

Attachment B

Standing Orders &

PROCEDURE FOR IMMUNIZATION PROGRAM

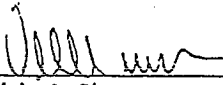
1. Notice regarding FREE immunizations is sent home with student.
2. When parent/guardian calls, nurse/aide asks the Immunization Screening Questions pertinent to vaccines to be received.
 - a. General question #1 is asked of the student on the day the immunization is given. Parent is not asked question #1 since vaccines may not be given on the same day of questionnaire.
 - b. Measles/Mumps/Rubella question #4 is not asked of the parent/guardian of secondary students. Student is asked about the possibility of pregnancy before giving MMR.
3. After questionnaire is answered, complete the Clinic Immunization Record with student's name printed at top.
 - a. Under Parent/Guardian, write the name of the person who answered the questionnaire, circle that person's relationship to student, date questionnaire was answered and initial of nurse who asked the questions.
 - b. Student is later called in for the immunizations at nurse's convenience (parent may be asked to tell student when to see the school nurse).
 - c. If any questions are answered in the affirmative, the answers are documented at the bottom of the Clinic Immunization Record and school records (i.e. Hx past vaccine reactions, place of birth outside the U.S., TB exposure, BCG vaccine).
4. Make a complete Nevada Immunization Record card with all known immunization dates. Plastic protective covers may be provided by the State Division of Health.
5. Staple together:
 - a. Clinic Immunization Record
 - b. Nevada Immunization Record
 - c. Important Vaccine Information Statements (School Nurse's Phone Number must be written on back of each statement).
6. On the front of each individual student's immunization packet write student's schedule on a post-it paper. This makes location of student readily accessible when it's time to call student from class for immunizations and/or it have PPD read.
7. When student arrives, if female, privately ask if there's a possibility of pregnancy. (If yes, MMR vaccine is not given).
8. Student is to complete the top portion of the Clinic Immunization Record:
 - a. Address
 - b. Birth date
 - c. Age
 - d. Telephone number
 - e. On the back sign and date for each circled immunization to be received (this indicates that we have given the Important Vaccine Information Statements to the student).

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9. While student completes Clinic Immunization Record, prepare the immunization(s) to be given. Answer any questions about the immunizations to be given.
10. After immunizations are given, chart on:
 - a. Clinic Immunization Record
 - b. Nevada Immunization Record
 - c. School Records
 - d. Send or fax copy to Community Health Nursing Office
 - e. Put forms in recall file to read PPD (read after 48 hours due to possibility of student being absent after 72 hours. This gives 2 opportunities to read PPD).
11. Positive PPD's are referred to family physician. If follow-up will prove to be a financial burden for family, refer to Public Health Clinic. Public Health will help arrange for chest X-Ray. Require verification of negative chest X-ray for students to continue in school. Allow a couple of weeks for parent/guardian to obtain x-rays. Students are not required to take medication for positive PPD's. For school purposes all that is required is verification of negative chest x-ray.
12. A Monthly Usage and Inventory Report is submitted on the 25th of each month to:
 - Nevada Immunization Program
 - 505 E. King St., Room 304
 - Carson City, NV 89710
 - (702)637-4800

All vaccines given, received, wasted, etc. are to be accounted for. The tally is made from the Clinic Immunization Records each month then filed after the report is submitted.

13. Vaccine information statements, report forms, Nevada Immunization Record, plastic covers for Immunization Record card, clinic Immunization Record, band-aids, alcohol preps, syringes, vaccines, refrigerator temperature charts, etc. are provided by the Nevada State Immunization Program at no cost to the White Pine County School District.
14. All vaccines must be stored according to manufacturer's specifications. Vaccines must be kept in the refrigerator or freezer at specified temperatures. Vaccines are perishable and must be handled properly to assure potency. Each morning the temperature of the refrigerator and freezer must be documented.
15. An attempt is made each flu season to make the Influenza vaccine available to staff and students for a nominal fee. Announcements are made prior to the flu season and included in the school newsletter. Those who wish to take advantage of this opportunity must sign up and pay an administration fee prior to receiving the vaccine. The monies collected are used to pay for the vaccine. Charges are based upon what Community Health Nursing and local hospitals are charging. Monies collected above and beyond the cost of the vaccine is to be placed in an account with the school district and used for nursing program expenses.



Physician's Signature

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

EMERGENCY TREATMENT: ANAPHYLAXIS

STANDING ORDERS

POPULATION: Pediatric and Adult

DEFINITION: A hypersensitivity reaction, usually occurring within seconds to minutes after exposure to offending antigen. The reaction may range from mild to severe.

ETIOLOGY:

1. Medications
2. Foods
3. Insect stings: yellow jacket, bee, hornet, wasp

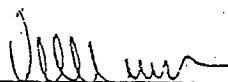
ASSESSMENT:

1. Symptoms:
 - a. Itching
 - b. Wheezing and coughing
 - c. Feeling of suffocation
 - d. Dyspnea; inability to breathe due to upper airway obstruction
 - e. Tightness of chest
 - f. Apprehension, restlessness
 - g. Lightheadedness
 - h. Nausea and vomiting
2. Signs:
 - a. Erythema of skin; flushing
 - b. Swelling of skin with urticaria, wheals and angioneurotic edema

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Physician's Signature

- c. Cyanosis
- d. Vital signs: rapid pulse, B/P variable, rapid respirations, may be accompanied by intercostal retractions, stridor
- e. Hypotension and shock
- f. Loss of consciousness
- g. Cardiac arrest

Differential Diagnosis:

When signs/symptoms develop within minutes of exposure to an antigen, the diagnosis can be almost certain. Anxiety reactions to an injection might produce some of the symptoms, however, consideration of this type of reaction should not result in more than a momentary delay in beginning treatment for Anaphylaxis.

MANAGEMENT:

Institute treatment measures to control reaction and sustain patient until paramedics arrive.

- 1. Diagnostic: see Differential Diagnosis
- 2. Therapeutic:
 - a. Call for help. Enlist staff members available to participate with the following:
 - 1) Call paramedics.
 - 2) Monitor vital signs.
 - 3) Administer medications.
 - 4) Record vital signs, medications given.

b. Urticaria alone: (no wheezing)

- 1) Place patient supine, loosen clothing, check vital signs and assess mental and respiratory status.
- 2) Administer Benedryl IM (1mg/kg body weight)

Emergency Doses of Benadryl (50 mg/ml)

Age	Dose	Route
<age 2	0.25 ml	IM
2-4 years	0.5 ml	IM
5-11 years	1.0 ml	IM
12 years-adult	2.0 ml	IM

- 3) If urticaria begins to improve, have patient wait 30 minutes after treatment.
- 4) Call Preceptor for further orders.
- 5) Obtain phone number for follow-up.

c. For increasing reactions such as edema, mild wheezing, nausea or vomiting:

- 1) Administer Epinehrine 1:1000 Subcutaneously, 0.01 cc/kg of body weight.

Age	Dose
<6 months	0.06 cc
6-18 months	.1 cc
18 months-4 years	.15 cc
5-7 years	.2 cc
8-10 years	.25 cc
>10 years	.3 cc
large adult	.5 cc

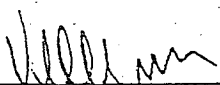
- 2) May repeat dosage every 10-15 minutes prn with a maximum of 3 doses.

3) Continue to monitor vital signs and assess mental status. Reassure patient and caretaker.

- d. For progression of symptoms such as decreased consciousness, cyanosis, respiratory distress:
 - 1) Attempt to insert airway.
 - 2) Maintain supine position. May elevate legs to aid in blood flow to brain.
 - 3) Place blankets over patient to keep him at normal body temperature.
 - 4) If necessary, begin artificial ventilation. May use ambu bag.
 - 5) In the event of cardiac arrest, begin CPR.
- e. Continue all appropriate emergency procedures until the paramedics arrive.

3. Patient Education - Extent will depend on patient condition:

- a. Advise of allergic reaction, need for PMD follow-up.
- b. Patient should advise all providers of allergic reaction.
- c. Counsel re: medic alert bracelet, preventive measures.



Physician's Signature

PROTOCOL FOR TUBERCULIN TESTING AND INTERPRETATION

Tuberculin skin testing (Mantoux) is utilized to determine past or present infection with tuberculosis. It is the first step used in establishing the diagnosis of tuberculosis.

I. Categories of testing

1. Employment requirement - Those needing a certificate for employment, i.e., schools (private and public), day care, parks and recreation, foster care, board and care guest home, etc.
2. School enrollment requirement - Those needing a certificate in order to enroll in a school, i.e. college or university.
3. Other - concerned individuals, tuberculosis suspects, children (any age), infants after nine months and individuals referred from various programs.

II. Equipment

1. PPD solution.
2. Ice pack - solution bottle is place on ice pack during use to keep cool and thus maintain potency.
3. Tuberculin syringes, intradermal needles, sterile, disposable, 27 gauge, 1/2 inch.
4. Container to destroy and dispose of used needles and syringes.
5. Alcohol preps.
6. Literature on skin testing and day for return reading.
7. ER drugs.

III. Screening

Use Tuberculosis screening questionnaire to screen patients

IV. Preparation of the patient

1. Check for completed and signed screening form by patient, parent or legal guardian.
2. Review the tuberculin skin test screening form.
3. Explain procedure and care of site. Instruct patient not to scratch the area.
4. Explain that the patient needs to return during specific hours for reading the test. Keep index card on patient in tickler file for date of skin test reading.
5. Administer mantoux.

V. Procedure for giving tuberculin skin test

1. Fill syringe with 0.1 ml of tuberculin solution.
2. Locate and cleanse test site with alcohol and allow it to dry. For standardization, the usual site of administration is the inner aspect of left forearm, 2-3 inches below the elbow.

3. Draw skin tight. Insert the needle intradermally with bevel up.
4. Inject 0.1 ml of solution - the wheal should measure 6-10 mm in diameter. Remove the needle.
5. If no wheal is present, the injection is too deep, or if the PPD solution escapes from beneath the skin - repeat the skin test on the other arm.
6. Record the manufacturer, lot number, expiration date of the PPD solution and the site (LFA, i.e., abbreviation for the left forearm), date and sign your name at the bottom of the TB screening questionnaire.

VII. Reading of Tests

Tuberculin skin test reading is done 48-72 hours after testing.

1. Place arm in semi-flexed position on the reading table in good light.
2. Palpate with gentle stroking over the site.
3. Mark with a pen any palpable induration. Erythema (redness) is not measured, only induration.
4. Measure in millimeters, the site of the induration at the bottom of the screening form in the "for office use only" section and on the patient's portion. See appendix A. Record blistering or other abnormal reactions. All negative reactions need to be recorded as 0 mm.
5. All positive reactors will be referred to their private physician. If follow-up will be a financial burden for the family, refer to the Community Health Nurse. Verification of a negative chest X-ray will be required for students to continue in school. Two weeks will be allowed for parent/guardian to obtain x-rays. Students are not required to take medication for positive PPD's. For school purposes all that is required is verification of negative chest x-ray.