



DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES/ADULT SPECIAL POPULATIONS

STANDING 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, write a T-Log, and document effectiveness.

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

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

2. MENSTRUAL CRAMPS: (Females Only)

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

3. DIARRHEA:

Immodium AD Dose: per label instructions Frequency: per label instructions

Inform Nurse of diarrhea that occurs more than 2 times in a 24-hour period.

4. TEMPERATURE ELEVATION:

Acetaminophen/Tylenol Dose: Two 325 mg Tablets Frequency: every four hours as needed

To be given when oral temperature is over 100° F and when axillary temperature is over 99°F. \*\*Call Health Care Professional 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.\*\*

Name: \_\_\_\_\_

MCI #: \_\_\_\_\_

**5. MINOR ABRASIONS OR CUTS:**

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

**6. SYMPTOMS OF COMMON COLD:**

Nasal Congestion: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Cough: Robitussin DM Dose: per Label instructions Frequency: per label instructions

**\*\*Monitor temperature and Notify Health Care Professional if symptoms persist for 48 hours or more.  
Notify the Health Care Professional sooner if an increased temperature / fever is accompanied by  
increased coughing, congestion, or difficulty breathing. \*\***

OTHER (please order only OTC medication): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Prescribing Health Care Provider's Signature**

\_\_\_\_\_  
**Date**