



AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER (OTC) MEDICATION

I hereby agree, as attending physician of _____

to allow the staff of Alberta Professional Services to administer the following over-the-counter medication only as needed by the client. (x-out any that are not approved and add any additional approvals in the spaces provided):

INTERNAL

<u>MEDICATION</u>	<u>FOR THE TREATMENT OF</u>	<u>DIRECTIONS</u>
1. 325mg or 500mg Tylenol or acetaminophen	Headache or minor pain	1-2 tablets every 4-6 hrs. No more than 12 in 24 hrs.
2. Pepto Bismol or equivalent	Stomachache, upset stomach or nausea	2 tablespoonsful every ½ -1 hr. No more than 8 doses in 24 hrs. Give plenty of clear liquids.
3. Kaopectate or equivalent	Diarrhea	2 tablespoonsful initially, and every hour maximum of 6 doses in 24 hrs.
4. Tavist 1.34 mg or equivalent	Sneezing, runny nose, itchy eyes or hay fever	1 tablet every 12 hrs. No more than 2 in 24 hrs.
5. Sudafed 30mg or equivalent	Nasal congestion due to common cold	1-2 tablets every 4-6 hrs while symptoms persist. No more than 8 tablets in 24 hrs.
6. Robitussin Liquid or equivalent	Help loosen phlegm, make cough more productive (daytime use)	2-4 teaspoonfuls every 4 hrs with plenty of water
7. Robitussin DM Liquid or equivalent	Temporary relief of minor cough (night use)	2 teaspoonfuls every 4 hrs with plenty of water. No more than 12 teaspoonfuls in 24 hrs.
8. Cepacol or Chloroseptic Lozenges	Sore Throat	Use 1 lozenge as necessary every 2 hrs. If sore throat persists more than 2 days notify Doctor
9. Milk of Magnesia	Constipation	2-4 tablespoonfuls followed by 8 ounces of water



10. Benadryl 25mg or equivalent	Bee stings	1-2 capsules every 4-6 hrs. No more than 12 in 24 hrs.
11.		
12.		

EXTERNAL

<u>MEDICATION</u>	<u>FOR THE TREATMENT OF</u>	<u>DIRECTIONS</u>
1. Neosporin or antibiotic ointment	Minor burns, cuts, abrasions	Clean affected area, apply small amount 1-3 times a day. Cover if necessary.
2. Calamine Lotion	Allergic rashes (poison ivy, etc.)	Shake well and apply as often as necessary. If no improvement in 7 days consult doctor.
3. Rubbing Alcohol	Insect bites, disinfections	Use as necessary
4. Betadine Scrub, Hibi-cleans, or Soap and Water	Cleansing minor injuries	Use as necessary
5. Sun screen	Prevention of sunburn	As needed
6.		

(Please X-out any above medications if the resident has a known allergy, or if you have an objection to the administration to any of these medication.)

Name of Client/Guardian/Parent (Print)

Name of Doctor (Print)

Signature of Client/Guardian/Parent & Date

Signature of Doctor (Print) & Date

This forms meets these standards
Authority: 10A NCAC 27G .0209(c)(1)