

**San Marcos Consolidated Independent School District Standing Medical  
Delegated Orders for Medications  
2025-2026 School Year**

**Prescription medications** brought to the school by a parent/guardian can be administered to the student during school hours with parental permission and a physician order. A completed Authorization for Medication Administration form is required to be completed and signed by both the prescribing physician and the parent/guardian and returned to the campus health office. All medication must be brought to the health office by the parent/guardian. Medications must be in the proper container with a current prescription label. They will be administered according to the label instructions and according to age/weight of the student, as indicated. Exceptions will be at the nurse's discretion if the medication may cause drowsiness or impaired function and the students' physician should be contacted prior to holding the medication. Controlled substance medications will be counted, and both the parent/guardian and school employee will sign the medication form to verify the count and receipt of the medication. If the medication is brought to school and has not gone through this process, it will not be given. Liquid medications that are classified as controlled substances will be counted by estimating the volume by the measurement markings on the prescription bottle. The school nurse will always act in compliance with the Nurse Practice Act (NPA) and will not administer medication in a manner that conflicts with their professional duties and expectations in the Nurse Practice Act or SMCISD policies. No narcotics, opioids, herbal medications or CBD will be administered to students under any circumstances. Ibuprofen will never be given to a potentially pregnant person, due to this being contraindicated in a pregnant person. Aspirin will never be given to any student under 18 years old due to the risk of Reye's Syndrome.

**Over the Counter Medications** provided by the parent/guardian require signature from both physician and parent/guardian. Over the counter medications will be administered under these conditions:

- Medication is unexpired and container appears to be original and properly labeled
- Dose is consistent with the container's label

The campus nurse has permission to contact the student's personal physician at any point for medical concerns regarding the student.

**Administration of Medications:**

1. Medication will be administered by the school nurse or designee. In the absence of the school nurse or substitute, campus staff designated by the principal will administer medication.
2. SMCISD will not administer expired medications.
3. Prescription medication must be in the original bottle. Non-prescription medications must be in the original bottle. A maximum of a 30-day supply of medication will be accepted at one time.
4. The Nurse Practice Act of Texas requires clarification of any medication order that the nurse has reason to believe is inaccurate, non-efficacious, or contraindicated by consulting with the appropriate licensed practitioner.
5. Medication orders must be submitted with a parent request for medication administration at school. Medication orders are written by health-care professionals (MD, DO, DDS, Advanced Practice Nurse, or Physician's Assistant) who are licensed by the State of Texas and who have authority to write prescriptions. Physician's orders or prescription labels that appear to be altered in any way may not be accepted. Medications must be age appropriate.
6. Student's medication and supplies that are needed at school will be provided by a student's parent or guardian.
7. When a parent's request differs from the physician's order or a prescription label, a school nurse may, to ensure student safety, contact the prescribing physician for written clarification of the order.
8. Medication prescribed by out-of-state physicians, who are registered and licensed to

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practice medicine in the United States, may be administered on a temporary basis up to 30 days of enrollment, per Texas Board of Nursing guidelines. After 30 days, the parent must provide a prescription issued by a physician licensed to practice medicine in the State of Texas. Only prescriptions filled by a U.S pharmacy may be administered.

9. A new medication form must be completed yearly by the parent and healthcare provider at the beginning of the new school year.

10. All medications will be kept in the clinic with this exception: a student may carry an inhaler, epinephrine auto-injector, and diabetic supplies and may possess and self-administer medication with a doctor's order and parent's signature stating that the student may self-administer, following rule 38.15 of the Texas Education Code. This permission form will be kept in the nurse's office on file and is valid for the current school year only. Irresponsible behavior will revoke this privilege.

11. Students with diabetes, asthma or anaphylaxis must have an appropriate management plan updated yearly by their healthcare provider.

12. Any student with a special need with conditions requiring special accommodations/medical management plans (e.g., diabetes, seizures, tracheostomies, cardiac anomalies, G Tube feedings, etc.,) must have a plan/medical order signed by a healthcare professional to the school nurse annually.

13. Medications that have expired or are not picked up by the parent or guardian before the last day of the regular school calendar year will be discarded according to the most recent FDA guidelines for medication disposal. Medications will not be stored on campus over the summer months.

14. Only the guidelines printed on the medication container will be followed unless a physician's order for that student is on hand.

15. A student may not share medication with another student. Siblings may not share Medications.

16. In accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to refuse to administer medications that in the nurse's professional judgement are not in the best interest of the student.

**LOCATION AND STORAGE FOR MEDICATIONS:**

All medications brought to school, including over-the-counter medications, shall be kept in the school clinic in a locked cabinet. Students are not permitted to carry any medication (prescription or over the counter) and may be subject to the school district's discipline management plan if in possession of medication. Exceptions to this could be if child has been diagnosed with:

- Asthma
- Anaphylaxis
- Diabetes

Students may be allowed to carry and self-administer medications prescribed for these conditions when a completed asthma, allergy, or diabetic management and treatment plan is received. These plans are available through the school nurse. These plans will include a written request and signature from the prescribing physician stating it is medically necessary for the student to have a medication prescribed for asthma, anaphylaxis, or diabetes management available for immediate administration. The parent and the physician's written requests are valid for one school year and must be renewed at the beginning of each school year. The student must demonstrate the ability to properly self-administer the medication and express understanding of safety factors and the responsibility related to carrying medication. If the student does not comply with the physician's instructions, SMCISD may reconsider the permission to carry the medication. All medication orders for prescription medications must include instructions written clearly with the dosage, frequency, and indications for administration.

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**MEDICATION CONTAINER**

Medication (prescription and non-prescription) that is brought to school must be in the original, properly labeled container. A properly labeled prescription medication is one with a pharmacy label that includes the student's name, name of medication, dosage that matches the parent/physician request form, physician's name, times and method of administration, and date the prescription was filled. A new pharmacy label is required for any permanent medication dosage changes. (A doctor's written order will be accepted for a temporary change and until a new label can be obtained.

Over-the-counter medications must be labeled with the student's name and have an expiration date. Medication in plastic baggies or other non-original containers will not be administered. All sample medications (including inhalers) dispensed by doctors must be accompanied by the doctor's written authorization/prescription for the administration of the medication.

**Transportation and Check-In Process**

Controlled Medications - It is mandatory for the safety of your child, and other children, that medications categorized as controlled substances including, but not limited to: Ritalin, Adderall, Methylphenidate, be transported to and from school by the parent or guardian. The school nurse or designated assistive personnel will count and record the number of doses of controlled medications delivered to school with the parent or guardian.

Non-Controlled Medications - For student safety, the parent/guardian will need to transport all medications (controlled and non-controlled) to and from school.

**Documentation**

The nurse or designee shall record each dosage of medication administered on the student's individual medication record. The date, time, and signature of the person administering the medications are required.

**Medication on Field Trips**

Medication given on field trips must be administered according to the same policies for administering medication in school.

These include:

1. Verifying the required parental and physician authorizations.
2. Administering the medication according to physician authorizations.
3. Administering the medication from the original container or a correctly labeled container prepared in advance by the school nurse.


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**Medication Preparation for Field Trips**

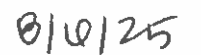
1. At least two weeks prior to a field trip, the person who administers the medication should be made aware of the event so that arrangements can be made to meet the student's need for medication.
2. It is the responsibility of the appropriately trained school employee (e.g., School nurse or teacher) to administer medication to students on field trips. That is, persons who are not school employees (or contracted employees) who accompany students on field trips, such as parents and chaperones, should not administer medication to students, except where such persons administer medication to their own child.
3. Sharing information about the medical condition of children, without express written permission of their parents, with chaperones or other parents is a violation of student confidentiality.
4. Children cannot be excluded from a field trip because of a disability or a medical need. Parents may be requested to attend the field trip to assist with student needs, but if unavailable, the school must provide health care services at the same level the student required while in the school building.
5. Any medication that must be sent on a field trip must be in the properly labeled original container or in a properly labeled unit dosage container. Either container should have only the required number of pills to be administered on the field trip.
6. All medications must be kept secure throughout the field trip.
7. The parent/guardian may submit written permission for the school to waive a dose of medicine for the field trip if the medication can be safely rescheduled or omitted.

**Training**

The school nurse will train all school personnel whom the principal has designated to administer medication prior to their administration of any medication. The Medication Administration Training checklist form will be completed on each employee designated by the principal to administer medication.

 MD

**Dr. Julie Fisher, MD San Marcos CISD Medical Director**  
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**OVER THE COUNTER MEDICATIONS**

**Emergency and/or First Aid Medication Administration**

Medications under this Standing Medical Delegated Order may be administered only under the below emergency situations or for basic first aid care as recognized by the American Academy of Pediatrics and The Texas Health and Human Services Guidelines. These medications will only be administered when personal orders/medications have not been provided and signed by the student's personal physician and the parent/guardian and only according to the symptoms as listed below. If the student has written orders from a personal physician, the medication will be administered from the provided medication according to the orders by their physician.

Medications under this Standing Delegation will only be administered on a San Marcos CISD Campus.

The following Over the Counter Medications will only be administered by the SMCISD Registered Nurse (RN), Licensed Vocational Nurse (LVN), or designated employee(s) with documented training by a licensed nurse unless otherwise indicated.

The following is a list of symptoms and conditions, that are non-diagnostic, that may be treated with basic first aid care as per this Standing Medical Delegation. The medications listed below will not be administered more than 10 times per school year or 10 consecutive days.

- **Fever** - Any temperature > 101-degrees Fahrenheit may be treated with **acetaminophen** or **ibuprofen**. These may be administered according to package labeling only by oral route and dosing will be based on the students' weight when weight-based dosing is listed on the package label.
- **Pain** due to minor injuries that occur on campus, headache or menstrual cramps - **acetaminophen** or **ibuprofen** may be administered according to the package labeling only by oral route with dosing based on the students' weight when weight-based dosing is listed on the package label.
- **Itching** - Hydrocortisone cream 1% may be applied to the area on the skin only
- **Cough drops** - may be administered, not to exceed > 2 in 24 hours. May only be administered to children < 8 years old if directly monitored in the nurse's office until completed
- **Sore throat** - Salt water gargle with ½ tsp salt dissolved in 8oz of warm water or Magic mouthwash (1-part liquid Benadryl: 2 parts of liquid Mylanta: 3 parts of water) to swish and spit once
- **Eye pain/irritation** – Saline solution may be used to irrigate the eye copiously
- **Abrasion/Open skin** – After cleansing the area with soap and water or rubbing alcohol solution, antibiotic ointment may be applied and covered with an appropriate bandage
- **Burns (does not include chemical burns)** – After cleansing the area with soap and water, aloe vera gel may be applied
- **Dry skin or lips** - Vaseline may be applied to the area

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**SUSPECTED ANAPHYLAXIS OR SEVERE ALLERGIC REACTION**

Anaphylaxis is a severe, sudden and potential life-threatening allergic reaction that occurs when a person is exposed to an allergen. Potential causes include, but are not limited to: medications, insect stings, food, pollen, latex, chemicals, chemical vapors or other potentially unknown causes.

**Signs and Symptoms of Anaphylaxis:**

- **Lungs** - shortness of breath, wheezing, noisy breathing, chest tightness, choking, and/or repetitive coughing
- **Heart** - pale or bluish colored skin, weak pulses, dizziness, fainting
- **Throat** - tightness and or hoarse voice, trouble breathing and/or swallowing
- **Mouth** - significant swelling, itching or tingling of the tongue and/or lips
- **Skin** - many hives on the body and/or wide spread redness of the skin, flushing, seating, puffy eyes
- **GI** - repetitive vomiting, severe abdominal pain, and/or diarrhea
- **Neurologic** - confusion, altered mental status, sense of impending doom, crying, anxiety or loss of consciousness

Epinephrine under this Standing Delegated Order may be administered when orders or assigned medications are not available or for an undiagnosed allergic reaction. If the student is known to be allergic or have a known anaphylactic reaction, the student's Emergency Care Plan as provided by the parent and their physician will be followed and their personal medication will be administered. Epinephrine auto-injectors stocked by the district will only be administered on a San Marcos CISD campus.

Epinephrine will only be administered by a licensed nurse when available, but administration will not be delayed in a life-threatening situation if a licensed nurse is not readily available. Epinephrine auto-injectors may be administered to a person reasonably believed to be having an anaphylactic reaction by a SMCISD Licensed Nurse, Athletic Trainer, or other employees certified in First Aid by the American Heart Association and school personnel employed by the school district who have documented training by the school nurse.

**Use of Epinephrine Auto-Injectors:**

1. Inject appropriate weight-based epinephrine immediately into the fatty part of the outer thigh
  - a. Epinephrine auto injector 0.3mg IM (1:1000) for children and/or adults over 66 lb
  - b. Epinephrine auto injector 0.15mg IM (1:2000) for children under 66 lb
2. Hold the injector in place for 10 seconds while taking note of the time it is injected
3. Call 911 immediately
4. Call the parent/guardian as soon as safely possible
5. Monitor blood pressure, pulse, respiratory rate and pulse ox after administration. Place the AED near the person. Address abnormal vital signs as appropriate and based on the level of training of the personnel
6. May elevate the legs and cover with a blanket to prevent shock if necessary to keep warm. Do not allow the blanket to interfere with care.
7. Repeat the injection after 5-15 minutes if symptoms do not improve before emergency medical assistance arrives.
8. All persons that have received Epinephrine (whether prescribed by their physician with orders or using district stock medications for previously non-diagnosed reactions) will be referred for emergency medical services and encouraged to go to the Emergency Department for continuing care.

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**Suspected Mild to Moderate Allergic Reaction (Non-Anaphylactic Reactions)**

An allergic reaction is the body's overreaction to an allergen. Potential causes are the same as the causes of anaphylaxis.

**If signs or symptoms of a localized Allergic reaction are present including:**

- **Mouth** - Itchy mouth
- **Skin** - A few hives/welts over the body or generalized itching
- **GI** - repetitive vomiting or severe diarrhea with concern of a possible allergen contact

**Benadryl/Diphenhydramine** will be administered under this Standing Delegated Order and may be administered when orders or assigned medications are not available or for an undiagnosed allergic reaction. If the student is known to be allergic, the student's Emergency Care Plan will be followed as per their physician orders. If no orders are on file and/or this is a previously undiagnosed reaction, proceed as per the following Standing Delegated Order.

Benadryl/Diphenhydramine provided by the district will only be administered on San Marcos CISD campuses.

Benadryl/Diphenhydramine should only be administered by a SMCISD nurse when available or school personnel employed by the district who have documented training by the school nurse according to the following orders.

**Administer Benadryl/Diphenhydramine as per below:**

- Under the age of 12, administer Children's Liquid Benadryl/Diphenhydramine 12.5mg/5ml suspension orally according to weight


<b>CHILDREN'S WEIGHT IN LBS. MG/5ML SUSPENSION</b>	<b>DOSING OF 12.5</b>
16 - 20 LBS	3.75 ML
21 - 27 LBS	5 ML
28 - 33 LBS	6.25 ML
34 - 37 LBS	7.5 ML
38 - 42 LBS	8.75 ML
43 - 49 LBS	10 ML
50 - 53 LBS	11.25 ML
54 - 59 LBS	12.5 ML
60 - 64 LBS	13.75 ML
65 - 71 LBS	15 ML
72 - 75 LBS	16.25 ML
76 - 82 LBS	17.5 ML
83 - 85 LBS	18.75 ML
86 LBS AND UP	20 ML
<b>OVER THE AGE OF 12 Y/O ADMINISTER 50 MG ORALLY (2 TABS OR 20 ML)</b>	

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**Management**

If signs or symptoms of a suspected allergic reaction are present:

- Call the parent/guardian as soon as safely possible
- Select the appropriate dose for the child's weight from the above table
- Monitor blood pressure, heart rate and respiratory rate
- Have the child/adult sit or lay to rest
- Remove contact with the allergen if possible. If the reaction is due to a sting, remove the stinger if possible
- If symptoms worsen and they develop signs/symptoms concerning anaphylaxis, transition to anaphylaxis standing orders.
- Refer the patient to their physician or the ED for further evaluation and management.

 MD

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**AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE**

AEDs under this Standing Delegated Order may be purchased and used by SMCISD personnel on campus, sporting events, and district buildings to treat students, staff and visitors reasonably believed to be experiencing sudden cardiac arrest. AEDs will be maintained according to manufacturer guidelines.

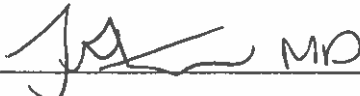
The Hays County Medical Advisor agrees to provide voluntary medical oversight for AED programs in Hays County but may extend to other communities within Texas, when off-site of campus for sporting events. This agreement also authorizes the organization to purchase AEDs requiring physician authorization and oversight provided to following conditions are met:

1. The organization's AED program oversight is located within Hays County
2. All AEDs are tracked by the organization
3. The organization ensures an adequate number of persons are currently trained in CPR and the use of the AED (certification is not required)
4. The organization stocks and maintains AEDs in accordance with the manufacturer's recommendations
5. 911 is called immediately whenever a person is believed to be under cardiac arrest and/or when an AED is applied to a person
6. The AED is applied to a person presumed to be in cardiac arrest

**SIGNS OF CARDIAC ARREST:**

- Sudden collapse
- No pulse
- Not breathing
- Loss of consciousness

Designated staff by SMCISD including Licensed Nurses, Athletic trainers and other school personnel with appropriate training in the use of an AED should immediately apply the AED and follow the directions as provided by the staff if there are signs/symptoms as above of cardiac arrest. They will also designate a person to call 911 immediately when an AED is being applied. If an AED is applied, the person will be required to be transported by EMS personnel for ongoing management.

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**OXYGEN AND PULSE OXIMETER USE**

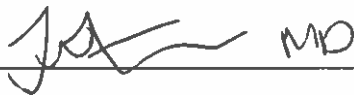
The following Standing Orders for oxygen and pulse oximeter use will be followed by Licensed Nurses and staff appropriately trained and documented by the Licensed Nurse. Students who have orders in the Individualized Health Care Plan/Action Plan will supersede these orders. Otherwise, the following orders will be applied to any student, staff or visitor on campus. The following orders will only be applied on a SMCISD school campus.

**If the student, staff or visitor is exhibiting signs of symptoms of compromised respiratory status including the following, then pulse oximetry may be used:**

- Rapid breathing
- Severe coughing fits
- Shortness of breath
- Wheezing

**Guidelines based on pulse oximetry reading:**

- If pulse oximetry is **> 92%**, monitor in the office. If an abnormal breathing pattern is unresolved in 1 hour, the parent/guardian needs to be contacted to pick up the person.
- If pulse oximetry is **< 92%** start oxygen therapy 5-6 LPM per face mask
  1. Call 911 as soon as safely possible
  2. If the person develops increased work of breathing including subcostal or intercostal retractions, nasal flaring, accessory muscle use or other signs of increased work of breathing, increase oxygen to a maximum of 10 LPM
  3. Encourage transportation by EMS to the closest Emergency Department

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**SUSPECTED OPIOID OVERDOSE/NARCAN STANDING ORDERS**

Opioid Overdose is the potentially life-threatening symptoms that develop from taking too many opioids, causing respiratory depression or poor breathing, which can lead to death or severe impairment.

**Signs/Symptoms of Opioid Overdose:**

- **Breathing** - slow, irregular or no breathing, choking, or gurgling
- **Eyes** - very small (pinpoint) pupils
- **Skin** - skin is blue/purple in color especially the lips or fingers
- **Heart** - heart beat is slow, irregular or absent or low blood pressure
- **GI** - vomiting
- **Neurologic** - body is limp, person is unconscious, conscious but unable to respond, does not wake or respond to your voice or touch


Narcan/Naloxone may be given under these Standing Orders when orders or assigned medications are not available or any undiagnosed or suspected opioid overdose has occurred. Naloxone/Narcan intranasal spray may only be administered in a San Marcos CISD campus.

Narcan/Naloxone 4mg intranasal should only be administered by a Licensed Nurse or School Resource Officer when available, but administration will not be delayed if they are not readily available. Intranasal Narcan/Naloxone may be administered to persons reasonably believed to be experiencing opioid overdose by SMCISD licensed nurses, SROS or school personnel employed by the district who have documented training by the school nurse according to the following orders if the person is exhibiting signs/symptoms concerning for opioid overdose.

**Instructions for administration of Narcan/Naloxone:**

1. Check the person's vitals and check their clinical status and if they are displaying signs of opioid overdose, then proceed.
2. Roll the person onto their back
3. Open the Narcan/Naloxone 4mg intranasal spray
4. Insert the nozzle into the person's nose and press the plunger to administer 4mg of Narcan/Naloxone.
5. Place the person in the recovery position (side lying with top knee bent) if able based on their clinical status
  - a. If the person is hitting, kicking, etc., may back away to prevent injury of the staff administering the medication
  - b. Once the person is calm in this situation, encourage them to lay in this position.
6. Call 911 as soon as reasonably possible.
7. May repeat Narcan/Naloxone dose every 2-3 minutes for partial or no response, using alternating nostrils for the subsequent doses
8. Once given, call the parent/guardian/designated contact as soon as safely possible
9. Continue monitoring vitals and for signs/symptoms of opioid reversal (return of breathing and consciousness)
10. Provide supportive care as needed such as oxygen according to those standing orders, CPR or AED use, etc. based on the persons' clinical status and the level of training of the person administering the care.

  
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**SUSPECTED RESPIRATORY DISTRESS/UNAUTHORIZED ALBUTEROL  
ADMINISTRATION**

Respiratory distress is defined as acute changes in breathing patterns to include: trouble breathing, wheezing, frequent coughing, chest tightness, retractions, nasal flaring, grunting or changes in body position to ease breathing.

Albuterol under this Standing Delegated Order may be administered when orders or assigned medications are not available or for an undiagnosed breathing problem. If the student is known to have asthma, the student's Asthma Action Plan as provided by the parent and their physician will be followed and their personal medication will be administered. Albuterol stocked by the district will only be administered on a San Marcos CISD campus.

Albuterol will only be administered by a licensed nurse when available, but administration will not be delayed in a life-threatening situation if a licensed nurse is not readily available. Albuterol may be administered to a person reasonably believed to be having respiratory distress by a SMCISD Licensed Nurse, Athletic Trainer, or other employees certified in First Aid by the American Heart Association and school personnel employed by the school district who have documented training by the school nurse.

**Use of Albuterol:**

1. Staff may place 1 vial of albuterol (0.083% solution) into a nebulizer face mask and run the machine for 10-15 minutes until all medication has been given
2. Monitor respiratory rate, heart rate and pulse ox during administration (see specific standing orders for pulse ox guidelines/protocol) and afterwards until the student leaves campus. Address abnormal vital signs as appropriate and based on the level of training of the personnel.
3. Notify the student's parent/guardian/designated contact as soon as safely possible for them to come pick up the student
4. Ensure follow up is possible with the student's primary healthcare provider within 1 day of administration (if no such provider exists, then the school nurse will help the family to establish care with a primary healthcare provider by providing a list and ensuring that follow up is obtained)
5. If ongoing respiratory distress for longer than 20 minutes after albuterol administration, call 911

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# DIPHENHYDRAMINE DOSAGE PER BODY WEIGHT IN SCHOOL AGED CHILDREN

**How to give the right amount of DIPHENHYDRAMINE (also known as Benadryl) is different depending on which type of Diphenhydramine you plan to give.**

**Dose:** Give every 6 hours if needed. **DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**  
Do **NOT** use with any other medicine with diphenhydramine in it.



Weight →	20 to 24 pounds (about 9 to 10 kilograms)	25 to 37 pounds (about 11 to 16 kilograms)	38 to 49 pounds (about 17 to 22 kilograms)	50 to 99 pounds (about 23 to 45 kilograms)	100 pounds or more (46 kilograms or more)
Children's Liquid Diphenhydramine (12.5 mg / 5 mL)	4 mL 	5 mL 	7.5 mL 	10 mL 	15 mL
Children's Diphenhydramine Chewable Tablets (12.5 mg)	—	1 tablet 	1 ½ tablets 	2 tablets 	4 tablets 
Diphenhydramine Tablets (25 mg)	—	½ tablet 	½ tablet 	1 tablet 	2 tablets 
Diphenhydramine Capsules (25 mg)	—	—	—	1 capsule 	2 capsules 

> 150 lb

20 mL

**Do not give to children less than 2 years of age.**  
**Do not give to children 2 to 6 years of age unless your doctor tells you to.**

*JD MD*  
8/6/25

# IBUPROFEN and ACETAMINOPHEN DOSING PER WEIGHT IN SCHOOL AGED CHILDREN

Ibuprofen (Motrin®, Advil®)

Weight in pounds	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+
Milligram (mg) amount	50 mg	75 mg	100 mg	150 mg	200 mg	250 mg	300 mg	400 mg
Infant Drops 50 mg / 1.25 mL	1.25 mL	1.875 mL	2.5 mL	3.75 mL	5 mL			
Liquid 100 mg / 5mL	2.5 mL	4 mL	5 mL	7.5 mL	10 mL	12.5 mL	15 mL	20 mL
Chewable tablets 50 mg each			2 tablets	3 tablets	4 tablets	5 tablets	6 tablets	8 tablets
Junior strength tablets 100 mg each					2 tablets	2 ½ tablets	3 tablets	4 tablets
Adult strength tablets 200 mg each					1 tablet	1 tablet	1 ½ tablets	2 tablets

Acetaminophen (Tylenol®) Dosage Table

Weight in pounds	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+
Milligram (mg) amount	40 mg	80 mg	120 mg	160 mg	240 mg	325 mg	400 mg	480 mg	650 mg
Syrup 160 mg / 5 mL	1.25 mL	2.5 mL	3.75 mL	5 mL	7.5 mL	10 mL	12.5 mL	15 mL	20 mL
Chewable tables 80 mg each			1 ½ tablets	2 tablets	3 tablets	4 tablets	5 tablets	6 tablets	8 tablets
Chewable tables 160 mg each				1 tablet	1 ½ tablets	2 tablets	2 ½ tablets	3 tablets	4 tablets
Adult regular strength tablets 325 mg each						1 tablet	1 tablet	1 ½ tablets	2 tablets
Adult extra strength tablets 500 mg each								1 tablet	1 tablet

*John* MD  
8/16/25