

ADDITIONAL/PRN ORDERS

Please line out any orders that you do not approve of.

| Instructions (please complete if blank) | |
|---|---|
| PPD Skin Test | Upon Admission, and annually thereafter |
| Influenza vaccination | Annually |
| Pneumococcal vaccine | |
| Tylenol, 325 mg | po 2 tabs every 4 hours prn for fever over 100 degrees |
| Tylenol, 325 mg | po 2 tabs every 4 hours prn for pain |
| Imodium AD, 2 mg | po for diarrhea, 2 caps initially, then 1 cap after each loose stool until diarrhea is controlled. |
| Mylanta | 30 cc po every 4 hours prn for stomach upset, notify MD if persists over 48 hours |
| Milk of Magnesia | 30 cc po every day prn for constipation |
| Dulcolax, 10 mg | 1 rectally for constipation not relieved within 24 hours after milk of magnesia given |
| Minor cuts/abrasions | 1) Clean with shur-clens (or soap and warm water), pat dry, 2) apply antibiotic ointment, 3) cover with band-aid dressing, 4) change daily as needed, 5) observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature. 6) If resident experiences any of these symptoms notify MD. 7) Discontinue when healed. |
| Minor skin tears | 1) Wash with shur-clens (or soap and warm water). 2) Apply non-stick dressing and steri-strips, change as needed. 3) Allow steri-strips to remain in place until they fall off. 4) Observe daily for signs and symptoms of infection: increased redness, swelling, pain, drainage or temperature. 6) If resident experiences any of these symptoms notify MD. 7) Discontinue when healed. |
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If you approved of the above orders for the resident named, please sign below. If you do not approve of any of the orders, please line out the order. These orders will be in effect until such time as they are discontinued by yourself or another authorized prescriber. Thank you for your time and cooperation.

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|---------------------------|--------------|
| Signature/title: | Date: |
| Please print name: | |