

Medication Orders for over the counter medications

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_ Orders expire one year from this date.

Allergies to meds: \_\_\_\_\_

Other allergies: \_\_\_\_\_

\_\_\_\_\_ Authorized caregivers may administer OTC medications checked below.

\_\_\_\_\_ Authorized clients may self administer OTC medications checked below.

Please check below what OTC meds appropriate for each patient:

\_\_\_\_\_ May use store generics if applicable.

\_\_\_\_\_ If symptoms not relieved with second dose, call Dr. or go to ER.

\_\_\_\_\_ Electrolyte fluids (Gatorade, Powerade, Pedialyte, etc.) for vomiting and diarrhea.

1. Mild/Moderate pain: Such as: headache, dental pain, sprains, muscles aches, menstrual pain, etc)

\_\_\_\_\_ Acetaminophen 325 mg. 1 or 2 tablets every 4 to 6 hours as needed. (Do not exceed 4,000 mg/24 hours.)

\_\_\_\_\_ Acetaminophen 500 mg. 1 or 2 tablets every 4 to 6 hours as needed.

\_\_\_\_\_ Acetaminophen liquid: 80 mg/2.5 ml \_\_\_\_\_ ml every 4 to 6 hours.

\_\_\_\_\_ Ibuprofen 200 mg. 1 or 2 tablets every 4 to 6 hours as needed. Do not exceed 1200 mg./24 hours time.

\_\_\_\_\_ Ibuprofen liquid: 200mg/5 ml (5mg./2.2 lbs) \_\_\_\_\_.

2. Fever above 100.4F Must call Dr. if take a second dose. Retake temp. 1 hour after medicated. If temperature the same or higher, go to ER.

\_\_\_\_\_ May alternate Acetaminophen and Ibuprofen every 4 to 6 hours.

\_\_\_\_\_ Acetaminophen 325 mg. 1 or 2 tab. every 4 to 6 hours as needed.

\_\_\_\_\_ Acetaminophen liquid 80 mg/2.5ml \_\_\_\_\_ ml every 4 to 6 hours as needed.

\_\_\_\_\_ Acetaminophen 500 mg. 1 or 2 tablets every 4 to 6 hours as needed.

\_\_\_\_\_ Ibuprofen 200 mg. 1 to 2 tablets every 6 to 8 hours as needed.

\_\_\_\_\_ Ibuprofen 200mg/5 ml(5 mg./2.2 lbs) \_\_\_\_\_ mg. every 4 to 6 hours as needed.

3. Sore throat: Call Dr. if sore throat lasts longer than 24 hours, or is accompanied by fever of 100.4F or higher.

\_\_\_\_\_ Chloraseptic mouth spray: 1 to 2 sprays every 4 hours as needed.

\_\_\_\_\_ Throat lozenges of choice, 1 every 2 hours as needed.

**4. Allergy symptoms: runny eyes, nose, scratchy throat, etc.**

\_\_\_ Sudafed 30 mg. 1 or 2 tablets every 4-6 hours as needed

\_\_\_ Benedryl 25 mg. 1 or 2 tablet/capsule every 4 to 6 hours as needed.

\_\_\_ Dimetapp tablets or liquid. Follow directions in packaging. Also, children's strength.

\_\_\_ Dramanine

\_\_\_ Claritin 10 mg. 1 tablet every 24 hours as needed.

\_\_\_ Allegra 1 tablet every 24 hours as needed.

\_\_\_ Ocean Nasal Spray (Saline) as directed for stuffiness.

**5. Colds/Flu**

\_\_\_ Treat symptoms with meds listed for cough, fever, eye, nose, throat, aches.

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**6. Coughs**

\_\_\_ Robitussin Plain, (AC or DM per symptoms) 1 or 2 teaspoonfuls every 4-6 hours as needed.

\_\_\_ Mucinex 1 to 2 tablets every 4 to 6 hours as needed.

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**7. Heartburn/stomachache/gas pains. If pain not relieved by 1 or 2 doses, call Dr. or go to the ER.**

\_\_\_ Maalox/Mylanta 2 teaspoonfuls (1 to 2 tablets) every 2 to 4 hours as needed.

\_\_\_ Maalox Plus or Mylanta II 1 or 2 teaspoonfuls every 2 to 4 hours as needed for pain

\_\_\_ TUMS (or Roloids, etc) 1 tablet chewed every 2 to 4 hours as needed.

\_\_\_ Simethicone 80 mg. chew 1 or 2 tablets every 2 hours as needed

\_\_\_ Pepto-Bismol

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**8. Nausea or Vomiting, Motion sickness. Vomiting for longer than \_\_\_ hours-GO TO ER. SUDDEN ONSET with PAIN-GO TO ER. Treat motion sickness 1 hour before travel begins. DRINK LIQUIDS TO PREVENT DRY HEAVING.**

\_\_\_ Dramamine (or Bonine) for Motion sickness-follow directions on container

\_\_\_ Benedryl 25 mg. Follow directions on container.

**9. Diarrhea. KEEP WELL HYDRATED. GO TO ER IF LASTS LONGER THAN \_\_\_ HOURS, OR SIGNS OF SEVERE DEHYDRATION OCCURS.**

\_\_\_ Imodium AD tablet (or 2 teaspoonfuls liquid) every 4 hours as needed.

\_\_\_ Kaopectate

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**10. Constipation: Call Dr. if no results after 2 doses.**

\_\_\_ Milk of Magnesia 2 teaspoonfuls every 12 hours as needed.

\_\_\_ Colace 100 mg. 1 capsule every 12 hours as needed

\_\_\_ Dulcolax 1 tablet (or 1 suppository) every 4 hours as needed.

\_\_\_ Fleets (or Mineral Oil) enema every 12 hours as needed, if no BM in 3 days.

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**11. Rashes/insect bites: If not better in \_\_\_\_\_ hours call Dr. or go to the ER**

\_\_\_ Benedryl cream to site as directed.

\_\_\_ Calamine lotion as directed.

\_\_\_ Caladryl lotion as directed.

\_\_\_ Benedryl 25 mg. 1 to 2 tablets every 4 to 6 hours as needed for comfort.

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**12. Chapped lips/fever blisters:**

\_\_\_ Blistex or Carmex to lips as directed, as needed.

\_\_\_ choice of chapstics to lips.

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**13. Wound Care: Minor cuts or abrasions. Call Dr. if redness, swelling, severe pain or pus forms, or go to the ER.**

\_\_\_ Clean wound with soap and water

\_\_\_ apply 1/2 strength hydrogen peroxide and water

\_\_\_ gently dry area

\_\_\_ apply antibiotic ointment or cream, Neosporin, Polysporin, Bacitracin, etc.

\_\_\_ cover with bandage (or bandaide)

\_\_\_ repeat when bandage gets dirty, wet, comes off, or every 8 to 12 hours.

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**14. Excessive or hardened earwax:**

\_\_\_ put 2 drops hydrogen peroxide, followed by 2 drops water in each ear. May repeat every 6-8 hours.

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**15. Feet fungus-athletes foot, nails. Carefully dry feet and between toes at all times.**

\_\_\_ Tinactin Spray, cream, or powder to feet or nails, twice daily as needed.

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**16. Acne**

\_\_\_ Fostex 10% soap to face twice daily as needed.

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**17. Dandruff:**

\_\_\_ Selsun Blue shampoo to scalp every day as needed.

\_\_\_ Head and shoulders shampoo to scalp every day as needed.

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**18. Lice**

\_\_\_ Nix Cream Rinse to scalp as directed. May repeat as needed.

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**19. Sunscreen 25-70 SPF for sun exposure.**

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**20. Sunburn care.**

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**21. OT, PT, Speech therapy evaluation and treatment as needed.**

**22. Vision screening every \_\_\_\_\_ years.**

**23. Auditory screening every \_\_\_\_\_ years.**

**24. Dietary assessment and treatment as needed.**

**25. May have Flu vaccine yearly if not allergic to eggs.**

**26. May have pneumonia vaccine every \_\_\_\_\_ years.**

**27. May have tetnus/diphtheris/pertussis booster every 10 years.**

**28. May adjust medication time for lab tests and excursions.**

**29. May take a multi-vitamin/mineral every day,**

\_\_\_ Brand? \_\_\_\_\_

**30. May take Calcium supplement \_\_\_\_\_.**

**Physician's name printed** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_