

Refractions LLC. Intensive Residential Treatment Facility

Standing orders

Name: _____ DOB: _____

Medication Name:	MD Approval?	
Acetaminophen (Tylenol) 500 mg tablet – Take 2 tablets by mouth every 6 hours as needed for pain/fever (Do NOT exceed 3,000 mg (6 tablets) in 24-hour period).	Yes	No
Ibuprofen (Motrin) 200 mg tablet - Take 3 Tablets by mouth every 6 hours as needed for pain/fever (Do NOT exceed 2,400mg (4 doses) in 24-hour period)	Yes	No
Diphenhydramine (Benadryl) 25 mg capsule - Take 1 - 2 tablets every 4 hours as needed for allergy symptoms (itchy eyes, runny nose, etc.).	Yes	No
Geri-Lanta (Maalox Advanced) 200 mg-200 mg-20 mg/5 mL oral suspension - Take 30 mL by mouth every 4 hours as needed for stomach upset.	Yes	No
Calcium Carbonate (Tums) 500 mg – Chew 2 tablets every 2 hours as needed for heartburn (Do NOT exceed 14 tabs in 24-hour period).	Yes	No
Magnesium Hydroxide (Milk of Magnesia) 400 mg/5 mL oral suspension - Take 30 mL by mouth every 12 hours as needed for constipation (Do NOT exceed 60 ml in 24 hour).	Yes	No
Guaifenesin (Mucinex) 100 mg/5 mL oral liquid - Take 10 mL by mouth every 4 hours as needed for cough/cold symptoms.	Yes	No
Cough drops – Take 1 cough drop every hour as needed for cough/cold symptoms.	Yes	No
Bacitracin – Apply a thin layer to minor cuts or abrasions. Do not use on deep puncture wounds unless directed by a physician. Notify health care professional or physician if signs of infection appear (increased redness, swelling, pus, fever, or increased warmth at wound site).	Yes	No
Calamine or Caladryl 1 %-8 % lotion - Apply thin layer to affected area every 4 hours as needed for itching/rash. (ex. poison ivy)	Yes	No
Melatonin 5 mg – Take 1 tablet at bedtime as needed for trouble sleeping/insomnia.	Yes	No
Loperamide (Imodium) 2 mg – Take 2 tabs after first loose stool, and 1 tablet after each subsequent loose stool (Do not exceed 4 doses in 24 hours).	Yes	No
Narcan/Naloxone Nasal Spray 4 mg - If suspected or known narcotic overdose, administer 0.4mg of Naloxone (Narcan) nasal spray 1 spray by nasal route as needed. Call 911.	Yes	No
Other:	Yes	No

Generic equivalents can be used for the above referenced medications.

Signature indicates authorization of generic or brand substitutes, unless otherwise indicated.

Licensed health care professional printed name: _____

Licensed health care professional signature: _____ Date: _____

***Orders are valid for 12 months from date signed unless otherwise indicated.**