



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES**

OVER-THE COUNTER MEDICATION ORDERS

Individual's Name: _____ MCI Number: _____

Drug Allergies: _____

Home Name and Address: _____

ATTENTION STAFF: Whenever you assist with any of the medications from this form, you must sign the MAR, and document usage and effectiveness in the electronic record.

NON-EMERGENCY CONDITIONS: Non-Prescription Medications

1. HEADACHE OR MINOR ACHES AND PAINS:

Acetaminophen / Tylenol Dose: Two 325mg Tablets Frequency: Every 4 hours as needed
Route: By Mouth

Call Health Care Provider if headache persists for 24 hours, if it occurs more than 3 times per week, or if it becomes intense, incapacitating, or no relief is obtained from the medication. Also, call Health Care Provider if body aches continues over 24 hours.

2. MENSTRUAL CRAMPS: (Females Only)

Advil / Ibuprofen Dose: Two 200mg Tablets Frequency: Every 4 hours as needed
Route: By Mouth

3. TEMPERATURE ELEVATION:

Acetaminophen/Tylenol Dose: Two 325 mg Tablets Frequency: Every 4 hours as needed
Route: By Mouth

**To be given when oral temperature is over 100° F or axillary temperature is over 99° F.
Call Health Care Provider if fever persists over 24 hours or if it is accompanied by vomiting and / or diarrhea, increased coughing or congestion, headache, or abdominal pain that does not stop.**

Notify the Health Care Provider sooner if an increased temperature / fever is accompanied by increased coughing, congestion, or difficulty breathing.

4. MINOR ABRASIONS OR CUTS:

Clean area with soap and water then apply Antibiotic ointment topically to the area. May cover with a Band-Aid if needed. Apply twice a day until healed.

If affected area worsens (increased redness, drainage, warmth, swelling, etc.) during above treatment, notify Health Care Provider.

Prescribing Health Care Provider's Signature

Date