

**WESTCHESTER ARC
2007 OVER THE COUNTER MEDICATION ADMINISTRATION**

VACATIONER: _____

Medication	Administration
Tylenol 325mg Take 2 tabs PO Q4H	Headache, pain, temperatures of 101 or higher or general discomfort.
Ibuprofen 200 mg Take 1 tab PO Q6H	Menstrual cramps, headache, pain, temperatures of 101 or higher or general discomfort.
Salt Water Gargle - BID 1 tsp. salt in 4oz. warm water	Minor throat irritation.
Throat Lozenges 1 lozenge PO Q4H	Minor throat irritation.
Robitussin DM Take 2 tsp. PO Q4H	To control cough and loosen chest congestion.
Sudafed 30 mg Take 2 tabs PO Q6H	Nasal congestion due to the common cold, hay fever or upper respiratory allergies.
Benadryl 25 mg Take 1 tab PO Q6H	Allergic reaction or nasal congestion, sneezing and itchy eyes due to hay fever or upper resp. allergies.
Light Diet Toast, tea, banana, rice and clear liquids.	Loose stool.
Kaopectate Take 2 tbl. after the 2 nd LBM and after each subsequent LBM. Not to exceed 6 doses in 24 hours.	Loose stool, diarrhea.
Increase fiber and water in diet.	Difficult bowel movement, constipation.
Milk of Magnesia (MOM) Take 2 tbl. PO at AM or HS followed by 8oz. of liquid.	Difficult or no bowel movement for 3 or more consecutive days.
Mylanta Take 2 tbl. PO after meals and HS. No more than 8 tbl. in 24 hours.	Indigestion, heartburn, sour stomach or gas.
Sunscreen and Insect Repellent will be used as needed, unless otherwise noted.	Physician's Note: (only necessary if not approved)

Topical Treatments:

- 1) Minor cuts, scratches and abrasions:
 Cleanse area with soap and water at time of injury.
 Apply hydrogen peroxide BID to remove debris, if needed.
 Cleanse with betadine solution BID, if needed.
 Apply bacitracin and bandage BID, if needed.
- 2) Insect bites or poison ivy:
 Apply calamine lotion as needed.
- 3) Sunburn:
 Apply aloe vera gel as needed.

These OTC medications are approved for use while participating in Westchester ARC Recreational Programs in the year 2007. The medications will be administered by a medication certified staff or by a NYS licensed nurse. Should the Physician wish to add or delete any of the above, please do so clearly and initial. The approved medications will not be used for more than 48 consecutive hours without contacting the Physician. All dosage, instruction and cautions on the tube/bottle will also be followed.

Physician's Signature

Date

Print Physician's Name

Phone