MICHAEL'S FORMULARY & CLINICAL PERSPECTIVE™

AMERICA'S OTC PHARMACY™

COUGH & COLD CARE WITH DIABETES

TYPE 1 • TYPE 2 • PREDIABETES • METABOLIC SYNDROME

TYPE 1: NEVER STOP INSULIN ON YOUR OWN • FOLLOW YOUR KETONE PLAN

WHY IT MAY HELP

MATCH THE SYMPTOM

- COUGH
- FEVER
- CONGESTION
- SORE THROAT

- DEXTROMETHORPHAN
- GUAIFENESIN
- ACETAMINOPHEN
- SALINE

WHY IT MAY NOT

CHECK GLUCOSE • HEART • KIDNEYS

- GLUCOSE
- HEART
- KIDNEYS

ASK FIRST

CHECK YOUR CONDITIONS & MEDICINES

- CONDITIONS
- PRESCRIPTIONS
- OTC PRODUCTS
- SUPPLEMENTS

RELIEVE THE SYMPTOM • PROTECT THE WHOLE PERSON

- CHECK GLUCOSE
- READ BOTH INGREDIENT LISTS
- AVOID DUPLICATES
- KNOW YOUR SICK-DAY PLAN

PATIENT GUIDE • CHECK THE CURRENT DRUG FACTS LABEL

1 • START WITH THE SYMPTOM

Treat what you have. Skip drugs for symptoms you do not have.

ORDER ONE ITEM AT A TIME

PAIN MENU

FEVER OR ACHES

Acetaminophen may fit. An NSAID may fit some people, but kidney, heart, stomach, and fluid risks matter.

COUGH MENU

DRY COUGH

Dextromethorphan may calm a dry cough. It is not a mucus thinner.

MUCUS MENU

WET COUGH

Guaifenesin may loosen mucus. Water and warm fluids also help.

NOSE MENU

STUFFY NOSE

Saline is a low-risk start. A decongestant needs a blood pressure and heart check.

ALLERGY MENU

RUNNY NOSE

An antihistamine may help allergy. Older drugs can dry you out and make you sleepy.

LABEL CHECK

MORE THAN ONE SYMPTOM

Choose single drugs when you can. Combo products can hide repeats and drugs you do not need.

The cold can raise glucose even when you eat less. Check more often and use your sick-day plan.

2 • THE SICK-DAY DASHBOARD

Type 1 needs the fastest ketone and insulin check. Illness may change glucose before any cold drug does.

DO THESE FOUR THINGS

TRACK THE TREND

CHECK GLUCOSE

Check as often as your plan says. CDC notes that many people are told to check every four hours.

PROTECT KIDNEYS

DRINK FLUIDS

Water helps lower the risk of dehydration. Your care plan may list other fluids if you cannot eat.

DKA ALERT

TYPE 1: CHECK KETONES

Use the ketone steps in your plan. Keep strips at home. Ketones need a prompt call for help.

MAKE IT VISIBLE

KEEP A LOG

Write down glucose, temperature, food, fluids, and medicines. It helps you and your care team act fast.

MEDICINE RULE

Do not stop insulin on your own. Follow your personal plan for insulin and diabetes pills.

CALL NOW	**Trouble breathing, chest pain, confusion, ketones, severe low glucose, or you cannot keep fluids down.**
ASK TODAY	**Glucose stays far above your target, fever lasts, symptoms get worse, or you are unsure about your medicines.**

3 • FEVER, HEADACHE & BODY ACHES

Pain relievers can help comfort. They do not treat the virus.

MAY HELP

ACETAMINOPHEN — WHY

It can lower fever and ease pain. It may be a simpler choice when an NSAID is not a good fit. [3]

CHECK TOTAL AMOUNT

ACETAMINOPHEN — WHY NOT

It can hide in many cold products. Too much can cause liver failure. [3]

SAFETY CHECK

ASK FIRST: LIVER

Ask first if you have liver disease, drink a lot, or take warfarin. Stay within the package limit.

MAY HELP

IBUPROFEN / NAPROXEN — WHY

These NSAIDs can lower fever and ease pain. They also reduce inflammation. [4]

RISK MAY OUTWEIGH RELIEF

NSAID — WHY NOT

An NSAID can stress the kidneys, raise blood pressure, retain fluid, and cause stomach bleeding. [4]

COMORBIDITY CHECK

ASK FIRST: NSAID

Ask first if you have kidney, heart, blood pressure, ulcer, bleeding, or fluid problems. [4]

DIABETES BOTTOM LINE

If you are dry, vomiting, or have kidney disease, do not guess about an NSAID. Ask first.

4 • COUGH & CHEST MUCUS

First decide if the cough is dry, wet, or a warning sign.

DRY COUGH

DEXTROMETHORPHAN — WHY

It may calm a dry cough and help sleep when coughing keeps you awake. [5]

ASK ABOUT INTERACTIONS

DEXTROMETHORPHAN — WHY NOT

It is a poor fit for a cough with lots of mucus. It can interact with an MAOI and some other drugs. [5]

WET COUGH

GUAIFENESIN — WHY

It may loosen chest mucus so it is easier to cough up. Fluids help this plan.

WRONG FIT / RED FLAG

GUAIFENESIN — WHY NOT

It does not stop a dry cough. A wet cough with shortness of breath needs more than an OTC product.

COMFORT CARE

HONEY / LOZENGE — WHY

A lozenge or honey may soothe the throat. Honey is not for a child under age one.

CHECK CARBS

HONEY / LOZENGE — WHY NOT

Sugar can add up. Sugar-free drops may use sugar alcohols that upset the gut.

LIQUID CHECK

A cough liquid may contain sugar, alcohol, sodium, or more than one drug. Read both ingredient lists.

5 • STUFFY OR RUNNY NOSE

Local care often adds less whole-body risk.

LOW-RISK START

SALINE — WHY

A saline spray can moisten the nose and thin mucus. It has no decongestant drug.

WATER SAFETY

SALINE RINSE — WHY NOT

A rinse needs distilled, sterile, or properly boiled and cooled water. Tap water is not the safe shortcut.

EFFECTIVE ORAL OPTION

PSEUDOEPHEDRINE — WHY

It can relieve nose and sinus congestion. It is sold behind the pharmacy counter. [6]

SYSTEMIC RISK

PSEUDOEPHEDRINE — WHY NOT

It can raise heart rate, blood pressure, glucose, and wakefulness. The label says to ask first with diabetes. [6]

DO NOT CONFUSE ROUTES

ORAL PHENYLEPHRINE — WHY NOT

FDA found that current data do not support it as effective at the labeled oral dose. [7]

SHORT LOCAL COURSE

OXYMETAZOLINE — WHY

This nose spray can work fast. Use it for no more than three days to lower rebound risk. [8]

ALLERGY PATTERN

ANTIHISTAMINE — WHY

It may help sneezing, itch, and clear allergy drainage.

SEDATION / DRYING

ANTIHISTAMINE — WHY NOT

It does not treat most chest mucus. Older drugs can cause sleep, falls, dry mouth, and urine trouble.

6 • COMORBIDITY CHECK

Other health problems may set the limit.

CONDITION	WHY IT MATTERS	WHAT TO DO
HIGH BLOOD PRESSURE / HEART	Decongestants may raise pressure or heart rate. NSAIDs may raise pressure or fluid load.	Ask before an oral nose drug or an NSAID.
KIDNEY DISEASE / DEHYDRATION	Illness and low fluid intake can reduce kidney reserve. NSAIDs add kidney stress.	Ask before an NSAID. Focus on fluids and your sick-day plan.
FATTY LIVER / LIVER DISEASE	Acetaminophen can harm the liver if the total dose is too high.	Check all combo products and alcohol use.
OBESITY / SLEEP APNEA	Sleepy cold drugs may harm focus and night breathing.	Do not mix sleepy drugs with alcohol.
ASTHMA / COPD	A cough may be a flare, not a simple cold. Too much mucus or wheeze needs review.	Use the breathing plan. Get care for shortness of breath.
NEUROPATHY / FALL RISK	Drowsy drugs can add dizziness, poor focus, and falls.	Plan the first dose. Avoid driving until you know the effect.
GLAUCOMA / URINE TROUBLE	Older allergy drugs and nose drugs may make these worse.	Ask a pharmacist before use.
BLOOD THINNER / ULCER	NSAIDs can raise bleeding risk.	Ask before an NSAID.

7 • TYPE 1, TYPE 2 & DIABETES MEDICINES

Type 1 puts insulin and ketones first. Every sick-day plan should name each diabetes drug and what to do.

DO NOT IMPROVISE

INSULIN

Illness may raise the amount you need. Do not stop it on your own. Follow your insulin and ketone plan.

ASK EARLY

SGLT2 INHIBITOR

Illness, low food intake, or dehydration can raise ketoacidosis risk. Follow your written hold and ketone plan.

FLUID STATUS MATTERS

METFORMIN

Vomiting, diarrhea, or dehydration can change whether it is safe to continue. Use your written plan or call.

LOW-GLUCOSE RISK

SULFONYLUREA / MEGLITINIDE

If you eat less, some glucose-lowering pills can cause a low. Check glucose and follow your plan.

HYDRATION CHECK

GLP-1 MEDICINE

Nausea, vomiting, or poor intake can add dehydration risk. Call if you cannot keep fluids down.

PREPARE NOW

NO WRITTEN PLAN?

Call your care team or pharmacist early.

IMPORTANT

This guide does not tell you to stop a diabetes drug. Your own sick-day plan controls.

8 • PREDIABETES & METABOLIC SYNDROME

No diabetes diagnosis does not mean no medicine risk.

WHOLE-PERSON VIEW

WHY THIS GROUP MATTERS

High blood pressure, body weight, blood fats, and glucose risk often occur together.

ASK FIRST

SAME SHELF RISKS

Decongestants may raise pressure or pulse. NSAIDs may affect kidneys, pressure, or fluid.

READ BOTH LISTS

SUGAR-FREE IS NOT A PASS

A sugar-free label only speaks to some ingredients. It does not clear the active drugs for your heart or kidneys.

FORM MATTERS

LIQUIDS CAN HIDE MORE

A syrup may have sugar, alcohol, salt, or sugar alcohols. Read the full list.

KNOW YOUR NUMBER

SICKNESS CAN SHIFT GLUCOSE

Stress hormones can raise glucose during illness. People at high risk may need a check sooner than planned.

SIMPLE MENU

USE ONE TARGETED DRUG

One drug makes the dose and effects easier to track.

SYNDROME X

Syndrome X is an older name for metabolic syndrome. It is a risk pattern, not one cold-drug rule.

9 • THE 60-SECOND SHELF CHECK

Use this order before a product enters your cart.

1	**Name the one symptom you most need to treat.**
2	**Find the Active ingredients box.**
3	**Match each active drug to a symptom you have.**
4	**Check the Warnings box for your conditions.**
5	**Check the full list for sugar, alcohol, and salt.**
6	**Compare every product for the same active drug.**
7	**Ask how it may affect glucose, pressure, kidneys, or sleep.**
8	**Buy the simplest product that fits.**

THE BEST PRODUCT TREATS THE RIGHT SYMPTOM WITH THE FEWEST EXTRA RISKS

10 • RESEARCH FRAMEWORK & SOURCES

The framework joins symptom fit, Drug Facts, sick-day care, and comorbidity risk.

FIT	Does the drug treat this symptom?
WHY	What useful effect should occur?
WHY NOT	What makes the choice a poor fit?
CONDITIONS	Do heart, kidney, liver, lung, or fall risks change it?
DIABETES	Could illness, food intake, or a diabetes drug change the plan?
LABEL	Do the current dose, age, and warnings support use?

PRIMARY SOURCES

[1] CDC: Managing Sick Days OPEN SOURCE

[2] NIDDK: Insulin, Medicines, and Other Diabetes Treatments OPEN SOURCE

[3] FDA: Do Not Overuse Acetaminophen OPEN SOURCE

[4] DailyMed: OTC ibuprofen Drug Facts OPEN SOURCE

[5] DailyMed: Dextromethorphan Drug Facts OPEN SOURCE

[6] DailyMed: Pseudoephedrine Drug Facts OPEN SOURCE

[7] FDA: Proposed removal of oral phenylephrine for lack of efficacy OPEN SOURCE

[8] DailyMed: Oxymetazoline Drug Facts OPEN SOURCE

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