

Pharmacy Notes

DISCLAIMER: We are all aware our patient's care depends on a combination of scientific principles, evidenced based research, and sound clinical judgment. We strive to provide you with useful, unbiased, accurate evidenced based information. However, there may be some mistakes in this information and it is important for you to use good clinical judgment and to verify the information that you use from this site. We do not warrant or guarantee any information in this site. There are multiple drug-drug interactions and contraindications for all drugs that are not listed here. Please consult your drug reference. Important: Verify patient medical history including diseases, medications and allergies prior to advising or prescribing medications.

Ibuprofen is the ingredient in **Advil®** and **Motrin®**

Adult maximum daily dose is 3200 mg/day.

Patients should take 600 mg (3 over the counter pills 200 mg each) every 6 hours.

This keeps inflammation down (anti-inflammatory) as well as relieves pain.

It also helps decrease the amount of Narcotic pain medicines a patient takes.

Individuals taking oral blood thinners or anticoagulants (e.g., warfarin) should avoid ibuprofen because ibuprofen has anti-platelet effects and "protein bumps" coumadin causing increased coumadin effects.

Excessive blood thinning may lead to bleeding.

Aleve® (Naproxen) is *not* Ibuprofen

Adult maximum daily dose is 600 mg/day (200 mg every 12 hours is adequate).

(These are general prescription notes intended to simplify the many options available to patients. Please see the appropriate medicine label for more detailed information)

Tylenol® (Acetaminophen) abbreviated as [ACET or APAP]

Adult maximum daily dose is 4000 mg/day (this is equal to eight 500 mg tablets)

Narcotics (Morphine, Oxycodone, Hydrocodone-Lortab and Vicodin, Codeine, etc.)

All have side effect of nausea and vomiting (some people have no effect others vomit right away).

Narcotics are good for post-surgical pain relief for short periods (3-5 days) but quickly become less effective due to a phenomenon called "tolerance".

They are not good for long term pain relief.

They also cause constipation which can be severe and of course are addicting

Narcotic Pain Reliever Data as of 10/2005

Name	Narcotic	NonNarcotic Analgesic
Lortab Elixir	Hydrocodone 2.5 mg/ml	Acetaminophen 167 mg
Lortab 5/Vicodin/Lorcet	Hydrocodone 5 mg	Acetaminophen 500 mg
Lortab 7.5	Hydrocodone 7.5 mg	Acetaminophen 500 mg
Lorcet Plus	Hydrocodone 7.5 mg	Acetaminophen 650 mg
Vicodin ES	Hydrocodone 7.5 mg	Acetaminophen 750 mg
Lortab 10	Hydrocodone 10 mg	Acetaminophen 500 mg
Lorcet 10/650	Hydrocodone 10 mg	Acetaminophen 650 mg
Vicodin HP	Hydrocodone 10 mg	Acetaminophen 660 mg
Darvocet (N-100)	Propoxyphene 100 mg	Acetaminophen 65 mg
Percocet (5/325)	Oxycodone 5 mg 1-2 PO Q4H for severe pain	Acetaminophen 325 mg

Percocet comes in 2.5/325, 5/325, 7.5/325, 7.5/500, 10/325, 10/650

Anti-Anxiety Medications

Have patient take 1 hour pre-operatively for anxiety, dental or needle phobia.

Warn the patient not to drive while taking this medicine and for 12 hours after. The patient needs a ride to and from office.

o Long Acting Benzodiazepine

Half Life 30-60 hrs

Valium (Diazepam) 5-10 mg

o Intermediate Acting Benzodiazepine

Half Life 10-20 hrs

Lorazepam (Ativan) 0.5-2 mg

o **Short Acting Benzodiazepine**

Half Life 6-26 hrs

Alprazolam (Xanax) 0.25-1 mg

Analgesic, Other

Rx: Aphthasol (Amelanox Oral Paste) 5%
Disp: 5 gm
Sig: Apply small amount to oral aphthous ulcers QID as soon as first noticed until healed
Notes: For Aphthous Ulcers, *canker sores*

Rx: Magic Mouth Rinse 2 ml
Disp: 120 ml
Mix
40 ml 1% Lidocaine
40 ml Maalox
40 ml Benedryl
Sig: 2 ml PO swish 30 seconds or more, then expectorate Q4H PRN. Do not swallow.
Notes: For Burning Mouth Syndrome & Acute Mucocitis

Rx: Zostrix (Capsaicin Topical) 0.075% Cream
Disp: Tube
Sig: Apply up to QID to affected area
Notes: (Topical Analgesic)
This is the active ingredient in chili peppers, it acts by way of the gate control theory.
Good for neuralgias i.e., trigeminal neuralgia.

Antibiotics

Rx: Amoxicillin Chewable (250 mg chewable tablet)
Disp: 21
Sig: 1 PO TID until finished
Notes: For kids 40-80 lbs, double for over 80 lbs and adults

Rx: Amoxicillin Elixir 250 mg/5 ml
Disp: 110ml
Sig: 5 ml PO TID until finished
Notes: For kids 40-80 lbs, double for over 80 lbs and adults

Rx: Augmentin (Amox/Clavulonic Acid) 875
Disp: 20
Sig: 1 PO BID until finished
Notes: Take with plenty of water and with food in stomach, if nausea occurs then drink more water.

Rx: Azithromycin tab 250 mg
Disp: 6 tabs
Sig: 2 PO first day then 1 PO QD until finished

Rx: Cephalexin (Keflex) 500 mg
Disp: 28
Sig: 1 PO QID take until finished

Rx: Chlorhexidine Rinse
Disp: 1 pint
Sig: *Start two (2) days prior to surgery
*1/2 once by mouth three (3) times a day
*Swish at least 30 seconds by the clock then expectorate (spit)
*Brush and Floss prior to using

Rx: Clindamycin 150
Disp: 56
Sig: 2 PO QID until finished

Rx: Doxycycline 100 mg
Disp: 30
Sig: 1 PO QD
Notes: For Acne

Rx: Doxycycline 100 mg
Disp: 20

Sig: 1 PO BID until finished
Notes: For Infection and as a part of TMJ Regiment

Rx: Minocycline 50 mg
Disp: 30
Sig: 1 PO QD

Notes: For Acne

Rx: Omnicef (Cefdinir) 10 day 300 mg
Disp: 20
Sig: 1 PO BID until finished

Antifungal

Rx: Diflucan (3) 150 mg
Disp: 3
Sig: 1 PO QD for yeast infection
Notes: For Oral Candidiasis, (*thrush*) or Vaginal Yeast Infection 2° to antibiotic use.

Rx: Nystatin cream 100,000 u/gm
Disp: 30 gm tube
Sig: Apply small amount to affected area TID.
Notes: For Angular Chelitis, etc.

Rx: Nystatin Oral Solution 100,00 u/gm
Disp: 300 ml
Sig: 5 ml PO TID swish as long as possible then swallow.
Notes: For Oral Candidiasis (*thrush*)

Anti-inflammatory

Rx: Decadron 4 mg
Disp: 4
Sig: 2 PO today
1 PO tomorrow
½ PO next day
½ PO last day

Notes: (Best if given pre-operatively for post-operative swelling.)

Rx: Decadron Elixir 0.5 mg/5 ml
Disp: 360 ml
Sig: 5 ml PO TID
Swish for several minutes then expectorate (spit). Do not swallow.

Notes: Topical Antiinflammatory for Inflammoatory Mucocitis ie; Lichen Planus

Rx: Piroxicam 20 mg
Disp: 30
Sig: 1 PO QD

Notes: NSAID, for TMJ, has better effect on stopping bone resorption

Antinausea

Rx: Phenergan Tabs 25 mg
Disp: 20
Sig: ½ to One PO Q4H PRN N/V

Rx: Zofran ODT (Odanestron) 4 mg
Disp: 6
Sig: 1 PO Q8H PRN N/V

Notes: (This is nice because it dissolves on the tongue but it is expensive.)

Antiviral for Recurrent HSV Infection, Cold Sores

Rx: Penciclovir topical 1% (Denavir)
Disp: 1.5 gm tube
Sig: Apply small amount to lip (cold sore) q2h x 4 days as soon as very first symptoms start.

Rx: Valtrex (valacyclovir) Z 1000 mg
Disp: 21
Sig: 1000 mg PO TID x 7 days

Notes: For Herpes Zoster, (VZV) or for Herpes (HSV) severe cases, or for Bell's Palsy (start within 7 days of 1st symptoms the sooner the better), also pre-op for prevention of HSV, VZV

Rx: Zovirax (Acyclovir) Cream 5%
Disp: 5 gm
Sig: Apply small amount to affected area 5 times a day for four days.
Begin as soon as symptoms start.

Antiviral for Bell's Palsy

Rx: Valtrex (valacyclovir) Z 1000 mg
Disp: 21
Sig: 1000 mg PO TID x 7 days
Notes: For Herpes Zoster, or for HSV severe cases, or for Bell's Palsy (start within 7 days of 1st symptoms the sooner the better), also pre-op for prevention of HSV, VZV

Rx: Zovirax (Acyclovir) 800 mg
Disp: 28
Sig: 1 PO QID x 7 days
Notes: Start within 7 days of symptoms, the sooner the better. (This is the 2nd choice for Bell's Palsy)

Antihistamine/Decongestant

Rx: Claritin-D 10/240 SR (Loratadine 10 mg/Pseudoephedrine SR 240 mg)
Disp: 10
Sig: 1 PO QD

Expectorant/Decongestant

Rx: Entex PSE 400/120 (Guaifenesen 400 mg/Pseudoephedrine SR 120 mg)
Disp: 20 Tablets
Sig: 1 PO BID
Notes: Take evening dose prior to 5 pm, for sinuses.

Rx: Robitussin PE 100/30mg/5ml
Disp: 400 ml
Sig: 5 ml PO QID x 10 days
Notes: Take last daily dose before 5 pm, caution with caffeine.

Nasal Steroid

Rx: Flonase Nasal Spray 50 mcg/spray
Disp: 16 gm bottle
Sig: 1 spray each nostril QD to BID
Notes: (This is strong stuff. Only one spray in one nostril is needed for long term or mild cases.)

Physical Therapy

Rx: For Trismus
Disp:
Sig: Physical Therapy for inadequate oral opening and mobility.
Increase oral opening and mandibular mobility by Physical Therapy methods
P.T. three times per week for six weeks followed by one time per week for six weeks.
Notes: For severe cases patients are also sold a "therabite" for self physical therapy.

Saline Nasal Spray

Rx: Ocean Nasal Spray
Disp: One bottle
Sig: 2 sprays each nostril 4-5 times a day. Sniff in gently.

Vitamins and Supplements

Rx: Vitamin B complex
Disp: 30
Sig: 1 PO QD
Notes: Good for Joints and prevention of Aphthous Ulcers, *canker sores*, in some cases

Rx: Vitamin E 400 units
Disp: Bottle
Sig: 1 PO QD