



## HEALTH TREATMENT PROTOCOLS

We travel with a reasonably complete medical kit, and are prepared to follow standard first-aid practices and CPR procedures as taught by NOLS Wilderness Training. The listing below covers only conditions for which administration of medications is appropriate. Except for the Insect/Bee Sting Emergency Kit (epinephrine injector) and a backup asthma inhaler, all medications listed are standard OTC (non-prescription) preparations. We prefer to use them as sparingly as we can, consonant with the children's safety and comfort. We seek medical consultation and aid somewhat more readily than we would for our own children under similar circumstances.

We ask parents to give their explicit consent either to this set of treatment protocols or to a smaller or alternate set that they specify on the permissions form; and to inform us of any special health needs or problems, or potential problems with specific medications, that their children may have. (If in doubt, please consult your pediatrician.)

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**Blisters:** We work to prevent them with counsel and skin supplements; bandage them and limit activity when they occur; and treat burst blisters with Polysporin as in any open wound.

**Burns:** We treat minor superficial burns with topical anaesthetics and Polysporin ointment. Extensive or deep second-degree burns are cause for medical consultation.

**Car sickness (nausea):** Children known to be prone to car-sickness will be offered dimenhydrinate (Dramamine) prior to driving liable to invoke it. We give Emetrol by mouth for immediate distress.

**Colds, flu-like illnesses, and coughs:** We treat mild symptoms by giving liquids and restricting activity, and as necessary with oral decongestent (pseudoephedrine HCl [Sudafed]) and expectorant and cough suppressant syrups (guaifenesin, dextromethorphan HBr.) Sustained fever over 100 degrees, or prolonged or deep coughing, are causes for medical consultation. We may give acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) and cold applications to break fevers of 101 degrees or more, en route to treatment; and for general aching from low-fever flu (but intermittently, to avoid masking other symptoms.)

**Cuts, abrasions, etc.:** We treat routine scrapes, cuts, etc. with Polysporin after irrigating with water, bandage them, and monitor their status. Contaminated cuts merit jet irrigation. Injuries that might require stitching, for functional or cosmetic reasons, are cause for emergency medical consultation. More serious cuts involving significant damage or blood-loss will receive standard mechanical first-aid measures (staunching, bandaging, etc.) while being taken to emergency facilities, unless disinfection or pain relief are necessary due to distance from camp or other circumstance.

**Fungus infection:** We treat "athlete's foot" and similar skin infections with tolnaftate (Tinactin) or clotrimazole (Lotrimin).

**Hay fever:** We give standard antihistamines -- first choice loratidine (Claritin), or chlorpheniramine maleate -- orally for significant discomfort.

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**Infections:** We treat localized infections with warm soaking and Polysporin. Red streaks or other evidence of spread, increasing lymph node involvement, and accompanying fever are causes for emergency medical consultation.

**Insect stings and bites, nettles, etc.:** We treat such localized skin incidents with hydrocortisone or Benadryl ointment, papaya extract, and commercial “sting-ease” preparations. We carry standard prescription Insect Sting Emergency Kits with epinephrine-loaded injectors for emergency use in the unlikely case of a first-time systemic reaction to a bee sting or food allergy. Any evidence of systemic reaction is cause for medical consultation.

**Intestinal distress (diarrhea, constipation, gas pains):** We treat transient diarrhea with Pepto-Bismol or oral kayopectate suspension; bothersome constipation with Sennokot, a herbal laxative; and gas pains with simethicone. Persistent cases are cause for medical consultation.

**Menstrual cramps:** We give ibuprofen (Advil) for pain relief as necessary.

**Muscular soreness:** We use arnica as a liniment, and give pain relief as necessary.

**Pain relief:** For systemic relief, we rely on acetaminophen (Tylenol), or ibuprofen [Advil] when concurrent anti-inflammatory action is appropriate. As a topical anaesthetic, we use 2% lidocaine HCl [Xylocaine] locally, and Solarcaine for sunburn.

**Poisons:** We treat ingested poisons with activated charcoal suspension; and seek immediate medical consultation.

**Poison Oak:** In the Big Sur and Mendocino sessions, we treat exposure both prospectively and subsequently, as appropriate, particularly for hypersensitized children, through applications of the specialized soap Tech-Nu. We diagnose poison oak rash by appearance combined with the possibility of exposure; and treat localized eruptions topically, with soap, Ziradril lotion, and hydrocortisone ointment. We give diphenhydramine (Benadryl) by mouth at night if itching makes sleep difficult. Intolerable or arduous itching, major extent of eruption, and significant blistering are cause for medical consultation.

**Poisonous snakes, scorpions, spiders:** We are prepared for standard first aid measures, but do not carry an antivenin kit, as its use is never indicated in the field..

**Sprains and strains:** To reduce pain and inflammation, we give ibuprofen (Advil). We treat the site with cold packs or baths at first; and after 24 hours with alternating hot and cold packs, as appropriate; and rely also on immobilization, rest, and elevation.

**Sunburn:** We are proactive in monitoring campers’ conditions, provide sunscreen and reminders to supplement their supplies and undeveloped protective instincts; and limit exposure to the sun. We treat localized or mild burns with aloe and/or Desitin, with 1% hydrocortisone, and with Solarcaine if pain relief is necessary. Extended major burning, fever, and extensive blistering would be causes for medical consultation (we've never had occasion.)

**Tick bites:** We discourage bites by proper clothing and repellent, and encourage body searches after possible exposure. Beyond removal and disinfection, we do no treatment, but inform parents to watch for symptoms of Rocky Mountain fever or Lyme disease. (See discussion in “Concerning Camp Chrysalis.”)

**Toothache:** We use the traditional clove oil if possible, topically applied, for temporary relief. Ibuprofen [Advil] may also be given.

**West Nile Virus:** We discourage mosquitoes with long clothing and DEET-containing repellents. Fortunately, children rarely get more than a mild flu-like illness. No reports of the virus have come yet from our camp locales.