

PLEASE FILL OUT THE FOLLOWING **MEDICATION ADMINISTRATION** INFORMATION THAT IS PERTINENT FOR ATTENDANCE AT THE ADULT DAY PROGRAM.

**Routine Orders: Approve by placing an "X" in box for each Rx.**

- Fever or Pain - Acetaminophen 325 mg – 2 tabs PRN q 4hr,  
NOTIFY physician for temperature over 100° or no pain relief
- Dyspepsia - Mylanta or Maalox – 2 TBSP PO PRN repeat q ½ hour X 3 doses  
Call physician if no symptom relief.
- Diarrhea - Clear liquids, Immodium AD 4 mg (20cc), after first episode.  
After subsequent episodes – call physician.

**Orders for Medications to be taken while the participant is attending the Adult Day Program (if applicable):**

Please include name of medication, dosage, frequency, route and special instructions if indicated.

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**Please Note:**

**When a change in medication occurs, an order form must be submitted by the PCP directly or through the caregiver, with a notation that indicates whether or not another medication is being eliminated. Thank you.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_