

# PRN Medication Orders

*There must be authorization by a physician or physician assistant or nurse practitioner in the adult's file for use of any medications. This would include over the counter medications, treatments, therapies, and use of mechanical restraints as a health and safety related protection...* This form is designed as a convenient means to satisfy the physician order requirement in situations where the physician feels comfortable authorizing PRN orders for some common and safe over-the-counter medications. PRN orders are never allowed for medications used to alter behavior for adults with developmental disabilities.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Known Allergies:  No  Yes If yes, please specify: \_\_\_\_\_

Initial if Approved

Standing Orders

\_\_\_\_\_ **Tylenol:** 325 mg, 1-2 tablets every 4-6 hours as needed for pain or temp. (101°F or greater).

Changes: \_\_\_\_\_

\_\_\_\_\_ **Ibuprofen:** 200 mg, 1-2 tablets every 4-6 hours as needed for pain or temp. (101°F or greater).

Changes: \_\_\_\_\_

\_\_\_\_\_ **Pepto Bismal:** Chew 1-2 tablets every ½ hours as needed for diarrhea and/or nausea. Not to exceed 8 doses in 24 hours.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Mylanta or Maalox:** 30cc two times daily as needed for heartburn.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Tums:** 1-3 tablets every 8 hours as needed for muscle cramps or heartburn.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Milk of Magnesia (MOM):** 30cc daily for 3 days with no bowel movement. May repeat 2 times and if no results, call Doctor.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Cough Syrup:** 1-4 tsp every 4 hours as needed for cough. Not to exceed 24 tsp in 24 hours.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Cepastat Lozenges:** Suck 1 tablet every 2-3 hours as needed for sore throat.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Benadryl:** Used only for bee stings, rashes, or bug bites creating an itch. **When used to alter behavior, an individual prescription is necessary.**

Changes: \_\_\_\_\_

\_\_\_\_\_ **Bacitracin Ointment or Neosporin:** Apply as needed up to 2 times in a 24 hour period to cuts and scratches after cleansing with soap and water.

Changes: \_\_\_\_\_

\_\_\_\_\_ **Hydrogen Peroxide:** Clean wounds with this prior to applying antibiotic ointment.

Changes: \_\_\_\_\_