



*Georgia Department of Public Health*

**GEORGIA DEPARTMENT OF  
PUBLIC HEALTH  
PRESCRIPTIVE AUTHORITY FOR  
ADVANCED PRACTICE  
REGISTERED NURSES  
TOOLKIT**

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## **Georgia Department of Public Health Prescriptive Authority for Advanced Practice Registered Nurses Toolkit**

### **Introduction**

In 2012, the Department of Public Health produced guidelines for Advanced Practice Registered Nurses (APRNs) working in public health for implementing Prescriptive Authority. The guidelines, which are included in this toolkit, are based on the current statutes related to Prescriptive Authority for APRNs as well as the rules and regulations of the Georgia Composite Medical Board, the Georgia Board of Nursing, and the Georgia Pharmacy Board.

**The purpose of this toolkit is to provide a preparation checklist, resources and other relevant information for Prescriptive Authority APRNs in Public Health as well as the supervisors and/or District Nursing Directors. It offers guidance related to the requirements, steps, and processes for obtaining approval to exercise Prescriptive Authority in Georgia.**



Furthermore, AANP states that “APRNs are recognized as expert health care providers and ensure the highest quality of care, APRNs undergo rigorous national certification, periodic peer review, clinical outcome evaluations, and adhere to a code for ethical practices.” Self-directed continued learning and professional development is also essential to maintaining clinical competency.

Additionally, to promote quality health care and improve clinical outcomes, APRNs lead and participate in both professional and lay health care forums, conduct research, and apply findings to clinical practice.

The American Nurses Association<sup>2</sup> (ANA) endorses the Consensus Model which defines an APRN as a nurse:

- Who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
- Who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
- Who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
- Whose practice builds on the competencies of RNs by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
- Who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
- Who has clinical experience of sufficient depth and breadth to reflect the intended license;
- Who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner.

The [Georgia Board of Nursing](#) determines the rules, regulations, and requirements an APRN must obtain prior to practicing in the state of Georgia.

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<sup>2</sup> American Nurses Association <http://www.nursingworld.org/consensusmodel>

## **Nurse Protocols**

**APRNs practice within the context of Nurse Protocols which have been developed by the APRN and delegating physician. The APRNs skills, practice specialty, available resources, education, and experience guide the development of nurse protocols. The nurse protocols are reviewed, updated, and signed annually by the APRN and the Delegating Physician. The APRN must have the nurse protocols on-site when providing care to patients according to the nurse protocols.**

**Nurse protocols used by Prescriptive Authority APRNs are consistent with advanced nursing practice which includes performing complete health assessments, determining appropriate diagnostic tests, establishing diagnoses, treating clients with complex medical conditions, and prescribing medications. The State Office of Nursing does not create and update Nurse Protocols for APRNs with Prescriptive Authority. Each district with Prescriptive Authority APRNs develop their own protocols which outline which services the APRN will provide to clients in their District.**

**While APRNs practice with minimal supervision, the APRN maintains a relationship of collaboration with the Delegating Physician. Annual performance evaluations are required and performed by the APRN's supervisor; the supervisor must either be the Delegating Physician or another APRN. Please see the [Quality Assurance/Quality Improvement Components for Physician Oversight of Prescriptive Authority APRNs](#).**

## **Nurse Protocol Format**

**APRNs may use the [APRN with Prescriptive Authority Nurse Protocol format](#) which is provided by the Georgia Composite Medical Board (GCMB).**

## APRN Prescriptive Authority Preparation Master Checklist

Purpose: This checklist serves as a tool **for** preparing an APRN in Public Health to exercise Prescriptive Authority and to assure that all requirements, rules, and statutes are met **prior to** the APRN exercising Prescriptive Authority. This checklist should be used in conjunction with the Department of Public Health Nurse Protocol Agreements.

|    | REQUIREMENT   | DATE COMPLETED |
|----|---|----------------|
| 1. | <p><a href="#">Georgia Board of Nursing (GBON)</a>:</p> <ul style="list-style-type: none"> <li>a) Currently licensed as Registered Nurse and authorized as APRN (includes national certification in specialty area).</li> <li>b) Preparation and performance specific to each medical act authorized in the Nurse Protocol Agreement is documented.</li> <li>c) APRN wears name tag or ID, with abbreviation “APRN”; or post a copy of their APRN authorization; or a sign with their name and credentials, “APRN” where they provide direct patient care.</li> </ul>   |                |
| 2. | <p><a href="#">Georgia Composite Medical Board (GCMB)</a>:</p> <ul style="list-style-type: none"> <li>a) Hold a National Provider Number (NPI).</li> <li>b) Hold a Drug Enforcement Administration registration number (DEA) number if the APRN will prescribe and/or handle controlled substances III, IV, or V.</li> <li>c) Identify a Delegating Physician with the same or comparable specialty area.</li> <li>d) Identify a Designated Physician whose scope of practice is same as the Delegating Physician.</li> <li>e) Written Nurse Protocol Agreement meets all requirements of OCGA § 43-34-25, and GCMB rules.</li> <li>f) <b>Complete</b> pharmacology training appropriate to <b>Delegating</b> Physician’s scope of practice at least annually. <b>Documentation of such training shall be maintained by the APRN and provided to the GCMB upon request.</b></li> <li>g) Submit Nurse Protocol Agreement which has been signed by the APRN, Delegating Physician, and Designated Physician, to the GCMB for approval within 30 days of executing the agreement. <b>Also submit</b> the <i>APRN Protocol Agreement Checklist, Forms A and C</i>, according to <a href="#">GCMB instructions</a>.</li> <li>h) Copy of <b>Nurse Protocol</b> Agreement is in each site of practice where direct patient care is provided.</li> <li>i) Prepare <b>patient</b> handout with the after-hours phone number <b>in case</b> patients have questions regarding any prescription issued by the APRN.</li> </ul> |                |

|    |   |  |
|----|---|--|
| 3. | <p><b><u>Georgia Board of Pharmacy:</u></b></p> <ul style="list-style-type: none"> <li>a) If the APRN plans to dispense any drugs prescribed by the APRN, send notification letter to the GBON <b>regarding</b> intent to dispense drugs.</li> <li>b) If the APRN plans to dispense any drugs prescribed by the APRN, the APRN ensures the label affixed to the drugs prescribed will meet Georgia Board of Pharmacy requirements.</li> <li>c) Identifies whether prescription drugs orders are to be issued in electronic or hard copy format and in accordance with the Board’s rule 480-22-.12.</li> <li>d) If the APRN plans to prescribe or handle controlled substances Schedule III, IV or V, they should review: OCGA § 16-13; Georgia Board of Pharmacy Rules and Regulations; Federal Title 21 - Food and Drugs, Chapter 13, Drug Abuse Prevention and Control Subchapter I - Control and Enforcement.</li> </ul>                       |  |
| 4. | <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>a) If the APRN plans to prescribe antiretroviral therapy for HIV through ADAP, the requirements are specified in section <a href="#">REQUIREMENTS FOR APRNs PRESCRIBING ANTIRETROVIRAL THERAPY FOR HIV THROUGH THE GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) AND/OR ANY OTHER THIRD-PARTY PAYOR</a></li> </ul> <p><b>NOTE:</b> APRNs who are NOT EMPLOYED BY DPH, please refer to <a href="#">DPH Policy PT-18001</a> for guidance.</p> <ul style="list-style-type: none"> <li>b) Clarify how consultations with Delegating/Designated Physician will be documented in the patient’s clinical record (i.e., narrative notes or other specified form).</li> <li>c) Review <a href="#">Quality Assurance/Quality Improvements for Physician Oversight of Prescriptive Authority APRNs</a>.</li> <li>d) All APRNs should read all relevant statutes, rules, and guidelines.</li> </ul> |  |

## **QA/QI Components for Physician Oversight of APRNs with Prescriptive Authority**

The Georgia Department of Public Health, in partnership with the District Health Directors (DHDs), develop the standards, tools, guidelines, and processes used by the DHDs to assure the Quality Assurance/Quality Improvement (QA/QI) oversight for APRNs **with Prescriptive Authority** who practice under Nurse Protocol Agreements. The development of the QA/QI standards is coordinated by the State Office of Nursing in collaboration with the State Office Programs and Districts. **The QA/QI standards** are then implemented, managed, and monitored locally under the direction and oversight of the DHDs.

### **Components of QA/QI**

#### **1. CREDENTIALING**

At least annually, each APRNs' license and authorization by the Georgia Board of Nursing and all other required credentials are verified.

#### **2. WRITTEN GUIDELINES FOR PRACTICE UNDER NURSE PROTOCOL AGREEMENTS**

Written guidelines provide direction, promote consistency, and delineate how APRNs in public health are to practice under nurse protocol agreements in accordance with all applicable statutes, rules, and regulations.

**As required by O.C.G.A. § 43-34-25**, at least annually, each APRN's nurse protocol agreement is reviewed for any needed changes, revisions, and/or updates are incorporated based on research, technology, and changes in practice guidelines. The initial nurse protocol agreement is signed by the APRN, Delegating Physician, and Designated Physician; then, submitted to the Georgia Composite Medical Board for review. The annual, updated nurse protocol agreement is signed by the APRN and Delegating Physician.

#### **3. GUIDANCE FOR PEER REVIEW**

**Peer review is a process to assess and evaluate a clinician's work with a patient or group of patients, by a clinician in the same field who has similar training, experience and expertise. DPH recommends that the review of an APRN should be provided by another APRN or a Physician on an annual basis. If the pool of practitioners is too small within the district, external peer reviews may be utilized and needed to meet this standard.**

The peer reviewer evaluates appropriate patient management using such tools as direct observation of the APRN's clinical practice, analysis of documentation, and clinical record review. After the review, the peer reviewer meets with the APRN to discuss the findings and submits a written report to the APRN's supervisor, the District Nursing and Clinical Director,

and the DHD. The peer review report and recommendations concerning the APRNs practice are approved by the DHD and Delegating Physician.

#### 4. RECORD REVIEWS

**According to GCMB and O.C.G.A. § 43-34 -25, the Delegating Physician shall review and sign patient records generated by the APRN periodically based on the following minimum accepted standard of medical practice:**

- a. 100% of patient records for patients receiving prescriptions for controlled substances. Such review shall occur at least quarterly after issuance of **the controlled substance** prescription.
- b. 100% of patients' records in which an adverse outcome has occurred. Such review shall occur **no more than** 30 days after the discovery of an adverse outcome.
- c. 10% **or less** of all other patient records. **Such review shall occur at least annually.**

#### 5. CONSULTATION WITH DELEGATING PHYSICIAN OR DESIGNATED PHYSICIAN

**According to GCMB and O.C.G.A. § 43-34 -25, the Delegating Physician must be available for immediate consultation by **direct communication**, telephone, or **other mode of communication**. If the Delegating Physician is not available, the Designated Physician, who concurs with the terms of the Nurse Protocol Agreement, **must** be available for consultation. All consultations with the Delegating/Designated Physician will be documented in the clinical record.**

**Also, on-site evaluation or telephone consultation with the Delegating/Designated Physician is required in the following situations:**

- a. **Situations that pose an immediate threat to the patient's life or bodily function,**
- b. **Conditions that fail to respond to the management plan within an appropriate time frame,**
- c. **Findings that are unusual or unexplained,**
- d. **Whenever a patient requests physician consultation,**
- e. **Whenever there is a material adverse outcome, and**
- f. **In circumstances requiring medical management that is beyond the APRN's scope of practice.**

## Requirements for APRNs Prescribing Antiretroviral Therapy for HIV through ADAP and/or any other Third-Party Payor

In addition to meeting the guidelines within O.C.G.A. § 43-34-25, APRNs who prescribe antiretroviral therapy for HIV through ADAP (**Georgia AIDS Drug Assistance Program**) and/or any other third-party payor are required to meet the following program expectations:

1. The Department refers to the Georgia Department of Public Health.
2. The ADAP may only accept written prescriptions, applications, and recertification forms from APRNs who have a current nurse protocol agreement approved by the GCMB.
3. The nurse protocol agreement should include treatment of persons with HIV disease and the APRN must demonstrate HIV experience (e.g., national HIV/AIDS certification, managed at least 20 HIV-infected patients in the past 24 months, completed at least 30 credits or contact hours of HIV/AIDS related continuing education within the last 24 months).
4. The APRN must submit to the Department:
  - a. APRN's name, title, and credentials, practice address, phone number, NPI number, and email address; and
  - b. Delegating physician's name, NPI number, credentials, practice address, phone number, and e-mail address; and
  - c. Copy of his/her current nurse protocol agreement with letter of review (approval letter) from GCMB; and
  - d. Supporting documentation of HIV experience, if not listed in the protocol agreement.
5. If there have been no changes to the nurse protocol agreement since the initial submission to the Department, the APRN must at least annually resubmit a copy of the signature page documenting annual review of his/her nurse protocol agreement. If there have been changes to the nurse protocol agreement, the APRN must submit a copy of the entire agreement to the Department.
6. Documentation of HIV experience and training will be updated annually.
7. Delegating physicians should have experience in caring for patients with HIV/AIDS and be an ordering physician for ADAP if the APRN will be prescribing through ADAP. See the Georgia Department of Public Health, HIV Office Clinic Personnel Guidelines.
8. The Department will review the APRN's nurse protocol agreement and verify that it is on GCMB's *List of Approved APRN Protocols*.
9. The Department will notify the APRN and delegating physician of the APRN's ADAP provider status within 30 days of receiving the APRN's contact information and nurse protocol agreement with approval letter from GCMB.

10. If approved, the Department will notify the Pharmacy Benefits Manager to add the approved APRN to the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network. Then the APRN may begin to submit applications/recertification forms and prescriptions for ADAP patients.
11. The Department will maintain a list of APRNs approved to submit applications/recertification forms and prescriptions for ADAP patients.
12. The APRN must ensure that ADAP applications or recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.
13. The delegating physician's name and phone number must be included on the ADAP application/recertification form.
14. The APRN must provide medical management of HIV infection in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines (available at <http://www.aidsinfo.nih.gov/>).
15. Prescription drug orders must be written on forms that comply with the nurse protocol agreement, and be signed by the APRN. Orders for drugs prescribed through ADAP must be in compliance with the ADAP Formulary.
16. In the case that the APRN's nurse protocol agreement is terminated, the APRN or delegating physician must submit notification of termination in writing to the Department within 10 working days of the date of termination of the nurse protocol agreement.
17. If terminated, the Department will immediately notify the Pharmacy Benefits Manager to remove the approved APRN from the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network.
18. Criteria to deny APRN ADAP provider status include failure of the APRN to:
  - a. Have an active nurse protocol agreement approved by GCMB.
  - b. Submit required documentation to the Department.
  - c. Annually resubmit the signature page or entire nurse protocol agreement to ADAP.
  - d. Annually resubmit evidence of ongoing HIV experience and training.
  - e. Comply with the Board Rules, Chapter 360-32-.01-.07, the BON's Rules, 410-13-.02, and any applicable state or federal laws.
  - f. Provide treatment in accordance with the U.S. DHHS HIV-related guidelines.

The Department reserves the right to deny or terminate APRN ADAP provider status based upon any information that would lead the Department to believe that it is not in the best interest of the public's safety and/or welfare to permit the individual to serve.

The Department will periodically evaluate drug utilization and prescribing practices for quality purposes.

## **Benefits of Prescriptive Authority for APRNs in Public Health**

### **1. IMPROVE ACCESS TO CARE**

**Georgia Department of Public Health’s mission is to prevent disease, injury, and disability, promote health and well-being, and prepare for and respond to disasters. In alignment with this mission, Georgia’s Public Health APRNs strive to improve the health and safety of Georgians by providing competent, caring, and compassionate nursing care.**

**There is currently a great need for Georgians to access primary and preventative healthcare. Public Health has always strived to improve access to care and medications, especially for the many Georgians living in medically underserved, rural, and urban areas. For the many Georgians who are treated by APRN’s in public health clinics throughout Georgia, the APRN’s ability to execute written and electronic orders help to increase accessibility to medications and quality health services.**

**APRN autonomy and prescriptive authority allows APRNs to fill gaps in preventative care and keep Georgians healthier. Increased APRN availability decreases the number of Georgians not receiving primary care; as well as those seeking treatment for otherwise preventable conditions in emergency rooms around the state, especially in rural counties where physician availability is often limited<sup>3</sup>.**

### **2. STRENGTHEN PUBLIC HEALTH RESPONSE TO DISASTER**

**By providing prescriptive authority to APRNs, during times of disaster, more providers are available to assess patients and order medications. This would be particularly helpful if Georgians are exposed to biological threats, such as anthrax and pandemic flu. APRNs could also provide healthcare services and order medications for those displaced during natural disasters. APRNs utilizing Prescriptive Authority will allow Public Health to respond more effectively during disasters and emergencies.**

### **3. IMPROVE EFFICIENCY OF SERVICE**

**By utilizing APRNs with Prescriptive Authority, Public Health is able to provide efficient care for patients. For example, when a patient in Women’s Health services requests an oral contraceptive that is not part of the health department’s drug formulary, the APRN calls the order to a pharmacy. The process may require several phone calls to locate a pharmacy which can provide the medication at a reasonable, affordable price for the patient. Conversely, when an APRN has Prescriptive Authority, he/she can provide the patient with a written prescription for the oral contraceptive. The patient could then take it to an alternative pharmacy or shop for the best price. Greater efficiency in the ordering process will enable the APRN to provide healthcare services to more Georgians.**

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<sup>3</sup> Carlson, K. (2017, March 2). NP Practice Authority Grows - March 2017 Update. Retrieved October 31, 2017, from <https://nurse.org/articles/nurse-practitioner-scope-of-practice-expands-mar17/>

## Comparison of Nurse Protocol Statutes O.C.G.A. §§ 43-34-25 and 43-34-23

|  | O.C.G.A. § 43-34-25<br>Nurse Protocol Agreements with Prescriptive<br>Authority for APRNs   | O.C.G.A. § 43-34-23<br>Nurse Protocol Agreements <u>without</u> Prescriptive<br>Authority for APRNs and RNs  |
|--|---|--|
| Documentation of Preparation and Performance | <b>Required</b> for each delegated medical act authorized in nurse protocol agreement prior to practice under nurse protocol agreement (GBON Rule 410-13.01(2)(d)).   | <b>Required</b> for each delegated medical act authorized in Nurse Protocol Agreement prior to practice under nurse protocol agreement (GBON Rule 410-11-.03(2)(c)). |
| Delegating Physician                         | <b>Required.</b> Must sign initial and annual, <b>updated</b> Nurse Protocol agreement. No more than one Delegating Physician per Nurse Protocol Agreement.   | <b>Required.</b> Must sign Nurse Protocol Agreement at least annually.   |
| Designated Physician                         | <b>Required.</b> Must sign initial Nurse Protocol Agreement. May have more than one Designated Physician per Nurse Protocol Agreement.  | None specified in OCGA § 43-34-23, but is referenced in GBON Rule 410-13-.01(3)(e); <u>not</u> required to sign Nurse Protocol Agreement.                            |
| List of APRN Protocols Reviewed by GCMB      | Nurse Protocol Agreements <b>must</b> be submitted to the GCMB for review. The GCMB will send letter with Nurse Protocol Number to the APRN; APRN must have protocol number in order to apply for DEA #. For list of reviewed protocols:<br><a href="https://medicalboard.georgia.gov/list-nurse-protocols-reviewed-board-prescribing-privileges">https://medicalboard.georgia.gov/list-nurse-protocols-reviewed-board-prescribing-privileges</a><br>Note: The \$150 registration fee may be waived if the Delegating Physician is an employee of the state of Georgia, or a county or city in Georgia. | Nurse Protocol Agreements are reviewed, revised and updated at least annually by the RN/APRN and delegating physician, but not submitted to any board for approval.  |
| Pharmacology Training                        | <b>Required</b> at least annually. Must be documented and available upon request of the GCMB.   | Not specified.   |

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| <p>Diagnostic Studies (e.g., lab tests, mammogram, ultrasound)</p> | <p>APRNs may order <b>diagnostic</b> studies <b>if they are included within</b> their Nurse Protocol Agreement; the agreement specifies the results of such <b>diagnostic</b> studies must be interpreted by a Physician who is trained to interpret such tests.</p>   | <p>APRNs and RNs in DPH and County Boards of Health settings may order <b>diagnostic</b> studies if they are included in the Nurse Protocol Agreement. <b>Results of such diagnostic studies must be interpreted according to protocol agreement or by a physician who is trained to interpret such tests.</b></p> |
| <p>Drug Orders</p>   | <p>May issue prescriptions through written, oral, or electronic means. The prescription must meet legal requirements. A duplicate prescription, photocopy, or electronic equivalent of the prescription drug order, with the words "COPY ONLY" written across the face of the prescription must be maintained in the patient's medical record.</p>   | <p>May order per Nurse Protocol Agreement. May not issue written prescriptions <b>nor refills.</b></p>   |
| <p>Dispensing Drugs</p>  | <p>Does <b>not authorize</b> dispensing. In order for the APRN to dispense drugs prescribed by the APRN, the APRN must submit letter notifying GBON of intent to dispense as a "dispensing practitioner" according to Board of Pharmacy Rule 480-28-.03. The GBON then notifies the GCMB.</p>  | <p>Authorizes dispensing of dangerous drugs in accordance with a Nurse Protocol Agreement <u>and</u> a dispensing procedure.</p>   |
| <p><b>Controlled Substances</b></p>                                | <p>Authorizes APRN to order controlled substances Schedule III, IV, and V <b>if</b> eligible to apply for a DEA registration number. If APRN does not prescribe controlled substances Schedule III, IV, or V, there is no need to obtain a DEA #. <b>APRNs are not able to prescribe schedule I or II controlled substances.</b></p> <p><b>Requires</b> the Delegating Physician to <b>perform, at the least,</b> quarterly evaluations or examinations of the patient(s) who receive a prescription/drug order for any controlled substance pursuant to a Nurse Protocol Agreement.</p> | <p>Authorizes physicians to delegate authority to APRNs to order dangerous drugs but not controlled substances.</p>  |

|                                    |   |   |
|------------------------------------|---|---|
|                                    | <p>Each prescriber who has a DEA registration number must enroll to become a user of the Prescription Drug Monitoring Program as soon as possible. Prescribers who attain a DEA registration number after January 1, 2018, shall enroll within 30 days of attaining such credentials. A prescriber who violates this subsection shall be held administratively accountable to the state regulatory board governing such prescriber for such violation (O.C.G.A. § 16-13-57).</p>  |   |
| <p>Record Reviews</p>              | <p>According to GCMB and O.C.G.A. § 43-34 -25, the Delegating Physician shall review and sign patient records generated by the APRN periodically based on the following minimum accepted standard of medical practice:</p> <ul style="list-style-type: none"> <li>• 100% of patient records for patients receiving prescriptions for controlled substances. Such review shall occur at least quarterly after issuance of the controlled substance prescription.</li> <li>• 100% of patients' records in which an adverse outcome has occurred. Such review shall occur <b>no more than</b> 30 days after the discovery of an adverse outcome.</li> <li>• 10% <b>or less</b> of all other patient records. Such review shall occur at least annually.</li> </ul> | <p>Nurse Protocol Agreement must specify the schedule for periodic record reviews by the Delegating Physician. DPH QA/QI <b>recommends</b> quarterly record review.</p> |
| <p>Consultation with Physician</p> | <p>The GCMB requires consultation with the Delegating/Designated Physician in the following situations:</p> <ul style="list-style-type: none"> <li>• Situations that pose an immediate threat to the patient's life or bodily function.</li> <li>• Conditions that fail to respond to the management plan within an appropriate time frame.</li> <li>• Findings which are unusual or unexplained.</li> </ul>  | <p>Nurse protocol agreement shall include a provision for scenarios for which immediate consultation with the delegating physician is warranted.</p>                    |

|   |  |                 |
|---|--|-----------------|
|   | <ul style="list-style-type: none"> <li>• Whenever a patient requests physician consultation.</li> <li>• Whenever there is a material adverse outcome.</li> <li>• Situations requiring medical management that is beyond the APRN's scope of practice.</li> </ul>   |                 |
| Patient Evaluation or Follow-Up Examination | <p>The GCMB requires:</p> <ul style="list-style-type: none"> <li>• Specific circumstances for patient evaluation or follow-up examination by the Delegating/Designated Physician pursuant to the parameters under which delegated acts may be performed by the APRN.</li> <li>• Frequency of the evaluation or follow-up examination to be determined by the delegating physician, in accordance with the specified parameters and accepted standards of practice.</li> <li>• DPH: Patient evaluation may include review of medical records, diagnostic studies, and laboratory reports, other medical reports and information, case conferences, conference calls and/or telephone discussions with the patient.</li> </ul> | None specified. |

## Resources

Below is a list of hyperlinked resources pertinent to APRNs practicing in Public Health using nurse protocols and prescriptive authority:

### Legislation

[O.C.G.A. § 43-34-25](#) Georgia Medical Malpractice Act, Additional Powers to Delegate

[O.C.G.A § 16-13](#) Controlled Substances Information

Georgia Composite Medical Board [Chapter 360-32 NURSE PROTOCOL AGREEMENTS PURSUANT TO O.C.G.A. SECTION 43-34-25](#)

Georgia Composite Medical Board [410-11-.14](#) Regulation of Protocol Use by Advanced Practice Registered Nurses as Authorized by O.C.G.A. Section 43-34-26.3

[Georgia Board of Pharmacy Rules and Regulations](#)

### APRN Registration Information

[APRN Protocol Registration Forms](#)

[Sample APRN Agreement](#) Georgia Composite Medical Board

[Application for National Provider Identifier](#) (NPI)

### Prescription/Dispensing Related

Practitioner Dispensing of Medication Notification Process ([Chapter 480-28](#))

Requirement of a Prescription Drug Order when Utilizing a Computer or other Electronic Means ([Chapter 480-27](#))

[Drug Enforcement Administration \(DEA\) Registration for New Applicants](#)

[Electronic Code of Federal Regulations](#), Title 21 related to samples, vouchers, and medical devices

Georgia Department of Public Health [Prescription Drug Monitoring](#) Website

## Pharmacology Training

The American Midwifery Certification Board <http://www.amcbmidwife.org/>

American Academy of Nurse Practitioners <http://www.aanp.org>

National Certification Corporation <http://www.nccwebsite.org>

Pediatric Nursing Certification Board <http://www.pncb.org>

American Nurses Credentialing Center <http://www.nursecredentialing.org>

American Association of Critical-Care Nurses Certification Corporation  
<http://www.aacn.org>

## DPH Policies

[Policy PT-18001](#) GA ADAP and APRN Prescriptive Authority for Nurses Not Employed by Public Health

## References for APRNs

1. American Academy of Pediatrics, *Pediatric Clinical Practice Guidelines & Policies: A Compendium of Evidence-Based for Pediatric Practice*, American Academy of Pediatrics, (current edition).
2. Bell, Louis, Bingham, Peter, and Chung, Esther. *The 5-Minute Pediatric Consult*, Lippincott Williams & Wilkins, 2012. (Current Edition).
3. Boynton, Rose, *Manual of Ambulatory Pediatrics*, Lippincott Williams & Wilkins, Philadelphia, 2009. (Current Edition).
4. Burns, C., Dunn, A., Brady, M., Starr, N., & Blosser, C., (current edition), *Pediatric primary care*. Saunders: St. Louis, MO.
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## APPENDIX A: Example of Prescription Pad

**HOMETOWN CLINIC**  
John Doe, M.D.  
Family Practice  
1234 Your Address  
YourCity, GA 98765  
(987) 654-3210  
Fax (987) 654-3211

110922A12345 #00001

Lic. #: A12345  
DEA #: AA7654321  
NP #: 789456123

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ MF \_\_\_\_\_

Refill NR 1 2 3 4 5 Void After \_\_\_\_\_  Spanish  
 Do Not Substitute-Dispense As Written

Signature \_\_\_\_\_

SEE BACK FOR LIST OF SECURITY FEATURES

**NOTE:** When issuing a prescription for a controlled substance Schedule III, IV, or V, the prescription must include the APRN's DEA number.

When using preprinted prescriptions for issuing controlled substances Schedule III, IV or V, it is recommended that "Prescription is void if more than one controlled substance is issued per prescription blank" at the bottom of the script.

## **APPENDIX B: Georgia Poison Center Contract for After-Hours Calls**

GA DPH has a contract with Georgia Poison Center to provide certain after-hour services to the patients receiving care by APRNs with Prescriptive Authority. List of Services to be provided by [Georgia Poison Control Center](#) include:

1. Provide a 1-800 number (the number to call is 1-877-664-3089) designated for afterhours use by patients who have questions/concerns related to drugs prescribed by APRNs working for Public Health.
2. Respond to after-hours calls from patients who receive drugs prescribed by APRNs in Public Health.
  - a. All calls received by GA Poison Center will be triaged, and when appropriate, brought to the immediate attention of the on-call DPH staff (Epidemiologist, Laboratory, or Emergency Coordinators).
  - b. A monthly report will be created and submitted to the designated DPH Staff member.

Contract Revised. 07.01.17