



NMDOH Standing Order for Over-the-Counter Medication Administration for 2023-2024 School Year: Allergic Reaction

Although the safety profile of non-prescription Over the Counter (OTC) medications is generally good, they are medications to be used with caution, in limited amounts, and only when other options or interventions are not practical. NMDOH recommends that OTCs not be given more than **three consecutive school days or more than three times a month without physician consultation.**

In New Mexico, a healthcare medical order/provider authorization is required before a nurse may administer any medication, including OTC medications. Additionally, in the educational setting, **parental/guardian written consent is required.** The medical authorization is usually valid for the full school year. It is ideal to obtain the healthcare provider order at the beginning of the school year but may be provided or amended at any time. Nurses are to contact the student's healthcare provider as needed for orders (preferably faxed).

If barriers exist in obtaining a medical order/authorization from the student's healthcare provider, schools and school districts may choose to implement an OTC medication policy that includes the use of the NM DOH OTC standing orders. **Schools should have an approved school policy for the use of the DOH standing order prior to implementation. Schools should follow internal procedure to acquire approval and update policy**

It is recommended that OTC medications be student specific and provided to the school in an unopened container by the parent/guardian. If a school or district chooses to purchase stock OTC medications, the NMDOH recommends the use of unit dose (i.e., individually packaged) medications.

For students who cannot tolerate swallowing pills/tablets, and for ease of administration of small dosages, liquid medication is a consideration. It is best for parents/guardians to purchase or provide patient-specific liquid medications in small amounts and stored in the Health Office at the manufacturer's recommended temperature.

NMDOH Standing Order for Allergic Reactions

Purpose: To provide emergency treatment for allergic reactions for students.

Policy: Licensed school nurses (RN) with a School District policy permitting the use of an NMDOH OTC standing order may manage and treat students with allergic reactions, including as part of an emergency response using this standing order.

This order does not apply to seasonal allergies/hay fever



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Procedure:

Perform and document an assessment of the student to include:

- Severity (localized versus systemic/anaphylaxis/shock)
- Trigger (e.g., insect sting, food/animal exposure)
- Timing of onset
- Symptoms, including:
 - Rash
 - Itching/watery eyes
 - Cough
 - Runny nose
 - Sneezing
 - Urticaria
 - Flushing
 - Edema of upper airways/difficulty breathing
 - Wheezing/bronchospasm
 - Shock/hypotension
 - Tachycardia
 - Anxiety
 - Loss of consciousness

Red Flags that indicate need for urgent medical evaluation include:

- Signs/symptoms of severe allergic reaction: **activate EMS +/- administer epinephrine per standing order**
- Large local reaction

Young age, other health conditions, and/or developmental disabilities may affect ability to identify Red Flags and should be considered.

If a **Red Flag** is identified, notify the parent/guardian of concerns– activate EMS. If no Red Flags identified, then:

If no Red Flags, consider use of non-pharmacologic first-aid measures as first-line measures. Interventions can include:

- Remove potential allergens (e.g., food, animal, insect stinger)
- Call for help/support by other office staff



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- For local inflammation, apply cloth dampened with cold water or cold pack for 10-20 minutes to reduce swelling
- Consider analgesia (see appropriate order)
- Elevation of the affected area
- Consider application of 0.5-1.0% hydrocortisone cream/ointment (see below)
- Consider oral antihistamine (see below)

Confirm Parent or guardian permission for the specific OTC medication that is to be administered. Either written permission, or telephone permission received by the RN, must be documented.

No OTC medications are to be given without assessment by a school nurse (RN); if an LPN does the initial assessment, a supervising RN must review the assessment before the medication is administered.

IF, in the school nurse's professional opinion, an OTC medication is indicated in the treatment of a student at school AND the medication meets ALL the following:

- Approved for use by the FDA for the indicated age group
- Is approved by the student's parent or guardian
- Is familiar to the nurse and allowed under school district policy
- Is available in the original package that specifies dosage and contraindication information
- Is safe and indicated for the student's condition
- Is likely to alleviate the student's discomfort and allow him/her to return to class and participate in the educational process
- The student has no known allergies to the OTC medication
- The student has taken the OTC medication previously
- Is safe for the student's developmental age and/or developmental disability (i.e., choking hazard) – student must remain under adult supervision while taking cough suppressants.

Hydrocortisone Cream/Ointment

Then the school nurse may administer **non-prescription topical 0.5%-1.0% hydrocortisone cream/ointment** to a local reaction following directions on the medication label carefully. (see note on next page)

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[Note: For mild allergy symptoms (e.g., local itching, local swelling), observe for 30 min. If symptoms do not progress, the patient may be released, but can be advised to apply cold compresses, take an over-the-counter analgesic, and/or an over the counter H1-receptor blocker (e.g., cetirizine 10 mg daily; other options are fexofenadine or loratadine) for 2-3 days.]

Follow up may involve:

- Instructions to keep the rash clean

Oral Antihistamine

The school nurse may administer oral diphenhydramine to individuals who are or may be affected by moderate-severe allergic reactions.

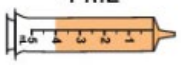

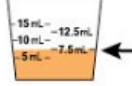
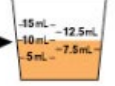










1. Call for help/support by other office staff.
2. Provide initial treatment:
 - For severe symptoms (e.g., flushing, apprehension, syncope, tachycardia, thready or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, dyspnea due to laryngeal spasm, lip/facial/tongue swelling, difficulty swallowing and breathing, wheezing/cough, dizziness) administer:

Diphenhydramine orally as 1.5 mg/kg body weight (up to a maximum 50 mg dose). The adult dose is 50 mg.

3. Activate the emergency medical system.
4. Monitor the patient closely until EMS arrives.
 - Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate the legs.
 - Provide oxygen, if available
 - Monitor level of consciousness, blood pressure, and pulse every 5 minutes.
 - Perform cardiopulmonary resuscitation (CPR) if necessary and maintain the airway.
5. If EMS has not arrived and symptoms are still present, repeat a dose of epinephrine (if available) every 5-15 minutes for up to 3 doses (total), depending on patient's response.
6. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.

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Quick Dosing Guides

Weight →	20 to 24 pounds (about 9 to 10 kilograms)	25 to 37 pounds (about 11 to 16 kilograms)	38 to 49 pounds (about 17 to 22 kilograms)	50 to 99 pounds (about 23 to 45 kilograms)	100 pounds or more (46 kilograms or more)
Children's Liquid Diphenhydramine (12.5 mg / 5 mL)	4 mL 	5 mL 	7.5 mL 	10 mL 	—
Children's Diphenhydramine Chewable Tablets (12.5 mg)	—	1 tablet 	1 ½ tablets 	2 tablets 	4 tablets 
Diphenhydramine Tablets (25 mg)	—	½ tablet 	½ tablet 	1 tablet 	2 tablets 
Diphenhydramine Capsules (25 mg)	—	—	—	1 capsule 	2 capsules 
<p>Do not give to children less than 2 years of age. Do not give to children 2 to 6 years of age unless your doctor tells you to.</p>					

Reference: [Diphenhydramine Dosing Table - HealthyChildren.org](https://www.healthychildren.org/healthy-living/medications/medication-dosing-table)



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Follow up may involve:

- Instructions to keep the rash clean
- Dressing changes for at least 24-48 hours until rash resolves
- Monitor for signs of sedation
- Follow up with primary care provider for evaluation
- EMS if symptoms worsen

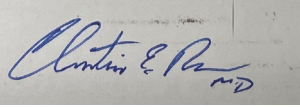



Notify parent/guardian of injury and management. Diphenhydramine can be sedating.

Document the administration in the student's health record as well as on the individual student medication administration record. Supervising physician (Regional Health Officer) review/signature is not required. Contact the supervising physician as needed.

This OTC standing order may not be used for more than three consecutive days – if additional treatment is needed, an order from a primary care provider (MD, DO, CNP, PA) must be provided.

This NMDOH standing order for Over-the-Counter Medication Administration: Minor Wounds, shall remain in effect until rescinded or until July 1, 2024.

Signature of ordering provider(s)

Licensed Prescriber	NPI	Signature	Date
Christine Ross NE Region RHO	1891715470		7/24/23
Christopher Novak SE Region RHO (Acting)	1508834110		7/11/23
Christopher Novak SW Region RHO (Acting)	1508834110		7/11/23
Savanna Bustos NW Region RHO	1447516612		7/25/23



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Savanna Bustos Metro Region RHO	1447516612		7/25/23
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