

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For Use of this form, see AR 40-66; the proponent is the Office of The Surgeon General.

REPORT TITLE

Self-Care Medication Request

OTSG APPROVED (Date)
(YYYYMMDD)

*****THERE IS A LIMIT OF FOUR ITEMS PER FAMILY PER MONTH*****

Quantity	Medications	Used to Treat
	Pediatric Patients Aged 2 and Older	
	Acetaminophen 120mg (Tylenol Eq.) Pediatric Suppositories, 12s	Pain Fever
	Acetaminophen 160mg/5mL (Tylenol Eq.) Pediatric Suspension, 120mL	Pain Fever
	Acetaminophen 80mg (Tylenol Eq.) Pediatric Chewable Tablets, 30s	Pain Fever
	Ibuprofen Oral susp. 100mg/5mL (Children's Motrin Eq.) 120 mL	Pain Fever
	Saline 0.65% (Ayr Eq.) Nasal Drops/Spray, 15mL	Child Stuffy Nose
	A & D Ointment, 57gm Dry skin	Diaper Rash
	Zinc Oxide Ointment, 30gm	Diaper Rash
	Calamine Lotion, 180mL	Itching
	Carbamide (Debrox Eq.) Otic Drops, 15mL	Ear Wax
	Clotrimazole (Mycelex Eq.) Topical Cream, 15gm Fungal	Fungal rashes/itching
	Hydrocortisone 1% Cream, 30gm	Itching
	Triple Antibiotic (Neosporin Eq.) Topical Ointment, 15gm	Infection
	Patients Aged 4 and Older Only	
	Diphenhydramine 12.5mg/5ml (Benadryl Eq.) Syrup, 120mL	Runny Nose&watery eyes
	Guaifenesin 100mg/5ml (Robitussin Eq.) Syrup, 120mL	Cough,chest congestion
	Guaifenesin-DM 100mg-10mg/5ml (Robitussin DM Eq.) Syrup, 120mL	Cough,chest congestion
	Loratadine Oral Soln 5mg/5ml (Claritin), 120mL	Runny Nose&watery eyes
	Patients Aged 12 and Older	
	Acetaminophen 325mg (Tylenol Eq.) Tablets, 50s	Pain,fever
	Aluminum, Magnesium, Simethicone (Maalox Eq.), 148mL	Stomach acid
	Aspirin, Enteric Coated 325mg (Ecotrin Eq.) Tablets, 100s	Pain,fever
	Cepacol Lozenges (Adult Use Only), Box of 18 Lozenges	
	Chlorpheniramine 4mg (Chlor-Trimeton Eq.) Tablets, 24s	Runny nose,watery eyes
	Clotrimazole1% (Mycelex Eq.) Vaginal Cream (w/applicators), 45gm	Yeast Infection
	Diphenhydramine 25mg (Benadryl Eq.) Capsules, 24s	Runny nose,watery eyes
	Ibuprofen 200mg (Motrin Eq.) Tablets, 24s	Pain,fever,cramps,swelling
	Loperamide 2mg (Imodium Eq.) caplets, 12s	Diarrhea
	Loratadine 10mg (Claritin Eq) Tablets, 30s	Runny nose,watery eyes
	Methyl Salicylate (Ben-Gay Eq.) Ointment, 35gm	Muscle Aches
	Milk of Magnesia, 355 mL Constipation	Constipation
	Meclizine (Antivert Eq.) 25mg Tablets, 8s	Motion sickness
	Oxymetazoline HCl 0.05% (Afrin Eq.) Nose Spray, 15mL	Stuffy Nose
	Phenylephrine 10mg (Sudafed PE eq.) tablets, 18s	Stuffy Nose
	Pseudoephedrine 30mg/5ml (Sudafed Eq.) Syrup, 120mL	Adults Only Stuffy Nose
	Saline 0.65% (Ocean Eq.) Nose Spray, 45mL-	Adults Only Stuffy Nose
	Simethicone 20mg/0.3ml (Gas-X Eq.) Drops, 30mL	Gas
	Triprolidine-Pseudoephedrine 2.5mg-60mg (Actifed Eq.) Tablets, 24s	Runny nose,watery eyes
PREPARED BY (Signature & Title)		DEPARTMENT/SERVICE/CLINIC
		Date (YYYYMMDD)
PATIENT'S IDENTIFICATION (For typed or written entries give: <i>Name-last, first, middle: grade; date; hospital or medical facility</i>)		<input checked="" type="checkbox"/> HISTORY/PHYSICAL <input checked="" type="checkbox"/> FLOWCHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT