



Washington County School District Health Services
List of Standing Order Over the Counter/Rx Products
Approved for First Aid Use in School

PARENTAL/GUARDIAN PERMISSION, WRITTEN OR BY TELEPHONE, must be given each time a *starred Standing Order OTC medication is administered. Refer to medication specific Standing Order for dosing details. Document administration of medication in PowerSchool. *Notify Parents*

Name of Product	Directions for Use
Skin/ Wound Care	
Petroleum Ointment/Vaseline	<p>Can be used for dry, chapped skin/lips, and superficial cuts, scrapes, and abrasions</p> <ul style="list-style-type: none"> After cleansing simple wounds with clean tap water, bottled water or simple saline solution, apply thin layer of petroleum ointment with clean gauze or Q-tip to wounds that have little to no drainage. Apply gauze dressing as needed. This will add moisture to the wound and prevent adherence of the dressing.
*Antibacterial Ointment/Cream (Polysporin, Bacitracin, etc.)	<p>Use for minor cuts and scrapes</p> <ul style="list-style-type: none"> After cleansing simple wounds with clean tap water, bottled water or simple saline solution, apply thin layer of antibacterial ointment with gauze or Q-tip NOTE: DO NOT USE ANTIBACTERIAL OINTMENT/CREAM ON FRESH BODY PIERCINGS
*Hydrocortisone Cream (0.5%-1.0%)	<p>Use for the temporary relief of minor skin irritation, itching, and rashes.</p> <ul style="list-style-type: none"> Apply a small amount of cream to affected area, gently rub in until evenly distributed.
*Anti-itch Dual Action Gel (camphor, 0.1%, diphenhydramine hydrochloride, 2%, zinc acetate, 1%)	<p>Use for the temporary relief of minor skin irritation, itching, insect bites, and rashes.</p> <ul style="list-style-type: none"> Apply thinly to affected area for adults and children 12 years of age and older. Do NOT use on blisters or extensive areas of the skin. Do NOT use with any other product containing diphenhydramine

Skin/ Wound Care (continued)

*Benadryl Itch Stopping Cream (diphenhydramine, 1%, zinc acetate, 0.1%)	Use for the temporary relief of minor skin irritation, itching, insect bites, and rashes. <ul style="list-style-type: none">• Apply thinly for adults and children 2 years of age and older.• Do NOT use on large areas of the body• Do NOT use with any other product containing diphenhydramine
First Aid Cold Spray	Can be used on intact skin, acts as an ice pack to draw heat away from the skin, reducing minor pain, bruising and swelling. <ul style="list-style-type: none">• Follow package directions.
Bee Sting Wipes (Sting Kill)/ Isopropyl Alcohol wipes/ or Baking Soda/Water Paste	Use for temporary relief of itching and pain from insect bites and stings. <ul style="list-style-type: none">• Use as directed on package, or mix baking soda with enough water to make a paste and apply.

Eye Care

Eye Wash	To be used for minor eye irritations, seasonal allergens. <ul style="list-style-type: none">• Squeeze gently to flush foreign body from eye, or for relief of irritation/discomfort. Avoid touching eye with tip.• Flush from the inner to outer eye. Position student with affected eye in lower position relative to unaffected eye to prevent contamination of unaffected eye.
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Pain Relief

*Acetaminophen (Tylenol), or * Ibuprofen (Advil or Motrin)	Refer to medication specific Standing Order for details and dosage.
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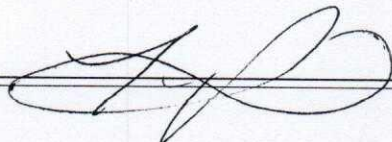
Severe Allergic Reaction- Anaphylaxis

Epinephrine (EpiPen Jr and EpiPen) Rx written by WCSD Medical Director	To be used immediately for suspected severe allergic reaction. See Standing Order instructions for EpiPen. For suspected severe allergic reaction, administer Epi-Pen first, then call 911 and parent/guardian.
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Miscellaneous

*Lice Treatment Shampoo	To be used for the treatment of head lice. <ul style="list-style-type: none">• Follow package directions
Salt Water Gargle	To be used for sore throat, minor mouth/gum irritation <ul style="list-style-type: none">• Mix 1-2 teaspoons of table salt with 8 oz water. Gargle or swish, then spit out.
*Tums	Use for stomach upset, heartburn, hyperacidity, and indigestion. Refer to specific Standing Order for dosing.

Physician's signature _____

Date 09/19/2025



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 _____

[Handwritten Signature] *no*

Date _____

8/24/25



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 _____



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 Max twice a Day

Physician's Signature [Signature] Date 8/2/15



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 One Daily Max

Physician's Signature [Signature] Date 8/2/25



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 8/21/25

- For suspected or known opioid overdose: Even if you are not sure an opioid overdose has occurred, **if the person is not breathing or is unresponsive, give the naloxone injection right away** and then seek emergency medical care.
- Do not assume that an overdose episode has ended if symptoms improve. You must get emergency help after giving a naloxone injection.
- Naloxone injected into a muscle is given in the outer thigh. In an emergency, you may give an injection through the person's clothing.
- After injecting naloxone, stay with the person and watch for continued signs of overdose. You may need to give another injection every 2 to 3 minutes until emergency help arrives. Follow all medication instructions carefully.
- Store naloxone at room temperature away from moisture and heat. Keep auto-injectors in outer case until you are ready to use it. **Do not use the medicine if it has changed colors or has particles in it.**

Naloxone side effects

Because naloxone reverses opioid effects, this medicine may cause sudden withdrawal symptoms such as:

- nausea, vomiting, diarrhea, stomach pain;
- fever, sweating, body aches, weakness;
- tremors or shivering, fast heart rate, pounding heartbeats, increased blood pressure;
- feeling nervous, restless, or irritable;
- goosebumps, shivering;
- runny nose, yawning; or
- (in babies younger than 4 weeks old) seizures, crying, stiffness, overactive reflexes.

Signs of an overdose:

- Not breathing, or breathing is very slow
- Turning pale, blue, or gray, especially lips or fingernails
- Making snoring, gurgling, or choking sounds
- Becoming limp
- Throwing up
- Not responding to yelling or other stimulation