

HEALTH SERVICES DEPARTMENT- STANDING ORDERS

Student Name _____

Parent/Guardian Signature

	Used for:
Acetaminophen every 4-6hr (dose weight base	d) Pain, fever >100 degrees
Ibuprofen every 6-8hr (dose weight based)	
Diphenhydramine 25-50 mg p.o. every 4-6 hou	rs Allergic reaction/hives, agitation, dystonia, insomnia
Nasal saline spray 2-3 times per day	Nasal congestion, dryness
Triple antibiotic ointment topically	Infection/to prevent infection, burns
Cough Drops as needed	Sore throat/cough
Sunblock SPF 30	Sunburns/prevention
Hydrocortisone cream 1% topically 2x/day	Itch/ bug bites,
Caladryl gel topically 2-3x/day	Bee sting, poison ivy, allergic reactions
Normal saline or Hydrogen Peroxide 3%	Topically to cuts/ abrasions prn
Tolnaftate 1% fungal cream 2x/day	Athlete's foot, other fungal infections
Lice Shampoo	Use as directed
Fiber Gummy , 1 gummy by mouth up to 3 time	s a day constipation
Tums 650 mg 1 hour after meals up to 4x /day	Heartburn
Epinephrine 0.15-0.3mg for anaphylaxis. Repeat	t injection in for anaphylaxis resulting from hee sting or other
5 minutes if first dose not effective. (dose weigh	nt based) allergen
EMLA cream	Numbing cream for injections or blood withdrawal
intervals, and follow-up for any aphormal value	I students. Monitoring of medication blood levels will be done at reques will be drawn as needed. I students. Monitoring of medication blood levels will be done at requestion blood limes with process and New Hampshire School Immunization Guidelines with process.
Annual EKG's: Performed on every child annua	ally
Dystonia Protocol: Any child that receives an a	nti-psychotic are at risk for EPS (Extra Pyramidal Symptoms). To asse
any adverse reactions, a licensed member from	n Health Services will do an AIMS/DISCUS assessment every three mo
Ophthalmology Protocol: Any child that receive	es the anti-psychotic, Seroquel, will have a slit-exam evaluation annu
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Vision Screening Protocol: To be done annually	/ DV The Lions Club

Date