St. Clair County Community Mental Health Authority

Standing Medication Order List for Individuals 12 Years of Age and Older

Individual:	Date:
Home:	Caca #+
Allergies:	
Health Conditions:	
** For medication administration, follow all product directions.**	
Headache/ Pain / fever greater than 101:	
Aspirin 325mg	
Tylenol 325mg or generic equivalent (acetaminophen)	
 Motrin 200mg or generic equivalent (ibuprofen) 	
 Constipation: diminished frequency, incomplete evacuation, or stool that Increase fluids to 2/3 to 1 gallon per day, increase fiber (bran cereal, barley), increase activity 	
2. May take one of the following:	
 Metamucil or generic equivalent (psyllium) 	
 Colace or generic equivalent (docusate sodium) 	
 Milk of Magnesia or generic equivalent (magnesium hydroxide) 	
If no relief in 48 - 72 hours, consult primary care provider	
 Diarrhea: change in bowel pattern with increase in stool volume, looser Increase fluids (water and sports drinks), normal diet as tolerated May take one of the following: Pepto Bismol 262mg or generic equivalent (bismuth subsalicylar Kaopectate or generic equivalent (kaolin plus pectin) Imodium A-D or generic equivalent (loperamide) Do not administer diarrhea medications beyond 48 hours. 	
If diarrhea persists beyond 48 hours, consult primary care provider.	
 Cold symptoms: fatigue, low grade fever, nasal drainage, obstruction are hoarseness, watery or red eyes Cough- Robitussin or generic equivalent (guaifenesin) Stuffiness- Sudafed 60mg or generic equivalent (pseudoephedrine hoarsenesses) Consult primary care provider for symptoms lasting greater than 7 december 1. 	ydrochloride)
 Allergy symptoms: nasal congestion, sneezing, clear nasal drainage, coup Benadryl 25mg or generic equivalent (diphenhydramine) 	ghing, sore throat, puffy and itchy eyes
Minor abrasions, cuts, burns: follow standard first aid in accordance with the American Red Cross. Triple antibiotic ointment may be used.	
 Menstrual discomfort: Motrin 200mg or generic equivalent (ibuprofen) 	
The above standing orders apply to any resident/participant in the named program location.	
Physician Signature	Date

Health-Medical Form #04-0029C Reviewed Date: 11/1/2023 Policy Ref: #04-001-0070