

First Aid Medication Protocols – Ometepe

Each individual must take responsibility for their own health and well being while traveling. This includes, but is not limited to avoidance of contaminated food and water, sun and heat protection, adequate fluid intake, insect protection, adequate rest, compliance with regular medications and following general travel safety rules

Chaperones and staff from both medically trained and lay backgrounds are assumed to be equipped with a copy of “Lonely Planet – Healthy Travel, Central and South America”, copies of health history and clearance from a primary care provider, and medically relevant information on trip participants, a standard first aid kit provided by BOSIA and basic common sense. In addition, primary care medical personnel and commercial pharmacies are rarely more than 2 hours away, and telephone contact to backup can typically be made within an hour

The following are medications and doses recommended by the Medical Committee for use with common health problems. They are guidelines, designed to supplement “Lonely Planet” and offer a helping person confidence in assisting an ill participant. They are not meant to be comprehensive or address every possible scenario.

Acetaminophen (Tylenol): 500 mg tablets. 1-2 tablets every 4-6 hours for pain or fever, not to exceed 2 grams a day. Available in rectal suppository form from pharmacies in event of fever with vomiting.

Ibuprofen (Motrin, Advil): 200 mg tablets. 1-4 tablets every 6-8 hours for pain, fever, or inflammation (Better for acute injury and swelling than acetaminophen). Give with food. May alternate with acetaminophen every 3 hours.

Diphenhydramine (Benadryl): 25 mg tablets. 1-2 tablets every 6 hours for itching, hives or allergic reactions. Onset within 15-30 min. Causes dry mouth and drowsiness.

Loratidine (Claritin): 10 mg tablet. 1 tablet daily for longer lasting treatment of itching or allergy. Non-drowsy.

Pseudoephedrine (Sudafed): 30 mg every 6-8 hours for nasal congestion. Non-drowsy. May increase heart rate.

Loperamide (Imodium): 2 mg tablets. 2 tablets with first episode diarrhea, followed by 1 tablet after each loose stool, not to exceed 16 mg a day. Attention to hydration important even if diarrhea decreases. This is an antimotility agent that decreases duration of diarrhea. Consider starting antibiotics if Imodium started or student not improving in 24 hours. Loperamide should not be used in travelers with fever or bloody diarrhea.

Promethazine (Phenergan): 25 mg tablets or rectal suppositories. 1 tablet or suppository every 6 hours for vomiting.

Bismuth Subsalicylate (Peptobismol) Four tablets every 30 minutes until diarrhea resolves. Maximum of 8 doses. Peptobismol may cause stool to turn black. It should not be used in students under 18 years old if any concern of influenza (flu) due to risk of Reye syndrome.

Hydrocortisone 1% cream (Cortaid): Apply 3-4 times a day for rashes, itching or insect bites.

Clotrimazole (Lotrimin) cream: Apply twice a day for fungal rashes (ringworm, jock itch) on unbroken skin

Triple antibiotic cream : Apply 3 times a day for 7 days for impetigo (sores with yellow crust) or other skin infections. Seek oral antibiotics if fever or large area that is red, hot and tender to touch.

Ciprofloxin : 500 mg tablet. 1 tablet every 12 hours for 1-3 days for SEVERE or persistent diarrhea (fever, more than 4 watery stools a day, blood in stool, dehydration).

Azithromycin 250 mg tablets: 4 tablets taken as single dose for SEVERE or persistent diarrhea (fever, more than 4 watery stools a day, blood in stool, dehydration)

Gentamycin ophthalmic drops: 2 drops in affected eye(s) 4 times a day for 5-7 days. Use for pink eye only if pus like discharge from eyes. Try Natural Tears or saline if eyes red but not draining.