

**CAMP OPPORTUNITY
Physician Standing Orders for OTC Medications**

In the absence of a guardian to provide consent, nursing regulations require a physician's consent before treating a minor using over the counter medications. With your order, Camp Opportunity would like to be able to treat your patient for a minor sore throat, headache, upset stomach, fever lasting less than 24 hours, muscle ache, a cold, cough, constipation, or diarrhea.

All medications are dispensed according to labeled directions, unless otherwise ordered. Please check next to the following medications to authorize their use. For special orders, please write your instructions in the space provided by indicating the drug, dosage, frequency, duration, and appropriate use for such administration.

- Acetaminophen 325 mg/500 mg every ____ hours x ____ days for _____
- Children's liquid Tylenol/Acetaminophen ____ mg PO every ____ hours x ____ days for _____
- Aspirin 325 mg x ____ every ____ hours x ____ days for _____
- Excedrin/generic Acetaminophen 250mg, ASA 250mg/caffeine 65mg PO _____ # tabs every ____ hours x ____ days for _____
- Ibuprofen 200mg PO every ____ hours x ____ days for _____
- Children's liquid Ibuprofen ____ mg PO every ____ hours x ____ days for _____
- Aleve/Naproxen sodium 220 mg PO every ____ hours x ____ days given for _____
- Robitussin cough syrup adult/children's PO every ____ hours x ____ days for _____
- Cough drops PO every ____ hours for _____
- Children's Tylenol Plus /Acetaminophen 80 mg, Chlorpheniramine maleate 0.5, Pseudoephedrine HCL 7.5 mg PO every ____ hours x ____ days for _____
- Maximum strength Tylenol Allergy Sinus (day time) /Acetaminophen 500mg, Chlorpheniramine maleate 2 mg, pseudoephedrine HCl 30 mg PO every ____ hours x ____ days for _____
- Maximum strength Tylenol Allergy Sinus (night time)/Acetaminophen 500 mg,
- Children's diphenhydramine HCL (liq)12.5mg PO every ____ hours for ____ days given for _____
- Diphenhydramine HCL 25 mg PO every ____ hours x ____ days for _____
- Ducosate Sodium 100 mg PO every ____ hours x ____ days for _____
- Phillips Milk of Magnesia/Magnesium Hydroxide 400mg PO every ____ hours x ____ days for ____
- Kaopectate/Bismuth Subsalicylate 262 mg PO every ____ hours x ____ days for _____
- Pepto-Bismol/Bismuth subsalicylate, chewable 262mg PO every ____ hours x ____ days for _____

- Debrox ear drops, topical every ____ hours x ____ days for _____
- Peroxide ear irrigation every ____ hours x ____ days for _____
- Salt Water gargle ____ salt to ____ oz water gargle every ____ hours x ____ days for _____
- Similasan Pink Eye Relief (Euphrasia 6X, Hepar sulphuris 12 X, Belladonna 6X) topical application to eyes every ____ hours x ____ days for _____
- Dramamine/Dimenhydrinate 50mg PO every ____ hours as needed for motion sickness.
- _____

Physician's signature _____ Date _____

Physician's PRINTED name _____

Physician's DEA # _____