



Date: 2/26/26  
To: Camp Hazen, YMCA  
From: Wildwood Pediatrics and Adolescent Medicine, LLC  
Re: Medical Procedures – Standing Orders – Camps/Schools with a licensed medical professional on staff

As the physicians consultants we have developed the following guidelines for the medical personnel on site who are responsible for carrying out proper medical care. It is to help you in your efforts to provide the best medical care for your campers. The following serves only as a guideline:

- The nurse or other licensed, qualified medical personnel employed by the organization should evaluate all routine medical problems. Emergencies should also be evaluated by the nurse whenever possible. Administered first aid should follow the current edition of the American Red Cross First Aid Manual or these standing orders.
- In cases where a child obviously needs to be seen by a physician, or if there is any question about a child's care, our office should be contacted (by nurse or staff member). A physician is on call 24 hours a day, 7 days a week (phone 860-767-0168). If the rare instance should occur, when a child has a severe injury or illness and you have trouble contacting us, back-up is provided by the emergency rooms at Yale-New Haven Hospital, Yale-New Haven Shoreline Medical Center, Middlesex Hospital, and Middlesex Medical Center Shoreline. These resources, however, should not need to be routinely used.
- We expect that each child will have a complete medical history and the results of a recent physical exam on file, as required by State Law.
- Medications or procedures ordered by a child's personal physician should be carried out per the written order. Medications must be kept by the nurse, not the child. If questions arise, please contact us.
- Standing orders (appended)
- Care Guidelines (appended)
- If a child needs to be evaluated by a physician, the nurse must accompany the patient to the office.

We want to re-affirm our commitment to provide top quality care for all of our patients. This requires us to be available to them. We will not find fault with the nurse or staff member who calls us when genuinely concerned even if the problem turns out to be minor. We do find fault with the person who overestimates his or her own competence, or who "doesn't want to bother the doctor" and thereby jeopardizes the health and well being of one of our patients.

## Standing Orders

### Head

#### Head Injury

- Assess for alertness, visual disturbances, unequal pupil size, severe vomiting, convulsions, bleeding from eyes, bleeding or drainage from ears, nose or mouth, black eyes, pounding or prolonged headache, prolonged dizziness, vital signs, confusion and memory loss.
  - If unconscious, or if additional positive findings indicating a possible fractured skull or cervical spine involvement, **call 911**, maintain proper body alignment, apply cervical collar and place on backboard. Assess limb movement and sensation before and after application.
  - If no loss of consciousness, asymptomatic, or only minimal swelling, “bump” develops apply cold compress or ice pack, reassure, continue frequent observation. May use acetaminophen or ibuprofen.
  - If history of LOC or has confusion or memory loss contact physician.
  - If amnesia, pupil size difference, fever, abnormal gait, excessive sleepiness, dizziness, unconsciousness (even brief), severe headache, nausea, vomiting, change in pulse rate, nose bleed, or bleeding or clear watery fluid from the ears or nose – put child to bed, keep warm and quiet, elevate head of bed and call physician at once.
- **CAUTION: DO NOT MOVE PERSON WITH SEVERE HEAD OR BACK INJURY UNTIL SEEN BY LICENSED, QUALIFIED MEDICAL PERSONNEL – ONLY THEN BY STRETCHER.**
- Keep warm and quiet, monitor vital signs and level of consciousness, administer oxygen (if available) as needed, contact doctor and transport to hospital.

#### Headache

- Identify cause (stress, fever, hypertension, migraine, bump on the head, other).
- If headache is due to **stress**, recommend massage, rest, heat to the back of the neck and relaxation exercises. May give:
  - Acetaminophen per standing order or
  - Ibuprofen per standing order
- If headache due to **fever of 101°** or above, give acetaminophen according to standing orders (see fever protocol)

#### Dizziness or Nausea due to Motion sickness

- Mild discomfort: Rest and removal from situation producing symptoms.
- Moderate discomfort or if unable to remove from situation:
  - Dramamine
  - Benadryl
    - Either may be given ½ hour prior to travel in children with a known history of motion sickness.

## Eyes

### Foreign Object

- For mild floating speck:
  - Have patient blow nose gently to mobilize floating irritation to corner of eye.
  - If irritation persists flush with tepid water or eyewash.
  - If needed use moistened cotton swab and remove surface foreign body.
- If foreign body is apparently imbedded in eye:
  - *DO NOT remove any imbedded object!*
  - Do not let the patient touch his face or eye.
  - Use a paper cup taped over any protruding object to prevent further injury. Cover both eyes, keep patient calm.
  - Contact physician.
- Penetrating Injury:
  - *DO NOT remove any penetrating object!*
  - Do not let the patient touch his face or eye.
  - Use a paper cup taped over any protruding object to prevent further injury. Cover both eyes, keep patient calm.
  - Transport to hospital taking care to avoid unnecessary movement.
- Chemical Exposure or Cooking Splatter
  - Flush with copious amounts of water or eyewash for at least 15 minutes and refer any injury to the doctor.

### Eye Injury

- Assess for visual disturbance, pain, redness, pupil reaction to light, swelling and visible abrasions.
- If any positive signs patch eye and refer to doctor or ophthalmologist.

### Burning, Itching

- If due to allergy apply cold, wet compress as needed.
- For moderate or severe discomfort:
  - Chlorpheniramine (Chlortrimeton) or
  - certirizine (Zyrtec)/loratidine (Claritin)

### Redness

- If mild redness due to viral cold or mild hay fever
  - Apply cool compresses or Visine or Visine AC eye drops
    - One drop each eye up to 4 times a day x 2 days PRN
  - If redness persists or there is thick, greenish or yellow discharge, refer to physician

### Dry Eyes

- May use natural tears

## Ears

### Ear Wax

- If exam reveals excess hard wax without evidence of infection:
  - Instill Debrox 5 drops and allow it to remain in the ear for 5 to 10 minutes. Then, use a bulb syringe filled with warm water and flush the ear until the wax is removed
  - If there are no results after several attempts, repeat the procedure the next day.
  - If there are still no results refer to the doctor.

### Ear Ache

- Check temperature.
- Observe for drainage from ear or hearing loss
- Give acetaminophen or ibuprofen for pain.
- Consult physician if pain severe, drainage present, or if pain lasts over a 6 hour period
- **NO SWIMMING UNTIL EARS ARE CLEAR!! (otitis externa only)**

### Swimmer's Ear Prophylaxis

- for patients with intact eardrum and no PE tubes
- May use swimmer's ear solution (equal parts vinegar and alcohol) – 2-3 gtts each ear before and after swimming.

## Nose

### Nose Bleed

- Ask if there is any previous history of nose bleeds.
- Have the patient pinch the soft portion of the nose against the septum.
  - Instruct him to breathe through his mouth.
  - An ice bag may be applied at the bridge of the nose.
  - Hold nose pinched continuously for 10 minutes.
  - If bleeding after 10 minutes repeat but for 20 minutes.
  - If bleeding continues after these measures notify the doctor or transport to the hospital.
- With older patients do vital signs and inquire about any history of hypertension or blood thinning medications.

### Nasal Congestion

- Assess for associated symptoms, take temperature.
- Increase fluid intake, rest, humidity and gargle with salt water.
- If nasal congestion due to hay fever:
  - cetirizine (Zyrtec) **or**
  - loratadine (Claritin) **or**
  - fexofenadine (Allegra)

## **Mouth**

### **Cold Sore**

- Assess for other viral symptoms.
- Treatment options:
  - Anbesol **or**
  - medicated lip ointment **or**
  - Mix equal amounts of liquid Maalox and Benadryl elixir and apply or rinse mouth out (may swallow).
- Instruct patient not to touch lesion to prevent auto transference.

### **Toothache**

- Assess the severity of the tooth decay, tooth fracture or tooth eruption.
  - Mild: Gargle with warm water and mouth wash and apply Anbesol
  - Moderate: acetaminophen or ibuprofen
  - Severe: Refer to local dentist or emergency room.

### **Injury to Mouth**

- Assess teeth for looseness and gums for injury
- If loose or broken teeth or gum laceration refer to oral surgeon, dentist, or the emergency room doctor.

### **Dental Trauma**

- If permanent teeth are knocked out, find them and transport them with the patient storing them in milk or (if milk not available) a handkerchief or gauze soaked with the patient's saliva.
- For severe mouth and/or facial injury call the ambulance and call or transport to the hospital. Maintain an open airway and apply oxygen as needed.

## **Throat**

### **Simple Pharyngitis**

- Increase fluid intake, gargle with saline solution, and/or use throat lozenges (cepacol, chloraseptic, etc)
- If temperature elevation, may give Acetaminophen or ibuprofen for 24 hours
  - If temperature greater than 101 remains for longer than 24 hours despite this regime call the physician.
- If sore throat severe at any time, or lasts for more than 3 days call the physician

### **Foreign Body Airway Obstruction**

- Follow BLS or PLS procedures

## Chest

### Chest Pain (possible MI, primarily adults/staff)

- Assess for pain location, quality, duration, intensity, and if there is any radiation. Take vital signs, note skin color. If diaphoretic or cold and clammy, check heart and lung sounds, and **call 911**. Note if any nausea or vomiting.
- Check for past medical history and note if there are any cardiac risk factors. If pain is a pressure, squeezing or tightness substernally with radiation to the arms, jaw, neck or shoulder blades, **call 911** because you should suspect a possible heart attack (myocardial infarction).
- Place sitting up in a comfortable position. Start oxygen therapy (if available) according to need (nasal cannula 2 to 6 liters or non rebreathing mask at 12 liters) while awaiting the ambulance.

## Lungs

### Simple Cough

- To thin mucus secretions may give Guaifensin syrup
- For a persistent cough due to throat irritation or post nasal drip may also give Dextromethorphan or 5 to 10 mL of honey

### Continuous Cough

- With green or yellow sputum production, and/or associated with a temperature over 101, (or diminished breath sounds) report to doctor.

## Asthma

- Monitor for wheezing, adequacy of ventilations, cough, mucus production, skin color, use of accessory muscles, pursed lip breathing, vital signs.
- Any child with wheezing and/or a history of asthma and/or allergies follow directives from home.
- If lung sounds are inaudible or severely decreased call doctor. If not available transport to the hospital without delay. May administer oxygen medium to high concentration via mask.
- If the asthmatic has no directives from home and had good air exchange
  - Provide rest in a calm environment (assess levels of stress caused by others present)
  - Encourage fluid intake and observe
  - If the ventilations are inadequate or do not improve after rest notify the physician
  - If unable to contact the physician and/or the condition worsens transport to the hospital.

## Abdomen

### Indigestion

- “Sour stomach”, heart burn, gas
- Determine eating habits and if taking any routine medications.
- Light diet
- If there is no evidence of kidney disease and the patient is not on tetracycline may give an antacid according to the box instructions

### Nausea

- Mild discomfort: Clear liquid diet advancing to bland and regular diet as tolerated. For adults, may give 2 tablespoons Pepto Bismol (may use generic form, maximum dose/24 hours per packaging).

### Vomiting

- Clear liquid diet advancing to regular as tolerated. Observe for signs of dehydration – and report any immediately to physician.

### Diarrhea

- Mild: Clear liquid diet and advance as tolerated
- If not improving within 3 days, or if patient shows signs of dehydration, notify physician.

### Constipation

- No bowel movement x 3 days: Increase fluid intake, exercise, eat raisins, prunes, or drink prune juice.
- No bowel movement x 4 days and above regime tried: May use Miralax.

### Menstrual Cramps

- Mild: Encourage activity, heat and warmth to abdomen at rest time or bedtime.
- Moderate: acetaminophen or ibuprofen

### Abdominal Pain

- Take vital signs.
- Contact the physician if:
  - pain is acute with a sudden onset associated with fever **or**
  - vomiting is present **or**
  - abdominal assessment reveals absent bowel sounds, rebound tenderness, severe tenderness to palpation, or a rigid abdomen
- If physician not available transport the patient to the hospital.
- Give nothing by mouth!!

## **Back**

### **Back Pain**

- Check mechanism of injury, if any. Assess for neurological status, flank tenderness, urinary symptoms, temperature. If flank tenderness and urinary symptoms see Urinary protocol below.
- If the injury was minor or unknown and the assessment negative, treat the back pain symptomatically.
  - Acetaminophen or ibuprofen for pain relief according to the manufacturers' instructions
  - Ice pack to area
  - Muscle rub (Ben-Gay) for sore muscles
  - If symptoms are severe or persist, refer to the physician.

## **Urinary**

### **Urinary frequency/urgency/burning or pain on urination**

- Measure the patient's temperature
- Assess for flank tenderness
- Refer to physician

## **Skin**

### **Abrasions and Lacerations**

- Superficial
  - Clean with soapy water, hydrogen peroxide PRN, Bacitracin or Betadine PRN, band aid PRN.
  - Watch for infection
- Small laceration
  - Clean as above.
  - When bleeding ceases align edges with butterfly or Steri-Strips, apply pressure dressing, apply bacitracin, change dressing daily and observe for infection.
- Lacerations that gape or any possibly disfiguring laceration
  - Need evaluation by the doctor for possible closure.
  - If you think it needs a butterfly or Steri-Strips it probably should be seen by the physician. If it looks at all large to you, you should confer with a physician.
- Severe laceration, incisions or those with bleeding or clotting disorders who have prolonged bleeding need to be referred to the physician or Emergency Department.
- Check for status of tetanus immunization (should be within 5 years). If tetanus immunization not up to date, notify physician.

## Rashes/Hives

- Assess extent of rash and areas of body affected.
- Check temperature. If elevated, consider communicable disease.
- Attempt to determine whether contact dermatitis or allergic rash. Question patient regarding possible exposure to allergens: i.e. new foods, lotions, creams, soaps, shampoos etc. or exposure to plants or to excessive sunlight.
- Wash affected areas well with soap and water.
- For relief of local itching may apply cool compresses or ice packs, Caladryl Clear lotion, Sarna lotion, Calamine lotion, or hydrocortisone cream 1%.
- If swelling, redness or severe itching occur may give diphenhydramine (Benadryl), cetirizine (Zyrtec), loratadine (Claritin), or fexofenadine (Allegra).
- If hives may give diphenhydramine (Benadryl), cetirizine (Zyrtec), loratadine (Claritin), or fexofenadine (Allegra).
- Monitor for signs of anaphylactic shock, depending on history or allergen
- Be aware that stress or tension usually makes hives worse – attempt to relieve stress with help from counselors, etc.

## Infected Boils, Wounds or Ingrown Toenails

- If extensive redness, swelling and purulent drainage
  - Apply hot soapy water, compress, or soak (target is at least 20 minutes 4 times daily).
  - Apply bacitracin or Neosporin ointment.
  - Change dry sterile dressing daily and PRN.
- If infection persists more than 4 days, if fever is present, or if red streaking is present, refer to physician.

## Acne

- 10% benzoyl peroxide for mild acne used once or twice daily

## Puncture Wound

- Check health record for last Tetanus immunization and allergies
- If no Tetanus Toxoid in the last five years contact doctor
- Minor: Clean or soak in hot soapy water and apply Bacitracin and dressing
- Major (deep, or possible nerve or blood vessel involvement): Refer to doctor or Emergency Department

## Burns

- Sunburn
  - Cool, wet compress. Avoid further exposure.
  - Prevention is best! Encourage sunscreen prior to exposure.
  - May apply Solarcaine lotion if needed for pain
  - Encourage extra fluids in more severe cases.
  - Tylenol for pain if necessary.
- First degree
  - Cool, wet compress as needed.
  - For pain may take acetaminophen or ibuprofen.
- Second degree (small)
  - Follow same treatment as in first degree burns. Do not rupture blisters. If they do rupture, apply silver sulfadiazine cream (Silvadene) and dry sterile dressing.
  - Second degree burns (other than very small) should be seen by the physician.
  - If there is continued pain after 48 hours or signs of infection consult the physician.
- Extensive burns, especially of the face
  - Transport to the hospital
  - Call ambulance
  - Administer oxygen in high concentration
  - Remove any clothing that is not stuck, remove rings, watches, jewelry
  - Full assessment and monitor for respiratory injuries. Vital signs Q 15 minutes.

## Sunstroke

- Call physician at once.
- Remove patient to cool place, remove patient's clothing, have patient lie with head and shoulders elevated.
- Apply ice bag to head and give cool drink if consciousness not altered.
- Do not give stimulants.

## Skin Contamination and Chemical Burns

- Flush affected skin area immediately with lots of water.
- Remove contaminated clothing.
- If poison is oily or doesn't wash off with water alone, cleanse with soap and warm water and rinse well.

## Impetigo

- Assess extent of area involved and take temperature.
- Wash with soapy water.
- Make sure clothing is clean and dry.
- Avoid close contact with others.
- Refer to the physician.

### Athlete's Foot

- Assess for red, flaky, and itchy patches between the toes and on the foot.
- Keep feet clean and dry.
- Apply tolnaftate (Tinactin) cream, terbinafine (Lamisil) cream, or clotrimazole (Lotrimin) cream to affected area twice daily at times when it will not be washed away by swimming.

### Ringworm

- Cleanse area with warm soapy water.
- Apply tolnaftate (Tinactin) cream, terbinafine (Lamisil) cream, or clotrimazole (Lotrimin) cream to affected area twice daily at times when it will not be washed away by swimming.
- Notify physician if the rash is extensive or if the rash is on the face or scalp.

### Contusion

- Apply cold compress or ice to area
- Consider possibility of fracture, especially if pain is immediate and severe

### Splinters

- Clean skin with soap, water and antiseptic
- Superficial splinters may be removed with sterile needle and forceps.
- Sterile dressing and/or antibiotic ointment if necessary
- All other splinters refer to physician

### Blisters (due to friction)

- Do not puncture, protect with dry dressing or moleskin
- If ruptured cleanse with soap and water (may soak) and apply Bacitracin, dry sterile dressing and prevent further injury

### Head Lice

- Launder bedding and clothing of infected person
- Prophylactic treatment of person in close contact
- Use Rid, A Pyrinate 200, or Nix shampoo according to the manufacturer's instructions
- Head check others in dorm or cabin

### Animal/Human Bite

- Control bleeding.
- Assess for fractures or other injuries.
- Irrigate with copious amounts of water.
- If bite is small and bleeding is not a problem, wash for 8-10 minutes with soap and water or soak in Betadine scrub and water.
- Apply bacitracin or Neosporin ointment.
- Contact physician. Change dressing daily until healed.
- Cat or human bites that break the skin of the face or hand need to be seen by the physician.
- If animal bite contact police to locate and confine animal.

### Non-poisonous Snakebite

- Cleanse the bite area well with Betadine scrub and water, soak it in Betadine scrub if possible.
- Apply bacitracin.
- Clean daily and observe for signs of infection.

### Poisonous Snakebite

- Keep calm, loosen clothing, **call 911**.

### Insect Bites

- Prevention: may use OTC insect repellent with maximum of 10% DEET per manufacturer's instructions
- Identify type of insect if possible (mosquito, black fly, spider, etc.).
- Cleanse the area
- For relief of local itching may apply cool compresses or ice packs, Caladryl Clear lotion, Sarna lotion, Calamine lotion, or hydrocortisone cream 1%. Observe for any allergic reaction
- If swelling, redness or severe itching occur may give diphenhydramine (Benadryl), cetirizine (Zyrtec), loratadine (Claritin), or fexofenadine (Allegra).

### Poisoning

- **Call Poison Control (1-800-222-1222)** or physician. Only if neither available: take to hospital emergency department.

### Ticks – Deer Tick (sesame seed size)

- Gently remove the tick as close to the head as possible with tweezers by pulling steadily and firmly until the tick lets go.
- Cleanse the bite well with Betadine or soap and water
- Instruct the patient or his counselor to observe the site daily for any rash formation and to check for signs or symptoms of fever, fatigue, stiff neck, muscle and/or joint pain.
- If there is a > 2 inch diameter red rash or other symptoms of Lyme Disease instruct the patient to return for evaluation.

## Extremities

### Arm/Wrist Injury

- Assess for deformity, mobility, swelling, skin discoloration, location and degree of pain.
- If suspect a fracture see section on fractures
- If suspect a soft tissue injury
  - Mild: Apply ice compress
  - Moderate: Apply ice compress. May put in a sling. May apply an ace bandage, with instructions to be observant for any tightness or constriction.
- Have the patient return the next day for re-evaluation and possible referral to physician.

### Ankle/Knee Injury

- Assess for swelling, pain level and location, mobility and inability to bear weight, skin discoloration.
- If suspect a soft tissue injury
  - Mild: Apply ice for 20 minutes
  - Moderate: (RICE) Apply ice pack, rest, immobilize, and elevate.
  - May apply an ace bandage to the ankle or knee. The ace bandage should be checked for tightness and removed at rest hour and at bedtime.
  - May use crutches to prevent weight bearing.
- If suspect torn ligaments or fracture refer to physician.
- If injury moderate or questionable recheck after sufficient rest (24 hours)
- If there is no improvement after 48 hours refer to physician.

### Fractures/Possible Fracture

- Address airway, breathing, and circulation
- Protect cervical spine as needed
- Anticipate shock and use preventative measures
- Immobilization
  - Joints: Generally immobilize in position found. Make no attempt to reduce fracture
  - Long bones: Move to splintable position with gentle traction. If pain increases or resistance is felt, splint in position found.
  - Open fractures: Control bleeding
    - Flush foreign matter with Normal Saline
    - Move to splintable position with gentle traction
- Cover wound with saline-soaked dressing covered with bulky, dry dressing. Do not replace bone fragments.
- Apply ice compress to site
- Oxygen if shock present
- Call physician – if not available, transport to hospital after immobilization

## Amputations

- Control hemorrhage by direct pressure and elevate extremity. If needed apply pressure to the appropriate pressure points.
- Avoid tourniquet if at all possible. If necessary place close to the amputation.
- Treat for shock
- Administer Oxygen
- For COMPLETE Amputation
  - Transport the patient and the severed part to the hospital
  - Do not make a judgment as to the viability of the part
  - Find the severed part if this does not delay transport of an unstable patient.
  - Wrap it in a saline soaked sterile gauze or towel and place it in a plastic bag.
  - Put it in a second plastic bag seal and tag the bag with the patient's name and the time.
  - Place the bag in a container that is filled with ice if available or use disposable cold packs.
  - Do not use dry ice.
  - Do not leave patient to get ice.
  - Do not delay transport if ice is unavailable.
  - Do not submerge part in ice but place it on top to avoid freezing.
- For PARTIAL Amputation
  - Control bleeding with direct pressure
  - Rinse the wound with sterile saline. Do not apply antiseptic solution to wound
  - Place the part in a functional position.
  - Apply a moist sterile dressing.
  - Splint and elevate.
  - Apply ice bags or cold packs to the outside of the dressing.
  - Transport to the hospital.

## General or Multi-system Problems

### Fever

- Temperature taken orally, rectally or axillary of 38°C or 100.4°F or higher
- Assess for sign or symptoms causing temperature elevation.
- If any positive signs or symptoms refer to the appropriate protocol.
- If temperature less than 101°:
  - Increase oral fluids as tolerated
  - Rest or activity as tolerated
  - Recheck temperature every 4 hours until normal.
- For temperature of 101° or above:
  - Admit to the Health Lodge for observation/care [camp]
  - Increase oral fluids as tolerated.
- For comfort may give acetaminophen or ibuprofen
- Check temperature Q 4h when awake.
- If fever persists over 101° for over 24 hours or is over 104° consult with the physician.

## Diabetic Hypoglycemia

- For all suspected diabetics with signs/symptoms of hypoglycemia
  - Address airway, breathing, circulation.
  - Check level of consciousness, vital signs, breath odor, skin color and condition, medical history and finger stick blood sugar if test readily available.
  - **If patient is unconscious, call 911.**
  - Notify the office.
  - Anticipate shock and use prevention.
  - If conscious give glucose (orange juice with sugar or glucose gel, whatever food there is available) by mouth as soon as possible. Do not wait to do blood sugar. If patient is semiconscious or unconscious, give glucagon injection.
  - If glucagon injection is not available, give a small amount of glucose gel squeezed between the cheek and gum. Protect the airway by turning the patient on their side.

## Seizures

- Address airway, breathing, circulation.
- Cervical spine control as appropriate, vital signs.
- Protect patient from injury.
- Do not force anything into patient's mouth. May use bite stick if able to use easily between teeth without forcing.
- Place padding beneath the head.
- If unable to move objects away from patient, move patient gently and slowly along long axis of body away from heavy objects.
- Do not restrain.
- Oxygen as needed.
- Monitor the beginning point, progression and duration of seizure.
- Note when seizure medications were last taken.
- Notify physician of all seizures.
- **Call 911 if:**
  - First seizure
  - Status epilepticus
  - Patient injured during seizure
  - Medications had previously been controlling the patient's seizures
  - Patient is a known diabetic
  - The seizure takes place in water

## Shock

- Follow American Red Cross Responding to Emergencies Manual Instructions for Shock.
  - **Call 911.**
  - Take vital signs.
  - Administer high flow oxygen PRN.
  - Control bleeding.
  - Cover with blankets after removing any wet clothing to conserve the patient's body heat.
  - Loosen any restrictive clothing.
  - Immobilize any fractures.
  - Reassure victim, keep him quiet and still.
  - Continue to monitor vital signs until ambulance arrives.

## Drowning

- **Call 911.**
- Address airway, breathing, circulation.
- C.P.R. if indicated.
- If diving accident is known or suspected, use full neck and spine immobilization. Use chin lift or jaw thrust to maintain airway.
- Treat for shock. Oxygen as needed.
- Assess for immersion hypothermia.
- Prevent further heat loss by removing wet clothing if possible without disrupting the proper body alignment and/or applying warm blankets.
- Transport on side or turn cervical spine board to prevent aspiration.
- Transport near-drowning to the hospital even if they are conscious (bring water sample if possible)

## Heat Exhaustion

- Remove patient to cool environment.
- Treat for shock, elevate legs.
- Loosen or remove constricting clothing.
- Assess for:
  - Headache, dizziness, syncope
  - Temperature elevation
  - Diaphoretic skin, usually cool to touch
  - Gray or pale skin color
  - Orthostatic hypotension/Rapid pulse. Sponge face, arms and body with cool water.
- If nausea is not present, give fluids to hydrate. Gatorade or a salt water solution (1 teaspoon salt/Quart of cool water)
- Notify physician if no response.

## Heat Stroke

- Address airway, breathing, circulation. Administer oxygen as needed.
- Move patient to cool environment, remove clothing.
- Monitor vital signs, level of consciousness, check for
  - Hot, dry skin
  - Strong, bounding pulse
  - Temperature 104° to 106°
  - Seizure activity
- Initiate cooling by whatever means available. *Speed is essential.* May use immersion in lake, cold water bath, or ice packs in axilla, groin and forehead.
- **Call 911**, and continue cooling measures.

## Hypothermia

- Assess patient paying particular attention to:
  - Shivering (usually an early sign may be absent)
  - Peripheral pulses if absent or very weak, listen to apical
  - Length of exposure to cold/wet, any thawing and refreezing
  - Fatigue, lethargy, and apathy
  - Confusion, forgetfulness
  - Slurred speech, muscle stiffness, rigidity and ataxia
  - Cold, pale skin
- Address airway, breathing, circulation.
- Create or bring patient to a warm environment!
- *Conscious patient* that is shivering with a normal level of consciousness.
  - Remove all wet clothing.
  - Dry patient and warm externally by applying warm blankets or warm packs.
  - Continue warming process, may soak feet and/or hands in warm water.
  - Give warm, high calorie beverage (soup, cocoa)
  - Do not permit further exposure to the cold once re-warmed.
- *Patient with decreased mental status and/or rectal temperature below 90 degrees Fahrenheit.*
  - **Call 911.**
  - Remove all wet clothing.
  - Prevent further heat loss by applying warm blankets and warm packs.
  - Do not rub. Handle the patient gently.
  - Carry, no bouncing, a cold heart can easily fibrillate.
  - If able to swallow give hot soup or cocoa.
  - If ventilation assistance is needed use Bag mask, or mouth to mouth, with C.P.R. Microshield with one way valve.
  - Do not use demand valve or pressure ventilation devices.
  - If pulseless and apneic, begin C.P.R. and **call 911.**

## Inhaled Poisons

- Carry victim to fresh air immediately. Don't let patient walk, loosen tight clothing, keep quiet and warm. May give oxygen.

## Hyperventilation

- May put paper bag over victim's mouth and nose and hold against face until able to breathe regularly.

## Acute Anaphylaxis

- Administer EpiPen or EpiPen Junior.
- **Call 911.**
- May repeat EpiPen dose 20 minutes after 1st dose, if symptoms still present.

## **For Conditions Not Mentioned or for Emergencies**

Staff should contact nurse (or qualified licensed medical personnel on site, if available)

Nurse (or staff if nurse not available) should contact Wildwood Pediatrics and Adolescent Medicine at 860-767-0168 (24 hours a day).

If above not reachable, back-up is provided by Middlesex Medical Center Shoreline, Middlesex Hospital ER or Children's Hospital at Yale New Haven.

## **Self Administration of Medications**

Students/campers may be allowed to self administer medications such as topicals, inhalers, nasal sprays, eye drops, etc., provided they have documented guardian permission, are supervised by licensed or med-certified staff, and are able to demonstrate correct procedure.

## **Leave of Absence Medications**

Students/campers leaving for a home visit may take with them non-controlled medications in amounts for the duration of the visit only, provided the staff has determined this to be appropriate.

## Appendix A Medicine Doses, Route, Frequency

Medicine	Doses	Route	Frequency
Acetaminophen	10-15 mg/kg per dose Max 650 mg per dose	oral	Q4H. Max 5 doses in 24 hours
Ibuprofen	up to 10 mg per kg per dose	oral	Q6H
Benzoyl peroxide	5% or 10%	topical	Used once or twice daily.
Cetirizine (Zyrtec)	5 to 10 mg	oral	Once daily
Diphenhydramine (Benadryl)	up to 1 mg/kg per dose maximum 50 mg per dose	oral	May repeat q6h.
Dimenhydrinate			
≥ 6 years to < 12 years	25 mg to 50 mg maximum daily dose: 150 mg/24 hours	oral	Every 6 to 8 hours
12 year and older	50 mg to 100 mg maximum daily dose: 400 mg/24 hours	oral	Every 4 to 6 hours
Fexofenadine (Allegra)			
≥ 6 years to < 12 years	30 mg	oral	Twice daily
≥ 12 years	60 mg <b>OR</b> 180 mg	oral	Twice daily Once daily
Guaifensin syrup 100 mg/5 mL			
≥ 6 years to < 12 years	5 mL	oral	Q4H, PRN
≥ 12 years	10 mL	oral	Q4H, PRN
Guiafenesin-DM syrup (adults)	10 mL	oral	Q4H PRN cough
Loratadine (Claritin) ≥ 6 years	10 mg	oral	Once daily
Pepto Bismol			
liquid (Adult)	30 mL	oral	Per package
tablets (Adult)	2 tabs	oral	Per package
Polyethylene glycol (Miralax)	17 g mixed in 8 ounces of beverage	oral	Once daily

## Appendix B OTC Medications

The following medications may be administered on a prn basis per these standing orders following manufacturer's instructions.

A Pyrinate shampoo	Dextromethorphan	Mylanta
A&D ointment	Dimetapp elixir	Natural Tears
Acetaminophen	Diphenhydramine	Nix Shampoo
Anbesol	Dramamine	Ora-gel
Aveeno cream/lotion	Eye wash	Pepto Bismol
Bacitracin	Fexofenadine (Allegra)	Providine Ointment
Ben Gay	Gelusil	Rid shampoo
Benadryl lotion	Guaifenesin syrup	Robitussin syrup
Benzoyl Peroxide	Hydrocortisone cream 1%	Rolaids
Betadine	Hydrogen peroxide	
Caladryl	Ibuprofen	Throat lozenges
Calamine lotion	Loratadine (Claritin)	Tinactin
Cetirizine (Zyrtec)	Lotrimin	Tums
Comtrex	Maalox	Visine
Debrox	Motrin	

## Appendix C Trauma Score

The Trauma Score is a numerical grading system for estimating the severity of injury. The score is composed of the Glasgow Coma Scale (reduced to approximately one third total value) and measurements of cardiopulmonary function. Each parameter is given a number (high for normal and low for impaired). The lowest score is 1, and the highest score is 16.

<b>Cardiopulmonary Function (CPF)</b>			<b>Glasgow Coma Scale (GCS)</b>		
Respiratory Rate	10-24/min	4	Eye Opening	Spontaneous	4
	24-35/min	3		To Voice	3
	36/min or greater	2		To Pain	2
	1-9/min	1		None	1
	None	0			
Respiratory Expansion	Normal	1	Verbal Response	Oriented	5
	Retractive	0		Confused	4
				Inappropriate Words	3
				Incomprehensible	2
				None	1
Systolic Blood Pressure	90 mm Hg or greater	4	Motor Response	Obeys Command	6
	70-89 mm Hg	3		Localizes Pain	5
	50-69 mm Hg	2		Withdraw (pain)	4
	20-49 mm Hg	1		Flexion (pain)	3
	No Pulse	0		Extension (pain)	2
				None	1
Capillary Refill	Normal	2			
	Delayed	1			
	None	0			
				GCS Total*	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
<b>CPF Total</b>		<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>			
<b>(GCS) Points*</b>		<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>			
<b>Total Trauma Score</b>		<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>			
<i>(CPF Total + GCS Points)</i>		<i>/16</i>			

**\*Glasgow Scale Points Conversion**

- 14 to 16: 5 pts
- 11 to 13: 4 pts
- 8 to 10: 3 pts
- 5 to 7: 2 pts
- 3 to 4: 1 pt

**Physician Approval**

The Doctor's Standing Orders and guidelines have been read and approved and will be in effect for one year from the Physician's signing date.



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Nicholas Condulis, M.D., F.A.A.P.  
Lic #032940



Date



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**CAMP HAZEN YMCA**

Addendum to Camp Hazen YMCA Standing Orders – EpiPen or EpiPen Jr.

Spring 2026

If signs or symptoms of generalized anaphylaxis occur, the camp nurse, or other qualified designee shall call 911, and if available administer epinephrine 1:1000 via EpiPen Junior (0.15ml) (patient up to 66lbs) or EpiPen (0.30ml) (patient 44lbs or above). Emergency transport for the patient shall be made immediately to the nearest medical facility. A second dose may be given after 15 minutes if symptoms persist.

2/26/26

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Dr Nicholas Condulis, MD, F.A.A.P.

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Date

CT License #032940

Wildwood Pediatrics and Adolescent Medicine LLC

Camp Hazen YMCA Physician





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Addendum to Camp Hazen YMCA Standing Orders – First Aider

Spring 2026

In the event that Camp Hazen YMCA has a camp program involving less than 250 people and is utilizing a First Aider as medical personnel, they may perform First Aid as outlined in the American Red Cross Course in which they have been trained.

On trips away from camp, staff trained in First Aid may perform First Aid as outlined in the American Red Cross Course in which they have been trained.

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Dr Nicholas Condulis, MD, F.A.A.P.  
CT License #032940  
Wildwood Pediatrics and Adolescent Medicine LLC  
Camp Hazen YMCA Physician

Date

**CAMP HAZEN YMCA**

