



## PHYSICIAN'S STANDING ORDERS

### ABDONINAL INJURY

1. Evaluate patient status.
2. Keep patient warm and lying flat.
3. Notify parent and/or ambulance if necessary.

### ABDOMINAL PAIN

1. Keep flat or in position of comfort.
2. Check for history of nausea or vomiting, food ingestion, bowel movement, menstrual cramps, or appendicitis.
3. Check temperature if indicated.
4. If pain does not decrease in 15-30 minutes, ask parent to take to doctor.

### ABRASIONS

1. Cleanse with soap and water.
2. May apply antibiotic ointment or first aid cream.
3. Apply bandage if necessary.

### ANAPHYLAXIS

1. Check CAB's (Circulation, Airway, Breathing,).
2. Check for signs and symptoms of anaphylaxis (hives or rash, swelling of face or extremities, tingling of lips and mouth, flushing of face or body, coughing, wheezing, dyspnea, nausea, vomiting, abdominal cramps, diarrhea, tachycardia. Low blood pressure and syncope).
3. For proven hypersensitivity reaction, administer epinephrine as directed by individual's physician.
4. If not known to be hypersensitive, wait and observe for symptoms.
5. May administer epinephrine 0.1 ml to 0.3 ml subcutaneously or intramuscularly as directed by standing orders.
5. May administer oxygen if available.
6. Call ambulance (911).
7. Notify parent.

## STANDARD ORDER FOR EMERGENCY MEDICATION

SCHOOL NURSES MAY ADMINISTER EPINEPHRINE (ADRENALIN) IN THE FOLLOWING EMERGENCY SITUATION:

1. ANAPHYLACTIC SHOCK
2. RESPIRATORY FAILURE AND SYSTEMIC OR SEVERE LOCALIZED EDEMA RESULTING FROM INSECT BITES, ASTHMA, MEDICATION REACTION, ETC.

### EPINEPHRINE (ADRENALIN)

1:1000 SOLUTIONS WITH 1 ML  
SYRINGE  
ROUTE: SUBCUTANEOUS  
DOSAGE

PRIMARY K-2	0.1 CC
MIDDLE 3-6	0.1 CC
JUNIOR 7-8	0.2 CC
SENIOR 9-12	0.3 CC
EPIPEN, JR	0.15 MG. (STUDENTS WEIGHING 33-66 LBS OR 15-30 KG)
EPIPEN	0.3 MG. (STUDENTS WEIGHING >66 LBS OR 30 KG)
PERSONAL	.03 CC (CLOD BE REPEATED ONCE IN 15 MINUTES)

INJECTION SITE: THIGH

#### NURSING IMPLICATIONS:

NOTIFY PARENT BEFORE INJECTION, IF POSSIBLE.  
HOSPITALIZE AS SOON AS POSSIBLE.  
KEEP VIALS OR AMPULES FROM EXPOSURE TO LIGHT.  
NEEDLE SITE SHOULD BE MASSAGED AFTER INJECTION.  
TAKE VITAL SIGNS AS NEED INDICATES.  
DO NOT USE A BROWN OR PRECIPITATED SOLUTION.

#### CONTRAINDICATIONS:

DIABETES MELLITUS, HYPERTHYROIDISM, NERVOUS INSTABILITY, GLAUCOMA, HEART DISEASE.

3. May administer oxygen if available.
4. Call ambulance (911).
5. Notify parent.

#### ASTHMATIC ATTACK

1. Any person having a severe asthma attack should not be permitted to walk alone for help.
2. Loosen thigh clothing and place in a position of comfort.
3. Try to keep student calm and allow to rest.

4. Administer asthma medication if it has been ordered by the individual's physician and if available.

#### STANDING ORDERS ON ATHMATHIC HAND-HELD INHALERS

All students whose physical condition requires the need for the use of hand-held inhalers must have physician and parental approval to use and to keep the inhalers in their possession during school hours.

All elementary school students whose physical condition requires the need for the use of hand-held inhalers must have physician and parental approval for use and are not permitted to keep the inhalers in their possession during the school day. They must remain with the school nurse, unless specifically ordered to do so by their physician.

THIS APPROVAL MUST BE OBTAINED YEARLY.

#### STANDARD ORDER FOR PULMO-AIDE NEBULIZER

SCHOOL NURSE WILL FOLLOW WRITTEN ORDERS AND INSTRUCTIONS FROM STUDENTS OWN PHYSICIAN.

5. Offer water to drink.
6. Notify parent and/or ambulance if necessary.
7. Administer oxygen for extreme respiratory difficulty (e.g. cyanosis, tachypnea, chest retraction, etc.) if available.

#### **BEE/INSECT STING**

1. Ask person about previous reactions to insect stings. Check for record of allergy to insect stings or previous anaphylaxis. If allergic to any insect stings-**GET IMMEDIATE HELP.**
2. Clean site and if apparent, remove stinger.
3. Apply sting relief medication (sting relief pad, baking soda mixture, toothpaste).
4. Apply ice.
5. Observe for any abnormal symptoms.
6. If known to be allergic from previous sting, follow emergency procedures as ordered by patient's physician, and call 911.
7. Notify parent if necessary.

#### **BITES**

1. HUMAN
  - a. Cleanse with soap and water.
  - b. Bandage if necessary.
  - c. Apply ice.
  - d. Notify parent and advise regarding medical follow-up, including Tetanus vaccination and possible blood borne pathogens exposure.

## 2. ANIMAL

- a. Cleanse with soap and water.
- b. Bandage if necessary.
- c. Apply ice.
- d. Notify parent and advise regarding medical follow-up.
- e. If stray animal is involved, call local police department.
- f. Note of last tetanus vaccination.

## 3. INSECT (Mosquito, etc.)

- a. See "Bee/insect Sting" instructions.
- b. Cleanse with soap and water.
- c. May apply, Caladryl, Calahist, Hydrocortisone Cream, or similar product.
- d. May apply ice.
- e. Notify parent if necessary.

### **BLISTERS**

1. Do not puncture.
2. Wash with cold water if necessary.
3. Bandage if indicated.

### **BRUISES**

1. Apply ice for approximately 10-20 minutes. May apply 20 minutes on, 20 minutes off, etc.
2. Notify parent if necessary.

### **BURNS-CHEMICAL, HEAT OR SUN**

1. If chemical, flush with cold water for at least 5 minutes.
2. If indicated, remove any clothing or jewelry from the affected area.
3. Apply ice or cold wet compress.
4. Do not break blisters.
5. For minor burns, may apply burn spray or lotion.
6. Cover with bandage if indicated.
7. Notify parent and/or ambulance as needed.

### **CARDIAC ARREST AND/OR CESSATION OF BREATHING**

1. Administer emergency care (Resuscitation and/or CPR).
2. Have someone call 911 and notify parent.

### **CHAPPED LIPS**

1. May apply petroleum jelly.
2. Advise patient to avoid wetting lips.

### **CHEST PAINS**

1. Place patient in comfortable position, with head elevated, and loosen clothing.
2. If possible, take history to check for previous injury, medical or physical problems, food ingestion, etc.
3. Monitor vital signs and other signs and symptoms.
4. Keep NPO unless you are aware of the patient being on medication for same condition, and medication is properly labeled.
5. Notify parent or emergency contact person, and/or ambulance, as needed.

### **CHOKING**

1. Ask "can you speak?"
2. If patient is coughing, continue to encourage this, be supportive.
3. If patient cannot speak, cough, or breathe, perform Heimlich maneuver until obstruction is cleared or EMT arrives.
4. If patient become unconscious, follow BLS guidelines.
5. Call 911 and/or parents as indicated.

### **COMMUNICABLE DISEASE**

1. Follow guidelines in School Health Services Book and directives from the State and County Health Departments.
2. Exclude from school according to regulations per disease.
3. Notify parent and advise accordingly.
4. Check child upon returning to school.
5. Nurse may require doctor's note for readmission if indicated.

### **COUGHS AND COLDS**

1. Check temperature if indicated. Exclude if temperature is 101° degrees or higher.
2. May give a cough drop or throat lozenge for slight cough or tickle.
3. Student may use cough drop or throat lozenge that parent sends in. No doctor's note is needed.
4. For continuous coughing notify parent.

### **DERMATITIS**

1. Poison Ivy, Sumac, Oak
  - a. Apply Caladryl or similar product.
  - b. May apply cool cloth or ice.

- c. Notify parent if indicated.
- 2. Allergic type rash
  - a. May apply cool cloth or ice for itching.
  - b. May apply Caladryl or similar product.
  - c. Notify parent if indicated.
- 3. Nurse may require doctor's note for readmission if indicated.

### **DIABETIC CONDITIONS**

1. Hypoglycemia (Low Blood Sugar)
 

Symptoms: intense hunger, shallow respirations, tremors.

  - a. Follow individual doctor's orders.
  - b. If no orders, do the following until orders are obtained:
    - (1) Give 6 oz. fruit juice or regular soda, or 1 tbsp. of sugar, or sugar supplement.
  - c. Allow patient to rest.
  - d. May put icing on gumline if available.
  - e. Notify parent.
2. Hyperglycemia (High Blood Sugar)

#### **Standard order for administration of GLUCAGON FOR HYPERGLYCEMIA:**

The School Nurse may administer Glucagon for injection to diabetic students who are suffering from severe hypoglycemia leading to severe disorientation, unconsciousness and/or seizure. Give glucagon if the patient is unconscious, unable to eat a sugar-sweetened product, or having a seizure. Call 9-1-1 for an ambulance immediately after administration.

The following is the method of administration and dosage for Glucagon:

1. Remove flip-off seal from glucagon bottle.
2. Inject entire contents of syringe into glucagon bottle.
3. Swirl glucagon bottle until solution clear.
4. Withdraw all solution into the syringe (1.0mg).
5. Dosage: Children less than 44lb. (20kg): ½ Adult dose: 0.5mg  
Children greater than 44lb. and Adults: 1.0mg
6. Administer glucagon intramuscularly or subcutaneously
7. If the student does not awaken in 15 minutes, another dose of glucagon may be given.
8. Discard any unused solution.

Turn student on his/her side, as vomiting may occur. Monitor airway, breathing and circulation. Begin CPR or rescue breathing if needed. Feed them with a fast-acting source of sugar as soon as they are awake and able to swallow. Send to hospital via ambulance. Notify parent.

#### **PROTOCOL FOR CARE OF STUDENT WITH ELEVATED BLOOD GLUCOSE**

1. If Blood Glucose is 350 or greater, recheck in 30 minutes after receiving insulin coverage.

2. If Blood Glucose is 400 or greater, student remains in Health Office until rechecked in 30 minutes.
3. If Blood Glucose is 450, student must be picked up by parent immediately or 9-1-1 called; doctor to be notified.
4. If Blood Glucose is 500, 9-1-1 is to be called; parent and doctor are to be notified.
5. If symptomatic, arrange for medical treatment regardless of Blood Glucose.
6. Call ambulance and parent.
7. Have parent meet ambulance at the hospital with the following information: type of insulin, concentration, dosage, time of last injection, and food intake.

#### **DRUG AND ALCOHOL INTOXICATION**

1. Follow School District Policy and Procedures for Suspected Substance Abuse. Complete Assessment Check List Form 445 and Referral Form 405.
2. Notify Principal or designee
3. Note sign and symptoms and give care as indicated.
4. Check pulse and blood pressure.
5. Check skin appearance, color and temperature.
6. Check eyes (pupils and color of sclera).
7. Save any containers for later evaluation.
8. Try to keep patient calm by keeping non-assisting persons from the area, and by talking quietly and calmly to patient.
9. Call 911 if necessary.

#### **DRY SKIN**

1. May apply lotion (e.g. Jergens, Vaseline Intensive Care) if available.

#### **EARS**

1. Earaches
  - a. Check temperature if indicated.
  - b. If there are no apparent signs of drainage or infection, may place cotton in outer ear for comfort.
  - c. May observe with otoscope.
  - d. Notify parent if necessary.
2. Foreign body ear
  - a. Do not attempt to remove.
  - b. Notify parent and advise medical follow-up.

## EYES

1. Foreign Body
  - a. Irrigate eye with eye solution or water for such things as an eyelash, insects, etc.
  - b. If small object remains, gently fold back eyelid. If feasible, remove object with a moistened swab.
  - c. Irrigate again with eye solution or water.
  - d. Ice or cold compress may be applied on or near the eye.
  - e. If object is embedded, cover both eyes with eye pads or gauze, secure further treatment.
  - f. Notify parent if indicated.
2. Chemical Burn
  - a. Irrigate with cool water.
  - b. Notify parent and advise further medical attention.
  - c. Patch eye without applying pressure.
3. Conjunctivitis
  - a. If discomfort and/or discharge are present, recommend exclusion until child has received medication, or condition clears, or doctor's note is presented.
  - b. If no discharge, pain, etc., may apply cool wet compress for minor complaints such as itchiness.
4. Eye Injuries
  - a. Penetrating object
    1. Do not remove
    2. Pack gauze gently around object and secure or cup object without applying pressure.
    3. Patch other eye to prevent movement.
    4. Notify parent and ambulance.
  - b. Deep laceration of Eyelid or Eyeball
    1. Clean wound with eye solution or water.
    2. Place sterile gauze over wound without pressure.
    3. Notify parent/or ambulance.
  - c. Contusion or Black Eye
    1. May apply ice or cool compress on or near the eye.
    2. Do not permit patient to blow nose.
    3. Check for blurred vision or dizziness.
    4. Notify parent.



**FAINTING**

1. If patient feels faint, allow patient to sit and place head between knees.
2. Lay patient flat with feet elevated if indicated, loosen clothing at neck.
3. If patient has fainted, do not move. Monitor patient until they revive by themselves.
4. Call 9-1-1
5. Question patient about disease such as diabetes, heart disease, etc. if feasible.
6. May check vital signs.
7. Notify parent and advise regarding medical follow-up.

**FEVER**

STANDING ORDER FOR ADMINISTRATION OF ACETAMINOPHEN  
SCHOOL NURSES MAY ADMINISTER ACETAMINOPHEN IN THE FOLLOWING  
EMERGENCY SITUATION: TEMPERATURE ELEVATION OF 101° OR ABOVE:

Guidelines:

1. STUDENT DOES NOT HAVE AN ALLERGY TO ACETAMINOPHEN.
2. STUDENT MUST HAVE A SIGNED PARENTAL PERMISSION FORM GIVING THE NURSE PERMISSION TO ADMINISTER ACETAMINOPHEN.
3. STUDENT MUST HAVE A TEMPERATURE ELEVATION OF 101° OR ABOVE.
4. SCHOOL NURSE MUST ATTEMPT TO CONTACT THE PARENT.
5. SCHOOL NURSE WILL FOLLOW PRESCRIBES DOSAGE CHART (PROTOCOL FOR ACETAMINOPHEN ADMINISTRATION) IN ADMINISTRATION OF ACETAMINOPHEN.
6. ONLY ONE DOSE OF ACETAMINOPHEN WILL BE ADMINISTERED PER DAY.
7. SCHOOL NURSE WILL REASSESS STUDENT EVERY 30 MINUTES AFTER THE ADMINISTRATION OF AVETAMINOPHEN, AND OBSERVE THE STUDENT IN THE NURSE’S OFFICE UNTIL PICKED UP BY PARENT.
8. A FOLLOW UP NOTE WILL BE GIVEN TO THE PARENT AT THE TIME THEY PICK UP THE STUDENT.
9. SCHOOL NURSE WILL INSTRUCT THE PARENT TO CONTACT THE STUDENT’S PHYSICIAN AS SOON AS POSSIBLE.

PROTOCOL FOR ACETAMINOPHEN ADMINISTRATION

**CHILDREN’S ELIXIR**

**160 Mg/Tsp.**

<b>Age (in years)</b>	<b>Weight</b>	<b>Dose</b>
Under 2	Under 24 Pounds	CONSULT PHYSICIAN
2-3	24-35 Pounds	1 tsp (160 mg)
4-5	36-47 Pounds	1 ½ tsp (240 mg)
6-8	48-59 Pounds	2tsp (320 mg)

9-10	60-71 Pounds	2 ½ tsp (400 mg)
11	72-95 Pounds	3 tsp (480 mg)

**CHILDREN'S CHEWABLE TABLETS**  
**80 MG. PER TAB**

Age (in years)	Weight	Dose
2-3	24-35 Pounds	2 tablets (160 mg)
4-5	36-47 Pounds	3 tablets (240 mg)
6-8	48-59 Pounds	4 tablets (320 mg)
9-10	60-71 Pounds	5 tablets (400 mg)
11-12	72-95 Pounds	6 tablets (480 mg)

**REGULAR STRENGTH (325 MG) ACETAMINOPHEN TABLETS**

Age	Dosage
6-12	½ to 1 tablet
12- and over	1 tablet
Adults	1-2 tablets

**FRACTURES**

1. Check for deformity, swelling, discoloration, pulse and tenderness.
2. If feasible, immobilize. Try not to move or straighten injured part. Splints may be made from boards, pillows, newspapers, etc.
3. Elevate extremity if possible.
4. Apply ice.
5. Notify parent and/or ambulance.
6. If a compound fracture is involved, do all of the above and cover wound with a sterile dressing. Apply pressure to control bleeding. Do not attempt to push in the bone. Do not attempt to clean the wound.
7. Keep patient covered and treat for shock.
8. Call parent and ambulance.

### **FROSTBITE (FINGERS, TOES)**

1. Soak the affected part in lukewarm water.
2. Dry carefully.
3. Separate fingers or toes with gauze pads.
4. Have patient move the affected part.
5. Keep patient warm.
6. Notify parent and advise regarding medical follow-up.

### **GROIN INJURIES**

1. Male
  - a. Remain calm; reassure patient that pain will subside.
  - b. Expect difficulty in urination initially.
  - c. Nausea may occur; it is an expected normal reaction.
  - d. Blood in urine should be checked and referred.
  - e. Notify parent and advise regarding medical follow-up.
  - f. May apply ice.
  - g. If pain and/or swelling persist for over an hour, refer to urologist.
2. Female
  - a. Pain should subside within a few hours.
  - b. Note any blood and recommend medical follow-up.
  - c. May apply ice.
  - d. Notify parent and advice.

### **GROWING PAINS**

1. If person complains of pain in calves or thighs with no history of injury, it may be growing pains.
2. Gently massage area or have them massage.
3. Notify parent and advise medical follow-up.

### **HEADACHE**

1. If history of migraines, follow instructions given doctor.
2. Check temperature if indicated.
3. If headache is severe, monitor blood pressure and pulse.
4. Apply cool wet compress or ice to forehead and allow to rest, offer a drink of water.
5. If medication is available and prescribed for the patient, dispense prescribed dosage.
6. Notify parent if indicated.

### **HEAD INJURY**

1. Do not move patient.
2. Check pupils and level of consciousness (ask name, address, teacher, grade, etc.).
3. Check abnormal symptoms and provide care accordingly.
4. If severe, call ambulance and parent.
5. If not severe, apply ice or cool wet compress, and notify parent of head injury precautions.
6. Complete head injury forms, document forms and verbal instructions were given to parent/guardian.

### **HEAT EXHAUSTION**

1. Symptoms include normal pupils, cool clammy skin with profuse sweating, weak thready pulse.
2. Allow person to lie flat with head down.
3. Keep warm to prevent shock symptoms.
4. If awake, may give small amounts of slightly salty fluids or fruit juice every few minutes, if available.
5. Notify parent.

### **HEAT STROKE**

1. Symptoms include hot dry skin, no sweat, extreme thirst, anorexia, nausea, muscle cramps, dilated but equal pupils, full strong bounding pulse and elevated temperature (106-110).
2. Allow person to lie down in a cool room with head elevated.
3. May apply ice or cold compress to head, axilla, neck, and/or groin area.
4. Check vital signs.
5. Call parent and ambulance.

### **INJURIES**

1. Head Injury
  - a. Do not move patient.
  - b. Check pupils and level of consciousness (ask name, address, teacher, grade, etc.).
  - c. Check abnormal symptoms and provide care accordingly.
  - d. If severe, call ambulance and parent.
  - e. If not severe, apply ice or cool wet compress, and notify parent of head injury precautions.
  - f. Complete head injury forms, document forms and verbal instructions were given to parent/guardian.
2. Back and Neck Injuries
  - a. Assess patient's mobility by checking for movement of toes and fingers.

- b. If no movement is evident, DO NOT MOVE PATIENT.
  - c. Notify parent and/or ambulance as needed.
3. Sprains
  - a. Apply ice.
  - b. Elevate extremity if feasible.
  - c. Notify parent and advice medical treatment if indicated.
  - d. May apply ace bandage for swelling.

### **LOSS OF CONSCIOUSNESS**

1. Place patient on floor.
2. Assess airway, breathing, and circulation.
3. Call 911, begin CPR if indicated.
4. Notify parent.

### **MEDICATIONS**

1. Under no circumstances will a student be permitted to take an unknown drug in an unknown quantity.
2. School nurses may administer medication under following conditions:
  - a. Time constraints require administration of the medication during school hours.
  - b. Medication card with instructions detailing diagnosis, name of drug, dosage, time and route of administration (oral or inhalants only) must be signed by family physician and parent/guardian.
3. Medications must be in original container with pharmacy label.

### **MENSTRUAL CRAMPS**

1. Place in a position of comfort.
2. May apply ice if patient prefers.
3. If medication is available and prescribed for the patient, dispense prescribed dosage.
4. Notify parent if necessary.

### **MUSCULAR ACHES**

1. If no swelling, redness, etc., recommend warm moist compresses for home care.
2. Notify parent if indicated and advice.

### **NAUSEA AND VOMITING**

1. Allow to rest in position of comfort.
2. Assess history of food ingestion, injury, etc.
3. If possible, check temperature.
4. Notify parent if indicated.

## **NOSEBLEEDS**

1. Patient should sit upright.
2. Pinch nostrils together firmly with thumb and forefinger.
3. If bleeding persists, apply ice to bridge of nose.
4. Check if person has a history of nosebleeds. If no history. Notify parent. If person has a history of nosebleeds, notify parent if nosebleed is severe.

## **EMERGENCY OXYGEN**

School nurses may administer oxygen in the following emergency situation.

Respiratory Distress:

Nasal cannula: 2 to 4 liters per minute.

Face mask: about 6 liters per minute.

### **Nursing Implication**

Notify parent

Hospitalize as soon as possible

Take vital signs as need indicates

**CAUTION:** Obtain physician's order for students with chronic lung disease.

## **PEDICULOSIS- Lice**

1. Notify parent and exclude child for active lice not nits.
2. Recommend child be examined and treated by their physician.
3. May readmit to class after student has received treatment and is reasonably free of live lice.
4. To verify treatment, parent should submit the label from the product used or the empty container, or a doctor's note.

## **POISONING**

1. Try to determine the kind of poison swallowed.
2. Contact poison control center 1-800-POISON-1. Follow poison control instructions.
3. Contact parent and ambulance as indicated.

## **PREGNANCY**

1. Labor pains.
  - a. Consult patient's obstetrician if indicated and follow his/her instructions.
  - b. Contact family.
  - c. Call ambulance.
2. Emergency Delivery
  - a. Aspirate baby's mouth and nose with bulb syringe.

- b. Double tie gauze, shoelace or other item around the cord, allowing enough length to reclamp at hospital.
- c. Wrap baby in blanket and place on mother's abdomen.
- d. Call ambulance.

### **SEIZURE**

1. Lower patient to floor in an open or cleared area.
2. Loosen any restrictive clothing.
3. Do not restrain. Do not insert any item to patient's mouth.
4. Position on side to allow any saliva or vomit's to drain from the mouth.
5. Try to keep patient calm by keeping non-assisting persons from the area and talking quietly and calmly.
6. After seizure, allow patient to rest.
7. If seizure is prolonged or reoccurs, secure medical care via parent or ambulance.
8. School Nurse will follow written orders and instructions from student's own physician.

9. **Standard order for administration of diastat for seizure:**

The School Nurse will administer Diastat (Diazepam rectal gel) following the specific orders of the student's physician. Following the administration of Diastat, the School Nurse will call 911 for the student to be evaluated at the Emergency Room. The parent will also be notified immediately.

### **SEVERE FALL**

1. DO NOT move patient until condition is evaluated.
2. Assess airway, breathing, and circulation.
3. Assess mobility by asking patient to move fingers and/or toes.
4. If not able to move, notify parent, call 911.

### **SHOCK**

In any serious injury (bleeding, fracture, burns, etc.) treat for shock and act to prevent or limit it.

Symptoms: Cold, pale clammy skin. Pulse rapid, thread. Restless, apprehensive.

1. Have person lie down and elevate feet.
2. Try to keep person from being too hot or too cold.
3. Call parent and ambulance.

### **SKIN ERUPTIONS**

1. Impetigo, ringworm, scabies
  - a. Notify parent.
  - b. Exclude until condition has disappeared or until doctor's note is presented and/or treatment has been initiated:
    - Scabies: exclude until one day after treatment
    - Impetigo: exclude until 24 hours after treatment
    - Ringworm of the body: no isolation is necessary
    - Ringworm of the scalp: exclude until treatment received

2. Hives
  - a. Apply ice and/or caladryl or similar product.
  - b. Notify if indicated.
3. Rashes
  - a. May apply alcohol for itching if there is no blistering or break in skin.
  - b. May apply caladryl or similar product for itching.
  - c. May apply cold compress.
  - d. Notify parent if indicated.
  - e. Recommend exclusion if rash is widespread and/or if there is a question of communicability.
4. Herpes Simplex (Type 1)
  - a. May apply ice.

#### **SORE THROAT**

1. Examine throat.
2. Check temperature if indicated.
3. Have patient gargle with warm salt water solution or mouthwash solution if available.
4. May spray with chloraseptic and/or administer throat lozenge. (Students may bring their own lozenges with a parent note; no doctor's note is needed.)
5. Notify parent if indicated.

#### **SPLINTERS**

1. Cleanse with soap and water.
2. Remove splinter if possible.
3. May apply antibiotic ointment.

#### **SUNBURN**

1. May apply water gel spray, aloe cream, or cold compress.

#### **TICKS**

1. Grasp tick with tweezers close to skin.
2. Pull gently to remove tick.
3. Cleanse with alcohol or soap and water and apply antiseptic.
4. Advise parent to notify doctor due to incidence of Lyme's Disease.
5. Save tick for assessment by family physician.



## TOOTHACHE AND DENTAL INJURIES

1. Toothache
  - a. Have patient rinse mouth with warm water.
  - b. May apply Anbesol to affected tooth.
  - c. May apply ice to cheek or facial area closest to tooth.
  - d. Notify parent and refer to dentist.
2. Chipped or Broken tooth
  - a. Rinse mouth with warm water.
  - b. Wrap broken portion of tooth in wet gauze and send with patient to the dentist.
  - c. Notify parent and refer to dentist.
  - d. If due to a strike or blow to the head: Complete head injury forms, document forms and verbal instructions were given to parent/guardian.
3. Knocked-out tooth
  - a. If dirty, rinse gently with running water.
  - b. If feasible, gently place tooth back in socket. Have person hold tooth in place, or have person bite on a tongue blade wrapped with gauze until they get to the dentist.
  - c. If tooth is not inserted, place tooth in cup of water or milk, or wrap tooth in wet gauze. May place in Save-A-Tooth solution if available.
  - d. Notify parent and advise immediate follow-up. There is a better chance of saving the tooth if the dentist is within 30 minutes.
  - e. Complete head injury forms, document forms and verbal instructions were given to parent/guardian.

## WOUNDS

1. Avulsions (Tearing away of structure)
  - a. Apply pressure bandage.
  - b. If feasible, apply sterile gauze soaked with saline solution, or apply ice.
  - c. Wrap extracted part in wet gauze and place in plastic bag if available. Place on ice or cold packs. Do not immerse in water or saline solution. Do not pack in ice. Do not allow to become frozen. Reattachment of frozen parts is not successful.
  - d. If the injured part is still partially attached to stump, leave it.
  - e. Send the extracted part with patient to doctor or hospital.
  - f. Call parent and ambulance.
2. Lacerations or Incisions
  - a. Control severe bleeding by applying clean material and pressure over wound. If nothing else is available, use gloved hand.
  - b. Cleanse with soap and water and/or antiseptic solution.
  - c. May apply antibiotic ointment.

Edmund J. Decker DO

Physician's Signature

8-10-17

Date

EDMUND J. DECKER DO.

Print Physician's Name