

## Standing Nurse Orders

East Kingston Elementary  
Kensington Elementary  
Newfields Elementary  
Seacoast School of Technology

Exeter High School  
Lincoln Street School  
Stratham Memorial

Cooperative Middle School  
Main Street School  
Swasey Central School

### Opiate Overdose - grades 6-12

For suspected opioid overdose with unresponsiveness and poor or no respirations, Call 911.

May administer Naloxone (Narcan) 2mg/2ml: 1 ml spray in each nostril. May repeat if no response in 3-5 minutes

### Localized/Non Systemic Allergic Reaction: May give:

Benadryl (diphenhydramine HCL) PO      Up to 40 lb. - - - - - 12.5 mg.  
40 lb. to 100 lb. - - - - - 25 mg  
Over 100 lb. - - - - - 50 mg

### Systemic Allergic Reaction: Difficulty breathing, hive like rash, facial or extensive body swelling

L Benadryl (diphenhydramine HCL) PO given if able to swallow - see dosage above

#### 2. Give EPI-PEN (Adrenaline chloride 1/1000) IM by estimated body weight:

Up to 60 lb. - (age 8) Epi-Pen Jr. (0.15mg)

Over 60 lb. - (over age 8) - Epi-Pen Adult (0.3mg)

3. This may be repeated after 20 minutes if necessary.

4. Call 911 and parent after an Epi-Pen is given.

### Oxygen:

May administer oxygen via nasal cannula at 2-6 liters if oxygen is available and appropriate to the situation.

### Severe Hypoglycemia: unable to take food or drink by mouth

Glucagon: 1 mg IM (1/2 mg IM if student weighs < 44 pounds)

Glucagon may cause nausea and vomiting; place student on his side.

Notify parents after giving glucagons.

### Seasonal Allergic Rhinitis: Grades 6-12 only

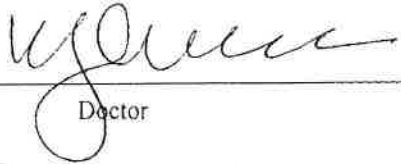
Loratadine 10 mg PO with parent permission:

### Minor Aches, Discomfort, Headaches, Fever, Menstrual Cramps:

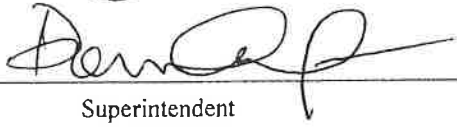
Advil (Ibuprofen) or Tylenol (Acetaminophen) as determined by age/weight every four to six hours PRN with Parent Permission

The following items (or generic equivalent) may be used for the purpose of rendering first aid and comfort based on standard nursing practice unless otherwise indicated by parent: cold or heat application, bacitracin, triple antibiotic, hydrocortisone cream, caladryl, sting kill swabs, burn gel, anbesol, chloraseptic spray, throat lozengers, cough drops, basic antacid

Per order of

  
\_\_\_\_\_  
Doctor

10/7/19  
Date

  
\_\_\_\_\_  
Superintendent

10-9-19  
Date

## Standing Nurse Orders - Pediatric Asthma

East Kingston Elementary  
Exeter High School  
Cooperative Middle School  
Seacoast School of Technology

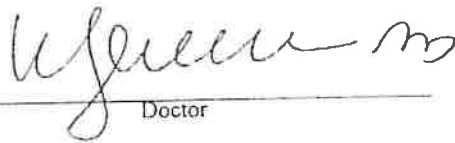
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In the case of a child with an acute asthma exacerbation (wheezing and shortness of breath, respiratory distress), the nurse should:

1. Assess the status of air exchange of the child via
  - Vital signs
  - Listen to the chest with a stethoscope
  - Calculate asthma score (see attached document)
2. If the score is 0, relieve the child's anxiety and observe
3. If the asthma score is 1-2, administer Albuterol by inhaler with spacer (2 puffs separated in time by 2 minutes) or nebulizer (2.5mg/3ml vial via nebulizer) and reassess.
4. If the asthma score is 3 or above, administer albuterol via nebulizer (2.5 mg/3 ml) and refer to the ER if unable to reach parents and the child does not immediately respond to the nebulizer.
5. If asthma score is 6-10, administer albuterol via nebulizer (2.5mg/3ml) and call 911 for emergency transfer to an emergency room

Per order of

  
\_\_\_\_\_  
Doctor

10/7/19

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Superintendent

10-9-19

\_\_\_\_\_  
Date

Pediatric Asthma order reviewed October 2019

# PEDIATRIC ASTHMA SCORE

1. PAS should be done prior to treatment and repeated 15 minutes afterward (preferably by the same provider).
2. Add elements into a single score.
3. Document score in Epic flowsheet

Element		Points		
		0	1	2
<b>1. Respiratory Rate</b> Obtain over 30 sec and multiple by 2.	2-3 yrs	≤34	35-39	≥40
	4-5 yrs	≤30	31-35	≥36
	6-11 yrs	≤26	27-30	≥31
	≥ 12 yrs	≤23	24-27	≥28
<b>2. Auscultation</b> Auscultate anterior and posterior lung fields. Assess air entry and presence of wheezing.		No Wheezes	Expiratory Wheezes	Inspiratory & expiratory wheezes <u>OR</u> diminished breath sounds
<b>3. Work of Breathing</b> Assess for nasal flaring or retractions. (suprasternal, intercostal, subcostal)		≤ 1 sign	2 signs	≥3 signs
<b>4. Dyspnea*</b> As developmentally appropriate. *If sleeping AND not showing physical signs of respiratory distress, score the patient 0 (zero) for this category.		Speaks full sentences, playful, <u>AND</u> takes PO well	Speaks partial sentences, short cry <u>OR</u> poor PO	Speaks short phrases, grunting, <u>OR</u> unable to take PO
<b>5. O<sub>2</sub> Requirement**</b> **Do not take patients off supplemental oxygen to obtain score.		≥ 92% on RA		Supplemental oxygen required to maintain saturations above 92%