PINE BUSH BIBLE CAMP

NY State Law requires this to **be filled out by a physician** for a nurse to dispense over the counter medications to a child if needed.

Individualized orders for: Camper Name_____Weight:_____

Standard Over the Counter/PRN Medications (The following medications are available in the health center and will be dispensed at the discretion of an RN, if approval is indicated by the camper's healthcare provider):

Medications	Route	Dosage	Schedule and Indications	Health Care Provider order	Comments
Acetaminophen (Tylenol)	PO (chewable, elixir or tabs)	Per label instructions by age/weight	Q 4 hr for pain or fever	Yes No	
Ibuprofen (Advil, Motrin)	PO (chewable, liquid, tabs)	Per label instructions by age/weight	Q 6 hr for pain or Fever	Yes No	
Robitussin/ Robitussin DM (Guaifensin/ Dextromethorphan Hbr)	PO (syrup)	Per label instructions by age/weight	Q 4 hr PRN for cough	Yes No	
Bismuth (Pepto-Bismol)	PO (liquid or chewable tabs)	Per label instructions by age/weight	Q 30 min to 1 hr PRN	Yes No	
Children's Mylanta	PO (liquid or chewable tabs)	Per label instructions by age/weight	BID-TID PRN stomach upset	Yes No	
Diphenhydramine Hydrochloride (Benadryl)	PO (elixir, chewable, pills)	Per label instructions by age/weight	Q 6 hr PRN for allergic reaction	Yes No	
Pseudoephedrine HCL (Sudafed)	PO (elixir or pills)	Per label instructions by age/weight	Q 4 hr PRN nasal congest/ drainage	Yes No	
Loperamide HCL (Immodium)	PO (liquid, or chewable, pills)	Per label instructions by age/weight	Q 6-8 hours for diarrhea	Yes No	
Lotrimin/Tolfanate	Cream/spray	Per label	Rash/athletes foot	Yes No	
Hydrocortisone	Cream	Per label	Rash, bug bites	Yes No	
Antibiotic Ointment	Cream	Per label	Cuts	Yes No	
Diphenhydramine Hcl (Benadryl)	Cream/gel	Per label	Bug bites	Yes No	
Calamine	Lotion/spray	Per label	Bug bites/rashes	Yes No	
Anbesol	Liquid	Per label	Toothache	Yes No	
Lice Shampoo	Liquid	Per label	Lice	Yes No	
Iodine	Liquid	Per label	Cleanse abrasions	Yes No	
Sting Kill Swabs	Swab/pad	Per label	Bee/Wasp stings	Yes No	
Visine	Drops	Per label	Red itchy eyes	Yes No	
Cough drops	Lozenges	Per label	Sore throat/cough	Yes No	
Phenol (Sore throat spray, Chloraseptic)	Spray	Per label	Sore throat/canker sore	Yes No	

Prescription & OTC Medications (Complete with patient's current regimen for scheduled and PRN meds, use additional paper as needed)

Medication	Route	Dosage	Schedule and Indications	Comments

Additional Orders (as deemed necessary by health care provider to be implemented by an RN; i.e. peak flow, dressing changes, cast care, etc.) Please attach a separate paper for such orders

Physician's Name: _____ Physician Signature: _____

Phone Number:_____ Date:_____