Pt's weight, dosage, allergies, and specific contraindications to treatment are subject to change and must be verified by the licensed nurse on site prior to administration. The standing orders listed are based on the child being in an otherwise normal state of health aside from the minor ailment for which the order applies. As the prescriber is not on site to provide a physical assessment to determine the appropriateness to activate a particular order, this is deferred to the judgment of the licensed nurse physically present with the child. OTC creams, lotions, gels, sprays, lozenges and other preparation ingredients vary and individual products cannot be validated by prescriber.

TISHOMINGO COUNTY SCHOOL DISTRICT STANDING ORDERS SCHOOL HEALTH 2024-2025

Student Name:					_ DOB:			
Medica	ation Allergies:							
School Attending (Circle): Belmont Burnsville IES				IMS	Tishomingo	TCHS		
		nt-Based Dosing as Nurse to obtain we				PRN for Pain o		
	Ibuprofen Weight-Based Dosing as liquid or chewable or tablet PO Q4H PRN Pain or Fever (Max 2 doses per day) **Licensed Nurse to obtain weight prior to administration Available in liquid, chewable, or tablet form							
	Antacid Tab: 1 / 2 tablets PO Q4H PRN for GI discomfort (Max 6 tablets per day) o May be available and given as 500 or 1000 mg tablets							
	Mylanta 10 / 20 mL	PO Q8H PRN for (GI discomfort (I	Max 2 dose	s per day	()		
	Simethicone 80 / 125 mg PO Q6H PRN gas (Max 2 doses per day) o Available in (80 / 125 mg chewable / capsules)							
	Diphenhydramine 25 / 50 mg PO as liquid or tablet Q4H PRN seasonal allergies / mild allergic reactions (Max 2 doses per day) *Anaphylaxis is an emergent condition and is to be dealt with as such per school plan or protocol.							
	Loratadine / Cetirizine 5 / 10 mg as liquid or tablet PO once daily for environmental allergies (Max 1 dose per day) Available in (5 mg / mL liquid) (10 mg tablet)							
	OTC Polyethylene Glycol powder: 1 dose (17g) mixed with juice or water for constipation (Max 2 doses per day)							
	OTC Antibiotic Ointment: 1 application topically to minor wounds (Max 3 applications per day)							
	OTC Anti-itch cream (steroid or antihistamine): 1 application topically to skin for localized rash / itching / insect bite / sting (Max 3 applications per day)							
	OTC Antifungal cream	: 1 application top	oically to skin f	or localized	d rash (M	ax 3 application	ns per day)	
	OTC Calamine lotion:	1 application topic	cally to skin for	rlocalized	rash (Ma	x 3 applications	per day)	
	OTC 'Sting relief' 1 app	olication topically	to skin for inse	ect bite / st	ing (Max	3 applications	per day)	
	OTC 'Burn relief' 1 application topically to skin for minor skin burns (Max 3 applications per day)							
	OTC Oral 'pain relief' g	el 1 application to	the affected o	oral area fo	r oral pai	n (Max 3 applic	ations per	day)
	OTC Cough drops 1 lo	zenge orally as ne	eded for sore	throat or co	ough (Ma	x 6 per day) *cl	noke risk	
or oth equer	er OTC medications reconcy, indication and maxin	mmended or need num per day. **ad	ded, attach add ditional meds o	ditional she ordered/sup	ets as ne	eded and inclu parent**	de dosage,	, route,
IS Licensed Prescriber Printed Name:					Cr	edentials: _		
icense	ee Signature:					Da	te	
arent	Legal Guardian Signatu	re of Consent:				Da	ate	

Standing orders require the written consent of parent or legal guardian documented above prior to activation. Any medical plan or protocol in place for anaphylaxis is not reviewed, prepared, or endorsed by the signing licensed health care provider and nothing in this document shall be construed as such.

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