

TRUE FRIENDS 2018-2019
PHYSICIAN'S STANDING ORDERS

Name: _____
Program: _____
(Respite care, Resident camp, or both)

1. **Pain or fever:** Tylenol tabs (acetaminophen) 325-1000mg every 4-6 hr. or if under 80lbs 10-15mg/kg every 4-6 hr. (Not to exceed 3000mg in 24 hours)
2. **Inflammation / pain:** Ibuprofen 200 mg. 1-2 tabs every 4-6 hours or Children's Ibuprofen Oral Suspension administered per package directions. Do not give if history of bleeding disorder or stomach problems. Discontinue use and see physician if black-colored stools.
3. **Pain:** Ice/ cold pack applied for no more than 15 min at a time. For every 15 min on cold pack will be removed for at least 15 min. Aspercreme or topical analgesic equivalent. Apply to affected area per package directions.
4. **Mouth/tooth Pain:** Orajel. Apply to affected area per package instructions
5. **Sore throat / Cough:** Cough drops administered per package direction. If able will also gargle with warm salt water. Benadryl as needed or Tussin DM cough syrup (Not to be given to anyone under the age of 6yrs) or equivalent as directed for non-diabetic.
6. **Nasal congestion:** Sudafed PE 10 mg. or Sudafed PE liquid or equivalent. Per package directions
7. **Abdominal distress:** Maalox (liquid antacid) or Tums administered per package directions; do not use for more than 24-48 hours without consulting a physician.
8. **Abdominal Upset:** Pepto Bismal or equivalent ONLY if 18yrs or older and not on blood thinner or unable to have ASA. Administer per package direction for GI upset and/or 3or more episodes of diarrhea
9. **Diarrhea:** Clear liquid diet; avoid dairy products X24 hrs. Bland diet first day after symptoms subsides. If no response after 24hrs: Imodium (loperamide) or equivalent administered per package directions if no blood in stools no fever and following health care eval. **May hold routine prescribed bowel medication during episodes of loose stools.**
10. **Constipation:** Day 2 with no BM: 8 oz. prune juice and/or Miralax or equivalent in 8oz liquid, **encourage fluids.** Day 3: continue giving prune juice and/or Miralax or equivalent; also give 30mL Milk of Magnesia, **encourage fluids.** Day 4 (12-24 hours after MOM): Bisacodyl 10 mg suppository or equivalent (resident camp only) **encourage fluids.** Day 5 (12 hours after suppository): Fleets enema (resident camp only) **encourage fluids. If no results 2 hours after enema contact M.D.**
11. **Itching due to insect bites, rash, dry skin** Anti-itch lotion or gel or Hydrocortisone 1% cream (with application of cold compress for insect bites)
12. **Anaphylaxis:** Epi Pen: Jr. (33-66lbs) and Adult dose Auto-Injector located in health center. Immediately following Epi-pen injection if individual is able to swallow also administer 25mg Benadryl with Epi Jr and 50mg with adult Epi-pen or as directed by EMS. Personal supply to be carried with individual at all times. After administration immediately dial 911 for emergency transport.
13. **Irritated eyes:** Artificial Tears or lubricating eye drops instilled per package directions. If Artificial tears unsuccessful re-assess.
14. **Probable conjunctivitis:** Flush affected eye with Artificial Tears and apply warm compress for 5-10min. Repeat as needed for comfort. If no improvement after 4hrs contact caregiver and advise to see MD. Can contact True Friends MD for a possible prescription
15. **Minor cuts and scrapes:** Cleanse with soap and water or BZK wipes or equivalent. Apply Bacitracin or equivalent, topically then apply dressing
16. **Chapped lips:** Lip Balm or equivalent applied to topically per package directions
17. **Mosquito/insect bite prevention:** Mosquito Repellent cream/lotion to skin or spray to clothing per package directions
18. **Sunburn prevention:** Sunscreen SPF 15 or greater applied topically per package directions
19. **Sunburn discomfort:** Aloe gel applied to skin per package directions.
20. **Head Lice:** Lice Free, Lice Sol Kit or equivalent used topically per package directions
21. **Hypoglycemia:** Glucose 15-30 grams or Carbohydrate drink to responsive client who has symptoms of hypoglycemia or dramatic drop from usual glucose level.
22. **Possible MI:** ASA 81mg chewable tabs 1-4 tabs administer per direction of EMS
23. Qualified staff may initiate CPR and use of AED when warranted.
24. For medication error to wrong camper or accidental poisoning calls Poison Control at 1-800-222-1222 and FOLLOW INSTRUCTIONS

*****All tablets, capsules, and liquids given PO unless otherwise stated in camper application*****
Health screening will occur within 24 hours of staff / individual's participation in a True Friends service. The following items will be reviewed/checked:

- A. Individual will be screened for any observable evidence of illness, mental health issue, communicable disease, or injury.
- B. Any evidence of illness, communicable disease, or injury will be referred to appropriate licensed personnel for evaluation and treatment.

Physician's Signature: _____ Date: _____