

**Medication and Practice Protocols for Newburyport Public School Students
Newburyport School Nurses
2021-2022 School Year and Extended Summer School**

*Under the direction of
Lars Lundgren MD FAAP, Pediatrician
Newburyport Public Schools Physician*

Practice Guidelines

National Evidenced-Based Guidelines Resource for Unplanned Events

Medications

Acetaminophen (Tylenol) Protocol
Aloe Vera Gel Protocol
Anaphylaxis Protocol (Epinephrine Protocol)
Aspirin (Low Dose) Protocol for Management of Suspected Myocardial Infarction
Automated External Defibrillation (AED) and Cardiopulmonary Resuscitation (CPR)
Bacitracin Ointment Protocol
Benadryl Protocol
Calamine Lotion Protocol
Cough Drops Sugar Free
Hand Sanitizer 60-70% Ethanol Alcohol
1% Hydrocortisone Ointment
Ibuprofen (Advil or Motrin) Protocol
Naloxone Hydrochloride (Narcan) Nasal Spray
Peroxyl Mouth Rinse (Antiseptic Oral Cleanser) Protocol
Pramoxine HCL 1% (Sting Relief Pads) Protocol
Tums Protocol

Written: 3-2013

Reviewed by School Committee: 6-17-2013, 6-2016

Revised: 10-2015 (Ibuprofen and Peroxyl Mouth Rinse Added)

Revised: 6-2016 (Naloxone Added)

Revised: 4-2018 (AED CPR added)

Revised and Written: May 28, 2019 (compliance with SBMC Service Authorization)

Revised: 8-2020 (ASA Protocol & Hand Sanitizer added)

Revised- 6-2021 (Practice Guidelines Resource Added)

Service Authorization provided by Lars Lundgren, MD FAAP *in practice at:*

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**School Nurse Practice Guidelines
2021-2022 School Year**

- Indication:** Description of National Evidenced-Based Practice Guidelines to be used by NPS School Nurses for Unplanned Events
- Direction:** The Newburyport Public School (NPS) Nurses use the national clinical guidelines for practice as detailed in the following resource:
Tailiaferro, V. & Resha, C. (Eds.). (2020). *School Nurse Manual Evidenced Based Guide to Practice*. School Health Alert.
- Nursing Action:** Standing Orders allow patient care to be provided by the school nurse in unplanned events based on national clinical guidelines. The Newburyport Public School (NPS) Nurses use the national clinical guidelines for practice as detailed in the School Nurse Manual 10th Edition Evidenced Based Guide to Practice, 2020. This national publication and resource provides NPS school nurses managing uncomplicated medical conditions with clear, concise, and evidenced-based guidelines.



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July 20, 2021

**Acetaminophen (Tylenol) Protocol
2021-2022 School Year**

INDICATION: For All Grades- Analgesic agent for simple headaches, menstrual cramps, general malaise due to cold/flu, or as an antipyretic.

DIRECTIONS/DOSAGE: 10-15 mg/kilogram dose:

Acetaminophen Elixir: 160mg/teaspoon every 4 hours, but not more than 5 times daily.

Weight in pounds	Age in years	teaspoons
36-47	4-5	1 ½ teaspoons
48-59	6-8	2 teaspoons
60-71	9-10	3 teaspoons

Acetaminophen Chewable: 80mg tablets every four hours, but not more than 5 times daily.

Weight in Pounds	Age in years	tablets
36-47	4-5	3
48-59	6-8	4
60-71	9-10	5
72-95	11	6

Acetaminophen Tablets: 325mg/tab; Children 6-12 years old ½ to 1 tablet 3-4 times daily; adults and children 12 years old and older: 1-2 tabs 3-4 times daily. Children between the ages of 5-11 years old may receive 15mg/kg/dose. Children 12 years and older may receive 1 – 2 325 mg/tablet every 4 hours. (The school nurse will contact the parent/guardian for possible dismissal before administering a second dose during the school day.)

CAUTIONS: In case of overdose, contact healthcare provider or poison control center immediately POISON CONTROL # 617-232-2120 (potential for hepatic toxicity). If sensitivity occurs, discontinue the drug.

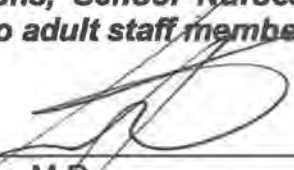
CONTRAINDICATIONS:

- * Allergy or hypersensitivity to Acetaminophen.
- * Not to be given with other acetaminophen or aspirin containing products.
- * *Not to be given concomitantly with another non-steroidal anti-inflammatory, e.g. Ibuprofen.*

NURSING ACTIONS:

1. If the student is under the age of 18 years, make sure there is signed parental permission.
2. Evaluate pain and pain source.
3. Measure temperature if appropriate for temperature > 100 F orally, administer appropriate dose.
4. Notify parent/guardian (written or verbally) of dose, time, and circumstance surrounding administration of Acetaminophen during school day for grades 5 and under and as appropriate grades 6-12.
5. Refer to primary care provider if requesting medication more than twice weekly.
6. Document and record treatment.

In all locations, School Nurses may administer acetaminophen 325-650 mg. orally every 4 hours PRN to adult staff members.



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**Aloe Vera Gel Protocol
2021-2022 School Year**

INDICATION: At all grade levels, School Nurses may apply 99% Aloe Vera Gel topically to skin for mild itching, mild pain, and discomfort.

DIRECTIONS/DOSAGE: Wash and completely dry the affected area before applying gel. Apply to the affected area of skin. For External Use Only.

SIDE EFFECTS: Very unlikely, but report promptly any rash or irritation and cleanse area thoroughly.

PRECAUTIONS: Avoid getting this medicine in the eyes or on the inside of the nose or mouth.

CONTRAINDICATIONS: Do not use if symptoms worsen.

NURSING ASSESSMENT FACTORS: Prior to the administration of the medication, assessment of the student must include evaluation of skin color, swelling, drainage, redness, heat, and pain (location, severity, and duration) and location of rash and skin integrity.



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**TREATMENT FOR ANAPHYLAXIS PROTOCOL
STANDING ORDERS FOR EPINEPHRINE
2021-2022 School Year**


DEFINITION: A rare generalized allergic reaction that may be triggered by an insect bite, a drug allergy or a food allergy. Anaphylaxis is one of the most serious, life threatening emergency situations to which school personnel may have to respond.

PHYSICAL FINDINGS: (may include any or all the following):

SKIN:	Cold to touch, clammy and moist, itching, hives, swelling of lips.
COLOR:	Pale at first, then mottled or bluish.
RESPIRATION:	Wheezy, change in voice quality, feeling of fullness in throat.
PULSE:	Rapid and weak.
BLOOD PRESSURE:	Low, progressively lower or unattainable.
OTHER:	Restlessness, severe headache, nausea, vomiting, diarrhea, loss of consciousness, swelling of eyelids.

MANAGEMENT:

1. **Administer Benadryl per protocol if appropriate.**
2. Each nurse should have immediate access to an Emergency Kit. Administer **Epinephrine 0.3 mg. Auto-Injector** into the anterolateral region of the thigh or deltoid region of the arm. Repeat every 5-15 minutes as needed for poor response or increased symptoms until emergency services arrive. **Children weighing less than 50 pounds should receive Epinephrine 0.15 mg (“epi-pen junior”) via Auto-Injector.**
3. **Call for help, CALL 911.** If possible, have a copy of student’s Emergency Information available for EMS. Transport used epi pen with student. Notify Emergency Personnel of medication given, dosage, and time of administration.
4. **Monitor Blood Pressure and vital signs.**
5. **Reassess Level of Consciousness and Respiratory Status. Elevate legs if necessary. Accompany the child if necessary.**
6. Complete online DPH Report of Administration and notify Nurse Leader.



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**Aspirin (Low Dose) Protocol
for Management of Suspected Myocardial Infarction
2021-2022 School Year**

INDICATION: For adult School Staff only to reduce the morbidity and mortality related to myocardial infarctions or acute coronary syndrome by providing emergency aspirin (acetylsalicylic acid, ASA).

DESCRIPTION/SYMPTOMS: Aspirin (ASA, Non-steroidal anti-inflammatory: NSAID), inhibits platelet aggregation and blood clotting and is indicated for treatment of acute coronary syndrome.

Acute coronary syndrome symptoms may include, but are not limited to:

- Uncomfortable pressure, fullness, squeezing or pain in the center of the chest that lasts more than a few minutes, is intermittent and is not relieved by nitroglycerin
- Pain that spreads from the chest to shoulders, neck or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath


➤ **Call 911/activate Emergency Response System, assess vital signs, confer with emergency services, determine any potential contraindications, document date/time of Aspirin dose, other vital signs and continue to monitor patient until help arrives. Follow-up accordingly.**

DIRECTIONS/DOSAGE: 4 – 81mg tablets (324mg dose) either chewed or placed under the tongue to dissolve (do not swallow tablets). A sip of water may be taken to facilitate swallowing.

CONTRAINDICATIONS/CAUTION: Screen for contraindications to Aspirin therapy, which can include:

- Age under 16 years
- Known allergy/sensitivity to Aspirin
- Active gastrointestinal bleeding, which may include vomiting blood or black, coffee-ground stool
- Known bleeding disorder
- Current anticoagulation therapy

In all locations, School Nurses may administer 324 mg of low dose Aspirin PRN to adult staff members.



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**Automated External Defibrillation and Cardiopulmonary Resuscitation Protocol
2021-2022 School Year**


DEFINITION:

AED=Automated External Defibrillation is a device which analyzes a person's heart rhythm and will automatically provide an electric shock to restore cardiac rhythm. Cardiopulmonary Resuscitation are the trained skills that are performed to restore or replace respirations and cardiac rhythm until emergency assistance arrives.

PHYSICAL FINDINGS: Lack of responsiveness, lack of breathing or agonal breathing, and/or lack of a pulse.

MANAGEMENT:

1. **Follow the latest American Heart Association Guidelines for AED CPR**
2. Ensure the scene is safe
3. Assess the level of responsiveness, check for breathing, check for pulse
4. Shout for help, call 911, send for an AED
5. Begin High Quality CPR and if warranted use a barrier device
6. Notify family members
7. Complete the appropriate Report form and/or nursing visit documentation and notify Nurse Leader



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**Bacitracin Ointment Protocol
2021-2022 School Year**

INDICATION: **For all grades:** First aid ointment to help prevent infection in minor lacerations, abrasions, and burns.

DIRECTIONS/DOSAGE: Cleanse and dry the wound. Soap alone is the preferred standard of care for minor abrasions. Apply a small amount of the ointment to the area of the wound *1 to 3 times* daily if the area does not appear to be healing. May be covered with a sterile dressing.

CAUTIONS: **FOR EXTERNAL USE ONLY. DO NOT USE IN THE EYES** or apply over large areas of the body. Do not use the product if allergy exists to any listed ingredients. In case of deep or puncture wounds, animal bites, or serious burns, consult a licensed provider. Stop use and consult provider if the condition persists or becomes inflamed Do not use longer than 1 week unless directed by a licensed provider.

NURSING ACTION:

1. Prior to administration of the medication, assessment of the student must include evaluation of skin color, swelling, drainage, redness, heat, and pain (location, severity and duration), location of rash and skin integrity.
2. Notify parent/guardian as appropriate.
3. Document treatment.
4. Verify tetanus status if warranted.
5. Refer to a health care provider as needed.
6. Follow-up as needed.



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**Benadryl Protocol
(diphenhydramine hydrochloride)
2021-2022 School Year**

INDICATION: For all grades, this signed document authorizes all school nurses in the Newburyport Public Schools to administer Benadryl (diphenhydramine) to students with minor, non-life-threatening signs of an allergic reaction, i.e. hives, localized itching and/or rash. **More serious reactions such as respiratory distress or vomiting require treatment of Epinephrine.** Situations requiring this medication include, but are not limited to, mild to moderate reactions to an insect sting, drug allergy or food allergy.

DIRECTIONS/DOSAGE: Benadryl may be administered to any student following the protocol provided and in the dosages outlined below.

MANAGEMENT:

1. Check the student's emergency information to verify absence of Benadryl allergy.
2. Administer appropriate dose (see below) and document time, date, and dosage.
3. Observe the student for signs of severe allergic reaction or anaphylaxis and monitor for worsening symptoms and treat according to the Emergency Treatment for allergy and anaphylaxis.
4. Document/review suspected allergy on the student's emergency information.
5. Parents must be notified regarding administration of Benadryl.
6. Notify the Nurse Leader when Benadryl has been administered in the school setting.

<33 lbs. 12.5 mg. (1 tsp.) Orally q4-6 hours

33-43 lbs. 18.75 mg. (1 ½ tsp.)

44-65 lbs. 25 mg. (one tab or 2 tsp.)


66-87 lbs. 37.5 mg. (1 ½ tab or 3 tsp.)

>88 lbs. 50 mg. (2 tabs or 4 tsp.)

SIDE EFFECTS: Dizziness, drowsiness, poor coordination, fatigue, anxiety, confusion, blurred vision, dry nose, throat, and mouth, nausea, diarrhea, chest tightness.

CONTRAINDICATIONS: Known hypersensitivity to this drug, lower respiratory tract disease.

NURSING ACTION: **Notify parents.** Note respiratory status, rate, rhythm, and increase in bronchial secretions, wheezing, and chest tightness, observe skin for alteration in skin integrity, presence of rash or hives. Observe for alleviation of symptoms for which the drug was administered. Documentation of observations and nursing actions. Follow-up.



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**Calamine Lotion Protocol
2021-2022 School Year**

AT ALL GRADES: Apply Calamine Lotion topically to skin for mild itching, pain, and discomfort.


DIRECTIONS/DOSAGE: Wash and completely dry the affected area before applying lotion. Shake the bottle well before use. Apply to the affected area of skin.

SIDE EFFECTS: Very unlikely, but report any rash or irritation promptly and cleanse area thoroughly.

PRECAUTIONS: Avoid getting this medicine in the eyes or on the inside of the nose or mouth.

CONTRAINDICATIONS: Do not use if symptoms worsen.

NURSING ASSESSMENT FACTORS: Prior to the administration of the medication, assessment of the student must include evaluation of skin color, swelling, drainage, redness, heat, and pain (location, severity, and duration), location of rash and skin integrity.



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**Cough Drops- Sugar Free Protocol
2021-2022 School Year**

INDICATION: For grades Kindergarten through 12, school nurses may give 1-2 cough drops for relief of cough or sore throat due to occasional minor irritation.


DIRECTIONS/DOSAGE: Children 5 years and over: Dissolve 1 drop slowly in mouth. Repeat every 2 hours as needed.
Active Ingredient: Menthol 5.8 mg per drop

SIDE EFFECTS: May contain phenylketonurics, soy, or several types of food dyes. If allergic to these elements, irritation could occur.

CAUTIONS: **CHOKING HAZZARD.** Do not give to any child with a known swallowing issue. If sore throat is severe, persists for more than 2 days, is accompanied by fever, headache, rash, swelling, or vomiting, consult a doctor promptly.

NURSING ACTION:

1. Assess upper respiratory tract, obtain a temperature, and review history of cough symptoms as needed before administering cough drop.
2. Attempt relief of symptoms by having the child rinse with warm salt water.
3. Monitor health as needed.



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**1% Hydrocortisone Anti-Itch Ointment Administration
2021-2022 School Year**

INDICATIONS: At all grades: Apply 1% Hydrocortisone Ointment topically to skin for relief of mild itching, inflammation, and rashes.

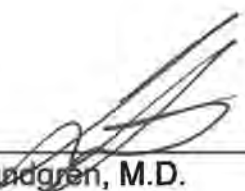
DIRECTIONS/DOSAGE: **Children 4 years of age and older and Adults:** Wash and completely dry affected area before applying ointment. Apply to the affected area of skin not more than 2 times during the school day. For External Use Only.

SIDE EFFECTS: Very unlikely, but report promptly any rash or irritation and cleanse area thoroughly.

PRECAUTIONS: Avoid getting this medicine near or in the eyes or on the inside of the nose or mouth.

CONTRAINDICATIONS: Do not use if symptoms worsen.

NURSING ASSESSMENT FACTORS: Prior to the administration of the medication, assessment of the student must include evaluation of skin color, swelling, drainage, redness, heat, and pain (location, severity, and duration), location of rash and skin integrity. Notify parents as needed.



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**Ibuprofen (Advil or Motrin) Protocol
2021-2022 School Year**

INDICATION: Analgesic agent for simple headaches, menstrual cramps, general malaise due to cold/flu, or as an antipyretic.

DIRECTIONS/DOSAGE:

(For children 12 and under)

Children's ibuprofen oral suspension

100mg/5ml (1 tsp) May be given every 6-8 hour

Junior Strength Ibuprofen chewable tablets

100 mg tablet may be given 1-3 tablets every 6-8 hours

Weight (pounds)	Age (years)	Oral (100 mg/ 5 ml)	Tablet (100 mg tablet)
24-35	2-3	1 tsp or 5 ml	1 tablet
36-47	4-5	1 1/2 tsp or 7.5 ml	1 ½ tablets
48-59	6-8	2 tsp or 10 ml	2 tablets
60-71	9-10	2 1/2 tsp or 12.5 ml	2 ½ tablets
72-95	11	3 tsp or 15 ML	3 tablets

DIRECTIONS/DOSAGE: (For children 12 and over) **Adult strength ibuprofen tablets** (200 mg tablets) Children 12 years and older may receive 1-2 200 mg every 6 hours.

CAUTIONS: In case of overdose, contact healthcare provider or poison control center immediately. POISON CONTROL at 617-232-2120 (potential for hepatic toxicity). If sensitivity occurs, discontinue the drug.

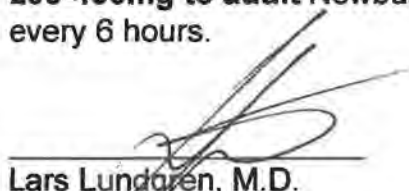
CONTRAINDICATIONS:

- Allergy or hypersensitivity to Ibuprofen.
- *Not to be given with other NSAIDS*
- Not to be given concomitantly with other anti-inflammatory medications

NURSING ACTIONS:

1. If the student is under the age of 18 years, make sure that there is a signed parental permission.
2. Confirm that the student does not have an allergy to ibuprofen or aspirin. Severe reaction to aspirin (asthma, swelling, shock, and hives) may be associated with cross reactions to ibuprofen.
3. Evaluate pain and pain source.
4. Measure temperature if appropriate; if temperature > 100 F, contact the parent.
5. Check for the last dose and administer the appropriate dose.
6. Refer to the primary care provider if requesting medication more than twice weekly.
7. Notify parent/guardian (written/verbally) of dose, time, and circumstances surrounding administration of ibuprofen where appropriate. Document and record treatment.

In all locations, School Nurses may administer 200-400mg to adult Newburyport Staff members every 6 hours.


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**Naloxone (Narcan) Protocol
2021-2022 School Year**

INDICATION: School nurses may administer Naloxone to a patient (student, staff member, or visitor) in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected.

CONTRAINDICATIONS: Hypersensitivity, which is very rare

RATIONALE:

- Naloxone is an opioid antagonist that is used to reverse the effects of opioids.
- Current research has determined that Naloxone administration has been found to prevent death from opioid overdose, as well as reduce disability and injury from opioid overdoses.
- The rapid administration of Naloxone may be life-saving in patients with an overdose due to opioid use. (Doe-Simpkins, Walley, Epstein, & Moyer, 2009)

DIRECTIONS:

1. When a patient is suspected of an opioid overdose the nurse will conduct an initial assessment of the level of consciousness and respiratory status:
 - a. Level of consciousness
 - i. The nurse determines that the patient presents with a decrease in level of consciousness as evidenced by;
 - difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously)
 - unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands)
 - b. Respiratory status
 - ii. The nurse determines that the patient presents with a depression of respiratory status as evidenced by;
 - decrease in respiration rate
 - if available, interpretation of pulse oximetry measurement
2. The School Nurse will rapidly determine the need for Naloxone administration (pinpoint pupils and track marks may be present, although absence of these findings does not exclude opioid overdose) and activate emergency medical service response – 911 and inform EMS dispatcher that the first dose of Naloxone is being administered.

Continued on next page



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Naloxone (Narcan) Protocol cont'd
2020-2021 School Year

3. Administration of Naloxone:

a. Intranasal administration 2-4 ml (preferred route)


- i. Exclusion criteria includes; nasal trauma, epistaxis
- ii. Pop off two yellow caps from the delivery syringe and one red cap from the Naloxone vial.
- iii. Screw the Naloxone vial gently into the delivery syringe.
- iv. Screw the mucosal atomizer device onto the top of the syringe.
- v. Spray half (1 mg) of the Naloxone in one nostril and the other half (1 mg) in the other nostril for a total of 2 mg. Repeat with another 2ml syringe as needed.
- vi. Assure 911 has been called
- vii. Monitor until EMS arrives

4. Considerations

- a. Victim may, in a small percent of instances, be angry or combative when he/she wakes up, hence:
 - i. Stand back from victim
 - ii. If feasible, have second adult present

5. Documentation

- a. Record encounter in electronic medical record.
 - i. Summary line to include "Naloxone administered"
 - ii. Documentation must include patient presentation, route (intranasal), and dose that was administered as well as the patient's response to the Naloxone administration.


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Reference:

Doe-Simkins, M., Walley, A., Epstein, A. & Moyer, Peter. (2009). Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. *American Journal of Public Health*, 99 (5), 788-791.



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**Peroxyl Mouth Rinse (Antiseptic Oral Cleanser) Protocol
2021-2022 School Year**

Medication: **Peroxyl Alcohol-Free Antiseptic Oral Cleanser Mouth Rinse
1.5% Hydrogen Peroxide in 150 mg/10 ml low concentration
hydrogen peroxide mouth rinse**


INDICATION: FOR ALL GRADES: Mouth rinse for temporary use to cleanse canker sores and minor gum inflammation resulting from minor dental procedures, orthodontic appliances, accidental injury, or other irritations of the mouth and gums.

DIRECTIONS/DOSAGE: Children three years and older, swish two teaspoons (10 ml) in the mouth over affected areas for at least one minute, then spit out. Do not swallow the contents. May use up to four times daily.

Cautions: When using Peroxyl mouth rinse, do not swallow the product. If accidentally swallowed, follow with 6 ounces of water (as advised by Poison Control 800-222-1222). If condition does not improve or recurs within 7 days, discontinue use and consult a physician or dentist.

Nursing Action: Notification of parent/guardian of symptoms when appropriate. Documentation of treatment and follow-up.

In all locations, school nurses may provide adult staff with Peroxyl Mouth Rinse as needed.



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**Pramoxine HCL 1% (Sting Relief Pads) Protocol
2021-2022 School Year**


Medication: Pramoxine HCL 1% (sting relief pads)

INDICATION: FOR ALL GRADES: Temporary relief of itching associated with insect bites, hives, or rashes.

DIRECTIONS/DOSAGE: Apply topically, liberally, to affected areas several times daily or PRN or as directed by a physician.

CAUTIONS: FOR EXTERNAL USE ONLY. AVOID CONTACT WITH EYES. If condition does not improve or recurs within 7 days, discontinue use and consult a physician.

Nursing Action: Notification of parent/guardian of symptoms when appropriate.
Documentation of treatment and follow-up.



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**Tums (Calcium Carbonate) Protocol
2021-2022 School Year**


INDICATION: For the relief of acid indigestion, heartburn, sour stomach, and upset stomach.

DIRECTIONS/DOSAGE: Chew 1-4 tablets based on height and weight of student as symptoms occur. Active ingredient: Calcium Carbonate 500mg per tablet.

CAUTIONS: DO NOT TAKE MORE THAN 6 TABLETS Per DAY. Antacids may interact with certain prescription drugs. Antacids may have a laxative or constipating effect.

NURSING ASSESSMENT FACTORS:

1. Assess for location, duration, quality, character of discomfort, and how often the discomfort occurs.
2. Is it related to any specific food or event?
3. What makes the distress worse or better?
4. In the event of no relief of symptoms, parents will be notified and medical intervention will be encouraged.



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