



**Kaufman Independent School District
Health Services
Standing Medical Delegation Orders
School Year: 2026-2027**

The following treatments and medications are to be used by the Registered Nurse(RN) or Licensed Vocational Nurse (LVN) or designated employee (s) who have documented training by the campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Health Services Manual. The acts covered in these STANDING DELEGATION ORDERS are limited to the following general medical symptoms that can be addressed by the medications following package directions.

Interventions shall be documented in the student office visit record in SKYWARD. Following the implementation of a standing delegation order, any variation should result in parent contact and 911 call, and/or physician referral.

Reports of any unassigned medication administration also must be documented to the TDSHS.

SPECIALIZED CARE IN EMERGENCY SITUATIONS

ANAPHYLACTIC REACTION *symptoms may include apprehension, flushing, sneezing, coughing, itching, burning, urticaria, respiratory difficulty, wheezing or shortness of breath, cyanosis, pallor, imperceptible pulse, loss of consciousness.*

Administer EPINEPHRINE Auto Injector- Jr 0.15mg (children 33-66 lbs.) Administer EPINEPHRINE Auto Injector 0.3mg (over 66 lbs.) for signs of anaphylaxis. Always call 911 when Epinephrine is used. May repeat dose if no response to epinephrine within 10 minutes and EMS has not arrived. Contact parent or guardian.

NON-ANAPHYLACTIC REACTION *In case of minor symptoms, contact the student's parent or guardian to administer Benadryl elixir according to package directions. Administer Benadryl or generic equivalent according to package recommendations only with preauthorized parental consent..*

Students should be picked up by their parents if Benadryl was administered.

Dosing Guidelines Benadryl 12.5mg/5ml per American Academy of Pediatrics:
<https://www.healthychildren.org/english/safety-prevention/at-home/medication-safety/Pages/Diphenhydramine-Benadryl-Antihistamine.aspx>

20-24 lbs. Give 4ml ($\frac{3}{4}$ teaspoon)

25-37 lbs. Give 5ml (1 teaspoon)

38-49 lbs. Give 7.5ml (1.5 teaspoons)

50-99+ lbs. Give 10ml (2 teaspoons)

EMERGENCY USE OF STOCK ALBUTEROL: Use the Stock Albuterol Inhaler Protocol and Action Plan for treating emergency respiratory distress.

NARCOTIC OVERDOSE SUSPECTED: Naloxone/Narcan- 4mg nasal spray is available at all campuses for administration (RN's, Principals, AP's, and SRO's carry Narcan).

Signs of opioid overdose may include: a person will not wake up or respond to your voice or touch, breathing is very slow (<12-14 breaths/min), irregular or has stopped, "pinpoint pupils," fingernails and lips turning blue, slow heart rate (<50/min).

Administer Naloxone/Narcan nasally, Call 911, and begin CPR, if necessary, until respirations are restored or EMS arrives. See attached standing order.

7.21.20

DATE

Benjamin R. Brashear

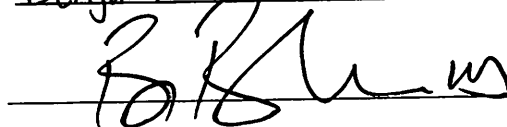
Kaufman ISD Medical Consultant

NOTE- Generic drugs or solutions may be substituted for any name-brand listed in the above orders & procedures.

Effective Date: 2026-2027 School Year

Physician Name (printed): Benjamin R. Brashear

Physician Signature:



B. Brashear M.D.
2801 Millennium Dr.
Kaufman TX 75142
972-932-8555



**Kaufman Independent School District
Health Services
Naloxone Administration
School Year: 2026-2027**

The following treatments and medications are to be used by the Registered Nurse(RN) or Licensed Vocational Nurse (LVN) or designated employee (s) who have documented training by the campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Health Services Manual. The acts covered in these STANDING DELEGATION ORDERS are limited to the following general medical symptoms that can be addressed by the medications following package directions.

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Following the implementation of a standing delegation order, any variation should result in parent contact and 911 call, and/or physician referral.

Naloxone or Narcan is indicated for the reversal of opioid overdose in the setting of respiratory depression or unresponsiveness.

Signs of opioid overdose may include:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular or has stopped
- Center part of their eye is very small, sometimes called “pinpoint pupils”
- Fingernails and lips turning blue or purple
- Slow heartbeat and/or low blood pressure

Not all of these signs will be present. If you suspect an opioid overdose, get emergency medical assistance right away, call 911.

This order authorizes Kaufman ISD to maintain supplies of Narcan Nasal Spray kits for the purpose of administration to a person suspected of having an opioid overdose with respiratory depression or unresponsiveness as follows:

- 1. Narcan Nasal Spray is for intranasal use only. Dosage form and strength: Nasal spray: 4mg of naloxone hydrochloride in 0.1ml**
- 2. Seek emergency medical care immediately after use. Call 911.**

3. Administer a single spray of NARCAN Nasal Spray to adults or pediatric patients intranasally into one nostril.
4. Administer additional doses of NARCAN Nasal Spray, using a new nasal spray with each dose, in opposite nostril from previous dose, if the patient does not respond or responds and then relapses into respiratory depression. Additional doses of NARCAN Nasal Spray may be given every 2 to 3 minutes until emergency medical assistance arrives.
5. Additional supportive and/or resuscitative measures may be helpful or needed while awaiting emergency medical assistance.

7.21.20
DATE

Benjamin R Brashear
Kaufman ISD Medical Consultant

NOTE- Generic drugs or solutions may be substituted for any name-brand listed in the above orders & procedures.

Effective Date: 2026-2027 School Year

Physician Name (printed): Benjamin R Brashear

Physician Signature: 

B. Brashear M.D.
2801 Millennium Dr.
Kaufman TX 75142
972-932-8555



**Kaufman Independent School District
Health Services
Epinephrine Administration
School Year: 2026-2027**

The following treatments and medications are to be used by the Registered Nurse(RN) or Licensed Vocational Nurse (LVN) or designated employee(s) who have documented training by the campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Health Services Manual. The acts covered in these STANDING DELEGATION ORDERS are limited to the following general medical symptoms that can be addressed by the medications following package directions.

Interventions shall be documented in the student office visit record in SKYWARD.

Following the implementation of a standing delegation order, any variation should result in parent contact and 911 call/and /or physician referral.

I, the undersigned Physician, for the purpose of facilitating the use of epinephrine in the case of anaphylaxis, a life- threatening allergic reaction, in individuals and in compliance with all applicable state laws and regulations, issue this epinephrine standing order Protocol ("Protocol") on the following terms:

Physician License; I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine in emergency situations as further described below in a school setting.

Delegation: I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Kaufman ISD campuses: HEECC, Monday Elementary, Nash Elementary, Phillips Elementary, Norman Jr. High, Kaufman High School, & Gary Campbell High School

Main Address: 1000 S. Houston St., Kaufman, TX 75142

Standing Order: All appropriate medical and school personnel (including, but not limited to, any RN) employed by or acting on behalf of the KISD School system may administer epinephrine via an undesignated epinephrine auto injector to an individual using professional judgment if an individual is

experiencing a potentially life-threatening allergic reaction (anaphylaxis).

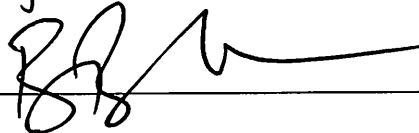
Emergency Treatment Procedures; The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is a life-threatening allergic reaction that is rapid in onset.

1. Dosage: If conditions of anaphylaxis are developing or present themselves, administer epinephrine USP as epinephrine auto-Injector, EpiPen (epinephrine injection, USP) or EpiPen Jr (epinephrine injection, USP) Auto-Injector, Intramuscularly into the anterolateral aspect of the thigh (through clothing if necessary. Selection of the appropriate dosage strength (EpiPen 0.3 mg or EpiPen Jr 0.15 mg) is determined according to patient body weight, as discussed in the product labeling.
 - a. For individuals 33 to 66 pounds, use one EpiPen Jr* (0.15 mL epinephrine injection, USP) Auto-Injector to deliver 0.15 mg of epinephrine injection, USP,
 - b. For individuals approximately 66 pounds and greater, use one EpiPen® (0.3 mL epinephrine Injection, USP) Auto-Injector to deliver 0.3 mg of epinephrine injection, USP.
2. Frequency: Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated. More than two sequential doses of epinephrine for the same episode should be administered only under direct medical supervision,
3. Referral: The individual must be referred to a physician for medical evaluation, even if symptoms resolve completely. Symptoms may recur after the epinephrine wears off, as much as 24 hours later.
4. Documentation and Notification: Document the details of the incident and notify the individual's parent, guardian, or caretaker and primary care physician in accordance with school policy. Notify DSHS and complete administration of unassigned medication report and submit appropriate copies to Dr. Brashear, PCP of patient, and the District Nursing Coordinator. In every case, emergency services must be contacted as soon as possible by calling 911 or local emergency medical services.

Effective Date: 2026-2027 School Year

Physician Name (printed): Benjamin R. Brashear

Physician Signature: _____

A handwritten signature in black ink, appearing to read 'BR' followed by a stylized flourish, written over a horizontal line.

B. Brashear M.D.
2801 Millennium Dr.
Kaufman TX 75142
972-932-8555



**Kaufman Independent School District
Health Services
Albuterol Administration
School Year: 2026-2027**

The following treatments and medications are to be used by the Registered Nurse(RN) or Licensed Vocational Nurse (LVN) or designated employee(s) who have documented training by the campus nurse. Further nursing assessment information regarding symptoms and recommendations may be found in the Health Services Manual. The acts covered in these STANDING DELEGATION ORDERS are limited to the following general medical symptoms that can be addressed by the medications following package directions.

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Following the implementation of a standing delegation order, any variation should result in parent contact and 911 call/and /or physician referral

Stock Albuterol Protocol

Stock albuterol should be administered when a person exhibits signs of acute respiratory distress, which may include:

- Wheezing (continuous whistling sound during breathing)
- Coughing fits or persistent, hacking cough
- Shortness of breath or rapid breathing
- Chest tightness or pain
- Difficulty speaking in full sentences
- Use of accessory muscles to breathe (intercostal retractions, nasal flaring)

Do not administer if the individual is:

- Known to be allergic to albuterol
- Unconscious or unable to cooperate with the inhaler/spacer mechanism

Emergency Action Plan:

- 1. Assess the Individual**
- 2. Prepare the Medication**

3. Administer the Dosage

- a. Administer 4 puffs via spacer every 20 minutes until EMS arrives
 - i. Shake the inhaler
 - ii. Deliver 1st puff
 - iii. Have the person breathe in slowly for 10 seconds
 - iv. Wait 60 seconds
 - v. Deliver 2nd puff

4. Call 911

- a. If the individual has no known history of asthma.
- b. If the individual continues to struggle to breathe or is gasping for air.
- c. If the individual's lips or fingernails are turning blue/gray.
- d. There is no improvement within 5 minutes.

5. Monitor the Individual

Post Incident

1. Contact the Parent/Guardian

2. Discard if Single Use Disposable

3. Document the Treatment Provided

- a. Name of the Individual
- b. Date & Time of the Incident
- c. Specific Symptoms Observed
- d. Number of Puffs Administered
- e. Outcome

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Physician Signature: 

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