

ARK HOMES FOSTER FAMILY AGENCY

9645 Arrow Route, Bldg 5, Suite A, Rancho Cucamonga, CA 91730 Phone: (909) 948-5747 Fax: (909)948-5746

STANDING MEDICATION ORDER

RE: _____
(Child's Name)

DOB: _____
(Month- Day- Year)-

Foster Home: _____

Order valid from _____

The following over-the-counter (OTC) medications may be given by the child's foster parents on an "as needed" (PRN) Basis, according to the signed Standing Medication Order, to ensure optimal health care to the above named child. The child's doctor should always be notified if the child is sick or experiences persisting symptoms. If the child's primary physician should change during the course of placement a new Order must be signed by the current attending physician.

Alcohol: Use to clean pierced ears. Do not use to clean wounds- IT HURTS!!
(Isopropyl 70%)

Aveeno Anti-itch Cream or Calamine Lotion: For itchy skin and sunburns. Use 4 times a day as needed. Do not use Hydrocortisone unless there is an order from the child's doctor.

Baby Powder: To relieve prickly heat. Apply to affected area as often as needed.

Bactine or Hydrogen Peroxide: For superficial skin wounds, cuts, scrapes, Apply twice a day as needed. Use hydrogen peroxide to clean wounds.

Benadryl: For congestion, allergy symptoms, itching or swelling from insect bites or hay fever. Do not give another antihistamine like Dimetapp or Actifed. Not to exceed 6 doses in 24 hours. Children under 4 years consult physician.

Ages 4 to 8 years - 1 teaspoon every 4 hours
Age 8 to 12 years- 2 teaspoon every 4 hours

Blistex or Chapstick: For dry, cracked lips. Apply not more than every ½ hour.

**Chloraseptic/
Generic:** For sore throat and related pain. Not to be used by children under 2 years of age. If condition persists, consult physician.

Ages 2 to 12 years - 3 sprays every 2 hours
Ages 8 to 12 years - 5 sprays every 2 hours

Cruex: For jock itch. Clean area and dry thoroughly. Apply morning and night. Do not use for more than 2 weeks. If condition persists, consult physician.

Desitin: For diaper rash. Apply twice daily. If condition persists, consult physician.

Dimetapp: For stuffy or runny nose. Do not give on another antihistamine like Benadryl or Actifed. Not to exceed 6 doses in 24 hours. Children under 4 years, consult physician.

Ages 4 to 12 - 1 teaspoon every 4 hours
Ages 12+ - 2 teaspoons every 4 hours

- Gargle:** For sore throat pain. Gargle with warm salt as often as needed. Do not swallow. Use 1 teaspoon salt in 1 cup of water. Not to be used by children under 6 years of age.
- Imodium.Genic:** For diarrhea. Give 2 teaspoons after first loose bowel movement and 1 teaspoon after each subsequent loose bowel. Not to exceed 6 teaspoon per day. Do not use for more than 2 days. If condition persists, consult physician. Children under 3 years, consult physician.
- Kaopectate:** Not to exceed 6 doses in 4 hours. Children under 3 years, consult a physician.
- | | | |
|-------------------|---|----------------|
| Age 3 to 6 years | - | ½ tablespoon |
| Age 6 to 12 years | - | 1 tablespoon |
| Age 12+ | - | 2 table spoons |
- Metamucil/Generic:** For constipation. Use 1 tablespoon mixed in 8 ounces of liquid, 3 times daily. If condition persists, consult physician. Not for use of children under 6 years.
- Micatine or Lotrim** For athlete's foot. Apply to feet two times daily. Do not use for more than Cream or Dr. Scholl's 14 days. If condition persists. Consult physician.
Foot Spray:
- Children's Mylanta:** For upset stomach. Children under 2 years, consult physician.
- | | | |
|-------------------------|---|--|
| Age 2 to 5 | - | no more than 3 teaspoons in 24 hours. |
| Age 6 to 11 (48-95lbs)- | | no more than 6 teaspoons in 24 hours. |
| Age 11+- | | can use regular Masiox or Mylanta. Give 1 teaspoon 4 times a day. Not to exceed 6 doses in 24 hours. |
- Infant Mylicon:** For colic. Give after meals or at bedtime. Not to exceed 12 doses in 24 hours.
- | | | |
|---------------|---|--------|
| Under 2 years | - | 0.3 ml |
| Age 2+ | - | 0.6ml |
- Neosporin:** For minor cuts and abrasions. Use as often as needed to prevent infection.
(Triple Antibiotic) Deep or serious cuts, consult physician.
- Pedialyte:** To prevent dehydration from diarrhea during illness. **CHILDREN UNDER 1 YEAR, CONSULT PHYSICIAN.** Ages 1 and over, give 2 liters per day while diarrhea continues. If diarrhea or vomiting or fever continues beyond 24 hours consult physician.
- Robitussin:** For cough. Do not give if child is taking another cough medicine. Not to exceed 6 doses in 24 hours. Children under 2 years, consult physician.
- | | | |
|---------------------|-------|--------------------------|
| Age 2 to 6 years - | 1 | teaspoon every 4 hours |
| Age 6 to 11 years - | 1 & ½ | teaspoon every 4 hours |
| Age 12+- | 2 | teaspoons every 4 hours. |
- Solarcaine:** For minor burns, bites, and scrapes. Apply as directed.
- Sting Relief Pads:** For pain from insect bites. Use up to 4 times a day as needed. Not to exceed

Child's Name: _____
Standing Medication Order
Page 3 of 3

Order Valid From: _____

Sunblock #15 or +: For prevention of sunburn. Apply to skin 30 minutes prior to prolonged sun exposure.

Throat Lozenges: For sore throat. May be used every 2 hours as needed for throat pain. Do not give to a child under 6 years of age.

Tylenol: For fever over 100 degrees and pain. Not to exceed 6 doses in 24 hours. Children under 2 years, consult physician.

Liquid} Age 2 to 4 years - 160 mg every 4 hours
Age 4 to 6 years - 240 mg every 4 hours

Chewable tablets} Age 6 to 11 years - 320 to 400 mg every 4 hours

Tablets} Age 12 to Adult - 480 to 650 mg every 4 hours

Turns: For relief of heartburn. Chew 1 or 2 tablets every 2 hours. Not to exceed 16 tablets per day. Under 6 years, consult physician.

Doctor's Comments:

This client is able to communicate his/her needs for these medications.

This client is able to communicate his/her symptoms.

PRINT: Doctor's Name : _____

Medical License #: _____

Office Address: _____ City: _____ Zip: _____

Phone # () _____

Doctor's Signature of Approval: _____

Date Signed: _____

(FORM IS INVALID WITHOUT DOCTOR'S NAME, ADDRESS, LICENSE # SIGNATURE & DATE)