Arizona's Children Association **PRN Medications**

Nonprescription Stock Medications for Internal & External Use

Attachment 3

Name: ______________________________**DOB:** ____________ **Weight:** ______________

Allergies: ____

Current Medications: ____

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Symptoms	Stock orders	PCP Approval	PCP Special Orders
Pain or temperature over 101 degrees	Acetaminophen 6+ years use one 325mg tablet every 4-6 hours if over 100lbs, may use two 325mgs. tablets every 4-6 hours		
Minor eye irritations	Normal saline solution, such as Natural Tears		
Ear wax accumulation	Debrox – follow directions on box		
Swimmer's ear	Instill 4-6 drops of Isopropyl Alcohol in each ear after swimming for itching or pain		
Nasal congestion	Normal saline spray – use as directed on bottle		
Sore throat	Gargle with ¼ tsp salt in ½ cup water – do not swallow, or use Cepacol		
Cough due to cold	Guaifenesin syrup such as Robitussin 2-6 yrs – 2.5cc to 5cc every 4 hours 6-12 years – 5cc to 10cc every 4 hours		
Cold sore or teething pain	Benzocaine, such as Orajel – apply as directed		
Gas	Simethicone, such as GasX or Mylanta Gas – use as directed		
Upset stomach	Tums, Mylanta Liquid or Maalox – use as directed		
Nausea and/or vomiting	Phosphorated carbohydrate, such as Emetrol 2-12 yrs 5cc every 15 minutes up to 5 doses 12 yrs and up 15cc every 15 minutes up to 5 doses		
Constipation	Milk of Magnesia 30cc every 12 hours up to 4 doses		

Allergies: ____

Current Medications: ____

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Diarrhea	Loperimide, such as Imodium, use as directed on bottle		
Menstrual cramps or muscle pain	200 mg Ibuprofen 1-2 tablets up to 4 doses		
Seasonal allergies	Diphenhydramine 25 mg 1800- 0600 for documented allergies only. Claritin - use as directed on box or for administration 0600-1800		
Minor cuts & abrasions	Wash with soap and water, apply triple antibiotic ointment		
Additional orders			

☐ **I am not aware of any contraindications on use of any of the above referenced medications.**

Generic Substitute Acceptable? **YES** ____________ **NO** ______________

Physician's Name:

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Physician's Signature:

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Date: ____

Approved by MRD 10-02-2008
Reviewed by AB 6.2013