

ARIEL CLINICAL SERVICES

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

Symptom	Medication	Dose	Route	Time	Others Instructions
Fever/Comfort	Tylenol Age 12+ Children's Tylenol Age 0-2 Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs	500 mg. PO q-4 hours prn Must call DR (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+ Children's Ibuprofen Age 0-2 Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs	400 mg. PO q-6hours prn Must call DR (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+ Children's Chewable Multivitamin Ages 2-12 Ages 0-2	1 tab PO QD 1 tab PO QD Must call DR			

Key to Medical Terms:

PO = provide orally; PRN = when necessary; q-# = every___ hours (where # = hours); QD = Every Day; qid – 4 times per day.

Physician or
Nurse Signature: _____ Date: _____