

NON PRESCRIPTION DRUGS

Patient Name: _____ Date of Birth: _____

Drug Allergies: _____ Height: _____ Weight: _____

Current Medications: _____

The above named child has been placed in a therapeutic foster home with Ariel Clinical Services. Regulations require that we must have permission from a physician or nurse practitioner to administer any over the counter medication or treatments.

Symptom	Medication	Dose	Route	Time	Others Instructions
Allergy	Benadryl Age 12+ Age 2-12 Age 0-2	25-50 mg. PO q-4 hours prn 20-40 lbs. 1tsp q6h prn 40+ 2 tsp q6h prn <u>Must call DR</u>			Potential Drug Interactions
Nasal Congestion	Sudafed Age 12+ Age 6-12 Age 2-6 Age 0-2	60 mg. PO q-4 hours prn 2 tsp q4-6h prn 1 tsp q4-6h prn <u>Must call DR</u>			
Cough	Delsym Syrup Age 12+ Age 2-12 Age 0-2	2 tsp. PO q-12hours PO Q 12 hours Per instructions <u>Must call DR</u>			Potential Drug Interactions

Fever/Comfort	Tylenol Age 12+	400 mg. PO q-4 hours prn			
	Children's Tylenol Age 0-2 Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs	<i>Must call DR</i> (24-35#) -1 tsp-q4h prn (36-47#) - 1 ½ tsp-q4h prn (48-59#) – 2 tsp-q4h prn (60-71 #) – 2 ½ - q4h prn (72-95#) – 3 tsp – q4h prn			
Fever/Comfort	Ibuprofen Age 12+	400 mg. PO q-4 hours prn			
	Children's Ibuprofen Age 0-2 Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs	<i>Must call DR</i> (24-35#) -1 tsp-6-8 hrs (36-47#) - 1 ½ tsp-6-8 hrs (48-59#) – 2 tsp-6-8 hrs (60-71 #) – 2 ½ - 6-8 hrs (72-95#) – 3 tsp – 6-8 hrs			
Skin Irritations	1 % Hydrocortisone Ages 2-12+	Apply per qid to irritated skin NOT face. <u>Topical, per directions</u>			
Skin Abrasions or infections	Neosporin Ointment Ages 2-12+	Apply qid <u>Topical, per directions</u>			
Vitamins	Multivitamin Age 12+	1 tab PO QD			
	Children's Chewable Multivitamin Ages 2-12	1 tab PO QD			
	Ages 0-2	<i>Must call DR</i>			

Physician or Nurse signature: _____ Date: _____