

FRIENDSHIP VENTURES

Name: _____

PHYSICIAN STANDING ORDERS

Program: _____

Listed below are first aid and comfort treatments provided for each participant.

Please cross out and initial any items that you do NOT authorize our non-medical staff to administer.

The following medications and treatments will be administered per package directions and recommended doses.

1. Pain or fever: Adults: **Tylenol tabs (acetaminophen) 500 mg. 1-2 tabs every 4-6 hr.**
Children: **acetaminophen liq. 10-15mg/kg every 4-6 hr.** See package for age appropriate dose.
2. Inflammation / pain: **Ibuprofen 200 mg. 1-2 tabs every 4-6 hours**
Do not give if history of ulcer or other stomach problems. Discontinue use and see physician if black-colored stools.
3. Sore throat / cough **Cough drop** if unable to gargle with warm **salt water.**
Tussin DM cough syrup or equivalent as directed for non-diabetic.
4. Nasal congestion: **Pseudoephedrine 30 mg. 2 tabs every 6 hours or Sudafed liquid.**
5. Abdominal distress: **Maalox (liquid antacid) or Tums;** do not use for more than 24-48 hours without consulting a physician.
6. Diarrhea: Clear liquid diet; avoid dairy products X24 hrs. Bland diet first day after symptoms subside.
If no response: **Imodium** or equivalent of (loperamide) if no blood in stools and no fever.
7. Constipation: **Milk of Magnesia ½-1 oz. as needed**
If no response: **Fleets** enema
8. **For medication error to wrong camper or accidental poisoning call Poison Control and FOLLOW INSTRUCTIONS.**
Activated Charcoal is available if recommended to administer.
9. Itching due insect bites or rash: **Anti- itch lotion or gel** or **Hydrocortisone 1% cream** (with application of cold compress for insect bites)
Benadryl tabs (Diphenhydramine) or **Liquid Benadryl** or **Claritin** (loratadine)
May apply **Meat Tenderizer** paste for bee sting.
10. Athlete's feet: **Lotrimin cream or equivalent.**
11. Irritated eyes: **Artificial Tears or lubricating eye drops.**
12. Minor cuts and scrapes, cleanse with soap and water or half-strength **Hydrogen Peroxide.**
Apply **Bacitracin** or equivalent, then apply dressing.
13. Chapped lips: **Lip Balm** or equivalent.
14. **Mosquito Repellent** cream/lotion to skin or spray to clothing to control insect bites.
15. Sunburn prevention: **Sunscreen SPF #15 - #30.** Sunburn discomfort: **Aloe gel** applied to skin.
16. **A & D Cream** or moisturizing lotion for emollient effect.

Health screening will occur within 24 hours of individual's participation in a Friendship Ventures service. The following items will be reviewed/checked:

- A. Individual Health History form will be reviewed for appropriate signatures. Any alterations in medication, allergies or physical limitations will be noted upon arrival.
- B. Individual will be screened for any observable evidence of illness, communicable disease, or injury.
- C. Any evidence of illness, communicable disease, or injury will be referred to appropriate licensed personnel for evaluation and treatment.

I give permission to Friendship Ventures non-medical personnel to administer prescribed medications to the above individual.

Parent/ Legal guardian/ Caregiver signature: _____ Date: _____

Updated 3-06