



FAMILY TOUCH STANDING ORDERS

Name of Individual: _____ DOB: _____

As the physician to the above client, the following non-prescription medications may be given according to the label instructions as the need arises. Unless otherwise specified, Providers may use generic forms of the name brand products. Please check all that apply.

PAIN / HEADACHE

- _____ Aspirin (Bayer, Excedrin)
- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen (Motrin, Advil, Midol)
- _____ Naproxen (Aleve, Midol Extended Relief)

FEVER

- _____ Aspirin (Bayer, Excedrin)
- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen (Motrin, Advil)
- _____ Naproxen (Aleve)

MISCELLANEOUS PAIN

- _____ Dental Pain (benzocaines: Ambesol, Orajel)
- _____ Muscle Aches (methyl salicylates: Icy Hot, Flexall, Salonpas, Bengay)
- _____ Sunburn (Aloe vera, Calamine lotion)

UPSET STOMACH / INDIGESTION

- _____ Liquid Antacids (Maalox, Mylanta)
- _____ Tablet Antacids (Tums, Rolaids, Alka-Seltzer)
- _____ Pepto Bismol (liquid or tablets)
- _____ Gas Relief (Gastrin, simethicone: Gas-X, Charocaps)

DIARRHEA

- _____ Pepto Bismol
- _____ Kaopectate
- _____ Imodium

CONSTIPATION

- _____ Milk of Magnesia
- _____ Citrate of Magnesia
- _____ Stool Softeners (docusate: Dulcolax, Colace, Surfak, Senokot)
- _____ Fleets Enema

OTHER

COLD / COUGH / FLU

- _____ Cough Suppressant (Phlegm cough) (Tussin, Delsym,
- _____ Cough Expectorant (Dry cough) Mucinex, etc.)
- _____ Multi-symptom relief (Nyquil, DayQuil, etc)
- _____ Sore Throat Spray / Lozenges (Chloraseptic, Halls, Ricola, Ludsen's, Vicks)
- _____ Saline nasal (drops / spray)
- _____ Cold Prevention (Airborne, Cold-Eeze, Emergen-C)
- _____ Vicks vapor rub

ALLERGY

- _____ Antihistamine (Benadryl, Claritin, Allegra, Zyrtec, Chlor-Trimeton, Nasacort, Flonase)
- _____ Antihistamines with pseudoephedrine "D"

FIRST AID

- _____ Antiseptic Wash / Spray (Band-Aid, Bactine, Hibiclens, Simply Saline, Betadine)
- _____ Antibiotic Ointment (Bacitracin, Neosporin) triple bacterial, Betadine)
- _____ Eye Wash (Saline, purified water rinse)

MISCELLANEOUS

- _____ Hemorrhoids (Tucks)
- _____ Rash / Anti-itch steroid cream (hydrocortisone, Cortizone-10; Calamine & Caladryl lotion)
- _____ Chapped / chaffed skin (Zinc Oxide, A&D ointment)
- _____ Sunblock (spray or lotion)
- _____ Cold Sore / Fever Blisters (Abeva, Herpecin, Lysine)
- _____ Eye relief (visine, clear eyes, natural tears)
- _____ Motion sickness (Dramamine, Bonine)
- _____ Anti-fungal (foot cream, powder or spray)
- _____ Feminine itching: external wipes or creams
- _____ Insect Repellent (Cutter OFF!, Repel)

_____/_____/_____

Physician's Name (please print) Physician Signature Date

_____/_____/_____

Legal Guardian (please print) Legal Guardian Signature Date

These orders stand unless updated by the physician.

(04/2022)

This form may be emailed to FamilyTouchReporting@gmail.com