

Standing Orders for OTC Medications



Client Name _____ Date of Birth _____

Drug Allergies _____ Height _____ Weight _____

****Please mark or initial the medications that are approved for administration for this client.****

<u>Approved?</u>	<u>Medication</u>	<u>Symptom</u>	<u>Route</u>	<u>Dose</u> <u>(unless otherwise</u> <u>instructed by</u> <u>Doctor)</u>	<u>Always follow</u> <u>instructions on label,</u> <u>or as directed by Doctor.</u>
_____	Tylenol/ Acetaminophen	Fever/ Headache	By mouth	500 mg tabs, take 2 every 4 hours as needed	
_____	Cough Drops	Cough	On tongue	Take 1 every 2 hours as needed	
_____	Ducolax Suppository	Constipation, No stools for greater than 3 days	Rectally	10mg Suppository, insert one, one time. May repeat in 4 days	
_____	Hydrocortisone Topical Cream or Ointment 1%	Minor Skin Irritations/ Rashes	Topical	Apply lightly to affected area up to 3 times daily as needed	
_____	Motrin/ Ibuprofen	Pain/ Inflammation	By Mouth	200mg tabs, take 2 every 6 hours as needed	
_____	Imodium/ Loperamide	Diarrhea, Reoccurring watery stools	By Mouth	2mg tab, take 2 tabs after the first loose stool, take 1 tab for each subsequent loose stool	
_____	Milk of Magnesia	Dry Hard Stools/ Indigestion	By Mouth	Take 30mL at Bedtime, once per day as needed	
_____	Neosporin/ Triple antibiotic ointment	Skin Abrasions/ Minor Cuts	Topical	Apply lightly to affected area up to three times daily as needed	
_____	Tums/ Calcium Carbonate	Indigestion/ Heart Burn/ Upset Stomach	By Mouth, chew	500mg tablets, chew 2 tablets every 2 hours as needed	

Please Note: Generic brands are acceptable for the non-prescription medication listed above. Please read all product labels carefully. These standing orders are for ages 12 and older only. Contact Physician with ongoing issues.

In the event of poisoning or suspected poisoning, call poison control immediately.
Rocky Mountain Poison and Drug Center 1-800-222-1222.

Physician Signature: _____ Date: _____