

BELLE VERNON AREA SCHOOL DISTRICT
 DEPARTMENT OF NURSING SERVICES
 EMERGENCY CARE – STANDING ORDERS
 Dr. Marc Cordero, M. D., School Physician

Acetaminophen.....	Minor Pain/Fever
Children's Acetaminophen.....	Minor Pain/Fever
Ibuprofen.....	Minor Pain/Fever
Diphenhydramine HCl.....	Allergic Reaction
Calcium Carbonate Antacid.....	Dyspepsia
Collyrium Eye Wash.....	Ocular Irritations
Saline Contact Solution.....	Contact Lenses
Hydrogen Peroxide.....	Antiseptic
Isopropyl Alcohol.....	Antimicrobial
Bactine.....	Antiseptic
Bacitracin Ointment.....	Wound Care, Antibacterial
Caladryl.....	Skin Irritation, Contact
Dermatitis	
Epi-Pen Auto-injector 0.3 mg.....	Anaphylaxis
Silver Sulfadiazine 1% Cream.....	Burns
Glucagon Emergency Kit.....	Severe Hypoglycemia w/unresponsiveness
Glucometer/Blood Glucose Testing.....	Management of Diabetes Mellitus
Glucose Tablets/Gel.....	Hypoglycemia
Cepacol Lozenges.....	Minor Sore Throat, Cough
Oral Anesthetic.....	Toothache, Stomatitis
Oxygen PRN @ 4 L/min.....	Cardiac/Respirator Distress
AED.....	Cardiac Arrest
Ambulance Transport (R/WNES).....	Serious Accident and/or Illness

Signature of School Physician

Dr. Marc Cordero
August, 2011

BELLE VERNON AREA SCHOOL DISTRICT
STANDING ORDERS FOR OVER THE COUNTER MEDICATION
ADMINISTRATION

Student Name _____

Grade _____

Allergies: _____

In accordance with the laws governing public school systems, the Commonwealth of Pennsylvania requires all medication given in schools to have both a physician order and parental/guardian consent. Our school physician has provided standing orders for students in the Belle Vernon School District for a limited number of over the counter medications. This means that once we have your consent and signature, the medications on the list of standing orders may be given to your child by the Certified School Nurse or the RN Assistant.

(Note: administration of any other medication requires the parent and physician to complete and submit to the nurse, a blue "Medication Permission Form").

Parental /Guardian Consent

I give permission for my child, _____ to receive the medications listed on the Belle Vernon Area School District's Standing Orders during the school day. The standing order medications have been ordered by the school Physician, Dr. Marc Cordero. I understand the medication will be given by the Certified School Nurse or the RN Assistant according to the child's age/body weight and standards for administration.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____