

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.**

---

#### Consent

*I have read and authorize the attached:*

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

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

**OR**

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

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

Schedule A

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

Summer of 2016

Nurse Initiated Order

Child Camper

Activity as tolerated

Diet as tolerated

\*Acetaminophen 10-15 mg/kg (not to exceed 65 mg/kg in 24 h.) po/pr for pyrexia (fever), minor aches and pains q 4-6h x 12h. (po means per mouth; pr means rectally)

Gravol (or equivalent) for nausea and vomiting x 12h

Dosages: po 2-6yr 15-25mg q6-8h.  
6-12yr 25-50mg q6-8h.  
pr 6-8yr 12.5-25mg q6-8h.  
8-12yr 25-50mg q8-12h.  
12-up 50mg q8-12h.

Solarcaine cream/spray for sunburn at bedtime PRN (as needed)

Sunblock daily when exposed to the sun

Advice of poison control or MSDS sheets

Calamine/Caladryl cream for itchiness due to insect bites

Anakit for reaction to bee stings

Maalox 15-30cc for indigestion heartburn

Antibiotic ointment to infected wounds if no previous treatment is ordered

Kaopectate 600mg for diarrhea-1 tab after each loose, malodorous bowel movement

Bowel care regimen at Camp Tidnish

Stock cough medicine at recommended dose for age/weight

\*Children with shunts & pyrexia (fever) will be taken to physician for assessment immediately.

**Consent**

---

*I have read the attached and authorize Schedule A*

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.**

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.**