



**DOCTOR'S ORDERS
PRN MEDICATIONS**

Patient Name: _____

DOB: _____

Allergies: _____

Check Yes or No below for PRN orders. Any additional parameters require a separate written order.

Yes _____	No _____	Minor cuts or abrasions: Cleanse wound with Bactine, pat dry, apply triple antibiotic ointment, and cover with dressing.
Yes _____	No _____	Tylenol/acetaminophen 325mg tabs; take 1 – 2 tabs (325mg – 650mg) PO or GT every 6 hours PRN pain or fever >100.
Yes _____	No _____	Ibuprofen 200mg tabs; take 1 – 2 tabs (200 – 400mg) PO or GT every 6 hours PRN pain or fever >100.
Yes _____	No _____	Benadryl/diphenhydramine 25mg; take 25mg PO or GT every 6 hours PRN itching or allergy reaction.
Yes _____	No _____	Maalox 30mL PO or GT every 4 hours PRN heartburn or indigestion.
Yes _____	No _____	Tums Regular Strength 500mg tabs; take 1 – 2 tabs PO every 4 hours PRN indigestion.
Yes _____	No _____	Imodium AD/loperamide 2mg tabs PRN diarrhea; take 1 tab PO or GT after first loose stool and ½ tab after each additional loose stool. Do not exceed more than 3 tabs/24 hours.

Physician Name: _____

Physician Signature: _____

NPI: _____ Date: _____