



Standing order for PRN medication:

(Please check at least 1 Pain medication and 1 Sleep aid, if Patient has neither medication scheduled)

Patient Name: _____ DOB: _____

- _____ 1. Acetaminophen/Tylenol 500 mg (1-2 tablets) prn for pain/fever (not to exceed 2000mg)
- _____ 2. Ibuprofen/Motrin 200mg (1-4 tablets) prn for pain/inflammation (every 8 hours as needed/prn)
- _____ 3. Benadryl/Diphenhydramine 25mg (1-2 capsules) prn for Itching/rash/reaction/hives
- _____ 4. Melatonin 5mg (1 tablet) at bedtime prn for Insomnia
5. Naloxone/Narcan ***Emergent Administration upon suspected overdose***

Comments:

Physician/Provider Signature: _____ Date: _____