

Children's HOPE

Making a Difference!

Client:

DOB:

PRN Medication

Part I: Authorization

To receive nonprescription and prescription PRN medications, state licensing requires that:

1. your patient be capable of determining his/her own need for the medication, or,
2. be able to clearly communicate his/ her symptoms.

If your patient cannot determine his/her need for a medication, or clearly communicate the symptoms, then you, the medical professional, must be contacted before the PRN medication can be given. Your completion of this form will serve to document your patient's current ability to determine his/her own need for these medications.

As a licensed care provider, it is the responsibility of Children's Hope FFA and its Resource Parents to monitor your patient's continued ability to determine his/her own need for PRN medications and inform you of any changes which indicate he/she can no longer make these decisions.

Please indicate which circumstance describes your patient:

- My patient can determine and clearly communicate his/her need for prescription and nonprescription medication on a PRN basis.
- My patient cannot determine his/her own need for prescription and nonprescription PRN medication, but can clearly communicate his/her symptoms indicating a need for prescriptions and nonprescription medication.
- My patient cannot determine his/her need for prescription or nonprescription PRN medication and cannot clearly communicate his/her symptoms. (Licensee must contact physician before each dose.)

<u>Physician's Name, Address & Phone #</u> Please stamp or print	<u>Signature of Physician</u>
	Date:

Mailing Address

P.O. Box 901
Gridley, CA 95948
www.childrenshopeffa.org
 @childrenshopeffa

Gridley Office

567 Virginia St. Ste. A
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(530) 846-4955
Fax: (530) 846-4954

Yuba City Office

950 Tharp Rd. Ste. 301
Yuba City, CA 95993
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Roseville Office

300 Harding Blvd, Suite 107
Roseville, CA 95678
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Part II: Recommended "Over the Counter" Medication for PRN Administration

Community Care Licensing Regulations preclude Resource Parents from administering medication on a PRN basis without prior approval from a medical professional. This includes Over the Counter medications.

The following list is provided for you to indicate those medications that are **not** appropriate for the client. Any category removed will require phone or office contact prior to administration. In all cases, the Resource Parents will follow label instructions unless otherwise directed by a medical professional.

****Cross out inappropriate medications****

<u>Medication</u>	<u>Signs & Symptoms</u>
Acetaminophen (Tylenol)	Pain or fever
Ibuprofen (Motrin, Advil)	Musculoskeletal pain or fever
Aspirin (Bufferin, Ecotrin)	Mild to moderate musculoskeletal pain
Pseudoephedrine (Sudafed)	Nasal congestion or stuffy nose
Phenylephrine (Triaminic)	Nasal congestion, cough, minor muscle aches
Chlopheniramine (Contac, Formula 44)	Runny nose, itchy, watery eyes
Brompheniramine (Dristan, Drixoral)	Runny nose, itchy, watery eyes
Diphenhydramine (Benadryl)	Runny nose, itchy, watery eyes
Tripolidine (Actifed)	Runny nose, itchy, watery eyes
Loratadine (Claritin)	Runny nose, itchy, watery eyes
Cetirizine HCl (Zyrtec)	Runny nose, itchy, watery eyes
Dextromethorphan (Triaminic)	Cough
Throat spray (Chloraseptic)	Minor throat irritation
Guaifenesin (Mucinex, Triaminic)	Chest Congestion
Eye drops (Clear Eyes, Visine, Murine)	Eye irritation due to allergies
Calamine or Caladryl Lotion	Itching related to poison oak/ivy/sumac
Hydrocortisone Cream (Cortaid, Caldecort)	Itching
Fungicides (Desenex, Lotrimin, Tinactin)	Itching, burning or scaling associated with athlete's foot, ring worm or jock itch
Topical Antibiotics (Neosporin, Polysporin)	Minor cuts, scrapes, abrasions
Antacids (Rolaids, Tums)	Gastric acid
Mylanta/Maalox	Gastric acid, heartburn, gas
Anti Diarrheal (Immodium, Pepto-Bismol)	Diarrhea, loose stools
Laxatives (Milk of Magnesia, Ex-Lax)	Constipation
Dramamine	Motion sickness
Nix	Lice treatment
Enemas (Fleet)	Constipation
Ora-Jel	Teething or mouth pain
<u>Other</u>	<u>Signs & Symptoms</u>

<u>Physician's Name, Address & Phone #</u>	<u>Signature of Physician</u>

Date:

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