Cerumen Impaction (Earwax)
- Cervicitis
- Chickenpox (Varicella)
- Childhood Nutrition
- Chlamydia
- Chronic Obstructive Pulmonary Disease
- Chronic Pain
- Chronic Venous Insufficiency
- Colic: Ways to Soothe a Fussy Baby
- Common Cold
- Conjunctivitis
- Constipation Relief
- Contraception: How to Take Birth Control Pills (for a 28-Day Cycle)
- Cough
- Crohn’s Disease
- Croup, Viral
- Cushing’s Syndrome
- Deep Vein Thrombosis
- Dementia
- Dermatitis
- Diabetes
- Diarrhea
- Dysmenorrhea (Painful Menstrual Cramps or Periods)
- Dyspareunia (Pain With Intercourse)
- Eczema
- Emergency Contraception—Levonorgestrel
- Emergency Contraception—Ulipristal Acetate
- Emphysema
- Endometritis
- Epididymitis
- Erythema Multiforme
- Exercise
- Eye Medication Administration
- Febrile Seizures (Child)
- Fibrocystic Breast Changes and Breast Pain
- Fibromyalgia
- Folliculitis
- Gastroesophageal Reflux Disease
- Gestational Diabetes
- Gonorrhea
- Gout
- Grief
- Head Injury: Mild
- Hemorrhoids
- Herpes Simplex Virus
- Herpes Zoster, or Shingles
- HIV/AIDS: Resources for Patients
- Human Papillomavirus
- Infant Nutrition
- Influenza (Flu)
- Insect Bites and Stings
- Insulin Therapy During Pregnancy
■ Iron-Deficiency Anemia (Pregnancy)
■ Irritable Bowel Syndrome
■ Jaundice and Hepatitis
■ Kidney Disease: Chronic
■ Knee Exercises
■ Lactose Intolerance and Malabsorption
■ Lice (Pediculosis)
■ Lichen Planus
■ Lyme Disease and Removal of a Tick
■ Lymphedema
■ Mastitis
■ Menopause
■ Migraine Headache
■ Mononucleosis
■ Myasthenia Gravis
■ Nicotine Dependence
■ Nosebleeds
■ Oral Thrush in Children
■ Osteoarthritis
■ Osteoporosis
■ Otitis Externa
■ Otitis Media with Effusion
■ Parkinson's Disease Management
■ Pelvic Inflammatory Disease
■ Peripheral Arterial Disease
■ Pernicious Anemia
■ Pharyngitis
■ Pityriasis Rosea
■ Pneumonia, Viral: Adult
■ Pneumonia, Viral: Child
■ Polymyalgia Rheumatica
■ Postpartum: Breast Engorgement and Sore Nipples
■ Premenstrual Syndrome
■ Preterm Labor
■ Prostatic Hypertrophy/Benign
■ Prostatitis
■ Pseudogout
■ Psoriasis
■ Respiratory Syncytial Virus
■ RICE Therapy and Exercise Therapy
■ Ringworm (Tinea)
■ Rocky Mountain Spotted Fever and Removal of a Tick
■ Roundworms and Pinworms
■ Scabies
■ Seborrheic Dermatitis
■ Shortness of Breath
■ Sinusitis
■ Skin Care Assessment
■ Sleep Apnea
■ Sleep Disorders/Insomnia
■ Superficial Thrombophlebitis
■ Syphilis
■ Systemic Lupus Erythematosus
■ Testicular Self-Examination
■ Tinea Versicolor
■ Tinnitus
■ Toxoplasmosis
■ Transient Ischemic Attack
■ Trichomoniasis
■ Trigeminal Neuralgia
■ Ulcer Management
■ Urinary Incontinence: Women
■ Urinary Tract Infection (Acute Cystitis)
■ Urinary Tract Infection During Pregnancy: Pyelonephritis
■ Vaginal Bleeding: First Trimester
■ Vaginal Bleeding: Second and Third Trimesters
■ Vaginal Yeast Infection
■ Varicose Veins
■ Warts
■ Wound Care: Lower Extremity Ulcers
■ Wound Care: Pressure Ulcers
■ Wound Care: Wounds
■ Wound Infection: Episiotomy and Cesarean Section
■ Xerosis (Winter Itch)
■ Zika Virus Infection
PROBLEM
Acute bronchitis is a lung infection followed by a productive cough.

CAUSE
Respiratory viruses cause bronchitis.

PREVENTION/CARE
A. Avoid exposure to other people with respiratory illnesses.
B. Do not smoke, and avoid secondhand smoke and other smoke-filled environments.
C. Avoid air pollutants, such as wood smoke, solvents, and cleaners.
D. Cover your nose and mouth with your sneeze or cough.
E. Use tissues when you blow your nose. Throw away all tissues as soon as they are used. If no tissue is available, do the “elbow sneeze” into the bend of your arm.
F. Use good handwashing techniques with soap and water.
G. You are encouraged to take the flu vaccine every year.

TREATMENT PLAN
A. Humidity and mist may be helpful.
B. Always clean the humidifier daily to prevent bacteria from growing.
C. Twenty minutes several times a day in a steamy bathroom may provide relief.

Activity: Rest is important when you have been diagnosed with bronchitis; then increase activity as tolerated when the fever subsides. Children may attend school or day care without any problems after their fever subsides.

Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water daily.

Medications:
A. Acetaminophen (Tylenol) may be used to relieve discomfort.
B. For a nonproductive cough, take cough suppressants if recommended. You may be prescribed a cough medicine or be told the best kind to buy in the drugstore. The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications should not be given to young children. Cough and cold medicines should not be given to children younger than 6 years of age.
C. Because a virus almost always causes acute bronchitis, antibiotics will rarely be needed to get better.

You Have Been Prescribed: _________________________________________

You Need to Take: ________________________________________________

You Need to Notify the Office If You Have:
A. No improvement after 48 hours
B. Worsening symptoms
C. High fever, chills, chest tightness or pain, shortness of breath
D. Symptoms that last longer than 3 weeks
E. Other: _________________________________________________________

Phone: ___________________________________________________________
PROBLEM
Chronic bronchitis is an upper respiratory infection followed by a productive cough. To be diagnosed with chronic bronchitis, you should have had the symptoms for 3 months for 2 years in a row.

CAUSE
Both viral and bacterial infections cause chronic bronchitis.

PREVENTION/CARE
A. Avoid exposure to others with respiratory illnesses.
B. Do not smoke, and avoid secondhand smoke and smoke-filled environments.
C. Avoid other air pollutants, such as wood smoke, solvents, and cleaners.
D. Use good handwashing techniques.
E. Use tissues for the mucus coughed up. Dispose of the tissues after use.
F. Cover your mouth when you cough. If you do not have a tissue, the “elbow sneeze” into the bend of your arm will prevent you from spreading your illness.
G. Although the flu vaccine does not prevent bronchitis, a yearly flu vaccine is recommended.
H. A pneumonia vaccine is recommended for people older than 65 years of age and for younger people with chronic respiratory conditions.

TREATMENT PLAN
A. Humidity and mist may be helpful.
B. Always clean the humidifier daily to prevent bacterial growth.
C. Twenty minutes several times a day in a steamy bathroom may provide relief.

Activity: Rest during the early stage of the illness, then increase activity as tolerated when the fever subsides. It is not uncommon to feel tired for several weeks.
Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water daily.

Medications:
A. Acetaminophen (Tylenol) may be used to relieve fever and discomfort.
B. You may be prescribed an inhaler to help your breathing.
C. You may be prescribed steroids to help with the inflammation of your lungs. The steroids may be given by an inhaler or as a pill.
D. It is very important that you use the inhaler properly so that the medicine can go into your lungs. A teaching sheet on how to use an inhaler is available.
E. You may also be prescribed an antibiotic for a bacterial infection. Take all of your antibiotics, even if you feel better.
F. You may be prescribed a cough suppressant to take at night to help you rest. However, coughing up the mucus is very important to clear out your “wind pipes.”

You Have Been Prescribed: ________________________________
You Need to Take: _______________________________________
You Need to Notify the Office If You Have:
A. No improvement after 48 hours.
B. Worsening symptoms.
C. High fever, chills, chest tightness or pain, shortness of breath.
D. Symptoms that last longer than 3 weeks after taking all of your antibiotics.
E. Other: ________________________________________________

Phone: ________________________________________________