

STANDING ORDERS FOR ASTHMA CARE AND FIRST-AID TREATMENT

Standing orders are designed to present a coordinated approach to asthma management and common camp medical problems, and to serve as guidelines for direction of the staff in keeping with stated camp medical policies.

NOTE: These are only suggestions, not guidelines for every camp. Modifications are necessary depending on camp staffing, facilities and regional hazards.

ACUTE ASTHMA EPISODE

1. Complete an initial assessment: respiratory rate, pulse rate, peak flow rate (if available), breath sounds and child's general condition (eg. color). Reassure child.
2. Ask child how this problem is handled at home and proceed if appropriate, or follow previous camp experience. This includes administration of PRN bronchodilator (e.g. 2 puffs of albuterol) inhaler if it seems appropriate.
3. Coach and encourage calmness; relaxation.
4. Reassess respiratory rate, apical pulse rate (x 1 minute), peak flow (if available), breath sounds and child's general condition (eg. color) within a few minutes after the bronchodilator. If no improvement, then initiate one of the following:

More albuterol inhaler – 2-4 puffs with (or without) spacer

OR

Albuterol inhalant solution 0.5 ml (2.5 mg) in saline (to total 3cc of fluid) by nebulization.

OR

If in significant distress, give epinephrine 0.3 ml 1:1000 IM.

5. Wait 15 minutes then evaluate response to treatment. Repeat assessment of peak flow, pulse rate, respiratory rate, chest sounds and child's general condition (eg. color). If there is significant improvement in child's status, discharge child.

If child shows no improvement or has deteriorated

- a. Repeat or initiate nebulization with bronchodilator
- b. Notify camp physician at once.
- c. Administer oxygen 2 to 5 liters per minutes by nasal cannula May need to administer epinephrine 0.3 ml 1:1000 IM (repeat dose in 10 - 15 minutes if not improving)

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NON-ANAPHYLACTIC ALLERGIC REACTIONS

Rhinitis, sneezing, itchy eyes, or just hives, without acute asthma episode.

1. Give PRN medication (antihistamine) prescribed by primary physician and listed in the child's chart .

OR

- a. Initiate antihistamine therapy i.e., diphenhydramine (Benadryl) 25 – 50 mg; or chlorpheniramine (CTM) maleate 2-4 mg, or cetirizine (Zyrtec) 10 mg; or fexofenadine (Allegra) 90-180 mg; or loratadine (Claritin) 10 mg,
- b. Consult camp physician or nurse practitioner about need for further therapy to be given on a regular basis for the remainder of camp.

ANAPHYLACTIC REACTIONS

Severe/Systemic Reaction (NOTE: check BP, if low it's severe)

1. Notify camp physician at once. Treat as a serious emergency, **CAMPER MAY GO INTO SHOCK**.
2. Administer epinephrine 0.3 ml 1:1000 IM. (Repeat epinephrine in 5-10 minutes, if no response).
3. Administer oxygen and establish intravenous access.
4. Monitor vital signs every 5-10 minutes.
5. Administer diphenhydramine (Benadryl) 25-50 mg intramuscularly (or by intravenous route):
 - 25 mg I.M., if under 28 kg (60 lbs.)
 - 50 mg I.M., if over 25 kg (60 lbs.)
6. Consider calling 911
7. Consult camp physician for follow-up treatment (notify parents and primary care provider when indicated).

Mild or Moderate Reaction (NOTE: normal BP)

1. Give epinephrine 0.3 ml 1:1000 IM, if there is any evidence of visceral involvement (e.g. wheeze, tight throat, cough, abdominal cramps).
2. If mild, give diphenhydramine (Benadryl) 25-50 mg or hydroxyzine (Atarax) 25 mg orally. Observe 30 minutes. When discharged, warn counselor about drowsiness from meds.
3. If any worsening – repeat epinephrine as above – notify physician at once
4. When condition has improved:
 - Assess precipitating factors and advise to avoid any further exposure
 - Consult camp physician/NP for follow-up treatment

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BEE STING (or other type including yellow jacket, wasp or hornet)

1. Apply ice or cold compress to area of sting
2. Remove singer by outward scraping motion of finger (squeezing releases more venom).
3. If victim has history of being allergic to bee stings:
 - a. Observe closely for signs of anaphylaxis. If evidence of anaphylaxis, see guidelines for anaphylaxis.
 - b. If any kind of allergic reaction is suspected, can give diphenhydramine 25-50 mg orally.
 - c. For large local allergy reaction to sting, use topical steroid (e.g. triamcinolone ointment) on sting area

BITES OR ITCHING (poison ivy or rash)

1. Wash vigorously with soap and water.
2. Apply calamine lotion, diphenhydramine lotion, or itch-stop lotion.
3. Schedule for clinic if allergic rash.
4. May give diphenhydramine (Benadryl) 25 mg orally. Also, may apply topical steroid (e.g. triamcinolone ointment) to bite area. Can repeat 2 – 3 times per day, if needed.
5. Warn counselor about drowsiness from meds.

BLISTERS

1. Clean area with soap and water
2. If intact, do not open but cover with sterile dressing
3. If open, apply antibacterial ointment and sterile dressing
4. Instruct camper to change dressing at least daily while in camp

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BURNS

Minor

1. Cleanse area with cool, soapy water, blot dry
2. Apply cool compress over area to reduce swelling and thermo damage to skin
3. Apply topical burn cream, if available (Silvadene, aloe, bacitracin)
4. Give analgesic, if necessary

Blistered

1. Cleanse area with clean, soapy water, taking care to leave blisters intact
2. Apply sterile dressing with topical burn cream
3. Give analgesic, if necessary
4. Instruct camper to keep area clean and dry, leaving dressing intact
5. Clean and assess burn daily while at camp

Open

1. If not charred, soak in cool, soapy water
2. Notify physician (or nurse practitioner) immediately
3. If charred, cover with thick, sterile dressing **DO NOT REMOVE CHARRED CLOTHING**
4. Contact physician (or nurse practitioner) immediately
5. Ready camper for transport to hospital

CUTS AND SCRAPES

1. Control bleeding; apply direct pressure (with sterile dressing if available).
2. Wash or soak in antibacterial soap, rinse and dry.
3. May apply antibacterial ointment.
4. Cover with Band-Aid or gauze dressing.
5. If unable to control bleeding, apply direct pressure to arterial pulse but never use a tourniquet
6. Contact physician on call or nurse practitioner if camper needs transport out of camp.
If sutures are needed refer to the local clinic/hospital.

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EARACHE

1. Take temperature.
2. Wiggle external ear or press on tragus - tenderness may indicate swimmers ear.
3. Schedule for clinic – child may need topical antibiotics.
4. Give analgesic, acetaminophen:
 1 tab (325 mg), if under 43 kg (95 lbs.)
 2 tabs (650 mg), if over 43 kg (95 lbs.)

If swimmers ear is suspected, excuse from swimming (write a note to swimming instructor).

EYE INJURY

1. If chemical or foreign body has entered the eye, run large amounts of water over eye for 5-10 minutes
2. Contact camp physician (or nurse practitioner, if appropriate)
3. Prevent camper from rubbing or touching eye

FAINTING

1. Check for breathing. If no breath, continue with ABC's of CPR
2. Position on back and elevate legs, checking for other injuries
3. Attempt to awaken with gentle patting, cool compress, or ammonia salts
4. Assess for cause: heat, exertion, vaso-vagal, hyperventilation, injury
5. Notify camp physician (or nurse practitioner, if appropriate)

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HEADACHE

Not Due To Trauma

1. Interview for cause and frequency:
 - a. Medication adverse reaction
 - b. Cold or flu
 - c. Allergies
1. Give oral acetaminophen:
 - a. 1 tab (325 mg), if under 43 kg (95 lbs.)
 - b. 2 tabs (650 mg), if over 43 kg (95 lbs.)

Schedule for clinic if frequent or recurrent.

Due To Trauma

1. Assess level of consciousness since injury, vital signs and do a neurological exam.
2. Notify camp physician (or nurse practitioner if appropriate).
3. Keep child quiet and under observation for 30-60 minutes.

HEAD COLD OR NASAL CONGESTION

1. Take temperature.
2. Schedule for clinic.
3. May give Sudafed 30 mg tablet, orally every 6 hours or oxymetazoline (Afrin) nose spray 2-sprays each nostril every 12 hours.
4. Encourage extra fluids

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NOSEBLEED

1. Pinch soft tissue of both nostrils tightly together with thumb and forefinger, pressing toward bony part of the nose.
2. Sit upright with head in neutral position.
(Forward tilt of the of the head increases blood flow to the area. Backward tilt of the head may cause excess blood to trickle down the throat and cause choking or nausea).
3. Remain seated with nostrils pinched at least 5 minutes (set timer). If bleeding does not stop, repeat steps 1-3.
4. Ice may be applied to the cheek or face.
5. Assess cause of nosebleed. If related to an injury, evaluate for further facial injury after bleeding stops. Consult physician on-call (or nurse practitioner), if warranted.
6. Instruct the camper to refrain from blowing their nose for the next 4-6 hours. If camper is sneezing, open mouth sneezing is advised.
7. If bleeding persists beyond 20 minutes, contact physician on-call.

SPRAIN

If from injury, immobilize affected part. Document presence of a pulse distal to injury. Check for possibility of fracture.

- Apply ice first 24 hours only
- Elevate
- Ace wrap PRN
- Give analgesic, acetaminophen
 - 1 tab (325 mg), if under 43 kg (95 lbs.)
 - 2 tabs (650 mg), if over 43 kg (95 lbs.)

If it is a nonspecific complaint and it is early during camp, then consider homesickness and/or seeking adult attention.

Note: Ace wraps, slings, crutches etc. are “valued” attention getting devices and should be used with discretion.

SORE THROAT

1. Take temperature.
2. If temperature is elevated schedule for clinic.
3. Do throat culture, if ordered.
4. Give salt water gargle (1/2 tsp. salt to 8 oz. warm water)
5. For fever and/or as an analgesic give oral acetaminophen:
 - 1 tab (325 mg), if under 43 kg (95 lbs.)
 - 2 tabs (650 mg), if over 43 kg (95 lbs.)

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STOMACH UPSET (NAUSEA)

1. Take temperature
2. If temperature is elevated, schedule for clinic.
3. Give antacid (or Pepto-Bismol, or Milk of Magnesia)
4. Consider medication toxicity and call to physician's attention.

SUNBURN

1. Apply cool compresses to all affected areas
2. IF large body area is affected, use aloe or Silvadene to reduce severity of thermo injury to skin
3. Give water (room temperature to prevent nausea related to heat exhaustion)
4. Give analgesic and instruct to keep area out of sun or covered until healed

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TEETH INJURY

Primary

- If knocked out or broken, cover with clean gauze for bleeding and contact dentist

Permanent

If knocked out:

1. Find missing tooth and rinse gently, taking care not to damage root
2. Rinse mouth and re-insert tooth in to socket, if possible
3. If unable to re-insert, transport in sealed container of cow's milk or tooth transport media
4. Transport camper to dentist or emergency room.

If chipped or broken:

1. Save pieces and place in transport container
2. Cleanse area and apply ice to soft tissue to prevent swelling
3. Transport camper to dentist

WOOD TICK

1. Cleanse area with warm, soapy water
2. Gently remove tick by grasping with tweezers where tick mouth parts enter skin, using tugging motion
3. Cleanse area again, once tick is removed
4. Document date and location of tick bite in camper's medical record
5. Notify parents of wood tick bite when camper goes home

Lyme disease is carried by the deer tick, which is difficult to see. Deer ticks are approximately the size of a sesame seed. In areas where Lyme disease is endemic, have identifying cards available.