

**ANGELS FOSTER FAMILY NETWORK  
STANDING MEDICATION ORDER**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility/Home: \_\_\_\_\_

The following over-the-counter (OTC) medications may be given to the above named child on an "as needed" (PRN) basis, according to this signed Standing Medication Order, to ensure optimal health care to the 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.

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|---|---|
| <b>Aveeno Anti-Itch Cream, Calamine Lotion, Hydrocortisone 1%</b> | For itchy skin. Use 4 times a day as needed. For children under 12, consult physician prior to using Hydrocortisone. Do not use Hydrocortisone on face.   |
| <b>Children's Tums</b>  | For relief of stomach acid. Chew 1-2 tablets as needed. Do not take more than 16 tablets in 24 hour period.   |
| <b>Mylicon (simethicone) drops</b>                                | For infant gassy stomach. One dropperful by mouth before feedings.  |
| <b>BRAT Diet</b>  | For diarrhea, a diet of bananas, rice, apples, toast, crackers, baked potatoes and plain noodles. For vomiting start clear fluids only, then progress to above foods as child is able to tolerate. If infant, give Pedialyte for 6 hours, then whichever of above foods they already eat. If condition persists, consult physician. |
| <b>Benadryl</b>   | For congestion, related to allergy symptoms, itching or swelling from insect bites. Follow recommended dosage on bottle/packaging for age of child.   |
| <b>Children's Tylenol</b>   | Given every 4 hours for fever over 100 degrees or for mild pain. Not to exceed 5 doses in 24 hours. Follow recommended dosage on bottle/packaging for age of child.   |

**Physician's Comments or Additional Recommendations:**

**Please Print or Stamp:**

**Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_