

Camper name: \_\_\_\_\_  
\_\_\_\_\_

Summer of 2016

### Nurse Initiated Orders

#### Introduction:

The standing orders or nurse-initiated orders are medications and/or activities approved by a camp-consulting physician. Medications listed are PRN (as needed) and exemptions to the medication administration of the said drug(s) include the following:

- 1) Those with allergies, sensitivities or questionable reactions
- 2) Is currently taking a medication that is contraindicated with the said drug
- 3) Has been prescribed a medication by a physician for the symptom being treated
- 4) Causes extreme drowsiness or any other side effect that is less desirable than the reason for taking the drug
- 5) Parents, guardians, family physician may reject the standing orders for any reason or cause.

A "12 hour period" refers to continuous administration during a 12-hour period ex. q 4-6 h. med given every 4 or 6 h. in 12 hours.

"Guardians" refers to traditional definition and may include any institutional or Adult Residential Centre facility etc. where the camper may reside. **We only require the signature from either the camper's Physician or from the camper's guardian.**

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#### Consent

*I have read and authorize the attached:*

Camp Physician's Signature:  \_\_\_\_\_

Camper Physician's Signature: \_\_\_\_\_

**OR**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Nurse: \_\_\_\_\_

Schedule B

Camper name: \_\_\_\_\_  
\_\_\_\_\_

Summer of 2016

Nurse Initiated Orders

**Adult Camper**

Activity as tolerated

Diet as tolerated

Acetaminophen 325-650mg po/pr q4-6hr for pyrexia (fever) x2

Acetaminophen 325-650mg po/pr for minor aches and pains, menstrual cramps, headache

ASA 325-975mg po/pr for pyrexia if unable to take acetaminophen

Solarcaine cream/spray or equivalent for sunburn

Calamine/Caladryl for itchiness due to insect bites

Benadryl 25mg po for symptoms of hay fever

Gravol 50-100mg po/pr for nausea/vomiting q6hr x 12hr

Over the counter antibiotic preparations for infected wounds with no previous treatment plan

Maalox 15-30 cc po for indigestion

Kaopectate 1200mg for diarrhea or loose, malodorous bowel movement

Stock cough syrup at recommended dosage

**Consent**

\_\_\_\_\_

*I have read the attached and authorize Schedule B*

Camp Physician's Signature:  \_\_\_\_\_

Camper's Physician's Signature: \_\_\_\_\_

**OR**

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camp Number: \_\_\_\_\_

**Please read and sign as applicable to the specific camper. If not applicable for camper, put a diagonal line through the order and sign the page.**

Camper name: \_\_\_\_\_

**Bowel Care Regimen**

Consistency with plans at home/facility or requested by family physician. If no plan is given, the following will be followed and adjusted to individual needs.

If no bowel movement x 2 days, and is abnormal per usual pattern, then: push fluids, encourage activity, dried or fresh fruit.

If no bowel movement x 3 days, previously prescribed oral laxative; if no prescription then continue with fluid push, Magnolax 7.5-15 ml (adults), Magnolax 1-10 ml (children) po, followed by or mixed with 240 cc water or milk at bedtime and rectal check.

If no bowel movement x 4 days, then rectal check, glycerine or Dulcolax suppository, repeat laxative.

If no bowel movement x 5 days, rectal check, abdominal assessment, disimpaction or fleet enema (action depends on camper, assess and rectal touch).


How often does client have a normal bowel movement on *average*? \_\_\_\_\_

Are aggressive measures e.g. suppositories, laxatives, enemas etc necessary to achieve this?

Yes  No

**Consent**

*I have read the attached and authorize Schedule C*

Camp Physician's Signature:  \_\_\_\_\_

Camper's Physician's Signature: \_\_\_\_\_

**OR**

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camp Nurse: \_\_\_\_\_

**\* Please read and sign as applicable to the specific camper. If not applicable for camper, put a diagonal line through the order and sign the page.**