

Treating Viral Symptoms in Adults

Name: _____

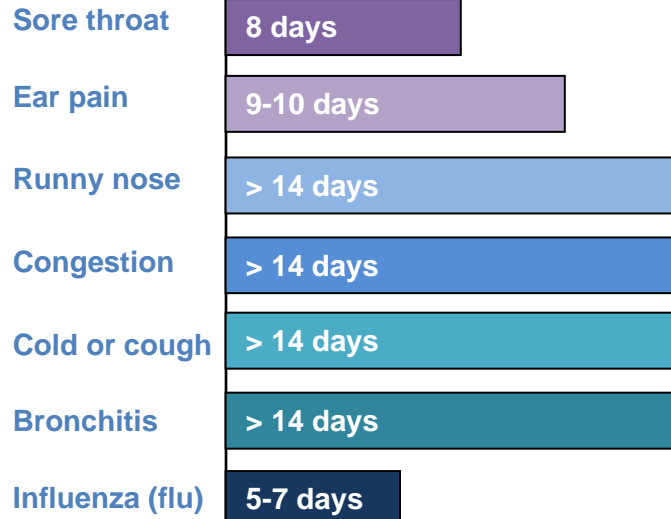
Date of Birth: _____

1. SYMPTOMS

- Sore throat
- Ear pain
- Runny nose
- Sinus pain/pressure
- Cold or cough
- Bronchitis
- Influenza (flu)
- Other: _____

You have been diagnosed with an illness caused by a virus that is likely to get better on its own without antibiotics.

2. HOW LONG CAN SYMPTOMS LAST?



3. INSTRUCTIONS

- Drink plenty of fluids, especially water.
- Wash your hands.
- Get plenty of rest.
- Stay home when you are sick.
- Eat chicken or vegetable broth.
- Use ice chips, a cool mist vaporizer, or warm saltwater gargle for sore throat.
- Place a warm, moist cloth over areas that are painful.
- Use cool mist vaporizer or breathe in moist, warm air from a steam shower for congestion.
- Drink tea with lemon or honey for cough.
- Avoid smoking, second-hand smoke, and other pollutants.
- Get vaccines recommended by your provider, such as the influenza vaccine.

4. MEDICINES (use according to package directions)

Fever and pain:

- Acetaminophen
- Ibuprofen
- Naproxen

Runny nose and congestion:

- Saline nasal spray or drops
- Decongestant nasal spray (**limit use to 3 days**)
- Systemic decongestant (**limit use to 10 days**)
- Topical aromatic oils (e.g., Vicks® VapoRub™)

Sore throat:

- Lozenges
- Sore throat spray

Other:

- _____

Do I need antibiotics?

Antibiotics are only needed for treating certain infections caused by bacteria. Antibiotics **do not work** on viruses. When antibiotics are not needed, they will not help you. Taking antibiotics that are not needed creates **resistant bacteria**. Anytime antibiotics are used, they can cause **side effects**, some of which can cause harm. Common side effects of antibiotics include:



Rash



Nausea



Dizziness



Yeast infection



Diarrhea

A serious form of diarrhea is **Clostridioides difficile** infection (also called **C. diff**) which can lead to colon damage and death.

5. FOLLOW-UP

Contact your provider if symptoms are not better in _____ days/hours or new symptoms occur.

Provider Signature: _____

Date: _____