

CENTRAL CARE POLICY OVER THE COUNTER MEDICATIONS

SUBJECT:	<u>OVER THE COUNTER MEDICATIONS</u>
ANNUAL REVIEW MONTH:	<u>June</u>
RESPONSIBLE FOR REVIEW:	<u>Director of Central Care</u>
LAST REVISION DATE:	<u>August 2010</u>

Policy:

All over the counter medications provided by Central Care to consumers will be approved by a licensed physician, advanced practice nurse, or pharmacist after being reviewed for possible medication interactions.

Purpose:

All consumer physical needs will be addressed in a timely manner.

Procedure:

A standard list of over the counter medications and a list of each consumer's routine medications will be provided to the consumer's physician, advanced practice nurse, or pharmacist for review for possible medication interactions. (See attachment 1)

The physician/pharmacist will revise the list as needed and sign the over the counter medication protocol list if in agreement.

Staff will maintain floor stock of the over the counter medications on the protocol list. Once a floor stock bottle is opened, it will be labeled with that consumer's name and be placed with that consumer's medication. It will no longer be considered floor stock. Over the counter medications will be individualized. There will not be any community medications.

Each house manager will create a list of floor stock medications with the expiration date for each. This list will be monitored monthly by the house manager to ensure that medications are removed and replaced before expiration date.

APPROVED:

George Harris, LCSW

TITLE: Director of Central Care **DATE:** _____

Attachment 1

Central Care Over the Counter Medication Protocols

Date: _____

Name: _____ Date of Birth: _____

Allergies: _____

- Minor cuts and abrasions: Clean with soap and water, then clean with hydrogen peroxide, and apply triple antibiotic ointment. Apply clean bandage after cleaning as needed for 3 days.
- Runny nose or congestion: Benadry 25mg. by mouth every 6 hours as needed for 24 hours.
- Fever 101 and above: Tylenol 650 mg. by mouth every 4 hours (2 regular strength tabs), **-OR-** Advil 400 mg by mouth every 4 hours (2 regular strength Advil) for 24 hours. **Do Not Double Dose Due to Pain.**
- Pain (Headache, Discomfort): Tylenol 650 mg. by mouth every 4 hours (2 regular strength Tylenol) for 24 hours **-OR-** Advil 400 mg. by mouth every 4 hours (2 regular strength Advil) for 24 hours. **Do Not Double Dose Due to Fever.**
- Constipation: Dulcolax 1 tablet by mouth, if no BM for 3 days. **If no results in 24 hours, call physician.**
- Diarrhea: Pepto Bismal 15ml by mouth every 6 hours for 24 hours.
- Stomach Discomfort/heartburn: Maalox 15cc by mouth every 6 hours as needed for 24 hours.
- Cough: Robitussin 2tsp (10cc) by mouth every 4 hours as needed for 24 hours.
- Nausea: Dramamine 50mg. by mouth every 6 hours as needed for 24 hours.

Other Over the Counter Medications: (Please include medication, dose, route, frequency, and time limit)

- Document any and all actions taken, including calling the physician and his/her recommendations.
- **May use generic substitutes for all of the above medications.**
- Refer to policies on Pain and Symptoms of Illness
- **If any of the above symptoms continue for 24 hours, call physician.**

My signature below indicates that I have reviewed this consumer's medications for possible interactions and I approve this list of over the counter medications for this consumer.

Date: _____

Licensed Practitioner's Signature: _____