

## PRN MEDICATION ORDERS

*There must be an authorization by a physician or physician assistant or nurse practitioner in the adult's file for use of any medications. This would include **over the counter medications, treatments, therapies, and use of mechanical restraints as a health and safety related protection....** This form is designed as a convenient means to satisfy the physician order requirement in situations where the physician feels comfortable authorizing PRN orders for some common and safe over-the-counter medications. PRN orders are never allowed for medications used to alter behavior for adults with developmental disabilities.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Known Allergies: NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Initial of Approved

Standing Orders

\_\_\_\_\_ **TYLENOL:** 325 mg, 1-2 tablets every 4-6 hours as needed for pain or temp. (101 F or greater).

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **IBUPROFEN:** 200 mg, 1-2 tablets every 4-6 hours as needed for pain or temp. (101 F or greater).

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **PEPTO BISMOL:** Chew 1-2 tablets every ½ hour as needed for diarrhea and/or nausea. Not to Exceed 8 doses in 24 hours.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **MYLANTA OR MAALOX:** 30cc two times daily as needed for heartburn.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **TUMS:** 1-3 tablets every 8 hours as needed for muscle cramps or heartburn.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **MILK OF MAGNESIA (MOM):** 30cc daily for 3 days with no bowel movement. May repeat 2 Times and if no results, call Doctor.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **COUGH SYRUP:** 1-4 tsp. every 4 hours as needed for cough. Not to exceed 24 tsp. in 24 hours.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **CEPASTAT LOZENGES:** Suck 1 tablet every 2-3 hours as needed for sore throat.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **BENADRYL:** Used only for bee stings, rashes, or bug bites creating an itch. **When used to alter behavior, an individual prescription is necessary.**

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **BACITRACIN OINTMENT OR NEOSPORIN:** Apply as needed up to 2 times in a 24 hour period to cuts and scratches after cleansing with soap and water.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **HYDROGEN PEROXIDE:** Clean wounds with this prior to applying antibiotic ointment.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **HYDROCORTISONE 0.5% CREAM:** Apply as needed up to 3 times in 24 hours to itchy skin or rash.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **BENZOLPEROXIDE UP TO 0.5%:** Wash or apply solution to face at bedtime as needed for acne.

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **MULTIPLE VITAMIN:** 1 daily (Do not give with Iron without a Doctor's Order)

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **FIRST AID:** As needed per American Red Cross standards

CHANGES: \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_