

Home and Community Options, Inc.

Standing Orders Physician's Form

All individuals must have a copy of this list that has been individualized and signed by the person's physician. This form needs to be taken with individual to every physician's visit. The physician will review the medications listed and indicate those medications the individual may or may not receive on a PRN basis. This signed list is then to be kept with the individual's current medication sheets.

I certify that _____, residing at _____ shall be allowed to use the following non-prescription medication in the doses listed, not to exceed the duration stated, on occasional basis under staff supervision. Each usage will be charted on the medication record.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aspirin 325mg PRN, 1-2 tablets every 4-6 hours, not to exceed 12 per day. |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol): 325mg PRN, 1-2 tablets every 4-6 hours for a maximum of 10 days for minor pain or fever of <u>greater than 100.2</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol) 500mg PRN, 1-2 tablets every 4-6 hours for a maximum of 10 days for minor pain or fever of <u>greater than 100.2</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen 200mg PRN, 2-3 tablets every 4-6 hours for a maximum of 10 days for minor pain or fever of <u>greater than 100.2</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Milk of Magnesia (MOM) Laxative dose: 2-4 tbsp PRN for constipation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Kaopectate 2 tbsp. PRN after each loose stool, not to exceed 7 times within 24 hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical Antibiotic Ointment for minor skin injuries PRN. Apply 1-2 times after cleaning area with soap and water. Bandage as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | For minor skin irritations: Desitin, A&D or Eucerin Cream, 1-3 times daily PRN. |
| <input type="checkbox"/> | <input type="checkbox"/> | Antifungal Cream or powder, apply up to 3 times daily until area healed PRN. |
| <input type="checkbox"/> | <input type="checkbox"/> | For minor cough: Robitussin (CF, PE, or equivalent): 1 or 2 tsp. q 6-8 hours PRN, not to exceed 4 doses in 24 hours and no longer than 2 weeks. |

- ___ ___ Debrox or equivalent: for earwax control. 2-3 drops in affected ear(s) twice a day up to 4 days PRN as recommended by nurse and follow by ear irrigation (done by Agency Nurse).
- ___ ___ Antiseptic, anesthetic first aid spray as directed to affected area PRN, may be utilized for insect bites. Apply to skin abrasions three times a day until area healed.
- ___ ___ Throat lozenges for minor sore throat. Cepacol or equivalent PRN.
- ___ ___ Cold/Upper respiratory symptoms: Sudafed or Robitussin Cold / Congestion or equivalent; 1 tablet or as directed on bottle PRN for cold symptoms.
- ___ ___ Over the counter Hydrocortisone Ointment, 1% hydrocortisone cream, apply three times daily PRN to minor irritated, itchy rashes. If no improvement within 5 days, see physician.
- ___ ___ Mylanta 1 or 2 tbsp every 4 hours PRN heartburn.
- ___ ___ Pepto-Bismol for nausea, indigestion or diarrhea PRN. Take as directed on bottle or box.
- ___ ___ Vick's Vapo-Rub for chest congestion/ cold symptoms PRN.
- ___ ___ Tums 1 – 2 tablets (chewable) PRN heartburn.
- ___ ___ Robitussin DM 1 to 2 tsp every 6-8 hours PRN for cough relief and to loosen phlegm making it easier to cough up mucus.
- ___ ___ Benadryl (diphenhydramine) 25 – 50 mg every 4 –6 hours PRN as needed for runny or congested nose, allergic reactions, i.e., itching rashes, hives, insect bites/stings.

Other:

___ ___ _____

___ ___ _____

Physician: _____ Date: _____

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Revised May 2016