

STANDING ORDERS FOR MEDICATION

Client: _____ DOB: _____

STANDING ORDERS FOR MEDICATION				
PROGRAM: FIRST at Blue Ridge, Inc.				
MEDICATION	TREATMENT GOALS	STRENGTH	ADMINISTRATION DIRECTIONS	Notes
Daytime Cold and Flu: Acetaminophen 325mg Dextromethorphan Hydrobromide 10mg Phenylephrine 5mg	For relief of cough and cold symptoms.	Acetaminophen 325mg Dextromethorphan Hydrobromide 10mg Phenylephrine 5mg	Swallow one to two soft gels PRN with water every four hours. Do not exceed four doses in 24 hours.	
Pepto Bismol/ Bismuth Subsalicylate 262mg	For relief of loose bowel movements.	262mg	Take one to two caplets PRN every ½ hour to one hour as needed. Do not exceed more than eight doses in 24 hours.	
Milk of Magnesia/ Magnesium Hydroxide 1200mg	For relief of Constipation	1200mg	Take one to four tablespoonfuls PRN per day.	
Tylenol/ Acetaminophen 500mg	For relief of minor aches & pains, and /or fever	500mg	Take one to two caplets PRN every six hours. Do not exceed more than 8 caplets in 24 hours.	
Ibuprofen 200mg	For relief of minor aches & pains, and /or fever	200mg	Take one to two caplets PRN every four to six hours. Do not exceed more than 12 caplets in 24 hours.	
Cetirizine Hydrochloride 10mg	For relief of allergy symptoms.	10mg	Take one tablet PRN by mouth once daily.	
Benadryl/ Diphenhydramine 25mg	For relief of allergy symptoms.	25mg	Take one to two caplets PRN every four to six hours. Do not exceed six doses in 24 hours.	
Mucus Relief/ Guaifenesin 400mg	Expectorant. To loosen mucus and make coughs more productive.	400mg	Take one caplet PRN every four hours. Do not exceed six doses in 24 hours.	
Antacid/ Calcium Carbonate 750mg	For relief of heartburn or acid indigestion	750mg	Chew one to two tablets PRN every two to four hours. Do not exceed 5 tablets in 24 hours.	
Melatonin 3mg	For aid falling asleep.	3mg	Swallow one to two caplets PRN at bedtime.	
Fish Oil 1000mg	Dietary Supplement	1000mg	Take one caplet with meals up to three times daily.	
Calamine Lotion Aloe Vera Hydrocortisone Cream 1% Antibiotic Ointment: Bacitracin Zinc/ Neomycin Sulfate/ Polymyxin B Sulfate			Use as directed for minor scrapes, burns, cuts, or itchy skin.	

By my signature below, I acknowledge that during my participation in the First at Blue Ridge, Inc. Residential Treatment Program, I will take only take those Over-The-Counter medications listed above. Further, *I agree only to take recommended doses and for the indicated uses on the Over-The-Counter medication packages. I recognize that it is my responsibility to review the package information, with each dose taken, for any potential adverse interactions and contraindications to my use.* **Further, I hereby agree to hold First at Blue Ridge Inc., and the healthcare provider listed below harmless if I take any over the counter medication not listed above or outside the parameters of recommended dosages, uses and warnings or contraindications.**

Ordered by: _____
Prescriber Signature

Date: _____

PRINT : _____

Client Signature: _____ Date: _____