

ARIEL CLINICAL SERVICES

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Phone: 303.703.9351
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NON PRESCRIPTION DRUGS

Patient Name: _____ Date of Birth: _____
Drug Allergies: _____ Height: _____ Weight: _____
Current Medications: _____

The above named child has been placed in a therapeutic foster home with Ariel Clinical Services. Regulations require that we must have permission from a physician or nurse practitioner to administer any over the counter medication or treatments.

Approved

Symptom	Medication	Dose (Please Circle)	Approved		Others Instructions
			Yes	No	
Allergy	Benadryl (Diphenhydramine) PRN Age 0-2 Age 2-12 Age 12+	Must call DR 20-40 #. 1tsp q6h 40-49 # 2 tsp q6h 50 - 99 # 25mg q 6h 100+ # 50mg q 6h			
Nasal Congestion	Decongestant Age 0-4 not recommended <4 Age 5+	Must call DR As directed			
Cough	Cough Syrup Age 0-2 Age 3+	Must call DR As directed			
Fever/Comfort	Children's Tylenol (acetaminophen) Age 0-2 PRN Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs Tablet 12 +	Must call DR 24-35# -1 tsp q 4 h 36-47# - 1½ tsp q 4 h 48-59# - 2 tsp q 4 h 60-71 # - 2 ½ q 4 h 72-95# - 3 tsp q 4 h 500 mg q 4 h			

Fever/Comfort	Children's Ibuprofen Age 0-2 Age 2-3 Age 4-5 6-8 yrs 9-10 yrs 11-12 yrs Ibuprofen tablets Age 12+	Must call DR 24-35 # 1 tsp q 6-8 h 36-47# 1½ tsp q 6-8 h 48-59# 2 tsp q 6-8 h 60-71# 2½ q 6-8 h 72-95# 3 tsp q 6-8 h 96# + 400 mg. PO q 6 h			
Skin Irritations	Hydrocortisone 0.5% to 1% Ages 2-12+	Apply to irritated skin NOT face. <u>Topical, per directions</u>			
Skin Abrasions or infections	Neosporin Ointment Ages 2-12+	Apply to skin Topical, per directions			
Prevent insect bites	Bug Repellant Not for newborns	Apply to clothes or spray on adult hands then apply Protect eyes, mouth and cuts.			
Rashes or Redness in diaper area.	Vaseline, zinc oxide or A & D ointment.	Use as directed.			
Vitamins	Multi - Vitamin	Use as directed			
Menstrual Cramps and discomfort	Midol	Use as directed			

Additions:

Physician or Nurse signature: _____ Date: _____