Over-the-Counter (OTC) Cough & Cold Update Outline

**Patient Assessment**: QuEST/SCHOLAR-MAC Method

- **Qu** – Quickly and accurately assess the patient
  - **S** – Symptoms
  - **C** – Characteristics
  - **H** – History
  - **O** – Onset
  - **L** – Location
  - **A** – Aggravating Factors
  - **R** – Remitting Factors
  - **M** – Medications and other products patient is taking
  - **A** – Allergies
  - **C** – Coexisting Conditions

- **E** – Establish is the patient is an appropriate self-care candidate

- **S** – Suggest appropriate self-care strategies

- **T** – Talk with the patient

**Exclusions for Self Treatment**

- **Common Cold**
  - Fever > 101.5°F (38.6°C)
  - Chest pain
  - Shortness of breath
  - Worsening of symptoms or development of additional symptoms during self-treatment
  - Concurrent underlying chronic cardiopulmonary diseases (Asthma, COPD, CHF)
  - AIDS or chronic immunosuppressant therapy
  - Frail patients of advanced age
  - Infants < 9 months of age
  - Hypersensitivity to recommended OTC medications

- **Cough**
  - Cough with thick yellow sputum or green phlegm
  - Fever > 101.5°F (38.6°C)
  - Unintended weight loss
  - Drenching nighttime sweats
  - Hemoptyisis
  - History or symptoms of chronic underlying disease associated with cough (Asthma, COPD, chronic bronchitis, CHF)
  - Foreign object aspiration
  - Suspected drug-associated cough
  - Cough > 7 days or worsens during self-treatment
  - Development of new symptoms during self-treatment

**Special Populations**
• **Pregnancy**
  
  o Non-drug treatment is first-line
  
  o Avoid drug therapy in the 1st Trimester (specifically pseudoephedrine, guaifenesin, cetirizine and loratadine)
  
  o Avoid long-acting, extended-release, combination, and/or alcohol containing products
  
  o Decongestant: **Oxymetazoline** is preferred in pregnancy
  
  o Antihistamine: Intranasal **Cromolyn** is preferred; **Chlorpheniramine** is 1st Line oral therapy

• **Elderly Patients with or without Chronic Diseases**
  
  o Always refer for medical care if patient has a chronic uncontrolled condition
  
  o Avoid extra-strength, long-acting, and combination products
  
  o Avoid anticholinergics – Increased CNS depressive side-effects, urinary retention, risk of falls
  
  o Decongestants can exacerbate Diabetes, Hypertension, BPH, Hyperthyroidism, Coronary and Ischemic Heart Disease, and elevate Intraocular Pressure
    
    ▪ Nasal saline is recommended for congestion
    
    ▪ **Topical decongestants** have less systemic absorption; therefore, will not raise blood pressure or blood glucose as much. (Use for 5 days or less)
  
  o Antihistamines can exacerbate BPH, Narrow-angle Glaucoma, Asthma, Stenosing Peptic Ulcer, Kidney and Liver dysfunction
    
    ▪ **Avoid sedating antihistamines**: Order of sedation – Diphenhydramine → Doxylamine → Brompheniramine → Chlorpheniramine
    
    ▪ Loratadine and Cetirizine should be given every other day (EOD) in kidney/liver dysfunction
    
    ▪ Intranasal **Chromolyn** is recommended.
    
    ▪ **Loratadine** is the oral antihistamine drug of choice

• **Children**
  
  o Avoid decongestants (pseudoephedrine and phenylephrine), cough suppressants (dextromethorphan), and antihistamines (diphenhydramine, brompheniramine, and chlorpheneramine) in children < 2 years of age; caution in any child < 6 years of age. Most OTC labels state “Do not use in children under 4 years of age.”
Avoid using antihistamines for sedation

Avoid Vicks VapoRub due to the Menthol and Camphor; Vicks BabyRub is safe.

Diphenhydramine is not recommended to be given to children < 6 years of age.

Dosing (Ages 2-6):

- **Phenylephrine**: 2.5 mg Q4 hours (Max = 15 mg/day)
- **Pseudoephedrine**: 15 mg Q4-6 hours (Max = 60 mg/day)
- **Dextromethorphan**: 2.5-5 mg Q4H or 7.5 Q6-8H (Max = 30 mg/day)
- **Guaifenesin**: 50-100 mg Q4 hours (Max = 600 mg/day)
- **Cetirizine**: 2.5 – 5 mg Q24 hours
- **Loratadine**: 5 mg Q24 hours
- **Acetaminophen**: 15 mg/kg/dose or fever; do not exceed 5 doses in 24 hours
- **Ibuprofen** (FDA Approved for > 6 months): 10 mg/kg/dose for fever (Max = 40 mg/kg/day)

References:

- Dlugosz CK. *The Practitioner’s Quick Reference to Nonprescription Drugs*. Published 2009