

Physician's Orders for Over the Counter Medications

Consumer Name: _____ D.O.B. _____

Directions: Please mark the medications you would like for this person to take for the conditions indicated. Please note that if an OTC medication is not marked, JCDS staff will not be able to administer without obtaining an order. . If you would like, please specify type and brand or any instructions that would differ from the instructions on the manufacturer's label. Thank you.

For Complaints Of:	Yes <input checked="" type="checkbox"/>	Over the Counter Medication Of Choice	DOSE/DIRECTIONS (Per label instructions unless otherwise specified)
Mild Pain Headache Muscle Ache Fever	<input type="checkbox"/>	Acetaminophen	
	<input type="checkbox"/>	Ibuprofen	
	<input type="checkbox"/>	Aspirin	
Nasal Congestion	<input type="checkbox"/>	Decongestant	
	<input type="checkbox"/>	Antihistamine	
Cough Sore Throat	<input type="checkbox"/>	Cough Syrup	
	<input type="checkbox"/>	Cough Drops	
	<input type="checkbox"/>	Throat Lozenges or spray	
Constipation	<input type="checkbox"/>	Laxative	
	<input type="checkbox"/>	Stool Softener	
	<input type="checkbox"/>	Suppository	
	<input type="checkbox"/>	Enema	
Diarrhea	<input type="checkbox"/>	Antidiarrheal	
Stomach Ache Nausea	<input type="checkbox"/>	Antacid	
Cuts/ Abrasions	<input type="checkbox"/>	Antibiotic Ointment	
	<input type="checkbox"/>	Antibiotic Cream	
Chapped Lips	<input type="checkbox"/>	Chap Stick	
	<input type="checkbox"/>	Emollient	
Dry Skin	<input type="checkbox"/>	Lotion	
Staff MUST call Nursing for Initial Assessment:			
Skin Rashes	<input type="checkbox"/>	Hydrocortisone Cream	
	<input type="checkbox"/>	Diphenhydramine Cream	
Minor Sunburn	<input type="checkbox"/>	Topical Anesthetic	
Athlete's Foot	<input type="checkbox"/>	Topical Antifungal	
Comments:			
Physician's Signature:			Date of Renewal:

Guidelines and procedures indicate that if staff supervise or directly administer medications to consumers, that a Doctor's Order is necessary. This includes Over the Counter medications. Each year these over the counter medications should be evaluated and re-ordered by a Physician.