Prescription for PRN OTC Medications Respiratory Symptoms (coughs and colds)

Name:	DOB:
Address:	
Allergies:	

WARNING: Many cold preparations have more than one ingredient which could cause an overdose if more than one preparation is in

<u>use</u>. Pay attention to the individual ingredients to make sure that double or triple dosing is not occurring. Pay attention to maximum doses and consider the size of the individual taking the medication. Someone weighing less than 100 pounds most likely would not tolerate a full adult dose.

Warning: phenylephrine and other decongestants can have significant side effects especially if given at high doses. These include seizures, heart problems, hypertension, and agitation.

Medication, dose, and instructions (doses are for normal sized adults)		No
Expectorant : Guaifenesin syrup (100mg/5ml) 4 teaspoons (400 mg) by mouth every 4 hours or Guaifenesin tablets 600 mg, 2 tablets by mouth every 12 hours as needed for nonproductive cough or sinus congestion. Notify medical provider if symptoms worsen despite treatment for 24 hours or symptoms have not resolved after 7 days of use.		
Decongestant: Phenylephrine 10 mg by mouth every 4 hours as needed for sinus congestions. Do not use for more than three days at a time. Maximum dose is 60 mg/24 hours. Notify medical provider if symptoms persist after 3 days of use or if any adverse effects are noted.		
Cough suppressant: Dextromethorphan 20 mg by mouth every 4 hours (extended release = 60 mg by mouth twice daily) as needed for cough. Notify medical provider if symptoms are worsening or have not resolved after one week of use.		
Sore throat relief : throat lozenges – dissolve in mouth every 2 hours as needed for sore throat. Notify medical provider if symptoms have not resolved in 7 days or are worsening.		
Antihistamines: chlorpheniramine 4 mg by mouth every 4 hours or diphenhydramine (Benadryl) 25 mg by mouth every 4 hours as needed for cold symptoms or allergic reaction. Notify medical provider if worsening symptoms or no resolution after 7 days of use.		

Physician, PA, or APRN signature:	Physician, PA, or APRN signature:	Date:
• • • • • • • • • • • • • • • • • • • •	Physician, PA, or APRN signature:	Date:
Date and initial any changes to the document.	Physician, PA, or APRN signature: Date and initial any changes to the document.	Date: *OTC = over-the-counter

Prescription for PRN OTC Medications Gastrointestinal Needs

Name:	DOB:
Address:	
Allergies:	

<u>WARNING:</u> Antacids can prevent absorption of other medications so should be taken either one hour before or one hour after taking other medications.

Medication, dose, and instructions (doses are for normal sized adults)	Yes	No
Indigestion: Antacid (TUMS): chew and swallow 1 - 2 tabs every 2 hours as needed for indigestion. Maximum 12 tablets/24 hours. May cause constipation. Notify medical provider if symptoms persist after one week of use or are worsening.		
Indigestion: Antacid Liquid (Maalox, Mylanta, etc.) One tablespoon (15 ml) by mouth every 4 hours as needed for indigestion. May cause loose stools or diarrhea with continued use. Notify medical provider if symptoms persist after one week or use or are worsening.		
Constipation: Milk of Magnesia: 2 tablespoons by mouth daily followed by 8 ounces of liquid as needed for constipation as evidenced by lack of bowel movement for three consecutive days, hard stools, or discomfort with trying to pass stools. If no results after two consecutive days of use notify medical provider.		
Diarrhea: Imodium A-D (loperamide) 2 mg : take two caplets by mouth after first loose stool followed by one caplet for each loose stool, up to 8 caplets (16 mg)/24 hours. Wait at least 30 minutes between doses. Notify primary care provider and do not give if diarrhea is accompanied by fever over 100 degrees F or if stools have blood or large amounts of mucus present. Notify medical provider if loose stools persist for more than 48 hours.		

Date and initial any changes to the document.	*OTC = over-the-counter
Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature:	Date:

Prescription for PRN OTC Medications Pain or Fever

Name:	DOB:
Address:	
Allergies:	

<u>WARNING:</u> Acetaminophen is found in many preparations such as cold medications and combined with a narcotic which means that an overdose can occur if care is not taken to read the ingredients of many commonly used OTC products. Taking acetaminophen on a regular basis can also cause damage to liver cells. The current recommendation is to limit daily doses to 3000 mg though some researchers feel that the dose should be limited to 2000 mg daily.

Medication, dose, and instructions (doses are for normal sized adults)		No
Acetaminophen: 650 mg by mouth every 4 to 6 hours as needed for discomfort or fever. Maximum 5 tablets/24 hours. Notify medical provider if discomfort or fever persists and if needed for more than three consecutive days.		
Ibuprofen: 200 mg, 2 tablets by mouth every 4 hours for discomfort or fever. Maximum 8 tablets/24 hours. Notify medical provider if pain or fever persists and medication is given for more than three consecutive days.		
Midol: (325 or 500 mg acetaminophen with 25 mg pamabrom) 1 to 2 tablets by mouth every 4 hours as needed for menstrual symptoms. Maximum 8 caplets or tablets/24 hours.		

Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature: Date and initial any changes to the document.	Date: *OTC = over-the-counter

JJustad, MD, Medical Director, DDP

Prescription for PRN OTC Medications Topicals - 1

Name:	DOB:
Address:	
Allergies:	

<u>WARNING:</u> Allergic reactions to Triple Antibiotic Ointment are common. Redness in the area of use develops and can be confused with cellulitis (infection). <u>WARNING</u>: Different products can be used for the same condition. Do not use more

than one product for a condition unless specifically instructed to do so from the medical provider.

Medication, dose, and instructions (doses are for normal sized adults)		No	
Cuts/abrasions: Triple Antibiotic Ointment (Neosporin) or Bacitracin : apply a thin layer topically to minor cuts, scrapes, or burns twice daily until wound has healed. Contact primary care provider if the wound is deep or a puncture wound, a bite (animal/human) or a serious burn. Notify medical provider if the wound shows no signs of healing within 5 days, or develops signs of infection such as redness, swelling, drainage, or warmth.			
Mild rashes due to urine incontinence: Topical zinc oxide (Desitin, A&D with Zinc): apply to the affected areas of skin as often as needed until rash resolves. If the rash is not showing signs of improvement after three days of use, notify medical provider for evaluation.			
Sunburns/rashes/insect bites: Solarcaine (with lidocaine) gel or spray: apply a thin layer to affected area on skin up to 4 times daily as needed to relieve discomfort associated with sunburn, insect bites, poison ivy, poison oak, minor cuts and scratches, and burns. Avoid contact with eyes or mouth. Do not spray directly onto face. Notify medical provider if condition persists after 7 days of use or if irritation to the product develops. Noxzema or other moisturizing lotions, cold compresses may ease sunburn discomfort.			
Sunburns/rashes/insect bites: Calamine with zinc oxide lotion : apply to affected areas of skin three times daily as needed to relieve itching and pain from poison oak, poison ivy, sunburns, or insect bites. Notify medical provider if signs of infection such as redness, swelling, or warmth develop or if the condition is not showing improvement in one week.			
Sunscreen: uniformly apply a sunscreen of SPF 15 or greater to the skin at least 15 to 30 minutes before sun exposure. Reapply after one hour and then every 2 to 3 hours.			

Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature:	Date:
Physician, PA, or APRN signature:	Date:
Date and initial any changes to the document.	*OTC = over-the-counter

Prescription for PRN OTC Medications Topicals - 2

Name:	DOB:
Address:	
Allergies:	

<u>WARNING</u>: Different products can be used for the same condition. Do not use more than one product for a condition unless specifically instructed to do so from the medical provider.

Medication, dose, and instructions (doses are for normal sized adults)			No
Hydrocortisone cream 1%: apply thin film to the affected area two to three times daily as needed for relief of discomfort from rashes such as eczema or insect bites. Do not apply to face or genital area unless specifically instructed to do so by the medical provider. If condition is not showing signs of improvement within one week, contact medical provider.			
Antifungals: athlete's foot or jock itch: tolnaftate (Tinactin, etc.): wash and dry affected area, then apply a thin layer (or spray) to the affected areas twice daily for relief of itching until healed. Treatment may be needed up to 4 weeks. Contact medical provider if condition does not improve within 4 weeks.			
Hemorrhoids: Anusol HC cream 2.5% or Preparation H ointment : apply to affected anal area up to 4 times daily as needed for relief of discomfort from hemorrhoids. Notify medical provider if symptoms are not relieved or persist after using for three days. Notify medical provider if significant bleeding occurs.			
Insect repellents : use a lotion or spray containing DEET to cover exposed skin prior to going outdoors. Reapply if being bitten by mosquitoes. Do not apply to cuts, wounds, or irritated skin. After returning indoors, wash treated skin with soap and water. Do not spray directly into face.			
Lip Balm : ChapStick , etc. with SPF of at least 15: apply to lips frequently (hourly) as needed for dry or chapped lips. Avoid flavored lip balms as those increase the habit of licking lips which causes the lips to be drier.			
Cold sores : Abreva : apply cream directly to cold sore at first sign of a tingle, redness, bump or itch. Use up to 5 times daily until healed for a maximum of 10 days.			
Moisturizing Lotion: apply to skin after bathing or showering.			
Physician, PA, or APRN signature:Date:			
Physician, PA, or APRN signature:Date:			
Physician, PA, or APRN signature:Date:			

Date and initial any changes to the document.

*OTC = over-the-counter