GMSS
GREEN MOUNTAIN SUPPORT SERVICES

Fax: 802-888-1182

Annual Standing Orders

- **Initial next to each OTC medication this patient may take**
- **Indicate the NTE (Not To Exceed) as necessary**
- **Sign and date the bottom of the form**

Patient: _____ DOB: _____ Today's Date: _____

Initial each below to order	Medication	Instructions	Route	Indication(s)
	Tylenol 325mg	1-2 tablets every 4-6 hours as needed NTE:	PO (By Mouth)	Pain, Fever
	Ibuprofen 200mg	1-2 tablets every 4-6 hours as needed NTE:	PO	Pain
	Pepto-Bismol (Kaopectate)	30mL or 2tabs every 4 hours as needed NTE:	PO	Heartburn, Nausea, Loose Stool
	Imodium 2mg (Loperamide)	1-2 tablets every 8 hours. NTE:	PO	Loose Stool
	Robitussin DM (Guaifenesin)	5-10mL every 4 hours as needed NTE:	PO	Cough
	Milk of Magnesia	30mL once daily as needed NTE:	PO	Constipation
	Menthol Lozenges	1 lozenge every hour as needed NTE:	PO	Sore Throat
	Benadryl 25mg	1-2 tablets every 4-6 hours as needed **Not to be used as a sleep aid.** NTE:	PO	Allergies, Itching, Hives
	TUMS/Maalox 500mg (Calcium Carbonate)	1-2 tablets every 2-4 hours as needed after meal or bedtime NTE:	PO	Pyrosis (Heartburn), Indigestion
	Hydrocortisone Cream 1%	Apply thin layer to affected area as directed:	Topical (Skin)	Rash
	Bacitracin (Antibiotic Ointment)	Apply thin layer to affected area as directed:	Topical (Skin)	Minor cuts, scrapes, or wounds

Provider signature _____ Date _____

The initialed medications may be administered to my patient and are valid for one year.
Please contact my office if symptoms do not improve in 48 hours.

Edited: October 2024