

Client Name:	Destiny Management Standing Orders
Record #:	

Standing Orders are Used in Day Activity, Summer, Respite, and AFL Programs.

Allergic Reaction:(identified as hives, sniffing, sneezing, watery eyes) Benadryl (Diphenhydramine) - 25 mg every 6 hours as needed.

Other: _____

Allergies, Seasonal: Claritin (Loratadine) - 10 mg daily

Or Zyrtec (Cetirizine)-10 mg daily

Other: _____

Burn - Superficial: Apply cool water to area and cover with sterile gauze. Do not burst blisters.

Other: _____

Burns and/or scalds: Cover with Telfa or non-stick bandage

Other: _____

Cough: Guaifenesin - Follow directions on the bottle.

Other: _____

Congestion: Spray a saline nasal spray in each nostril every 6 hours as needed.

Other: _____

Cuts or Scrapes: Clean area with soap and water and dry. Apply Triple Antibiotic Ointment, and cover with bandage, if needed.

If the laceration is greater than 1/2 in long x 1/8 inch depth, seek emergency treatment.

Other: _____

Diarrhea: Keep hydrated. Eat a bland diet- no fried or spicy food (plain mashed potatoes, rice, pasta, broth, Jello, yogurt with probiotics, bananas, saltine crackers, water, Propel Fitness Water, clear diet drinks). If not improved within 3 days, make a doctor's appointment.

Other: _____

Fever - Greater Than 101 F: Tylenol (acetaminophen) 325 mg- 2 tabs every 4 to 6 hours as needed.

Other: _____

Gas: Simethicone 60 to 140 mg- may take 4 times a day (after meals and at bedtime).

Other: _____

Headache or Body Ache: Tylenol (acetaminophen) 325 mg- 2 tabs every 4 to 6 hours as needed.

Or Motrin (ibuprofen) 200 mg- 2 tabs every 4 to 6 hours as needed.

Or Aleve (naproxen sodium) 220 mg- 2 tabs every 12 hours as needed.

Or Aspirin 325 mg- 2 tabs every 4 hours as needed.

Other: _____

Heartburn: Magnesium Oxide 140 mg 3-4 times daily. If needed for more than 3 days make appointment with M.D.

Other: _____

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Insect /Bug Bites: Apply Bug Spray or Lotion containing 30 units of Deet **before** exposure to insects. Wash spray or lotion off patient before he/she goes to bed. If bitten, wash area. Using a cotton ball, apply meat tenderizer diluted in water. (takes the sting away).

Other: _____

Menses Discomfort: Naproxen Sodium 200 mg tablets- 1 tab, 2 times daily as needed.

Other: _____

Motion Sickness: Give Dramamine OTC (Dimenhydrinate) 30 minutes before traveling to prevent motion sickness.

Other: _____

Poison Ivy/Oak Rash: At exposure, or no later than 2 hours, wash area with Dawn dish soap and water, rinse well, dry. If rash is present, apply Hydrocortisone Topical Cream to clean area. **DO NOT COVER WITH BANDAGE.** Do not apply to broken skin.

Other: _____

Sunscreen: Apply SPF 15 or higher Sunscreen 30 minutes prior to being exposed to the sun. Re- apply every hour and after while in sun, **or** after water activities.

Other: _____

Sunburn: Apply Solarcaine lotion to area once a day, at onset of sunburn. Use regular lotion to replace moisture after that.

Or Aloe Vera

Other: _____

Splinters: Remove with tweezers, clean with soap and water, dry, apply Triple Antibiotic Ointment, and cover with bandage, if needed. (If the patient will not let you remove the splinter, cover the area with white school glue. When dry, peel glue off; the splinter may be easily removed this way).

Other: _____

Vomiting: Do not give anything to eat or drink for 1 hour after vomiting. Then, slowly give fluids- 2 tablespoons every 15 minutes for 1 hour. (Water, Propel Fitness Water, flat Ginger Ale, lemon-lime soda, clear broth, ice pops, or diluted juice.) **No milk products.** Gradually increase fluids over 3-4 hours. When no vomiting has occurred for 6-8 hours, start a bland diet (rice, mashed potatoes, pasta, applesauce, crackers, toast, and dry cereal). If vomiting lasts longer than 24 hours, contact a doctor.

Other: _____

These orders are valid for one year from the date of the Physician's Signature.

Physician's Signature/Title: _____ Date: _____

Annual Updates

Physician's Signature/Title: _____ Date: _____

Physician's Signature/Title: _____ Date: _____

Physician's Signature/Title: _____ Date: _____

Physician's Signature/Title: _____ Date: _____