

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check which over the counter medication this individual may use as needed:

Please make changes as needed:

### **Pain or Temperature**

\_\_\_\_\_ **Tylenol (Acetaminophen)** take two 325mg tablets, by mouth, every 4 hours, not to exceed 12 tablets in 24 hours, as needed, for general pain (not including stomach pains), headache, or temperature over 100 degrees Fahrenheit taken by an oral or temporal device

\_\_\_\_\_ **Other** (describe) \_\_\_\_\_

### **Laxative**

\_\_\_\_\_ **Milk of Magnesia** 30ml by mouth at bedtime, as needed, not to exceed 60cc in 24 hours, give after three days of no bowel movements, to produce a bowel movement. Call RN if medicine does not produce a bowel movement.

\_\_\_\_\_ **Other** \_\_\_\_\_

### **Cough**

\_\_\_\_\_ **Robitussin DM**, 10ml, by mouth, every 4 hours, as needed, for non-productive cough, not to exceed 6 doses in 24 hours, if cough persists for 5 days, without a fever, call MD to make appointment.

\_\_\_\_\_ **Other** \_\_\_\_\_

**Diarrhea**

\_\_\_\_\_ **Imodium AD** 2mg tablets, take 2 tablets (4mg), by mouth, after first loose stool then, one tablet (2mg) after each subsequent loose stool, as needed for loose stools, not to exceed 4 tablets in 24 hours. If loose stools continue despite medication, call MD for appointment.

**Other:**

\_\_\_\_\_ May use **Triple Antibiotic Cream/Ointment** apply to affected area(s) topically three times a day, as needed, for areas of broken skin, if not improved in 7 days call doctor for appointment

**Caffeine and Alcohol**

\_\_\_\_\_ Individual may consume beverages and/or items containing caffeine.

\_\_\_\_\_ Individual may consume beverages containing alcohol.

\_\_\_\_\_ Additional information: \_\_\_\_\_

\_\_\_\_\_ **Other** \_\_\_\_\_

**Dietary Guidelines:** \_\_\_\_\_

\_\_\_\_\_

**Work Limitations:** \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All prescription orders are valid for 365 days unless otherwise indicated from the date signed. All medications may be dispensed each time during the order validation period on a monthly basis for up to a 31 day supply with 11 refills or for up to a 93 day supply with 3 refills when applicable.