

PRN Approved Medication List

The following "PRN" (as needed) medications will be offered at The Arc. Discuss with your physician which, if not all, are appropriate. If you object to any of these medications, then please make one line through the medication and date and initial. Please sign at the bottom to acknowledge this list, and make sure the physician signs also. Should you need other PRN medications, or a different dose than specified, then you must bring in a physician's order (please see the nurse for a blank form) and the medication that is being prescribed in its original container or blister pack.

Medication	Used for.....	Dosage	Calls to Home/Nurse
Acetaminophen 500mg	Fever/Pain	1 - 2 tabs q 6 hrs.	Call home to ensure not already taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1 to 2 tabs q 6 hours	Call home to ensure not already taken. Call nurse for fever.
Diphenhydramine 25mg	Acute allergic reactions to food/ contact/stings	1-2 tablets PO	For Clients without an Epi-Pen onsite or undiagnosed allergies. Call home/ Nurse to notify.
Zyrtec (generic) 10mg	Sneezing, itchy watery eyes, runny nose	1 q 24hrs ages 6 and over	Call home first
Tums (generic)	Mild stomach upset/heartburn	1-2 chewable tablets	Basic First Aid
Chloraseptic Lozenges	Sore throat/Cough	Dissolve 1 lozenge in mouth q 2 hrs.	Call if not effective.
Loperamide 2 mg tablets	Diarrhea	Ages 12+ yrs; 1 caplet after loose BM	Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.
Triple Antibiotic Ointment	Cuts, Scrapes	Apply a small amount to scrape/cut	Basic First Aid
DynaShield zinc skin protectant cream	Skin Rash	Apply a thin layer to skin rash	Basic First Aid
Sunscreen Lotion 30+	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.
Hydrocortisone 1% ointment	Allergic reaction/itching	Apply thin layer skin affected area	Call home first
Calamine Clear Lotion	Itching skin	Apply a thin layer to itching skin	Call if not effective.

Signature of Physician

Date

The Arc of San Antonio | 13430 West Ave. San Antonio, TX 78216
210-490-4300 | www.arc-sa.org

Participant Name: _____ **DOB:** _____

I acknowledge the above PRN medications are offered at The Arc of San Antonio. I understand that the guidelines above will be followed while at The Arc. Should a need other treatments or medications arise, I must supply The Arc with an order from my physician, as well as the medication prescribed in its original container.

Signature of Participant (if over 18 & own guardian)

Date

Signature of Parent/Guardian (if applicable)

Date