

PHYSICIAN'S STANDING ORDERS 2018-2019

ABDOMINAL INJURY

1. Evaluate patient status.
2. Keep patient warm and lying flat.
3. Notify parent and/or ambulance if necessary.

ABDOMINAL PAIN

1. Keep flat or in position of comfort.
2. Check for history of nausea or vomiting, food ingestion, bowel movement, menstrual cramps, or appendicitis.
3. Check temperature if indicated.
4. If pain does not decrease in 15-30 minutes, ask parent to take to doctor.

ABRASIONS

1. Cleanse with soap and water.
2. May apply antibiotic ointment or first aid cream.
3. Apply bandage if necessary.

ANAPHYLAXIS

1. Check ABC's (Airway, breathing, circulation).
2. Check for signs and symptoms of anaphylaxis (*coughing, wheezing, dyspnea low blood pressure, syncope, hives or rash, swelling of face or extremities, tingling of lips and mouth, flushing of face or body, nausea, vomiting, abdominal cramps, diarrhea, tachycardia*).
3. For proven hypersensitivity reaction, administer epinephrine as directed by individual's physician. May administer epinephrine 0.15 mg or 0.3 mg intramuscularly as directed by standing orders. (0.15 mg if < 30 kg weight; 0.3 mg if >30 kg weight).
5. If not known to be hypersensitive, wait and observe for symptoms. If symptoms develop, call ambulance (911).
6. May administer oxygen if available.
7. Call ambulance (911).
8. Notify parent.

Standard Orders for Emergency Medication

School nurses may administer epinephrine (adrenalin) in the following emergency situation:

1. Anaphylactic shock
⇒ Respiratory failure and systemic or severe localized edema resulting from insect bites, asthma, medication reaction, etc.

Epinephrine (Adrenalin)

Epipen, Jr 0.15 Mg. (Students Weighing <66 Lbs Or 30 Kg)
Epipen 0.3 Mg. (Students Weighing >66 Lbs Or 30 Kg)

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Injection Site: Thigh

Nursing implications:

- hospitalize as soon as possible.
- notify parent.
- keep vials or ampules from exposure to light.
- needle site should be massaged after injection.
- take vital signs as need indicates.
- do not use a brown or precipitated solution.

Contraindications:

- diabetes mellitus,
- hyperthyroidism,
- nervous instability,
- glaucoma,
- heart disease.

ASTHMA ATTACK

1. Any person having a severe asthma attack should not be permitted to walk alone for help.
2. Loosen tight clothing and place in a position of comfort.
3. Try to keep student calm and allow to rest.
4. Administer asthma medication if it has been ordered by the individual's physician and if available.
5. Notify parent and/or ambulance if necessary.

Standing Orders on Asthmatic Hand-Held Inhalers

All grades 7-12 students whose physical condition requires the need for the use of hand-held inhalers must have physician and parental approval to use and to keep the inhalers in their possession during school hours; physician will note that students may carry and self administer.

All elementary school students whose physical condition requires the need for the use of hand-held inhalers must have physician and parental approval for use and are not permitted to keep the inhalers in their possession during the school day. They must remain with the school nurse, unless specifically ordered to do so by their physician.

THIS APPROVAL MUST BE OBTAINED YEARLY.

Standard Order for Nebulizer

School nurse will follow written orders and instructions from students own physician. **BEE/INSECT STING**

1. Ask person about previous reactions to insect stings. Check for record of allergy to insect stings or previous anaphylaxis. If allergic to any insect stings-**GET IMMEDIATE HELP**.
2. Clean site and if apparent, remove stinger.
3. Apply sting relief medication (sting relief pad, baking soda mixture, toothpaste).

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4. Apply ice.
5. Observe for any abnormal symptoms.
6. If known to be allergic from previous sting, follow emergency procedures as ordered by patient's physician and call 911.
7. Notify parent if necessary.

BITES

1. HUMAN
 - a. Cleanse with soap and water.
 - b. Bandage if necessary.
 - c. Apply ice.
 - d. Notify parent and advise regarding medical follow-up, including Tetanus vaccination and possible blood borne pathogens exposure.

2. ANIMAL
 - a. Cleanse with soap and water.
 - b. Bandage if necessary.
 - c. Apply ice.
 - d. Notify parent and advise regarding medical follow-up.
 - e. If stray animal is involved, call local police department.
 - f. Note date of last tetanus vaccination.

3. INSECT (Mosquito, etc.)
 - a. See "Bee/insect Sting" instructions.
 - b. Cleanse with soap and water.
 - c. May apply Caladryl, Calahist, Hydrocortisone Cream, or similar product.
 - d. May apply ice.
 - e. Notify parent if necessary.

BLISTERS

1. Do not puncture.
2. Wash with cold water if necessary.
3. Bandage if indicated.

BRUISES / CONTUSIONS

1. Apply ice for approximately 10-20 minutes. May apply 20 minutes on, 20 minutes off, etc.
2. Notify parent if necessary.
3. If pain and swelling worsens (possible bone or joint injury), contact parent/guardian and advise medical attention.

BURNS

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Minor (including sunburn)

1. Immediately cool the part with water.
2. Apply cold pack for 20 minutes.
3. For small blistered area, cover with sterile, dry dressing.

Severe

1. Follow ABCs of CPR and contact emergency care.
2. Cover with loose sterile dressing.
3. Keep patient warm and lying down.
4. Observe for symptoms of shock (refer to Shock or Collapse).
5. Contact parent/guardian.

Chemical Burn (Skin)

1. Flush the area thoroughly with water immediately and continue for at least 20 minutes.
2. Remove any clothing that might have become contaminated.
3. Contact Poison Control for further instructions at 1-800-222-1222.
4. Summon emergency care if area is extensive.
5. Apply sterile dressing if skin is blistered.
6. Contact parent/guardian.

Chemical Burn (Eyes)

1. Flood the eye with water immediately, continuously and gently for 15-30 minutes.
2. Contact Poison Control for further instructions at 1-800-222-1222.
3. Summon emergency care if instructed to do so.
4. Contact parent/guardian.

Respiratory Burns

1. Assume presence of respiratory burns if exposure to smoke in an enclosed space or with burns of the face.
2. Have patient sit up.
3. Watch for respiratory distress
4. Summon emergency care and contact parent/guardian.

CARDIAC ARREST AND/OR CESSATION OF BREATHING

1. Administer emergency care (CPR/BLS).
2. Have someone call 911 and notify parent.

CHAPPED LIPS

1. May apply petroleum jelly.
2. Advise patient to avoid wetting lips.

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CHEST PAIN

1. Quickly assess symptoms
 - a. Onset (sudden or slowly progressive)
 - b. Severity (intense or mild)
 - c. Nature of pain (sharp, pressing, squeezing)
 - d. Other symptoms (radiation to jaw, shoulder, left upper extremity, sweating, nausea, vomiting).
2. If symptoms suggestive of coronary artery disease (i.e. angina or heart attack), summon emergency care immediately.

CHOKING

1. If patient is coughing forcefully, do not interfere.
2. Ask "can you speak?"
3. If there is difficulty breathing or patient unable to speak, perform Heimlich maneuver until foreign object is expelled or victim becomes unconscious.
4. If person becomes unconscious, position on back, open airway, and attempt ventilation. Give 6-10 abdominal thrusts, do finger sweep and re-attempt ventilation. Repeat sequence until successful.
5. Refer to CPR/Rescue Breathing, if necessary.
6. Call 911 and/or parents as indicated.

COMMUNICABLE DISEASE

1. Follow guidelines in School Health Services Book and directives from the State and County Health Departments.
2. Exclude from school according to regulations per disease.
3. Notify parent and advise accordingly.
4. Check child upon returning to school.
5. Nurse may require doctor's note for readmission if indicated.

COUGHS AND COLDS

1. Check temperature if indicated. Exclude from school if temperature is 100.4° (38 C) degrees or higher.
2. May give a cough drop or throat lozenge for slight cough or tickle.
3. Student may use cough drop or throat lozenge that parent sends in. No doctor's note is needed.
4. For continuous coughing notify parent, advise to seek medical attention

DERMATITIS

1. Assess onset, location, appearance, any medical condition, allergy, medication.
2. Check temperature.
3. If due to poison ivy or sumac, apply Caladryl, Calamine lotion, or Hydrocortisone 1% ointment.
4. May apply cool cloth or ice for itching.

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5. If undiagnosed, extensive or involving eyes, contact parent/guardian and advise medical attention.
6. Nurse may require doctor's note for readmission if indicated.

DIABETIC CONDITIONS

1. Hypoglycemia (Low Blood Sugar)

Symptoms: intense hunger, shallow respirations, tremors.

- a) Follow individual doctor's orders.
 - b) Check urine for ketones, if possible.
 - c) If no orders, do the following until orders are obtained: Give 6 oz. fruit juice or regular soda, or 1 tbsp. of sugar, or sugar supplement.
 - d) Allow patient to rest.
 - e) May put icing on gumline if available.
 - f) Notify parent.
2. Physician's authorization for administration of glucagon:

The School Nurse may administer Glucagon for injection to diabetic students who are suffering from severe hypoglycemia leading to severe disorientation, unconsciousness and/or seizure. Give glucagon if the patient is unconscious, unable to eat a sugar-sweetened product, or having a seizure. Call 9-1-1 for an ambulance immediately after administration.

The following is the method of administration and dosage for Glucagon:

1. Remove flip-off seal from glucagon bottle.
2. Inject entire contents of syringe into glucagon bottle.
3. Swirl glucagon bottle until solution clear.
4. Withdraw all solution into the syringe (1.0mg).
5. Dosage: Children less than 44lb. (20kg): ½ Adult dose: 0.5mg
Children greater than 44lb. and Adults: 1.0mg
6. Administer glucagon intramuscularly or subcutaneously
7. If the student does not awaken in 15 minutes, another dose of glucagon may be given.
8. Discard any unused solution.

Turn student on his/her side, as vomiting may occur. Monitor airway, breathing and circulation. Begin CPR or rescue breathing if needed. Feed them with a fast-acting source of sugar as soon as they are awake and able to swallow. Send to hospital via ambulance. Notify parent.

Hyperglycemia

Protocol for care of student with elevated blood glucose:

1. If Blood Glucose is 350 or greater, recheck in 30 minutes after receiving insulin coverage.

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2. If Blood Glucose is 400 or greater, student remains in Health Office until rechecked in 30 minutes.
3. If Blood Glucose is 450, student must be picked up by parent immediately or 9-1-1 called; doctor to be notified.
4. If Blood Glucose is 500, 9-1-1 is to be called; parent and doctor are to be notified.
5. If symptomatic, arrange for medical treatment regardless of Blood Glucose.
6. Call ambulance and parent.
7. Have parent meet ambulance at the hospital with the following information: type of insulin, concentration, dosage, time of last injection, and food intake.
8. If presenting with signs of diabetic coma, call 911 immediately:
 - a. Diabetic Coma (definition): symptoms include air hunger (deep, rapid breathing and frequent sighing); red, dry warm skin; sweet or fruity odor on breath; intense thirst; dehydration; frequent urination; rapid, weak pulse; varying degrees of responsiveness from restlessness to coma; confusion and disorientation are common.

DISLOCATION

1. Do not attempt to put back in place.
2. Secure parts in comfortable position with sling or splint.
3. Watch for symptoms of shock; treat if necessary (refer to Shock).
4. Apply cold pack 15 minutes per hour.
5. Notify parent/guardian and/or summon emergency care.

DRUG AND ALCOHOL INTOXICATION

1. Note sign and symptoms and give care as indicated.
2. Check pulse and blood pressure.
3. Check skin appearance, color and temperature.
4. Check eyes (pupils and color of sclera).
5. Save any containers for later evaluation.
6. Try to keep patient calm by keeping non-assisting persons from the area, and by talking quietly and calmly to patient.
7. Notify Principal or designee Call 911 if necessary.

DROWNING / NEAR DROWNING

Upon arrival at scene, the school nurse will help coordinate the rescue effort. Trained pool personnel will take the following steps in handling the emergency:

1. Alert supervisor and/or lifeguard with two 3-whistle blows (6 total).
2. Have someone activate EMS system (call 911).
3. Have someone clear pool.
4. Approach victim quickly; contact should be made within 30 seconds.
5. Establish airway. If no evidence of cervical/spinal injury, use head-tilt/chin-lift method.

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6. If victim is not breathing, begin rescue breathing (mouth-to-mouth or mouth-to-nose technique). Do *not* wait until you get the victim out of the water.
7. Bring victim to side of pool or shallow end and remove from water.
8. Check carotid pulse for 5-10 seconds and if not present, begin CPR.
9. Notify parent/guardian/emergency contact person.

DROWNING (with Spinal Injury)

Follow procedures as above with the following additions:

1. If victim must be turned, keep the head, neck and torso aligned and support and turn as a unit face up (Red Cross Training procedures).
2. Establish airway using neutral position.
3. Continue to immobilize had, neck, and torso and bring victim to side of pool or shallow end.
4. Put victim on backboard according to Red Cross training procedures.

DRY SKIN

1. May apply unscented lotion if available.

EARS

1. Earaches
 - a. Check temperature if indicated.
 - b. Check mouth, teeth, and throat.
 - c. May observe with otoscope if available.
Notify parent if necessary.
 - d. If there are no apparent signs of drainage or infection, may place cotton in outer ear for comfort.
 - e. Foreign body ear
 - a. If bleeding from the ear follows a severe blow to the head (possible skull fracture), follow protocol for "Head Injury."
 - b. If bleeding from cut or possible ruptured eardrum:
 - a. Cover outside of ear with sterile dressing;
 - b. Have person lie on side with affected ear down;
 - c. Contact parent/guardian and advise medical care.
 - c. If any foreign object, person should turn head to side and shake head. If not expelled, contact parent/guardian and advise medical care. *Do not attempt to remove.*

EATING DISORDERS (Anorexia, Bulimia, Obesity)

1. If suspected, assess student; check weight if necessary.
2. Notify parent/guardian if warranted and advise medical evaluation and counseling.

ELECTRICAL SHOCK

1. Do not touch the victim until the source of current is located and turned off.

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2. Establish airway; check breathing and pulse.
3. If indicated, start CPR immediately.
4. Have someone call for emergency care.
5. When possible, check for both entry and exit burns and treat both as third-degree burns.
6. Notify parent/guardian.

EYES

- 1) Foreign Body
 - a) Irrigate eye with eye solution or water for such things as an eyelash, insects, etc.
 - b) If small object remains, gently fold back eyelid. If feasible, remove object with a moistened swab.
 - c) Remove contact lens, if present,
 - d) Irrigate again with eye solution or water.
 - e) Ice or cold compress may be applied on or near the eye.
 - f) If object is embedded, cover both eyes with eye pads or gauze, secure further treatment.
 - g) Notify parent or guardian and summon emergency transportation, if indicated.
- 2) Chemical Burn
 - a) Irrigate with cool water.
 - b) Notify parent and advise further medical attention.
 - c) Patch eye without applying pressure.
- 3) Conjunctivitis
 - a) Note discharge, lid swelling, itching, redness, etc.
 - b) If no discharge, pain, etc, may apply cool wet compress for minor complaints such as itchiness.
 - c) Remove contact lens, if present.
 - d) Irrigate the eye using eyewash.
 - e) Contact parent or guardian and advise prompt medical care.
 - f) Advise against mascara and eyeliner when eyes are irritated.
 - g) Assess student on return to school if excluded.
- 4) Eye Injuries
 - a) Blows to the Eye
 - i) If able to open eye, remove contact lens if present.
 - ii) Apply cold pack, avoiding an pressure on the eye.
 - iii) In case of discoloration, pain, vision problem, inability to open eye, loss of sensation, or unequal pupils, patch both eyes and notify parent/guardian to seek medical care.
 - iv) Depending on severity of injury, it may be necessary to summon emergency care.
 - b) Penetrating object
 - i) Do not remove
 - ii) Pack gauze gently around object and secure or cup object without applying pressure.
 - iii) Patch other eye to prevent movement.
 - iv) Notify parent and ambulance.
 - c) Deep laceration of Eyelid or Eyeball
 - i) Clean wound with eye solution or water.

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- ii) Place sterile gauze over wound without pressure.
- iii) Notify parent/or ambulance.
- d) Contusion or Black Eye
 - i) May apply ice or cool compress on or near the eye.
 - ii) Do not permit patient to blow nose.
 - iii) Check for blurred vision or dizziness.
 - iv) Notify parent.
- e) Laser Beam Exposure
 - i) If student has been exposed for more than 5 minutes, uninterrupted, contact parents and advise to seek medical care for an eye specialist.
 - ii) In any other cases of exposure, contact parent/guardian and inform of possible detriment to vision from prolonged exposure.

FAINTING

1. If patient feels faint, allow patient to sit and place head between knees.
2. Lay patient flat with feet elevated if indicated, loosen clothing at neck.
3. If patient has fainted, do not move. Monitor patient until they revive by themselves.
4. Maintain open airway.
5. Call 911 if unconscious for more than a short time.
6. Question patient about disease such as diabetes, heart disease, etc. if feasible.
7. Check vital signs.
8. Notify parent and advise medical follow-up.

FEVER

- 1) Assess onset of signs and symptoms and current family illnesses.
- 2) If 100.4° (38C) and associated with other symptoms, student should be sent home.
- 3) If temperature is 101° F or over, cool compresses may be used.
- 4) Contact parent/guardian and advise medical care.

Standing Order For Administration Of Acetaminophen

School nurses may administer acetaminophen in the following emergency situations:

- temperature elevation of 101° or above
- Pain

Guidelines:

1. Student does not have an allergy to acetaminophen.
2. Student must have a signed parental permission form giving the nurse permission to administer acetaminophen.
3. School nurse must attempt to contact the parent.
4. School nurse will follow prescribes dosage chart (protocol for acetaminophen administration) in administration of acetaminophen.
5. Only one dose of acetaminophen will be administered per day in school.

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6. School nurse will reassess student every 30 minutes after the administration of acetaminophen, and observe the student in the nurse's office until picked up by parent.
7. A follow up note will be given to the parent at the time they pick up the student.
8. School nurse will instruct the parent to contact the student's physician as soon as possible.

PROTOCOL FOR ACETAMINOPHEN ADMINISTRATION

CHILDREN'S ELIXIR

160 Mg/Tsp.

Age (in years)	Weight	Dose
Under 2	Under 24 Pounds	CONSULT PHYSICIAN
2-3	24-35 Pounds	1 tsp (160 mg)
4-5	36-47 Pounds	1 ½ tsp (240 mg)
6-8	48-59 Pounds	2tsp (320 mg)
9-10	60-71 Pounds	2 ½ tsp (400 mg)
11	72-95 Pounds	3 tsp (480 mg)

CHILDREN'S CHEWABLE TABLETS

80 MG. PER TAB

Age (in years)	Weight	Dose
2-3	24-35 Pounds	2 tablets (160 mg)
4-5	36-47 Pounds	3 tablets (240 mg)
6-8	48-59 Pounds	4 tablets (320 mg)
9-10	60-71 Pounds	5 tablets (400 mg)
11-12	72-95 Pounds	6 tablets (480 mg)

REGULAR STRENGTH (325 MG) ACETAMINOPHEN TABLETS

Age	Dosage
12- and over	1 tablet
Adults	1-2 tablets

FRACTURES

1. If injury is severe, check breathing and pulse and administer CPR if necessary. Summon emergency care.
2. Check for deformity, swelling, discoloration, pulse and tenderness.
3. If feasible, immobilize. Try not to move or straighten injured part. Splints may be made from boards, pillows, newspapers, etc.
4. Check blood pressure, pulse, respirations, and pupils.

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5. Apply ice.
6. Notify parent and/or ambulance.
7. If a compound fracture is involved, do all of the above and cover wound with a sterile dressing. Apply pressure to control bleeding. Do not attempt to push in the bone. Do not attempt to clean the wound.
8. Keep patient covered and treat for shock.

FROSTBITE (FINGERS, TOES)

Signs: Skin red and painful (early), skin will turn gray or mottled blue-white or yellow-white, firm, waxy, and numb. Advanced frostbite is painless.

1. Never rub or massage area.
2. Place frostbitten parts in tepid water after removing any rings or constricting clothing.
3. After frostbitten part becomes pink and painful, stop the re-warming.
4. Apply sterile dressing; separate fingers and toes with gauze.
5. Contact parent/guardian and advise prompt medical care.
- 6.
7. Have patient move affected part.
8. Keep patient warm.

GROIN INJURIES

1. Male
 - a. Remain calm; reassure patient that pain will subside.
 - b. Expect difficulty in urination initially.
 - c. Nausea may occur; it is an expected normal reaction.
 - d. Blood in urine should be checked and referred.
 - e. Notify parent and advise regarding medical follow-up.
 - f. May apply ice.
 - g. If pain and/or swelling persist for over an hour, refer to urologist.
2. Female
 - a. Pain should subside within a few hours.
 - b. Note any blood and recommend medical follow-up.
 - c. May apply ice.
 - d. Notify parent and advice

GROWING PAINS

1. If person complains of pain in bilateral calves or thighs with no history of injury, it may be growing pains.
2. Gently massage area or have them massage.
3. Notify parent and advise medical follow-up.

HEADACHE

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1. Assess onset, location, injury, last meal and/or fluids, and other signs and symptoms.
2. If history of migraines, follow instructions given by doctor.
3. Check temperature if indicated.
4. If headache is severe, monitor blood pressure and pulse.
5. Apply cool wet compress or ice to forehead and allow to rest, offer a drink of water.
6. If medication is available and prescribed for the patient, dispense prescribed dosage.
7. Notify parent if indicated; follow acetaminophen directions if parent provides consent.
8. If severe, incapacitating, chronic, or **temperature elevated**, contact parent/guardian and advise medical evaluation.

HEAD LICE / PEDICULOSIS

According to the American Academy of Pediatrics and the National Association of School Nurses, "no child should be excluded from school because of head lice."

1. Examine students in the same classroom.
2. Check siblings. If siblings attend a different school, notify school nurse.
3. Recommend child be examined and treated by their physician.
4. To verify treatment, parent should submit the label from the product used or the empty container, or a doctor's note.

HEART ATTACK

1. Assess patient.
2. Have someone summon emergency care.
3. Have patient lay in a comfortable position, usually a semi-sitting position with support.
4. Loosen tight clothing.
5. DO NOT allow patient to walk.
6. Give nothing by mouth.
7. Monitor the patient's pulse every 5 minutes.
8. Start CPR if cardiac arrest occurs.
9. If student, notify parent/guardian. If adult, notify relative.

HEAT EXHAUSTION

Symptoms include normal body temperature; normal pupils; cool, pale, and clammy skin with profuse sweating; a weak, thready pulse; headache; tiredness; weakness; nausea; dizziness; and muscle cramps.

1. Summon emergency care.
2. Move person to a cool place.
3. Allow person to lie flat with head down and feet elevated.
4. Loosen clothing.
5. If awake, may give small amounts of slightly salty fluids or fruit juice every few minutes, if available, or salt water at a ratio of 1 tsp. per quart at a rate of ½ glass per 15 minutes for 1 hour.

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6. Notify parents

HEAT STROKE

Symptoms include hot dry skin, no sweat, extreme thirst, anorexia, nausea, muscle cramps, dilated but equal pupils, full strong bounding pulse and elevated temperature (102 or higher).

1. Allow person to lie down in a cool room with head elevated.
2. Cool patient:
 - a. May apply ice or cold compress to head, axilla, neck, and/or groin area.
 - b. Apply cold-water-soaked sheets to body and fan vigorously.
3. Check vital signs.
4. Call ambulance.
5. Notify parents.

HYPERVENTILATION

Signs and symptoms: Increased respiration and heart rate, anxiety (possible panic), dizziness, tingling, numbness of hands, feet and around mouth, and possible fainting. No cyanosis will be evident. Will usually subside within 5 minutes. If associated with chest pain, refer to medical facility as needed.

1. Assess for possible medical causes and treat accordingly.
2. Stay with person and reassure.
3. Try to help person slow respirations—may re-breathe into paper bag, if necessary.
4. Allow to rest until pulse and respirations return to normal and weakness and dizziness have subsided.
5. Notify parent/guardian and advise medical evaluation.

INJURIES

1. Head Injury
 - a. Do not move patient.
 - b. Check pupils and level of consciousness (ask name, address, teacher, grade, etc.).
 - c. Check abnormal symptoms and provide care accordingly.
 - d. If severe, call ambulance and parent.
 - e. If not severe, apply ice or cool wet compress, and notify parent of head injury precautions.
2. Back and Neck Injuries
 - a. Assess patient's mobility by checking for movement of toes and fingers.
 - b. If no movement is evident, DO NOT MOVE PATIENT.
 - c. Notify parent and/or ambulance as needed.
3. Sprains
 - a. Apply ice.
 - b. Elevate extremity if feasible.
 - c. Notify parent and advise medical treatment if indicated.
 - d. May apply ace bandage for swelling.

MEDICATIONS

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1. Under no circumstances will a student be permitted to take an unknown drug in an unknown quantity.
2. School nurses may administer medication under following conditions:
 - a. Time constraints require administration of the medication during school hours.
 - b. Medication card with instructions detailing diagnosis, name of drug, dosage, time and route of administration (oral or inhalants only) must be signed by family physician and parent/guardian.
3. Medications must be in original container with pharmacy label.
4. Chief school administrator, lead person, or designee may designate other school personnel to administer medication when nurse is not present.

MENSTRUAL CRAMPS

1. Place in a position of comfort.
2. May apply ice or heating pad if patient prefers.
3. If medication is available and prescribed for the patient, dispense prescribed dosage.
4. Notify parent if necessary.

MOUTH INJURIES OR SORES

Minor Cuts

1. Rinse with warm water.
2. Observe for bleeding and control with direct pressure.
3. Advise regarding keeping area clean and observing for signs of infection.

Severe

1. Check for neck injury after any severe blow to the face.
2. Do not remove impaled objects.
3. If conscious, lean patient forward to drain blood and secretions. If unconscious, place on side for drainage.
4. Clear airway. Remove broken teeth, dentures, and any other foreign matter in the mouth.
5. Control bleeding with direct pressure on the injury. (*For roof of mouth, have patient press gauze pad against roof of mouth with thumb).
6. Depending upon severity, summon emergency care.
7. Contact parent or guardian to get medical evaluation.

MUSCLE ACHES

1. If no swelling, redness, etc., recommend warm moist compresses for home care.
2. Notify parent if indicated and advice.

NAUSEA AND VOMITING

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1. Assess onset, any medical condition, last menses, medication, allergies, last meal, recent injury, and any other signs and symptoms; ask about amount, consistency and color of vomitus.
2. Check temperature, if possible, without provoking vomiting.
3. Give nothing to eat or drink if vomiting.
4. If vomiting present, **or temperature is elevated**, contact parent/guardian and advise medical evaluation if it doesn't subside.

NEUROLOGICAL ASSESSMENT

With any head injury, possible CVA, drug intoxication or other CNS condition, a "neuro" examination should be conducted.

1. Determine level of consciousness.
 - a. If conscious – talk to person to determine whether alert or confused, oriented X3, and if speech is clear, rambling or garbled.
 - b. Call 911 if unconscious – determine if arousable by verbal stimuli, and if not, by painful stimulus.
2. Check vital signs – watch for a trend toward elevated blood pressure, slow pulse, respiratory changes and elevated temperature.
3. Check pupils to determine if equal, dilated or constricted and if they react equally to light.
4. Assess motor and sensory function:
 - a. If ambulatory, assess gait.
 - b. Check ability to squeeze your hand, wiggle toes, raise one leg at a time, push foot against your hand.
 - c. Check ability to bring finger to nose, then with eyes closed.
5. If any significant findings, contact parent/guardian and advise medical evaluation as soon as possible.

NOSEBLEEDS

1. Have person sit leaning slightly forward to spit out any blood in mouth.
2. Apply pressure over bleeding nostril, pinch method with fingers.
3. Apply cold pack as necessary.
4. If bleeding not controlled within reasonable amount of time or if nosebleed from injury, notify parent/guardian and advise medical care.
5. Instruct person to avoid blowing nose for several hours.

PEDICULOSIS (See LICE)

POISONING AND DRUG OVERDOSE

Poisoning

Signs and symptoms of poisoning by ingestion – nausea, vomiting, diarrhea, severe abdominal pain, slowed respirations and pulse, excessive salivation or sweating, odor on breath, stains on mouth, unconsciousness, convulsions.

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1. Maintain airway – have patient lie on side to keep airway clear of vomiting.
2. Call Poison Control, 1-800-222-1222, to get instructions.
3. Summon emergency care, contact parent/guardian.
4. Be prepared to manage shock, coma, seizures and cardiac arrest.
5. The poison container, poisonous plant or spoiled food and any vomited material should be sent with patient to emergency room.

Drug or Alcohol Overdose

Possible signs and symptoms of life-threatening situations-unconsciousness, breathing difficulty, fever, abnormal vital signs, vomiting while not fully conscious, convulsions (impending indicated by twitching, muscle rigidity or muscle spasm).

1. Establish and maintain clear airway.
2. Summon emergency care and contact parent/guardian.
3. Turn patient's head to side and downward.
4. Monitor vital signs frequently.
5. Take measures to correct or prevent shock.
6. Attempt to find out specific information about the substance such as what was taken, time, route and dosage.
7. If possible, send container with ambulance.

PREGNANCY

1. Labor pains.
 - a. Consult patient's obstetrician if indicated and follow his/her instructions.
 - b. Contact family.
 - c. Call ambulance.
2. Emergency Delivery
 - a. Aspirate baby's mouth and nose with bulb syringe.
 - b. Double tie gauze, shoelace or other item around the cord, allowing enough length to re-clamp at hospital.
 - c. Wrap baby in blanket and place on mother's abdomen.
 - d. Call ambulance.

RASH

5. Rashes
 - a. May apply caladryl or similar product for itching.
 - b. May apply cold compress.
 - c. Notify parent if indicated.
 - d. Recommend exclusion if rash is widespread and/or if there is a question of communicability.

SORE THROAT

1. Check temperature.
2. Assess onset, any present illness in family.

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3. Check throat for presence of post-nasal drip, condition of tonsils, inflammation, white "patches".
4. If temperature elevated or evidence of strep infection, contact parent/guardian and advise medical care.
5. Give salt-water gargle.
6. May administer throat lozenge. (Students may bring their own lozenges with a parent note; no doctor's note is needed.)
7. Notify parent if indicated.

SEIZURE

1. Lower patient to floor in an open or cleared area.
2. Loosen any restrictive clothing.
3. Do not restrain. Do not insert any item to patient's mouth.
4. Position on side to allow any saliva or vomit's to drain from the mouth.
5. Try to keep patient calm by keeping non-assisting persons from the area and talking quietly and calmly.
6. After seizure, allow patient to rest.
7. If seizure is prolonged or reoccurs, secure medical care via parent or ambulance.
8. School Nurse will follow written orders and instructions from student's own physician.
9. Standard order for administration of diastat for seizure:
The School Nurse will administer Diastat (Diazepam rectal gel) following the specific orders of the student's physician. Following the administration of Diastat, the School Nurse will call 911 for the student to be evaluated at the Emergency Room. The parent will also be notified immediately.

SEVERE FALL

1. DO NOT move patient until condition is evaluated.
2. Assess airway, breathing, and circulation.
3. Assess mobility by asking patient to move fingers and/or toes—DO NOT ASK PATIENT TO MOVE BODY OR STAND
4. If not able to move, notify parent, call 911.

SHOCK

Summon emergency care if they have rapid pulse, shallow respirations, cyanosis and decreased level of consciousness.

Symptoms: Cold, pale clammy skin. Pulse rapid, thread. Restless, apprehensive.

1. Place person lying down with head lower than the feet (elevate feet 8-12 inches) unless injury contradicts position; if so, keep lying flat and quiet.
2. Attempt to alleviate the condition causing shock – control bleeding, pain, etc.
3. Maintain an open airway and give oxygen if available; be prepared to initiate CPR.
4. Monitor vital signs.
5. Keep warm but avoid overheating.
6. Give nothing by mouth.
7. Summon emergency care and contact parent/guardian.

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SPLINTERS

1. Wash areas with soap and water.
2. If small, visible and close to skin's surface, using forceps, grip end of splinter and pull out.
3. After removal, cleanse area with soap and water.
4. Apply antibiotic ointment and bandage.
5. If not accessible with forceps, contact parent/guardian and advise medical care.

SUNBURN

1. May apply water gel spray, aloe cream, or cold compress.

TICKS

1. Grasp tick with tweezers close to skin.
2. Pull gently to remove tick.
3. Cleanse with alcohol or soap and water and apply antiseptic.
4. Advise parent to notify doctor due to incidence of Lyme's Disease.
5. Save tick for assessment by family physician.

TOOTHACHE AND DENTAL INJURIES

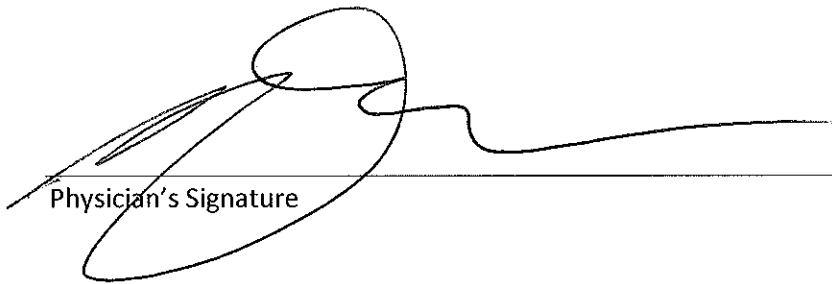
1. Toothache
 - a. Have patient rinse mouth with warm water.
 - b. May apply ice to cheek or facial area closest to tooth.
 - c. Notify parent and refer to dentist.
2. Chipped or Broken tooth
 - a. Gently clean dirt or debris from injured area with warm water.
 - b. Place cold pack on the face in area of injured tooth to minimize swelling.
 - c. Wrap broken portion of tooth in wet gauze or place in glass of milk and send with patient to the dentist.
3. Knocked-out tooth/Dislodged
 - a. If feasible, gently place tooth back in socket. Have person hold tooth in place, or have person bite on a tongue blade wrapped with gauze until they get to the dentist.
 - b. If tooth is not inserted, place tooth in cup of water or milk, or wrap tooth in wet gauze. May place in Save-A-Tooth solution if available.
 - c. Notify parent and advise immediate follow-up. There is a better chance of saving the tooth if the dentist is within 30 minutes.

WOUNDS

1. Avulsions (Tearing away of structure)
 - a. If skin flap present, cleanse, fold back into normal position and control bleeding by direct pressure.
 - b. Watch for symptoms of shock and treat, if necessary.
 - c. Apply pressure bandage.

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- d. If feasible, apply sterile gauze soaked with saline solution, or apply ice.
 - e. Wrap extracted part in wet gauze and place in plastic bag if available. Place on ice or cold packs. Do not immerse in water or saline solution. Do not pack in ice. Do not allow to become frozen. Reattachment of frozen parts is not successful.
 - f. If the injured part is still partially attached to stump, leave it.
 - g. Send the extracted part with patient to doctor or hospital.
 - h. Call parent and ambulance.
2. Lacerations or Incisions
- a. Control severe bleeding by applying clean material and pressure over wound. If nothing else is available, use gloved hand.
 - b. Cleanse with soap and water and/or antiseptic solution.
 - c. May apply antibiotic ointment.



Physician's Signature

9/12/18
Date

Mohammed Jawaad Hussain, MD, FAAP

Print Physician's Name