



**Coshocton County Board of MR/DD
OVER THE COUNTER**

Client's Name _____ Renewal Date _____
 Doctor Name _____
 Allergies: Food y ___ n ___ Prescription medicine y ___ n ___ OTC Meds y ___ n ___
 Environmental/Animal y ___ n ___ If yes, list: _____

The following OTC medications may be given to the above client if needed. Please draw a line through the ones which you do not want the client to receive.

Oral Medication

Antacid tablets (Tums)
 Mylanta Liquid
 Imodium AD
 Pepto-Bismol
 Sore Throat Lozenges
 Cough Syrup (Suppressant)
 Tylenol (generic equivalent)
 Sudafed PE
 (contains No pseudoephedrine)

Topical Medication

Ben Gay Muscle Rub
 A & D Ointment
 Antifungal Cream
 Blistex Medicated Lip Balm
 Calamine Lotion
 Hydrocortisone Cream
 Sterile Eye Drops
 Sunscreen SPF 15
 Itch Relief Gel Spritz

First Aid Supply

Medicated 1st Aid Spray
 Band-Aids
 Peroxide
 Alcohol Wipes
 Sterile Eye Wash
 Neosporin Ointment
 Rolled Gauze
 Gauze Pads
 Paper / Cloth Tape
 Bactine
 Butterfly Bandages

**The above items will be used as needed per the manufacturers' instructions.*

***Items listed as brand name may be substituted with the generic form.*

 Joy Newell, LPN
 Hopewell Industries Nurse

I have reviewed the above list and made necessary changes.

Client/Guardian Signature _____ Date _____

PHYSICIAN STANDING ORDERS

The following orders will be utilized for all clients whose doctors have reviewed and approved them. Orders will be reviewed and revised as needed by the programs nurse and then reviewed and signed by the physician on a yearly basis.

Oral Medications –

1. Tum antacid – Chew (2) 500 mg tablets for complaints of indigestion. May repeat hourly as needed.
2. Mylanta Liquid – Give 15cc for complaints of indigestion. May repeat in 4 hours if needed.
3. Pepto Bismol – Give (2) 262 mg tablets for diarrhea or complaints of nausea.
4. Immodium AD – Give (1) 2 mg tablet for diarrhea.
5. Sore Throat Lozenges – Give (1) lozenge for cough. May repeat every 2 hours as necessary.
6. Cough Suppressant Cough Syrup – Give (2) tsp. for cough. May repeat in 4 hours if needed.
7. Tylenol (or generic equivalent) – Give (1) extra-strength (500 mg) tablet for complaints of discomfort or elevated temp > 100/tymp. May repeat in 4 hours (for discomfort) if needed.
8. Sudafed PE – Give (1) 10 mg tab for nasal congestion/drainage. May repeat in 4 hours as needed.

Topical Medications –

1. A & D Ointment – Apply liberally to irritated skin of peri-area after each adult brief change as needed for chafed or excoriated skin.
2. Ben Gay – Apply generously and massage sore muscle area(s) gently until cream disappears for aching/sore muscles. May repeat in 6 hours.
3. Blistex Medicated Lip Balm – Apply to cold sore area or dry cracked area(s) of lips and massage in thoroughly. May repeat 1 time during workday.
4. Antifungal Cream – Apply a small amount to affected rash area(s) 1 time during workday.
5. Hydrocortisone Cream 1% - Apply a small amount to affected itchy rash area(s) 1 time during workday.
6. Sunscreen 15SPF – Apply liberally to all exposed skin areas before going out in the sun. May reapply every 2 hours as needed.
7. Calamine Lotion – Apply liberally to rash area(s) caused by poison ivy, poison oak, or poison sumac. May repeat once during workday.
8. Itch relief gel spritz (BandAid brands) – Spritz affected area(s) for insect bites, sunburn, or poison ivy/oak/sumac. May repeat once during workday.
9. Sterile Eye Drops (Generic) – Instill 2 drops to affected eye(s) for relief of redness d/t minor irritation. May repeat in 6 hours.

Any resolved complaints that have been treated with any of the above stated medications will be reported to the client's caregiver via phone call, note, or illness report as necessary.

First Aid Treatments and Supplies:

1. Triple Antibiotic Ointment – Apply a small amount ointment to clean minor cuts or abrasions.
2. Medicated First Aid Spray – Spray affected area(s) of minor sunburn, minor burns, cuts, or abrasions to relieve pain 1 time.
3. Bactine – Spritz onto minor cuts/abrasions to kill bacteria and provide pain relief 1 time.
4. Sterile Eye Wash – Flush affected eye gently with solution to remove foreign material. Control rate of flow by pressure on the bottle.

- The following supplies will be used as needed according to manufacturer's directions to cleanse, treat, and cover minor injuries on site in the workshop:
 - Band-aids
 - Paper/cloth bandage tape
 - Isopropyl alcohol wipes
 - Hydrogen Peroxide
 - Butterfly bandages
 - Roll gauze/Gauze Pads
- Each individual's record will be checked for allergy to any of the medications/supplies listed before use.
- I hereby give permission for the above medications and supplies to be used per manufacturer's directions at the discretion of the program nurse.

Physician's Signature _____

Date _____

