

REGION 3 SCHOOL HEALTH SERVICES

2025 STANDING ORDERS

DR. JOHN MCNEILL, REGION 3 MEDICAL DIRECTOR

"Bridging the gap between education and health,"

To maintain availability of quality care and treatment for minor injuries and ailments for students in our school districts, I request that your school district nurses, substitute nurses or other principal designated staff use the following over-the-counter medications, as per the manufacturer's recommendations, in **non-emergent situations**. I feel that these medications are reasonable and safe when used as directed. Generic brands and over-the-counter medications of the same equivalency may be substituted as needed.

It is understood that these medications are used only for episodic care and are not intended for long-term use. If there is any concern of worsening symptoms for the student, follow up with their primary care physician is recommended. It goes without saying that any emergencies will necessitate immediate notification of EMS. Prior parental consent for use of these over-the-counter preparations is required.

- **Bactine First-Aid Antiseptic**

Used to prevent and treat minor skin infections caused by small cuts, scrapes or burns. Not for use over large areas of the body. Apply as directed.

- **Triple Antibiotic Ointment**

or use as a topical antibiotic therapy for minor cuts, scrapes and burns. After cleaning the wound, apply a thin layer of the ointment as per manufacturer's recommendation.

- **Aloe Vera Gel**

Used to soothe mild sunburns as well as itch relief for insect bites or small areas of skin rashes. Apply as directed.

- **Anti-itch Topical Ointment**

Used as directed for relief of itching from minor insect bites or minor skin irritations.

- **Oral Numbing Gel**

Benzocaine-based gel used for short term pain relief from minor mouth problems such as toothache or canker sores. Apply as directed to the affected areas in the mouth.

- **Aquaphor / White Petroleum / Vaseline**

Used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations. Can be used on dry, cracked lips as well.

- **Contact Solution / Sterile Ophthalmic Irrigation Solution**

Used only for cleaning and disinfecting contact lenses.

- **Saline Eye Wash**

Used for irrigation of irritated or injured eyes to flush particles or harmful chemicals from the conjunctiva and the cornea. Thoroughly irrigate (at least 20 minutes) and seek emergency care for any chemical burns to the eye.

- **Caladryl / Benadryl / Anti-itch Ointment**

Used for temporary symptomatic relief for skin irritations from contact dermatitis, such as poison ivy, insect bites, etc. Not for use with systemic allergic reactions such as hives.

- **Chloraseptic Mouth Spray**

Used for symptomatic treatment of mild sore throats. Significant throat infections with severe pain and/or tonsillar exudate should be evaluated for other illnesses such as Streptococcal infections. Remember, one of the early signs of COVID infections is sometimes a sore throat.

ONLY TO BE USED FOR ALLERGIC REACTION

- **Benadryl Tablets (25 mg) • Benadryl Elixir** (Per manufacturer recommendations)
Benadryl (Diphenhydramine HCL) is an antihistamine that reduces the effects of natural histamine in the body and is known as an H1 blocker. Histamine can produce symptoms of sneezing, itching, watery eyes and runny nose associated with seasonal allergies. The antihistamine properties of the medication are also used to treat allergic reactions. Give Benadryl Elixir as per manufacturer recommendations.

See Allergic Reaction - Epi-Pen administration protocol as well.

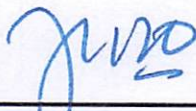
ONLY TO BE USED WITH BOARD APPROVAL

- **Acetaminophen / Tylenol**

See attached order

- **Ibuprofen / Advil / Motrin**

See attached order



Dr. John McNeill, D.O.
Region 3 School Health Medical Director

8-1-25 -- 7-31-26
Date:

REGION 3 SCHOOL HEALTH SERVICES

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ORAL MEDICATIONS - *Not to exceed manufacturer dosing guidelines. To be given with parent permission unless in an emergency situation including but not limited to: anaphylaxis, possible fracture, fever exceeding 102°F, etc.*

- 1. Children's Acetaminophen / Tylenol (160 mg / 1 tablet or 5 mL oral suspension or chewables)**
Adult Regular Strength Acetaminophen (325 mg / tablet) - every 4 hours as needed for headache, sore throat, pain or fever greater than 100.00 (not to exceed manufacturer dosing guidelines). Do not exceed 5 doses in 24 hours. *See chart below.*

Weight (lbs)	36-47	48-59	60-71	72-95
Age	4-5 years	6-8 years	9-10 years	11 years
Dose (mL Suspension)	7.5 mL	10 mL	12.5 mL	15 mL
Dose (Chewable Tablet)	1 ½ tablets	2 tablets	2 ½ tablets	3 tablets
Dose (Regular Strength Tablet)	--	--	--	1 tablet

- 2. Adult Extra Strength Acetaminophen / Tylenol (500 mg tablet)** - every 6 hours as needed for headache, sore throat, pain, or fever greater than 100.0 (not to exceed manufacturer dosing guidelines). Do not exceed 6 tablets in 24 hours. *See chart below.*

Weight (lbs)	96 lbs and over
Age	Adults and Children 12 years of age and older
Dose	2 tablets

- 3. Children's Ibuprofen / Motrin / Advil (100 mg / 1 tab or 5 mL oral suspension or chewables)** - every 6-8 hours as needed for headache, sore throat, pain, or fever greater than 100.0 (not to exceed manufacturer dosing guidelines). Do not exceed 4 doses in 24 hours. *See chart below.*

Weight (lbs)	36-47	48-59	60-71	72-95
Age	4-5 years	6-8 years	9-10 years	11 years
Dose (mL Suspension)	7.5 mL	10 mL	12.5 mL	15 mL
Dose (Chewable Tablet)	1 ½ tablets	2 tablets	2 ½ tablets	3 tablets

- 4. Adult Strength Ibuprofen / Motrin / Advil (200 mg tablet)** - every 6-8 hours as needed for relief of pain or fever (not to exceed manufacturer dosing guidelines). Do not exceed 3 doses in 24 hours.

Age	Adults & Children 12 years or age and older
Dose	1-2 tablets

_____ISD
Undesignated Asthma Medication Policy
Protocol and Standing Order

Effective Date: August 1, _____ to July 31, _____

Approved By: _____ School Board

I. Purpose

This policy establishes guidelines for the acquisition, maintenance, administration, and use of unassigned asthma medication (e.g., albuterol) by trained personnel in _____ School District to respond to respiratory distress, regardless of a known asthma diagnosis.

II. Legal Authority

This policy complies with Texas Education Code Chapter 38, §38.208 and Texas Education Code Subchapter E, §38.210 and Title 25 Health Services Chapter 40 Subchapter D, 40.42-40.49 effective 04/11/2025 allowing school districts to adopt and implement procedures for maintaining and administering undesignated asthma medication during regular school hours to a person who is reasonably believed to be experiencing respiratory distress on a school campus during regular school hours or at a school- sponsored or school-activity on or off school property.

III. Definitions

- **Undesignated Asthma Medication:** Unassigned medication (such as Albuterol) prescribed to the district for use in emergencies for any student or person believed to be experiencing respiratory distress.
- **Respiratory Distress:** Signs include shortness of breath, wheezing, chest tightness, coughing, or other asthma-related symptoms.
- **Trained Personnel:** At least one district employee or volunteer per campus has completed an approved training course in asthma management and medication administration.
- **School Sponsored or School Related:** A school-sponsored or school-related activity occurring on or off school property.
- **Regular Hours-** Regular hours updated 4/11/25, 30 minutes before the first bell to 30 minutes after the last bell of the school day.
- **School Volunteer** – As defined in TEC 22.053.

IV. Stocking and Storage

- The district will maintain a supply of undesignated asthma medication on each campus.
- Medication will be stored securely and readily accessible in an emergency.
- Storage must comply with manufacturer instructions and be in a location known for trained personnel.
- Disposing of expired unassigned medication for respiratory distress will happen per manufacturer's guidelines and our local policy.
- A check system for inventory of unassigned medication for respiratory distress for expiration will be done monthly, and to replace, as soon as reasonably practicable and document findings.

V. Training and Authorization

A designated campus administrator or school health professional will coordinate and manage policy by:

- To acquire or maintain, store and use unassigned medication for respiratory distress, subject to available campus funding.
- Conduct a review at the campus to determine the need for additional purchase of doses.
- To acquire or maintain, store and use unassigned medication for respiratory distress, subject to available campus funding.
- At least one school personnel or a school volunteer authorized at each campus will be designated and trained annually to administer asthma medication.
- School personnel or a school volunteer authorized and trained to administer unassigned medication for respiratory distress may administer medication for respiratory distress at a school-sponsored or school-related activity on or off school property. Statue does not require medication to be sent and does not require trained personnel to be available at off campus/after school events.
- Training must include recognition of respiratory distress, proper use of medication delivery devices (e.g., nebulizer treatment), and emergency response procedures.
- A record of trained personnel and their certification will be maintained by the campus nurse or administrator.
- List the location of unassigned medication for respiratory distress according to TEC 38.208.

- Notify a parent, prescribing authorized healthcare provider, and the student's primary healthcare provider when unassigned medication for respiratory distress is administered.
- A referral will be made to the student's primary healthcare provider if the student's parent or guardian has not notified the school that the student has been diagnosed with asthma. The referral must include:
 1. Symptoms of respiratory distress observed.
 2. Name and dosage of the unassigned medication for respiratory distress administered to the student.
 3. Patient care instructions given to the student.
 4. Information about the purpose and the use of an asthma action plan and medical authorization for schools, including a copy of the plan and authorization the provider completes and returns to the school.
- Will assist the parent or guardian in selecting a primary healthcare provider for the student if the student received unassigned medication for respiratory distress and does not have a primary healthcare provider or the parent or guardian of the student has not engaged a primary healthcare provider for the student.
- An adopted unassigned medication for respiratory distress policy must be publicly available (School website/handbook, policy online).

VI. Signs and Symptoms of Respiratory Distress

- Increased Respiratory Rate
- Dyspnea/Labored Breathing
- Anxiety
- Cyanosis
- Use of accessory muscles for breathing, especially in children
- Wheezing/diminished breath sounds
- Tachycardia

VII. Administration of Medication/Treatment Interventions

- Initial evaluation of the patient complaining of shortness of breath utilizing a primary survey (Stethoscope, auscultation) consisting of airway, breathing, and circulation.
- Call for help (MERT team) if the student is having a respiratory emergency.

- Apply a pulse oximeter and verify accuracy with heart rate as displayed by the device. Normal pulse oximetry readings should be greater than 94% unless the patient has a history of chronic lung disease.
- After initial assessment, trained personnel may administer undesignated asthma medication to any individual exhibiting signs of respiratory distress on school property or during school-sponsored activities.
- The order refers to the use of medication approved by the FDA (albuterol for use). Medication may be delivered with albuterol for inhalation with a nebulizer machine
- **Stocked Undesignated Medication:** Albuterol Sulfate Inhalation 0.83% 2.5 mg/3ml will be the medication to be administered. It is recommended that at least 5 albuterol single unit dose vials (3mls) will be stocked at each school/campus. It is recommended that at least 2 sets of tubing and masks are always stocked in the school/campus. School size and number of students with asthma may make it appropriate for school to always have more.
- Nebulizer machines may be cleaned according to manufacturer instructions and allowed to dry before reuse.
- Administration of medication (albuterol for inhalation) must be documented immediately, including:
 1. Name of the individual
 2. Time and dose administered
 3. Description of symptoms
 4. Outcome and any follow-up actions taken
- Parents or guardians of students receiving the medication must be notified as soon as possible.

VIII. Emergency Response

- If Albuterol for inhalation is administered, **EMS (911)** will be notified.
- The individual has no known asthma history.
- Additional medical care is needed.

IX. Report on Administering Unassigned Medication for Respiratory Distress

- Records relating to implementing and administering the school districts unassigned medication for respiratory distress policy must be retained per the campus record retention schedule.
- The report required must comply with TEC 38.2091.
- The campus must submit a report no later than the 10th business day after the date a school personnel or school volunteer administered medication for respiratory distress policy. The report must be included in the student's permanent record and must be submitted to the individuals and entities identified in TEC 38.2091as:
 1. The School District
 2. The Region 3 School Health Coordinator (Rebecca Mattocks, RN, 361-550-6506) will notify the physician prescribing the medication for respiratory distress.
 3. The Department of State Health Services (DSHS) commissioner
- Notification to the DSHS commissioner must be submitted on the designated electronic form available on the DSHS School Health Program website found at dshs.texas.gov.

X. Parental Notification

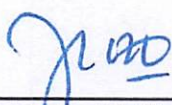
- Parents/guardians will be informed that an unassigned medication for respiratory distress policy by written or electronic notice to a parent or guardian of each student in accordance with TEC 38.212.
- If the school district discontinues the unassigned medication for respiratory distress policy, the campus must provide written or electronic notice detailing the change or discontinuation of the policy to a parent or guardian of each student within 15 calendar days after the change or discontinuation.

XI. Liability Protection

A person who is in good faith takes, or fails to take, any action under this subchapter or TEC Chapter 38, Subchapter E is immune from civil or criminal liability or disciplinary action resulting from that action or failure to act in accordance with TEC 38.215(a).

XII. Review and Updates

This policy will be reviewed annually by the Region 3 School Health Coordinator and updated as needed based on changes in law or district procedures.



Dr. John McNeill, DO
Region 3 School Health Medical Director

8-1-25 - 7-31-26
Date

Region 3 Education Service Center
Administration of Undesignated Asthma Medication in School

Standing Orders are as follows:

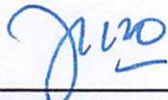
Evaluate the person's symptoms and history.

Assess the person's airway, breathing, respiratory rate, work of breathing, pulse and color to conform appropriateness of Albuterol use. Signs of respiratory distress include shortness of breath, wheezing, chest tightness, coughing, or other asthma-related symptoms.

Review indications and precautions as taught in their respiratory medication administration training.

Administer Albuterol Sulfate Inhalation Solution 0.083%, 2.5mg/3ml. Administer 1 single unit dose vial (3 ml) per nebulizer machine x1 time for respiratory distress. **Do not repeat doses.**

Notify EMS (911), parents, administrators, Region 3 School Health Coordinator (Rebecca Mattocks, RN) 361-550-6506.



Dr. John McNeill, DO
Region 3 School Health Medical Director

08/01/2025 — 07/31/2026

Date