

Silverthorne Adult Medical Day Program
23 Geremonty Drive
Salem, NH 03079 (603) 893-4799 Fax(603)898-6549

Name _____ DOB _____
Medications _____

- Below signature of practitioner certifies that the attached medication list is prescribed by this practitioner and is accurate & valid

Standard Silverthorne Orders:

Acetaminophen 500 mg. 2 tabs q 6 hrs. prn yes no (please circle)

Mylanta 30 cc q 4 hrs. prn yes no

Milk of Magnesia 30ccq 6 hrs.prn
(followed by 8oz of H2O) yes no

Basic First Aid can be given yes no

DNR on file yes no
(if yes a **DNR PINK** needs to be provided)

Diet: Regular No added salt low cholesterol diabetic _____ calorie
 Low salt low fat ground pureed other _____

Can participant deviate from diet? Yes _____ NO _____

Can participant self administer medication without supervision? Yes _____ No _____

Is participant currently receiving: Physical therapy Yes _____ No _____; Occupational therapy Yes _____ No _____; Speech therapy Yes _____ No _____

Patient needs Adult Day to monitor mental _____ physical _____ status.

Activity restrictions _____

MD Signature _____ Date _____