

SAMPLE STANDARD NURSING ORDERS

ACUTE ASTHMA EPISODE

- Complete an initial assessment:
 - Respiratory rate
 - Pulse rate
 - Breath sounds and camper's general condition (e.g. color)
 - Reassure student
 - Provide fluids
 - Ask student how this problem is handled at home
 - Coach and encourage calmness; relaxation
 - Continue to encourage fluid intake
 - Reassess respiratory rate, apical pulse rate (x 1 minute), breath sounds and camper's general condition (e.g. color). If no improvement, then initiate one of the following:
 - PRN medication prescribed by student's primary care provider
- OR**
- If in distress and away from camp. Epinephrine 0.3 ml 1:1000 sq. via Epi Pen
 - Wait 15 minutes then evaluate response to treatment. Repeat assessment of pulse rate, respiratory rate, chest sounds and camper's general condition (e.g. color). If there is significant improvement in student's status, discharge child.

If student shows no improvement or has deteriorated

- Consult event physician, if appropriate
- Prepare camper for transport to local hospital or call 911

NON-ANAPHYLACTIC ALLERGIC REACTIONS

Rhinitis, sneezing, itchy eyes without acute asthma episode.

- Give PRN medication (antihistamine) prescribed by primary physician

OR

- Initiate antihistamine therapy i.e., chlorpheniramine maleate 2-4 mg, fexofenadine (Allegra), loratadine (Claritin), Benadryl 25 mg., if parent has authorized over-the-counter medications on registration form.
- Contact and inform parent/guardian and get direction for further therapy, given on a regular basis for the remainder of event

ANAPHYLACTIC REACTIONS

Severe/Systemic Reaction (NOTE: check BP, if low it's severe)

- Notify event physician at once, or call 911. Treat as a serious emergency, **STUDENT MAY GO INTO SHOCK.**
- Administer epinephrine 0.3 ml 1:1000 IM. (Repeat epinephrine in 5-10 minutes, if no response)
- Notify parents and (when indicated) the primary care provider

Mild or Moderate Reaction (NOTE: normal BP)

- If mild, give diphenhydramine (Benadryl) 25-50 mg., per parent/guardian permission on registration or phone call.
- Observe 30 minutes. When discharged, warn sponsor about drowsiness from medication.
- Call 911 if any worsening – if there is any evidence of visceral involvement (e.g. wheeze, tight throat, cough, abdominal cramps)
- If condition has improved:
 - Assess precipitating factors and advise to avoid any further exposure
 - Communicate with parents/guardian

BEE STING (or other type including yellow jacket, wasp or hornet)

- Apply ice or cold compress to area of injury.
- Remove stinger by outward scraping motion of finger (squeezing releases more venom).
- Apply one of the following: baking soda, or topical hydrocortisone.
- If victim has history of being allergic to bee stings:
 - Give diphenhydramine (Benadryl) 25 mg orally (per parent/guardian approval on registration or call parent/guardian) and observe closely for signs of local or increasing allergic reaction.
 - Anaphylactic: (trouble breathing, facial swelling, wheezing, faintness) follow guidelines for anaphylaxis.

BITES OR ITCHING (poison ivy or rash)

- Wash vigorously with soap and water.
- Apply calamine lotion, diphenhydramine lotion, or itch-stop lotion.
- May give diphenhydramine (Benadryl) 25 mg orally, if parent/guardian approved over-the-counter medications on registration.
- Warn sponsor about drowsiness from meds.
- Contact parent/guardian if routine OTC therapy for remaining event is necessary.

BLISTERS

- Clean area with soap and water
- If intact, do not open but cover with sterile dressing

- If open, apply antibacterial ointment and sterile dressing
- Instruct student to change dressing at least daily while in camp

BURNS

Minor

- Soak or run cool water over burned area until the stinging stops when removed from water.
- Apply cool compress over area to reduce swelling and thermo damage to skin
- Apply topical burn cream, if available (aloe, bacitracin)
- Give analgesic, if necessary

Blistered

- Soak or run cool water over burned area until the stinging stops when removed from water.
- Apply sterile dressing with topical burn cream
- Give analgesic, if necessary
- Instruct student to keep area clean and dry, leaving dressing intact
- Clean and assess burn daily while at event

Open

- If not charred, soak in cool water
- If charred, cover with thick, sterile dressing **DO NOT REMOVE CHARRED CLOTHING**

- Contact physician (or nurse practitioner) if applicable
- Ready student for transport to hospital

CUTS AND SCRAPES

- Control bleeding; apply direct pressure (with sterile dressing if available)
- Wash or soak in antibacterial soap, rinse and dry
- May apply antibacterial ointment
- Cover with bandage
- If unable to control bleeding, apply direct pressure to arterial pulse but never use a tourniquet
- Contact event physician or 911, if applicable
- Communicate with parent/guardian by email at exit screening, date of injury, condition and treatment

EARACHE

- Take temperature.
- Wiggle external ear or press on tragus, tenderness may indicate swimmers ear. If ear is tender, excuse from swimming
- Give analgesic, per parent/guardian permission on registration:
 - Acetaminophen 1 tab (325 mg), if under 43 kg (95 lbs.) 2 tabs (650 mg), if over 43 kg (95 lbs.)

EYE INJURY

- If chemical or foreign body has entered the eye, run large amounts of water or eye wash over eye for 5-10 minutes
- Contact event physician/NP, if appropriate
- Prevent student from rubbing or touching eye

FAINTING

- Check for breathing. If no breath, continue with ABC's of CPR
- Position on back and elevate legs, checking for other injuries
- Attempt to awaken with gentle patting, cool compress, or ammonia salts
- Assess for cause: heat, exertion, vaso-vagal, hyperventilation, injury
- Notify event physician or 911, if appropriate
- Communicate with parent/guardian

HEADACHE

Not Due To Trauma

- Interview for cause and frequency:
 - Medication adverse reaction
 - Cold or flu
 - Allergies
 - Dehydration
- Give oral acetaminophen:
 - 1 tab (325 mg), if under 43 kg (95 lbs.)
 - 2 tabs (650 mg), if over 43 kg (95 lbs.)
 - (Per parent/guardian permission on registration.)

- Reassess in 1-2 hours

HEAD COLD OR NASAL CONGESTION

- Take temperature
- History and onset.
- Observe throat, neck glands, eyes, ears, appetite.
- Communicate with parent/guardian for OTC directions
- Encourage extra fluids and rest
- Reassess daily if persistent

NOSEBLEED

- Pinch soft tissue of both nostrils tightly together with thumb and forefinger, pressing toward bony part of the nose
 - Sit upright with head in neutral position
 - (Forward tilt of the of the head increases blood flow to the area. Backward tilt of the head may cause excess blood to trickle down the throat and cause choking or nausea)
- Remain seated with nostrils pinched at least 5 minutes (set timer). If bleeding does not stop, repeat steps 1-3
- Ice may be applied to the cheek or face
- Assess cause of nosebleed. If related to an injury, evaluate for further facial injury after bleeding stops.
- Instruct the camper to refrain from blowing their nose for the next 4-6 hours. If camper is sneezing, open mouth sneezing is advised.

- If bleeding persists beyond 20 minutes, contact camp physician if applicable or parent/guardian

SPRAIN

If from injury, immobilize affected part. Document presence of a pulse distal to injury. Check for possibility of fracture.

- Apply ice first 24 hours only
- Elevate
- Ace wrap PRN
- Give analgesic, acetaminophen
 - 1 tab (325 mg), if under 43 kg (95 lbs.)
 - 2 tabs (650 mg), if over 43 kg (95 lbs.)
- Reassess routinely
- Communicate with parent/guardian

SORE THROAT

- Take temperature
- Offer 1-2 cups of water to hydrate student
- Give salt water gargle (1/2 tsp. salt to 8 oz. warm water).
- For fever and/or as an analgesic give oral acetaminophen
- Reassess routinely

STOMACH UPSET (NAUSEA)

- Take temperature.
- If temperature is elevated, observe in Nurses' Station infirmary.
- Limit oral intake to water but observe for dehydration, offer sips of water or ice.
- Give antacid (Tums, Pepto-Bismol, or peppermint candy)

STOMACH PAIN

- Check for dehydration
- Ask student about bowel habits and changes at camp
- Note location of pain, onset, relief measures, and history/frequency for camper
- Palpate for intense tenderness, knots or bloating
- Observe for nausea, vomiting, pattern of camper's recurrent pain
- Treat with fluids, rest, private bathroom opportunities, diet changes, added fiber, or peppermint candy

SUNBURN

- Take temperature
- Consider affected area and percentage of body surface
- Observe for heat exhaustion (fever, confusion, nausea, vomiting, weakness, fainting)

- Hydrate with fluids
- Give analgesic and aloe lotion. Instruct to keep area out of sun or covered until healed.
- You may apply cool compresses to all affected areas
- You may apply a pain reducing spray up to 3 times a day, if the sunburn is limited in area and effect other than discomfort AND if student does not have heart or liver diseases, or an allergy to lidocaine.

TEETH INJURY

Primary

If knocked out or broken:

- Cover with clean gauze for bleeding. Save tooth for home.

Permanent

If knocked out:

- Find missing tooth and rinse gently, taking care not to damage root
- Rinse mouth and re-insert tooth in to socket, if possible
- If unable to re-insert, transport in sealed container of cow's milk or tooth transport media
- Transport student to dentist or emergency room.
- Communicate with parent/guardian.

If chipped or broken:

- Save pieces and place in transport container.

- Cleanse area and apply ice to soft tissue to prevent swelling.
- Transport student to dentist.

WOOD TICK

- Cleanse area with warm, soapy water.
- Gently remove tick by grasping with tweezers where tick mouth parts enter skin, using tugging motion.
- Seal tick in tape if parents/doctor want the tick for testing.
- Cleanse area again, once tick is removed.
- Document date and location of tick bite in student's medical record.
- Notify parents of wood tick bite when student goes home.

***Lyme disease is carried by the deer tick, which is difficult to see.
Deer ticks are approximately the size of a sesame seed.***