STOMACHACHES/PAINS Has a serious injury occurred resulting from: • Sports? Suspect neck injury. See "NECK PAIN" • Violence? and "BACK PAIN." YES • Being struck by a fast moving object? • Falling from a height? • Being thrown from a moving object? NO Is stomachache severe or not ¥ improving? • Is the student's temperature equal to NO or greater than: YES ○ 100° oral/tympanic (ear)? \mathbf{v} ○ 99° axillary? Contact Does the student complain of: Call responsible school EMS/911 • Severe stomach pains? authority & • Vomiting? parent/guardian. **URGE MEDICAL** CARE. NO YES • Allow the student to use the restroom. If unable to reach Allow student to rest for up to 30 parent/guardian, allow minutes with adult supervision. student to rest with adult supervision. Monitor temperature Has pain subsided? every hour. If YES Allow child temperature reaches to return to NO 104° axillary or 105° class. orally/tympanic, CALL EMS/911. Contact responsible school authority & Document care provided. parent/guardian.