

Stonington Public Schools
Standing Orders for Oral Medications
2020 /2021

I authorize the administration of the following oral medication to be given to 6th through 12th grade students, only with written parent/guardian permission. Acetaminophen which is the generic for Tylenol and Ibuprofen which is the generic for Motrin and Advil will be given by the school nurse in accordance with school board policy. A student will not receive more than 5 doses of ibuprofen or acetaminophen in a 30 day time period. Day Field trips are **NOT** included in the standing order. Overnight Field trips* are included in the standing order. The school nurse may decline to administer an OTC medication at any time based on nursing judgment.

** On Overnight field trips, acetaminophen or ibuprofen will be administered per standing order, without consideration of the 5 doses in 30 day time period.*

Tylenol (Acetaminophen): Used for pain/discomfort; mild headache, dysmenorrhea, fever, cold or viral conditions. **DO NOT** administer for head injuries.

Potential Side Effects: Nausea, vomiting, no significant side effects if administered per manufacturer's label

For Children **under 12 years old** – administer according to weight – see chart below:

<u>Weight</u>	<u>Children's Liquid Suspension</u>	<u>Tablet</u>
60-71 lbs	400mg = 12.5mL (2 ½ tsp)	325mg = 1 tab
72-95 lbs	480mg = 15mL (3 tsp)	325mg or 500mg = 1 tab

For Children/Adults **12 years and older:**

Tylenol 325mg: Give 1 (325mg) to 2 (650mg) tablets by mouth every 4 to 6 hours

Tylenol 500mg: Give 1 tablet (500mg) by mouth every 6 hours or if weight is ≥ 150lbs then give 2 tablets (1000mg) every 6 hours.

Motrin/Advil (Ibuprofen): Used for pain/discomfort; mild headache, dysmenorrhea, fever, cold or viral conditions. **DO NOT** administer for head injuries.

Potential Side Effects: Stomach upset

For Children **under 12 years old** – administer according to weight – see chart below:

<u>Weight</u>	<u>Children's Liquid Suspension</u>	<u>Tablet</u>
60-71 lbs	250mg = 12.5mL (2 ½ tsp)	200mg = 1 tab
72-95 lbs	300mg = 15mL (3 tsp)	200mg = 1 tab

For Children/Adults **12 years and older:**

Ibuprofen 200mg: Give 1 tablet (200mg) by mouth every 6 hours or if weight is ≥ 100lbs then give tablets (400mg) every 6 hours.

Michael Blefeld 6/3/20
 Michael Blefeld M.D.

6/3/20
 Date

Stonington Public Schools
PARENT/GUARDIAN REQUEST FOR
ACETAMINOPHEN & IBUPROFEN ADMINISTRATION
(For Students in Grades 6-12 Only)

2020/2021

Under the standing orders of the medical advisor, Acetaminophen (generic form of Tylenol) or Ibuprofen (generic form of Advil or Motrin) may be given to students with parent's authorization. Acetaminophen or Ibuprofen may be administered by mouth for symptoms of minor pain or fever*. A student will not receive more than 5 doses in a 30 day time period. Day field trips are **NOT** included in the standing order. Overnight field trips** are included in the standing order. If the student continues to be uncomfortable and has reached the maximum standing order dosing in 30 days, the parent/guardian will be contacted regarding the necessity of a medical evaluation. The school nurse may decline to administer an OTC medication at any time based on nursing judgment.

**If your child has a fever, a parent or other responsible adult that is listed on the Emergency Card will be contacted to pick your child up from school and he/she may not return to school until they are fever free for 24 hours without fever reducing medication.*

*** On Overnight field trips, acetaminophen or ibuprofen will be administered per standing order, without consideration of the 5 doses in 30 day time period.*

By signing below, I give permission for my child (named below) to receive the medications indicated for the school year **2020/2021**. I will notify the school nurse if, at any time in the future, my child should not receive this medication. This permission is in effect until the end of the school year. Please contact the Health Office should you have any questions.

Student's Name: _____ **Grade** _____ **DOB** _____

ACETAMINOPHEN _____ **IBUPROFEN** _____

Other medications my child is taking _____

Allergies to Medications _____

Parent/Guardian Signature _____ **Date** _____

****PLEASE NOTE THIS MEDICATION WILL BE PROVIDED BY STONINGTON PUBLIC SCHOOLS IF PERMISSION SLIP IS SIGNED****