Physician's Order for Over the Counter Medications

Client Name:_____ **Date of Birth:**_____

Allergies: _____

Physician Name: _____ **(please print) ***

The policy for over the counter (OTC) medication administration is according to the North Carolina Division of Health Service Regulation. All OTC medications must be kept in a secured place for dispensing when needed by the consumer for self-administration. Generic equivalents may be used.

All medications that are given to the consumer must be accompanied by a signed Medication Order Form from the physician and be in the original container.

The First Step Farm appreciates your cooperation and asks that you contact the Program Director or Executive Director if you have any questions regarding any aspect of these policies.

Check Medication if OK to give to consumer while at the First Step Farm.

For headache/fever/burns/earache/muscle aches/pain/menstrual cramps:
_____ Acetominophen (like Tylenol) _____ Ibuprofen (like Advil, Midol, Motrin)
_____ Naproxen (like Aleve)

For sore throat:
_____ Throat lozenges (Sucrets) _____ Sore throat spray (Cepacol)

For mild allergic reactions:
_____Diphenhydramine (like Benadryl)

For cold symptoms:
_____ Guaifenesin (like Mucinex) _____ Medicated Cough Drops

_____ Decongestant and cough suppressant (Alka Seltzer plus cold and cough, Tylenol Cold & Flu, Theraflu, Advil Cold & Sinus, Dayquil, etc)

For upset stomach:
_____ Antacid/antigas (like Tums, Mylanta, Pepto bismol)

For minor skin irritations (cuts, sores, stings, rashes):
_____ Antibiotic ointment _____ Anti-itch gel

For constipation:
_____ Bulk-forming (Metamucil) _____ Stimulant (Ex-lax, Senekot)

_____
Signature of Physician* DATE

_____
Signature of consumer/resident DATE