



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

OVER THE COUNTER MEDICATION ORDERS

Name: _____ MCI Number: _____

Drug Allergies: _____

ATTENTION STAFF: Whenever you assist with any of the medications from this form, you must document on the MAR, and document usage and effectiveness in the Client Data Management System (CDMS).

NON-EMERGENCY CONDITIONS: Non-Prescription Medications

1. HEADACHE OR MINOR ACHES AND PAINS:

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

Seek medical attention 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, seek medical attention if body aches continue over 24 hours.

2. MENSTRUAL CRAMPS: (Females Only)

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

3. TEMPERATURE ELEVATION:

Acetaminophen 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 or temporal temperature is over 99°F. Seek medical attention 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.

Seek medical attention 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 bandage if needed. Apply twice a day until healed.

If affected area worsens (increased redness, drainage, warmth, swelling, etc.) during above treatment, seek further medical attention.

Prescribing Health Care Provider's Signature

Date