

First Aid Reader - No Nation Truck

1) General mistakes that are to be avoided

- it is important that you **protect yourself** and that you **don't hurt yourself**
- most people are young and healthy → most injuries result from **over-fatigue** and **fever**
- you see people that walk 20 km or more per day – sometimes **without any access to water and food**
- you shouldn't give out too much medication at once. You should be aware that medication can be sold, smuggled and can lead to addictions
- don't give out medication when you don't know the effectiveness or side effects. And always give out **small amounts** – max. for three days (apart from antibiotics)
- you don't have the same possibilities as you would have in a hospital: **do whatever is possible for you** with the resources you have without harming anyone.
- in case a **person wants to continue his or her "journey"**: Don't try to convince him or her to stay except it is an emergency (respectively a danger to life). In that case explain again the urgency of a professional treatment and talk about it to people who are close to the person you want to help. **Don't call an ambulance without consent.**
- **Not all symptoms are somatic** – psychic aspects play a big role. Control vital signs and look for the reasons of the symptoms. Especially when someone has pain in all parts of the body a psychosomatic reaction is likely. Placebo e.g. vitamin pills can be tried. They don't harm and can be in any case of insufficient alimentation and physical stress useful
- Don't ask the people what they have experienced in their home country or on their journey. This can re-traumatise people. **"Don't open the box you cannot close again."**

2) General Hygiene and COVID prevention

- always use gloves and masks. Always wash your hands before and after a treatment and use **hand sanitizer**
- change gloves after each patient
- **clean and disinfect used surfaces** in the truck. After each treatment used bandages should be disposed and should not lay around. Sharp tools should be put back to their place after using them.
- Don't exchange cigarettes, food, drinks or blankets
- when a person with possible **Covid symptoms** comes in: try to treat that person separately outside the truck or in another room if possible.
 - **Possible symptoms** are: fever (more than 37,5 C), sore throat, cough, running nose, pain in the limbs, not being able to smell or taste. But most of these symptoms are especially in winter also common for "normal" infections

- **less likely symptoms** can be: diarrheha, stomach pain, nausea, head ache, muscle pain, fatigue

RED FLAGS:

generally people with these symptoms should go to a doctor or to the hospital:

→ difficulties to breathe with **breathing frquenceses of less than 20 per minute** and **heart frquenceses of less than 100 per minute**. Arterial oxygen saturation **<93%** (especially Covid patients often times have few symptoms but a bad arterial oxygen saturation).

Blood pressure **< 90/60 mmHg**, clouding of consciousness, lacking alimentation and liquid → **bad general state of health**

- no one wants to get scabies, covid or an influenzal infection. Remind yourself to **regurarly wash and desinfect your hands**
- this is how you wash and desinfect your hands properly:

3) Treatment of wounds

a) Jungle feet

- feet that are **constantly humid/wet** and which cannot dry
- complications: amputations, bad blisters, impossibility to walk, permanent nerve damage, ulcerations, gangrene/necrotic tissues
- **treatment**
 - clean feet with water and soap
 - **thoroughly dry feet** afterwards and try to keep them dry and clean afterwards
 - use cotton wool, clean and dry socks, flip-flops/ dry and suitable shoes
 - feet should be put in **elevated position while sleeping** in order to prevent the feet from swelling
 - some days of **rest** and a check-up after 2-3 days
 - in case of wounds: use dressing material, but try to **avoid too much treatment** (can lead to irritation)
 - there is no magic cure, the person needs to wait and be patient. It hurts and is annoying, but after a few days a considerable improvement can be seen
 - try to convince the patient that he*she should not continue walking like that

RED FLAGS

gangrene/necrosis: black parts mean necrotic tissues → see pictures

b) not infected wounds

- with physiological salt solution
- in case of any dirt in the wound: rather clean with Octenisept and afterwards (in case of big and deep wounds) clean again with physiological salt solution (NaCl 0,9 %), because Octenisept can lead to tissue damage in case of big and deep wounds
- dry afterwards with sterile swab/compress
- **generally wounds are always to be cleaned from the inside to the outside in circular movements. This can be painful.**
- Afterwards you put on a bandage, tape, etc. For smaller and already dry wounds panthenol or betandine solution can be used for better healing
- for bigger and especially for wetting wounds the compress should not directly touch the wound, because the compress will stick to the wound and it will be difficult and painful to change it afterwards. In order to prevent this from happening either use a non-adhesive compress or put Jelonet directly on the wound and put a compress on top.

c) infected wounds

- **infection:** redness around the wound, swelling, pain especially when moving, ulcerous or dirty flow, bad smell

RED FLAGS:

fever

- in case of any dirt in the wound: rather clean with Octenisept and afterwards (in case of big and deep wounds) clean again with physiological salt solution (NaCl 0,9 %), because Octenisept can lead to tissue damage in case of big and deep wounds
- if possible **get out the purulence** – it has to get out – if necessary squeeze the wound and **clean it again** afterwards with a octenisept covered swab and out a bandage on it afterwards
- for heavily infected wounds chose a **daily treatment** in any other case **check-up every 2 days**. If possible it should always be the same person treating the wound in order to observe the healing process.
- Antibiotic (fucidin when a lot of purulence) or antiseptic (betandine) ointments can be used
- if necessary e.g. for longer lasting and/or more and/or systemic occurring symptoms a doctor should be contacted in order to decide on an antibiotic treatment (Amoxicillin/clavulansäure – for dosage see below)

d) burnings

classifications	treatment	
1 st degree	<ul style="list-style-type: none"> • Pain • redness • swelling 	<ul style="list-style-type: none"> • Ointment (Panthenol) → 2-3 times per day without bandage
2 nd degree (2a)	<ul style="list-style-type: none"> • Pain • redness • blister 	<ul style="list-style-type: none"> • Clean the wound (aseptic) with Octenisept • remove foreign objects and dirt • open blisters aseptically (e.g. with green canula) • options for bandages, e.g. <ol style="list-style-type: none"> 1) ointments (best is Flummazine, alternatively Betadine), if dermal layers are not intact cover additionally with Jelonet and bandages <ul style="list-style-type: none"> • check up every 24 hours 2) silver-bearing ointment (Flummazine) and occlusive bandage with regular cling wrap <ul style="list-style-type: none"> • <i>attention</i>: no contact between the outside of the cling wrap and the skin • <i>attention</i>: can feel very warm for the patient (that's okay) • change every 12-24 hours
2 nd degree (2b)	<ul style="list-style-type: none"> • Almost no pain • redness • blister 	
3 rd degree	<ul style="list-style-type: none"> • No pain (loss of surface sensibility) • necrosis • black, white or grey leather-like skin 	<ul style="list-style-type: none"> • Generally advised to see doctors, because there is a high risk of hypothermia and loss of water
4 th degree	<ul style="list-style-type: none"> • Carbonization 	
<p>→ use pain killers for pain e.g. Ibuprofen 600 mg. Max 4x per day; if this is not enough additionally Paracetamol 1 g max 3x per day or Metmizol 500 mg-1 g 3x per day</p>		

Treatment:

- **remove clothes** from affected body parts
- cooling down for smaller wounds with luke warm water for max. 10 minutes to ease the pain; don't cool down bigger wounds because this can lead to hypothermia

e) injuries

- from **police violence**: if the person agrees document it in written form and take pictures, report to **borderviolence.eu**. Also note when/where/how and how many people were affected
- **sprain**: rest and no weight on the strained part, cool it and put it up if necessary with a bandage to stabilise. If a fracture is suspected the person needs to get to a hospital for an x-ray
- **chest bruise or fracture**: can be extremely painful. Pain killers like Ibuprofen 600 mg, max. 4x per day. Additionally Metamizol 500-1000 mg 3x per day or Paracetamol 1 g max. 3x per day. Diclofenac ointment 3x per day, if possible immobilization, local cooling can help
 - if organ damaging is suspected (e.g. because of difficulties to breathe) an x-ray is advised
- **haematoma**: cooling and for strong pain use pain killers and/or Diclofenac ointment 3x per day. Interval cooling: 10 minutes cooling, 5 minutes break etc.

4. Skin problems

a) Scabies

- when people live on the street and don't have any access to clean themselves or their clothes a treatment does not make sense and only leads to side effects and/or makes the situation worse
- **symptoms**
 - incubation period: 1-2 weeks, itching is especially strong at night
 - after treatment itching can stay for another 2-4 weeks
 - scratching can lead to infections and abrasion (incrustation)
 - typical signs are small lines 1-15 mm, often times between fingers and toes, mammilla, elbows, genital area, armpits, inguinal region, knees. Face and head usually not
 -
- **treatment**
 - Permethin 5%, see below
 - Ceterizin 10 mg at night against the itching
 - keep fingernails short and clean them thoroughly
 - for 4 days change clothing, bed lining and towels every day and wash minimum at 60 °C
 - items that cannot be washed at 60 °C should be put in closed plastic bag for a few days
 - vacuum rugs and cushions intensely
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- **also note:** if scabies are suspected only touch the personal belongings and the patient with gloves in order to prevent a passing on

b) lice

- itching which stays continuously and does not get stronger at night
- skin changes from scratching
- white eggs or small insects can be seen on inner face of items
- especially neck and shoulder region is affected
- **treatment** as above: Permethrin and Ceterizin

c) bacterial infection

abscess

- accumulated pus in not preformed visceral cavity
- smaller abscess: observe, usually heals on it's own
- bigger abscess: open it, antiseptic wound treatment with Octenisept and Fucidin lotion + bandage and anti-biotic if necessary (Amoxicillin/clavulanic acid) – oral, consult doctor about it
-

RED FLAGS

if abscess gets really big symptoms like fever and fatigue can occur.

→ In that case hospitalization might be necessary

phlegmone/cellulitis

- can come from an abscess and **affects the tissue around it, no clear outlines**
- hard, hyperthermy, red, swollen and painful when moving.
- Can be wet (pus)
- if possible clean it, don't open it (octenisept bandage possible)
- **antibiotic therapy** (Amoxicillin/clavulanic acid) necessary and check-up every day to every two days
- **mark in outlines** (with an edding) in order to see how it changes

RED FLAGS

if it gets really big symptoms like fever and fatigue occurs/ face is affected, hospitalization might be necessary

Erysipelas

- Reddening of the skin with swelling, pain, hyperthermia and **sharply defined edges.**
- Often a **small skin lesion is the entry point** for pathogens (minor wounds or bites, fungal infections e.g. in the areas between the toes)
- Often lower extremities affected or the face

- Initiate **antibiotic therapy** (amoxicillin/clavulanic acid), elevated position of extremities, pain therapy if necessary.
- Just as with phlegmon, **mark the outer lines** (with a sharpie) to assess finding as they progress
- if after 2 -3 days there is no reduction in the redness or it increases in size then the antibiotic therapy is inefficient → **hospitalization** should be strived
- **RED FLAGS:** fever/fatigue, face affected then hospitalization may be necessary.

Fungal infections

- benign, chronic infection of the skin/head and/or toenails frequently affected
- scissures and white scaly, itchy skin in spaces between toes
- Wash feet with soap and water, dry well, do not walk barefoot, no bandages, **wait and if necessary apply clotrimazole cream daily for 2-4 weeks**

d) General itching without clear cause.

- Exclude scabies
- **Possible causes:** allergic reaction to e.g. food, drugs, insect bites, bacterial or parasitic infections, etc.
- **Cetericine** as an antihistamine 10 mg at night → does not eliminate the cause but relieves itching.
- If experience exists then try glucocorticoid creams
- Wash with soap and water, hydrating creams if necessary. Wait and see.
- Observe the itching areas. It is unpleasant but in the end it is not an emergency. If the symptoms persist for a long time
an adapted therapy in a suitable setting should be initiated, preferably by a dermatologist.

5. body and pain

- Headaches as well as aches throughout the body and ubiquitous joint pain are common symptoms. Find out what the **real cause** is, what they want and actually need
- You can use the **pain scale** of 1-10 to better assess pain (treat people with pain > 5)
- Pills are **not candy** (even if some think the more, the merrier). Therefore it is possible to work with placebos. But the discomfort/pain should not be downplayed since people are living in the most adverse conditions (cold, tents, lots of walking, injuries, insufficient hygienic conditions, stress, etc.).
- People who come to you regularly with diffuse, mild pain may have a psychosomatic Component.
Placebo options: Vitamin tablets, ORS, hydrating ointments, recommend high fluid intake, tea, enough sleep, no energy drinks
- **Headache:** sufficient fluid intake, nicotine abstinence, paracetamol 500-1g 3x/day (every 8h)
- **Muscle pain:** diclofenac cream 3x/day, magnesium, heat
- **Joint pain:** cooling, diclofenac cream, bandage and if necessary ibuprofen 600 mg max. 4x/day
- **Abdominal pain:** upper abdominal pain most likely caused by gastric disorders then pantoprazole, for generalized diffuse abdominal pain buscopan 2 coated tablet max 3x/day and metamizole 500 mg max 3-4x/day
- **toothache:** dental presentation, ibuprofen 600 mg max 4x/day

a) Fever

- elevated temperature 37.5°C-38.2°C fever > 38.3°C

- Treatment for non-serious illness/cases:

Slightly reduced general condition with/without specific symptoms, no previous treatment.

a. ensure sufficient fluid intake at least 2.5 -3 l

b. Rest

c. Paracetamol 1g to 3x/day

d. Ibuprofen (400mg 3-4x/day).

- Cause investigation of the fever. If possible medical assessment.

Sore throat, difficulty swallowing → tonsillitis.

Limb pain, lassitude, common cold, subfebrile temperature, hoarseness → flu/viral infection.

Sudden high temperature and pain in limbs and clear deterioration of general condition, hardly any movement possible → flu/influenza

Fever with productive cough (yellowish/greenish) → Bronchitis, pneumonia (pneumonia), COVID.

Recurring fevers, weight loss, cough with/without bloody sputum → tuberculosis

Abdominal pain/very hard abdomen (peritonitic signs) → appendicitis.

Recurring fevers, abdominal pain, diarrhea → typhoid fever

Abdominal pain, nausea/vomiting, diarrhea (bloody) → typhoid fever, viral gastroenteritis, bacterial gastroenteritis e.g. Campylobacter

Fever, sensitive to light, stiff neck, nausea → Meningitis

Earache with/without discharge → middle ear infection

Pain during urination, frequent urination, dribbling urine, lower abdominal pain → urinary tract infection

Yellow skin and/or sclerae (sclera of the eye - normally white) → Hepatitis.

RED FLAGS:

Tachycardia (heart rate > 100/min (normal 60-90/min), tachypnoea (rapid respiratory rate > 20/min.), hypotension (< 90/40 mmHg), shortness of breath, clouding of consciousness, oxygen saturation < 93%, seizures, severe abdominal pain, dehydration (fluid loss), appearing very ill → hospitalized

- in case of infections of the respiratory tract always think of COVID-19, if possible see patient in a separate room/location

measure oxygen saturation and if necessary perform COVID rapid test.

- Important for the rapid tests is to perform the swab correctly (various youtube videos can help).

b) Upper respiratory tract infections

Sinusitis / inflammation of the sinuses

- mostly viral with the course of possible bacterial superinfection

- conservative therapy with painkillers (Ibuprofen), if possible steam bath (hot water with salt or Vicks), NaCl 0,9%

(small ampoules) as nasal spray, rest, rub Vicks/Pulmotin on the chest, if necessary Gelomyrtol

- If symptoms persist for > 7 days under the above therapy and fever is added as well as severe pain in the

sinus area, antibiotic therapy should be started.

Tonsillitis (redness and swelling of the tonsils with/without stippling)

- hoarseness, throaty speech, difficulty swallowing, fever, sore throat
- Symptomatic treatment with plenty of fluids, gargling with chamomile/chlorhexidine, administration of analgesics (paracetamol or ibuprofen), rest.
or ibuprofen), rest, lozenges (Benzocaine/Neoangin)
- Early antibiotic therapy (amoxicillin/clavulanic acid).

Attention in case of administration of aminopenicillins and rather existing EBV infection, a skin rash may occur.

Bronchitis/ common cold

- Cough unproductive in the course productive, cold, abnormal fatigue, slightly elevated temperatures, headache and aching limbs
- Explains to patient*s that it is a **viral infection** and antibiotic therapy will not help. It needs **rest and some time** and supportive measures like: Vicks /Pulmotin as a steam bath or rub on the chest 2x/day, lots of tea e.g. ginger/lemon (at least 2-3l fluid intake) rest, painkillers (ibuprofen/paracetamol), vitamins, Gelomyrtol and/or ACC (for productive cough)

Pneumonia

Cough with yellowish/green sputum, fever, abnormal fatigue, shortness of breath.

→ medical presentation/ auscultation- antibiotic therapy (amoxicillin/clavulanic acid), sufficient fluid intake, rest, inhalation (Pulmotin), ACC if cough is productive, if no improvement after 3 days → hospital presentation if necessary.

- RED FLAGS:

Tachycardia (heart rate > 100/min (normal 60-90/min), tachypnea (rapid breathing rate > 20/min.), hypotension (< 90/40 mmHg), shortness of breath, oxygen saturation < 93%.

c) Gastrointestinal problem

Gastritis

- **Gastritis/gastric ulcer:** Upper abdominal pain just before or after food intake – crampy additional epigastric

Pressure pain on examination, acid regurgitation.

→ avoid alcohol, cigarettes, coffee on an empty stomach, ibuprofen!!, hot spices and acids, rather yogurt/milk, bread intakes

- Treatment with pantoprazole

Heartburn

- Without upper abdominal discomfort, sour taste in the mouth, sour regurgitation after eating or lying down.

→ avoid alcohol, cigarettes, coffee on an empty stomach, ibuprofen!!, hot spices and acids, rather take yogurt/milk, bread intake

- Riopen gel in case of discomfort before food intake or at night, depending on when the discomfort is

Gastroenteritis (diarrhea > 3 thin stools/day)

- may be accompanied by cramping abdominal pain, vomiting, **usually viral or food intoxication**
- It is important to ensure sufficient fluid intake 3-4l/day, depending on the loss.
- If hunger is felt, eat unseasoned rice, white bread/rusk bread, broth with rice/pasta, bananas.
- If necessary, take charcoal tablets - dissolve 1-2 tablets in water and drink after every or every 2nd thin stools.
- In case of nausea/vomiting Vomex A tablets, in case of strong cramps Buscopan
- If necessary ORS (oral rehydration solution) 1-2x/day
- Hygiene - regular hand washing, own towel, etc., point out that others can be infected
- **RED FLAGS:** fever and bloody stools; medical consultation if necessary bacterial cause (Campylobacter/Shigella)
- antibiotic therapy (azithromycin/ciprofloxacin) and rule out other causes such as diverticulitis.
- In case of bloody or black stools always think of a bleeding in the gastrointestinal tract
- Whenever a person presents with abdominal pain, the abdomen should be examined → **Acute abdomen:** pret-hard abdomen
- usually with pain during the examination → medical presentation or hospitalization
- in case of neurological deficits such as "my feet/legs are numb I can no longer move them properly" medical presentation

d) Toothache

- Due to the journey, people have a dilapidated dental status. Partly they do not have the possibility to use a toothbrush.
- use a toothbrush.
- in case of severe pain Ibuprofen 600 mg up to 4x/day possible if necessary 800 mg max. 3x tgl. (always take with food)
- Mouth rinse with chlorhexidine 3x/day
- If abscess/infection is suspected, start antibiotic treatment.
- If possible see a dentist
- Give toothbrush/toothpaste

e) Red eye

- Red eye, pain, increased tearing, itching, foreign body sensation
- Cause: allergy?, foreign body?, accident?, infection?
- **In case of allergy:** cetericine 10 mg at night, avoid trigger substance if known
- **Foreign body:** vision still intact?, inspection if foreign body is still in the eye - if it cannot be removed → hospitalization, rinsing with NaCL 0.9%,
- If it has been there for a long time, treatment then if the possibility is there. Do not rub eyes with dirty hands.
- **Infection - conjunctivitis:** usually viral, first try cleaning several times a day with cold chamomile tea or NaCL 0.9%.
- if no improvement antibiotic therapy with drops or ointments

f) Ears

- Often people report **decreased hearing** on one or both sides without further symptoms → in the examination with otoscope shows a lot of **cerumen/earwax** → **olive oil** 1-2 drops 2-3x/day into the affected ear.
- **Symptoms of an infection of the external auditory canal (otitis externa):** ear pain, pain when chewing,

of the auricle, discharge, swelling/redness → antibiotic ear drops.

- **Symptoms of inner ear infection (otitis media):** ear pain, **loss of hearing**, discharge is possible, dizziness,

Lymph node swelling possible, fever possible **Treatment:** nasal drops (NaCl 0.9%) to provide middle ear ventilation,

pain therapy with ibuprofen and/or paracetamol, sufficient fluid intake, **antibiotic treatment** (Amoxicillin/Clavulanic acid) if bilateral inner ear inflammation exists and/or clear impairment exists (fever)

and/or purulent discharge is present

g) Asthma

- not all patients who think they have asthma actually have asthma, it is important to collect symptoms and medical history in order to

make the right diagnosis

- Medical presentation

- **Mild attack:** can still speak in sentences, sitting, not agitated, not using auxiliary respiratory muscles, respiratory rate increased > 20/min,

pulse 100-120/min

- **Moderate-severe attack:** Can only formulate single words, sits bent forward, agitated, uses auxiliary respiratory muscles, respiratory rate > 30/min, heart rate >120/min

- Treatment possible? **YES:** 2-4 puffs of salbutamol every 20 min for 1 hour, prednisolone 100 mg orally if no marked improvement

after 20-30 min hospital **No?** hospital

- If treatment possible then give 40 mg prednisolone/day for 4 days + salbutamol spray 2 puffs if needed

h) Urinary tract infection

- **Symptoms:** pain in lower abdomen, frequent urge to urinate, pain when urinating, red coloration of urine, unpleasant

smell→use urine test strip followed by antibiotic therapy (ciprofloxacin) if necessary.

- If there is pain in the lumbar region and/or fever is present think of **renal pelvic inflammation/ pyelonephritis**

→ antibiotic therapy (ciprofloxacin).

- Consider **kidney stones** as a possible cause

- If moderate-severe case→ hospitalization.

- Sufficient fluid intake at least 3l/day to flush urinary tract, pain treatment with ibuprofen.

6. First aid general

Emergency

- Stay calm, protect yourself and the person. Look around, are there any dangers that could affect you?

- Ask bystanders for help, get a med. person if available.

- Procedure ABCDE

[Airways, Breathing, Circulation, Disability, Exposure]

If conscious

- Introduce yourself first, sit at eye level if necessary to establish a good interpersonal level, stay calm

- "Open your eyes, squeeze my hands tightly, do you understand me?" (General check about consciousness)
- "What happened, how are you feeling right now? where and how is the pain? Are there any pre-existing conditions/patient history?"
- Procedure according to SAMPLER
[Symptoms, Allergies, Medications, Patient history, Last (food intake, medication intake,...), Event, Risk factors]
- Keep talking to the person and make sure they stay conscious
- Find out what the problem is and if the condition is improving
- Check the vital signs (blood pressure, heart rate, blood sugar, oxygen saturation)
- Assess the situation to see if the person needs an ambulance or hospitalization
- Agree with her that you will see her again the next few days to see improvement or deterioration

Unconscious person

- talk to the person, touch him/her on both shoulders apply a pain stimulus, if no reaction then proceed according to ABC

A) Check airways

- bend the head slightly to facilitate breathing and look into the mouth to see if there are any foreign bodies in it
- **NOT** in case of neck, spinal injury or SHT (traumatic brain injury).

B) Check breathing & pulse

- see, feel and listen to breathing (does the chest rise and fall?)
- Check pulse on carotid artery or wrist.
- If breathing & pulse present → stable lateral position.
- If no breathing & pulse → **first** call EMERGENCY & then start reanimation.

Resuscitation - cardiac massage

Lay the motionless person flat on a hard surface and free the upper body of from clothes.

- 1) If you are alone → Position yourself kneeling in front of patient to perform compressions
- 2) You kneel at the side of patient*in (if right-handed→ right of patient; left-handed→ left of patient)
- 3) Position one hand on the center of the chest, at the level of the nipples, and position your other hand right on top of it, locking the fingers together
- 4) Stretch your arms, shoulders vertically in line with your hands and keep your back straight
- 5) Press firmly and rhythmically on the chest at a frequency of ~ 100-120 beats/min
- 6) After 30 compressions follow with 2x breath delivery, i.e. mouth-to-mouth or mouth-to-nose resuscitation
- 7) Continue with **30:2 cycle** until ambulance arrives

In case of 2 persons it makes sense to change after each **30:2 cycle** (the cardiac massage is exhausting!)

The be-all and end-all is chest compressions, if it is not possible to ventilate due to COVID, vomit or other reasons, it is not so bad.

7. Table of values

Medication Application:

Ointments:

Panthenol wound balm	1x/day on the wound.
Braunovidon ointment	1x/day on the wound
Fucidine (antibiotic ointment)	1x/day on the wound
Diclofenac ointment - muscle pain	1-3x/day on painful area
Flammazine cream	1x/day on burn wound
Permethrin 5% Scabies	

- Adults should apply cream to entire body including neck, nape of the neck, palms and soles of feet. The head and face can be left out unless there are areas infested with scabies in this area.

- Usually, a **single** application is sufficient.

The cream must remain on the skin for **at least eight hours**, for example, overnight. In order not to jeopardize the success of treatment, bathing, showering or washing should be avoided during this time.

Clotrimazole cream 2-3 times a day on the fungal infection sites.

Hydrocortisone 0,5%

Pulmotin for inhalation or apply to the chest 2-3xtgl.

Eye drops:

Ofloxacin AT

- 1 drop every 4 h into affected eye for first 2 days then 4x/day.1 drop; for a total of 7 days

Medications:

Ibuprofen

- do not give in case of gastric discomfort

- Maximum dosage 2400 mg/day (e.g. 4x 600 mg, 3x 800 mg) use lower/higher dosage depending on pain intensity - e.g. rib bruise/dental pain 600(-800 mg), headache 200-400 mg

- in case of prolonged daily intake > 5 days, pantoprazole should be given for the duration of ibuprofen intake

- take with plenty of water and with meals

paracetamol 500 mg

- start with 500 mg if necessary 1g

- maximum dosage 3 g/day

- take with plenty of liquid

Metamizole 500 mg

- start with 500 mg if necessary 1g

- 1st choice painkiller for abdominal pain

- Maximum dosage 3g/day

Salbutamol spray

- 2 strokes if needed

- watch a video how to use the spray beforehand

Amoxicillin/clavulanic acid 875/125 mg

- 2x daily, 1-0-1 tablet for 7 days

Ciprofloxacin 500mg

- 2x daily, 1-0-1 tablet for urinary tract infections 3 days otherwise 7 days

Cetericine 10 mg

- 1 tbl at night

Charcoal tablets

- after every or every 2nd thin stool dissolve 1-2 tablets in plenty of water and drink (tastes awful)

Vitamin C/ Multivitamin effervescent tablets

- 1 effervescent tablet/day dissolve in plenty of water

ORS - oral rehydration solution

- in case of massive diarrhea, dissolve 1-2 sachets/day in plenty of water and drink it

Benzocaine lozenges

- to suck several times a day in case of sore throat

Neo Angin throat lozenges

- to suck several times a day in case of sore throat

Pantoprazole

- for stomach pain or symptoms of gastritis with/without heartburn

- 40 mg 2x daily (1-0-1) 30 min. before food intake for 10 days then 40 mg 1x daily for further 7 days then discontinued

Riopangel 10 ml

- in case of heartburn, whenever there is discomfort

Gelomyrtol forte

- 1 capsule 3x/day

- for sinusitis/bronchitis

Buscopan (butylscopolamine) 20 mg lozenges

- for abdominal cramps/menstrual cramps

- 2 lozenges maximum 3x/day

Vomex A tablets 50 mg

- for nausea and vomiting 1-2 lozenges, maximum 4x daily 2 lozenges

Prednisolone 50 mg

- in case of asthma attack acute 100 mg

Chlorhexidine mouth rinse

- Gargle several times a day

ACC akut 600mg effervescent tablets

- for cough with sputum

- Dissolve 1 effervescent tablet 2x/day in plenty of water until mucus is clearly loosened (max. 5-7 days)

Magnesium tablets 100 mg

- for calf cramps

- 1 tablet/day with sufficient liquid and before meals