

Residents/Patient's Name: _____ Date: _____

As the Physician of the above patient, and per article R6-5-7453, I am recommending the following items as "standing orders" to be used by qualified personnel, to treat this patient as the need arises for the next twelve (12) months. I am also authorizing the above youth to self-administer themselves prescribed and over the counter medication under the direct supervision of on duty staff.

NO.	PRN Medication or Treatment	YES	NO
1.	Acetaminophen 325 mg PO Q6 hrs. Prn for pain or fever		
2.	Antibiotic ointment to minor wounds, cuts, abrasion, or burns		
3.	Imodium AD 1 Tab PO after loose stool max 4 tabs / 24 hrs		
4.	Tums 2 tabs PO prn Max 10 tabs / 24hrs, or Mylanta 20 ml PO prn Q6 hrs. Max: 100ml /24 hrs for mild upset stomach or indigestion		
5.	Calamine or Caladryl lotions to non-poisonous bites or sunburn-may apply liberally per instructions on label		
6.	Ibuprofen 200 mg Q6 hrs. PO prn for pain or inflammation		
7.	Antiseptic facial wash OTC preparation topically QID prn		
8.	Cough Syrup 10 ml OTC Q6 hrs. prn		
9.	Cough Drops- 1 lozenge Q2 hrs. prn		
10.	Sunscreen SPF 30 or greater, apply to affected area every 30 minutes while exposed to sun		
11.	Loratadine 10 mg 1 tab PO Q12 hrs. prn		
12.	Hydrocortisone 1% cream for relief of inflammation or itching every 6 hrs. As needed		
13.	Saline Based Eyedrops OTC Q6 hrs. prn		
14.	Melatonin Gummies 2.5-3 mg / 30 mins before bed		

Physician's Name: _____

Physician's Signature: _____

