

STANDING ORDERS FOR OVER THE COUNTER MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
IBUPROFEN	200-400mg age 12 and above. Not to exceed 6 tablets in a 24 hour period	By mouth	4-6 hours as needed for: <ul style="list-style-type: none"> • Temp 99F & above • Headache , Muscle Ache, Toothache • Menstrual Cramps • Sore Throat
<i>CHILDRENS IBUPROFEN</i>	As directed on label	By mouth	4-6 hours as needed/As above
ROBATUSSIN ADULTS & CHILDREN OVER 12 YEARS	2 teaspoons/10mls	By mouth	<ul style="list-style-type: none"> • Every 6 hours as needed for cough • Do not take more than 4 doses in a 24 hour period
GENERIC COUGH DROPS	1 to suck	By mouth	<ul style="list-style-type: none"> • 4 hourly as needed
BENADRYL	5mls (12/5mg) May repeat in one hour	By mouth	Take 6 hourly as needed for: <ul style="list-style-type: none"> • Allergy Symptoms
CLARITIN	6 years and over 10mg	By mouth	10mgs every 24 hours
BACITRACIN OR Neosporin	As required	Topically	BID: <ul style="list-style-type: none"> • Apply to wound after cleansing or burn (if applicable) after running cool water over area of burn
BENGAY OR EQUIVELANT	As required for adults & children over 12 years of age	Topically	3-4 times a day for: <ul style="list-style-type: none"> • Minor aches and pains to muscle and joints
DIPENHYDRANIME CREAM OR EQUIVELANT OR Hydrocortisone Cream	As required for adults & children over 12 years of age	Topically	3-4 times a day for: <ul style="list-style-type: none"> • Irritation from rash, poison ivy, insect bites & minor skin irritations
CARMAX OR EQUIVELANT	As required	Topically	As needed: <ul style="list-style-type: none"> • For chapped and or dry lips
ORA GEL OR EQUIVELANT	As Required	Topically	Apply orally for relief of pain to gums & toothache
GENERIC EYE WASH RELIEF	As required	As a wash to eyes topically	As needed: For irritation to eye due to irritation from injury and allergies
CALAMINE LOTION	As required	Topically	Apply to area affected by sunburn as needed hourly
Tums/Antacid Chews	As Required. Age 12 years and over. 2-3 Chews not more than 6 in a 24 hour period.	By mouth	<ul style="list-style-type: none"> • Heartburn • Acid Indigestion • Gastric Upset

PLEASE CIRCLE THE MEDICATION YOU DO NOT WANT YOUR CHILD TO TAKE

Wounds will be cleansed and dressed as appropriate to the type of wound presented

DOCTORS SIGNATURE:		DATE:
SCHOOL NURSE SIGNATURE		DATE :2020-2021
STUDENT'S NAME		_____
DATE OF BIRTH		_____
PARENT/GUARDIAN SIGNATURE		DATE: