



# School-Based Health Center Program

## Medication List

THE FOLLOWING LIST OF MEDICATIONS MAY BE USED BY THE MEDICAL STAFF.

Updated: July 2023

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### Over the Counter medications:

#### Pain:

Acetaminophen/Tylenol  
Benzocaine  
Ibuprofen  
Bactine Spray  
Aleve  
Midol

#### Eye:

Contact lens solution  
Saline Solution  
Visine Eye Relief  
Artificial Tears  
Ketotifen Eye Drops

#### Allergy:

Benadryl  
Claritin  
Zyrtec  
Anbesol  
Orajel

#### Urinary:

Urinary Pain Relief  
**Ear:**  
Debrox

#### Toothache:

#### Cough & Cold:

Sudafed  
Sudafed PE  
Children's Triaminic Cold  
Dimetapp Elixir  
Robitussin Cough Syrup  
Mucinex  
Tylenol Sinus  
Nasal Spray Relief (Afrin)  
Delsym Cough  
Chloraseptic Spray  
Cough Drops

#### Gastrointestinal:

Maalox  
Pepto Bismol (Calcium Carbonate)  
Emetrol  
Probiotic  
Tums  
Gas\_X  
Pepcid

#### Skin:

Hydrocortisone Cream 1%  
Lotrimin Cream  
Compound W Freeze  
Benzocaine

\*Generic medications may be substituted for brand name medications based on availability.

**Prescription medications:**

<b>Skin:</b>	<b>Steroids:</b>	<b>Nausea/Vomiting Medications:</b>	<b>Antibiotics:</b>
Silvadene	Dexamethasone	Zofran/ Ondansetron	OPH formulary
Mupirocin	Prednisone		
Ketoconazole	Prednisolone		

**Emergency Usage Medications:**

<b>Pulmonary/Breathing:</b>	<b>Blood Sugar Regulation:</b>	<b>Steroids:</b>
Albuterol	Glucagon	Dexamethasone
Xopenex	Glucose tablets/gel	Prednisone
Budesonide		Prednisolone
Racemic Epinephrine		
Ipratropium bromide/Albuterol		

<b>Allergic Reaction:</b>	<b>Fainting:</b>
Epinephrine injection	Ammonia

PLEASE SUBMIT A SEPARATE SHEET LISTING ANY MEDICATIONS YOU DO NOT WANT YOUR CHILD TO RECEIVE. PARENT SIGNATURE AND DATE MUST BE INCLUDED