STANDING ORDERS FOR OVER THE COUNTER MEDICATION 2019-2020

The following orders are for the Greenburgh Graham School Nurse to administer to students of the school only.

1. Acetaminophen: Ages 12 and over: 325-650mg (tablet) q 4-6h PRN pain or fever. Ages 6-11: Liquid Children’s Tylenol, dosage based on weight/age. Do not exceed 4 grams in 24 hours.

2. Ibuprofen: Ages 12 and over: 200-400mg (tablet) q6-8h PRN pain or fever. Ages 6-11: Liquid Children’s Motrin, dosage based on weight/age.

3. Analgesic Throat Spray (Cepacol or other brand): Spray into the throat no more than 4 times daily.

4. Nausea Medication (Emetrol or other brand): Ages 12 and over: 5ml q 15 minutes, no more than 5 doses maximum.


6. Pepto bismol: Ages 12 and over: 15ml no more than 2 doses maximum. Pepto bismol Kids: Ages 6 and over: 1 chewable no more than 2 doses maximum.


8. Loratadine 10mg or other non-sedating antihistamine: Ages 12 and over: 1 tablet for allergy signs and symptoms.

9. Midol or other OTC menstrual cramp remedy: For girls; 1-2 tablets for menstrual cramps q6h.

10. Robitussin cough elixir: Ages 12 and over: 5ml PRN q 4h for cough

11. Menthol/ eucalyptus cough drops (cherry flavor): Ages 6 and over: 1 lozenge PRN q2h for cough.

12. Bacitracin: Apply to affected area as first aid to prevent infected of minor cuts, scrapes, and burns.

13. Epi-pen (or other epinephrine auto-injector): ≥30 kg (≥66 pounds) 0.3 mg /0.3 mL, or 15-30 kg (33-66 pounds) 0.15 mg/0.3 mL SC x 1 dose PRN allergic reaction. **Call 911 immediately! Patient must be transferred to local hospital Emergency Department.**

14. Nebulizer treatment with albuterol: For children with a history of asthma, who complain of wheezing, and who have a prescription on file for nebulized albuterol: 1 unit dose albuterol inhaled via nebulizer over 10-15 minutes.

15. Albuterol inhaler: For children who have on file a prescription for albuterol to manage wheezing: 2 puffs, inhaled, as a rescue dose, x 1 dose PRN wheezing. May be repeated x1 dose.

Electronically Signed: _____ Joy Elwell NP/ Medical Director  NYS NP License: 330942_____

I authorize the school Nurse to administer any of the above OTC medication if needed during school hours to my child.

Parent Authorization/ Signature: ___________________________________________ Date: __________

Student’s Name: ____________________________________________________________

Allergies (including to medications): __________________________________________