

STANDING ORDERS FOR Comfort Meds

Listed below are first aid and comfort treatments provided for each traveler. These medications are reviewed annually and approved by our medical review committee to ensure up-to-date information on medications and their uses. **Please cross out and initial any items you (as parent, guardian or caregiver) do NOT authorize our non-medical staff to administer.**

The following medications and treatments will be administered per package directions and recommended doses.

1. Pain or fever: Adults: **Tylenol tabs (acetaminophen) 500 mg. 1-2 tabs every 4-6 hr.**
Children: **acetaminophen liq.10-15mg/kg every 4-6 hr.** See package for age appropriate dose.
2. Inflammation / pain: **Ibuprofen 200 mg. 1-3 tabs every 4-6 hours, not to exceed 2,400 mg in 24 hours.**
Do not give if history of ulcer or other stomach problems. Discontinue use and see physician if black-colored stools.
3. Sore throat/cough: **Cough drop** if unable to gargle with warm **salt water.**
Tussin DM cough syrup or equivalent as directed for non-diabetic.
4. Allergy symptoms / nasal congestion: **Pseudoephedrine 30 mg. 2 tabs every 6 hours or Sudafed liquid.**
5. Abdominal distress: **Maalox (liquid antacid), Tums or equivalent;** do not use for more than 48 hours without consulting a physician.
6. Diarrhea: Clear liquid diet; avoid dairy products x24 hrs; bland diet first day after symptoms subside.
If no response: If over 12 years of age, **Imodium AD** or equivalent of (loperamide) if no blood in stools and no fever.
7. Constipation: **Milk of Magnesia, ½-1 oz. as needed or equivalent.**
8. **For medication error to wrong camper or accidental poisoning call Poison Control and FOLLOW INSTRUCTIONS, which may include purchase and administration of Activated Charcoal.**
9. Itching due to insect bites or rash: **Anti-itch lotion or gel** or **Hydrocortisone 1% cream** (apply with cold compress for insect bites)
Benadryl tabs (Diphenhydramine) or **Liquid Benadryl** or **Claritin** (loratadine)
May apply **Meat Tenderizer** paste for bee sting.
10. Athlete’s foot: **Lotrimin cream or equivalent.**
11. Irritated eyes: **Artificial Tears** or **lubricating eye drops. Warm packs.**
12. Minor cuts and scrapes, cleanse with soap and water or half-strength Hydrogen Peroxide.
Apply **Bacitracin** or equivalent; then apply dressing.
13. Chapped lips: **Lip Balm** or equivalent.
14. **Mosquito Repellent** cream/lotion to skin or spray to clothing to control insect bites.
15. Sunburn prevention: **Sunscreen SPF 15 or greater.**
Sunburn discomfort: **Aloe gel** applied to skin and **Ibuprofen 200 mg. 1-3 tabs every 4-6 hours, not to exceed 2,400 mg in 24 hours.**
16. **A & D Cream** or moisturizing lotion for emollient effect.

The following items will be reviewed/checked prior to trip departure:

- A. Medications & health care profile reviewed for accuracy. Alterations in medications, allergies or other significant changes will be noted at check-in.
- B. Disclosure of any observable evidence of illness, communicable disease or injury.
- C. Evidence of illness, communicable disease or injury will be referred to appropriate licensed medical personnel for evaluation and treatment.

I give permission to Ventures Travel, LLC non-medical personnel to administer comfort medications to the above individual.

Parent/ Guardian/ Caregiver signature: _____

Date: _____