

---

**GUIDELINES  
FOR  
NURSE PROTOCOLS**

---

**THIS PAGE INTENTIONALLY LEFT BLANK**

## TABLE OF CONTENTS

<b>GUIDELINES FOR NURSE PROTOCOLS</b>	<b>3</b>
A. Purpose	3.1
B. <b>Definitions</b>	<b>3.1</b>
C. Drugs to be Covered by Nurse Protocol	3.2
D. <b>Drugs to be Covered by either Nurse Protocol or Policy/Procedure</b>	<b>3.3</b>
E. Requirements for a PHN Who Uses a Nurse Protocol	3.4
F. <b>Licensed Practical Nurses</b>	<b>3.5</b>
G. <b>Requirements for Nurse Protocols</b>	<b>3.5</b>
H. Delegated Authority for Ordering Dangerous Drugs	3.6
I. Dispensing Dangerous Drugs	3.6
J. Accountability	3.8
K. <b>Signing Nurse Protocol Agreements</b>	<b>3.8</b>
L. Retention of Nurse Protocols	3.14
M. Standard Nurse Protocol Agreement Formats for Advanced Practice Registered Nurses	3.14
Appendix 1 <b>Example for Women's Health</b>	<b>3.18</b>
Appendix 2 <b>Example for HIV</b>	<b>3.20</b>
Appendix 3 Example Drug Formulary for Advanced Practice Registered Nurses	<b>3.23</b>
Appendix 4 <b>Texts/References Used/Recommended for Advanced Practice Registered Nurses</b>	<b>3.27</b>

**THIS PAGE INTENTIONALLY LEFT BLANK**

## GUIDELINES FOR NURSE PROTOCOLS FOR REGISTERED PROFESSIONAL NURSES

### A. PURPOSE

The purpose of these guidelines is to provide direction, promote consistency and support practice under nurse protocol by registered professional nurses in public health, in accordance with all applicable statutes, rules and regulations.

### B. DEFINITIONS

1. Nurse Protocol

Nurse Protocol means a written document mutually agreed upon and signed by a nurse and a licensed physician, by which the physician delegates to that nurse the authority to perform certain medical acts pursuant to subsection (b) of **O.C.G.A. § 43-34-23**. These acts shall include, without being limited to, the administering and ordering of any drug. **O.C.G.A. § 43-34-23(a) (7)**.

Each registered professional nurse (RN) must have access to the current standard nurse protocol(s), under which the RN is practicing at the practice site. Each RN may have his/her individual set of standard nurse protocols which are signed by the nurse and the delegating physician(s) or there may be one set of standard nurse protocols which each RN and the delegating physician(s) sign.

2. Order

Order means to select a drug, medical treatment or diagnostic study through physician delegation in accordance with a nurse protocol or a physician assistant's job description. Ordering under such delegation shall not be construed to be prescribing, which act can only be performed by the physician, nor shall ordering of a drug be construed to authorize the issuance of a written prescription. **O.C.G.A. § 43-34-23(a) (8)**.

The RN shall write the drug order in accordance with the nurse protocol and based on a client assessment each time the drug is ordered. If the client's continues the drug on subsequent visits, the nurse must reorder the drug based on the nurse protocol. Documentation of the written drug order by the RN shall include the following components:

- Date ordered
- Generic name or actual brand name of drug
- Strength of drug
- Dose
- Dosage form
- Route of administration
- Frequency
- Duration of therapy
- Quantity dispensed/provided

- Signature of RN or APRN who ordered the drug
3. **Delegating Physician**  
Delegating Physician means the physician(s) who has/have mutually agreed to and signed the nurse protocol. The District Health Director may be the delegating physician or one of the delegating physicians. The **Department** of Public Health recommends that each delegating physician be engaged in current clinical practice on a full-time or part-time basis.
  4. **Legal Signature**  
Entries into the patient's medical record must be dated and signed by the person responsible, using full name and letters that denote professional title (e.g., Suzie A. Jones, R.N. or Suzie A. Jones, A.P.R.N.).
  5. **Dispensing Procedure**  
Dispensing procedure means a written document signed by a licensed pharmacist and a licensed physician, which establishes the appropriate manner under which drugs may be dispensed pursuant to this Code Section.<sup>1</sup>
  6. **Record Review**  
A record review is a review of the client's clinical record of services provided. This may include reviewing a written summary or compilation of record reviews conducted.

## **C. DRUGS TO BE COVERED BY NURSE PROTOCOL**

Any drugs which the RN orders and dispenses must be covered by nurse protocol. The following drugs are to be covered by nurse protocols:

### **Dangerous Drugs**

Dangerous Drug means any dangerous drug as defined in O.C.G.A. § 16-13-71, but does not include any controlled substance or Schedule I controlled substance.<sup>2</sup>

Dangerous drugs are required to bear upon the package the words "Caution Federal Law Prohibits Dispensing Without Prescription," "Rx Only" or words of like import. These drugs may also be referred to as "Legend" drugs.

**Dangerous drugs are not to be stored in the nurse's home, car or other prohibited location.**

---

1 O. C.G.A. § 43-34-23

2 Ibid

#### **D. DRUGS TO BE COVERED BY EITHER NURSE PROTOCOL OR POLICY AND PROCEDURE**

1. Immunizations/Vaccines  
Immunization Policies and Procedures per the current Georgia Immunization Program Manual located at <http://health.state.ga.us/programs/immunization/publications.asp> and signed by the District Health Director or his/her designee.
  - a. **For On-site Public Health Clinics (those held at County Health Departments sites):**
    - 1) **LPNs, RNs and APRNs administer vaccines under a District Policy/Procedure based on the Immunization Program Manual. There should be a cover page signed by the District Health Director that references the Immunization Program Manual as being accepted by the District to serve as either their official Policies and Procedures for the Administration of Vaccines and Provision of Immunization Services or a guide for writing a district's Immunization Policies and Procedures.**
  - b. **For Off-site Settings (those settings that are not considered County Health Department sites), such as School-based clinics:**
    - 1) **RNs administer vaccines under a Nurse Protocol agreement that is signed by a delegating physician. The RN should attach the Nurse Protocol Signature Page for Administering Vaccines to the respective one-pagers, or documents from the Immunization Program Manual that cover the different types of vaccines that may be administered (e.g., Hepatitis B, Meningococcal).**
  - c. **LPNs administer vaccines (they do not order or dispense drugs) under the supervision of an RN. The RN, who supervises the LPN who administers the vaccine, does so under a protocol. The LPN does not sign the Nurse Protocol, but administers vaccines according to the direction and supervision of the RN. This is consistent with the LPN Practice Act [O.C.G.A. § 43-26-32(7)].**
2. Over the Counter (OTC)/Nonprescription Drugs  
The nurse protocol, or policy and procedure, covers drugs given to clients or called in to a pharmacy. These drugs include vitamins, oral iron preparations, acetaminophen, etc., which do not bear upon the package the words "Caution Federal Law Prohibits Dispensing Without Prescription," or "Rx Only."
  - a. Nurse Protocol for the following situations:
    - 1) If the OTC drugs are repackaged (i.e., taken out of the manufacturer's original container, such as a bottle of 100 tablets) and/or labeled in any manner or with any information different from the manufacturer's label, this must be covered by a nurse protocol.

- 2) If the RN transmits the OTC drug order to a licensed pharmacist who will provide the drug to the client (e.g., NIX Creme Rinse for a Medicaid eligible client), this must be covered by a nurse protocol.
- b. District/County Policy and Procedure or Nurse Protocol:  
If the OTC drugs are in the original manufacturer's container and no changes are made in the directions on the manufacturer's label (i.e., given to the client just as it comes from the manufacturer), this may be covered by either district/county policy and procedure or nurse protocol.
- c. No Policy and Procedure or Nurse Protocol Needed:  
If an OTC drug is recommended to the client by the RN but not given to the client nor called in to the pharmacy, it does not need to be covered by a policy, procedure or nurse protocol. Such recommendations should be documented in the client's medical record.

### 3. Professional Drug Samples

**Professional Drug samples are forbidden in public health facilities unless a written district policy or procedure has been established to allow a licensed physician and/or a licensed pharmacist to request, receive and sign for professional drug samples and to distribute the professional drug samples to patients. The written district policy or procedure must be approved by the State Office of Pharmacy. (See Drug Dispensing Procedure, p.4.8).**

## E. REQUIREMENTS FOR A REGISTERED PROFESSIONAL NURSE WHO USES A NURSE PROTOCOL

A Registered Professional Nurse who uses a nurse protocol must:

1. Hold a current license to practice as a registered professional nurse (RN) in Georgia; **and**
2. Document preparation and performance specific to each medical act authorized by a nurse protocol, including ordering dangerous drugs, medical treatments or diagnostic studies. Prior to the RN functioning under a nurse protocol, there should be written documentation that the RN has training, preparation and/or orientation relative to each medical act authorized by the specific nurse protocol and can perform such acts. Documentation may include supervisory notes, orientation plans, direct observation of clinical performance, skills checklist(s) and/or performance appraisal(s); **and**
3. Adhere to the written nurse protocol.

## F. LICENSED PRACTICAL NURSES

There is no statutory authority for Licensed Practical Nurses (LPNs) to order or dispense drugs. LPNs in public health administer drugs according to written policies and procedures.

Please refer to the current **Department** of Public Health Policy, Collaborative Models of Client Care in Public Health, in the current edition of the *Public Health Nursing Policies and Practice Guidelines* manual.

## G. REQUIREMENTS FOR NURSE PROTOCOLS

A nurse protocol must **meet all of the following requirements:**

1. Be reviewed, revised or updated annually. **According to DPH legal services, the term “annually” is interpreted to mean twelve (12) months. However, nurse protocols can be dated and signed within twelve (12) months of the previous date, but must not exceed twelve (12) months. This means that if a nurse protocol was signed on March 15, 2012, that same nurse protocol must be signed on or by March 15, 2013 in order to continue to practice under the respective nurse protocol.** The nurse protocol must bear the review date and signatures of the delegating physician(s) and RN(s). There is no authority to perform acts using a nurse protocol which has expired without annual review, revisions and updates.
2. Specify that record reviews of nursing practice under nurse protocol (of RNs and APRNs) by the delegating physician will be completed at least quarterly.
3. Be available/accessible in each of the specific settings where RNs function under nurse protocols and be available upon request.
4. Include the specific terms/conditions under which delegated medical acts may be performed.
5. Include the condition(s) for immediate consultation with a delegating physician or a physician designated in his or her absence.
6. Include a statement that the RN has read and understands all statutes, rules and regulations pertaining to nursing practice under nurse protocol and has read and understands the drug dispensing procedure.

## H. DELEGATED AUTHORITY FOR ORDERING DANGEROUS DRUGS

RNs who are delegated the authority to order dangerous drugs must do so in accordance with written nurse protocols. The nurse protocol must outline the parameters that must be followed pursuant to ordering the drug and must also specify the drug and the specific conditions under which it may be ordered.

## I. DISPENSING DANGEROUS DRUGS

RNs are authorized to dispense dangerous drugs only under the following conditions:

1. The dispensing is in accordance with a written drug dispensing procedure<sup>3</sup> and under the authority of an order issued in conformity with a nurse protocol.
2. There must be documented preparation and performance (i.e., ability to perform) specific to dispensing dangerous drugs based on a written dispensing procedure.<sup>4</sup> Documentation should include that each RN has read and understands the drug dispensing procedure.
3. A copy of the drug dispensing procedure must be accessible in each of the specific settings where RNs dispense under nurse protocols and be available upon request. The procedure must be signed by the pharmacist and physician who have established it.
4. The RN shall exercise diligence in protecting drugs and records from loss or theft, in accordance with the rules of the Georgia Board of Pharmacy.
5. The RN is not authorized to dispense a drug:
  - a. Based on a prescription written by either a public health or private physician;
  - b. Pursuant to an order written on a client's chart by a physician, an advanced practice registered nurse, physician's assistant or another RN;
  - c. Based on a written or verbal recommendation from a communicable disease specialist (CDS); or
  - d. Based on a drug order received over the phone.
  - e. When any of the above situations occur, the RN functioning under nurse protocols:
    - 1) Adds the written information or documents the oral information received (e.g., medical diagnosis, physician's prescription) to the

---

3 Georgia Board of Pharmacy Rules 480-30-.02- General Requirements, "Any person who dispenses drugs in accordance with a dispensing procedure and under the authority of a job description or standard nurse protocol shall comply with all record keeping, labeling, packaging and storage requirements imposed upon pharmacists and pharmacies with regard to such drugs pursuant to O.C.C.A. § 26-4 and 16-13, and those regulations contained in this chapter."

4 Georgia Board of Nursing: *Regulation of Protocol Use by Registered Nurses*, Chapters 410-11-.03.

- client's chart;
- 2) Reviews any written information in the chart; and
  - 3) Based on his/her review of the information and clinical assessment of the client, decides whether to order any of the drugs listed in the appropriate nurse protocol, to seek medical consultation or to refer the client.
- f. If the nurse decides to order a drug listed in the nurse protocol, he/she assumes responsibility for ordering the drug in accordance with the nurse protocol and dispensing the drug according to a written drug dispensing procedure. An example of how this may be documented in the client's chart is as follows:

**ASSESSMENT**

History and clinical data do not contraindicate OCs.

**PLAN**

Ortho-Novum 7/7/7 one tablet PO daily for **12** months.

Dispensed 12 cycles.

Provided instruction about the drug, how to take and symptoms of side effects to report.

Next visit 9-1-(current year)."

**NOTE:** The nurse can dispense drugs only on his/her own order and in accordance with a nurse protocol agreement and a drug dispensing procedure.

- g. If the nurse seeks medical consultation, the results of the consultation are documented in the client's chart. Based on the medical consultation and clinical assessment of the client, the nurse decides whether to order any of the drugs in the nurse protocol, to seek further medical consultation or to refer the client. This includes when the medical consultation results in a dosage, drug or any medical act which is not covered by the current nurse protocol.
- h. If the nurse decides to refer the client, the referral must be documented in the client's chart. The documentation should include where/to whom the client was referred, what medical information was sent with the client or authorized to be released and any assistance and/or instructions provided to the client. Results of the referral and any changes in the client's plan of care should subsequently be documented.

## J. ACCOUNTABILITY

The District Health Director is accountable for ensuring that the appropriate nurse protocols are in place in his/her district. The District Health Director and the District Public Health Nursing and Clinical Director should collaborate in the development, monitoring and updating of nurse protocols, assuring compliance with all statutes, rules and regulations pertaining to practice under nurse protocol. Each district should also form and sustain a District Nurse Protocol Committee to assist in managing the ongoing review of the nurse protocols.

## K. SIGNING NURSE PROTOCOL AGREEMENTS

### 1. Signature Requirements

- a. Items to include on the signature page to document compliance with specific rules and regulations of the Georgia Board of Nursing (GBON) and the Board of Pharmacy:
  - 1) That each RN is adequately trained and prepared to perform the delegated medical acts (document the specific training in the nurse's personnel or supervisory file).
  - 2) That the RN has read and understands all statutes, rules, and regulations pertaining to nursing and nursing practice under nurse protocol and has read and understands the drug dispensing procedure.
  - 3) That record reviews of nursing practice under nurse protocol (of RNs and APRNs) by the delegating physician will be completed at least quarterly.
- b. The signature page should represent a mutual agreement between the delegating physician(s) and the RN(s).
- c. Each person should use his/her legal signature as it appears in client records (i.e., full name/letters denoting the professional title - MD, DO, RN).
- d. **According to the Georgia Board of Nursing, Regulation of Protocol Use by Registered Nurses, a nurse protocol must be reviewed, revised or updated annually (410-11-.03(3)(c)). The Department of Public Health interprets the above rule to mean the nurse protocol signature page must be dated within 12 months of the previous date signed. This means that if a nurse protocol was signed on March 15, 2012, that same nurse protocol must be signed on or by March 15, 2013 in order to continue to practice under the respective nurse protocol. Rationale for this includes the following:**
  - 1) **The nurse protocol agreement is a legal document used by the Registered Professional Nurse (RN) and each RN and delegating physician(s) should assure the nurse protocol signature page is signed within 12 months of the previous date.**

- 2) **According to DPH legal services, the term “annual” is interpreted to mean 12 months.**
  - 3) **According to the Inspector General’s Office, from an auditor’s perspective, “annual” means 12 months without fail.**
- e. A single signature page may cover a single nurse protocol, a set of nurse protocols or multiple nurse protocols as long as revisions are signed and dated by all parties (refer to the example on the following page).
2. **Review/Revision Requirements**  
All nurse protocols must be reviewed at least annually. Changes in drug treatment and health care technology should be incorporated into revised nurse protocols in a timely manner. Annual reviews and revisions which involve ordering drugs, diagnostic studies and/ or treatments should be signed and dated by the delegating physician(s) and the nurse(s). Supervisors should assure that nurses have been taught about each nurse protocol and any revisions before they sign the nurse protocol agreement.

**EXAMPLE**

**NURSE PROTOCOL SIGNATURE PAGE**

The signatures below indicate a mutual agreement between the delegating physician(s) and the registered professional nurse(s) (RNs) who are authorized to perform the delegated medical acts contained in the nurse protocols for [insert name of designated nurse protocols (e.g., Family Planning) and date on nurse protocols (e.g., 1/10)].

All RNs and APRNs whose signatures appear on this page:

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.**

Record reviews by the delegating physician(s) will be completed at least quarterly.

_____ Signature of Delegating Physician	_____ Date
_____ Signature of RN	_____ Date

**EXAMPLE**

**NURSE PROTOCOL  
FOR ADMINISTERING VACCINES  
SIGNATURE PAGE**

**NOTE: This type of signature page would be used by RN or APRNs when the vaccine must be transported to non-county Health Department sites such as school-based clinics.**

The signatures below indicate a mutual agreement between the delegating physician(s) and the registered professional nurse(s) RN(s) who are authorized to administer the following vaccines:

- Seasonal Influenza Vaccine
- Meningococcal Vaccine
- Pneumococcal Vaccine
- Tetanus-containing Vaccine

All RNs and APRNs whose signatures appear on this signature page:

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.**

Record reviews by the delegating physician(s) will be completed at least quarterly.

\_\_\_\_\_  
Signature of Delegating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RN

\_\_\_\_\_  
Date

Example

**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**

## L. RETENTION OF NURSE PROTOCOLS

1. The district shall retain one copy of each nurse protocol for at least five years, so that it can be retrieved in case of an audit or legal issue.
2. The **Department** of Public Health shall maintain copies of the Nurse Protocol Manual produced by the **Department** for at least five years.

## M. NURSE PROTOCOL AGREEMENT FORMATS FOR ADVANCED PRACTICE REGISTERED NURSES

Advanced Practice Registered Nurses (APRNs) in public health may use the same format for nurse protocols as that used by RNs **and/or** they may use the following APRN format. The following format provides the essential components of what should be included in the nurse protocol for APRNs.

### **General Template (See General Template following the list of components).**

1. **Area of Specialty**  
Specify the area(s) of specialty in which the APRN holds current certification, as authorized by the Georgia Board of Nursing.
2. **Dangerous Drugs**  
A nurse protocol must specify parameters under which delegated **medical** acts may be performed; therefore, the written nurse protocol agreement for APRNs must specify the drugs that may be ordered. The nurse protocol agreement must either include a list of drugs to be ordered or a drug formulary must be attached to the nurse protocol agreement.

Drugs selected should follow drug formulary guidelines that base drug selection on the most clinically appropriate and cost-effective drugs. A number of published drug formulary guidelines may be used in making these determinations. **An example of a drug formulary may be found in Appendix 3.**

In addition to the written nurse protocol document, the APRN who dispenses drugs, under the authority of an order issued in conformity with the nurse protocol, must adhere to a drug dispensing procedure. This written document, signed by a licensed pharmacist and physician, must be readily accessible at the site where the APRN is practicing under nurse protocols and be available upon request. According to the drug dispensing procedure used in Public Health, the APRN must also document the drug(s) dispensed on a drug dispensing sign-out sheet or a document with comparable requirements.

3. Medical Treatments  
Specify the medical treatments, if any, that may be ordered by the APRN.
4. Diagnostic Studies  
Specify the diagnostic studies, if any, that may be ordered by the APRN.
5. Reference Guidelines for Practice  
Specify the text(s), written guidelines, and/or other reference documents, which will be used by the individual APRN relative to the area of specialty. For example: “**Current Practice Guidelines in Primary Care 2011**, by **Ralph Gonzales and Jean S. Kutner**, shall serve as a reference guide.” These texts and documents should be current and readily available. The use of such texts and documents must clearly exclude any controlled substances or Schedule I controlled substances.
6. Consultation  
Specify the conditions for immediate consultation with the delegating physician.
7. Patient Evaluation/Follow-Up  
Specify that the frequency and guidelines for patient evaluation/follow-up by the delegating physician will be determined collaboratively between the APRN and the delegating physician.
8. Documentation  
Specify how services will be documented.
9. Signatures  
Each APRN who practices under these nurse protocols and each delegating physician must sign and date the written mutual agreement.
10. Annual Review  
The nurse protocols must be reviewed, signed and dated at least annually.
11. See general template for a nurse protocol agreement on the following page. See Appendix 1, Example for Women’s Health and Appendix 2, Example for HIV.

## GENERAL TEMPLATE

### NURSE PROTOCOL AGREEMENT FOR ADVANCED PRACTICE REGISTERED NURSES IN PUBLIC HEALTH

Area of Specialty: \_\_\_\_\_

Dangerous Drugs (list or attach a list of the general categories or types of drugs to be ordered; a formulary is optional; list or formulary shall not include controlled substances Schedule III, IV or V). **An example of a drug formulary may be found in Appendix 3.**

---

Diagnostic Studies (check all that apply):

- Laboratory tests as appropriate
- X-ray
- Ultrasound
- Other (specify): \_\_\_\_\_

Medical Treatments: May be ordered as appropriate for the area of specialty.

Reference Guidelines for Practice: The following references shall be utilized as guidelines for practice, excluding all controlled substances listed in these documents:

1. List specific text, such as Ralph Gonzales and Jean S. Kutner, *Current Practice Guidelines in Primary Care 2011*, 10<sup>th</sup> ed., McGraw-Hill Professional Publishing, 2010.
2. Nurse Protocols for \_\_\_\_\_ sections from *Nurse Protocols for Registered Professional Nurses*, Georgia Department of Public Health, 2012.
3. Other reference(s) (specify): \_\_\_\_\_

Consultation: The delegating physician will be available for immediate consultation by phone, facsimile, pager, and/or e-mail. If the delegating physician is not available, the delegating physician shall designate another physician who concurs with the terms of this agreement.

#### Patient Evaluation/Follow-Up

Specify that the frequency and guidelines for patient evaluation/follow-up by the delegating physician will be determined collaboratively between the APRN and the delegating physician.

Documentation: The APRN shall document services provided in accordance with the nurse protocol agreement. The APRN shall document all drugs ordered, dispensed and handled in accordance with the Georgia Nurse Practice Act, the Rules of the Georgia Board of Nursing, Rules and Regulations of the Georgia Board of Pharmacy and Department of **Public Health** requirements.

Record Reviews: A sampling of records shall be reviewed at least quarterly by the delegating physician(s).

This document indicates a mutual agreement between the delegating physician and the APRN who is authorized to practice under a nurse protocol agreement. The APRN, whose signature appears below, has:

1. Been adequately trained and is prepared to perform the delegated medical acts specified in this nurse protocol agreement; and
2. Read and understands all statutory rules and regulations pertaining to nursing and practice under nurse protocol and has read and understands the drug dispensing procedure.
3. **Been given an opportunity to have questions answered.**

\_\_\_\_\_  
Advanced Practice Registered Nurse Signature

\_\_\_\_\_  
Printed Name of APRN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delegating Physician Signature

\_\_\_\_\_  
Printed Name of Delegating Physician

\_\_\_\_\_  
Date

**APPENDIX 1**

**TEMPLATE Example for Women's Health**

**NURSE PROTOCOL AGREEMENT FOR  
ADVANCED PRACTICE REGISTERED NURSES IN PUBLIC HEALTH**

Area of Specialty: Women's Health

Dangerous Drugs (list or attach a list of the general categories or types of drugs to be ordered; a formulary is optional; list or formulary shall not include controlled substances Schedule III, IV or V).

---

List may include:

- Contraceptives
  - Drugs for the treatment of bacterial cystitis, sexually transmitted infections and vaginal infections
  - Drugs for the treatment of minor gynecological problems (e.g., amenorrhea, dysmenorrhea)
  - Hormone therapy for the treatment of symptoms of menopause
  - Diaphragm
  - Intrauterine device or system
  - Hormonal implant
  - Hormonal ring
- 

Medical Treatments: May order as appropriate for Women's Health.

Diagnostic Studies (check all that apply):

- Laboratory tests as appropriate
- X-ray
- Ultrasound
- Other (specify): \_\_\_\_\_

Reference Guidelines for Practice: The following references shall be utilized as guidelines for practice, excluding all controlled substances listed in these documents:

1. Ralph Gonzales and Jean S. Kutner, *Current Practice Guidelines in Primary Care 2011*, 10<sup>th</sup> ed., McGraw-Hill Professional Publishing, 2010.
2. Nurse Protocols for Women's Health, *Nurse Protocols for Registered Professional Nurses in Public Health*, Georgia Department of Public Health, 2012.
3. Nurse Protocols for Sexually Transmitted Diseases (STD), *Nurse Protocols for Registered Professional Nurses in Public Health*, Georgia Department of Public Health, 2012.
4. R. A. Hatcher, et al., *Contraceptive Technology*, 19<sup>th</sup> revised ed., Physicians Desk Reference Inc, 2008.

**Consultation:** The delegating physician will be available for immediate consultation by phone, facsimile, pager, and/or e-mail. If the delegating physician is not available, the delegating physician shall designate another physician who concurs with the terms of this agreement.

**Client Evaluation/Follow-up:** The frequency and guidelines for **client** evaluation/follow-up by the delegating physician will be determined collaboratively between the APRN and the delegating physician. **Clients** will be evaluated through sampling of record reviews at least quarterly and case conferences as needed.

**Documentation:** The APRN shall document services provided in accordance with the nurse protocol agreement. The APRN shall document all drugs ordered, dispensed and handled in accordance with the Georgia Nurse Practice Act, the Rules of the Georgia Board of Nursing, Rules and Regulations of the Georgia Board of Pharmacy and DPH requirements.

**Record Reviews:** A sampling of records shall be reviewed at least quarterly by the delegating physician(s).

This document indicates a mutual agreement between the delegating physician and the APRN who is authorized to practice under a nurse protocol agreement. The APRN, whose signature appears below, has:

1. Been adequately trained and is prepared to perform the delegated medical acts specified in this nurse protocol agreement; and
2. Read and understands all statutory rules and regulations pertaining to nursing practice under nurse protocol and has read and understands the drug dispensing procedure.
3. **Been given an opportunity to have questions answered.**

\_\_\_\_\_  
Advanced Practice Registered Nurse Signature

\_\_\_\_\_  
Printed Name of APRN

Date: \_\_\_\_\_

\_\_\_\_\_  
Delegating Physician Signature

\_\_\_\_\_  
Printed Name of Delegating Physician

Date: \_\_\_\_\_

APPENDIX 2

TEMPLATE Example for HIV

**NURSE PROTOCOL AGREEMENT FOR  
ADVANCED PRACTICE REGISTERED NURSES IN PUBLIC HEALTH**

Area of Specialty: Care of HIV-infected adults and adolescents.

Dangerous Drugs (list or attach a list of the general categories or types of drugs to be ordered; a formulary is optional; list or formulary shall not include controlled substances Schedule III, IV or V). May order dangerous drugs for the outpatient treatment of HIV infection and primary care conditions as defined in the reference guidelines listed below.

List may include:

- Antiretroviral Agents
- Drugs for the outpatient management of HIV disease including prophylaxis and/or treatment for opportunistic infections
- Drugs for the treatment of sexually transmitted diseases, tuberculosis, hepatitis, and other infectious diseases
- Drugs for the management of primary care conditions including hypertension, diabetes, asthma, and hyperlipidemia
- Contraceptives
- Hormone therapy for the treatment of symptoms of menopause

Diagnostic Studies (check all that apply):

- Laboratory tests as appropriate
- X-ray
- Ultrasound
- Other(specify): \_\_\_\_\_

Medical Treatments: May order as appropriate for the area of specialty.

Reference Guidelines for Practice: The following references shall be utilized as guidelines for practice, excluding all controlled substances listed in these documents:

1. AIDS Education and Training Centers (AETC) National Resource Center, *Clinical Manual for the Management of the HIV-Infected Adult*, 2006 ed., July 2007, <<http://www.aids-etc.org/aetc/aetc?page=cm-00-00>> (June 24, 2011)).
2. Jean R. Anderson (ed.), *A Guide to the Clinical Care of Women with HIV*, 2005 ed., [http://www.ask.hrsa.gov/detail\\_materials.cfm?ProdID=3591](http://www.ask.hrsa.gov/detail_materials.cfm?ProdID=3591) (June 24, 2011).
3. John G. Bartlett and Joel E. Gallant, 2009-2010 *Medical Management of HIV Infection*, Baltimore, Maryland, Johns Hopkins University, 2009.
4. Centers for Disease Control and Prevention (CDC) and the HIV Medicine Association of the Infectious Diseases Society of America, Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents, **April 10, 2009**, <http://AIDSinfo.nih.gov> (June 24, 2011).

5. Department of Health and Human Services (DHHS), *Guidelines on the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, **October 14, 2011**, <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf> (**November 14, 2011**).
6. GA DPH, *Medical Guidelines for the Care of HIV-Infected Adults and Adolescents*, June 2005, <<http://health.state.ga.us/pdfs/epi/hivstd/HIVmedicalguidelinesJune2005.pdf>> (**June 24, 2011**).
7. GA DPH, Nurse Protocols for HIV/AIDS-Related, Sexually Transmitted Diseases, and Women's Health, *Nurse Protocols for Registered Professional Nurses in Public Health*, 2012.
8. The North American Menopause Society, *Menopause Practice: A Clinician's Guide*, 4<sup>th</sup> ed., 2010, <http://www.menopause.org/edumaterials/cliniciansguide.aspx> (**June 24, 2011**).
9. Ralph Gonzales and Jean S. Kutner, *Current Practice Guidelines in Primary Care 2011*, 10<sup>th</sup> ed., McGraw-Hill Professional Publishing, 2010.

Consultation: The delegating physician will be available for immediate consultation by phone, facsimile, pager, and/or e-mail. If the delegating physician is not available, the delegating physician shall designate another physician who concurs with the terms of this agreement.

**Client** Evaluation/Follow-up: The frequency and guidelines for **client** evaluation/follow-up by the delegating physician will be determined collaboratively between the APRN and the delegating physician.

**Client** evaluation by the delegating physician may include:

1. All new patients should be evaluated or examined by the delegating physician at least once: clients with CD4 counts less than 200/mm<sup>3</sup> examine/evaluate within 3 months; clients with CD4 counts 200-500/mm<sup>3</sup> examine/evaluate within 6 months; and clients with CD4 counts greater than 500/mm<sup>3</sup> examine/evaluate within 12 months.
2. **Clients** not responding to routine therapy should be evaluated or examined by the delegating physician within 7 days of when the APRN identifies that the client is not responding to routine therapy.

Documentation: The APRN shall document services provided in accordance with the nurse protocol agreement. The APRN shall document all drugs ordered, dispensed and handled in accordance with the Georgia Nurse Practice Act, the Rules of the Georgia Board of Nursing, Georgia Board of Pharmacy Rules and Regulations and DPH requirements.

Record Reviews: A sampling of records shall be reviewed at least quarterly by the delegating physician(s) or designated alternate delegating physician.

This document indicates a mutual agreement between the delegating physician and the APRN who is authorized to practice under a nurse protocol agreement. The APRN whose signature appears below has:

1. Been adequately trained and is prepared to perform the delegated medical acts specified in this nurse protocol agreement; and
2. Read and understands all statutory rules and regulations pertaining to nursing practice under nurse protocol and has read and understands the drug dispensing procedure.
3. **Been given an opportunity to have questions answered.**

\_\_\_\_\_  
Advanced Practice Registered Nurse Signature

\_\_\_\_\_  
Printed Name of APRN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delegating Physician Signature

\_\_\_\_\_  
Printed Name of Delegating Physician

\_\_\_\_\_  
Date

APPENDIX 3

**EXAMPLE DRUG FORMULARY FOR ADVANCED PRACTICE REGISTERED NURSES**  
(Listing of Generic Drugs by Specific Classes)

**Antihistamine Agents**

Chlorpheniramine maleate  
Diphenhydramine HCl  
Zyrtec

**Antimicrobial Agents**

**Antifungals**

Fluconazole  
Griseofulvin  
Itraconazole  
Ketoconazole  
Nystatin  
Terbinafine

**Cephalosporins**

Cefotaxime  
Ceftriaxone  
Cefuroxime  
Cephalexin

**Penicillins**

Amoxicillin  
Ampicillin  
Augmentin  
Benzathine penicillin G  
Penicillin VK

**Macrolides**

Erythromycin  
Azithromycin

**Tetracyclines**

Doxycycline  
Tetracycline

**Miscellaneous**

Metronidazole  
Trimethoprim  
/Sulfamethoxazole

**Antivirals**

Acyclovir  
Amantadine  
Famcyclovir  
Ribavirin  
Rimantadine  
Valacyclovir

**Fluoroquinolones**

Ciprofloxacin  
Levofloxacin  
Moxifloxacin  
Ofloxacin

**Antituberculosis**

Aminosalicylic acid  
Capreomycin  
Cycloserine  
Ethambutol  
Ethionamide  
Isoniazid

Pyrazinamide  
Rifabutin  
Rifampin  
Rifapentine  
Streptomycin

**Blood Formation Agents -- Iron Preparations**

Ferrous fumarate      Ferrous sulfate

## **Cardiovascular Drugs -- Cardiac Glycoside**

Digoxin

## **Cardiovascular Drugs -- Anti-hypertensive Agents**

### **Angiotensin-Converting Enzyme Inhibitors**

Benazepril  
Captopril  
Enalapril  
Fosinopril

### **Beta-Adrenergic Blockers**

Atenolol  
Propranolol  
Toprol XL

### **Calcium Channel Blockers**

Norvasc  
Verapamil

### **Centrally-Acting**

Clonidine  
Reserpine

### **Peripherally-Acting**

Prazosin  
Reserpine

### **Vasodilator**

Hydralazine

## **Central Nervous System Agents**

### **Anticonvulsants**

Carbamazepine  
Gabapentin  
Lamotrigine  
Phenytoin  
Tegretol XR  
Valproic Acid

### **Analgesics/Antipyretics (Non-narcotic)**

Acetaminophen  
Aspirin

### **Nonsteroidal Anti-inflammatory**

Ibuprofen  
Naproxen

## **Electrolyte, Caloric, and Water Balance**

### **Diuretics**

Furosemide  
Hydrochlorothiazide  
Spironolactone

### **Replacement Preparations**

Ensure  
Potassium Chloride

## **Eye, Ear, Nose and Throat (EENT) Preparations**

### **Antibiotics**

Bacitracin  
Ciloxan  
Erythromycin  
Floxin Otic  
Gentamycin

### **Anti-inflammatory**

Dexamethasone  
Loteprednol  
Prednisolone

### **Mydriatics**

Atropine  
Homatropine  
Tropicamide

### **Vasoconstrictors**

Naphazoline  
Oxymetazoline  
Phenylephrine  
Tetrahydrozoline

## Gastrointestinal (GI) Drugs

### Antiemetics

Promethazine

### Antiflatulents

Simethicone

### Laxatives

Castor Oil  
Mineral Oil  
Psyllium (Metamucil)  
Stool Softener

### Antidiarrheals

Bismuth subsalicylate  
Loperamide

## Miscellaneous GI Drugs

Cimetidine  
Famotidine  
Lansoprazole  
Metoclopramide  
Nizatidine  
Ranitidine  
Sulcrafate

## Hormones and Synthetic Substitutes

### Adrenals

Prednisone  
Triamcinolone

### Antidiabetic Agents

Glipizide  
Glucophage  
Glucovance  
Glyburide  
Insulin  
Metformin

### Thyroid Agents

Levothyroxine

## Respiratory Agents

### Bronchodilators

Albuterol  
Bitolterol Mesylate  
Pirbuterol Acetate

### Xanthine Derivatives

Aminophylline  
Theophylline

### Corticosteroids

Beclomethasone dipropionate  
Budesonide turbuhalar  
Fluinsolide  
Fluticasone propionate  
Methylprednisolone  
Prednisolone  
Prednisone  
Triamcinolone acetonide

### Anticholinergics

Ipratropium bromide

### Membrane Stabilizer

Cromolyn sodium  
Nedocromil

## Skin and Mucous Membrane Agents

### Antibiotics

Bacitracin  
Benzoyl Peroxide  
Clindamycin  
Erythromycin

Mucopirocin  
Tetracycline

### Antivirals

Acyclovir  
Penciclovir

### Antifungals

Ciclopirox  
Clotrimazole  
Ketoconazole  
Miconazole  
Nystatin  
Terbinafine  
Tolnafate

## **Anti-inflammatory Agents**

### **Low Potency**

Aclometasone dipropionate  
Hydrocortisone

### **High Potency**

Betamethasone dipropionate  
Halcinomide  
Triamcinolone acetonide 0.5%

### **Intermediate Potency**

Flurandrenulide  
Triamcinolone acetonide 0.1%

### **Highest Potency**

Augmented Betamethasone dipropionate (Diprolene)  
Halobetasol

EXAMPLE

## APPENDIX 4

### TEXTS/REFERENCES USED/RECOMMENDED FOR ADVANCED PRACTICE REGISTERED NURSES

1. AIDS Education and Training Center (AETC), "The Clinical Manual for Management of the HIV-Infected Adult," a living document at <http://www.aidsetc.org/aidsetc?page=cm-00-00>.
2. American Academy of Pediatrics, *Pediatric Clinical Practice Guidelines & Policies: A Compendium of Evidence-Based for Pediatric Practice*, 11<sup>th</sup> edition, American Academy of Pediatrics, 2011.
3. John G. Bartlett and Joel E. Gallant, *Medical Management of HIV Infection 2009-2010*, Johns Hopkins University, Division of Infectious Diseases, 2009.
4. Richard E. Behrman, et al., *Nelson Textbook of Pediatrics*, 19<sup>th</sup> ed. W. B. Saunders Company, Philadelphia, 2010.
5. Louis M Bell, Peter M Bingham, MD and Esther K Chung, *The 5-Minute Pediatric Consult*, 5<sup>th</sup> ed., Lippincott Williams & Wilkins, 2008.
6. Rose W. Boynton, *Manual of Ambulatory Pediatrics*, 6<sup>th</sup> ed., Lippincott Williams & Wilkins, Philadelphia, 2009. **(Current)**.
7. Burns, C., Dunn, A., Brady, M., Starr, N., & Blosser, C. (4<sup>th</sup> ed). *Pediatric primary care* (2009). Saunders: St. Louis, MO.
8. Frank J Domino, *The 5-Minute Clinical Consult 2012*, 20<sup>th</sup> ed., Lippincott Williams & Wilkins, 2011.
9. Paul Chan, MD and Margaret T Johnson, MD, *Treatment Guidelines for Medicine and Primary Care 2009*, Current Clinical Strategies Publishing, 2008. **(Current)**.
10. Marilyn W. Edmunds and Maren S. Mayhew, *Procedures for Primary Care Practitioners*, 3rd ed., Mosby-Year Book, St. Louis, 2009.
11. Fitzpatrick, T.B., et al. (2009). *Color atlas and synopsis of clinical dermatology* (6<sup>th</sup> ed) New York: McGraw-Hill.
12. Ralph Gonzales and Jean S Kutner, *Current Practice Guidelines in Primary Care 2011*, 10<sup>th</sup> ed., McGraw-Hill Professional Publishing, 2010.
13. Joseph F Hagan, Jr, MD, Judith S Shaw, RN, Paula M Duncan, MD, *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*, 3<sup>rd</sup> ed., American Academy of Pediatrics, 2008.
14. Thomas W. Hale, *Medications and Mother's Milk*, 14<sup>th</sup> ed., Pharmaceutical Medical, Amarillo, 2010.
15. R. A. Hatcher, et al., *Contraceptive Technology*, 19<sup>th</sup> revised ed., Physicians' Desk Reference Inc, 2008.
16. McCance, K.L., & Heuther, S.E. (2010). *Pathophysiology; The biologic basis for disease in adults & children*. (6<sup>th</sup> Ed). Maryland Heights, MO: Mosby.
17. Stephen J. McPhee and Maxine A. Papadakis, (eds.), *Current Medical Diagnosis and Treatment 2011*, 50<sup>th</sup> ed., McGraw-Hill Companies, 2010.
18. Jay P Sanford, Robert Moellering, George Eliopoulos, et al, editors, *The Sanford Guide To HIV/AIDS Therapy 2011*, 19<sup>th</sup> ed., Antimicrobial Therapy, 2010.
19. Seidel, H.M., et al. *Mosby's Guide to Physical Examination, 7th Edition*. Mosby.

20. US Preventive Services Task Force, *The Guide to Clinical Preventive Services 2010-2011*, U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2010, <http://www.ahrq.gov/clinic/pocketgd.htm> (June 24, 2011).
21. Wright, L. M., & Leahey, M. (2009). *Nurses and families: A guide to family assessment and intervention* (5th ed.). Philadelphia: F. A. Davis.
22. Klaus Wolff, et al., *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*, 6<sup>th</sup> ed., McGraw-Hill, New York, 2009.

Pharmacology and Lab:

23. Allen J. Ellsworth, et al., (eds.), *Mosby's Medical Drug Reference 2010*, Mosby, St. Louis, 2009.
24. Marilyn W. Edmunds and Maren S. Mayhew, *Pharmacology for the Primary Care Provider*, 3<sup>rd</sup> ed., Mosby Inc, 2009.
25. Frances Fischbach, *A Manual of Laboratory and Diagnostic Tests*, 8<sup>th</sup> ed., Lippincott Williams & Wilkins, Philadelphia, 2008.
26. Jones and Bartlett Publishers, *Tarascon Pocket Pharmacopoeia: 2011 Deluxe*  
Kathleen Deska Pagana and Timothy J. Pagana, *Mosby's Diagnostic and Laboratory Test Reference*, 10<sup>th</sup> ed., Mosby Inc, 2011.
27. *Lab-coat Pocket Edition*, Jones and Bartlett Publishers, 2010.
28. Carol K. Taketomo, Jane H. Hodding and Donna M. Kraus, *Lexi-Comp's Pediatric Dosage Handbook*, 17<sup>th</sup> ed., Lexi-Comp Inc, 2011.
29. Beatrice B. Turkoski, et al., *Lexi-Comp Drug Information Handbook for Advanced Practice Nursing*, 10<sup>th</sup> ed., Lexi-Comp Inc, 2010.

**THIS PAGE INTENTIONALLY LEFT BLANK**