

TRUE FRIENDS
PHYSICIAN'S STANDING ORDERS

Name: Peter Kelley

Program: Camp, respite

(respite care, resident camp, or both)

1. Pain or fever: Tylenol tabs (acetaminophen) 500 mg. 1-2 tabs every 4-6 hr. or acetaminophen liq. 10-15mg/kg every 4-6 hr.
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 ulcer or other stomach problems. Discontinue use and see physician if black-colored stools.
3. Pain: 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 drop if unable to gargle with warm salt water.
Tussin DM cough syrup or equivalent as directed for non-diabetic. Not to be given to anyone under the age of 6 (six).
6. Nasal congestion: Sudafed PE 30 mg., Sudafed PE liquid or Claritin 10 mg. or equivalent of loratadine.
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. Diarrhea: Clear liquid diet; avoid dairy products X24 hrs. Bland diet first day after symptoms subside.
If no response: Imodium (loperamide) or equivalent administered per package directions if no blood in stools and no fever.
May hold routine prescribed bowel medication during episodes of loose stools.
9. Constipation: Day 2 with no BM: 8 oz. prune juice and/or 1 Tbsp Metamucil, at breakfast and supper, encourage fluids
Day 3: continue giving prune juice and/or Metamucil; 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 bowel sounds are absent or constipation continues after administration of an enema, contact M.D.
10. Itching due to insect bites or rash: Anti-itch lotion or gel or Hydrocortisone 1% cream (with application of cold compress for insect bites)
Benadryl tabs (Diphenhydramine) or Liquid Benadryl or Claritin (loratadine) administered per package directions
May apply Meat Tenderizer paste for bee sting.
11. Anaphylaxis: EpiPen: Jr. and Adult dose Auto-Injector located in dining hall and health center.
Personal supply to be carried with individual at all times.
After administration immediately dial 911 for emergency transport.
12. Athlete's feet: Lotrimin cream or equivalent applied per package directions
13. Irritated eyes: Artificial Tears or lubricating eye drops instilled per package directions. May administer one dose of loratadine or
equivalent.
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.
15. Minor cuts and scrapes: cleanse with soap and water or half-strength Hydrogen Peroxide. 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. Dry skin: A & D Cream or moisturizing lotion applied topically as needed
21. Head Lice: Lice Free, Lice Sol Kit or equivalent used topically per package directions
22. Hypoglycemia: Glucose 15 grams to responsive client who has symptoms of hypoglycemia or dramatic drop from usual glucose level..
23. Qualified staff may initiate CPR and use of AED when warranted.
24. For medication error to wrong camper or accidental poisoning call Poison Control at 1-800-222-1222 and FOLLOW INSTRUCTIONS.
25. Possible MI: administer 162mg chewable ASA (81mg x2) if over the age of **18**, person is able to swallow, and EMS more than 20 min away.

All tablets, capsules, and liquids given PO unless otherwise stated in camper/staff/volunteer personal profile

Health screening will occur within 24 hours of staff / individual's participation in a Friendship Ventures 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: B Helgaas
Bernt Helgaas, MD

Date: 11-30-2022

Last updated 4/4/13