



## **Division of Public Health**

### **School Registered Nurse Standing Orders**

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May 1, 2026, to June 30, 2028



## Contents

Background .....	2
Acronyms .....	2
Responsibilities .....	3
Documentation, Reporting and Forms.....	4
Standing Order 1 – Routine Blood Lead Screening .....	5
Standing Order 2 – Management of Respiratory Distress (Albuterol) .....	7
Standing Order 3 – Opioid Overdose Response (Naloxone).....	8
Standing Order 4- Allergic Reactions & Anaphylaxis .....	9
SIGNATURE PAGE .....	12

## Background

The Division of Public Health (DPH) provides standing orders for a limited set of conditions to support school nurses in providing care to individuals in the school setting in certain pre-defined circumstances.

These standing orders must never be construed as superseding or nullifying the patient-specific orders or guidance provided by a student’s primary care provider or specialist provider. Similarly, these orders do not supersede patient specific orders or guidance provided by an onsite or telemedicine provider taking decisions about a patient’s care in real time or at the time of a medical incident.

## Acronyms

ASAP- As soon as possible  
DOE- Department of Education  
DPH- Division of Public Health  
DSAMH- Division of substance abuse and mental health  
EMS- Emergency Medical Services  
RN- Registered Nurse



## Responsibilities

### DPH responsibilities include:

1. Review and updating (as appropriate) these standing orders on at least a biannual (every two years) basis & more frequently as needed to stay current with emerging medical and scientific knowledge
2. Providing these orders to the Department of Education (DOE) designee in a timely manner before each renewal to allow DOE time to solicit feedback and recommendations from school districts

### Department of Education Responsibilities

1. DOE shall be responsible to act as a liaison between DPH and the school districts and school nurses for all matters pertaining to these standing orders.
2. DOE shall be responsible for collecting, tracking, analyzing and taking follow-up action as appropriate on all reports of responses and patient interventions taken under these orders

### School District Responsibilities

1. Obtaining and maintaining all medications and supplies necessary to carry out activities under these standing orders.
2. Obtaining and maintaining all medications and supplies necessary to respond to medical emergencies.
3. Tracking and reporting to the Department of Education all responses & use of medications under these standing orders
4. Ensuring integrity of medication and supplies used under these standing orders including ensuring that stock medications are in good condition, unexpired, and stored in line with manufacturer guidelines
5. Ensuring adequate staff training including but not limited to training on the use of these standing orders as appropriate; maintenance of current cardiopulmonary resuscitation/Basic Life Support /Automated External Defibrillator (CPR/BLS/AED) training, and training on medical emergency response protocols.

### School Nurse Responsibilities

It is the responsibility of each registered nurse working under the authority of these standing orders to:

1. Understand the Delaware Nursing Practice Act available at [Delaware Regulations - Title 24 1900](#)



2. Familiarize themselves with resources provided by the DE board of nursing in determining scope of practice and what activities they can engage in. This includes but is not limited to resources such as scope of practice decision tree

<https://dprfiles.delaware.gov/nursing/ScopeofPracticeDecisionTree.pdf>

3. Familiarize themselves with what is allowable practice under their nursing scope of practice
4. When questions arise with regard to nursing scope of practice, to consult with the nurse's supervisor, the Department of Education (DOE), and/or the DE Board of Nursing to gain clarity.
5. Within the limits of the appropriate scope of practice for their license, ensure they have the necessary training and skills to perform the activities described within the standing order they are working under. Where they do not have such training or skills, they are to reach out to their supervisor(s) and other resources within DOE to acquire such training and/or skills prior to performing these activities

### Documentation, Reporting and Forms

School nurses are to follow DOE requirements for documentation and reporting activities performed under these standing orders.

Relevant forms including those referenced in these standing orders may be obtained by contacting the appropriate DOE representatives. As of the time of signing these orders, the appropriate DOE contact is Ms Ann Covey who may be reached at [ann.covey@doe.k12.de.us](mailto:ann.covey@doe.k12.de.us)



# Delaware Division of Public Health

## School Nurse Standing Orders

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### Standing Order 1 – Routine Blood Lead Screening

#### **Purpose**

To authorize school nurses to obtain blood lead screening

#### **Governing Legislation**

Delaware Childhood Lead Poisoning Prevention Act

<https://www.delcode.delaware.gov/title16/c026/>

#### **Authorized Personnel**

Delaware Licensed Registered Nurses working in Delaware early childhood education through grade 12 (pre-K–12). Excludes all post-secondary education settings.

#### **Indications**

Children without documentation of required blood lead screening for school entry. Specifically, blood lead screening should be done when:

- A child 12 months and older has no documented blood lead screening result
- A child between 24 and 72 months has less than 2 documented blood lead screening results

Additionally, school nurses may optionally screen:

- Any child between 72 months and 18 years with no documented prior blood lead test upon school entry

#### **Contraindications**

For patients with the following conditions, do not do a fingerstick on affected site, use alternative site

- Infection at the site
- Lymphedema/swelling of that upper extremity
- Scarring of the fingers e.g from burns
- Children less than 6 months should not get a fingerstick- Use heel-stick instead.

#### **Procedure**

1. Attempt to obtain documentation showing proof of lead screening. This may be from the child's healthcare provider, parent., DPH's lead program.



2. If records cannot be obtained, nurse may perform school-based blood lead screening after obtaining parental/guardian consent.
  - Maintain proper infection control practice including the use of personal protective equipment, safe sharps handling and safe handling of blood and body fluids
  - Perform capillary blood lead screening using an approved point-of-care device.
3. Provide brief education to the parent/guardian regarding lead exposure and follow-up.
4. Document blood lead results in the school health record.

**Follow-Up:**

Blood Lead Reference Value (<3.5 mcg/dL)

All blood lead screening results must be reported by nurse to the Delaware Division of Public Health Lead Program within two weeks by email to

[DELeadprogram@delaware.gov](mailto:DELeadprogram@delaware.gov)

Blood Lead Reference Value (≥3.5 mcg/dL):

- Must be reported to the DPH lead program within 2 business days either by phone at 302-744- 4546 (choose option 2) or by email to [DELeadprogram@delaware.gov](mailto:DELeadprogram@delaware.gov)
- Notify parent/guardian.
- Refer child to primary care provider for confirmatory testing.

Documentation: Record student name, date, result, and follow-up actions in the school health record.



## **Standing Order 2 – Management of Respiratory Distress (Albuterol)**

### **Purpose**

To authorize school nurses to administer albuterol for students experiencing respiratory distress consistent with asthma or reactive airway disease.

### **Authorized Personnel:**

Delaware Licensed Registered Nurses working in Delaware early childhood education through grade 12 (pre-K–12). Excludes all post-secondary education settings

### **Indications**

Student presenting with signs of respiratory distress including:

- Wheezing
- Shortness of breath
- Persistent cough
- Increased work of breathing

### **Contraindications**

Known allergy to albuterol.

### **Procedure:**

1. Assess circulation, airway & breathing
2. Administer albuterol via inhaler with spacer:
  - a. 2 puffs (90 mcg per puff)
3. Reassess symptoms after 5 minutes.
4. May repeat dosage once if symptoms persist.

### **Emergency Response:**

Call Emergency Medical Services/911 if:

- Severe respiratory distress
- Cyanosis
- Altered mental status
- Worsening symptoms or no improvement after albuterol administration

### **Follow-Up:**

- Notify parent/guardian.
- Advise medical evaluation if symptoms required medication administration.
- Documentation: Record symptoms, medication administered, response, and parent notification.
- Complete Albuterol Administration Summary Sheet or similar documentation required by DOE



## **Standing Order 3 – Opioid Overdose Response (Naloxone)**

### Purpose:

Authorize school nurses to administer naloxone to individuals suspected of opioid overdose on school grounds.

### Authorized Personnel:

Delaware Licensed Registered Nurses working in Delaware early childhood education through grade 12 (pre-K–12). Excludes all post-secondary education settings

### Indications:

Suspected opioid overdose characterized by:

- Unresponsiveness
- Slow or absent breathing
- Pinpoint pupils
- Cyanosis

### Contraindications:

No contraindications in suspected life-threatening overdose.

### Procedure:

1. Ensure your safety- wear gloves and do not disturb/aerosolize any powdery substances found on or around patient
2. Assess responsiveness and breathing.
3. Call (or have someone call) 911 immediately.
4. Administer naloxone intranasal 4 mg, or naloxone intramuscular via autoinjector
5. Begin rescue breathing or CPR if indicated.
6. If no response after 2–3 minutes, repeat naloxone dose if available.
7. Resume CPR if indicated

### Monitoring:

Remain with the individual and monitor airway and breathing until Emergency Medical Services (EMS) arrives.

### Follow-Up:

- Transfer care to EMS.
- Notify school administration according to local policy.
- Every individual who required naloxone administration must be transported to the Emergency room via EMS



- The only exceptions to EMS transport are adult individuals who sign an EMS-provided declination form
- Contact DOE, school health services ASAP
  - School may request a debriefing or additional social and emotional support for the school
- Contact DSAMH at [narcan.train@delaware.gov](mailto:narcan.train@delaware.gov) for replacement of naloxone supplies

Documentation:

Record time of event, symptoms observed, medication administered, response, and EMS activation. Submit report to DOE

## Standing Order 4- Allergic Reactions & Anaphylaxis

**Purpose:**

Authorize school nurses to administer medications to treat suspected or known anaphylaxis

**Authorized Personnel:**

- Licensed Registered Nurses working in Delaware public, charter, or private schools.
- (Epinephrine use only): “Trained Persons” who have completed DOE’s authorized training on the use of epinephrine for anaphylaxis

**Indications**

Individuals presenting with signs & symptoms of allergic reactions or anaphylaxis

**Contraindications**

Do not administer medications that an individual is known to be intolerant of or allergic to.

**Procedures**

**A. Mild Allergic Reactions**

- Symptoms include but are not limited to: Itchy or watery eyes, Mild localized urticaria/rash; pruritus.
- Treatment: Administer Dye-free Diphenhydramine (Benadryl) following weight-based dosage chart provided in medication package insert



## B. Moderate to Severe Allergic Reactions & Anaphylaxis

Symptoms include but are not limited to:

- Symptoms that started out as noted above under “mild” but fail to resolve and/or are progressing despite treatment; difficulty breathing, angioedema (swelling of face, throat, tongue, lips); Respiratory distress wheezing, stridor, dyspnea, unable to talk in full sentences, voice change, tightness in throat/chest)

Treatment:

1. Call for help: Have someone call 911 to activate Emergency Medical Services (EMS)
2. Administer epinephrine intramuscular via epinephrine autoinjector or intranasal epinephrine spray, noting administration time
3. Follow directions on medication package insert when administering epinephrine
4. Check baseline vital signs immediately after administering the first dose of epinephrine
5. Give supplemental oxygen as needed (and if available) if the individual is having difficulty breathing or is tachypneic (2-4L/min via cannula or 6-8L/min via mask)

Monitoring

1. Stay with patient and continue to monitor until EMS arrives to assume care
2. If unchanged or worsening signs and symptoms, administer a second dose of epinephrine while awaiting EMS
3. Reassess and record condition and vitals every 10 minutes from time of initial administration of epinephrine and until EMS takes over care of the patient.
4. If patient deteriorates and loses consciousness, assess circulation, airway and breathing and initiate cardiopulmonary resuscitation if needed

Follow-Up

1. All individuals that require epinephrine administration must be transported by EMS to a local hospital/emergency department even if symptoms resolve completely



2. Adult patients or adult parents/guardians of a minor may only refuse transport to an emergency department by signing the EMS-provided declination form.
3. Following assumption of care of the patient by EMS, the responding RN shall complete the “Allergic Reaction and Anaphylaxis Emergency Summary Sheet” and submit by email or fax to designated DOE staff.



**SIGNATURE PAGE**

The Preceding Standing Orders are approved for use by Delaware Licensed Registered Nurses working in Delaware early childhood education through grade 12 (pre-K–12). Excludes all post-secondary education settings

A handwritten signature in blue ink, appearing to read 'Awele Maduka-Ezeh'.

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**Signed - Date**

Awele Maduka-Ezeh MD MPH PhD

\_\_\_\_\_  
**Printed Name**

5/1/26- 6/30/28

\_\_\_\_\_  
**Effective Date**