

**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 Repellent:** Insect Repellent 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.
- Protective Cream:** Barrier cream, ointment, or paste of choice.
- Sun Exposure:** Sunscreen of choice (SPF 30 or greater): apply topically to exposed areas when sun exposure is expected to be prolonged.
- Cornstarch Powder:** Cornstarch powder of choice.

Physician/Clinician Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_