

How to Use a Dry Powder Inhaler



A dry powder inhaler (DPI) is a handheld device that lets you breathe medicine into your lungs (*inhale*). The medicine used in a DPI is a very fine powder. It is important to take fast, deep breaths through the mouthpiece of a DPI to get the full amount of medicine.

You may need a DPI as part of your long-term treatment to prevent or control breathing problems. Dry powder inhalers usually do not have medicine that takes away sudden symptoms.

There are several types of dry powder inhalers. The most common are:

- Disc inhaler. These are shaped like a disc. The medicine is loaded when you slide the lever.
- Twist inhaler. The medicine is loaded when you twist the inhaler.

Follow the directions for use from your health care provider. Always refer to the package insert that comes with your dry powder inhaler for specific instructions.

What are the risks?

- If you do not use your inhaler correctly, medicine might not reach your lungs to help you breathe.
- The medicine in the DPI can cause side effects, such as:
 - Mouth sores (*thrush*).
 - Cough.
 - Hoarseness.
 - Shakiness.
 - Headache.

Supplies needed:

Dry powder inhaler. The medicine that you breathe in comes inside or with the DPI.

- Some devices have a chamber that is pre-loaded with medicine (*multi-dose*). The device has a preset number of doses (*inhalations*) inside of it.
- Some devices have medicine capsules that need to be loaded into them. The device will need to be loaded with a capsule each time a dose is needed (*single dose*).

How to use a dry powder inhaler

The specific steps for use will vary depending on the type of dry powder inhaler you have. In general, you should follow these steps:

1. Remove any gum or candy from your mouth.
2. Stand or sit up straight.
3. Load the medicine in your inhaler, depending on the type of DPI you have.
4. Turn your head away from your inhaler. Breathe out. **Do not** breathe out into the mouthpiece.

5. Turn your head back to the mouthpiece and seal your lips around it.
6. Take a quick, deep breath in through your mouth. **Do not** breathe through your nose.
7. Hold your breath for 10 seconds.
8. Remove the inhaler from your mouth, turn your head, and breathe out slowly.
9. You may not feel the medicine going into your lungs. This is normal.
10. Check the dose indicator number on the inhaler. It should go down when you use it.
11. Rinse your mouth with water. **Do not** swallow the water.

Follow these instructions at home:

Caring for your DPI

- Store your inhaler in a dry place at room temperature. **Do not** store it in your bathroom.
- **Do not** breathe into the inhaler.
- **Do not** drop or shake your inhaler.
- **Do not** wash your inhaler. If the mouthpiece gets dirty, use a dry cloth to wipe it clean. The medicine in your inhaler is a powder and must be kept dry.
- Keep track of your doses. When the dose counter is low, it is time to pick up a new inhaler at your pharmacy. When the dose number shows zero (0), throw the device away.

General instructions

- Take your inhaled medicine only as told by your health care provider. **Do not** use the inhaler more than directed by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your health care provider.
- If you have any questions about how to use your DPI, talk with your health care provider or pharmacist.
- Keep all follow-up visits as told by your health care provider. This is important.

Where to find more information

American Lung Association: www.lung.org

Contact a health care provider if:

- You have a sore mouth.
- You have a sore throat.
- You have a persistent cough.
- Your voice changes or gets hoarse.
- You have side effects from the medicine.
- You are having trouble using your DPI.

Get help right away if:

- You have severe shortness of breath.
- You have trouble breathing.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A dry powder inhaler (DPI) is a handheld device that lets you breathe medicine into your lungs (*inhale*). The medicine used in a DPI is a very fine powder.
- You may need a DPI as part of your long-term treatment to prevent or control breathing problems. Dry powder inhalers do not usually have medicines that take away sudden symptoms.
- Take your inhaled medicine only as told by your health care provider. **Do not** use the inhaler more than directed by your health care provider.
- If you have any questions about how to use your DPI, talk with your health care provider or pharmacist.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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How to Use a Metered Dose Inhaler



A metered dose inhaler (MDI) is a handheld device filled with medicine that must be breathed into the lungs (*inhaled*). The medicine is delivered by pushing down on a metal canister. This releases a preset amount of spray and mist through the mouth and into the lungs. Each MDI canister holds a certain number of doses (*puffs*).

Using a spacer with a metered dose inhaler may be recommended to help get more medicine into the lungs. A spacer is a plastic tube that connects to the MDI on one end and has a mouthpiece on the other end. A spacer holds the medicine in the tube for a short time. This allows more medicine to be inhaled.

The MDI can be used to deliver many kinds of inhaled medicines, including:

- Quick relief or rescue medicines, such as bronchodilators.
- Controller medicines, such as corticosteroids.

What are the risks?

- If you do not use your inhaler correctly, medicine might not reach your lungs to help you breathe.
- If you do not have enough strength to push down the canister to make it spray, ask your health care provider for ways to help.
- The medicine in the MDI may cause side effects, such as:
 - Mouth sores (*thrush*).
 - Cough.
 - Hoarseness.
 - Shakiness.
 - Headache.

Supplies needed:

- A metered dose inhaler.
- A spacer, if recommended.

How to use a metered dose inhaler without a spacer



1. Remove the cap from the inhaler.

2. If you are using the inhaler for the first time, shake it for 5 seconds, turn it away from your face, then release 4 puffs into the air. This is called priming.
3. Shake the inhaler for 5 seconds.
4. Position the inhaler so the top of the canister faces up.
5. Put your index finger on the top of the medicine canister. Support the bottom of the inhaler with your thumb.
6. Breathe out normally and as completely as possible, away from the inhaler.
7. Either place the inhaler between your teeth and close your lips tightly around the mouthpiece, or hold the inhaler 1–2 inches (2.5–5 cm) away from your open mouth. Keep your tongue down out of the way. If you are unsure which technique to use, ask your health care provider.
8. Press the canister down with your index finger to release the medicine. Inhale deeply and slowly through your mouth until your lungs are completely filled. **Do not** breathe in through your nose. Inhaling should take 4–6 seconds.
9. Hold the medicine in your lungs for 5–10 seconds (10 seconds is best). This helps the medicine get into the small airways of your lungs.
10. Remove the inhaler from your mouth, turn your head, and breathe out normally.
11. Wait about 1 minute between puffs or as directed. Then repeat steps 3–10 until you have taken the number of puffs that your health care provider directed.
12. Put the cap on the inhaler.
13. If you are using a steroid inhaler, rinse your mouth with water, gargle, and spit out the water. **Do not** swallow the water.

How to use a metered dose inhaler with a spacer



1. Remove the cap from the inhaler.
2. If you are using the inhaler for the first time, shake it for 5 seconds, turn it away from your face, then release 4 puffs into the air. This is called priming.
3. Shake the inhaler for 5 seconds.
4. Place the open end of the spacer onto the inhaler mouthpiece.
5. Position the inhaler so the top of the canister faces up and the spacer mouthpiece faces you.
6. Put your index finger on the top of the medicine canister. Support the bottom of the inhaler and the spacer with your thumb.
7. Breathe out normally and as completely as possible, away from the spacer.
8. Place the spacer between your teeth and close your lips tightly around it. Keep your tongue down out of the way.
9. Press the canister down with your index finger to release the medicine, then inhale deeply and slowly through your mouth until your lungs are completely filled. **Do not** breathe in through your nose. Inhaling should take 4–6 seconds.
10. Hold the medicine in your lungs for 5–10 seconds (10 seconds is best). This helps the medicine get into the small airways of your lungs.
11. Remove the spacer from your mouth, turn your head, and breathe out normally.

12. Wait about 1 minute between puffs or as directed. Then repeat steps 3–11 until you have taken the number of puffs that your health care provider directed.
13. Remove the spacer from the inhaler and put the cap on the inhaler.
14. If you are using a steroid inhaler, rinse your mouth with water, gargle, and spit out the water. **Do not** swallow the water.

Follow these instructions at home:

Caring for your MDI

- Store your inhaler at or near room temperature. A cold MDI will not work properly.
- Follow directions on the package insert for care and cleaning of your MDI and spacer.

General instructions

- Take your inhaled medicine only as told by your health care provider. **Do not** use the inhaler more than directed by your health care provider.
- Refill your MDI with medicine before all the preset doses have been used.
 - If your inhaler has a counter, check it to determine how full your MDI is. The number you see tells you how many doses are left.
 - If your inhaler does not have a counter, ask your health care provider when you will need to refill it. Then write the refill date on a calendar or on your MDI canister.
 - Keep in mind that you cannot tell when the medicine in an inhaler is empty by shaking it. You may feel or hear something in the canister even when the preset medicine doses have been used up. Keeping track of your dosages is important.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Where to find more information

- Centers for Disease Control and Prevention: www.cdc.gov
- American Lung Association: www.lung.org

Contact a health care provider if:

- Symptoms are only partially relieved with your inhaler.
- You are having trouble using your inhaler.
- You have side effects from the medicine.
- You have chills or a fever.
- You have night sweats.
- There is blood in your thick saliva (*phlegm*).

Get help right away if:

- You have dizziness.
- You have a fast heart rate.
- You have severe shortness of breath.
- You have difficulty breathing.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the

symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A metered dose inhaler is a handheld device for taking medicine that must be breathed into the lungs (*inhaled*).
- Take your inhaled medicine only as told by your health care provider. **Do not** use the inhaler more than directed by your health care provider.
- You cannot tell when the medicine is gone in an inhaler by shaking it. Refill it with medicine before all the preset doses have been used.
- Follow directions on the package insert for care and cleaning of your MDI and spacer.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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How to Use a Nebulizer, Adult



A nebulizer is a device that turns liquid medicine into a mist or vapor that you can breathe in (*inhale*). This medicine helps to open the air passages in your lungs. You may need to use a nebulizer if you have an acute breathing illness, such as pneumonia. A nebulizer may also be used to treat chronic conditions, such as asthma or chronic obstructive pulmonary disease (COPD).

There are different kinds of nebulizers. With some nebulizers, you breathe in medicine through a mouthpiece. With others, you get medicine through a mask that fits over your nose and mouth.

What are the risks?

If you use a nebulizer that does not fit right or is not cleaned properly, it can cause some problems, including:

- Infection.
- Eye irritation.
- Delivery of too much medicine or not enough medicine.
- Mouth irritation.

Supplies needed:

- Air compressor (*nebulizer machine*).
- Nebulizer medicine cup (*reservoir*) and tubing.
- Mouthpiece or face mask.
- Soap and water.
- Sterile or distilled water.
- Clean towel.

How to use a nebulizer





Preparing a nebulizer

Take these steps before using your nebulizer:

1. Read the manufacturer's instructions for your nebulizer, as machines vary.
2. Check your medicine. Make sure it has not expired and is not damaged in any way.
3. Wash your hands with soap and water.
4. Put all of the parts of your nebulizer on a sturdy, flat surface.
5. Connect the tubing to the nebulizer machine and to the reservoir.
6. Measure the liquid medicine according to instructions from your health care provider. Pour the liquid into the reservoir.
7. Attach the mouthpiece or mask.
8. Test the nebulizer by turning it on to make sure that a spray comes out. Then, turn it off.

Using a nebulizer

Be sure to stop the machine at any time if you start coughing or if the medicine foams or bubbles.

1. Sit in an upright, relaxed position.
2. If your nebulizer has a mask, put it over your nose and mouth. It should fit somewhat snugly, with no gaps around the nose or cheeks where medicine could escape. If you use a mouthpiece, put it in your mouth. Press your lips firmly around the mouthpiece.
3. Turn on the nebulizer.
4. Some nebulizers have a finger valve. If yours does, cover up the air hole so the air gets to the nebulizer.
5. Once the medicine begins to mist out, take slow, deep breaths. If there is a finger valve, release it at the end of your breath.
6. Continue taking slow, deep breaths until the medicine in the nebulizer is gone and no mist appears.

Cleaning a nebulizer

The nebulizer and all of its parts must be kept very clean. If the nebulizer and its parts are not cleaned properly, bacteria can grow inside of them. If you inhale the bacteria, you can get sick. Follow the manufacturer's instructions for cleaning your nebulizer. For most nebulizers, you should follow these guidelines:

- Clean the mouthpiece or mask and the reservoir by:
 - Rinsing them after each use. Use sterile or distilled water.
 - Washing them 1–2 times a week using soap and warm water.
- **Do not** wash the tubing.
- After you rinse or wash them, place the parts on a clean towel and let them air-dry completely. After they dry, reconnect the pieces and turn the nebulizer on without any medicine in it. Doing this will blow air through the

equipment to help dry it out.

- Store the nebulizer in a clean and dust-free place.
- Check the filter at least one time every week. Replace the filter if it looks dirty.

Follow these instructions at home

- Use your nebulizer only as told by your health care provider. **Do not** use the nebulizer more than directed by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Where to find more information

- Allergy & Asthma Network: allergyasthmanetwork.org
- American Lung Association: www.lung.org

Contact a health care provider if:

- You have trouble using the nebulizer.
- Your nebulizer foams or stops working.
- Your nebulizer does not create a mist after you add medicine and turn it on.

Get help right away if:

- You continue to have trouble breathing.
- Your breathing gets worse during a nebulizer treatment.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A nebulizer is a device that turns liquid medicine into a mist (*vapor*) that you can breathe in (*inhale*).
- Measure the liquid medicine according to instructions from your health care provider. Pour the liquid into the part of the nebulizer that holds the medicine (*reservoir*).
- Once the medicine begins to mist out, take slow, deep breaths.
- Rinse or wash the mouthpiece or mask and the reservoir after each use, and allow them to air-dry completely.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

How to Use a Soft Mist Inhaler



A soft mist inhaler (SMI) is a handheld device for taking medicine that must be breathed into the lungs (*inhaled*). The device changes a liquid medicine into a mist that can be inhaled.

A soft mist inhaler is used when a disease causes the breathing tubes to narrow (*bronchospasm*). Using an SMI helps prevent bronchospasm and keeps the airway open. An SMI may be part of the long-term treatment for asthma or chronic obstructive pulmonary disease (COPD). The usual dosage is two inhalations every day.

What are the risks?

- If you do not use the inhaler correctly, medicine might not reach your lungs to help you breathe.
- The medicine in the inhaler can cause side effects, such as:
 - Chest tightness or difficulty breathing.
 - Eye redness, eye pain, or vision changes.
 - Difficulty passing urine.
 - Dry mouth or sore throat.
 - Cough.
 - Headache.
 - Sinus congestion (*sinusitis*).

Supplies needed:

A soft mist inhaler. The medicine that you need to breathe in comes in the inhaler. Each device contains the amount of medicine needed for 60 uses (30 daily doses of 2 inhalations).

How to use a soft mist inhaler

Preparing a new inhaler for use

1. Remove the clear base of the inhaler by pressing the safety catch on the cap with your thumb and pulling off the clear base with your other hand.
2. On the label, write down the date that will be 3 months from now. This is the date when you should throw away the inhaler.
3. Place the medicine cartridge that comes with the inhaler into the base of the inhaler. Press the cartridge on a flat surface to click it into place. Click the clear plastic base back into place over the cartridge.
4. Turn the clear base in the direction of the arrows on the label until you hear a click.
5. Open the cap on top of the inhaler. It should snap open all the way to show you the mouthpiece.
6. Prepare (*prime*) the inhaler for use. To do this, point the inhaler toward the ground and press on the dose-

release button below the mouthpiece. You should see the release of some mist. Be careful not to get any mist into your eyes. If you do not see mist, close the cap, turn the base, open the cap, and prime the inhaler again until you see the mist. If you still do not see the mist, return the inhaler to your pharmacist for help.

Taking an inhaled dose

1. Hold the inhaler upright.
2. Use your thumb and pointer finger to turn the base of the inhaler until you hear a click. This means the dose chamber is ready to deliver the medicine.
3. Open the cap until you hear a click.
4. Hold the inhaler in one hand with your pointer finger over the dose-release button.
5. Turn your head away from the inhaler and breathe out slowly.
6. Close your lips around the mouthpiece.
7. Point the inhaler toward the back of your mouth.
8. Press the dose-release button while taking a slow, deep breath through your mouth.
9. Hold your breath for 10 seconds, or as long as you can.
10. Turn your head away from the inhaler and breathe out slowly through pursed lips.
11. Take a second inhalation if your health care provider told you to. **Do not** take extra doses even if you do not feel the mist as you inhale.

Follow these instructions at home:

Tips for using your inhaler

- Use a soft mist inhaler only as told by your health care provider.
- Do inhalations at about the same time each day.
- If you have not used the inhaler:
 - In more than 3 days, release a mist dose toward the ground before using.
 - In 21 days or more, open the cap, turn the base, and prime the inhaler until you see mist. Repeat these steps three more times before using the inhaler.

Caring for your SMI

- Store the soft mist inhaler at room temperature. Keep it out of reach of children.
- Clean the mouthpiece of the SMI with a damp, clean cloth once every week.

General instructions

- Check the indicator on the inhaler to keep track of your doses. When the indicator is in the red zone, you have 7 days left. Get a refill at this time. The inhaler will lock when it is empty.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your health care provider.
- Tell your health care provider about:
 - All your medical conditions. Use soft mist medicine with caution if you have glaucoma, an enlarged prostate, or kidney disease.
 - If you are or may become pregnant.
 - All medicines you take. Some medicines can interact with the medicines in the inhaler.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- You have a very dry mouth or sore throat.
- You have a fever.
- You have a stuffy nose (*nasal congestion*) or nasal discharge.
- You have a cough that does not go away (*is persistent*).
- You have a headache.
- You have trouble passing urine.
- You are not sure how to use your inhaler or your inhaler is not working properly.

Get help right away if:

- You have an allergic reaction. Symptoms may include an itchy rash, swelling of the face or tongue, or difficulty breathing.
- You have severe and sudden eye pain or changes in vision.
- You have severe shortness of breath.
- You have difficulty breathing.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A soft mist inhaler (SMI) may be part of the long-term treatment for asthma or chronic obstructive pulmonary disease (COPD).
- The usual dosage is two inhalations each day to prevent bronchospasm.
- Follow instructions carefully to use the inhaler properly.
- Get help right away if you have an allergic reaction, sudden eye pain, changes in vision, shortness of breath, or difficulty breathing.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Upper Respiratory Infection, Adult

An upper respiratory infection (URI) is a common viral infection of the nose, throat, and upper air passages that lead to the lungs. The most common type of URI is the common cold. URIs usually get better on their own, without medical treatment.

What are the causes?

A URI is caused by a virus. You may catch a virus by:

- Breathing in droplets from an infected person's cough or sneeze.
- Touching something that has been exposed to the virus (is *contaminated*) and then touching your mouth, nose, or eyes.

What increases the risk?

You are more likely to get a URI if:

- You are very young or very old.
- You have close contact with others, such as at work, school, or a health care facility.
- You smoke.
- You have long-term (*chronic*) heart or lung disease.
- You have a weakened disease-fighting system (*immune system*).
- You have nasal allergies or asthma.
- You are experiencing a lot of stress.
- You have poor nutrition.

What are the signs or symptoms?

A URI usually involves some of the following symptoms:

- Runny or stuffy (*congested*) nose.
- Cough.
- Sneezing.
- Sore throat.
- Headache.
- Fatigue.
- Fever.
- Loss of appetite.
- Pain in your forehead, behind your eyes, and over your cheekbones (*sinus pain*).
- Muscle aches.
- Redness or irritation of the eyes.
- Pressure in the ears or face.

How is this diagnosed?

This condition may be diagnosed based on your medical history and symptoms, and a physical exam. Your health care provider may use a swab to take a mucus sample from your nose (*nasal swab*). This sample can be tested to determine what virus is causing the illness.

How is this treated?

URIs usually get better on their own within 7–10 days. Medicines cannot cure URIs, but your health care provider may recommend certain medicines to help relieve symptoms, such as:

- Over-the-counter cold medicines.
- Cough suppressants. Coughing is a type of defense against infection that helps to clear the respiratory system, so take these medicines only as recommended by your health care provider.
- Fever-reducing medicines.

Follow these instructions at home:

Activity

- Rest as needed.
- If you have a fever, stay home from work or school until your fever is gone or until your health care provider says your URI cannot spread to other people (is no longer *contagious*). Your health care provider may have you wear a face mask to prevent your infection from spreading.

Relieving symptoms

- Gargle with a mixture of salt and water 3–4 times a day or as needed. To make salt water, completely dissolve $\frac{1}{2}$ –1 tsp (3–6 g) of salt in 1 cup (237 mL) of warm water.
- Use a cool-mist humidifier to add moisture to the air. This can help you breathe more easily.

Eating and drinking



- Drink enough fluid to keep your urine pale yellow.
- Eat soups and other clear broths.

General instructions



- Take over-the-counter and prescription medicines only as told by your health care provider. These include cold medicines, fever reducers, and cough suppressants.
- **Do not** use any products that contain nicotine or tobacco. These products include cigarettes, chewing tobacco, and vaping devices, such as e-cigarettes. If you need help quitting, ask your health care provider.

- Stay away from secondhand smoke.
- Stay up to date on all immunizations, including the yearly (*annual*) flu vaccine.
- Keep all follow-up visits. This is important.

How to prevent the spread of infection to others



URIs can be contagious. To prevent the infection from spreading:

- Wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer.
- Avoid touching your mouth, face, eyes, or nose.
- Cough or sneeze into a tissue or your sleeve or elbow instead of into your hand or into the air.

Contact a health care provider if:

- You are getting worse instead of better.
- You have a fever or chills.
- Your mucus is brown or red.
- You have yellow or brown discharge coming from your nose.
- You have pain in your face, especially when you bend forward.
- You have swollen neck glands.
- You have pain while swallowing.
- You have white areas in the back of your throat.

Get help right away if:

- You have shortness of breath that gets worse.
- You have severe or persistent:
 - Headache.
 - Ear pain.
 - Sinus pain.
 - Chest pain.
- You have chronic lung disease along with any of the following:
 - Making high-pitched whistling sounds when you breathe, most often when you breathe out (*wheezing*).
 - Prolonged cough (more than 14 days).
 - Coughing up blood.
 - A change in your usual mucus.
- You have a stiff neck.
- You have changes in your:
 - Vision.
 - Hearing.

- Thinking.
- Mood.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

Summary

- An upper respiratory infection (URI) is a common infection of the nose, throat, and upper air passages that lead to the lungs.
- A URI is caused by a virus.
- URIs usually get better on their own within 7–10 days.
- Medicines cannot cure URIs, but your health care provider may recommend certain medicines to help relieve symptoms.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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