

# Common Patient Frequently Asked Questions & Recommended Responses

## 1. General Pharmacy Practice

- **Question:** What are the core responsibilities of a community pharmacist?  
**Answer:** Dispensing medications, verifying prescriptions, advising patients on drug use, ensuring legal compliance, maintaining stock, and promoting health education through counseling and vaccination services.
- **Question:** How should a pharmacist prioritize patients during busy hours?  
**Answer:** Prioritize based on clinical urgency — handle emergency and high-risk medications first, delegate clerical duties, and focus professional time on patient counseling and verification.
- **Question:** What is the difference between brand-name and generic medicines?  
**Answer:** Brand-name drugs are patented, while generics have the same active ingredient and dosage but are cheaper. Both are equally safe and effective when approved by regulators.
- **Question:** How do pharmacists ensure medication safety?  
**Answer:** Cross-check prescriptions, maintain error logs, use interaction software, follow standard protocols, and educate patients on proper use.
- **Question:** What are common sources of dispensing errors and prevention strategies?  
**Answer:** Look-alike packaging, distractions, and unclear prescriptions. Prevent via double-checking, barcode systems, and quiet zones.
- **Question:** How should a pharmacist respond to suspected counterfeit drugs?  
**Answer:** Verify batch number, packaging, and supplier. Report to regulatory authorities and replace with verified stock.
- **Question:** How to handle patients requesting antibiotics without prescriptions?  
**Answer:** Explain antibiotic resistance risks, offer non-antibiotic options, and refer to a physician.
- **Question:** What documentation is required for controlled substances?  
**Answer:** Maintain a controlled drug register with supply details, retain records for 2–5 years as required by law.

- **Question:** What is the pharmacist's role in promoting rational drug use?  
**Answer:** Ensure appropriate prescriptions, prevent misuse, counsel on adherence, and support public health education.
  - **Question:** How to manage drug shortages effectively?  
**Answer:** Find therapeutic alternatives, contact prescribers, prioritize high-need patients, and report shortages.
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## 2. Prescription Handling & Dispensing

- **Question:** What are key steps in verifying a prescription's authenticity?  
**Answer:** Check prescriber's signature, license, date, patient info, and dosage clarity. Confirm prescriber identity if unsure.
- **Question:** How to handle illegible or incomplete prescriptions?  
**Answer:** Contact the prescriber for clarification, document the discussion, and correct before dispensing.
- **Question:** When can a generic substitute be used?  
**Answer:** If it has the same active ingredient, strength, and form. Avoid substitution for narrow therapeutic drugs without prescriber approval.
- **Question:** How to handle potential drug interactions in prescriptions?  
**Answer:** Use interaction checkers, consult prescriber, document discussion, and counsel patients on symptoms.
- **Question:** What must be verified before dispensing?  
**Answer:** Patient name, drug, dosage, frequency, expiry, and allergies.
- **Question:** What to do if a dose seems too high or low?  
**Answer:** Reconfirm age and weight, contact prescriber, and document verification.
- **Question:** How do e-prescriptions improve safety?  
**Answer:** Eliminate handwriting errors, flag interactions, and allow secure communication.
- **Question:** What is correct medication labeling?  
**Answer:** Include patient name, drug name, strength, dose, date, warnings, and contact info.

- **Question:** How to verify a telemedicine prescription?  
**Answer:** Confirm prescriber registration, authenticate digital signature, and verify patient identity.
  - **Question:** How to counsel patients on refills and adherence?  
**Answer:** Explain refill dates, dosing schedule, importance of adherence, and use reminders.
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### 3. Drug Storage & Stability

- **Question:** What are recommended temperature ranges for medications?  
**Answer:** Room temperature 15–25°C, refrigerated 2–8°C, frozen below –10°C.
- **Question:** How should vaccines be stored?  
**Answer:** In a dedicated refrigerator at 2–8°C, avoiding freezing.
- **Question:** What happens with improper drug storage?  
**Answer:** Reduced potency or contamination — never dispense damaged stock.
- **Question:** How to detect compromised drugs?  
**Answer:** Check for color, odor, texture, or packaging changes; isolate and report.
- **Question:** What's the difference between "use by" and "expiry" dates?  
**Answer:** "Use by" applies after opening; "expiry" is for unopened shelf life.
- **Question:** How to store controlled drugs?  
**Answer:** Locked cabinet, authorized access only, daily balance checks.
- **Question:** What ensures a proper cold chain?  
**Answer:** Use calibrated thermometers, backup power, avoid overloads, record temps.
- **Question:** How to ensure stock rotation?  
**Answer:** Follow FIFO or FEFO principles.
- **Question:** How to store reconstituted antibiotics?  
**Answer:** Refrigerate (2–8°C), use within 7–14 days.
- **Question:** What temperature records must be kept?  
**Answer:** Daily logs for both ambient and refrigerated storage.

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## 4. Over-the-Counter (OTC) Medications

- **Question:** What OTC drugs are commonly abused?  
**Answer:** Codeine syrups, pseudoephedrine decongestants, and painkillers like ibuprofen.
  - **Question:** How to guide patients choosing cough/cold meds?  
**Answer:** Ask about symptoms, history, and other drugs before recommending.
  - **Question:** What makes a drug OTC-eligible?  
**Answer:** Wide safety margin and suitability for self-limiting conditions.
  - **Question:** Safe OTC pain/fever options?  
**Answer:** Paracetamol or ibuprofen, with dose caution in liver or ulcer patients.
  - **Question:** How to recommend antihistamines?  
**Answer:** Loratadine/cetirizine (day), chlorphenamine (night).
  - **Question:** Risks of long-term laxative use?  
**Answer:** Dehydration, electrolyte imbalance, bowel dependence.
  - **Question:** What to consider before OTC sleep aids?  
**Answer:** Review causes, current meds, and limit to short-term use.
  - **Question:** How to promote safe self-medication?  
**Answer:** Give dose guidance, check interactions, and advise when to see a doctor.
  - **Question:** Counseling tips for topical OTC products?  
**Answer:** Thin-layer application, clean hands, avoid open wounds.
  - **Question:** When to refer OTC users to doctors?  
**Answer:** When symptoms persist >7 days or worsen.
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## 5. Adverse Drug Reactions (ADRs) & Side Effects

- **Question:** How can pharmacists identify ADRs?  
**Answer:** Watch for rashes, dizziness, or breathing issues after new meds.

- **Question:** Difference between side effects and ADRs?  
**Answer:** Side effects are predictable; ADRs are harmful and unintended.
  - **Question:** How to report ADRs?  
**Answer:** Submit a pharmacovigilance form to the national drug authority.
  - **Question:** Signs of allergic reactions?  
**Answer:** Rash, swelling, breathing difficulty, or low blood pressure.
  - **Question:** How to manage mild ADRs?  
**Answer:** Provide symptomatic relief and document the event.
  - **Question:** What if a severe reaction occurs?  
**Answer:** Stop the drug, refer for emergency care, and report the case.
  - **Question:** How does history prevent ADRs?  
**Answer:** Prior allergies and drug records help avoid triggers.
  - **Question:** Examples of high-risk ADR drugs?  
**Answer:** Warfarin, insulin, digoxin, and antiepileptics.
  - **Question:** Counseling for new medication users?  
**Answer:** Discuss common side effects, red flags, and adherence.
  - **Question:** Legal duty of pharmacists in ADRs?  
**Answer:** Record, report, and follow up promptly.
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## 6. Drug Interactions & Contraindications

- **Question:** Common drug–drug interactions?  
**Answer:** Warfarin + NSAIDs, ACE inhibitors + potassium-sparing diuretics.
- **Question:** How does food affect absorption?  
**Answer:** Milk reduces tetracycline absorption; food reduces metformin irritation.
- **Question:** Why avoid alcohol with drugs?  
**Answer:** It enhances sedation and liver toxicity.
- **Question:** How to detect interactions?  
**Answer:** Use reference software and databases.

- **Question:** NSAIDs with antihypertensives — risk?  
**Answer:** May cause renal damage and reduce BP control.
- **Question:** What are contraindications?  
**Answer:** Conditions making drug use unsafe, e.g., asthma + beta-blockers.
- **Question:** Handling contraindicated prescriptions?  
**Answer:** Verify diagnosis, call prescriber, suggest alternatives.
- **Question:** Common food-drug warnings?  
**Answer:** Grapefruit with statins; leafy greens with warfarin.
- **Question:** Herbal-drug interactions?  
**Answer:** St. John's Wort lowers drug levels; ginkgo increases bleeding.
- **Question:** Counseling to reduce risks?  
**Answer:** Encourage full disclosure of all meds, herbs, and timing with meals.

## 7. Chronic Disease Management (Q → A pairs)

- **Question:** How can pharmacists support diabetic patients?  
**Answer:** Teach self-monitoring of blood glucose, advise on diet and foot care, counsel about medication adherence and hypoglycemia recognition, check for drug interactions, and refer unstable or complex cases to prescribers or diabetes specialists.
- **Question:** What are key counseling points for hypertension therapy?  
**Answer:** Emphasize daily adherence, low-salt diet, regular BP monitoring, take medications at consistent times, report dizziness (orthostatic hypotension), and check with prescriber before stopping drugs.
- **Question:** How should asthma patients be counseled on inhaler use?  
**Answer:** Demonstrate correct inhaler technique (with spacer for children), clean devices per manufacturer, distinguish preventer vs reliever inhalers, and advise on action plans for exacerbations.
- **Question:** What is the pharmacist's role in dyslipidemia management?  
**Answer:** Promote lifestyle measures, counsel on statin adherence, warn about muscle pain and when to seek medical review, and check for interactions (e.g., grapefruit, CYP3A4 inhibitors).
- **Question:** How should pharmacists manage anticoagulation (warfarin) patients?  
**Answer:** Reinforce regular INR monitoring, counsel on consistent dietary vitamin-K

intake, warn against OTC NSAIDs, and document all changes or interacting meds.

- **Question:** How can pharmacists help patients with chronic pain?  
**Answer:** Review analgesic regimens, assess risk for opioid misuse, suggest non-drug adjuncts (physio, topical NSAIDs), and arrange follow-up for unresolved pain.
  - **Question:** What counseling is needed for diabetic foot care?  
**Answer:** Teach daily foot inspection, proper footwear, avoid walking barefoot, and prompt referral for ulcers, infections, or neuropathy.
  - **Question:** How can pharmacists improve adherence in chronic illness?  
**Answer:** Use pill organizers, blister packs, refill reminders, simplified regimens, medication reviews, and motivational counselling.
  - **Question:** What is the pharmacist's role in smoking cessation?  
**Answer:** Provide nicotine-replacement options, counsel behavioral strategies, set quit dates, and arrange follow-up contacts.
  - **Question:** How to support elderly patients on multiple meds?  
**Answer:** Offer regular medication reviews, deprescribing where appropriate, clear labelling, and involve caregivers in counselling.
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## 8. Vaccines & Immunization (Q → A pairs)

- **Question:** What vaccines can community pharmacists administer?  
**Answer:** Depending on local law — commonly influenza, COVID-19, hepatitis B, tetanus — after required training and certification.
- **Question:** How should vaccines be stored?  
**Answer:** Store refrigerated vaccines at 2–8°C in a dedicated unit, never freeze; keep continuous temperature logs and use calibrated thermometers.
- **Question:** What to do after a cold-chain breach?  
**Answer:** Quarantine affected stock, document the event, consult manufacturer or public health guidance before reuse or disposal.
- **Question:** How should expiry dates be managed?  
**Answer:** Use FEFO (First-Expired, First-Out) and never use expired vaccines.
- **Question:** How to handle vaccine hesitancy?  
**Answer:** Use empathetic communication, provide evidence-based safety/efficacy facts,

correct myths calmly, and direct to authoritative sources.

- **Question:** What are common post-vaccination reactions?  
**Answer:** Injection-site pain, low-grade fever, and fatigue are common and self-limited; severe allergic reactions are rare and need emergency care.
- **Question:** How long to observe after vaccination?  
**Answer:** Keep patients for **15–30 minutes** for immediate reaction monitoring.
- **Question:** What vaccine details should be documented?  
**Answer:** Vaccine type, batch/lot number, expiry, dose, injection site, date, and vaccinator details in both pharmacy and patient records.
- **Question:** What are contraindications to vaccination?  
**Answer:** Severe allergy to a vaccine component, prior anaphylaxis to same vaccine, or current severe febrile illness (defer).
- **Question:** How to transport vaccines?  
**Answer:** Use insulated cold boxes with ice packs and temperature loggers; avoid direct vial-to-ice contact.

(References used: *CDC Vaccine Storage & Handling toolkit; immunization guidance*. See References section.)

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## 9. Patient Counseling & Communication (Q → A pairs)

- **Question:** Why is patient counseling important?  
**Answer:** It improves correct drug use, adherence, reduces errors, prevents harm, and builds trust.
- **Question:** What are the essentials of effective counseling?  
**Answer:** Clear, jargon-free communication, confirm understanding (teach-back), explain dose, duration, side effects, and follow-up plan.
- **Question:** How should counseling be adapted for elderly patients?  
**Answer:** Use larger print, slower speech, involve caregivers, and simplify regimens where possible.
- **Question:** How to handle language barriers?  
**Answer:** Use interpreters, translated leaflets, pictograms, or trusted family/carer

assistance while maintaining confidentiality.

- **Question:** How to improve medication adherence?  
**Answer:** Simplify dosing schedules, offer adherence tools (pillboxes, alarms), reminders, and regular reviews.
- **Question:** How to counsel on sensitive topics (e.g., sexual health)?  
**Answer:** Ensure privacy, use neutral language, reassure confidentiality, and provide signposting to appropriate services.
- **Question:** What is teach-back?  
**Answer:** Ask patients to repeat instructions in their own words to confirm understanding.
- **Question:** How to counsel on antibiotic use?  
**Answer:** Emphasize completing full course, not sharing meds, and report allergic reactions.
- **Question:** How to support mental-health medication users?  
**Answer:** Discuss expected onset of effect, common side effects, safety (e.g., suicidal ideation monitoring in young people), and adherence support.
- **Question:** How to advise on missed doses?  
**Answer:** Take the missed dose when remembered unless close to the next dose; do not double doses unless directed.

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## 10. Pharmaceutical Calculations & Compounding (Q → A pairs)

- **Question:** What is compounding?  
**Answer:** Preparing custom medication formulations when commercial preparations are unsuitable (e.g., pediatric liquids, allergen-free).
- **Question:** When is compounding appropriate?  
**Answer:** When a patient needs a special strength, liquid form, or has excipient allergies.
- **Question:** How should compounded products be labelled?  
**Answer:** Show active ingredients, concentration, BUD (beyond-use date), preparation

date, storage, and preparer's initials.

- **Question:** What is a beyond-use date (BUD)?  
**Answer:** The safe-use date for compounded products based on stability data (not the manufacturer's expiry).
- **Question:** What are aseptic techniques?  
**Answer:** Procedures to maintain sterility: hand hygiene, laminar flow hood use, sterilized equipment, and protective clothing.
- **Question:** How to document compounding?  
**Answer:** Keep formula, ingredient lot numbers, weights/volumes, preparer, and patient details in the compounding log.
- **Question:** What are risks in compounding?  
**Answer:** Contamination, incorrect dosing, and instability — mitigated by SOPs and checks.
- **Question:** How to ensure compounding quality?  
**Answer:** Follow SOPs, visually inspect products, use validated equipment, and perform periodic audits.
- **Question:** Which calculations are most used in practice?  
**Answer:** Weight-based dosing (mg/kg), dilutions, concentration calculations, and infusion rate calculations.
- **Question:** What to do after a measuring or compounding error?  
**Answer:** Discard the batch, reprepare correctly, investigate root cause, recalibrate equipment, and document the error.

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## 11. Regulatory, Ethics & Documentation (Q → A pairs)

- **Question:** What ethical principles guide pharmacists?  
**Answer:** Beneficence, non-maleficence, autonomy, and justice.
- **Question:** How to maintain patient confidentiality?  
**Answer:** Secure records, avoid public discussion, disclose only with consent or legal requirement.
- **Question:** What records must pharmacies keep?  
**Answer:** Prescription files, controlled-drug registers, temperature logs, purchase

invoices, and compounding records.

- **Question:** How long should pharmacy records be retained?  
**Answer:** Commonly **2–5 years**, depending on national law and controlled-drug regulation.
- **Question:** How to prevent drug abuse?  
**Answer:** Monitor patterns (early refills), verify prescriptions, communicate with prescribers, and report suspicious activity.
- **Question:** How to dispose of expired/returned drugs?  
**Answer:** Segregate, use authorized disposal channels, and follow local environmental regulations.
- **Question:** How to avoid conflicts of interest?  
**Answer:** Make patient-centred decisions and avoid commercial bias when recommending medicines.
- **Question:** How to prepare for inspections?  
**Answer:** Keep licenses current, run internal audits, and ensure staff training on Good Pharmacy Practice (GPP).
- **Question:** How to respond to medication errors?  
**Answer:** Notify prescriber and patient, provide remediation, document the incident, and implement preventive measures.
- **Question:** What legal documents authorize pharmacy operation?  
**Answer:** Pharmacy license, registered pharmacist certificates, and controlled-drug permits as required locally.

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## 12. Digital Health, Technology & Pharmacovigilance (Q → A pairs)

- **Question:** How do digital systems improve workflow?  
**Answer:** Automate stock control, flag interactions, enable e-prescriptions, and speed dispensing.
- **Question:** What are e-prescriptions?  
**Answer:** Digitally signed, securely transmitted prescriptions that reduce handwriting

errors.

- **Question:** What is pharmacovigilance?  
**Answer:** Monitoring, detecting, assessing, and preventing adverse drug reactions post-marketing.
- **Question:** How can pharmacists contribute?  
**Answer:** Report ADRs, keep safety logs, and participate in post-marketing surveillance.
- **Question:** How do mobile health apps help patients?  
**Answer:** Dose reminders, symptom tracking, medication lists, and teleconsult options.
- **Question:** What are data-privacy concerns?  
**Answer:** Unauthorized access and breaches — ensure encryption and legal compliance (e.g., GDPR where applicable).
- **Question:** How can AI assist pharmacists?  
**Answer:** Prescription error detection, demand forecasting, and clinical decision support.
- **Question:** What is telepharmacy?  
**Answer:** Remote pharmacy services via video or secure messaging to increase access.
- **Question:** How to secure electronic patient records?  
**Answer:** Use encrypted systems, role-based access, and regular training.
- **Question:** Advantages of digital inventory systems?  
**Answer:** Real-time stock visibility, auto-reordering, expiry alerts, and reduced waste.

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## 13. Emergency & Special Cases in Community Pharmacy (Q → A pairs)

- **Question:** How to respond to anaphylaxis?  
**Answer:** If authorized, give intramuscular adrenaline immediately (0.01 mg/kg up to adult dose 0.5 mg), call emergency services, start CPR if necessary.
- **Question:** What to do during a seizure?  
**Answer:** Protect the patient from injury, do not restrain, time the seizure, place in recovery position if breathing, call emergency services if >5 minutes.

- **Question:** How to handle accidental poisoning?  
**Answer:** Identify substance, call poison control/emergency services, do not induce vomiting unless advised.
- **Question:** What to do for suspected opioid overdose?  
**Answer:** Administer naloxone if trained and available, call emergency services, provide rescue breathing if necessary.
- **Question:** How to identify hypertensive emergencies?  
**Answer:** BP  $\geq$ 180/120 mmHg with end-organ symptoms (headache, vision change) — immediate medical referral.
- **Question:** Pharmacist's role in minor wounds/burns?  
**Answer:** Clean wound, apply appropriate dressing or topical antibiotic, and refer deep or infected wounds.
- **Question:** How to manage fainting?  
**Answer:** Lay patient flat, elevate legs, monitor vitals, and seek medical review if not responsive quickly.
- **Question:** What to do in suspected cardiac arrest?  
**Answer:** Start CPR if trained, use AED if available, call emergency services.
- **Question:** How to handle mental-health crises (suicidal ideation)?  
**Answer:** Stay with patient, ensure safety, call emergency mental-health services, and avoid leaving them alone.
- **Question:** What emergency supplies should every pharmacy have?  
**Answer:** First-aid kit, adrenaline autoinjector, naloxone, BP monitor, glucose gel, and AED (if possible).

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1. **Question:** My child has a fever — what can I give?  
**Answer:** Give **paracetamol: 10–15 mg/kg per dose** every 4–6 hours as needed (max generally **60–75 mg/kg/24 h** depending on local guidance). Avoid aspirin in children. Seek medical care if fever  $\geq$ 39°C (102.2°F), lasts  $>$ 48–72 hours, or the child is very lethargic, has breathing difficulty, seizures, or dehydration. [PMC+1](#)
  2. **Question:** My child has a sore throat and cough — do they need antibiotics?  
**Answer:** Most are viral. Recommend supportive care (fluids, rest, paracetamol/ibuprofen for pain/fever). Refer for medical review if high fever, difficulty breathing, drooling, or symptoms  $>$ 7 days. Antibiotics only if bacterial infection is

confirmed. (No routine antibiotics.) [World Health Organization](#)

3. **Question:** What can I take for a headache?

**Answer:** Paracetamol (adult: **500–1000 mg every 4–6 h**, max **3–4 g/day** depending on local guidance) or ibuprofen (**200–400 mg every 4–6 h**, max OTC limits). Avoid frequent NSAID use if ulcers, kidney disease, or on anticoagulants. [Dr. Oracle](#)

4. **Question:** My child swallowed a small amount of household cleaner — what should I do?

**Answer:** Identify product, call local poison control/emergency services immediately, do not induce vomiting unless advised, and bring the container to hospital. [Immunize.org](#)

5. **Question:** I think I have the flu — any antivirals?

**Answer:** If within 48 hours of symptom onset and high risk for complications (young children, elderly, pregnant, chronic disease), treatment with **oseltamivir** may be indicated (dose depends on age/weight). Otherwise supportive care at home. Refer per local influenza guidance. [World Health Organization](#)

6. **Question:** My child has diarrhea — can I give loperamide?

**Answer:** Do not give loperamide to young children. For children, prioritize **oral rehydration (ORS)** and zinc (where recommended). Seek medical review for signs of dehydration, bloody stools, high fever, or prolonged symptoms. [World Health Organization](#)

7. **Question:** I have heartburn/acid reflux — what OTC should I use?

**Answer:** Short-term antacids or **H<sub>2</sub> blockers** (famotidine) or a **PPI** (omeprazole 20 mg once daily) for persistent symptoms. Refer if alarm symptoms (weight loss, bleeding, difficulty swallowing). Avoid prolonged PPI use without medical review. [World Health Organization](#)

8. **Question:** Which cough syrup is safe for my child?

**Answer:** Most cough-and-cold syrups are not recommended for young children (<2–6 yrs depending on guidance). Use supportive measures (fluids, humidification), honey for children >1 yr (1 tsp), and see a clinician for persistent or severe cough. [World Health Organization](#)

9. **Question:** I have muscle pain on a statin — what should I do?

**Answer:** Stop vigorous exercise, contact prescriber to check creatine kinase (CK). If severe muscle pain or dark urine, stop statin and seek urgent review (risk of rhabdomyolysis). Check interactions (e.g., grapefruit, clarithromycin). [World Health Organization](#)

10. **Question:** My child has an earache — antibiotic or pain relief?

**Answer:** Offer analgesia (paracetamol/ibuprofen per weight). Many otitis media cases

are viral and self-limited; refer to prescriber if severe pain, high fever, bilaterally infected infants, or symptoms persist >48–72 hrs. [World Health Organization](#)

11. **Question:** What can I do for constipation in my child?

**Answer:** Increase fluids and fibre, consider age-appropriate osmotic laxatives (e.g., polyethylene glycol) per dosing guidance, encourage toilet routines, and refer if pain, vomiting, or blood present. [World Health Organization](#)

12. **Question:** I need something for allergic rhinitis — which antihistamine?

**Answer:** **Non-sedating** antihistamines such as loratadine or cetirizine are suitable for daytime use; sedating options (chlorphenamine) for nighttime. Check age restrictions for formulations. [World Health Organization](#)

13. **Question:** My child has a rash after taking a drug — what now?

**Answer:** Stop the suspected drug, assess severity. For mild rash, seek prescriber advice; for urticaria, angioedema, breathing difficulty, or systemic signs, seek emergency care immediately. Report suspected allergy in records. [World Health Organization](#)

14. **Question:** Can I take antibiotics left from last time?

**Answer:** No — do not use leftover antibiotics. Incorrect dosing, wrong drug for current infection, and resistance risk. Discard leftovers safely and consult prescriber. [World Health Organization](#)

15. **Question:** How should I store vaccines if doing home travel?

**Answer:** Vaccines should remain cold (2–8°C). Transport in insulated cool boxes with ice packs and temperature monitoring; avoid leaving in cars. For any suspected cold-chain breach, consult provider before use. [CDC+1](#)

16. **Question:** My child has pinworms/intestinal worms — treatment?

**Answer:** **Mebendazole** or **albendazole** per age/weight: commonly mebendazole 100 mg single dose (age depending) or albendazole 400 mg single dose — follow local paediatric dosing and treat household contacts if indicated. [World Health Organization](#)

17. **Question:** What should I give for travel diarrhea?

**Answer:** Start **oral rehydration (ORS)**, consider a short course of loperamide for adults (not for young children or bloody diarrhea), and seek medical review if fever or bloody stools. Consider antibiotic prophylaxis only if prescribed. [World Health Organization](#)

18. **Question:** Which OTC painkiller is safest with high blood pressure?

**Answer:** Paracetamol is generally preferred. NSAIDs (ibuprofen, naproxen) can elevate BP and should be used cautiously or avoided in uncontrolled hypertension. Check with prescriber. [World Health Organization](#)

19. **Question:** My child has conjunctivitis — what should I do?

**Answer:** If viral (watery, recent URTI), supportive care and hygiene; for purulent discharge or contact lens users, refer for antibiotic eye drops (e.g., topical chloramphenicol) per prescriber. Maintain strict hand hygiene. [World Health Organization](#)

20. **Question:** I think I'm pregnant — can I keep taking my usual medicines?

**Answer:** Stop potentially teratogenic meds and consult your prescriber promptly. Many drugs are safe, others need substitution (e.g., certain antiepileptics, isotretinoin). Specialist advice required. [World Health Organization](#)

21. **Question:** How should I manage a blister/burn at home?

**Answer:** Cool with running water for 10–20 minutes, clean, apply sterile dressing, seek medical care for large, deep, or infected burns. Do not burst large blisters. Use analgesia as needed. [World Health Organization](#)

22. **Question:** What to do for minor insect bites?

**Answer:** Clean area, cold compress, topical emollients/antihistamine creams for itch, oral antihistamines if severe; seek medical care for spreading redness or signs of infection. [World Health Organization](#)

23. **Question:** Can I take my statin with grapefruit juice?

**Answer:** Avoid grapefruit with some statins (simvastatin, atorvastatin) due to increased exposure and myopathy risk. Check specific statin guidance. [World Health Organization](#)

24. **Question:** Is it safe to give my child ibuprofen and paracetamol together?

**Answer:** They may be alternated for persistent fever/pain, but follow weight-based doses, keep careful timing, and avoid doubling doses. Consult paediatric guidance for proper scheduling. [PMC](#)

25. **Question:** I have heartburn after NSAIDs — what should I do?

**Answer:** Stop NSAID if possible, consider antacid or PPI (omeprazole 20 mg once daily) for symptom control, and consult prescriber about alternative analgesia. [World Health Organization](#)

26. **Question:** My child has thrush (oral) — treatment?

**Answer:** Use **nystatin oral suspension** as directed (product dosages vary) or topical antifungal; for persistent or severe cases, refer to prescriber for systemic antifungal (fluconazole) if indicated. [World Health Organization](#)

27. **Question:** What should I know about antibiotic side effects?

**Answer:** Common effects: GI upset, rash, photosensitivity (tetracyclines), and C. difficile risk with broad-spectrum antibiotics. Stop and seek medical care for signs of allergy (hives, breathing difficulty). [World Health Organization](#)

28. **Question:** My child has suspected impetigo — can I treat it?

**Answer:** Refer to prescriber; topical mupirocin is commonly used for localized impetigo. Systemic antibiotics required for widespread infection. Practice hygiene to limit spread. [World Health Organization](#)

29. **Question:** How to manage mild dehydration at home?

**Answer:** Give **ORS** frequently in small volumes, continue feeding/breastfeeding, and seek care if unable to drink, has depressed consciousness, prolonged vomiting, or reduced urine output. [World Health Organization](#)

30. **Question:** My child has a wheeze — when to seek urgent care?

**Answer:** Seek urgent care for severe breathlessness, stridor, cyanosis, poor feeding, reduced responsiveness, or if inhaled bronchodilator/reliever provides no improvement. Otherwise use reliever inhaler and arrange follow-up. [World Health Organization](#)

31. **Question:** What should I know about OTC antihistamines and drowsiness?

**Answer:** First-generation antihistamines (diphenhydramine, chlorphenamine) cause sedation — warn caregivers. Choose non-sedating agents (loratadine, cetirizine) for daytime use. [World Health Organization](#)

32. **Question:** Is there a risk combining alcohol with antibiotics?

**Answer:** Some antibiotics (metronidazole, tinidazole) cause disulfiram-like reactions with alcohol. Alcohol also impairs recovery; advise avoiding during therapy for certain antibiotics. [World Health Organization](#)

33. **Question:** I have chronic cough suspected COPD/asthma — what should I do?

**Answer:** Refer for spirometry and assessment. Inhaled bronchodilators and/or inhaled corticosteroids may be indicated depending on diagnosis. Smoking cessation is essential. [World Health Organization](#)

34. **Question:** My child has head lice — what is recommended?

**Answer:** Use topical permethrin 1% or dimeticone per product instructions; combing wet hair with fine-tooth nit comb helps; treat close contacts and repeat treatment per guidance. [World Health Organization](#)

35. **Question:** How to use topical steroid creams safely?

**Answer:** Use the lowest-potency steroid for the shortest time needed, avoid face and thin-skin areas for potent agents, and follow prescriber instructions to limit side effects. [World Health Organization](#)

36. **Question:** I have heart palpitations while on medication — what to do?

**Answer:** Stop new suspect meds if safe, seek urgent review, especially if associated with dizziness, syncope, chest pain, or shortness of breath; some medicines prolong QT

interval and need review. [World Health Organization](#)

37. **Question:** When should children receive emergency care for poisoning?

**Answer:** If unresponsive, fitting, breathing difficulty, chemical burn, or large ingestion — call emergency services immediately and poison control. [Immunize.org](#)

38. **Question:** How to advise patients on safe storage of medicines at home?

**Answer:** Keep meds in original packaging, out of reach of children, away from heat/humidity, and safely dispose of expired products. Use locked boxes for controlled drugs. [emdex.org](#)

39. **Question:** What to do about vaccine side effects in children?

**Answer:** Expect mild pain/redness or low fever; give paracetamol for comfort; seek urgent care for breathing difficulty, high fever, or anaphylaxis signs. Report adverse events per local system. [CDC](#)

40. **Question:** My child has frequent ear infections — what preventive steps help?

**Answer:** Advise breastfeeding where possible, avoid tobacco smoke exposure, ensure timely immunizations, and consider ENT referral for recurrent cases. [World Health Organization](#)

41. **Question:** What can I take for travel prevention of malaria?

**Answer:** Use chemoprophylaxis recommended for destination (e.g., atovaquone-proguanil, doxycycline, or mefloquine), plus bite avoidance measures. Choose drug based on region resistance and patient age/pregnancy. Consult travel health service. [World Health Organization](#)

42. **Question:** How to handle medication errors noticed after patient left pharmacy?

**Answer:** Contact the patient immediately, advise them to stop or return the medicine if harmful, notify prescriber if needed, and document and investigate the error. [World Health Organization](#)

43. **Question:** Are herbal supplements safe with prescription meds?

**Answer:** Not always — many interactions exist (e.g., St. John's Wort decreases many drug levels). Always discuss herbal/vitamin use with pharmacist. [World Health Organization](#)

44. **Question:** How to treat athlete's foot / tinea?

**Answer:** Use topical antifungals (terbinafine or clotrimazole) applied as directed for 2–4 weeks; see prescriber for widespread or severe infections. [World Health Organization](#)

45. **Question:** My child has teething pain — safe remedies?

**Answer:** Use chilled teething rings, gentle gum massage, and comfort measures. Avoid topical benzocaine in infants and avoid systemic analgesics over recommended doses;

paracetamol per mg/kg if needed. [World Health Organization](#)

46. **Question:** What to do if a patient is non-adherent to essential meds?

**Answer:** Explore reasons (side effects, cost, forgetfulness), offer adherence aids (blister packs, reminders), discuss with prescriber about simplification, and arrange follow-up. [World Health Organization](#)

47. **Question:** How to manage mild depression/anxiety in primary care?

**Answer:** Offer supportive counselling, signpost local mental-health services, consider referral to GP for therapy or medication; if antidepressants are started, advise monitoring for worsening mood or suicidal thoughts in young people. [World Health Organization](#)

48. **Question:** My child has recurrent urinary tract infections — what next?

**Answer:** Refer for urine testing and renal/urological evaluation; prophylactic antibiotics may be considered under specialist guidance. [World Health Organization](#)

49. **Question:** Can I breastfeed while on medication?

**Answer:** Many meds are safe, some are contraindicated. Check product monographs or resources (e.g., EMDEX, LactMed) and consult prescriber for alternatives where necessary. [api.emdex.org+1](http://api.emdex.org+1)

50. **Question:** Which common meds require monitoring (blood tests)?

**Answer:** Examples: warfarin (INR), ACEi/ARBs/diuretics (renal function, potassium), statins (LFTs if symptomatic), methotrexate (LFTs), and antiepileptics (levels). Arrange baseline and periodic monitoring per guidelines. [World Health Organization](#)