

SPECIAL POLICIES

OUT OF CAMP TRIPS

A nurse must accompany any children who are going a significant distance away from the campgrounds.

1. Charts
 - a. Pull charts just prior to leaving
 - b. Put charts in folder and waterproof bag
 - c. Leave note in health service that charts are out of camp
2. Bring medication tackle box (see “Trips out of main camp supply list”)
 - a. Verify contents
 - b. Label the box with nurse name and date, to indicate it is ready for the nurse
3. Bring regular cabin medication carrier. Ask pharmacy for extra PRN medications
4. Check Health Service schedule and arrange for coverage of the shift of the nurse going on the trip
5. Consult Health Services Director about the trip and any changes in coverage
6. Documentation: complete when you return from camp. All PRN treatments used while on the trip are to be documented in camper’s chart. Note in chart how camper tolerated trip.
7. Clean and restock tackle box. Label as complete.

NOTE: The charts should remain in the health services area at all times. Removal from camp is warranted only if there is no possibility for easy, clear communication between the health services area and groups out of camp. The cabin nurse cardex should be taken along with cabin peak flow record and bedtime assessment sheets. These can be on a clip board and put into a large, self sealing, plastic bag. Any additional information the nurse might need would be available via phone.

SPECIAL POLICIES

OVERNIGHT TRIPS OUT OF CAMP

Preparation

1. Nurse: Communicate with counselor
 - a. Review your role and needs
 - b. Campers need rest before overnights
 - c. Understanding of plan for overnights; time, food, equipment
 - d. Bring camper peak flow meters and spacers
 - e. Ask for own tent, used to sleep and give care
 2. Pharmacy and Respiratory Therapy
 - a. Nurse notifies that cabin group is leaving and when
 - b. Pharmacy to stock med boxes with extra PRN meds and through next day med pass
 - b. Bring medication carrier in plastic bag
 - c. Get portable nebulizer and supplies from RT: be sure it's charged
 3. Tackle box of Emergency Supplies
 - a. Verify contents
 - b. Label box with nurse name and date, indicating it's ready for the nurse
 4. Camper charts
 - a. Pull charts just before leaving
 - b. Put charts in large folder and waterproof container
1. Make arrangements for any other assigned cabin group medications and assessments
 2. Suggested personal gear: portable phone or walkie-talkie, if available

Flashlight	Long sleeved shirt
Sleeping bag	Long pants
Pillow	Shoes that can get muddy
Scarf or hat	Insect repellent
Rainwear	Extra plastic bag
Water for meds	Treats for campers

Post overnight

1. Charting
 - a. All campers who went on overnight trip need note in chart
 1. Document in progress notes, even if no problems
 2. Where they went, how long, how they tolerated the trip
 - b. Document all PRN medications and treatments
 - c. Return charts to health services as soon as you return
2. Medication tackle box
 - a. Clean and restock all meds and supplies
 - b. Label as complete
3. Medication carrier
 - a. Immediately return to the pharmacy for restock
4. Nebulizer

SPECIAL POLICIES

- a. Return to respiratory therapy for recharging
5. Present camper problems at medical rounds

TRIPS OUT OF MAIN CAMP SUPPLY LIST (example)

The supplies (in a suitable container, e.g. tackle box) are to be taken by medical staff to camp activities when the health service is closed, for overnight trips off campsite and for any other activity when cabin group is away from easy access to the health service.

Supplies

- Adhesive tape
- Ace bandage (3" or 4")
- Airways (1 lg., 1 sm.)
- Alcohol wipes
- Band-Aids (assorted sizes)
- Calamine lotion
- Cotton balls
- Feminine pads
- Gauze pads
- Gloves (non-sterile)
- Hibiclens or antibacterial soap
- Ice pack (instant)
- Insect repellent
- Kleenex
- Matches
- Medicine cups
- Needles (sterile for slivers)
- Paper and pen
- Paper cups
- Salt (individual packets)
- Scissors
- Solarcaine or topical pain lotion for sunburn
- Splints
- Sun block #15
- Suturing set
- Supplies - Continued
- Syringes 1 ml and 10 ml
- Telfa pads
- Tongue depressors
- Tweezers
- Moist towelettes

Medications

- Acetaminophen
- Albuterol inhaler
- Albuterol inhalant solution
- Hydroxyzine (Atarax) 25 mg. p.o.
- Diphenhydramine (Benadryl) 25 mg. p.o.
- Diphenhydramine (Benadryl) 25 mg. IM
- Chlorpheniramine 4 mg. p.o.
- Epinephrine 1:1,000 IM (2) (Epipen – jr. and regular, preferred)
- Maalox tablets
- Normal saline packets
- Antibiotic ointment packets
- Sudafed 30 mg tablets
- Terbutaline 1 mg/ml SQ
- Throat lozenges
- Visine
- Also Bring
- Stethoscope
- Padlock and key ** LOCK ALL BOXES
- Standing orders in plastic sleeve
- Peak flow meter and mouthpieces
- Water jug
- Flashlight
- Portable nebulizer
- Nebulizer tubing
- Nebulizer cups
- Camper's charts in waterproof pack

SPECIAL POLICIES

HORSEBACK RIDING

Some asthma camps provide the opportunity for campers with asthma to participate in horseback riding. The following suggestions may help decrease the exposure to horse allergens by those campers who are allergic to horses.

1. No camper may ride horses if known to be allergic to horses or other barnyard items (hay, etc).
2. Campers must remove horse riding clothing and bag in plastic before entering cabins.
3. Campers must shower **before returning to cabin**
4. It would be prudent to keep campers who ride horses from bunking with campers who are allergic to horses.
5. Have an albuterol inhaler with spacer available to the counselor leading the horseback riding activity.

LICE

Campers who arrive at residential camps with active lice infestations should be sent home for treatment. They may return to camp if they have been treated with an effective pediculocide, followed the directions carefully, and have removed the majority of nits. The camp nurse or physician must clear the camper to return. Campers who arrive at camp with some nits but no live lice, and have been treated appropriately within the past 72 hours, may participate in camp. The cabin nurse should check the camper daily, watching for live lice.

Suggested treatment procedure

1. Wash hair with a 20% vinegar and water solution or clarifying shampoo before applying lice treatment
2. Apply anti-lice treatment obtained from the drugstore. Follow the package instructions carefully
3. Rinse and dry hair according to package instructions
4. Using a NIT comb, divide hair into very small sections and begin “nit-picking”
 - Nits can be grasped with fingers and slid along hair shaft to the end
 - Continue the nit-picking procedure until all visible nits are removed
 - All nits within 3-4 inches of the scalp should be removed completely
5. Camper may choose to follow the nit-picking procedure with the application of olive oil, real mayonnaise, Vaseline, baby oil, or cooking oil, applied directly to the hair
 - Coat hair thoroughly and cover with a shower cap or plastic wrap
 - Leave in place 8 hours (overnight)
 - Wash hair with dish soap or clarifying shampoo to remove oil
 - Remove any remaining visible nits

SPECIAL POLICIES

CAMPFIRES

Campfires are offered at some asthma camps. While campfires are a basic part of the camping experience, smoke is a known asthma trigger. The following suggestions are made for those camps that have campfires.

1. Encourage facilities to use low smoke fuel (very dry hard woods, composite logs)
2. Campfire seating should be out of the immediate smoke ring
3. Bring a medication tackle box or camper medication carriers to the campfire
4. Pre-medicate campers with upper respiratory symptoms or history of not doing well around campfires
5. Remove any camper who develops difficulty breathing during the campfire
6. Extinguish any fire that produces a large amount of smoke
7. Document in the camper's chart if they do not tolerate campfires during their stay at camp