

# NORTHWEST AREA SCHOOL DISTRICT HEALTH SERVICES (REV 5/24)

## Nursing Department--- School Physician Standing Orders

**BENADRYL** (or generic equivalent) Liquid 12.5mg/tsp.  
Capsules 25mg.

PRN for allergic reaction/ age appropriate dose per manufacturer's directions.

**EPINEPHRINE**  
EpiPen(or generic) auto-injector 0.3mg.  
(weight greater than 66 lbs.)  
EpiPen(or generic) auto-injector 0.15mg  
(weight between 33 & 66 lbs.)

PRN for acute anaphylactic reaction to insect stings or bites, foods, etc.  
Call 911. Administered by RN/LPN, or trained personnel. Consider repeat dose if needed & EMS arrival exceeds 5-10 minutes.

**EYE WASH SOLUTION.**

PRN redness, irritation, &/or foreign matter (eye )

**NALOXONE** (Narcan Nasal Spray)  
4mg dose of Naloxone in  
0.1mL intranasal spray

Administer if suspected opioid overdose. May repeat every 2 to 3 minutes, if available, until the person responds or 911 emergency personnel arrive. Age appropriate per PADOH guidelines.

**ZOLL AUTOMATED  
EXTERNAL DEFIBRILLATOR**  
(or equivalent)

PRN for life threatening emergency. Call 911. Authorized for use by school personnel certified in CPR and use of AED (per manufacturer's directions). Per American Heart Association guidelines - may use Child/Infant defibrillator pads for children up to 8 years of age or child's weight up to 55 lbs.

**OXYGEN Administration:**  
2-6LPM via nasal cannula or  
face mask (stored in nurse's office)

PRN in emergency situations such as:  
difficulty breathing, shortness of breath,  
cardiac distress, or the presence of cyanosis  
BLS protocol will be followed. 911 will be called for further assistance. Oxygen tanks will be serviced annually.

School Physician \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent \_\_\_\_\_

Date: \_\_\_\_\_

Certified School Nurse \_\_\_\_\_

Date: \_\_\_\_\_