

Standing Orders

Client Name:	Date of Birth:
A Physician/Nurse Practitioner signature is needed to authorize administration of PRN non-prescription medications that are kept on hand at Adult Life Programs. Check the box next to the non-prescription medication that you would like for the participant to take as needed while attending Adult Life Programs. Adult Life Programs is required to obtain yearly authorization for Standing Orders for each participant.	
Acetaminophen (Tylenol) 500mg 1 tablet every four hours by mouth PRN pain.	
Acetaminophen (Tylenol) 500mg 2 tablet every four hours by mouth PRN temperature >100 degrees.	
Robitussin (Guaifenesin syrup) 10cc (2 teaspoons) every four hours by mouth PRN chest congestion.	
Robitussin DM (Tussin DM) 10cc (2 teaspoons) every four hours by mouth PRN cough with chest congestion.	
Diabetic Tussin 10 CC (2 teaspoons) every four hours by mouth PRN cough with chest congestion.	
• Mylanta (Antacid) 20cc (4 teaspoons) between meals by mouth PRN indigestion/heartburn; not to exceed 60cc (12 tsp in a 24 hour period).	
• Imodium Loperamide Hydrochloride (Imodium) 2MG (2 caplets) after the first loose stool. (1 caplet) after each subsequent loose stool by mouth PRN diarrhea; no more than 4 caplets in 24 hours.	
Milk of Magnesia 30cc (2 tablespoons) with 8 ounces of water once a day by mouth PRN constipation.	
 Famotidine (generic Pepcid / Zantac) 20mg by mouth one dose with Diphenhydramine (Benadryl) 25mg PO for allergic reaction. Notify Primary Care Physician and call 911 if any signs or symptoms of anaphylactic reaction. 	
Hydrocortisone cream 1% for rash/itching apply to the affected PRN, no more than 3 to 4 times a day.	
Difficulty swallowing medications; crush pills if crushable or give medication whole in applesauce or pudding.	
Pulse oximetry PRN for shortness of breath/respiratory distress. Call 911; notify physician <90.	
Fingerstick blood sugar PRN for signs and symptoms of hypoglycemia/hyperglycemia. Notify the physician.	
· Sunscreen/Sun block	
Triple Antibiotic Ointment to be applied for minor skin abrasion	

Physician/Physician Assistant/Nurse Practitioner Signature

Date