

PRN Orders - (Generic substitution permissible)

Individual: _____

Health Care Providers may add, substitute, or remove.

DOB _____

Oral Medications:

- Allergies:** *Zyrtec/Cetirizine 10 mg tablet:* 1 tablet daily as needed for seasonal allergies.
 Benadryl 25 mg: 1 to 2 tablets or capsules by mouth every 4 to 6 hours as needed.
- Colds:** *Mucinex 600 mg:* 1 tablet every 12 hours, as needed.
- Constipation:** *Milk of Magnesia, liquid:* 30-60 ml with a full glass (8 oz) of water as needed.
 Senna 8.6 mg tablets: 1-2 tablets daily as needed.
- Cough/Congestion:** *Robitussin DM cough syrup:* 2 teaspoons every 4 hours, as needed. *Cough drops/lozenges.*
- Diarrhea:** *Imodium AD tablets (or liquid, as tolerated):* per package directions. Do not exceed 4 doses in a 24 hour period.
- Fever/Pain:** *Fever is defined as a temp above 100.4.*
 Tylenol 500 mg: 2 tablets every 4-6 hours, as needed. AND/OR
 Ibuprofen 200mg: 2 tablets every 4-6 hours with food, as needed.
- Sore Throat:** *Chloraseptic Spray:* every 3 hours, as needed. *Cough drops/lozenges.*
- Stomach Upset:** *Pepto Bismol tablets (or liquid):* per package directions. Do not exceed 8 doses in a 24 hour period.

Treatments/Topicals:

- Eye Irritation:** *Visine:* 1-2 drops in affected eye(s) up to 4 times daily. Notify the physician if there is no improvement.
- Excessive Ear Wax:** *Debrox Earwax Removal Kit:* per package directions. If the problem persists after 4 days, notify MD.
- First Aid:** *Triple Antibiotic Ointment:* apply topically per package directions.
- Hives/Itching:** *Hydrocortisone cream 1%:* apply a thin layer to the affected area 2-3 times daily.
- Insect Repellant:** *Insect Repellant of Choice (22% DEET):* apply topically per package directions.
- Muscle Aches:** *Ben-Gay or Aspercreme:* apply topically to affected areas per package directions.
- Oral Pain:** *Anbesol or Orajel:* use per package directions for gum or tooth pain. Notify dentist if pain persists.
- Sun Exposure:** *Sunscreen of choice (SPF 30 or greater):* apply topically to exposed areas when sun exposure is expected to be prolonged and/or during the hours of noon to 4pm.

Physician/Clinician Printed Name: _____

Date: _____

Signature: _____