



Washington County School District Health Services List
of Over the Counter Products
Approved for use in School

Name of Product	Directions for Use in Health Office, First Aid Kits, and Related School Health Services
Skin Care	
Salt Water Gargle (one to two teaspoons to one cup water)	Use as a gargle for sore throats <ul style="list-style-type: none"> • Use as a mouth rinse for discomfort due to recent tooth loss or orthodontia treatment
Antibacterial Ointment/Cream (Polysporin, Bacitracin, etc.) Follow WCSD requirements and guidelines. Refer to standing order. THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE FOR EACH TIME ONE OF THE MEDICATIONS IS GIVEN.	To be used for minor cuts and scrapes. <ul style="list-style-type: none"> • After cleansing area with mild cleanser, use gauze to apply a thin layer of ointment/cream over wound. • NOTE: DO NOT USE ANTIBACTERIAL OINTMENT/CREAM ON FRESH BODY PIERCINGS
Hydrocortisone Cream (0.5%-1.0%) Follow WCSD requirements and guidelines. Refer to standing order. THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE FOR EACH TIME ONE OF THE MEDICATIONS IS GIVEN.	To be used for the temporary relief of minor skin irritations, itching, and rashes. <ul style="list-style-type: none"> • Apply a small amount of cream to affected area. Gently rub it in until it is evenly distributed.
First Aid Cold Spray Active ingredient: isobutene, N-butane, propane	Use on burns to cool the skin <ul style="list-style-type: none"> • Reduces swelling and pain when applied to bruises or sprains
Bee Sting Wipes (Sting Kill) Isopropyl Alcohol wipes, or Baking Soda/Water Paste	Provides temporary relief of itching and pain from insect bites and stings <ul style="list-style-type: none"> • Use as directed on package insert/instructions.

Eye Care	
Eye Wash	<ul style="list-style-type: none"> • Squeeze gently (avoid touching eye with squeeze tip) to flush foreign body from eye, or for relief of discomfort. • Flushing is from inner to outer eye, with positioning to prevent contamination of unaffected eye.
Miscellaneous	
Lice Treatment Shampoo	<p>To eradicate head lice infestation.</p> <ul style="list-style-type: none"> • Use as directed on package insert. <i>Parents informed</i>
Epinephrine (EpiPen Jr and EpiPen)	Follow Utah requirements, guidelines and anaphylaxis training by District nurses.
Acetaminophen (Tylenol), or Ibuprofen (Advil or Motrin) Follow WCSD requirements and guidelines. Refer to standing order. THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE FOR EACH TIME ONE OF THE MEDICATIONS IS GIVEN	Follow WCSD requirements and guidelines. Refer to standing order.

Physician' Signature: _____



Date _____

06/10/11



TO: WASHINGTON COUNTY SCHOOL DISTRICT

Administration of Epinephrine in schools to students/staff without a student-specific medical order on file for epinephrine.

- Administer epinephrine as Epi-Pen or Auvi-Q auto-injector 0.3 mg (0.3 ml, 1:1000) Intramuscular into thigh if patient is 66 lbs or greater; OR Epi-Pen Jr. or Auvi-Q auto-injector 0.15 mg (0.3 ml, 1:2000) Intramuscular into thigh if patient 33-66 pounds.
- Administer to any student or staff member in a school who, in the judgement of the administering trained personnel, appears to be having a severe allergic or anaphylactic reaction. Any delay in treatment increases the risk of a life-threatening anaphylactic reaction or a biphasic reaction. *If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.*
- **EMS (911) MUST BE SUMMONED IMMEDIATELY.**

Physician's Signature _____

Date _____

06/11/21



TO: WASHINGTON COUNTY SCHOOL DISTRICT

Acetaminophen (Tylenol), or Ibuprofen (Advil or Motrin), may be given by the school nurse or other school employees as designated by the Principal of the School to any student after assessment of need. **THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE, FOR EACH TIME OF THE MEDICATIONS IS GIVEN.**

A medication log will be used to record the date and time, the students name, the name of the parent or guardian who was contacted, which medication was given, along with the dosage of that medication, and the initials of the person administering the medication. It is recommended that children or adolescents should NOT be given aspirin (without the advice of a physician) because of the risk of a rare but serious condition called Reye's Syndrome.

ACETAMONOPHEN (TYLENOL) Dosage [Children's chewables, 160 mg per tablet]	IBUPROFEN (ADVIL Or MOTRIN) Dosage
4-5 yr – 240 mg, 1 ½ tablets	4-5 yr - 150 mg
6-8 yr – 320 mg 2 tablets	6-8 yr - 200 mg (1 adult tablet equivalent)
9-10 yr – 400 mg 2 ½ tablets	9-10 yr – 250 mg
11+ yr – 480 mg 3 tablets	11+ yr – 300 mg
GRADES 7 – 12 th , 325-650 mg (1 -2 adult tablets, per parent)	GRADES 7 – 12 th , 200 -400 mg (1-2 adult tablets, per parent)

Frequency Maximum twice a day 4 hours apart

Physician's Signature [Signature] Date 06/10/21



TO: WASHINGTON COUNTY SCHOOL DISTRICT

TUMS (calcium carbonate), may be given by the school nurse or other school employees as designated by the Principal of the School to any student after assessment of need. Tums may be given for complaint of stomach upset, heartburn, hyperacidity, and indigestion.

THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE, FOR EACH TIME TUMS IS GIVEN.

Documentation will be maintained to record the date and time, the student's name, the name of the parent or guardian who was contacted, description of what was given, including dosage, and the name of the person administering the TUMS.

TUMS dosage:

4 yr – 375 mg (half of a 750 mg tablet)

5 yr and older – 750 mg tablet

Frequency No More than twice a day

Physician's Signature  Date 06/10/21



TO: WASHINGTON COUNTY SCHOOL DISTRICT

Antibacterial Ointment/Cream (Polysporin, Bacitracin, etc.) to be used for minor cuts and scrapes.

- After cleansing area with mild cleanser, use gauze to apply a thin layer of ointment/cream over wound.
- NOTE: DO NOT USE ANTIBACTERIAL OINTMENT/CREAM ON FRESH BODY PIERCINGS

Hydrocortisone Cream (0.5%-1.0%) to be used for the temporary relief of minor skin irritations, itching, and rashes.

- Apply a small amount of cream to affected area. Gently rub it in until it is evenly distributed.

May be given by the school nurse or other school employees as designated by the principal of the school to any student after assessment of need. **THERE MUST BE PARENTAL OR GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE, FOR EACH TIME OF THE MEDICATIONS IS GIVEN.** A medication log will be used to record the date and time, the students name, the name of the parent or guardian who was contacted, which medication was given, and the initials of the person administering the medication.

Physician's Signature _____

Date _____

06/16/21



TO: WASHINGTON COUNTY SCHOOL DISTRICT

Naloxone (Narcan): to be used for known or suspected opioid overdose. Call 911 and administer for symptoms of overdose, which may include any of the following: unresponsiveness, extreme drowsiness, pinpoint pupils, vomiting, very slow breathing, snoring, gurgling or choking sounds, no breathing, turning pale, blue, or grey, especially lips or fingernails. Provide CPR for unresponsiveness and no breathing.

Naloxone products that may be administered under this standing order, either nasally or intramuscular:

Nasal administration

Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1mL Nasal Spray

- One (1) box contains two (2) 4 mg/0.1 mL doses of naloxone
- **Instructions:** Spray 0.1 mL into one nostril. Repeat with second device into the other nostril after 2-3 minutes if no or minimal response. Call 911 and/or transport to hospital.

Naloxone HCl Solution 1 mg/mL in a 2 mL pre-filled Luer-Lock Syringe

- 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices
- **Instructions:** Spray 1 mL (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response. Call 911 and/or transport to hospital.

Intramuscular (IM) administration

Naloxone HCl 0.4 mg/mL in a 1 mL unit dose vial

- 2 x 1 mL unit dose vials and two (2) 3cc syringes with 23-25G 1-1.5 inch needles for intramuscular injection.
- **Instructions:** Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response. Call 911 and/or transport to hospital.

Evzio® (naloxone HCl injection) 0.4 mg autoinjector

- One box contains two auto-injectors
- Inject into outer thigh as directed by the English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response. Call 911 and/or transport to hospital.

Physician's Signature _____

Date _____

06/10/21