



# NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

## Health Services Standing Medical Delegation Orders

### 2023/2024

*The following treatments and medications are to be used by the Registered Nurse (RN) or Licensed Vocational Nurse (LVN) or designated employee(s) who have documented training by campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Student Health Services Handbook. The acts covered in these Standing Delegation Orders are limited to the following general medical symptoms that can be addressed by the medications following package directions. Interventions shall be documented in the student care record. Following implementation of standing delegation order, any variation should result in parent contact and physician referral.*

**ABRASION/LACERATION** – Clean with antibacterial soap and and/or saline solution. May apply antibiotic ointment, steri-strips and may use Benzoin to wound edges as adhesive for any dressings. Cover with bandaid or dressing. White petroleum ointment may provide relief to chafed skin.

**BITES** (Animal/Human) - Clean area with soap and water. May use antiseptic and apply dressing. For animal bites: Notify Animal Control. Seek medical attention for rabies evaluation possible rabies treatment if skin broken or bat contact.

**BURNS** – Apply cold water/ cool compress. Apply Aloe-Vera Gel, Foille Ointment or Burn Jel and a dressing on minor/old burns. If blistered, refer to a physician if indicated.

**CHAPPED LIPS/COLD SORES/CANKER SORES**- May apply Vaseline, Blistex, or Oragel.

**CONGESTION** – Increase water intake, may apply Vicks Vaporub topically.

**COVID-19 SYMPTOMS** – Follow DSHS Communicable Disease Chart guidance.

[https://www.dshs.state.tx.us/IDCU/health/schools\\_childcare/Communicable-Disease-Chart-Schools-and-Childcare-Centers-072922.pdf](https://www.dshs.state.tx.us/IDCU/health/schools_childcare/Communicable-Disease-Chart-Schools-and-Childcare-Centers-072922.pdf)

**DENTAL PAIN OR TOOTHACHE** - Apply OraJel or similar product as indicated. May reinsert a permanent tooth that is knocked out, do not rub root area. Refer to Dentist as indicated.

**EARACHE** – May apply warm compress or EarEase. Refer to physician if indicated.

**EYES with FOREIGN OBJECT** – Do Not attempt to remove unless it can be gently washed out with water or eyewash solution, or removed with a cotton applicator. May patch eye as needed. Refer to physician if indicated.

**EYE IRRITATION/REDNESS**– May rinse eyes with eyewash solution. Apply cool compresses. May patch eye as needed. Refer to physician if indicated.

**HEADACHE** – Rest. Ice pack if needed. Increase water intake.

**INSECT STING OR BITE** – Apply any or a combination of the following: cold compress, analgesic skin protectant such as Calamine or caladryl without diphenhydramine sting relief swabs, or Hydrocortisone Cream 0.5% or 1%. Refer to physician if any systemic reaction. Observe for shortness of breath, facial swelling or hives. If these develop see emergency care for anaphylaxis.

**LACERATION** – Clean with antibacterial soap and water or saline solution. Apply pressure and dressing. May apply antibiotic ointment, steri-strips and/or liquid Band-Aid. May use Benzoin as adhesive for dressings. Refer to physician if indicated or if bleeding lasts longer than 15 minutes.

**MENSTRUAL CRAMPS** - Rest and/or heating pad.

**MUSCULOSKELETAL INJURY**– May apply topical muscle analgesic cream. May use elastic bandage or tape the area. May apply ice for first 48-72 hours for injury. Check for adequate circulation distal to injury. Apply cold compress and elevate. May splint and refer to physician if indicated.

**NAUSEA, INDIGESTION, OR UPSET STOMACH W/NO VOMITING** – Crackers and/or rest. Consider gluten intolerance diet prior to offering.

**NOSEBLEED** – Apply pressure with head upright, tilted slightly forward, may use Nasal cease or topical hemostatic agent.



# NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

## Health Services Standing Medical Delegation Orders

### 2023/2024

**SKIN IRRITATION /RASH** - May apply any combination of the following: cold compress, analgesic skin protectant such as Calamine, or caladryl without diphenhydramine, sting relief swabs, or Hydrocortisone Cream 0.5% or 1%. Refer to physician if any systemic reaction.

**SKIN WOUND INFECTION** – Scrub with antibacterial soap and water. May apply antibiotic ointment and dressing if indicated. Refer to physician if indicated.

**SORE THROAT** - Warm salt water gargle.  $\frac{1}{4}$  -  $\frac{1}{2}$  salt in 8 oz. water. Oral anesthetic sore throat spray if necessary. Refer to physician if indicated.

### **SPECIALIZED CARE IN EMERGENCY SITUATIONS**

**ANAPHYLACTIC REACTION** symptoms may include apprehension, flushing, sneezing, coughing, itching, burning, urticaria, respiratory difficulty, wheezing or shortness of breath, cyanosis, pallor, imperceptible pulse, loss of consciousness. Administer Epinephrine Auto Injector - Jr 0.15mg (children 33-66 lbs.) Administer Epinephrine Auto Injector 0.3mg (over 66 lbs.) for signs of anaphylaxis. Always call 911 when Epinephrine is used. May repeat dose if no response to epinephrine within 10 minutes and EMS has not arrived. Contact parent or guardian.

**NON-ANAPHYLACTIC REACTION** In case of minor symptoms, contact student's parent or guardian to administer Benadryl elixir according to package directions. Administer Benadryl or generic equivalent according to package recommendations if unable to reach parent for permission. Student should be picked up by parent if Benadryl administer.

Dosing Guidelines for Benadryl liquid by mouth 12.5 mg/5ml per American Academy of Pediatrics  
<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Diphenhydramine-Benadryl-Antihistamine.aspx>  
20-24 lbs. give 4 ml (3/4 teaspoon)  
25-37 lbs. give 5 ml (1 teaspoon)  
38-49 lbs. give 7.5 ml (1.5 teaspoons)  
50-99 lbs. give 10ml (2 teaspoons)

**AUTOMATIC EXTERNAL DEFIBRILLATOR** are available at all NBISD buildings. Students, staff or visitors who may have sudden cardiac arrest (SCA) due to sports injury or other life-threatening situation will have immediate defibrillation. American Heart Association (AHA) 2015 protocol and guidelines for implementation and training will be followed in accordance with NBISD AED policy.

-Aspirin 325 mg may be administered to an adult with cardiac symptoms which may pressure, tightness, pain, or a squeezing or aching sensation in chest or arms that may spread to your neck, jaw or back; Nausea, indigestion, heartburn or abdominal pain; shortness of breath; cold sweat; fatigue, lightheadedness or sudden dizziness.

-**DO NOT** administer aspirin to an adult if they have any allergy to aspirin, have had bleeding episodes recently, or are presently on anticoagulants.

**BLEEDING: LIFE TREATHENING**, A tourniquet or hemostatic gauze may be applied as directed by American Heart Association and New Braunfels/Comal County Emergency Medical Services guidelines if pressure does not control bleeding. EMS should be activated if either of these hemorrhage control tools are utilized.

**BLOOD GLUCOSE MONITORING** via a glucometer a blood glucose screening may be performed when a student presents with symptoms of hyper or hypoglycemia. The student's parent should be contacted to receive a verbal authorization except in an emergency situation and/or parent is unable to be reached. Glucose monitoring may be used to determine immediate first aid needs. Glucose ranges vary based on prior food consumption.

Normal values can range from 80-130mg/dl. May treat hypoglycemia (under 70) with a 15g snack or 15gm glucose tabs. Recheck blood sugar 15 min after snack/glucose tabs, and if student remains symptomatic or glucose reading remains under 70, repeat 15 g snack until symptoms resolve and blood sugar value over 70. Values over 250 mg/dl, contact parent and refer to physician as indicated.



# NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

## Health Services Standing Medical Delegation Orders

### 2023/2024

**EMERGENCY USE OF STOCK ALBUTEROL** – Complete ‘Assessment for Emergency Use of Stock Albuterol’ to determine if student meets criteria for stock albuterol administration.

**FEVER OVER 101° FAHRENHEIT** – When you cannot reach the parents to pick up the student, and the student is in aftercare or going to ride the school bus home, you can administer Acetaminophen to the student according to package directions. (see below for child dose) Verify no allergy to acetaminophen on student information card prior to administration. If fever over 104, administer acetaminophen, apply cool compress and call EMS.

#### Dosing Guidelines for Acetaminophen

**liquid 160mg/5ml** <https://www.tylenolprofessional.com/dosage>

24-35 lbs. (2-3 yrs.) give 5ml (1 teaspoon)  
36-47 lbs. (4-5 yrs.) give 7.5ml (1.5 teaspoons)  
48-59 lbs. (6-8 yrs.) give 10 ml (2 teaspoons)  
60-71 lbs. (9-10 yrs.) give 12.5 ml (2.5 teaspoons)  
72-95 lbs. (11yrs.) give 15ml (3 teaspoons)

**tablet 160mg/tablet** <https://www.tylenolprofessional.com/dosage>

24-35 lbs. (2-3 yrs.) give 1 tablet  
36-47 lbs. (4-5 yrs.) give 1 ½ tablets  
48-59 lbs. (6-8 yrs.) give 2 tablets  
60-71 lbs. (9-10 yrs.) give 2 ½ tablets  
72-95 lbs. (11yrs.) give 3 tablets

**HEAD INJURIES SUSPECTED.** Loss of responsiveness after a fall or symptoms of a concussion should be monitored for life threatening signs and symptoms (seizure, vomiting onset, and change in level of consciousness, non- reactive/ different sized pupils, and confusion) and call 911. For non-life-threatening concussion symptoms (headache, mild dizziness), follow NBISD concussion protocol. Provide parent/guardian with head injury form and concussion symptom check sheet.

**NARCOTIC OVERDOSE SUSPECTED** - Nalaxone/ Narcan- 4mg nasal spray will be available at all campuses for administration. Signs of opioid overdose may include: person will not wake up or respond to your voice or touch, breathing is very slow (<12-14 breaths/min), irregular or has stopped, “pinpoint pupils,” fingernails and lips turning blue, slow heart rate (<50/min). Call 911, administer nasally and begin CPR until respirations are restored or EMS arrives. *See attached standing order.*

**PULSE OXIMETER GUIDELINES** - Accepted guidelines for using finger pulse oximeter.

Normal: 90 and above;

Notify Parents: below 90;

**Activate EMS: 85 and below**

*Contact parents and activate EMS when student in respiratory distress regardless of pulse oximeter reading.*

**SEIZURES** - Provide first aid to include protect head, do not put objects in mouth, move objects away from student, do not restrain. Contact 911 for students without a known history of a seizure disorder or seizure lasting longer than 5 minutes/back-to-back seizures unless student seizure action states otherwise.

New Braunfels ISD Medical Consultant

8-1-23

Date

**NOTE** – Generic drugs or solutions may be substituted for any name brand listed in the above orders and procedures.



**NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT**  
**Health Services Standing Orders**  
**2023/2024**

*The following treatments and medications are to be used by the Registered Nurse (RN) or Licensed Vocational Nurse (LVN) or designated employee(s) who have documented training by campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Student Health Services Handbook. The acts covered in these Standing Delegation Orders are limited to the following general medical symptoms that can be addressed by the medications following package directions. Interventions shall be documented in the student care record. Following implementation of standing delegation order, any variation should result in parent contact and physician referral.*

Naloxone or Narcan is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasal with the use of a mucosal atomizer device.

Signs of opioid overdose may include:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"
- Fingernails and lips turning blue or purple
- Slow heartbeat and/or low blood pressure

Not all of these signs will be present. If you suspect an opioid overdose, get emergency medical assistance right away.

This order authorizes NBISD to maintain supplies of Narcan Nasal Spray kits for the purpose of administration to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. NARCAN Nasal Spray is for intranasal use only. Dosage forms and strengths: Nasal spray: 4 mg of naloxone hydrochloride in 0.1 ml
2. Seek emergency medical care immediately after use. Call 911
3. Administer a single spray of NARCAN Nasal Spray to adults or pediatric patients intranasal into one nostril.
4. Administer additional doses of NARCAN Nasal Spray, using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression, additional doses of NARCAN Nasal Spray may be given every 2 to 3 minutes until emergency medical assistance arrives.
5. Additional supportive and/or resuscitative measures may be helpful while awaiting emergency medical assistance.

New Braunfels ISD Medical Consultant

8-1-23  
Date

**NOTE** – Generic drugs may be substituted for any name brand listed in the above orders and procedures.





**NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT**  
**Student Health Services Stock Albuterol**  
**2023/2024**

**ASSESSMENT FOR EMERGENCY USE OF STOCK ALBUTEROL**

NAME: \_\_\_\_\_ ID: \_\_\_\_\_ DOB/AGE: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ GRADE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**Nurses or campus back up staff should wear a mask and face shield whenever a student or staff member presents with any respiratory distress symptoms. The patient should be isolated from other students in clinic immediately and a mask applied if tolerated.**

**Normal Respiratory Rates per ACLS :** <https://www.aclsmedicaltraining.com/normal-values-in-children/>

Age Category	Age Range	Normal Respiratory Rate
Infant	0-12 months	30-60 per minute
Toddler	1-3 years	24-40 per minute
Preschooler	4-5 years	22-34 per minute
School Age	6-12 years	18-30 per minute
Adolescent	13-18 years	12-16 per minute

**1. Respiratory Distress Assessment:**

<i>Symptoms</i>	<i>0 points</i>	<i>1 point</i>	<i>2 points</i>
Color	Pink	Pale	Cyanotic
Speaks in....	Sentences	Phrases	Words only
Respiratory rate	Normal	Above normal	Rapid/labored
Retractions	None	Moderate intercostal and sternal	Moderate intercostal and sternal; nasal flaring
Dyspnea	None	At rest or upon exertion	Sits upright, supports body weight
Auscultated Wheezing	None	Audible or auscultated expiratory wheezing	Audible or auscultated inspiratory and expiratory wheezing
Cough: Productive <input type="checkbox"/> Non-Productive <input type="checkbox"/>	None/occasional	Frequent	Constant
Oxygen Saturation	>95%	91%-94%	<90%

### Calculate total score

**1-2 points:** Monitor, administer student specific inhaler (if available/ordered for current school year) offer room temp/warm water or caffeine, re-assess in 10-15 minutes. If no improvement, contact parent for pick up.

**2-3 points** Monitor, consider Administering stock Albuterol w disposable spacer (when no student specific inhaler available) if parent or emergency contact not able to be reached or is more than 1 hr away to pick up student. If student respiratory rate increases or oxygen saturation decreases after 15 min of observation/rest, consider calling 911. Notify Health Services Specialist/Coordinator

**3-5 points AND oxygen saturation levels sustained under 90% :** Call 911, specify a student or staff member with new onset respiratory distress. Administer stock Albuterol with disposable spacer:

### Kindergarten and below administer 2 puffs

#### 1<sup>st</sup> grade and above administer 4 puffs

- Note the time that 911 was called and the medication was administered
- Contact parent/guardian and inform them EMS has been called. Ask about any sick contacts.
- Reassess every 10-15 minutes, **may repeat dose after 20 minutes if there has been no improvement or symptoms worsen while awaiting arrival of EMS.**
- Restrict activity, allow to rest in position of comfort
- **DO NOT LEAVE PERSON UNATTENDED**
- Document the time EMS arrived, status of individual and if being transported.
- Notify district Health Services Specialist/ Coordinator

### 2. Vital Signs flow sheet (check and record every 15 minutes)

Time	Respiratory Rate (count for 1 minute)	Heart Rate (count for 1 minute)	Pulse Ox (observe for 1 minute)	Temperature

### 3. Other Information:

Did this individual have a previously known diagnosis of asthma?

☐ No

☐ Yes. If yes:

Did the student have an Asthma Action Plan? ☐ Yes ☐ No

Did the student have an IEP or 504 plan that includes asthma accommodations ☐ Yes ☐ No

What precipitated this episode?

- ☐ Allergens (e.g., pollen, dust, animal dander)
- ☐ Irritants (e.g., smoke exposure, air pollution, hot/cold weather)
- ☐ Exercise-induced
- ☐ Other (please describe) \_\_\_\_\_
- ☐ Unknown

Location where symptoms developed: \_\_\_\_\_

Time/Name of Health Services Admin notified: \_\_\_\_\_

Title of person who administered the albuterol:

- ☐ Registered Nurse
- ☐ LVN
- ☐ Trained clinic backup personnel
- ☐ Other (Please specify) \_\_\_\_\_

Outcome:

- ☐ Sent home with caregiver, instructed to follow up with healthcare provider.
- ☐ Called 911 and NO EMS transport
- ☐ Called 911 and transported via EMS

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Send completed form to [mcoronado@nbisd.org](mailto:mcoronado@nbisd.org), NBISD Health Services Coordinator. Complete required reporting of administered unassigned asthma medication to DSHS: <https://dshs.texas.gov/schoolhealth/forms/ReportingForm-Asthma.aspx>

  
MD

8-1-23  
Date