

# Your Health Beyond Swarthmore



*A basic guide to health and healthcare for  
graduating seniors*

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## OVERVIEW & PURPOSE

Navigating your health and healthcare in America can be challenging. We hope that this resource will provide you with a basic understanding of common preventative healthcare and wellness practices, a general understanding of insurance and choices associated with insurance, and some basic knowledge of self care for common ailments. Know that this is a general guide and that each individual circumstance may influence your health and care.

## SECTIONS

1. Preventative healthcare
2. General health, wellbeing and healthcare access upon leaving the “Swat Bubble”
3. Insurance Basics
4. Common ailments and home care recommendations

## Preventative Healthcare

*“An ounce of prevention is worth a pound of cure.” - Anonymous*

Preventative health care is one of the most powerful pieces of healthcare and highly underutilized. Below are some of the general recommendations for preventative healthcare.

- 1.) **See a primary care physician (PCP) or general practitioner once a year for a “well visit”.** This visit will review your current and historical health, current health behaviors, counseling on preventing illness and disease, monitor and screen appropriately for conditions based on history and other factors, address maintenance of chronic conditions. **This visit is focused on the holistic health of a person and prevention of illness, injury or complications of chronic disease.** This will certainly include a health history review and family history review, a physical exam and counseling. It may or may not include vaccinations and/or screening testing (laboratory tests or radiological tests). **When preparing for your well visit, it is important to mentally review or write down your current health habits, your personal and family health history, have a complete list of all medications you take (including those for mental health, over the counter medications, vitamins and herbal supplements), and have an up to date record of your vaccinations.**

Some people may ask, “How do I find a primary care physician (PCP) or healthcare provider in my new area?”. This may depend on your insurance plan, who is “in-network” for your plan, or what type of insurance plan you have. For instance, if you have an HMO (Health Maintenance Organization), you will choose a PCP when you initially sign up for your insurance plan. Whereas with a PPO (preferred provider organization), you can choose your PCP and change more freely than an HMO (more on this topic later in this guide). Before choosing a PCP you may want to read reviews (with some caution) and talk to people in your personal network for recommendations.

Some questions to ask at a PCP office which may affect your decision:

- What are the office hours?
- Do they have any dedicated times for urgent appointments?
- What are typical wait times for an appointment and wait times at the office?
- Do they have ancillary staff to help with healthcare navigation and insurance support?
- Are they affiliated with a hospital system that has multiple services and specialty care options?
- Any other service related and accessibility questions that are important to you.

2.) Below are some recommended **general preventative screening tests**, the age to begin testing, and frequency of testing. (Individual recommendations may vary depending on personal and family health history). **Remember, a screening test is a test performed when there are NO symptoms of disease or infection present. This is meant to detect the presence of infection or disease early in its course so that it may be treated effectively.** If there is evidence of illness or disease, testing is no longer considered *screening* but instead is considered *diagnostic*.

Screening Test	Type of Test	Age to Begin Testing	Frequency of Testing
STI screening	Site specific swab, blood test	Age when become sexually active	Once a year or more frequently if more than one partner.
Pap Smear (Cervical cancer screening)	Cervical swab	Age 21	Every 3-5 years.
Hypertension (high blood pressure)	In office measurement	Age 40	Yearly
Diabetes Screening	Blood test	Age 35 (if at increased risk)	Every 3 years
Cholesterol screening	Blood test	Age 35-45 (sooner if at risk)	Every 5 years or less
Depression/Anxiety screening	In office questionnaire	Adolescence	At least yearly
Mammogram (breast cancer screening)	Specialized X Ray	Age 40	Yearly
Colonoscopy (colon cancer screening)	Internal scope of colon	Age 45	Every 10 years
Prostate Cancer screening	Blood test	Age 55	Varies

### 3.) Dental and Vision Recommendations

- Dental cleanings and examinations should occur twice a year.
- If you wear glasses or contacts, it is recommended to get your eyes checked on a yearly basis.

## General health, wellbeing and healthcare access upon leaving the “Swat Bubble”

Leaving college marks a great transition for most individuals. Below are some things to think about as you continue on your personal journey for your health, well being and accessing formal health care.

### 1. Lifestyle changes and wellness

#### Social:

Maintaining connections to friends from college can be challenging now that you may not live in the same location. Many find even brief shares about life’s happening through text, email, chats, social media are ways to maintain connection post-graduation. Make plans for reunions, trips together or visits with each other. Participate in big life events for each other like weddings, graduations from grad studies, baby showers and other momentous life events.

Making new friends: joining clubs and hobby specific groups are often a great place to meet like minded people. Your hobby should bring you joy! Having a hobby can actually help lower your stress level, and reducing stress can help you remain healthy, both physically and emotionally.

Dating, sex, life partners and healthy relationships: In college, it's often easier to meet like-minded people because there's a built-in social scene and plenty of groups, clubs, and activities to join. Life, and dating, after college is a different experience in many ways. Getting involved in social scenes requires more effort because you have to go out and search for the community, people, and places you want to be involved with. In addition, it may be your first time holding down a full-time job, coupled with more financial and life responsibilities. Figuring out how to date suddenly intersects with learning how to live and succeed in “the real world,” and this can feel like a lot of work and pressure. As you develop more life and relational skills, you’ll have a better feel for who you are in the world – and how to navigate things like who and how you want to date. Use your best judgment as an inner compass and be willing to learn and change as you gain more experience. As long as you keep comfort, safety, honest communication, and consent in mind, you get to do whatever you want. After all, it’s your life and your relationships.

Family and your new role as an adult: For many, graduation from college represents a launching point into adulthood. Your relationship with family members will likely change from one of more dependence to, instead, one of support as you “leave the nest”.

Individuals in young adulthood and family relationships may be challenged by your own personal development of individual values, morals and beliefs. This relationship will continue to morph through your adulthood as family members age and roles shift.

## Education:

Just because your formal college education has come to a close, we encourage you to keep learning! This may include taking classes about something that interests you (online or in person), learning a new skill or language, exploring places of learning like museums or through travel, engaging in professional development or other occupational skills learning, and reading non-fiction books and articles about a particular topic. Explore the resources that exist in your community and online. Also check in with your employer as they may offer learning opportunities or benefits to support your lifelong learning.

## Activity:

Physical activity is known to improve physical and mental health as well as offer an opportunity to connect with others with similar interests and goals. Create a realistic goal for yourself to stay active. Join a local group where you can exercise with others who share your goals, join a gym and start a workout routine, or simply take a walk down the street. Increasing your physical activity has been proven to sharpen your mind as you age. Mix in both anaerobic activities such as weight lifting with aerobic activity such as jogging or biking for optimal results. If you start making regular exercise a habit in your 20s, it'll help you stay healthy, both physically and mentally, as you age.

## Nutrition:

Create a consistent routine of eating a variety of foods and food groups to power you through the day.

Start planning your meals weekly. This will give you an overall picture of what you eat each day and help you plan ahead to make healthier (and often more cost efficient) choices. Healthier eating leads to an overall healthier lifestyle and decreases your chances of developing chronic illnesses like diabetes and high blood pressure later in life. Your body (and your bank account) will thank you!

Consult with a primary care clinician or a registered dietician if you need direction or advice about your nutrition. Some insurance plans and employee assistance programs at your place of employment may provide nutrition counseling as a benefit.

## Sleep:

Your sleep routines are likely to change once leaving college for various reasons. It is super important to establish a routine sleep cycle and stick with it! Even on the weekends or days off! A healthy sleep routine is important for both physical and mental health. By

getting adequate sleep each night, you can optimize your health, improve your immune system and sharpen your cognition. Appropriate sleep hygiene is key to a good night's rest. This includes avoiding stimulants like caffeine and use of screens (including phones) near bedtime, exercising regularly, not eating after dinner time, maintaining a consistent sleep schedule and keeping your bedroom dark and quiet. By establishing these sleep habits early in life, it'll be easier for you to stick to a healthy sleep routine later in life, when work, family and other needs tend to make our lives busier.

Post-graduation stress and navigating life's challenges:

While graduating college can be a source of pride and celebration, transition to life after graduation can be challenging for one's mental health and emotional wellbeing. Transitions are changes that include newness as well as loss, even if they are positive changes. You may find that adjusting to new routines, locations, responsibilities and communities takes a toll on your energy and/or mental capacities. This is in part because the cognitive load it takes to process significant amounts of novel information may exceed the executive functioning demands you were used to in your previous, established routines. Additionally, you may find that you miss certain things about college, whether the community, the place, the structure, or other elements of your life at Swarthmore. Lastly, keep in mind that while our culture posits that you "become an adult at age 18," the period considered "emerging adulthood" by developmental psychologists is roughly age 18-30. As a graduating student, you are likely in the middle of this process, and deserve help in continuing to figure adulthood out!

If you find the post-college transition challenging, you can employ several healthy management strategies to help. Some suggestions to coping with these stressors include:

- Stay in touch with friends and peers to share your experiences since graduation.
- Try to create a consistent routine that prioritizes adequate nutrition, sleep and body movement everyday.
- Connect with parents or other adults who have experienced this transition and can lend support.
- You may also contact a therapist online or in your area for professional guidance. Check with your employer's human resources office about available employee assistance programs as it may offer services to aid in your transition.

## 2. Health Preparedness:

Medications:

If you are on a prescription medication, it is important to continue that medication as

prescribed. If moving out of an area or traveling abroad, prepare ahead of time by calling a pharmacy to make sure you have an adequate supply. Some pharmacies allow for a transfer of prescription to another site so you may continue your medications.

#### Health records:

Maintaining an electronic or physical health record is a must. This should include your immunization records, past laboratory results, insurance information and any documents provided to you by a healthcare facility (like visit summaries).

#### Home supplies for first aid, common ailments:

It's helpful to keep a few first aid supplies on hand for the inevitable injuries and illnesses. Here are some recommendations from your caring health center staff:

1. Pain and fever relievers: acetaminophen (Tylenol) and ibuprofen (advil or motrin)
2. Band-aids and bacitracin ointment
3. Tums for the occasional upset stomach
4. Reusable ice/heat pack
5. Quality tweezers for splinters or ticks
6. Reliable thermometer

Due to the limited shelf life of medications and in the spirit of sustainability, we do not recommend having huge supplies of cold medications or other limited use medications. Instead, have a plan for obtaining said medications when an illness arises that is easiest for you in a sick state. This may be knowing the location of your local pharmacy or a delivery mechanism (Amazon, instacart, etc)

#### 3. Self advocacy and support during times of illness or injury.

Advocating for yourself in healthcare requires calm and patience. Here are some tips on how to advocate for yourself:

- Ask questions focusing on understanding and treatment options.
- Ask about risks and benefits of conditions and treatments.
- Identify and vocalize what your health goal is (prevention/treatment of illness, pain reduction, functional improvement, etc.). Treatments offered by health professionals should align with your goals.

It can be challenging to find trusted individuals in a new place. As your connections grow



in a place, you will hopefully find people who you can rely on in cases of illness or injury to help. When you are away from family, it is good to think about contingency plans. “How will I travel to see family if someone gets sick?” or “How can I ask a family member to come help me if I get sick”. This often comes down to financial and occupational limitations to traveling for urgent needs. **Preparing ahead of time by financially budgeting for emergencies and knowing your employer's sick leave policies will help make this a bit easier.**

4. Places to seek care: Accessing healthcare in the U.S. can pose some challenges due to location (i.e. rural areas) or possible insurance status. Below are some brief descriptions of the types of offices that provide traditional healthcare and how best to utilize them.

**Primary Care Offices:** Outpatient offices staffed with general practitioners trained in primary care, family medicine and/or internal medicine. Focuses include preventative care, evaluation and treatment of mild and moderate levels of illness/injury, health maintenance in the presence of chronic diseases, and coordination with specialty care. Offices often are able to perform some simple diagnostic tests. Most procedures and other testing will need to be completed at another location. Many primary care offices are open normal business hours, Monday through Friday. Cost of seeking care within a primary care office is typically the lowest compared to other locations.

**Specialty Outpatient Offices:** These offices house clinicians with specialty training in one area of medicine (i.e. orthopedics). Most people find themselves in the office of a specialist when their medical problem is complex or necessitates specialty consultation and treatment. Sometimes seeking care in these types of offices requires a referral from your PCP before you can schedule an appointment. Many specialty outpatient offices are open normal business hours, Monday through Friday. The cost of specialty visits in an outpatient setting will vary depending on your insurance.

**Urgent Cares:** Urgent cares are available for use for the evaluation and treatment of minor to moderate injuries and illness. They often can perform x rays, ECGs, basic diagnostic testing and simple procedures (like stitching and splinting of fractures) on site. Their hours often extend to later in the evening and on weekends so this can help if hours of seeking care are limited due to work or onset of illness/injury. Often staffed by a combination of physicians, nurse practitioners and/or physician assistants as well as nursing, radiology technicians, clerical and other staff. If you seek care at an urgent care and the medical staff deem the medical problem more serious or in need of more

advanced care, you may be referred to an emergency department. You may also be referred back to a primary care clinician or outpatient care if the problem will need ongoing management. Urgent cares are often more cost effective than going to an emergency department but more costly than a primary care office. Many urgent cares do take insurance and the cost associated will depend on your individual insurance plan. They also often offer an out of pocket fee for some level of service if you do not have insurance.

**Retail clinics:** Retail clinics can often help address minor ailments such as colds and sore throats as well as administer many immunizations. They are usually staffed by a nurse practitioner who operates under strict guidelines for care. There is often a fee for service payment schedules that can be billed through insurance or paid out of pocket. Retail clinics are often located inside of pharmacies like CVS and Rite Aid.

**Emergency Departments:** Typically emergency department visits should be reserved for severe illness or injury or if any urgent health need arises in the middle of the night and cannot wait until the next day. Emergency departments are staffed by physicians, NPs, PAs, RNs and other clinical staff that are specialty trained in the evaluation and management of emergency and life threatening conditions. Emergency departments can provide advanced and high levels of care and admit to the hospital if the condition requires hospitalization. They also have the ability to directly consult with specialty care if the condition warrants immediate consultation/care. You may be referred back to a primary care office setting or outpatient specialty if emergency conditions are ruled out but further evaluation and diagnostics in a non-emergent environment is recommended. Emergency department visits often are associated with higher costs (with insurance and without insurance) though this should not deter you from seeking care in the case of a life threatening condition. If you are without insurance and need to seek care in the emergency department, know that federal law prohibits the emergency department from turning you away though that does not mean there will not be a cost. During your time in the emergency department, you (or a friend/family member as advocate) can ask to speak to someone about any financial concerns and see if there are any programs to help lower costs.

## Insurance Basics

### 1. Accessing Health Insurance

As you leave Swarthmore College, there are three options for obtaining health insurance in the U.S.

- An insurance plan through your employment
- An insurance plan through the public health insurance marketplace
- Remain as a dependent on a parent's health insurance plan until the age of 26.

#### Employment Based Health Insurance:

Many employers offer various health insurance options. These are often presented to you in a benefits package at the start of your employment and you have the option to re-enroll or switch insurance plans on a yearly basis during "open enrollment". Employer supplied health care plans can vary greatly. Companies with fewer than 50 employees aren't required to offer health benefits. Smaller companies may only offer one health plan. Many companies offer additional dental and vision insurance plans (many traditional insurance plans DO NOT cover dental and vision care like glasses).

#### Public Health Insurance:

If your employer does not offer healthcare benefits you are always able to visit HealthCare.gov to purchase health insurance. From this site, you may be sent to your state's exchange if there is one.

#### Parent Provided Health Plans:

Individuals can remain as a dependent on a parent's health insurance plan up until the age of 26. You should understand that some of your health information may be shared with your parent(s) while under their insurance plan through the billing process.

### 2. How to choose a health insurance plan

Choosing a health care plan takes careful personal inventory of your current and anticipated needs as well as budget knowledge. Identifying your priorities and planning will help guide you to the best choice for you at that time. Below are some questions to ask

yourself while comparing options.

- What are my current and anticipated medical needs for this year?
- What is my budget for any possible medical bills and how do I plan to pay for them?
- Are there specific doctors, specialists or hospitals I plan to go to for my health care?
- What are the prescription benefits and do they work for my needs?
- Is it important to me to have a lot of flexibility in who, where and when I seek treatment?
- Are there any other perks associated with the plan that I will take advantage of (i.e. gym memberships or reimbursements).

And finally, know that if your health status or needs change with regards to your health plan, you can switch plans at the next open enrollment.

### 3. Health Insurance Terminology

Understanding health insurance is like learning a new language. Below are some common terms used in health insurance.

**Allowed Amount** Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (see Balance Billing.)

**Appeal** A request for your health insurer or plan to review a decision or a grievance again.

**Balance Billing** When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

**Co-insurance** your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

**Co-payment** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible** The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services'

**Emergency Medical Condition** An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation** Ambulance services for an emergency medical condition.

**Emergency Room/Department** Emergency services you get in an emergency room.

**Excluded services** Health care services that your health insurance or plan doesn't pay for or cover.

**Grievance** A complaint that you communicate to your health insurer or plan.

**Health Insurance** A contract that requires your health insurer to pay some or all of your health care costs in exchange for a Premium.

**In-network Coinsurance** The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network coinsurance.

**In-network co-payment** A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

**Medically Necessary** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Network** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Non-Preferred Provider** A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

**Out-of-network Coinsurance** The percent (for example , 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in network coinsurance.

**Out-of-network Copayment** A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network co-payments.

**Out-of-Pocket Limit** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

**Preferred Provider** A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Premium** The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

**Provider** A licensed person or organization that provides health care services. Examples of healthcare providers include doctors, nurses, therapists, pharmacists, laboratories, hospitals, clinics, and other health care facilities licensed, certified or accredited as required by state law.

*Glossary information obtained from:*

*<https://www.cms.gov/ccllo/Resources/Files/Downloads/uniform-glossory-finat.pdf>*

## Common ailments and home care recommendations

Let's face it, illnesses and injuries happen to everyone! Learning some basic home care remedies can ease your discomfort and possibly keep you out of a medical office or hospital. Below are some common problems that happen to us all and can be readily treated at home. Of course, use your best judgment when deciding if you need to seek medical care.

- Upper respiratory infections
- Musculoskeletal injuries
- Cuts and rashes
- Headaches
- Gastrointestinal problems

### 1. Upper Respiratory Infection (URI) and Sore Throats

URIs are also called colds and may include bronchitis. Colds, bronchitis and many sore throats are often caused by viruses. Common symptoms include; generally not feeling well, fever or chills, nasal congestion, headaches, sore throat, cough, ear aches. Viral infections usually get better within two weeks but some symptoms can linger up to 4 weeks. Your immune system will fight off this infection. Antibiotics do not help it go away any faster or lessen your symptoms if your illness is caused by a virus.

**The best treatment is to take medications to lessen your symptoms and to support your immune system by getting plenty of rest, adequate hydration (2 liters or more) and adequate nutrition.** Taking vitamin C and/or zinc early on in the illness may lessen how long you are sick and the severity of your symptoms.

If you have any severe symptoms like a high fever, severe headache, stomach ache, are unable to swallow, trouble breathing or chest pain, seek immediate evaluation by a healthcare professional.

*Below are some tips about over the counter (OTC) cough and cold medications you should consider using to treat your illness.*

Cough:

- Guafenesin: expectorant (helps loosen mucus - good for chest congestion). AKA mucinex, robitussin. It is contained in many combination cold medicines
- Dextromethorphan: cough suppressant. Anything with a "DM"; on the end like mucinex DM.

Nasal Congestion:

Decongestants (helps with sinus congestion/stuffy noses - should be used with caution in

patients with high blood pressure, heart disease, ADHD, thyroid disease). These can cause jitteriness and may make sleep difficult so best used during daytime hours. If the side effect is severe, stop the medication.

- Pseudoephedrine - must purchase from pharmacist counter after showing license. Any medication with a "D" on the end.
- Diphenhydramine (Benadryl), Doxylamine, Chlorpheniramine and Pheniramine: Anti-histamines. Classically known as an allergy medicine. Commonly used in nighttime cold medications because they cause drowsiness and may help to dry out nasal congestion.

Pain relievers for body aches/sore throats/earaches and fever reducers:

- Acetaminophen (tylenol)
- Ibuprofen (motrin, advil) - NSAID (anti-inflammatory)
- Naproxen (aleve) - NSAID (anti-inflammatory)

- If you have questions about OTC medications, speaking with a pharmacist may be helpful.
- Do not take aleve and ibuprofen at the same time. They are the same family of medication.
- Do not use aspirin during these types of illnesses.
- **Please be aware that many OTC combination cold medications contain tylenol. Do not take any additional tablets of tylenol if a combination medication already contains it. Check the label for ingredients and appropriate doses. Do not take more than recommended on the label unless directed by a medical professional.**

Other home remedies:

- Honey is a great cough suppressant and soothes sore throats.
- Gargle with salt water to help soothe a sore throat.
- Humidifiers near the bed at night to help decrease cough and avoid overdrying the throat
- Saline spray to the nasal passages to help clear nasal congestion

Contagion Precautions:

All respiratory viruses are contagious through droplets from your mouth and nose. Taking medications to help lessen your symptoms may, in turn, lessen infection spread. Washing your hands after coughing, blowing nose or touching face and wearing a mask may lessen transmitting these infections to others. If you are very symptomatic and have a fever, it is worthwhile to avoid contact with others if possible.

*If you develop worsening symptoms and/or fevers late in the illness (after 7-10 days) or it is not improving within 2 weeks then you should seek re-evaluation.*

## 2. Musculoskeletal Injuries

This may include muscle strains, contusions (bruises), sprains of joints and any injury to a body part. Care often begins "at home" and many of these types of injuries will heal with time and proper home care. It is important to seek care from a professional if the pain is severe,



there is a deformity of the body part, or you are not able to perform routine activities due to the injury. Below are some general suggestions for managing injuries or pain to any musculoskeletal parts.

**Rest:** It is important to allow that body part to rest especially in the first day or two. Your body and its immune system will be actively trying to heal it internally.

**Elevate:** Depending on the body part, elevating it above the level of the heart can minimize swelling (and therefore pain). This again is important in the first 1-2 days when swelling tends to be the worst.

**Ice:** Icing an injury in the first day or two may help reduce swelling and pain. Ice can be applied 20 minutes on and 20 minutes off. Make sure to have a thin piece of cloth or towel between the ice pack and your skin.

Let pain be your guide with regards to activity. If it hurts a lot, don't do it! You can take tylenol or ibuprofen to help lessen the pain especially if it is disrupting sleep and efforts to rest.

For many injuries, active recovery is encouraged. Once past the most acute 2-5 days, it is time to start moving. Gentle range of motion and/or stretching appropriate for that body part is a great way to help your body heal. Sometimes applying heat to the area 20 minutes before the activity will bring healing blood flow to the area.

After an injury, it is important to gradually reintroduce normal activities. Go slow! Jumping back into physical activities too fast can result in further injury.

### 3. Cuts and wounds

The most important part of wound care is stopping bleeding and cleaning out the injury to help prevent infection and keeping it clean while it heals. Copious amounts of plain water is adequate. If it is a particularly dirty wound, you may want to use a gentle soap to help remove dirt and debris. Do not use rubbing alcohol or peroxide as it can damage healthy tissue and delay healing.

Once a wound has been thoroughly cleaned, if it is bleeding, hold a clean cloth or paper towel to the area for 5-10 minutes to stop the bleeding. Once the bleeding has stopped, you can apply an appropriate sized bandage to help keep it clean. You may apply bacitracin to the wound though it is not always necessary. Simple bandages should be changed at least twice a day. More frequently if it becomes soiled or wet. You should continue to apply a bandage until the wound is nearly healed.

If the area around the wound becomes red, swollen, painful or if there is thick, pus-like drainage from the site, you should seek evaluation with a healthcare professional. If the initial wound is quite deep, gaping open wide, or won't stop bleeding, seek care within 12 hours of sustaining the wound. Emergent care should be sought if it is bleeding a lot or the bleeding is pulsating. Always try to apply pressure to bleeding wounds to stop or slow bleeding.

#### 4. Headaches

Headaches are a common problem and occur for various reasons. Some people will notice patterns or triggers to their headaches. Noticing this can help in the early detection and/or prevention of headaches. Some headaches may be a result of illness.

Some common remedies for headaches include:

- Taking acetaminophen and/or ibuprofen as directed on the bottle
- Applying cool or warm compress to head
- Find a dark quiet place to rest with eyes closed
- Increase hydration (two or more liters of fluid)
- Gentle range of motion stretching to neck, shoulders and upper back area

One should seek medical evaluation if the headache is severe, accompanied by dizziness, vision changes, weakness in arms/legs, vomiting, stiff neck, high fever.

#### 5. Gastrointestinal (GI) Problems

GI illnesses are also a common occurrence and can happen for a variety of reasons. Many of these conditions are self limited and resolve with time, rest and quality self care. Below are some common problems and some suggestions for self care and use of over the counter medications.

Nausea and vomiting:

Maintaining hydration is most important. Take in small sips of non-caffeinated beverages (water, ideally). You can also suck on ice chips or ice pops to help maintain hydration. Many illnesses that cause nausea and vomiting begin to subside in 24-48 hours. As it is subsiding, reintroduction of food should be gradual. Bland, carbohydrate rich foods like toast, plain oatmeal, rice or simple pasta is a good place to start. Natural remedies like ginger tea or candies sometimes help with nausea. If the vomiting is severe and you cannot keep any liquids down for over 24 hours, you stop urinating, you have severe pain or fever, or there is

blood in your vomit, you should seek medical evaluation.

#### Diarrhea:

Like nausea and vomiting, hydration is most important. Oftentimes acute illnesses that cause diarrhea will resolve on their own with time. Unlike nausea and vomiting, diarrhea can take up to two weeks to fully resolve. Most of the time it is important to let the illness pass through your body as long as you can keep up with hydration. If you are not able to keep liquids down and are feeling lightheaded, you may decide to take an over the counter medication like Immodium to help slow the diarrhea and to avoid severe dehydration. Keep your diet bland while you are having diarrhea. Avoid sugary foods and drinks as they can worsen diarrhea. Even some sports drinks contain too much sugar. If drinking a sugary sports drink, dilute it with water. If the diarrhea is severe, there is blood in stool, you are so lightheaded you feel like you might pass out, you have a fever, you should seek medical evaluation.

#### Reflux and upper abdominal discomfort:

Occasional upper abdominal discomfort and acid reflux can be treated with over the counter medications like Tums. These intermittent discomforts are often related to something you have eaten or drank. If it becomes a recurring problem, take notice of your diet and see if there is a pattern to something you ate/drank and your symptoms. If a trigger is found, it is best to avoid that food/drink. If the symptoms are more persistent, it is best to speak with a medical professional to evaluate the problem.

#### Constipation:

Constipation can occur for various reasons. Many times it has to do with your dietary intake for foods and fluids. It also can be a side effect of certain medications. Routine home remedies to treat and prevent constipation are drinking plenty of water (2 + liters a day), doing some exercise everyday, and eating a diet rich in fruit, vegetables and fiber. Sometimes one needs help passing stool with medication. OTC medications like Miralax is a gentle medication that helps to treat occasional constipation. Seek medical evaluation if you have severe abdominal pain and/or vomiting associated with constipation or chronic problems with constipation.

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*We at the Student Health and Wellness Center have enjoyed getting to know many of you during your time at Swarthmore. We wish you good health and wellbeing in the future.*

*“The greatest wealth is health.” –Virgil*