

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	Annual
Pneumococcal vaccine	
Tylenol, 325mg	po 2 tabs every 4 hours prn for fever over 100 degrees
Tylenol, 325mg	po 2 tabs every 4 hours prn for pain
Imodium AD, 2mg	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, 10mg	1 rectally for constipation not relieved within 24 hours after mil 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) Clean 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 and of these symptoms, notify MD; 7) discontinue when healed

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.

Signature/title:	Date:
Please print name:	