*(Template Example of a)*

Standing Order for Antihistamine

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| **Rationale** | To provide symptomatic relief to students at *(enter school name) s*uffering from non anaphylactic allergic reactions. |

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| **Organisation** | *(Enter school name and address)* |
| **Scope** | For the treatment of non anaphylactic allergic reactions in students at *(enter school)* |
| **Medicine** | **Loratadine OR Cetirizine** |
| **Indication**  | **Any of the below:**1. Student already prescribed daily loratadine/cetirizine but has not had a dose that day.2. History of hayfever with symptoms of clear runny nose, itchy nose/palate AND/OR itchy eyes.3. Urticarial rash/hives- NOT anaphylaxisIF ANAPHYLAXIS need to call an ambulance, give adrenaline and follow management for anaphylaxis.  |
| **Dosage** | Weight >30kg = 10mg Loratadine OR Cetirizine PO once daily (10ml of 1mg/1ml liquid loratadine or cetirizine)Weight <30kg= 5mg PO once daily (5ml of 1mg/1ml liquid loratadine or cetirizine) |
| **Cautions** | Contraindication:- Previous allergy to antihistaminePrecautions: - Interactions with erythromycin, ketoconazole, cimetidine- Severe liver diseaseSide effects:Are rare, but possible sedation, headache, fatigue |
| **Documentation** | All medication administered under this standing order must be documented in the patient notes. Must include:- Patient name and DOB- Date of administration- Any allergies or not- Medical history, current medication- Details of person administering- Medication given, route, dose, duration and expiry- Weight |
| **Information** | - All students given antihistamine should be observed in clinic until symptoms improve- All students/caregivers of students given antihistamine should be given information about the medication and possible side effects.- Consider referring students to a GP for an ongoing prescription.  |
| **Authorised persons** | *(enter nurses full name, nursing council number and school location)* |
| **Competency/ training requirements**  | Prior to administering loratadine or cetirizine under this standing order the registered nurse is required to have read all relevant information and resources and to have undergone annual review of their competency in administering this standing order.  |
| **Countersigning and audit.**  | The issuer *(enter doctor's/nurse practitioner's name)* should countersign the standing order within 4 weeks  *or* *an audit of 50% of standing orders be done for this standing order every month*The standing order will be reviewed annually and is valid until cancelled, expired or replaced by the issuer. |
| **Additional information** | - Loratadine data sheet <http://www.medsafe.govt.nz/profs/Datasheet/l/Loracleartab.pdf> - Cetirizine data sheet http://www.medsafe.govt.nz/profs/Datasheet/z/zyrtecsol.pdf |

**\*\*\*\*\*IN ORDER TO MAKE THIS STANDING ORDER EFFECTIVE,**

**THIS NEXT SECTION MUST BE COMPLETED: \*\*\*\*\***

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| Issuer:(GP or NP) | Name:  |  |
| Designation: |  |
| Medical Council Registration #: |  |
| Signature: |  |
| Date: |  |

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| Received by:(RN) | Name:  |  |
| Designation: |  |
| Nursing Council registration #: |  |
| Signature: |  |
| Date: |  |

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| Standing Order Review date:  |  |