

2017-2018 School Nursing Standing Orders

Green Brook Family Medicine

Sean M. Cook, MD

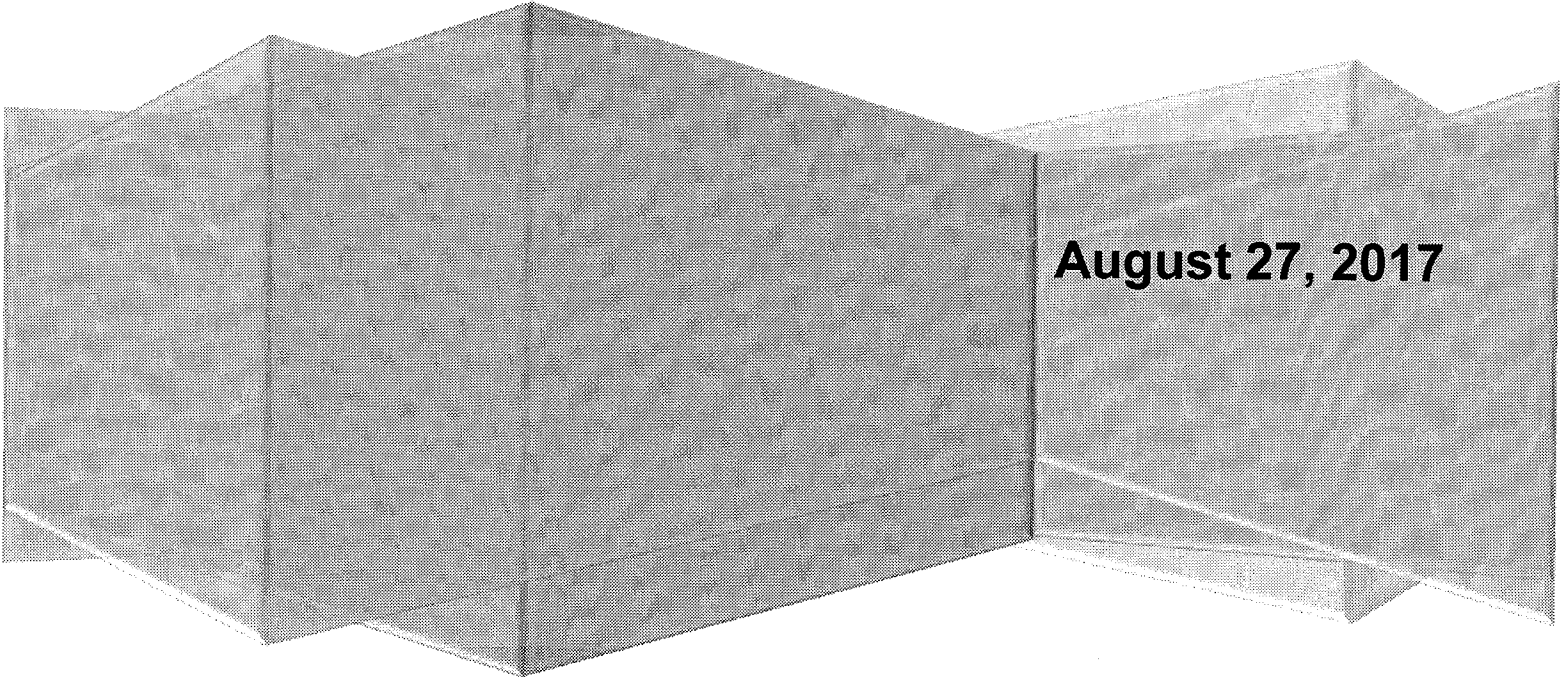
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August 27, 2017

This document contains the latest orders regarding the care of Staff and Students in the School District. It has been completely rewritten and prior versions are no longer valid.

Section 1 contains the Signature page for the document, valid to September 15, 2018.

Section 2 contains references for First Aid Management of an injured individual. In lieu of providing detailed first aid instruction for a limited number of topics, we have provided links to several School Health First Aid Manuals for your review. Essentially, we are asking that everyone to provide First Aid to the best of their capability and contact emergency services as needed.

Section 3 contains the Emergency Medication Standing Orders

Section 4 contains the approved OTC medication list. See New OTC medication administration program for Acetaminophen/ibuprofen/Tums.

Section 5 Contains Oxygen orders for those schools that already own a portable oxygen tank. Please note, we are not suggesting schools without an oxygen tank to go and buy one. We would rather see each school purchase be a Pulse Oximeter. They are available at local pharmacies for about \$40-\$75 each.

Section 6 Contains authorization to place mantoux tests on appropriate students and staff. If you are not comfortable with placement and reading of the test, please do not perform them.

As always, this document is under constant state of revision. We will notify you of any significant updates. Otherwise this will be reissued yearly.

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SCHOOL MEDICAL INSPECTOR SIGNATURE PAGE School Year 2017-2018

The following items have been reviewed by the school medical inspector and are approved for the indicated school year. Any changes to the documents will be reflected by a new version date.

1. Emergency Medication Standing Orders
2. Approved OTC medication list
3. Mantoux administration orders
4. Standing orders for First Aid Treatment
5. Oxygen Administration Orders for schools that have portable oxygen

Expires Sept 15, 2018

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CARE OF ILL/INJURED STUDENTS & STAFF

General Emergency First Aid Principles

1. Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
2. Never leave an ill or injured individual unattended. Have someone else call 911 and the parent.
3. **Do not** move a severely injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury or other emergency situation.
4. **Do not** use treatment methods beyond your skill level or your scope of practice. When in doubt, call 911. All persons working with students are encouraged to obtain training in CPR/First Aid through an authorized community agency.
5. Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections.
6. Use Standard Precautions and infection control techniques in **all** situations that may present the hazard of infection.

General Directions:

1. All student visits to the Health Office are to be documented on the individual daily record.
2. Parents /Guardians should be contacted as clinically indicated.
3. Emphasize to parents/guardians the need for medical follow-up if injury or illness is significant.
4. Use good nursing judgment for first aid care, and disposition of the student. Depending on the student's condition, they may be able to remain at school, need immediate EMS/Emergency care or medical care by their own physician.
5. Utilize the first aid and emergency medications appropriately and always notify the parents/guardians of all first aid and emergency medications administered to their child. Follow dosing instructions as per product label.

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Specific First Aid Topics

In-lieu of providing a First Aid Manual with a limited number of topics, links to the following websites are provided for your review. These School Emergency First Aid Manuals are written by various state organizations and are available on the Internet. While I do not expect each nurse to be an expert in providing emergency care for all possible situations, you should be comfortable in assessing emergency situations, administering First Aid to the best of your abilities and know when to call 911 for help.

San Francisco Unified School District

http://healthiersf.org/resources/pubs/SFUSDFirstAid_Flipchart.pdf

Psychological First Aid Manual (The National Child Traumatic Stress Network)

<http://www.nctsn.org/content/psychological-first-aid>

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EMERGENCY MEDICATION STANDING ORDERS

ANAPHYLAXIS Call 911

Immediately administer **Epinephrine** according to student's physician order or if not available dose as follows:

Weight	Dose
BETWEEN 15 - 30 kilograms (approximately 33 - 66 pounds)	Epinephrine auto-injector 0.15mg Or 0.15mg (0.15ml) dose using an ampule and syringe (IM/SC) Epinephrine Dose may be repeated in 5-15min if needed
OVER 30 kilograms (approximately 66 pounds)	Epinephrine auto-injector 0.3 mg Or 0.3mg (0.3ml) dose using an ampule and syringe (IM/SC) Epinephrine Dose may be repeated in 5-15min if needed

Also Administer one dose **oral Diphenhydramine** as follows:

Child's Weight (pounds)	20-24	25-37	38-49	50-99	100+	pounds
Liquid 12.5mg/5ml	3/4	1	1 1/2	2	4	tsp
Chewable 12.5mg	---	1	1 1/2	2	4	tabs
Tab/cap 25mg	---	1/2	1/2	1	2	tabs/caps

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SIGNIFICANT ALLERGIC REACTION

Administer one dose **oral Diphenhydramine** as follows:

Child's Weight (pounds)	20-24	25-37	38-49	50-99	100+	pounds
Liquid 12.5mg/5ml	3/4	1	1 1/2	2	4	tsp
Chewable 12.5mg	---	1	1 1/2	2	4	tabs
Tab/cap 25mg	---	1/2	1/2	1	2	tabs/caps

ASTHMA

1. **Known Asthmatic with a completed Individual Asthma Treatment Plan**

- Check the student's peak flow / pulse ox if available and assess his respiratory status.
- If respiratory distress is part of an anaphylactic reaction, administer Epinephrine and Diphenhydramine as per standing orders.
- Follow treatment instructions as per the Individual Asthma Treatment Plan.
- Call 911/EMS as well as the student's parent/guardian as medically indicated.

2. **Unknown Asthmatic (student or staff/visitor) or Known Asthmatic without an Individual Asthma Treatment Plan**

- Check the peak flow / pulse ox if available and assess their respiratory status.
- If respiratory distress is part of an anaphylactic reaction, administer Epinephrine and Diphenhydramine as per standing orders.
- Call 911/EMS as well as the student's parent/guardian as medically indicated.
- Administer a unit dose of Albuterol nebulizer solution via nebulizer.
- Frequently reassess their respiratory status.
- Repeat unit dose Albuterol nebulizer treatments every 15 minutes as medically indicated.
- Send out for medical attention (Private MD vs. ER) regardless of improvement.

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SCHOOL MEDICAL INSPECTOR AUTHORIZED NON EMERGENCY FIRST AID MEDICATIONS AND SOLUTIONS

Only the following medications/pharmaceuticals are approved for use by authorized personnel. Read and follow all label directions on the product. Promptly notify the student's parent / guardian as clinically indicated.

DENTAL COMPLAINTS: (Toothache, Orthodontic pain, Canker Sores)

1. 20% Benzocaine Gel (this is the generic formulation for Anbesol).

PRURITIS:

1. CalaGel (1.8% Diphenhydramine HCl) by Tec Labs
2. Extra Strength Benadryl Cream (2% Diphenhydramine HCl).
3. Aloe Vera.
- 4 Existing stock of Calamine® Lotion can be used but it is not my preferred product.

INSECT BITES:

1. CalaGel (1.8% Diphenhydramine HCl) by Tec Labs
2. Extra Strength Benadryl Cream (2% Diphenhydramine HCl).
3. Sting-Kill Wipes or Swabs by Healer Products.

MINOR SCRAPES, ABRASIONS, WOUNDS:

1. J&J First Aid Cream
2. Bacitracin Ointment

CHAPPED LIPS:

1. White Petroleum Jelly.

ALLERGIC CONJUNCTIVITIS:

1. Ketotifen Fumarate Ophthalmic Solution. (Bausch & Lomb Alaway Eye Itch Relief Drops, Zadiator and generic equivalent products).
2. Opcon-A
3. Visine®-A® Eye Allergy Relief; Visine® Original;

HYDROGEN PEROXIDE

While this is good for getting out blood stains from clothes, it is not the best choice for cleaning wounds. I would reserve its use to getting out debris from wounds such as gravel and dirt when water does not work.

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Student Self Carry and Administration Section

This section is applicable for districts that wish to allow students to carry and self-administer the following products:

1 Lactaid Tablets

All students may carry and self-administer individually wrapped Lactaid tablets.

2 Alcohol Hand Sanitizer

Students in Middle and High School may carry a single bottle 2 oz. or less of an alcohol based hand sanitizer to use at school.

3 Contact Len Solution and Eye Rewetting Drops

All students who wear contact lenses may carry and self-administer contact lens eye care products

4 Sunscreen

Students in the Middle and High School may carry and self-apply sunscreen.

Children in the elementary grades should bring in their own sunscreen and have staff assistance in applying it. (You may request a note from the student/parent allowing staff application of the sunscreen).

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OTC MEDICATIONS THAT CAN BE ADMINISTERED WITH VERBAL PARENTAL/GUARDIAN APPROVAL

The following medications can be administered to a student for ONE DOSE during the school day:

1. **Acetaminophen OR Ibuprofen** for fever or discomfort.
2. **TUMS or generic equivalent** may be provided for mild upset stomach.
3. **Claritin, Allegra, Zyrtec, XYZAL or generic equivalent** for allergy symptoms.

The above listed medication can be administered without written consent by the student's provider with the following restrictions:

1. The school nurse deems that the medication is necessary, and has obtained verbal approval from the parent/guardian on the day of administration.
2. The school nurse ascertained whether the student has already received any medication prior to arriving at school This will avoid providing medications earlier than the stated dosing interval.
3. The school nurse has evaluated the student to determine if the student can remain at school or seek medical attention.
4. The student is not allergic to the medication being administered.
5. Documentation of the verbal consent and medication administration is entered into the student's medical record (A45 or OTC medication administration log).
6. Only one dose will be administered according to package instructions. Further requests for medication will result in the student being sent for medical attention.
7. The school nurse has the right to not offer the above medications and request student to be evaluated by their own medical provider.
8. Student may not receive more than 2 doses per 30 calendar days during the school year. Students requiring more than that will require written parent/guardian and medical provider approval.

Portable Oxygen use in Schools where Oxygen is available

Oxygen is only to be administered by School Nurses, Physicians or emergency personnel such as police, EMTs, Paramedics.

A.) Indications for use:

- Shortness of breath
- Chest pain
- Altered level of consciousness
- Chest trauma
- Active labor

B.) Assess airway patency and quality

- 1.) Establish airway by most appropriate means if respiratory rate or quality is inadequate
- 2.) Establish need for supplemental oxygen
 - a.) Students with Asthma in respiratory distress:
 - Follow Asthma Emergency Protocol.
 - Administer oxygen at 10-15 LPM by non-rebreather mask if shortness of breath is not relieved by Albuterol nebulizer treatment.
 - Activate EMS
 - b.) Previous medical history of COPD without respiratory distress or compromise:
 - Administer oxygen at 2 LPM by nasal cannula.
 - Activate EMS
 - c.) Previous medical history of COPD with respiratory compromise or increasing distress or difficulty:
 - Administer oxygen at 10-15 LPM by non-rebreather mask; or
 - Administer oxygen at 4-6 LPM by nasal cannula if mask is not tolerated
 - Activate EMS
 - d.) No previous medical history of COPD:
 - Administer oxygen at 10-15 LPM by non-rebreather mask; or
 - Administer oxygen at 4-6 LPM by nasal cannula if mask is not tolerated
 - Activate EMS
- 3.) Prepare for CPR/AED
(Unless you have a written physician's order for "Do Not Resuscitate")

C.) Assessment

- 1.) Baseline vital signs and repeat every 5 minutes until EMS arrives
- 2.) Document ongoing head-to-toe physical assessment

SCHOOL MEDICAL INSPECTOR
TB Testing Orders

1. This is authorization for school nurses to administer the Tuberculin Mantoux test to applicable staff and students with parental consent.

Procedure:

0.1ml Tubersol solution will be appropriately administered intracutaneously to the forearm. The school nurse will reevaluate the site 48-72 hours later. A positive reaction is an induration of 10mm or greater. All personnel with positive tests will be referred to their own medical provider for further medical evaluation.