

2018-2019 Nursing Standing Orders for Non-Public School Nurses funded by UCESC

Green Brook Family Medicine

Sean M. Cook, MD

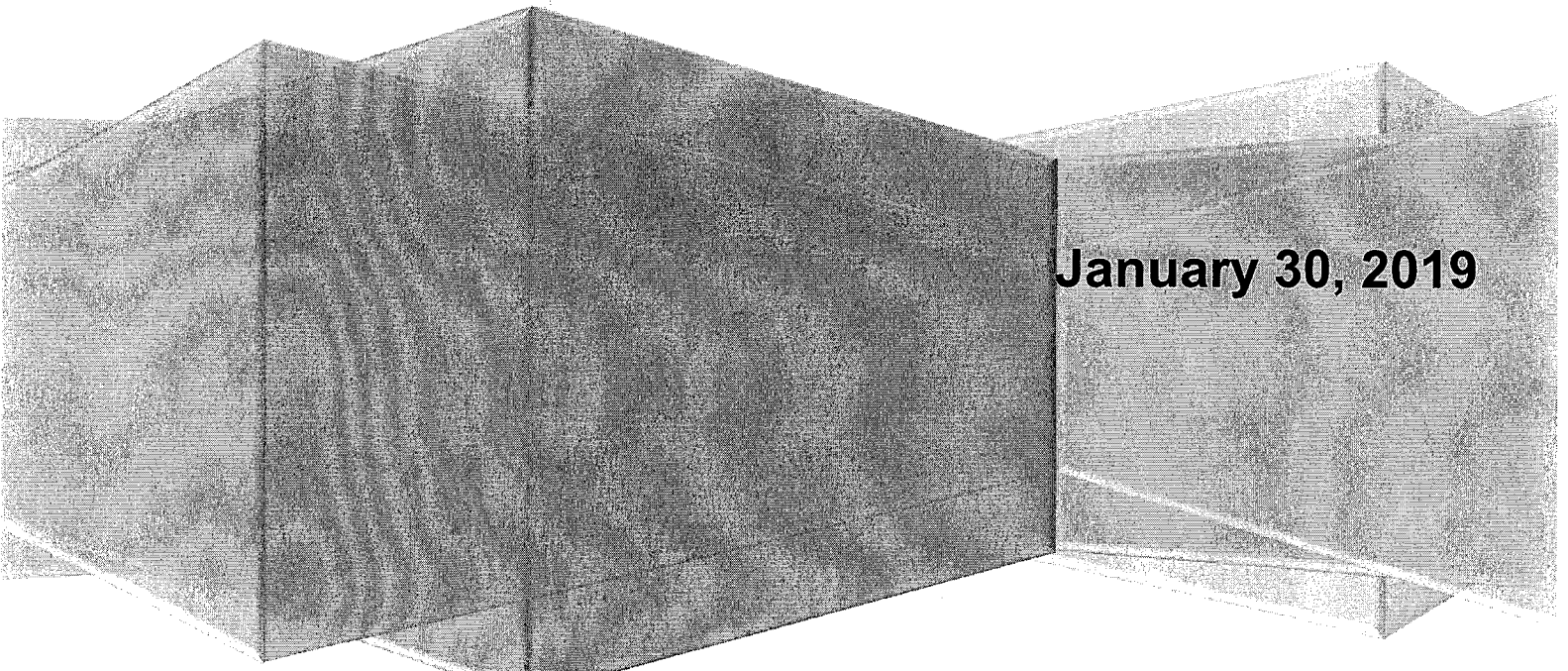
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January 30, 2019

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January 30, 2019

This document provides Standing Medical Orders for emergency treatment of staff, students and building visitors for Non Public School Nurses funded by UCESC.

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.

PRURITIS:

1. CalaGel (1.8% Diphenhydramine HCl) by Tec Labs
2. Extra Strength Benadryl Cream (2% Diphenhydramine HCl).
3. Aloe Vera.

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.

These orders do not allow the administration of other non-emergency OTC or Rx medications.

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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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December 12, 2018

Naloxone Standing Orders

Intranasal Naloxone may be administered by the school nurse to any individual on school grounds suspected of experiencing an opioid overdose.

1. For individuals who are suspected to be experiencing an opioid overdose:
 - a. Activate EMS/Call 911
 - b. Provide a 4mg Narcan Nasal spray dose as instructed in the attached QUICK START GUIDE.
 - c. Narcan 4mg intranasal spray may be repeated (alternating nostrils) every 2-3 minutes as needed
2. Things to remember:
 - a. The individual may require CPR
 - b. The individual should be placed on their side after receiving Narcan to prevent aspiration if they vomit.
 - c. When the individual responds, they may become agitated and you need to watch out for your safety.
 - d. They must be transported by EMS to a hospital for further treatment.
 - e. Even after an individual respond, they can relapse and need more NARCAN

NARCAN[®] (naloxone HCl) **NASAL SPRAY**

QUICK START GUIDE **Opioid Overdose Response Instructions**

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

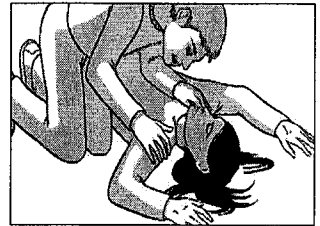
Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- 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”

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



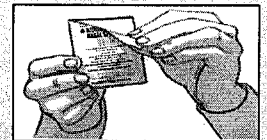
2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

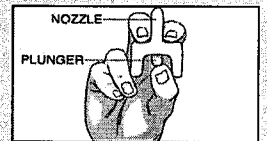


Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



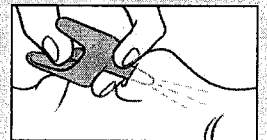
Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

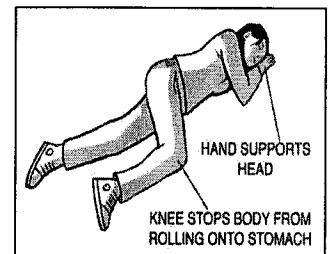


Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.



Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

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