

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)
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*****THERE IS A LIMIT OF FOUR (4) ITEMS PER FAMILY PER MONTH*****

QUANTITY	MEDICATIONS	Used to Treat	SC No.
<u>Pediatric Patients Aged 2 and Older</u>			
	Acetaminophen 120mg (Tylenol Eq.) Pediatric Suppositories, 12s	Pain Fever	S2
	Acetaminophen 160mg/5mL (Tylenol Eq.) Pediatric Suspension, 120mL	Pain Fever	S3
	Acetaminophen 80mg (Tylenol Eq.) Pediatric Chewable Tablets, 30s	Pain Fever	S4
	Ibuprofen Oral Susp. 100mg/5mL (Children's Motrin Eq.) 120 ML	Pain Fever	S5
	Saline 0.65% (Ayr Eq.) Nasal Drops/Spray, 15mL	Child Stuffy Nose	S6
	A & D Ointment, 57gm Dry skin	Diaper Rash	S7
	Zinc Oxide Ointment, 30gm	Diaper Rash	S8
	Calamine Lotion, 180mL	Itching	S9
	Carbamide (Debrox Eq.) Otic Drops, 15mL	Ear Wax	S10
	Clotrimazole (Mycelex Eq.) Topical Cream, 15gm Fungal	Fungal Rash/Itching	S11
	Hydrocortisone 1% Cream, 30gm	Itching	S12
	Triple Antibiotic (Neosporin Eq.) Topical Ointment, 15gm	Infection	S13
Patients Aged 4 and Older Only			
	Diphenhydramine 12.5mg/5ml (Benadryl Eq.) Syrup, 120mL	Runny Nose & Watery Eyes	S14
	Guaifenesin 100mg/5ml (Robitussin Eq.) Syrup, 120mL	Cough, Chest Congestion	S15
	Guaifenesin-DM 100mg-10mg/5ml (Robitussin DM Eq.) Syrup, 120mL	Cough, Chest Congestion	S16
	Loratadine Oral Soln 5mg/5ml (Claritin), 120mL	Runny Nose & Watery Eyes	S17
Patients Aged 12 and Older			
	Acetaminophen 325mg (Tylenol Eq.) Tablets, 50s	Pain, Fever	S18
	Aluminum, Magnesium, Simethicone (Maalox Eq.), 148mL	Stomach Acid	S19
	Aspirin, Enteric Coated 325mg (Ecotrin Eq.) Tablets, 100s	Pain, Fever	S20
	Cepacol Lozenges (Adult Use Only), Box of 18 Lozenges		S21
	Chlorpheniramine 4mg (Chlor-Trimeton Eq.) Tablets, 24s	Runny Nose & Watery Eyes	S22
	Clotrimazole 1% (Mycelex Eq.) Vaginal Cream (w/applicators), 45gm	Yeast Infection	S23
	Diphenhydramine 25mg (Benadryl Eq.) Capsules, 24s	Runny Nose & Watery Eyes	S24
	Ibuprofen 200mg (Motrin Eq) Tablets 24's	Pain, Fever, Cramps Swelling	S25
	Loperamide 2mg (Imodium Eq.) caplets, 12s	Diarrhea	S26
	Loratadine 10mg (Claritin Eq) Tablets, 30s	Runny Nose & Watery Eyes	S27
	Methyl Salicylate (Ben-Gay Eq.) Ointment, 35gm	Muscle Aches	S28
	Milk of Magnesia, 355 mL Constipation	Constipation	S29
	Meclizine (Antivert Eq.) 25mg Tablets, 8s	Motion Sickness	S30
	Oxymetazoline HCl 0.05% (Afrin Eq.) Nose Spray, 15mL	Stuffy Nose	S31
	Phenylephrine 10mg (Sudafed PE eq.) tablets, 18s	Stuffy Nose	S32
	Pseudoephedrine 30mg/5ml (Sudafed Eq.) Syrup, 120mL	Adults Only Stuffy Nose	S33
	Saline 0.65% (Ocean Eq.) Nose Spray, 45mL-	Adults Only Stuffy Nose	S34
	Simethicone 20mg/0.3ml (Gas-X Eq.) Drops, 30mL	Gas	S35
	Triprolidine-Pseudoephedrine 2.5mg-60mg (Actifed Eq.) Tablets, 24s	Runny Nose & Watery Eyes	S36

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	Date (YYYYMMDD)
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> HISTORY/PHYSICAL</td> <td><input type="checkbox"/> FLOWCHART</td> </tr> <tr> <td><input type="checkbox"/> OTHER EXAMINATION OR EVALUATION</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> DIAGNOSTIC STUDIES</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TREATMENT</td> <td></td> </tr> </table>	<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOWCHART	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER	<input type="checkbox"/> DIAGNOSTIC STUDIES		<input type="checkbox"/> TREATMENT	
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