

Saint Michael School
North Andover, MA 01845

MEDICATION STANDING ORDERS

*****TREATMENT FOR ALLERGIC REACTIONS AND ANAPHYLAXIS*

DIPHENHYDRAMINE (BENADRYL)

For mild allergic reactions, with parental permission, the nurse can administer diphenhydramine as follows:

- Grades K-5, ages 6-12: diphenhydramine 12.5 mg to 25 mg orally every 4-6 hours
- Grades 6-8, over 12 years old: diphenhydramine 25 mg to 50 mg orally every 4-6 hours

Assess:

1. allergen exposure
2. allergic response

Intervention: as ordered above.

EPINEPHRINE

In case of a severe hyper-allergenic reaction, the nurse can administer epinephrine (Epi-Pen) as follows:

- 66 pounds and below: Epi-Pen Jr. 0.15 mg intra-muscularly
- 66 pounds and above: Epi-Pen 0.30 mg intra-muscularly

Assess:

1. Allergen exposure
2. Allergic response

Intervention: as ordered above.

*****OVER THE COUNTER PRN (AS NEEDED) MEDICATIONS*

Students will be allowed to take certain over the counter medications under the direct supervision of an R.N (or R.N. designee). These 'as needed' medications will be administered as follows:

ACETAMINOPHEN (TYLENOL) OR IBUPROFEN (ADVIL/MOTRIN)

Usage: headache, sore throat, temperature >100 F, general body & muscle aches/ pains, menstrual cramps, or dental intervention discomfort.

Grade K-4 with parental permission by phone

Dosage: age and weight appropriate every 4-6 hours

Grade 5-8 with signed parental permission slip (see attached) and assessment below unless notified by parent/guardian otherwise

Dosage: age and weight appropriate every 4-6 hours

Assessment for both acetaminophen and ibuprofen:

1. Note any medication allergies
2. Duration of complaint/symptoms
3. Did the student have breakfast/ snack/ lunch? If not, student should try eating first.
4. If headache and student has eaten, try rest and ice before medicating.
5. Temperature and/or other vital signs
6. Any other symptoms/conditions

Intervention: as needed and prescribed above.

Continued on back

THROAT LOZENGES OR COUGH DROPS

For minor throat pain, dry and/or scratchy throat, or cough (*For 2-3 simultaneous days only, after this time continued administration will require parental note/permission slip and physician note that they have been ruled out for any contagious disease.)

Usage: all students

Assess: Duration of discomfort, color of pharynx, cough, and other cold symptoms.

Intervention:

1. Offer a drink of water.
2. Gargle with warm water and salt, if desired.
3. If persists may give 1 piece every 2 – 4 hours as needed per nurses discretion.

BACITRACIN OINTMENT

Small amount topically to open wound as needed if no history of allergy exists.

BENZOCAINE SPRAY/WIPES

Apply to affected skin area as needed for temporary relief of painful insect stings and/or bites.

CALAMINE LOTION

Apply to skin as needed to assist in drying the oozing and weeping and relieving the itching associated with contact dermatitis reactions.

CALADRYL LOTION/BENADRYL CREAM

Apply to affected skin area 3-4 times per day for temporary relief of itching and discomfort related to contact dermatitis irritations related to poison ivy, oak or sumac and/or insect bites. Also helps dry the oozing and weeping associated with these reactions.

PETROLEUM JELLY/ DRY SKIN LOTION/ ALOE COOLING GEL

Apply as needed to dry chapped lips, or dry itchy skin or mild sunburn

*******ONLY WHEN ABSOLUTELY NECESSARY ADDITIONAL SHORT-TERM MEDICATIONS FOR COLDS, CONGESTION, AND/OR COUGHS WILL BE ADMINISTERED FOR A 3 DAY LIMIT. After this time, medications will require formal Physician and Parental Consent Forms (Forms B & C) which may be obtained from the nurse's office or via the St. Michael website (www.saintmichael.com) under nursing.**

OTC Medications **must be:**

- In original product container (nothing will be administered if delivered in baggies)
- Provided and delivered by the parent/guardian (never by the child)
- Accompanied by a parental permission note for administration of medication

If during the day your child needs intervention and you request treatment for the above symptoms without providing the medication, then the following will be available for a single dose only:

Cough Syrup/dextromethorphan: dosage per label directions for cough suppression.

Expectorant/guaifenesin: dosage per label directions for thinning cough secretions.

Nasal Decongestant/pseudoephedrine hydrochloride: dosage per label directions for congestion.

Approved by our school physician, principal, and nurse. The original document and signatures are on file in the health office.

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MEDICATION STANDING ORDERS

Immunizations

(Supplied by the North Andover Board of Health)

Usage: Adult Influenza Prophylaxis

Medication: Influenza Virus Vaccine

Dosage: 0.5 ml (1/2 cc)

Route: IM -deltoid muscle

Frequency/time: one time before flu season

Physician's Signature: _____ Date: _____