

**STANDING ORDERS FOR OVER THE COUNTER MEDICATION**

MEDICATION	DOSE	ROUTE	FREQUENCY
IBUPROFEN	200-400 mg age 12 and above. Not to exceed 6 tablets in a 24 hour period	By mouth	4-6 hours as needed for: -temp 99F & above -headache, muscle aches, toothache -menstrual cramps -sore throat
CHILDREN'S IBUPROFEN	As directed on label	By mouth	4—6 hours as needed/as above
ROBATUSSIN ADULTS & CHILDREN OVER 12 YEARS	2 teaspoons/10 mls	By mouth	-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	4 hourly as needed
BENADRYL	5 mls (12/5 mg) May repeat in one hour	By mouth	Take 6 hourly as needed for -allergy symptoms
CLARITIN	6 years and over 10 mg	By mouth	10 mgs every 24 hours
BACITRACIN OR NEOSPORIN	As required	Topically	BID: -apply to wound after cleansing or burn (if applicable) after running cool water over area of burn
BENGAY OR EQUIVELANT	As required for adults and children over 12 years of age	Topically	3-4 times a day for: -minor aches and pains to muscle and joints
DIPENJYDRANIME CREAM OR EQUIVELANT OR HYDROCORTISONE CREAM	As required for adults and children over 12 years of age	Topically	3-4 times a day for: -irritation from rash, poison ivy, insect bites & minor skin irritations
CARMAX OR EQUIVALENT	As required	Topically	As needed: -for chapped and/or dry lips
ORA GEL OR EQUIVELANT	As required	Topically	Apply orally for relief of pain to gums & toothache
GENERIC EYE ASH RELIEF	As required	As a wash to eye topically	As needed: -for irritation to eye due to irritation from injury or 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	-heartburn -acid indigestion -gastric upset

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

Wound will be cleansed and dressed as appropriate to the type of wound presented
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Doctor's signature:	Date:
School Nurse Signature:	Date: 2021-2022
Student's name:	
Date of Birth:	
Parent/guardian signature:	Date: