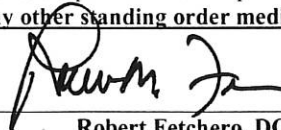


**Standing Orders for Medication Treatment and Student Care 2018- 2019**

CONDITION	TREATMENT
<b>Pain:</b> Mouth ulcer	Anbesol
Headache, illness	<b>Tylenol</b> as directed (Generic)
Sore throat	Chloraseptic/Cepacol/Saline Gargle <i>(throat lozenger-high school only)</i>
<b>Burns:</b> Minor burns (first & second degree)	Bacitracin/burn free gel/cool pak
<b>Mouth:</b> Toothache pain Cold sore	Anbesol Blistex
<b>Skin:</b> Dry skin Chapped lips Minor laceration/abrasion Irritation, poison ivy, Insect bite, etc.	Lotion Blistex/Vaseline Bacitracin/Bactine Calamine/Bactine
<b>Eye Irritation:</b> Dry irritated eye Soft contact lenses	Hypotears Saline Solution
<b>Allergic Reaction:</b> Local reaction to insect bite, food or medication	Bactine/ice <b>Benadryl</b> only if necessary (age, weight, dose)
<b>Systemic Reaction</b>	Students weighing over 70 lbs. – <b>Epipen</b> Students weighing under 70 lbs. – <b>Epipen Jr.</b>
<b>Stomach Problems:</b> Indigestion, heartburn, etc.	<b>Mylanta</b> as directed (generic)
<b>Opioid Overdose:</b> Slow or shallow breathing, very sleepy unable to talk or unconscious. Unresponsive to touch. Skin color, lips, and fingernails blue or gray. Snoring or gurgling sounds	Naloxone/Narcan Rescue Kit Nasal Spray 4 mg as directed

**Nursing Services are available to provide temporary emergency care for injury and sudden illness occurring during school hours.** If ill or injured at home, please consult your family doctor. Any child with a temperature of 100 or greater should stay home to prevent transmission of illness. Student should be fever free for 24 hours (without medication) before returning to school.

If the school nurse is unavailable due to emergency or other situations, students are permitted to call parents from the office and seek appropriate treatment (*high school only*). **No Tylenol, Mylanta, or any other standing order medication will be dispensed to students if the nurse is unavailable.**



Robert Fetchero, DO.

Student Name \_\_\_\_\_ H.R. \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_ I approve of the above medications, treatments, and student care for my child.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I disapprove of the above medications, treatments, and student care for my child.