



Connections of Moorhead, Inc.

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STANDING ORDER MEDICATIONS

Name: _____ Medication Allergies: _____

ATTENTION ATTENDING PHYSICIAN: Federal and State regulations require that we have the attending physician approve "Standing Orders" for our clients annually. Please line out any items the individual **MAY NOT** have due to **other medication contraindications or allergies**. Please sign and date. Thank you.

TYLENOL (acetaminophen) 325mg: 1-2 tabs every 4 hours as need for temperature over 100 degrees, complaints of headache, cramps, or pain in extremities.

IBPROPHEN 200mg: 1-2 tabs every 4-6 hours as needed for relief of minor aches and pains associated with menstrual cramps, toothache, muscle aches, arthritis, and fever reduction (not to exceed 4 tabs in 24 hours.)

SUDAFED PE (phenylephrine) or SUDAFED (pseudoephedrine) 30mg *please circle appropriate formula: 2 tabs every 8 hours as needed for relief of congestion or cold symptoms. (Not to exceed 4 tabs in 24 hours.)

ROBITUSSIN Cough and Chest Congestion (dextromethorphan HBr, 10mg and guaifenesin, 100mg): 1-2 teaspoons every 4 hours as needed for coughing due to cold symptoms. If coughing or fever persists, call physician.

PEPTO-BISMAL liquid or chewables: Use dosage cup and directions on bottle, or directions on package regarding chewables for upset stomach. If vomiting occurs or symptoms persist for 24 hours, call physician.

KAOPECTATE (bismuth subsalicylate 262mg): 2 tablespoons after first episode of diarrhea, then repeat dose if diarrhea continues every 30 minutes to 1 hour. If diarrhea persists after 4 doses, call physician. Do not exceed 8 doses in 24 hours.

MAALOX regular strength liquid or chewables: 1-2 tablespoons or 1-2 chewables every 4 hours as needed for relief of upset stomach associated with heartburn, sour stomach, and/or indigestion.

NEOSPORIN original: For minor abrasions/cuts, cleanse area with soap and water, apply ointment as directed on package, then apply a clean bandage. If redness or tenderness occur around the wound, contact physician.

CORTICOOL 1% HYDROCORTISONE GEL: Apply according to package directions for relief of minor skin irritations such as insect bites, poison ivy and sunburn.

PHYSICIAN SIGNATURE: _____ DATE: _____