

MD Guidelines for Urgent Care Clinical Practice

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Animal Bites and Scratches					
	Yes		<ul style="list-style-type: none"> When Rabies vaccine status unknown including any wild animal When wound care/repair is needed Recommend that patients contact the local health department. Awardee Immunization Websites CDC 	<ul style="list-style-type: none"> Review of photo of bite is required For known rabies vaccine status: Rx: Augmentin or Doxycycline to cover Pasteurella Tetanus vaccine if more than 10 years since last one 	When to Seek Medical Care for Rabies Rabies CDC
Tick Bites					
	Yes RX for Lyme Disease	<ul style="list-style-type: none"> Bulls-eye rash Fever 		<ul style="list-style-type: none"> Doxycycline 100mg bid X 21 days to span one lifecycle of spirochete PCP in 6-8 weeks for post exposure blood work (Lyme titer) Review of photo of bite is required 	Caring for patients after a tick bite
	Yes Prophylaxis	<ul style="list-style-type: none"> Tick found on skin. Removed <48hr. No Rash, No SX 		<ul style="list-style-type: none"> Single dose of Doxycycline 200mg 	Patient education: What to do after a tick bite to prevent Lyme disease
Travel					
Sea sickness (prophylaxis)	Yes		N/A	<ul style="list-style-type: none"> Meclizine / Scopolamine patch/Zofran 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Traveler's Diarrhea (suspected E. coli)	Yes		<ul style="list-style-type: none"> Dehydration Severe abdominal pain 	<ul style="list-style-type: none"> Zithromax 	Travelers' Diarrhea CDC Yellow Book 2024
Altitude Sickness	Yes/ Prevention			<ul style="list-style-type: none"> Diamox 	
	Yes/ Treatment		<ul style="list-style-type: none"> Severe SOB/ HA 	<ul style="list-style-type: none"> Diamox Send to lower altitude 	Acute Altitude Illness: Updated Prevention and Treatment Guidelines from the Wilderness Medical Society AAFP
Malaria (prophylaxis)	Yes		<ul style="list-style-type: none"> Suspected malaria, including diarrhea, dehydration, fever 	<ul style="list-style-type: none"> Malarone Check CDC website for risk Centers for Disease Control and Prevention CDC 	Preventing Malaria While Traveling Malaria CDC
Shingles (Herpes Zoster)					
	Yes		<ul style="list-style-type: none"> Rash on face near eyes 	<ul style="list-style-type: none"> Start treatment within 72 h Review photo/video of rash is required Valacyclovir 	
Behavioral Health					
Behavioral health conditions	Yes Refill Only	Screen for suicide risk	<ul style="list-style-type: none"> Suicide risk Severe depression 988 suicide hotline 800-950-6204 NAMI hotline 	<ul style="list-style-type: none"> May refill existing Rx: SSRI, SNRI's, Trazadone, Risperidone, Remeron Review photo of bottle is required Always check if patient has counseling or VPC benefit 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Panic Attacks	Yes	Do not Rx if breastfeeding	<ul style="list-style-type: none"> Refer to FSH/MS Counseling 1-888-691-7867 if they have benefit Refer to VPC if they have VPC coverage, otherwise refer to PCP/psychiatrist 	<ul style="list-style-type: none"> Hydroxyzine Always check if patient has counseling or VPC benefit 	
ADHD	No	Never start a controlled substance Rx	All new ADHD suspected patients <ul style="list-style-type: none"> Refer to FSH/MS Counseling 1-888-691-7867 if they have benefit. Refer to VPC if they have VPC coverage, otherwise refer to PCP/psychiatrist 	<ul style="list-style-type: none"> No initiation of ADHD meds. 	
Eye					
Conjunctivitis (pinkeye)	Yes - Adult and child, uncomplicated		<ul style="list-style-type: none"> Photophobia or vision changes Recurrent infections No improvement after 7 days 	<ul style="list-style-type: none"> Viral - None unless zoster Bacterial: Quinolones such as Ciloxan, Ofloxacin, others such as sulfa, gent/tobra, etc. Review photo/video of eye is required with contact lenses removed Avoid steroid eye drops. These should only be prescribed by an eye specialist as the risk for corneal ulcers is high 	
Corneal Abrasion Severe	No		<ul style="list-style-type: none"> Always refer to ER or Ophthalmology 		

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Corneal Abrasion Mild	Yes		<ul style="list-style-type: none"> Refer if not better in 24h 	<ul style="list-style-type: none"> Treat for 24 hr. with Ocular abx. NO STEROIDS. If not better in 24hr, consult PCP / Ophthalmologist Review photo/video of eye is required with contact lenses removed 	
Subconjunctival hemorrhage	Yes		<ul style="list-style-type: none"> Eye trauma Bleeding disorder history 	<ul style="list-style-type: none"> Review photo/video of eye is required with contact lenses removed Consider pt history of high altitude or hypertension or bleeding disorder No RX necessary, reassure patient and advise can take up to 3 weeks to fully resolve 	
Ear Nose Throat					
Eustachian tube dysfunction	Yes		<ul style="list-style-type: none"> Pediatric Severe Barotrauma 	<ul style="list-style-type: none"> Afrin sprays (48hr) Flonase, azelastine nasal spray 	
Barotitis, severe	Yes		<ul style="list-style-type: none"> Severe Barotrauma Ruptured TM 	<ul style="list-style-type: none"> Oral antibiotics 	Middle Ear Barotrauma - StatPearls - NCBI Bookshelf (nih.gov)
Otitis Externa	Yes		<ul style="list-style-type: none"> Persistent symptoms after completion of abx 	<ul style="list-style-type: none"> Rx: cortisporin otic, quinolone otic, etc. 	
Otitis Media	Yes		<ul style="list-style-type: none"> Persistent / recurrent infection after completion of abx 	<ul style="list-style-type: none"> Oral antibiotics 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Strep throat	Yes		<ul style="list-style-type: none"> Hx rheum fever Droling Dyspnea Unable to swallow Uvula deviation Stridor, inability to swallow, abscess, persistent symptoms 	<ul style="list-style-type: none"> Apply Centor criteria PCN-VK: Adult Amoxicillin: Adult and child PCN allergy: Azithromycin, Clarithromycin or erythromycin 	Centor Criteria
Respiratory					
Bacterial Sinusitis	Yes	<ul style="list-style-type: none"> Prior sinus surgery Prolonged: > 10 days Severe: initial T > 102°F (38.9°C) with sinus pain pressure Worsening: after 3-4 days, developing T >102°F (38.9°C) 	<ul style="list-style-type: none"> 4+ episodes per year Chronic: lasting >12 weeks Abx treatment in last 30 days 	<ul style="list-style-type: none"> Sulfa/pcns/macrolides, etc. 	Acute Sinusitis
Viral Sinusitis (Cold)	Yes		<ul style="list-style-type: none"> SOB Severe or persistent symptoms > 10 days 	<ul style="list-style-type: none"> OTC symptomatic management: decongestant, Flonase, saltwater rinses Asthmatics need albuterol, if indicated 	
Asthma Exacerbation	Yes	<ul style="list-style-type: none"> Steroid dependent Has DM 	<ul style="list-style-type: none"> Pulse ox < 94 Severe dyspnea Audible wheezing 	<ul style="list-style-type: none"> Nebulizer refills may be ordered in DoseSpot 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
and/or Eosinophilic Asthma				<ul style="list-style-type: none"> Do not write for Nebulizer machines, they will not be covered by the patient's insurance. Inhaler Steroids such as dexamethasone/prednisone 	
Bronchitis (Acute)	Yes		<ul style="list-style-type: none"> SOB Audible wheezing 	<ul style="list-style-type: none"> Antibiotics 	
Influenza	Yes	<ul style="list-style-type: none"> Testing encouraged to R/O COVID. Vaccination status. 	<ul style="list-style-type: none"> Dyspnea (O2 sat <94) Fever>103.5 Severe Symptoms 	<ul style="list-style-type: none"> Tamiflu within 48 hours of symptom onset after positive test RX family members w/Tamiflu prophylaxis Family members require their own consults 	
EBV (Mono) COVID, RSV and other viral illnesses	Yes	Testing required to distinguish and treat appropriately.	Severe symptoms <ul style="list-style-type: none"> SOB Pulse ox < 94 	<ul style="list-style-type: none"> COVID: Home testing. Do not prescribe ABX or steroids. If positive, advise patients to call for another consult. Paxlovid for positive results Symptom management meds while waiting for results 	
Genitourinary					
STI: Gonorrhea, Chlamydia, Trichomoniasis, HPV, HIV, Syphilis	No	Needs referral for testing/treatment	<ul style="list-style-type: none"> Always refer 	<ul style="list-style-type: none"> Testing for multiple causes to treat appropriately Positive results reportable to state public health departments 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
UTI Male	Rarely	No treatment unless has H/O recurrent prostatitis or UTIs	<ul style="list-style-type: none"> Always refer for UA/CS, STI 	<ul style="list-style-type: none"> Treat cautiously and only if H/O recurrent UTIs/or prostatitis, should refer to PCP or Urology even if treatment initiated 	
UTI Female	Yes, if > 2 years old	<ul style="list-style-type: none"> Diabetes H/O kidney disease Initial UTI Pregnancy Urologic abnormality (e.g., solitary kidney, etc.) Vaginal or urethral discharge 	<ul style="list-style-type: none"> Females < 2 years old Recurrent UTI if <12 y/o High-grade fever, flank pain, or vomiting Recurrent, more than 4 per 12 months Immunocompromised Treatment of UTI in the past 30-days Vaginal or urethral discharge Hematuria 	<ul style="list-style-type: none"> Consider cephalosporins, doxycycline. As Nitrofurantoin has a known high resistance rate. Use quinolones cautiously if over 50 y/o 	Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline (2022) - American Urological Association (auanet.org)
Bacterial Vaginosis	Yes	<ul style="list-style-type: none"> R/O STDs 	<ul style="list-style-type: none"> Suspect STDs Confirm not pregnant Recurrent infections 	<ul style="list-style-type: none"> Metronidazole Distinguish symptoms between BV, UTI, STD 	Bacterial Vaginosis vs. Yeast Infection: Which Is It?
Yeast infection	Yes		<ul style="list-style-type: none"> Multiple infections New DM 	<ul style="list-style-type: none"> Diflucan 150mg If Diflucan fails, culture for repeat infections 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Gastrointestinal					
Nausea/vomiting/diarrhea	Yes	Consider pregnancy, appendicitis, dehydration, e coli, other pathology	<ul style="list-style-type: none"> Intractable n/v or if abdominal pain present 	<ul style="list-style-type: none"> Pepto Bismol BRAT Fluids Zofran 	
Travelers' diarrhea	Yes	Review where traveled	<ul style="list-style-type: none"> Intractable vomiting, diarrhea, fever, bloody stool 	<ul style="list-style-type: none"> Zithromax 	
Abdominal pain	Yes	Consider appendicitis, pregnancy	<ul style="list-style-type: none"> Any suspicion of pelvic/abdominal pathology requiring surgery 	<ul style="list-style-type: none"> Be cautious and err on the side of the serious dx, such as AAA, ectopic, etc. 	
Pinworms	Yes			<ul style="list-style-type: none"> Albendazole Mebendazole Pyrantel pamoate (OTC) 	
Integumentary					
Cellulitis	Yes		<ul style="list-style-type: none"> Sepsis Moderate to severe cellulitis Fever Abscess 	<ul style="list-style-type: none"> MRSA coverage such as doxy, Bactrim Review photo of infection is required 	
Eczema	Yes		<ul style="list-style-type: none"> Severe 	<ul style="list-style-type: none"> HC cream, triamcinolone antihistamine, Ceramide moisturizers Review photo of lesion is required See dermatologist if doesn't improve 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Scabies	Yes	<ul style="list-style-type: none"> Pregnancy 	<ul style="list-style-type: none"> RX failure after 2 rounds of treatment with same med 	<ul style="list-style-type: none"> Permethrin 5% Ivermectin (avoid in pregnancy and high cost) Review photo of bite is required 	About Scabies Scabies CDC
Lice	Yes	<ul style="list-style-type: none"> Pregnancy 	<ul style="list-style-type: none"> RX failure after 2 rounds of treatment with same med 	<ul style="list-style-type: none"> Permethrin 5% Malathion (>age 6) Ivermectin (avoid in pregnancy and high cost) Spinosad 	Treatment of Head Lice Lice CDC
Bed bugs	Yes			<ul style="list-style-type: none"> HC 2.5% cream for itch, antihistamine Prednisone 	About Bed Bugs Bed Bugs CDC
Poison Ivy Mild	Yes			<ul style="list-style-type: none"> Zanfel wash Kenalog cream Calamine Lotion HC cream Antihistamines 	Poisonous Plants NIOSH
Poison Ivy Severe	Yes	<ul style="list-style-type: none"> Face / groin / extensive 		<ul style="list-style-type: none"> Prednisone for at least 10-14 days then taper Symptom management 	
Puncture Wound/Burns	Yes		<ul style="list-style-type: none"> Deep PW > 2nd degree burns Tetanus outdated 	<ul style="list-style-type: none"> Tetanus vaccination status Consider empiric antibiotics Review photo of wound is required 	
Fungal infections					
Tinea pedis, tinea cruris, tinea corporis	Yes		<ul style="list-style-type: none"> Resistance to treatment Immunocompromised 	<ul style="list-style-type: none"> “azoles” (topical only) 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
Onychomycosis	Yes		<ul style="list-style-type: none"> All oral antifungal treatments, including refills 	<ul style="list-style-type: none"> Topicals (econazole, etc.) only for this condition Terbinafine has many negative drug interactions, affects blood, liver, and immune system. Blood testing needs to be monitored by PCP 	
Neurological					
Headache migraine	Yes	Consider SAH or mass	<ul style="list-style-type: none"> Worsening headache Vision changes Malignant HTN focal weakness Difficulty with speech or vision Fever 	<ul style="list-style-type: none"> Triptans, NDSAsIDs, anti-emetics ok New or worsening headaches should be evaluated in person for neurovascular causes 	
Dizziness	Yes		<ul style="list-style-type: none"> Based on assessment Rule out cerebellar stroke 	<ul style="list-style-type: none"> Meclizine 	
Seizure	No		<ul style="list-style-type: none"> Always refer 	<ul style="list-style-type: none"> EMS, ER 	
Lifestyle					
Male pattern baldness	Yes	<ul style="list-style-type: none"> Refill only 		<ul style="list-style-type: none"> Do not initiate treatment Review photo of recent prescription bottle is required 	
Impotence	Yes	<ul style="list-style-type: none"> Refill only 		<ul style="list-style-type: none"> Do not initiate treatment Review of photo of recent prescription bottle is required 	
Birth Control	Yes	<ul style="list-style-type: none"> Refill only 	<ul style="list-style-type: none"> If has not had a PAP smear within previous 12 months 	<ul style="list-style-type: none"> Do not initiate treatment Up to 90 days per calendar year 	

	FSH Policy OK to Treat	Special Considerations	When to Refer out	Rx Suggestions and other requirements	Rationale for FSH recommendations
				<ul style="list-style-type: none">Review photo of recent prescription bottle is required	
Plan B	Yes		<ul style="list-style-type: none">Drug is OTCPatient may ask for RX for insurance coverage.	<ul style="list-style-type: none">Available OTC wherever legalMust R/O, report sexual assault to local authorities and report to FSH PEA	Morning-after pill - Mayo Clinic
Plan C	No		<ul style="list-style-type: none">Always refer		Governed by state

Reviewed 10/18/24