MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Automatic External Defibrillator (AED)
2011-2012

A program of the Minneapolis Department of Health & Family Support City of Lakes

Indicated for any person over the age of 8 years old who progresses into cardiac arrest not due to trauma

S: Determine unresponsiveness. Activate EMS. Open airway and check for breathing. If no breathing, begin artificial ventilation with 2 breaths. Then determine if has a carotid pulse for 10 seconds. If no pulse, assign a second rescuer to begin artificial respirations and obtain AED.

Bare chest. Attach electrodes to dry skin. Instruct rescuer ventilation to stop and assure no one is touching the patient. If the shock is indicated follow the prompts of the AED:

- Push shock button if instructed to do so – make sure no one is touching the patient.
- The AED will reanalyze after delivering the shock. If the AED prompts you to check pulse, the AED will repeat 3 shocks.
- If no shock is indicated and there is no pulse, then continue CPR.
- If shock is indicated, check for pulse. If no pulse resume CPR.
- If the patient regains a pulse, ensure the patient is breathing. If the patient is not breathing continue to ventilate ensuring patient has an adequate airway.

O: Unresponsive.
Carotid pulse absent.

A: Person is in need of immediate CPR while awaiting EMS.

P: Follow the AED prompts. Stay with patient until the EMS staff has taken over.

If person is a SBC student document in chart narrative note what happened and follow up with phone call to parent or guardian of actions taken and plan. Inform SBC manager and SBC physician of need to use AED.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Emergency Contraceptive
2011-2012

A program of the Department of Health & Family Support, Minneapolis City of Lakes

Indicated for students who present with request for preventing an unwanted pregnancy after having unprotected sex within last 3 days or longer depending on approval by provider.

S: Hx of birth control method being used at time of unprotected SI
History obtained should include:

1. LMP date
2. Current history includes onset of symptoms, such as nausea, abdominal pain, vaginal discharge
3. UPT results
4. Drug allergies

Subjective:

Student is eligible if she has unprotected sex in last 72 hours, states she does not want to become pregnant, has not been taking her oral contraceptives properly and missing backup doses, is greater than 2 weeks late in getting Depo booster, or is not sure when Ortho Evra Patch fell off.

O: Negative pregnancy test if possible to obtain. Vital signs are normal. If any abnormals, contact provider.

A: At risk of unwanted pregnancy and no contraindications to ECP.

P: Administer two tablets (0.75mg levonorgestrel per pill) po for total of 1.50 mg.levonorgestrel. (Brands may change with ordering throughout the year so follow directions on ECP box).
Offer STI testing
Offer condoms and any birth control refills if still covered by provider orders.
Inform provider (can be after administered ECP). Provider should co-sign order.

Education includes discussion of:

- ECP's act by preventing pregnancy and never disrupt an implanted pregnancy.
- If taken before ovulation, ECP's inhibit ovulation and may thicken cervical mucous.
- Nausea, vomiting and breast tenderness may occasionally occur after taking ECP.
- Advise to use condoms 100% and to get back on a consistent BC method as ECP is only for emergency prevention
- Make appointment for ECP follow up with RN or provider in two weeks.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Headache
2011-2012

A program of the Minneapolis Department of Health & Family Support

Indicated for adolescent who presents with uncomplicated headache without aura and request pain medication.

Charting on Request for Pain Medication to include:

S: Hx of headache: Onset, triggers such as stress, lack of sleep, illness, injury.

Past medical history should include:

1) If female, LMP, birth control hx, pregnancy hx
2) Sleep history
3) Drug, alcohol, cigarette use
4) Drug allergies or other allergies
5) History of headaches, including diagnosis and treatment plans
6) Medications (RX or OTC)

Symptoms:
Location of headache
Intensity of headache with pain scale of 1-5
Duration of headache. Quality of H/A, i.e. throbbing, continuous, etc.

Refer to provider if neurological signs or request authorization for pain medications in school.

O:
1) Vital signs including Ht., Wt., BP, Pulse, RR, Temp
2) Adolescent appears to not be feeling well
3) Offer UPT if applicable in adolescent female

A: Uncomplicated Headache in Adolescent

P: If there are no contraindications the RN may administer one of the analgesics listed below for pain relief:

1. Acetaminophen 650 mg po q 4-6 hours PRN paid or
2. Ibuprofen 400 mg po q 4-6 hours PRN paid. Must have a negative UPT first if able to obtain.
3. May send to School Nurse office to lie down for 30 minutes.
4. Refer to provider or PMD if student comes in more than 2-3 times during the school year.

Education includes discussion of:

- Recognition of triggers such as smells or bright lights, stress factors and strategies to avoid these triggers in future.
- Symptomatic cares such as cool compress on forehead, rest in school nurse office.
- Discuss when appropriate to make a referral to provider for worsening symptoms.
- Discuss importance of not skipping meals and to take analgesics with food to prevent stomach upset.
- Advise to return to clinic if headache does not improve within 24 hrs and refer to MD.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Menstrual Cramps
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Indicated for adolescent female who presents with dysmenorrhea and requests pain medication.

Charting on Reproductive Health Visit to include:

S: Age of menarche.
Hx of dysmenorrhea: Length of menses; #of pads/tampons/day
Onset of pain. Intensity of pain on scale of 1-5. Duration of pain. Associated symptoms.
LMP (normal/not normal).
Sexual Activity. Birth control method and condom use, including if/when it was discontinued and why.
Date of most recent pelvic exam/pap.
Previous pregnancy (list date(s) and outcome(s).
General Health History (if not completed within the past year).
Drug allergies.
Major medical problems.

If answers to these questions indicate that pregnancy testing should be performed, use pregnancy diagnosis form.

O:
1. Vital signs including Ht., Wt., BP, Pulse, RR, Temp.
2. UPT test result. Follow UPT protocol if positive or refer to provider if insure of LMP date.
3. Send UA/UC if indicated. Notify provider if urine dip is abnormal.

A: Menstrual Cramps

P: If there are no contraindications the RN may administer one of the analgesics listed below for pain relief:

1. Acetaminophen 650 mg po q 4-6 hours PRN paid or
2. Ibuprofen 400 mg po q 4-6 hours PRN paid. Must have a negative UPT first if able to void.
3. May send to School Nurse office to lie down for 30 minutes.
4. Refer to provider or PMD if student comes in more than 3 times during the school year.

Education includes discussion of:

1. Symptomatic care including rest, warm pack to abdomen, relaxation techniques.
2. If symptoms impact daily life and cause frequent absences from school, refer to provider or PMD.

Ni Chaim, MD
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12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Pharyngitis
2011-2012

A program of the Minneapolis Department of Health & Family Support, City of Lakes

Indicated for SBC students presenting with sore throat.

Charting on Adolescent Periodic Visit form to include:

S: Hx of Present Illness.
History should include:

1. General Health History (if not completed within the past year).
2. Signs/Symptoms (sore throat, dysphagia, stomach ache, rash, etc.)
3. Symptom onset and duration
4. Hx of strep throat
5. Drug allergies
6. Current Medications
7. Major medical problems
8. Primary medical clinic/provider

If patient presents with drooling, toxic appearance, and/or respiratory distress (stridor, nasal flaring, hyperextension of the neck, leaning forward in tripod position, suspect epiglotitis. Do not attempt to examine the throat. Call 911 immediately per clinic protocol.

O:

1. Vital signs
2. Erthema of the pharynx.
3. Rash/Petechial lesions
4. Enlarged tonsils (exudate present?)
5. Enlarged lymph nodes (tender?)

Obtain throat culture. (If currently on PCN defer strep culture as it will be negative). Do rapid strep culture if before a long holiday or weekend or on a case by case basis. Follow directions on testing kit. If rapid throat culture negative still send on throat cutlture to lab for confirmation.

A: Possible Strep Pharyngitis

P:

1. Return to clinic tomorrow for culture results, or obtain a home phone number in case the student isn't at school the next day.
2. If throat culture is positive for group A beta hemolytic strep notify provider for Rx.
3. Verify drug allergies; other medications currently taking.
4. Or, refer to primary medical provider.

Education may include discussion of:

1. The importance of finishing **all** of the medication as prescribed.
2. If on OCPs encourage back-up method/condoms until next pill pack.
3. Comfort measures such as Acetaminophen or Ibuprofen for throat pain or fever.
4. Gargle with half a teaspoon of salt dissolved in a glass of warm water BID-TID.
5. Increase rest and fluids.
6. Seek medical care immediately if symptoms worsen.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
ProAir HFA (Albuterol)
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Indicated for asthma exacerbations.

Charting on Adolescent Periodic Visit form to include:

S: Hx of Present Illness.
Asthma history, including medications being used; no access to inhaler.
History should include:

1. General Health History (if not completed within the past year) once patient's condition is stabilized.
2. Asthma history: medications, triggers
3. Current Asthma Medications, dose, and current usage history.
4. Drug allergies.

Respiratory symptoms:
Wheezing, SOB, tachypnea, cough, chest tightness, other. **If suspected anaphylaxis: give epinephrine per protocol or access 911 through school Emergency protocol.**

O:
1) Vital signs, including Ht. Peak Flow x3, BP, Pulse, Respiratory rate, Temp.
2) Signs of respiratory distress – may include one or more of the following:
   Wheezing, diminished breath sounds, cough, tachypnea, cyanosis, increased heart rate, other
3) Peak Flow in their yellow or red zone.

A: Asthma exacerbation in a (write in age) y.o.

P:
1) RN to administer Proair HFA with spacer, 2 puffs po, 1-3 min. apart – 4-6 PRN. Give water as tolerated and guide in breathing techniques. Student to remain in clinic for 5 minutes or longer, until breathing has normalized. Recheck vitals, peak flow and exam. If no improvement, or if an increase in respiratory distress occurs, **activate 911 according to school protocol.** If in Red Zone, administer 5-8 puffs po every 20 min for 1 hour. Call ER if symptoms worsen.
2) Contact parent regarding Proair administration in school while patient is in clinic. Give copies of Asthma Action Plan to student to give to PMD or clinic and School Nurse.
3) Refer to primary medical provider.
4) If needed, obtain verbal order for inhaler for school and/or home use. Schedule with PMD or SBC provider for asthma assessment as soon as possible.

At follow-up education may include discussion of:

- Avoidance of environmental triggers.
- Appropriate follow-up with PMD.
- Controller medications versus reliever medications, proper use, side effects, spacer use.
- Importance of carrying Albuterol with at all times.
- Relaxation techniques.

Nri Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Sports Physical Exams
2011-2012

A program of the Minneapolis Department of Health & Family Support

Indicated for students needing a Sports Physical Exam

Charting on Adolescent Periodic Visit form to include:

S: Personal Health History form should be completed by parent and student and reviewed by RN.

O:
1. Vital signs including Ht, Wt., BP, Pulse, RR Temp, Vision Screen, Puretone hearing screen, UA without micro.
2. Hemoglobin.
3. Review immunization history.
4. Offer Urine GC & C if appropriate.
5. Offer UPT if appropriate.

A: Adolescent in need of sports physical exam

P: Refer to Provider for exam and alert to any abnormal VS, or other concerns.

Education includes discussion of:

1. Annual dental exam and brushing and flossing daily.
2. Drinking water to prevent dehydration with sports activities.
3. Discuss the importance of a balanced diet and exercise daily and emphasize 3 meals per day.
4. Discuss the importance of getting adequate rest.
5. Discuss risk assessments for safety such as helmet use and seat belt use and avoidance of tobacco, alcohol, and drug use.
6. Discuss abstinence and if adolescent is sexually active offer education on prevention of STI's and pregnancy prevention.
7. Offer any needed resources such as insurance, dental clinics, eye glass referral, etc.
8. Offer any needed immunizations after provider examines adolescent.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Urine Screen: Chlamydia & Gonorrhea
2011-2012

A program of the Minneapolis Department of Health & Family Support City of Lakes

Indicated for New Family Planners, Sports Physical Exams, condom requests, Plan B, UPT's and per student request.

Charting on Reproductive Health Visit form to include:

S: Hx of previous sexual activity.
History obtained should include:

1. General Health History (if not completed within the past year)
2. Sexual History: Number of recent partners____ Most recent SI_____
   Condom Use: yes_____ no_____
   Birth Control method_____
3. HIV Risk Assessment (per protocol)
4. Drug Allergies_____
5. Major Medical Problems_____

Vaginal/Penile symptoms:
Lower abdominal pain or cramping_____Discharge_____Pruritis____ Odor_____
Unusual spotting or bleeding____ Painful intercourse_____ STI exposure_____
Lumps, bumps, rash, sore spots_____
Possible PID: If a student complains of fevers, nausea, vomiting, abdominal pain with intercourse or testicular pain, she/he should be referred to a provider that day for an exam.

O: Urine specimen 20-50ccs of first voided urine, taken at least one hour after any previous void. Send urine to Fairview Laboratory. (It is preferable that urine containers be marked with a black pen at the 20 and 50cc (ml) lines on the sample container.)

UPT: Positive_____ Negative_____

A: STI screen.

P: Based on test results.

TX: Refer student to MD/NP or contact provider for any positive test results.

Education includes discussion of:

- Prevention of sexually transmitted infections.
- Discussion of client's personal risk factors
- Consequences of sexually transmitted infections
- Condom use/demonstration
- Birth Control if appropriate

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Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Urine Screen: Pregnancy Test
2011-2012

A program of the Department of Health & Family Support, Minneapolis City of Lakes

Indicated for Adolescent female who may be at risk for pregnancy.

Charting on Reproductive Health Visit form or Pregnancy Diagnosis form to include:

S: History of sexual intercourse including sexual debut.
Last sexual intercourse (with/without condom).
Current contraceptive method, including if/when it was discontinued and why.
First day of LMP (normal/not normal).
Previous pregnancy (list/not normal).
Major medical problems.

<u>If answers to these questions indicate that pregnancy testing should be performed, use pregnancy diagnosis form.</u>

O:
1) Vital signs including Ht., Wt., BP, Pulse, RR, Temp.
2) UPT test result.

A: Pregnant Adolescent//Non/Pregnant Adolescent at high risk for pregnancy, STIs.

P:
1) Send urine for STI, trichomonas screen. Send UA/UC if indicated.

Pregnant:

- Determine EDC.
- Refer to Social Worker for All-Options counseling or provide yourself if no S.W. available.
- Give a copy of pregnancy resource list for options
- Help patient identify support person(s).
- Education regarding chemical use.
- Schedule follow-up with MD/NP within the week.

Not Pregnant, but at high risk for pregnancy:

- Determine stage of pregnancy readiness .
- Determine stage of contraceptive attitude.
- Review proper use of current birth control method.
- If currently not using a method, or desires a change in method, discuss contraceptive options including abstinence. Schedule with a provider.
- Discuss HIV/STI prevention, transmission, testing.
- Dispense condoms.
- If UPT is negative but pregnancy is suspected repeat test in 2 weeks.
- A weak positive should be repeated in 48 hours with early morning specimen if possible.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Nursing Standing Orders
Shot Only Protocol
2011-2012

A program of the Minneapolis Department of Health & Family Support

Any health care provider may schedule a Shot Only visit when a student is not up to date on immunizations. The school nurse may refer the student for shots.

The RN, NP or MD assesses the need for the immunization. Up to date immunization information is obtained from the school nurse and Immulink.

The RN will assess the health status of the student according to the consent form for each immunization.

Contraindications:

- Febrile illness: Minor illnesses such as mild upper respiratory infections should not postpone vaccine administration. However, immunization of persons with severe febrile illnesses should generally be deferred. This precaution is to avoid superimposing adverse effects from the vaccine on the illness or mistaking the manifestation of the illness as a result of the vaccine.

- Contraindications listed on "Important Information" sheets pertinent to each vaccine.

If no contraindications to immunization, RN explains consent form and obtains signature.

If there is a question about whether immunizations should be given, nurse consults with NP or MD.

The RN gives the immunization and records it on the appropriate forms. An immunization card may be filled out and given to the student.

Nri Chaim, MD
Approved Signature

12/16/11
Date