



Name: _____ Date _____

Physician _____ Phone _____

Standing Orders for Over The Counter Medications

In the event the individual named above experiences any of the following minor discomforts or needs which does not necessitate a doctor's visit, prescription, or visit to the emergency room, the list of medications that follow may be administered according to the manufacturers' labeled use unless otherwise indicated by a physician on this form. Medication selected with a "tick" mark by your physician are the medications approved for your individual. Orders must be reviewed and signed by your physician ANNUALLY. If product is used, be sure to indicate its use on your MAR

<p>Mild Headache/Muscle Ache/ Mild Pain/Fever</p> <ul style="list-style-type: none"> ○ Acetaminophen 325mg 2 tabs Every 4 hours by Mouth (not to exceed 4gm in 24 hours) ○ Ibuprofen 2 tabs every 6 hours by mouth 	<p>Outdoor Activity</p> <ul style="list-style-type: none"> ○ Sunscreen – Use as directed ○ Lidocaine Base Burn Spray/lotion – Use as directed for minor sunburns ○ Insect Repellent – Use as directed
<p>Sore Throat/ Throat Irritations</p> <ul style="list-style-type: none"> ○ Benzocaine (Chloraseptic/Cepacol/generic equivalent) – Use as directed 	<p>Mild Cough</p> <ul style="list-style-type: none"> ○ Productive Cough – Guaifensin (Mucinex or generic equivalent) - Use as directed ○ Non-productive Cough – Dextromethorphan (Robitussin or generic equivalent) – Use as directed
<p>Mild Stomach Discomfort</p> <ul style="list-style-type: none"> ○ Tums, Rolaids, or Generic Equivalent – Use as directed 	<p>Diarrhea</p> <ul style="list-style-type: none"> ○ Immodium or generic equivalent – Use as directed. If occurs >24 hours, contact MD.
<p>Itching/Red-Watery Eyes/Seasonal Allergy Symptoms</p> <ul style="list-style-type: none"> ○ Benedryl 25mg or generic equivalent – 1 tablet by mouth every 8 hours 	<p>Nasal Congestion</p> <ul style="list-style-type: none"> ○ Sudafed or generic equivalent – Use as directed
<p>Mild Rash due to Poison Ivy/Oak or Insect Bite</p> <ul style="list-style-type: none"> ○ Hydrocortisone Cream 1% - Use as directed 	<p>Mild Abrasion/Cut</p> <ul style="list-style-type: none"> ○ Triple Antibiotic Ointment – Use as Directed

Any Further allowable orders as specified by Physician:

Physician Signature _____ Date _____