

Hallsville Independent School District

For the Consideration of the Board of Trustees

Date of Board Meeting: May 19, 2025

Topic: HISD Standing Orders 2025-2026

Background and Rationale:

Nurses are required to work under the direction of Physician's Orders when it comes to medications. In this school setting this is accomplished with the assistance of the HISD partner Pediatrician, Dr. Samantha Chaikin.

Through a consultation with HISD medical staff, the following orders were added for the 2025-2026 school year:

- Neffy Epi (same medication as an epi pen but in a nasal spray)
- Baby aspirin
- Quick Clot
- Glucose gel/tabs

Relationship to Strategic Plan: none

Personnel Affected: none

Budget Implications:

- ☐ Include in this year's budget
- ☐ Amendment of this year's budget required
- ☐ Increase in this year's budget required
- ☐ Expenditures required for next year's budget

X ☐ N/A

Recommendation:

HISD administration recommends that the HISD Board of Trustees approve the 2025-2026 Standing Orders as presented.


Signature
(Person Bringing Information to the Board)

Superintendent's Signature

HISD Standing Orders for PRN First Aid Treatment 2025-2026 School Year

Alcohol/Alcohol preps	Glucose Tabs/Gel
Aloe Vera gel or lotion	Hydrocortisone cream
Aquaphor	Hydrogen peroxide
Baby Aspirin (as advised by EMS)	Hibiclens
Bacitracin ointment	Johnson & Johnson first aid cream
Bactine	Johnson & Johnson Band-Aid brand antiseptic
Benadryl cream	Liquid Band-Aid
Benadryl liquid	Lubriderm lotion or generic
Bleed Stop (Quick Clot)	Neffy Nasal Epinephrine
Blistex	Orajel/Benzocaine
Bug Spray	2nd skin
Caladryl clear lotion or generic	Solarcaine
Calamine lotion or generic	Steri-strips
Carmex	Stingkill
Chloraseptic throat spray	Sunscreen
Contact lens solution	Tinactin or generic
Cough drops	Turns 6yrs and older
Dacriose Irrigating eye solution or generic	Vapor Rub
Epi-Pens adult dose/pedi dose	Vaseline
	**Maalox or generic for use at High School

These orders are to be administered by the health services staff of the Hallsville Independent School District in accordance with standards set forth by the HISD Nursing Protocols and Procedures located in the Health Services office.



Jessica Purlfoy, RN, BSN
HISD Lead Nurse



Amy Whittle
Director of Special Programs



Dr. Samantha Chaikin, MD
Physician

GUIDELINES FOR SCHOOL NURSES TO ADMINISTER LIQUID DIPHENHYDRAMINE (BENADRYL) FOR INDIVIDUALS WITH AN UNKNOWN SEVERE ALLERGIC REACTION

PURPOSE

To provide guidelines for school health staff to manage individuals with an UNKNOWN history of severe allergic reactions that experience such severe reactions in school or at school-sponsored events. These guidelines provide emergency care for these individuals since they will not have an individual order from a health care provider directing school health staff how to respond.

DEFINITIONS

- Anaphylaxis is a life-threatening, acute systemic (whole body) type of allergic reaction. This reaction is sudden, severe and involves the whole body.
- Acute means sudden or severe. Symptoms appear, change or worsen rapidly.

SIGNS AND SYMPTOMS RELATED TO ANAPHYLAXIS MAY INCLUDE:

- Uneasiness and agitation
- Facial flushing
- Rapid pulse, palpitations, thready or unobtainable pulse . Generalized itching-tingling-rash
- Swelling of face, lips, tongue, and/or eyelids
- Dizziness
- Throbbing in the ears
- Difficulty breathing, coughing and/or wheezings
- Nausea, vomiting


It is important to note that not all signs and symptoms need to be present in anaphylaxis.

MANAGEMENT OF SEVERE ALLERGIC REACTIONS

Immediately administer liquid diphenhydramine (Benadryl) according to the following dosages:
DO NOT GIVE ANYTHING BY MOUTH IF THE INDIVIDUAL IS UNCONSCIOUS OR UNABLE TO SWALLOW.

Under 30 pounds = 1 tsp.
30-65 pounds = 2 tsp.
66-100 pounds = 3 tsp.
Over 100 pounds = 4 tsp.

If any throat, heart, lung or CNS symptoms are present or develop, administer epinephrine
IMMEDIATELY, Call 911.


Jessica Purlfoy, BSN, RN
HISD Lead Nurse


Amy Whittle
Director of Special Programs


Dr. Samantha Chalkin, M.D.
Physician

STANDING ORDER FOR USE OF EPINEPHRINE IN THE SCHOOL SETTING

School nurses or trained staff are authorized, when they encounter a student with a systemic reaction believed to be anaphylaxis, to administer subcutaneous or nasal epinephrine, even if this drug has not been previously prescribed for this student or staff member.

SYMPTOMS

- Hives, Rash, Itching and at least 1 of the following:
 - Angioedema-facial, lip, tongue swelling *
 - Hoarseness, lump in throat, difficulty swallowing or breathing
 - Wheezing or coughing
 - Hypotension, feeling faint, weakness

IF In the school nurse's professional opinion, an individual in the school setting is experiencing an anaphylactic reaction, the nurse or trained staff is directed to immediately activate the emergency system by **CALLING 911**, or directing someone else to do so.

THEN the nurse or trained staff member should:

~~Inject epinephrine by auto-injector intramuscularly into the thigh or the nasal epinephrine according to the manufacturer's recommendations~~

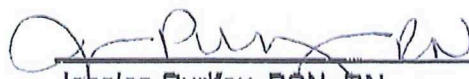
DOSAGE

0.3mg EpiPen If 5yrs of age and older/0.15mg EpiPen Jr If under 5yrs
2mg Neffy (epinephrine nasal spray) for children and adults over 66lbs.

FREQUENCY

EpiPen-If symptoms persist repeat every 20 minutes if 12 years or younger and every 15min if over 12 years.

Neffy-If symptoms persist, repeat with a new Neffy in the same nostril starting 5 minutes after the first dose



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HISD Lead Nurse



Amy Whittle
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Hallsville ISD

Opioid Education & Narcan Administration Plan

Purpose:

The Texas Health and Safety Code allows a person authorized to prescribe an opioid antagonist, like a medical doctor, to prescribe the antagonist to a person at risk of experiencing an opioid related drug overdose. A prescription can also be issued to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. An organization acting under a standing order issued by a prescriber may store and distribute an opioid antagonist as long as the organization does not request or receive compensation for storage or distribution. Tex. Health & Safety Code §§ 483.102, .104.

Who will Administer:

- Medical Staff: RN, LVN, Medical Assistants
- School Resource Officers
- Administration

Training:

- Administration and Training for Narcan
 - All that will administer (see above)
- Opioid Statistics and Dangers
 - Parents
 - School Staff
 - Students

Standing Order for Administration of Naloxone (Medical Protocol for Suspected Opioid Overdose)

PURPOSE: Opioid overdose occurs when the amount of opioid in the body is so great the individual becomes unresponsive to stimuli and breathing becomes inadequate. Lack of oxygen affects vital organs, including the heart and brain, leading to unconsciousness, coma, and eventually death. Naloxone is indicated for the reversal of opioid overdose in the presence of respiratory depression or unresponsiveness. The purpose of this protocol is to provide School Health staff with a standard by which to respond to this life-threatening event in the school setting.

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION

Body System	SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE
Mouth/Throat	Loud, uneven snoring or gurgling noises (death rattle)
Lungs	Shallow, slow breaths (fewer than 10 per minute) or not breathing at all
Skin	Pale, blue or gray, clammy
Heart	Slow or erratic pulse (heartbeat) Blue lips or fingertips (from lack of oxygen)
Mental	Unresponsive to stimuli such as noise or sternal rub Unconsciousness
Other	Constricted (pinpoint) pupils Very limp body

FOR UNRESPONSIVE PATIENTS WHO PRESENT SIGNS/SYMPTOMS OF OPIOID OVERDOSE:

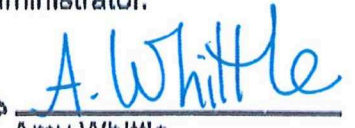
ADMINISTER INTRANASAL NALOXONE

Naloxone Hydrochloride (2mg/2ml) 1 ml in each nostril (2 ml total dose)

NARCAN® (4mg/0.1ml) 1 full spray in 1 nostril (0.1ml total dose)

1. Attempt to rouse and stimulate the individual (perform sternal rub by making a fist; rub your knuckles firmly up and down the breast bone).
2. Call 911, Request AED.
3. If possible, monitor and record respirations, heart rate, and note suspected opiate overdose (as evidenced by pinpoint pupils, depressed mental status, etc.).
4. If available, administer naloxone or NARCAN®. If you do not have naloxone or NARCAN®, send someone to get it.
5. Start rescue breathing if not breathing or CPR if there is no pulse.
6. Allow 1-3 minutes for medication to work. If there is no change to the person's condition after 2-3 minutes, give another dose of naloxone (if available) as in Step 4 above and continue rescue breathing or CPR as indicated.
7. Stay with the person until medical help arrives. Notify EMS of naloxone administration.
8. Notify parent and school administrator.


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