

Eisenhower Army Medical Center OTC Self-Care Program

Procedures for Self-Care Program Use:

- Must complete online class and pass test (>70%).
- Bring your results page to the concierge or pharmacy personnel. They will distribute your self care card.
- Self-care card is valid for two (2) years from the date of issue.
- **Patients may request up to five (5) items per cardholder per month ** No more than one of each item****
- Medications will be entered into the patient's profile.
- **No OTC medications will be given for any patient under two (2) years of age, with exception of saline nasal spray and zinc oxide ointment.**
- If symptoms persist, please seek medical attention.
- Ensure you inform your provider of all OTC medications you are taking, to include vitamins and herbals.

SYMPTOM / CONDITION

PACKAGE SIZE

NOTES

PAIN/FEVER

<input type="checkbox"/>	Acetaminophen Suspension 160 mg/5 ml	120 ml bottle	2 years or older
<input type="checkbox"/>	Acetaminophen Tablets 325 mg	Bottle of 50 tabs	6 years or older
<input type="checkbox"/>	Ibuprofen Suspension 100 mg/5 ml	120 ml bottle	2 years or older
<input type="checkbox"/>	Ibuprofen Tablets 200mg	Bottle of 24 tabs	12 years or older

COUGH / COLD / ALLERGIES

<input type="checkbox"/>	Guaifenesin Syrup 100 mg/5 ml	120 ml bottle	12 years or older
<input type="checkbox"/>	Guaifenesin DM Syrup 100mg-10mg/5ml	120 ml bottle	12 years or older
<input type="checkbox"/>	Pseudoephedrine 30 mg tablets	Box of 24 tabs	6 years or older
<input type="checkbox"/>	Dimetapp (eq) Elixir	120 ml bottle	6 years or older
<input type="checkbox"/>	Diphenhydramine 25 mg Capsules	Box of 24 caps	6 years or older
<input type="checkbox"/>	Diphenhydramine 12.5 mg/5 ml Liquid	120 ml bottle	6 years or older
<input type="checkbox"/>	Loratadine Tablets 10mg	Box of 24 tablets	6 years or older
<input type="checkbox"/>	Loratadine Syrup 5mg/5ml	120 ml bottle	2 years or older

GASTROINTESTINAL

<input type="checkbox"/>	Maalox Plus suspension	150ml bottle	12 years or older
<input type="checkbox"/>	Loperamide 2 mg tabs	Box of 12 caplets	12 years and older

TOPICALS

<input type="checkbox"/>	Bacitracin antibiotic ointment	30 gram tube	2 years or older
<input type="checkbox"/>	Miconazole 2 % cream	30 gram tube	2 years or older
<input type="checkbox"/>	Hydrocortisone 1% cream	30 gram tube	2 years or older
<input type="checkbox"/>	Zinc Oxide 20% ointment	30 gram tube	

EYE, EAR, NOSE, THROAT MEDICATIONS

<input type="checkbox"/>	Artificial Tears		
<input type="checkbox"/>	Saline nasal spray	15 ml bottle	2 years or older
		45 ml bottle	

NOTE: ALL medication requests are subject to availability and cannot be substituted if unavailable

PATIENT FULL NAME: _____ DoD ID NUMBER: _____

AGE / WEIGHT (IF UNDER 18): _____ DATE OF BIRTH: _____ DATE: _____