

Lacey Township School District

Health Office Standing Orders

2022/2023 School Year



HEALTH OFFICE STANDING ORDERS

INJURIES

- All injuries must be referred to the school nurse immediately.
- All L.T.H.S. athletic injuries must be reported to the athletic trainer.
- No medications, only emergency care, are to be given at school unless an order is on file.
- Follow universal precautions, avoiding contact with blood/body fluids.
- No child is to be dismissed from school to an empty house.
- Report any blood/body secretion exposure to school nurses ASAP.

MEDICATIONS

- Only medications with MD orders and written parental permission will be given in school.

ABC's

1. Airway Open
2. Breathing restored
3. Circulation maintained---CPR and AED
4. Check for bleeding. Apply pressure, elevate
5. Assess for shock and broken bones
6. Call 911
7. Do not move individual unless life-threatening

Abscesses/Boils

Take temperature. Clean and cover area with DSD; do not squeeze abscess. Notify parent and refer for medical evaluation. Exclude if the area is excessively draining. Back to school note required.

Abrasions, Scratches & Cuts

Apply pressure to stop bleeding. Cleanse with soap and water. Apply antibiotic ointment as needed and bandage. If serious, notify parent for medical follow up.

Anaphylaxis

Administer EpiPen immediately. Keep patient calm; loosen clothing. Call 911 and notify parent. Maintain airway. Oxygen as needed. Monitor vital signs and administer Benadryl as ordered (only a nurse or parent may administer Benadryl).

Asthma

Assess respiratory status; maintain airway. Keep patient calm. Maintain high Fowler's position. Administer bronchodilators as ordered. Assess vital signs. Oxygen as needed. Call an ambulance if it is severe. Notify parent. Pulse oximetry monitoring if available. If 95% or below, administer Oxygen. Practice controlled breathing exercises (nurse or parent only to administer bronchodilators).

Back/Neck Injury

Rest. Apply ice if minor injury. If injury appears serious, do not move and immobilize if possible. Call 911 and notify parent. Assess vital signs and neuro status.

Bites

Animal & Human: Wash thoroughly with antibacterial soap and water. Notify parent. If skin is broken, seek medical care. Check tetanus status. For animal bites, notify police; detain animals if possible.

Insect: Remove stinger if present. Wash with soap and water, apply sting relief pad & cold compress. Observe signs of allergic reaction (see Anaphylaxis).

Blisters

Wash with soap and water. Apply ice packs and dressing. Do not break blisters. If a blister is broken, treat it as an open wound.

Bruises/Sprains

Assess injury. Check distal pulses. Rest, apply ice, and elevate if possible. Ace bandage as needed. Notify parent if severe.

Burns

Apply cold water. If skin is only reddened or has small blisters, apply sterile dressing. Do not open blisters or apply creams or ointments. Severe burns are covered with non-stick sterile dressing. Notify parent and refer for medical follow up. Watch for shock.

Chemical Burns

Flood with water. Call poison control. Treat to prevent shock. Keep the patient calm; notify parent. First aid squad as necessary.

Choking

Perform abdominal thrusts. DO NOT perform a maneuver on a person who is coughing, talking, or breathing. Call 911 and notify parent.

Communicable Disease

Isolate. Take temperature. Notify parent. Nurse should examine child before re-entry into school or have a physician's note according to Board policy.

Dermatitis

Cleanse with antibacterial soap and water. Apply Calamine or Caladryl lotion. If extensive, notify parent and refer for medical follow-up.

Diabetes

Hypoglycemia signs: Shaking, sweating, confusion, weakness, pallor, headache. If mild, give 15gms CHO, wait 15 minutes. Check BG; repeat food if BG remains under 60mg/dl. If severe (unconscious or seizing) give Glucagon IM, Gvoke SQ, or BAQSIMI nasally as prescribed. Place the patient on their side; call 911 and notify parent.

Hyperglycemia

Signs: Flushed skin, thirst, stomachache, sweet, fruity breath, fatigue. If mild, administer insulin as ordered. Free use of lav and plenty of water. Recheck BS in 2 hours. If still high, check ketones and notify parent. If severe, (vomiting, weak, confused, ketones) administer insulin as ordered---Notify parent, physician, or 911 as needed.

Epistaxis/nosebleed

Place in a sitting position; apply nasal pressure. Place an ice pack on forehead. If bleeding persists, seek medical attention.

Eyes

- **Foreign body**: Instruct not to rub eyes. If possible, rinse with clear water or saline. Cover with gauze dressing if pain persists or if unable to remove FB. DO NOT attempt to remove impaled objects. Notify parent, refer to PMD.
- **Eye injury**: Close eye and cover with patch. Notify parent and advise medical treatment.
- **Chemical Burn**: Wash immediately with large amounts of tap water. Notify parent. Immediate medical treatment is necessary.
- **Conjunctivitis**: Exclude from school. Follow up with MD. Needs clearance to return to school.
- **Dirt**: Rinse with water or saline.

Earache

Examine the outer ear for redness, drainage. Use an otoscope to examine the canal. Refer as needed if inflammation or redness is noted. Check the temperature. Place a warm pack on ear for temporary relief. Notify parent. **Foreign body**: Do not attempt to remove - notify parent.

Fainting

Place on back in Trendelenberg position. Keep warm. Monitor vital signs. Rest and observe. Notify parent.

Fever

Any child with a temperature of 100 degrees or higher must be sent home.

Fractures

Other than the upper extremity, avoid movement. Immobilize the area. If compound, keep area clean, do not splint-Check distal pulses. Apply ice and splint as needed, notify parent and 911 as needed. Observe for s/s shock.

Gastrointestinal Disturbance (Nausea, vomiting, stomachache)

Allow the child to rest. Check the temperature. Ginger ale and/or saltines as needed for minor stomach ache. For abdominal pain, vomiting, or diarrhea, notify parent. Advise follow up if pain persists.

Head Injury

Keep patients flat, depending on degree of injury. Check neuro status and vital signs. If no apparent injury, allow to rest. Check on student at intervals throughout the day. Notify parent; give head injury instructions.

Seek medical attention for headache, dizziness, vomiting, double vision. Watch for bleeding/discharge from ear or nose. Refer to a licensed medical professional for concussion evaluation.

Head wound

Apply pressure with care to bleeding wounds. If fracture is suspected, keep the child flat and warm. Apply DSD when bleeding is under control. Watch for bleeding or other drainage from nose, mouth or ears. Observe for nausea, dizziness, headache. Monitor vital signs and neuro status. Seek medical attention as needed.

Headaches

Rest. Check the temperature. If temp 100 degrees or above, exclude and refer to PMD. If no fever, have a child rest with cold compress to head. For dizziness, have the child lie down with feet elevated. If a headache is persistent or severe needs medical attention. Check vital signs.

Heat Exhaustion

Place individuals in a cool, well ventilated room and have them rest on cot with feet elevated. Apply cool, wet cloth. Notify parent. Take temp. Encourage student to take deep, slow breaths. Keep calm.

Lacerations

- Small: Clean with antibacterial soap and water. May apply triple antibiotic cream and Bandage.
- Large: Clean as above. Apply pressure to stop bleeding. Apply DSD. Notify parent if sutures are necessary. Seek medical attention.

Lips, Chapped

Apply petroleum jelly. Blistex for severely dry, cracked lips.

Menstrual Pain

Rest on cot with warm compress to abdomen. Use caution with heating pads.

Nose

- Epistaxis: Apply firm pressure to bridge the nose. Ice pack to forehead. Avoid nose blowing; do not swallow blood. If bleeding persists, notify parent.
- Foreign body: Do not attempt to remove an object. Notify parent and refer for medical attention.

Pediculosis (Lice)

Exclude until treated. Child must be re-examined by the school nurse or have physician's authorization to return to school.

Poison

Call Poison Control immediately. (1-800-222-1222). Notify parent. Call the first aid squad if needed.

Seizures (Epilepsy)

Keep quiet and warm. DO NOT restrain. Keep the area clear. Turn patient on side to prevent choking. Maintain airway. Monitor duration of seizure activity. If a seizure lasts longer than 5 minutes, call 911. Help reorient student after seizure. Check vital signs. Notify parent. Give oxygen and meds PRN.

Severed limb

Apply direct pressure to stop bleeding. Apply a tourniquet. Call 911 and notify parent. Limb should be covered with the same soaked gauze and placed in a plastic bag. Monitor vital signs; watch for shock. Send to the hospital **ASAP**.

Shock

s/s-Pallor, cool, clammy skin, rapid, weak pulse, decreased LOC. Keep individuals in Trendelenburg except if there is a respiratory problem. Monitor vital signs. Keep warm. Call 911 and notify parent. Needs immediate medical attention.

Skin Infections (Scabies, Impetigo, Ringworm)

Exclude and refer to MD. Needs written permission to return to school. Exclude any rash that is weeping.

Splinters

If superficial, remove with tweezers. Wash the area with antibacterial soap and water. Bandage. Deep or glass splinters should be referred to PMD.

Sore Throat

Check temp. If 100 degrees or above, exclude and refer to PMD. Check the throat with an otoscope. Refer for redness, exudate. For a mild sore throat without fever, student may gargle with warm salt water. Cepacol lozenges may be used as needed.

Shortness of Breath

Maintain high Fowler's position. Monitor respiratory status, listen to chest. Monitor vital signs. Check skin color. Practice controlled breathing exercises. Supplemental Oxygen as needed. Call 911 and notify parent if there is no improvement (see Asthma).

Stomachache

If nausea, vomiting, diarrhea, temp 100 or over, and/or tenderness or rebound to abdomen, notify parent and exclude. Needs MD evaluation ASAP. If a mild stomach ache, have a student rest, use the lavatory, and give water. Check to see if student has recently eaten or is hungry.

Teeth

- **Dislodged tooth (Secondary):** If the tooth is dirty, rinse gently in warm water. Gently insert and hold the tooth in the socket. If this is not possible, place the tooth in a container of milk or saline. Notify parent. Child should see a dentist within 30 min.
- **Toothache:** Anbesol may be applied with a cotton applicator. Cold compress to face if swollen. Refer for dental care.
- **Braces:** If wire breaks, apply dental wax and notify parent.
- **Possible jaw fracture:** Immobilize jaw with any means possible (i.e. handkerchief, towel). Cold compresses should be applied. Notify parent and send the student to the ER.

Ticks

Removal: Using fine point tweezers, grasp the tick's mouth parts and pull straight out with steady pressure. Place the tick in a sealed vial. Disinfect the bite with antibacterial soap and water. Apply antiseptic. Notify parent and advise MD follow up. Save tick.

I hereby designate the Lacey Township School Nurses, all Board approved substitute RN's, and the certified athletic trainer to administer first aid, emergency care, and medications according to the rules and regulations of the NJ State Board of Education, local school district policy, and established protocol.

❖ Original signature on file in the Business Office.

Dr. Thomas G. Sargent, DO

Date

APPROVED MEDICATIONS

The following medications are approved for use/treatment of students in the Lacey Township School District

Lower Elementary	Upper Elementary	Middle School	High School
Anbesol Antiseptic spray Bacitracin Bactine Benadryl cream Caladryl lotion Calamine lotion Cough drops Dacriose eye wash Glucose tablets Hydrocortisone cream Isopropyl Alcohol Lip Balm Neosporin Orajel Saline solution Sting or bite swabs Triple antibiotic ointment Vaseline	Analgesic spray (external) Anbesol Antiseptic spray Aquaphor Bacitracin Bactine Benadryl cream Caladryl lotion Calamine lotion Cough drops Dacriose eye wash Glucose tablets Hydrocortisone cream Isopropyl Alcohol Lip Balm Lubricant eye drops Neosporin Orajel Saline solution Sting or bite swabs Triple antibiotic ointment Salt water gargle Vaseline	Anbesol Antiseptic spray Bacitracin Bactine Benadryl cream Caladryl lotion Calamine lotion Cough drops Dacriose eye wash Glucose tablets Hydrocortisone cream Isopropyl Alcohol Neosporin Orajel Saline solution Sting or bite swabs Triple antibiotic ointment Vaseline Visine eye drops	Anbesol Antiseptic spray Bacitracin Bactine Benadryl cream Caladryl lotion Calamine lotion Cough drops Dacriose eye wash Glucose tablets Hydrocortisone cream Isopropyl Alcohol Mineral oil Neosporin New Skin liquid bandage Orajel Saline solution Sting or bite swabs Triple antibiotic ointment Tums Vaseline

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Dr. Thomas G. Sargent, DO

Date



Lacey Township School District School Health Offices

Carisa Sulkowski, RN, Lacey Twp. High School
Kristen Patterson, RN, Ph.D., Lacey Twp. Middle School
Terri DiGaetano, RN, Mill Pond School
Gemma Ward, RN, Mill Pond School

Ashley Mayberry, RN, Cedar Creek School
Kelly Vilardi, RN, Forked River School
Alicia Crandall, RN, Lanoka Harbor School
Lee Emery, ATC, Athletic Trainer

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- 1. I hereby designate the above nurses and all Board approved Substitute RN's, certified athletic trainer and trained designees to administer Glucagon IM, Gvoke SQ, or BAQSIMI in the event of a severe hypoglycemic reaction in which the diabetic patient cannot swallow, is unconscious, or having seizures.**

Dosages are as follows:

0.5 mg IM for students 44 lbs or under

1.0 mg IM for students 44 lbs and over

The recommended dose of BAQSIMI is 3 mg administered as one actuation of the intranasal device into one nostril.

Gvoke is available in pre-measured doses, 0.5 mg for children and 1.0 mg for adults, give dose as ordered by the student's physician.

Treatments can be repeated 1x after 15 min. as per dosing protocols.

- 2. I hereby designate the above nurses, the certified athletic trainer, and all Board approved Substitute RN's and athletic trainer to administer oxygen PRN for respiratory distress and/or hypoxia.**
 - Mild distress: Oxygen via nasal cannula @ 2-4 L/min
 - Moderate to severe distress: Oxygen via non-rebreather @12-15 L/min
- 3. I hereby designate the above nurses, all Board approved Substitute RN's, trained delegates and the athletic trainer to administer Epinephrine (Epi-pen) for the emergency treatment of anaphylactic shock. Dosages will be based on body weight calculation.**
 - EpiPen Jr.(0.15mg) - Under 66 lbs.
 - EpiPen (0.3mg) - Over 66 lbs.

4. **I hereby designate the above nurses, athletic trainer and all Board approved Substitute RN's to administer prescribed medication if said medication is in the original container and is accompanied by written permission from the private physician and the parent/guardian.**

Non-prescription medication must also have a physician's order and written parental consent.

5. **In the event a student has an asthma attack that is uncontrollable by usual measures, and the parent cannot be reached, the school nurse or school athletic trainer, or Board approved Substitute RN's will call for an ambulance (911) to take the child to the emergency room.**

❖ Original signature on file in the Business Office.

Dr. Thomas G. Sargent, DO

Date