GMSS
GREEN MOUNTAIN SUPPORT SERVICES

Green Mountain Support Services, Fax (802) 888-1182

Example Annual Standing Orders Sample Form

- **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: Jane Doe **DOB:** 7/07/1977 **Date:** 11/19/2024

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

Provider signature Dr.DoGood Date 11/19/2024

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**