School Health Nurse Standing Orders:

<u>Asthma</u>

- 1. Assess child's breath sounds, respiratory status and history.
- 2. Mild distress (wheezing)
 - a. May administer child's personal asthma inhaler or nebulizer treatment as prescribed by physician
 - b. Reassess in 20-30 minutes if no improvement. Contact parent/guardian immediately and recommend further medical treatment. May repeat child's personal asthma inhaler or nebulizer treatment after the first initial 20 minutes if necessary. If unable to contact parent/guardian in a timely fashion, contact Emergency Medical Services (911) and continue to try to contact parent/guardian.
- 3. Severe distress (wheezing and/or decreased air exchange)
 - Administer child's personal asthma inhaler and/or nebulizer treatment as prescribed by physician. Contact Emergency Medical Services (911) and parent/guardian immediately for further medical treatment. May repeat child's personal asthma inhaler and/or nebulizer treatment after initial 20 minutes if necessary.

Cardiac Arrest/Respiratory Arrest

- 1. Initiate CPR/Initiate AED evaluation
- 2. Notify Emergency Medical Services (911) immediately for further medical assistance
- 3. Notify parent/guardian immediately
- 4. Have trained personnel continue CPR until Emergency Medical Services arrive and assume care.

Cold/Cough/ Allergies

- 1. Have child describe symptoms and when it began
- 2. Check for fever or further signs of infectious process
- 3. May only administer medication if it has been brought by parent/guardian in original bottle with note from parent and/or physician with exact instructions including dosage, time, and length of medication.
- 4. Notify parent/guardian for continued illness or fever to recommend further medical treatment.

Diabetic Emergencies

- 1. Assess level of consciousness
- 2. Check glucometer/blood sugar level
- 3. Hypoglycemic (blood sugar less than 80)
 - a. If child is awake and alert have child eat/drink snack and/or juice/milk
 - b. Recheck glucometer/blood sugar in 15 minutes. If blood sugar is less than 80, contact parent/guardian and recommend further medical treatment.
 - c. If child is not responsive enough to drink or eat contact Emergency Medical Services (911) immediately and parent/guardian for further medical treatment
- 4. Hyperglycemic (blood sugar greater than 200)
 - a. Specialized for individual on need requirements per family physician
 - b. Notify parent/guardian to recommend further medical treatment.

Dysmenorrhea (Menstrual Cramps)

- 1. Ibuprofen is the drug of choice, but acetaminophen (Tylenol) is acceptable if the child is allergic. Dosage will be based on age/weight of child for recommended dosage.
- 2. Warm heating pad may be used along with a brief resting period.
- 3. Activity should not be hindered by menstrual cramps. If pain is so severe that a child is missing school, she should be referred for medical help.
- 4. Midol may be given for relief.

Fever

- 1. Low grade fever (Jess than 100.5 degrees) not accompanied by any other symptoms of illness may be treated with acetaminophen.
- 2. Fever over 100.5 degrees should be treated with acetaminophen or ibuprofen and sent home until fever subsides.

Headache

- 1. Simple Headache
 - a. Acetaminophen or Ibuprofen as needed and directed
 - b. Rest with ice pack to head in quiet dark room for 20 minutes if necessary
 - c. Treat once per headache episode, and then call parent/guardian if headache persists.

2. Headaches accompanied by vision changes, stiff neck, high fever or change in consciousness should be referred immediately for medical assistance.

Head Trauma

- 1. Simple, uncomplicated bumps or falls that involve the head may be treated with an ice pack to the head.
- 2. Perform complete neurological exam
- 3. Observe contusion and determine level of consciousness
- 4. Refer for medical care immediately if sutures are needed.
- 5. Seek Emergency Medical Services (911) if the following occur:
 - a. Bleeding won't stop after 10 minutes of direct pressure
 - b. A seizure occurred
 - c. Loss of consciousness or confusion
 - d. Severe headache after fall
 - e. Vomiting
 - f. Slurred speech and/or vision disturbances
 - g. Unsteady gait
 - h. Blood or watery fluid coming from the nose or ears.

Insect Stings/Hives

- INSECT STINGS ACCOMPANIED BY WHEEZING, VOMITING, DECREASED CONSCIOUSNESS OR SEVERE SWELLING SHOULD BE TREATED AS AN EMERGENCY. Benadryl according to weight and age should be given along with immediate notification of parent/guardian and Emergency Medical Services (911). EPI-PEN may be used for LIFE THREATENING cases if the child has been prescribed one by a physician. Wheezing may be treated by unit dose Albuterol nebulizer treatment.
- 2. Treatment of minor insect stings should be include:
 - a. Remove the stinger by scraping the surface if applicable
 - b. Benadryl according to age and weight
 - c. Ice pack to site of sting
 - d. Apply "Sting Kill" or alcohol to effected area
- 3. Hives/Urticaria
 - a. Minor hives that do not involve wheezing, shortness of breath and do not cover a large area of the body may be treated with Benadryl according to age/weight.
 - b. HIVES THAT INVOLVE SEVERE SWELLING, WHEEZING, ALTERED CONSCIOUSNESS, ETC.
 SHOULD BE CONSIDERED AN EMERGENCY. Benadryl according to weight/age should be given along with immediate notification of parent /guardian and Emergency Medical

Services (911). EPI-PEN may be used for LIFE THREATENING cases if the child has been prescribed one by a physician. Wheezing may be treated by unit dose Albuterol nebulizer treatment.

Nausea/Vomiting/Diarrhea

- 1. Nausea-simple nausea may be treated with Tums according to age/weight
- 2. Vomiting
 - a. Any child who vomits more than one time or has fever should be sent home until symptoms subside.
 - b. Clear liquids in small sips should be the mainstay of therapy during vomiting.
- 3. Diarrhea
 - a. If the child has control of his/her bowel movements and has no fever or other symptoms, may treat with Imodium according to age/weight or leave untreated. If the diarrhea is frequent enough to disrupt the child's activities, he/she should be sent home.
 - b. Diarrhea accompanied by fever, nausea, vomiting or blood/mucous in the stool should be sent home with referral to local physician.

Nosebleed (Epistaxis)

- 1. Lean head forward and pinch nostrils together for about 5 minutes. I if this is not successful, try a piece of gauze saturated with vasoconstrictive drops (Neosynephrine or Afrin) or petroleum jelly and squeeze nostrils again for 5 minutes.
- 2. If the bleeding does not stop within 20 minutes or the child feels dizzy or faint, then refer for medical treatment and notify parent/guardian immediately.

Seizure

- 1. If the child is known to have a seizure disorder and has a simple resolved seizure:
 - a. Monitor child to prevent injury
 - b. Clear environment of objects that may cause harm
 - c. Notify parent/guardian immediately. If unable to locate parent/guardian in a timely fashion, contact **Emergency Medical Services** (911) for further medical treatment.
 - d. If child has a fever, treat appropriately with acetaminophen based on age/weight of child.

- 2. If the child is not known to have a seizure disorder:
 - a. Monitor child to prevent injury
 - b. Clear environment of objects that may cause harm
 - c. Notify parent/guardian immediately and contact **Emergency Medical Services** (911) for further medical treatment.
 - d. If child has a fever, treat appropriately with acetaminophen based on age/weight of child.
- 3. Whether the child has or does not have a seizure disorder and the child has more than one seizure or a continuous seizure (status epilecticus):
 - a. Monitor child to prevent injury
 - b. Clear environment of objects that may cause harm
 - c. Notify **Emergency Medical Services** (911) and parent/guardian immediately for further medical treatment.
 - d. If child has a fever, treat appropriately with acetaminophen based on age/weight of child.

<u>Skin Trauma</u>

- 1. Simple Laceration (less than 1 inch, superficial, does not involve the face)
 - a. Clean with soap and water, may clean with hydrogen peroxide, remove debris
 - b. Apply antibacterial ointment
 - c. Bandage with instructions for parent to monitor
- 2. Laceration (greater than 1 inch in length, deeper, edges do not approximate easily or involves the face)
 - a. Apply pressure to stop or control bleeding
 - b. Apply bandage and notify parent/guardian and refer for medical care.
- 3. Puncture Wound
 - a. Express the wound to allow bleeding, soak in sterile water or saline solution
 - b. Refer any deep wound or any wound that may contain a foreign object.

Sprains/Fractures

- 1. Have child describe injury and symptoms
- 2. Complete full assessment of injured body part
- 3. Immobilize with splint/ace wrap as indicated. Assessment of pulses to injured area should be done before and after splinting
- 4. Apply ice to injured area and elevate to prevent/decrease swelling
- 5. Notify parent/guardian to seek further medical treatment
- 6. Administer Tylenol/Ibuprofen as indicated for pain if necessary

For severe deformity or bone exposed fracture/dislocation, contact **Emergency Medical Services** (911) and parent/guardian immediately.

Sore Throat/Cough

- 1. Salt water gargle (1 tsp. salt to 8 oz. water)
- Give throat lozenges/cough drops and/or Robitussin as needed
 If fever is present, contact parent/guardian for referral to physician for further medical evaluation.

School Health Nurse Standing Orders:

Condition	Treatment	Medication
1. Bites/Stings	Remove stinger if easy Apply ice for 5 minutes	Topical analgesic Benadryl 25 mg. with parent permission
2. Burns(minor)	Cold water for 5 minutes	First Aid Ointment
3. Conjunctiva! Irritation	Examine for foreign body	Artificial Tears or Normal saline for students with contact lenses
4. Fainting	Lie down with feet elevated	Aromatic Spirits or Ammonia inhalant
5. Head Lice	Refer to physician if Rx is needed Instruct family on application, use, prevention May return to school after 1st treatment	Nix or other similar over the counter as directed
6. Old injury/cuts Impetigo (drying)	Cleanse with hydrogen peroxide	First Aid Ointment
7. Pruritic Rashes	Cool compress	Caladryl 1%Hydrocortisone - use sparingly
8. Toothache	Rinse with warm water Cool compress to cheek	Acetaminophen/ Ibuprofen per age/ weight Topical anebesol as directed

School Health Nurse Standing Orders:

For all communicable diseases/conditions such as but not limited to, Chickenpox, Fifth Disease, ''Flu'' (Influenza), Head Lice, Hepatitis A, B, and C, HIV/AIDS, Impetigo, Measles, Meningitis, Mononucleosis, Mumps, ''Pink Eye'' (Conjuntivitis), Ringworm, Scabies, ''Strep Throat'' (Streptococcal Pharyngitis), Tuberculosis (TB), and Whopping Cough (Pertussis), the nursing staff of the Oxford School District will follow the recommendations made by the Division of Epidemilogy/Office of Community Health Services of the Mississippi Department of Health in regards to returning to school after a communicable disease has been diagnosed by a physician.

List of Medications approved to give at Jackson Public School District

Anbesol/Oragel

Used for localized mouth or toothache pain/discomfort. This is a temporary relief from the common discomfort caused by a toothache. It can help relieve the child's discomfort caused by a cavity or other dental related problems until the child can be seen by a dentist.

It should only be treated once an episode. The parent should be notified by note or phone call. If it persists or is a common problem, the parent should be notified before treatment is rendered.

Artificial Tears

Assists in relieving the irritation to eyes caused by local irritants and allergens. Can also be used in the differentiation between "pink eye" and simple irritation.

Asthma Inhalers

Are quick acting bronchodilators which are used to treat and help relieve the symptoms of asthma. Children with asthma tend to have small problems with their asthma after activity such as recess, PE, or sports. We also tend to see a problem during cold and allergy season along with during quick weather changes.

Inhalers are a prescribed medication. They will be administered on an individual basis by the recommendations of the individual child's physician.

Asthma Nebulizers

Nebulizers are similar to inhalers but delivered and absorbed better during a more acute attack of asthma. Again nebulizers are a prescribed medication that will be administered on an individual basis by the recommendation of the individual child's physician.

Benadryl

Used for allergic/anaphylactic reactions. Due to the increased number of students that attend school with severe allergies to insects, foods, and unknown agents, the availability of Benadryl with early administration can minimize and/or prevent life-threatening reactions.

While Benadryl may be used for moderate local reactions without immediate parent notification, the parent/guardian should be notified following administration either by note or phone call.

Caladryl

Temporarily relieves itching and pain associated with insect bites, minor skin irritations and rashes due to poison ivy or poison oak. It also serves as a drying agent for these rashes. The use of this will help the child from scratching in the classroom and will also reduce the risk of spreading poison ivy/oak by the drying of the rash. If the rash is severe or persists parent or guardian should be notified.

Chloraseptic Throat Spray

Can provide temporary relief from sore throat due to postnasal drip and minor irritation of the throat due to colds or irritants.

Cold/Sinus/Allergy Cover the Counter)

Can provide temporary relief from symptoms of the common cold or allergy problems such as runny nose, cough, and congestion. May only be given with medicine brought by parent/guardian in proper container labeled correctly with written permission from parent/guardian and physician stating dosage, time, and length of time for medication.

Epi-Pen

Is used for EMERGENCY only during allergic reactions. It is used for severe life threatening situations. However, it is only a temporary relief and **Emergency Medical Services** (911) should be notified immediately as well as the child's parent or guardian.

Bpi-Pen is also a prescription medication for an individual child prescribed by a physician.

Imodium AD

Can offer temporary relief of diarrhea. Should only be used If diarrhea does not accompany fever or other symptoms. Does not need to be treated more than once. If diarrhea persists, parent or guardian should be notified for further treatment.

Midol

Can offer temporary relief from common side effect of female's menstrual cycle. Should only be a one-time treatment. If pain persists or activities are hindered then parent or guardian should be notified for further medical treatment.

Tylenol/Ibuprofen

Dysmenorrhea, pain associated with the monthly menstrual cycle, is a leading cause of absenteeism. Ibuprofen decreases the severity of uterine contractions/cramping during the cycle.

Sports Injuries -muscle and bone injuries, abrasions, contusions, etc. can result in pain or inflammation, which can interfere with learning.

Fever – temperature of 99.0 degrees F to 100.5 degrees F can be easily handled by the administration of Tylenol and can allow students to complete a school day with minimal discomfort.

Headache -students are asked to describe the discomfort and when the discomfort began. They are encouraged to allow the discomfort to go away on its own. If unrelieved in 30 minutes or so, then medication will be administered. If the discomfort persists, parent or guardian is notified.

Robitussin Cough Syrup/Cough Drops

Continuous coughing occurs often in the school setting most commonly due to allergens or inhaled irritants. This coughing can interfere with learning not only for the student experiencing it but also for those around him. In addition, coughing may spread germs that can lead to illness of others. Cough syrups/drops help to suppress this type of cough.

Tums/Antacid

Assists in relieving the discomforts of overeating or indigestion, we see these types of complaints: frequently in the school setting when spicy foods such as pizza are served, foods are consumed too quickly or when exercising follows soon after eating.