

# Physician Standing Orders for Non-Prescription Medications

Must be updated annually if child is under two years of age, every two years thereafter.

This form is to remain in the Physician's Standing Order Form Binder found in each room's Medicine Cabinet.

**Sec. 88. Medication** (Division of Family and Children; 470 IAC 3-4.7-88)

- a) Each child care center may have one (1) pain or fever reducing medication, one (1) cough medication, and one (1) antihistamine decongestant on the premises as follows: (See Regulations)
- b) The giving or application of all other medication and carrying out medical procedures shall be done only on written order or prescription from a physician or other health care professional authorized to write prescriptions, which must be kept with the medication.
- c) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older.
- d) Caregivers shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication.
- e) All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers.
- f) The written order or the pharmacy label must show the following: (See Regulations)
- g) Medication shall be kept in the original container.
- h) When no longer needed, medication shall be returned to the parents or destroyed.
- i) Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) foot-candles, and shall not be stored in the kitchen or in a bathroom.
- j) Medication labeled "refrigerate" shall be stored in tightly lidded, washable containers marked "medication" in a refrigerator.
- k) The center shall not store medication beyond the:
  - a. expired date on the label;
  - b. expired written physician order; and
  - c. prescription label older than one (1) year.

I authorize Small Blessings staff to administer the following non-prescriptive medications to:

Child's Name \_\_\_\_\_ (complete chart; doctor & parent signature required)

I do not authorize Small Blessings staff administer non-prescriptive medications to:

Child's Name \_\_\_\_\_ (parent signature required)

Type of Non-Prescription Medicine	Weight Appropriate	Administered Every
Acetaminophen or _____ for children's comfort, not fever reduction.		
Benadryl Elixir or _____ for allergic reactions.		
Pedialyte or _____ (Only as directed by a physician).		
Robitussin, Robitussin DM, or _____ for coughs.		
Chloraseptic spray or _____ for mouth or throat irritations.		
Triaminic, Dimetapp or _____ for cold-related symptoms and sinus pressure.		
Mylicon drops or _____ for gas and/or colic.		
Sun Screen: _____		
Lotions or Chapstick _____		
Diaper Ointment or Other Creams _____		
Other physician's orders specific to child's care:		
Weight Appropriate Dosages Effective _____ (date) to _____ (date)		

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

I authorize the staff of Small Blessings, Inc. to administer the above medications to my child as approved by the physician and in accordance with written instructions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date