
**THE
NURSE PROTOCOL
PROCESS**

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THE NURSE PROTOCOL PROCESS

The purpose of the process at the state level is to assure that nurse protocols are standardized and consistent across programs, consistent with current statutes, rules and regulations and based on the latest technology, current practice standards and cost-effective measures. The process continues at the district level where the nurse protocols are adopted for local use and signed and dated at least once annually. Although minor changes may need to be made at the district level (e.g., due to district medication availability), it is recommended that the nurse protocols be adopted without modification. When modifications are made to the nurse protocols, it is recommended that a legal and medical review be conducted at the district level to assure compliance with current statutes, rules, regulations and practice standards, and that the justification for the change be documented and on file in the District.

The district will not be cited with a deficiency or exception by a program review for using a modified protocol or for using protocols different from those in the approved manual.

A. MECHANISM FOR NURSE PROTOCOL DEVELOPMENT, REVIEW AND REVISION

1. The Office of Nursing:
 - a. Convenes meetings of the Nurse Protocol Committee, at least biannually (every two years).
 - b. Oversees the biannual process of reviewing, revising and updating all nurse protocols and the nurse protocol manual.
 - c. Manages revisions to nurse protocols in collaboration with the appropriate state office program nurses, state office of pharmacy, office of legal services, physicians and other staff as needed.
 - d. Assures that the Department of Public Health Legal Services Office reviews and approves the final draft of each nurse protocol manual and nurse protocol that is reviewed, revised and updated.
 - e. Assures that final signatures are obtained from the State Health Officer and Medical Director of the Nurse Protocol Committee and each physician who serves as the physician consultant for each respective nurse protocol before distributing the revised nurse protocol or the updated nurse protocol manual.
 - f. Conducts Nurse Protocol Orientation and Credentialing Program for State Office Nurses at least bi-annually (even-numbered years).
2. The Nurse Protocol Committee:
 - a. Includes at least one public health physician in clinical practice, selected nurses from districts or counties, state office nurses and representatives from the state pharmacy, laboratory, and nutrition offices. A current list of the Nurse Protocol Committee members is on pages 2.10-11.
 - b. Reviews all proposed new nurse protocols to assure that they meet

- c. established criteria for format and content.
 - c. Reviews any significant/extensive revisions to existing nurse protocols to assure that they continue to meet established criteria for format and content.
 - d. Reviews and approves recommended nurse protocols for inclusion in the nurse protocol manual during the biannual process of reviewing, revising and updating of the manual.
3. State Office Nurses (SONs):
- a. Attend Nurse Protocol Orientation and Credentialing Program offered by the Office of Nursing at least bi-annually (even-numbered years). This is required for designated SONs who have responsibility for the lead role in nurse protocol development, review, revision and updating, who provide consultation and technical assistance to districts and who chair the clinical teams for their program areas, as well as any designated back-up SONs who work in those program areas and are expected to provide consultation and technical assistance. It is recommended that all other SONs and others who provide critical input into nurse protocols (e.g., members of the Nurse Protocol Committee representing Pharmacy, Nutrition, Immunizations, Epidemiology and Laboratory) also complete the program.
 - b. Assure that each program for which there is a nurse protocol has a designated and qualified Medical Consultant to provide and/or assist with clinical consultation and development, revision, updating and utilization of nurse protocols.
 - c. Assure that the clinical team reviews the nurse protocols for their respective program and assists in drafting revisions and/or new nurse protocols at least biannually. (Each clinical team comprises, at a minimum, the state office nurse, state pharmacy director/designee, physician/medical specialist and nurses in clinical practice. Nutrition, immunizations, laboratory and epidemiology representatives are included as needed.)
 - d. Assure that nurse protocols are developed or revised according to the timeline using the outline and format described on pages 2.5.
 - e. Assure that nurse protocols adhere to the DPH policy, *Use of Abbreviations, Acronyms, Symbols and Dose Designations*.
 - f. Assure that new nurse protocols and extensive revisions are reviewed according to the tool on page 2.5. A copy of the completed tool should accompany each new and extensively revised nurse protocol that is presented to the Nurse Protocol Committee.
 - g. Finalize revisions and new nurse protocols after considering all comments, questions and recommendations from the clinical team and Nurse Protocol Committee reviewers.
 - h. Obtain signed approval form from the clinical team physician consultant to accompany the updated program section or any revisions (see p. 2.9).

4. Steps for Adoption of Nurse Protocols for District Use:
 - a. Use the latest nurse protocols as the basis for the yearly review and update of all nurse protocols issued.
 - b. Change the information and revision date in the nurse protocol header to the appropriate district information and review/revision date before issuing them to local nurses.
 - c. Add additional sources used to the reference list at the end of any nurse protocol that is changed significantly from the nurse protocol (e.g., different diagnostic criteria and/or treatment choices) to assure compliance with current statutes, rules, regulations and practice standards.

B. GENERAL TIMELINE FOR BIENNIAL REVIEW AND UPDATE OF NURSE PROTOCOLS (ODD-NUMBERED YEARS)

Activity	Person(s) Responsible	Month
1. Convene the Nurse Protocol Committee mid-year meeting via conference call. Confirm specific dates for timeline.	Office of Nursing	January
2. Review/update Nurse Protocol Manual: a. Review/update programmatic nurse protocols with clinical teams. Submit new nurse protocols to Protocol Committee members, with completed Review Tool (see page 2.5). b. Participate on clinical teams for all nurse protocols as needed. c. Review/update non-programmatic portions of the manual.	State Office Nurses Office of Pharmacy, District Pharmacy, Immunization, Nutrition, Lab Office of Nursing	Jan. - April
3. Submit final drafts of nurse protocols for Office of Nursing review. Obtain physician consultant signatures on protocol review forms (see page 2.9).	State Office Nurses	April - May
4. Nurse Protocol Committee Meeting: a. Convene and lead meeting. b. Describe revisions/changes to each program's nurse protocols. c. Approve the nurse protocols.	Office of Nursing Office of Nursing State Office Nurses Nurse Protocol Committee	May
5. Assure that editing is complete and submit final draft for legal review. Make additional editing changes as advised.	Office of Nursing	June - July
6. Obtain final approval of manual from Medical Director for the Nurse Protocol Committee and State Health Officer , and obtain signatures on cover page.	Office of Nursing	August
7. Distribute revised manuals electronically.	Office of Nursing	September
8. Update website.	Office of Nursing	Sept. – Dec.
9. Review and update district nurse protocols.	District Nursing & Clinical Directors	Sept. – Dec.
10. Adopt updated nurse protocols and train nurses.	District Nursing & Clinical Directors	Dec. – Jan.

C. TOOL FOR REVIEWING NEW NURSE PROTOCOLS

Purpose of the tool: An instrument for use by clinical teams when developing a new nurse protocol (or extensively revising an existing nurse protocol). Submit a copy of the completed form with the proposed new/revised nurse protocol to all members of the Nurse Protocol Committee, as a guide for their review.

Title of Nurse Protocol: _____

Program: _____ Date: _____

Criteria	Yes	No	Incomplete	Comments
1. Content includes practice which is consistent with the definition of a nurse protocol, i.e., ordering drugs, medical treatments and/or diagnostic studies; dispensing drugs.				
2. Content complies with pertinent: a) Laws, Rules, & Regulations; and b) Policies/Guidelines.				
3. Content reflects consistency with current practice standards, research and literature.				
4. Interventions are considered reasonable from a cost standpoint.				
5. Content consistent across all programs and populations served.*				
6. Reviewed by: a) Physician b) Nursing c) Pharmacy d) Nutrition e) Lab f) Other:				

*Specify, in the Comments column, the programs that have reviewed this nurse protocol.

Completed by: _____

D. STANDARD FORMAT FOR NURSE PROTOCOLS

TITLE

DEFINITION	Define the condition
ETIOLOGY	Describe the cause and/or contributing factors
SUBJECTIVE	History, Symptoms
OBJECTIVE	Signs, Physical examination findings, Laboratory findings
ASSESSMENT	Nursing Diagnosis/Clinical Judgment
PLAN	DIAGNOSTIC STUDIES (If applicable)

THERAPEUTIC

PHARMACOLOGIC

- Generic drug name (or correct brand name) and strength
- Dose/dosage form
- Route of administration
- Frequency
- Duration

NON-PHARMACOLOGIC MEASURES (If applicable)

Examples: nutrition, application of heat

PATIENT EDUCATION/COUNSELING

1. Informational packets
 - a. Symptoms
 - NOTE:** Refers to a.
 - b. Treatments

NOTE: Refers to 1.

FOLLOW-UP

CONSULTATION/REFERRAL

REFERENCES

List the sources used to write the nurse protocol, in the format found in Section 15 of *The Gregg Reference Manual, Tenth Edition*. Use at least one reference that is dated within the past 2-3 years, or note as **(Current)** any older reference.

E. WORD PROCESSING FOR NURSE PROTOCOLS

PROGRAM	Microsoft Word
FONT	Arial Regular 12; header/footer is to be in Arial Regular 9 New material and wording changes are to be in bold font. In tables of contents, nurse protocols containing changes in content are to be in bold font (if the only change is that a reference has been updated, it is not to be in bold font).
MARGINS	Top and Bottom – 0.8 Left and Right – 0.8 Footer and Header – 0.5
TABS	Every 5 spaces (0.5 inches) from left margin
TITLE FORMAT	The all-capitalized title of the nurse protocol is centered on two lines, with two spaces after the title. <p style="text-align: center;">EXAMPLE</p> <p style="text-align: center;">STANDARD NURSE PROTOCOL FOR (DISEASE OR CONDITION)</p>
SPACING	Two spaces between major headings and numbered subheading. Exception: between references, which begin at the left margin and are single-spaced.
PUNCTUATION	Two spaces after each period and colon. Exception: 0.5 inch tab following periods in outline numbers or letters.
TEXT	The text will be left justified but will not be right justified or centered with
ALIGNMENT	exception of the TITLE and the Header/Footer. (The text will have a smooth left edge and a jagged right edge.)
CAPS/BOLDING	<ul style="list-style-type: none">- Title- Each major section, and sub-sections under PLAN.- Under PHARMACOLOGIC the words AND, OR, PLUS, and FOLLOWED BY. Place these words one tab over from the text.- "NOTE:" is used to call attention to important information. The word NOTE should be bolded. However, the text after the NOTE is written normally (non-bolded).
OUTLINING	The outline format starts with numbers, (1., 2., etc.)

EXAMPLE

PLAN	THERAPEUTIC
	PHARMACOLOGIC
	(May or may not have text here first)
	1. Text
	a. Text
	b. Text
	1) Text
	2) Text
	a) Text
	b) Text
	2. Text
	NOTE: There must be more than one item in a subsection to use numbers, letters, or bullets.

ITALICS Italics are used in the **ETIOLOGY** section, and occasionally in other sections, for the names of microorganisms.

HEADERS: **NOTE:** Before issuing protocol(s) to nurses, change the header to the issuing district's information and the date of issuance; header is to be in Arial Regular 9 bold font. It is to be right justified.

EXAMPLE

Health District Standard Nurse Protocols for Registered Professional Nurses for 2014

Headers should be on all pages of the manual except for the title page. Under File, Page Set-up, set header margin at 0.5. Then use the Header/Footer feature under "View" at the top of the screen. Editing a header will change it for the entire following section.

FOOTERS

Under File, Page Set-up, set footer margin at 0.5. Then use the Header/Footer feature under "View" at the top of the screen. Editing a footer will change it for the entire following section.

The section name of the manual should be centered. The page number should be at the right margin. Use Arial Regular 9 font.

Each program section of the manual has an assigned number prefix (see Table of Contents) to place before page numbers (e.g., 8.5).

F. CERTIFIED NURSE PROTOCOL REVIEW FORM

This certifies that I have reviewed the nurse protocols defined below for use by Public Health Nurses in the expanded role and Advanced Practice Registered Nurses in Public Health:

Clinical Team Physician _____ Phone _____

Signature _____

Date Reviewed _____

Specialty _____

Affiliations _____

Title(s) of Nurse Protocol(s):

G. ACKNOWLEDGMENTS

1. NURSE PROTOCOL COMMITTEE

Meshell McCloud, RN, MS, APRN, WHNP-BC
Deputy Chief Nurse
Department of Public Health
Chairperson, Nurse Protocol Committee

Susan Alt, BSN, ACRN
HIV/AIDS Services, District 9-1

Kitty Bishop, RN, MSN
Nursing & Clinical Director, District 8-2

Karon Bush, RN, MSN, APRN-BC
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Medical Director, Nurse Protocol
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District Immunization Coordinator

Betty Dixon, DrPH, BSN,
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Amy Fenn, RN
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District 4

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WIC Nutrition Program Consultant

Cindi R. Hart, RN, MSN
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Donelle Humphrey-Franklin, BS, DP, MBA
Assistant Pharmacy Director
Department of Public Health

Carole C. Jakeway, RN, MPH
Chief Nurse/District & County Operations
Director, Department of Public Health

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Office of Emergency Preparedness and
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Asst. Dir. PH Nursing & Clinical Services,
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Debbie Robbins, RN, CIC
District Director of Public Health Nursing
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Pradynya Tambe, MD
STD Physician

Jessica Tuttle, M.D.
Medical Epidemiologist,
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District Director, Clinical Services
Cobb & Douglas Public Health, District 3-1

Eva B. Williams, MSN, FNP, MPH, AACRN
HIV/AIDS Nurse Consultant

2. PHYSICIAN CONSULTANTS

NAME (Protocols)	TITLE	ADDRESS
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Melissa Kottke, MD, MPH, MBA (Women's Health)	Assistant Professor, GYN/OB Emory University Medical Director, Jane Fonda Center for Adolescent Health	Emory University 1256 Briarcliff Road Atlanta, GA 30306
Gregory S. Felzien, MD, AAHIVS (HIV/AIDS, STD and Other Infectious Diseases)	Diplomat: Internal Medicine and Infectious Disease, Georgia Department of Public Health, Medical Advisor, Division of Health Protection/IDI-HIV	707 Pine Street Macon, GA 31203 15 th Floor Suite 15-228 2 Peachtree Street, NW Atlanta, GA 30303
Susan Ray, MD (TB)	Associate Professor, Infectious Disease, Emory University School of Medicine	Emory University School of Medicine Woodruff Extension Building: Room 206 46 Armstrong St., S.E. Atlanta GA 30303
Patrick O'Neal, MD (Emergency)	State Medical Consultant Georgia Office of Emergency Medical Services	4 th Floor 40 Pryor Street Atlanta, GA 30303
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