

**EMERGENCY NURSE PROTOCOL AGREEMENT
FOR ADMINISTERING, ORDERING AND DISPENSING SPECIFIC DANGEROUS
DRUGS DURING TIMES OF EMERGENCY**

NOTE: This type of signature page would be used during times of emergency (e.g., anthrax attack, pandemic). The Public Health District may use this to develop a nurse protocol to expedite the process of treating individuals impacted by the emergency.

The signatures below indicate a mutual agreement and understanding between the delegating physician(s) and the registered professional nurse(s) (RNs) and/or advanced practice registered nurses (APRNs) that the undersigned individuals are authorized to administer, order and dispense the specific dangerous drugs listed below in accordance with the manufacturer's information attached to this signature page for each of the drugs listed:

DANGEROUS DRUGS TO BE ADMINISTERED

For the following populations (i.e., adult, children greater than 5 years of age, pregnant women):

1. _____
2. _____

For the following indications listed:

1. _____
2. _____

(List the Specific Drugs to be administered and attach the Drug Manufacturer's Insert for each):

1. _____
2. _____

DANGEROUS DRUGS TO BE ORDERED AND DISPENSED

For the following populations (i.e., adult, children greater than 5 years of age, pregnant women):

1. _____
2. _____

For the following indications listed:

1. _____
2. _____

(List Specific Drugs to be Ordered and Dispensed and Attach the Drug Manufacturer's Insert for each):

1. _____
2. _____

The delegating physician, RNs and APRNs whose signatures appear on this signature page agree that the RNs and APRNs:

1. Have been adequately trained and are prepared to perform the delegated medical acts contained in the designated nurse protocols; such training is documented in the nurses' personnel/supervisory files.
2. Have read and understand all statutes, rules and regulations pertaining to nursing practice under nurse protocol and have read and understand the drug dispensing procedure.
3. Have been given an opportunity to have questions answered.
4. Record reviews by the delegating physician(s) will be completed at least quarterly.
5. This authorization/agreement shall terminate at the conclusion of the emergency or when my services are no longer required.

Signature of Delegating Physician

Date

Signature of RN or APRN

Date