

## Standing Orders

<b>Client Name:</b>	<b>Date of Birth:</b>
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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.**

<input type="checkbox"/> <b>Acetaminophen (Tylenol)</b> 500mg 1 tablet every four hours by mouth PRN pain.
<input type="checkbox"/> <b>Acetaminophen (Tylenol)</b> 500mg 2 tablet every four hours by mouth PRN temperature >100 degrees.
<input type="checkbox"/> <b>Robitussin (Guaifenesin syrup)</b> 10cc (2 teaspoons) every four hours by mouth PRN chest congestion.
<input type="checkbox"/> <b>Robitussin DM (Tussin DM)</b> 10cc (2 teaspoons) every four hours by mouth PRN cough with chest congestion.
<input type="checkbox"/> <b>Diabetic Tussin</b> 10 CC (2 teaspoons) every four hours by mouth PRN cough with chest congestion.
<input type="checkbox"/> <b>Mylanta (Antacid)</b> 20cc (4 teaspoons) between meals by mouth PRN indigestion/heartburn; not to exceed 60cc (12 tsp in a 24 hour period).
<input type="checkbox"/> <b>Imodium Loperamide Hydrochloride (Imodium)</b> 2MG (2 caplets) after the first loose stool. (1 caplet) after each subsequent loose stool by mouth PRN <b>diarrhea</b> ; no more than 4 caplets in 24 hours.
<input type="checkbox"/> <b>Imodium Loperamide Hydrochloride (Imodium)</b> 2mg oral Solution 20cc (4 teaspoons) after the first loose stool; 10cc (2 teaspoons) after each subsequent loose stool by mouth PRN for diarrhea; not to exceed 50 cc(8 teaspoons) in 24 hours
<input type="checkbox"/> <b>Milk of Magnesia</b> 30cc (2 tablespoons) with 8 ounces of water once a day by mouth PRN constipation.
<input type="checkbox"/> <b>Benadryl (Diphenhydramine HCL)</b> 25MG (1 capsule) by mouth every 4 to 6 hours PRN allergic reaction.
<input type="checkbox"/> <b>Hydrocortisone cream 1%</b> for rash/itching apply to the affected PRN, no more than 3 to 4 times a day.
<input type="checkbox"/> <b>First Aid</b> Clean skin tear/abrasion with soap and water or wound cleanser; apply closure strips if needed; apply thin layer of triple antibiotic ointment; cover with a dry dressing every day until healed.
<input type="checkbox"/> <b>Difficulty swallowing medications</b> ; crush pills if crushable or give medication whole in applesauce or pudding.
<input type="checkbox"/> <b>Pulse oximetry PRN</b> for shortness of breath/respiratory distress. Call 911; notify physician <90.
<input type="checkbox"/> <b>Fingerstick blood sugar PRN</b> for signs and symptoms of hypoglycemia/hyperglycemia. Notify the physician.
<input type="checkbox"/> <b>Change meal consistency PRN</b> with difficulty swallowing.
<input type="checkbox"/> <b>Sunscreen/Sun block</b>

Signed (Licensed Physician, Physician Assistant, or Nurse Practitioner)

Date