

OTC Standing Orders

Patient: _____

Date: _____

1. Robitussin (not DM formulation)
Dose: 2 TSP(10ml) PO PRN Q4-6H for cough.
Maximum Daily Dose: 60ml (12 TSP)
2. Imodium-AD
Dose: Two caplets after first loose bowel movement. If needed, take one caplet after each subsequent loose bowel movement.
Maximum Daily Dose: 8 caplets.
3. Milk of Magnesia
Dose: 2-4 TBSP (30-60ml) PO PRNQD for constipation.
Maximum Daily Dose: 60 ml (4 TBSP)
4. Tylenol
Dose: 1-2 Tablets PO PRN Q4-6H for headache, fever, or non-inflammatory pain.
Maximum Daily Dose: 4000 mg (12 tablets-325 mg each)
5. Motrin IB or Advil
Dose: 1-2 Tablets PO q4-6H (Do not exceed 6-8 tablets/day) for inflammatory or menstrual pain.
Maximum Daily Dose: 1200 mg (6 tablets-200mg each)
6. Benadryl
Dose: 1-2 Tablets (25-50mg) PO PRN Q6H for sinus drainage.
Maximum Daily Dose: 200 mg (8 tablets-25 mg each)
7. Pepto Bismol
Dose: 2 TBSP (30 ml) PO PRN Q0.5-1H for upset stomach, indigestion, heartburn, nausea, or diarrhea.
Maximum Daily Dose: 240 ml (8 doses)
8. Other: _____
9. Other: _____

Please cross out any medication order that this patient should not receive.

Physician' signature: _____