PRN / OVER THE COUNTER MEDICATIONS: STANDING ORDERS

Name_____ **Date** _____

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

***Pain or Temperature**

_____ Tylenol (acetaminophen), take two 325 mg tablets by mouth, every four hours, as needed for General pain (excluding stomach pain), headache, or temperature over 100 degrees Fahrenheit. Not to exceed 12 tablets in 24 hours.

_____ Other (describe)_____

***Laxative**

_____ MOM as a laxative, 30 ml by mouth, at bedtime, to produce a bowel movement after 3 days of no bowel movements. Not to exceed 60 ml in 24 hours. Call physician's office if medication does not produce a bowel movement.

_____ Other (describe)_____

***Antacid**

_____ Mylanta II as an antacid,10 cc every four hours by mouth, as needed for heartburn or upset stomach. Not to exceed 60 cc in 24 hours.

_____ Other (describe)_____

***Runny Nose**

_____ Sudafed (pseudoephedrine), take 1 tablet every 4 hours by mouth, as needed for a runny nose. Not to exceed more than 6 tablets in 24 hours.

_____ Other (describe)_____

***Non-Productive Cough**

_____ **Silitussin DM**/Robitussin DM, 10 ml by mouth, every four hours as needed for a non-productive Cough. Not to exceed 6 doses in 24 hours. If cough persists for five days, without a fever, call physician to make an appointment.

_____ Other (describe)_____

***Creams/Ointments/Gels**

_____ Triple Antibiotic Cream/Ointment. Clean and dry the affected skin area. If you are using ointment, Wash your hands first. Then apply a small amount of medication (no more than can fit on your finger tip) in a thin layer topically on the skin and rub gently. Can apply every 8 hours as needed for minor scratches/scrapes or broken skin. Do not exceed 3 doses within 24 hours. If it does not improve in 7 days, call Physician.

_____Musculoskeletal medication (Bengay, Icy hot, Biofreeze, Voltaren, etc.) Apply a thin layer topically of medication to the affected area to relieve general pain and inflammation of muscles and joints 4 times a day (every 6 hours) as needed. Do not exceed 4 doses within 24 hours. After applying medication, wash your hands unless you are using this medication to treat the hands. If treating the hands, wait at least 30 minutes after applying the medication to wash your hands.

***Diarrhea**

_____ Imodium AD, take 4 mg (2 two mg tablets) by mouth for diarrhea, after first loose stool then, 1 two mg tablet after each subsequent loose stool. Not to exceed 4 tablets in 24 hours for diarrhea. If loose Stool continues despite medication, call the physician for an appointment.

_____ Other (describe)_____

***Other**

_____ Other (describe)_____

***Unless specified, if symptoms persist for 48 hours, contact the physician.**

Dietary Guidelines:

_____
_____
_____

Work Limitations: _____
_____
_____

Over the counter items to be purchased locally:

_____Mouthwash

Pour 20 milliliters (4 teaspoons) of mouthwash into a cup for bad breath, plaque, or gingivitis twice a day (12 hours). Empty the cup into your mouth. Don't dilute the solution with water. Swish for a full 30 seconds. While rinsing swish in your mouth. Do not swallow solution. Spit the solution out in the sink. If swallowed, get medical help or contact the Poison Control Center right away.

_____Denture Cream (Fixodent, Polident, Poligrip)

Apply adhesive in short strips, not too close to the partial edges. Avoid applying too much, or oozing may occur. Rinse mouth before inserting dentures. Press denture into place, hold firmly and bite down for a few seconds to secure hold.

_____Anti-itch cream (Cortaid or Lanacane)

For adults and children 2 years of age and older: Apply to affected area of the skin for itching no more than four times daily (every 6 hours) as needed. Do not exceed 4 doses within 24 hours. Wash and dry your hands before using. Clean and dry the affected area. Shake the lotion or foam well just before using. Check the product package to see if the spray needs to be shaken before each use. Gently dry the area before application.

_____Insect Repellant (OFF)

Shake the container and spray evenly onto exposed skin and/or clothing to prevent bug bites as needed four to eight inches away, or as directed on the label. Do not apply near eyes and mouth, and apply sparingly around ears. When using sprays, do not spray directly into face; spray on hands first and then apply to face. Never use repellents over cuts, wounds, or irritated skin. If swallowed, rinse out mouth, drink water, and contact poison control. Apply every 4 hours as needed or after sweating or swimming.

_____Lip Balm (Chapstick, Blistex)
Apply a thin even layer of balm to both upper and lower lips as needed for dry, cracked lips. Reapply every 2 hour. If swallowed, rinse out mouth, drink water, and contact poison control.

_____Barrier Products (Aquaphor, Desitin)
Apply evenly to the desired area for dry, cracked, or irritated skin/rash: apply the barrier cream to the skin in a thin layer to the desired area of the skin as needed. Use gentle, circular motion to spread evenly. Contact a doctor if rash is no better in three days. Reapply after every episode of incontinence or every 6 hours as needed.

_____Cough Drops (Halls, Vapo Cool, Ricola)
If cough symptoms are not relieved with prescribed cough medication, a throat lozenge may be offered to soothe throat irritation and suppress coughing. Dissolve one drop slowly in the mouth every two hours as needed for a cough. If cough persists for more than a week, or is accompanied by other symptoms, contact doctor.

_____ Sunscreen
Minimum SPF 50 use enough sunscreen to cover all areas of exposed skin to prevent sunburn. Apply sunscreen at least 15 minutes before going outside. Reapply every 2 hours and more often after swimming or sweating. Make sure to check the label on the bottle as each sunscreen may be different.

Physician's Printed Name _____

Physician's Signature _____ Date _____

Tarrytown ExpoCare Legal Statement

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 unless otherwise specified. PRN orders and conventional bulk items may be dispensed on an as needed basis during the order validation period for a one-month supply.
Controlled Substance Prescriptions should be written on a legal prescription pad, faxed directly to the Pharmacy or verbally called into the pharmacy from the PHYSICIAN'S OFFICE or the hand copy should be sent in to the dispensing pharmacy