

OTC Standing Orders

Patient: _____

Date: _____

1. Robitussin (not DM formulation)
Dose: 2 TSP(10ml) po q 4-6 hr prn cough.
Maximum Daily Dose: 60ml (12 TSP)
2. Loperamide HCl AD
Dose: Two tabs po after first loose stool, then one tab po after each subsequent loose stool.
Maximum Daily Dose: 8 caplets
3. Milk of Magnesia 400 mg/5 ml
Dose: 2-4 TBSP (30-60ml) po daily prn constipation.
Maximum Daily Dose: 60 ml (4 TBSP)
4. Acetaminophen 325 mg
Dose: 1-2 Tablets po q 4-6 hr prn headache, fever, or non-inflammatory pain.
Maximum Daily Dose: 3900 mg (12 tablets-325 mg each)
5. Ibuprofen 200 mg
Dose: 1-2 Tablets PO q4-6 hr prn inflammatory or menstrual pain.
Maximum Daily Dose: 1200 mg (6 tablets-200mg each)
6. Diphenhydramine 25 mg
Dose: 1-2 tabs po q 6 hr prn sinus drainage.
Maximum Daily Dose: 200 mg (8 tablets-25 mg each)
7. Bismuth Subsalicylate 262 mg/15 ml
Dose: 2 tbsp (30 ml) po q 0.5-1 hr prn upset stomach, indigestion, heartburn, nausea, or diarrhea.
Maximum Daily Dose: 240 ml (8 doses)
8. Phenylephrine 5 mg
Dose: 2 tabs po q 4 hrs prn congestion
Maximum Daily Dose: 60 mg (12 tabs – 5 mg each)
9. Other: _____
10. Other: _____

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

Physician' signature: _____