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 legal review be conducted at the district level to assure compliance with current statutes, rules, regulations and practice standards.

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 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.
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 2.6-9.

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 BIANNUAL REVIEW AND UPDATE OF NURSE PROTOCOLS (ODD-NUMBERED YEARS)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Person(s) Responsible</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Convene the Nurse Protocol Committee mid-year meeting via conference call. Confirm specific dates for timeline.</td>
<td>Office of Nursing</td>
<td>January</td>
</tr>
<tr>
<td>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).</td>
<td>State Office Nurses</td>
<td></td>
</tr>
<tr>
<td>b. Participate on clinical teams for all nurse protocols as needed.</td>
<td>State Office Nurses</td>
<td></td>
</tr>
<tr>
<td>c. Review/update non-programmatic portions of the manual.</td>
<td>State Office Nurses</td>
<td></td>
</tr>
<tr>
<td>3. Submit final drafts of nurse protocols for Office of Nursing review. Obtain physician consultant signatures on protocol review forms (see page 2.9).</td>
<td>State Office Nurses</td>
<td>April - May</td>
</tr>
<tr>
<td>4. Nurse Protocol Committee Meeting:</td>
<td></td>
<td>May</td>
</tr>
<tr>
<td>a. Convene and lead meeting</td>
<td>Office of Nursing</td>
<td></td>
</tr>
<tr>
<td>b. Describe revisions/changes to each program’s nurse protocols.</td>
<td>Office of Nursing</td>
<td></td>
</tr>
<tr>
<td>c. Approve the nurse protocols.</td>
<td>State Office Nurses</td>
<td></td>
</tr>
<tr>
<td>5. Assure that editing is complete and submit final draft for legal review. Make additional editing changes as advised.</td>
<td>Office of Nursing</td>
<td>June - July</td>
</tr>
<tr>
<td>6. Obtain final approval of manual from Medical Director for the Nurse Protocol Committee and Division Director, and obtain signatures on cover page.</td>
<td>Office of Nursing</td>
<td>August</td>
</tr>
<tr>
<td>7. Distribute revised manuals electronically.</td>
<td>Office of Nursing</td>
<td>September</td>
</tr>
</tbody>
</table>
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: ___________________________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Incomplete</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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<tr>
<td>2. Content complies with pertinent:</td>
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<tr>
<td>a) Laws, Rules, &amp; Regulations; and</td>
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<tr>
<td>b) Policies/Guidelines.</td>
<td></td>
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<tr>
<td>3. Content reflects consistency with current practice standards, research and literature.</td>
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<tr>
<td>4. Interventions are considered reasonable from a cost standpoint.</td>
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</tr>
<tr>
<td>5. Content consistent across all programs and populations served.*</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Reviewed by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Physician</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Nursing</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c) Pharmacy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d) Nutrition</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e) Lab</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>f) Other:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*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

CLIENT 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, standard 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.

EXAMPLE
STANDARD NURSE PROTOCOL FOR (DISEASE OR CONDITION)

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 ALIGNMENT
The text will be left justified but will not be right justified or centered with exception of the TITLE and the Header/Footer. (The text will have a smooth left edge and a jagged right edge.)

CAPS/BOLDING
- 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

<table>
<thead>
<tr>
<th>PLAN</th>
<th>THERAPEUTIC</th>
</tr>
</thead>
</table>

The Nurse Protocol Process
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 2011

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):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
### G. ACKNOWLEDGMENTS

#### 1. NURSE PROTOCOL COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>District/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meshell McCloud, RN, APRN, WHNP-BC</td>
<td>Deputy Chief Nurse</td>
<td>Department of Public Health Chairperson, Nurse Protocol Committee</td>
</tr>
<tr>
<td>Eileen Albritton, RN, MS</td>
<td>Nursing &amp; Clinical Director, District 7</td>
<td></td>
</tr>
<tr>
<td>Susan Alt, BSN, ACRN</td>
<td>HIV/AIDS Services, District 9-1</td>
<td></td>
</tr>
<tr>
<td>Dianne B. Banister, Ivins, MSN, MPH</td>
<td>Nursing &amp; Clinical Director, District 3-3</td>
<td></td>
</tr>
<tr>
<td>Kitty Bishop, RN, MS</td>
<td>Nursing &amp; Clinical Director, District 8-2</td>
<td></td>
</tr>
<tr>
<td>Gayle Brannon, RN, BSN</td>
<td>Assistant Director of Nursing, District 1-2</td>
<td></td>
</tr>
<tr>
<td>Karen Buford, RN, MS</td>
<td>TB Nurse Consultant</td>
<td></td>
</tr>
<tr>
<td>Tammy Burdeaux, RN, BSN, CRNII</td>
<td>Nursing Clinical Director, District 6-0</td>
<td></td>
</tr>
<tr>
<td>Carol Burnes, RN, MS</td>
<td>District Nursing &amp; Clinical Director, District 10</td>
<td></td>
</tr>
<tr>
<td>Lynn Campbell, RN, BSN, MPM</td>
<td>Family Planning Program Manager</td>
<td>Department of Public Health</td>
</tr>
<tr>
<td>Rebekah Chance-Revels, RN-BC, MSN</td>
<td>Women’s Health/STD/SHAPP Coordinator, District 9-1</td>
<td></td>
</tr>
<tr>
<td>Gloria V. Chen, RN, MBA, EdD</td>
<td>Nursing &amp; Clinical Director, District 3-5</td>
<td></td>
</tr>
<tr>
<td>Diana Weems, MD</td>
<td>Chief Medical Officer, District 9-1</td>
<td>Medical Director, Nurse Protocol Committee</td>
</tr>
<tr>
<td>Michael (Mac) Coker, MSN, RN, ACRN</td>
<td>HIV/AIDS Nurse Consultant</td>
<td></td>
</tr>
<tr>
<td>Penny Conner, BSN, RN</td>
<td>Immunization Nurse Consultant</td>
<td></td>
</tr>
<tr>
<td>Debra C. Crowley, RNC, APRN</td>
<td>District Program Manager, District 3-4</td>
<td>Janie Dalton, RN Infectious Disease Coordinator</td>
</tr>
<tr>
<td>Linda Davis, RN, BSN</td>
<td>Nursing &amp; Clinical Director, District 3-4</td>
<td>Kay Davis, RN, MS District Immunization Coordinator</td>
</tr>
<tr>
<td>Betty Dixon, DrPH, BSN</td>
<td>Nursing &amp; Clinical Director, District 9-1</td>
<td>Rosemary Donnelly, MSN, APRN-C HIV/AIDS Nurse Consultant</td>
</tr>
<tr>
<td>Patti Duckworth, DNP, APRN, BC</td>
<td>Nursing &amp; Clinical Director, District 3-1</td>
<td>Amy Fenn, RN Child Health/Immunization Coordinator, District 4</td>
</tr>
<tr>
<td>Melinda Ford – Williams, RN, MBA/MSN, NP-C</td>
<td>State Office Nurse Consultant</td>
<td>Maternal &amp; Child Health Program</td>
</tr>
</tbody>
</table>
The Nurse Protocol Process

Donna Forth, RN
Nursing & Clinical Director, District 5-1

Greg French, RD, LD, CPT
WIC Nutrition Program Consultant

Joyce D. Guice, RN, BSN
Nurse Manager

Angie Hanes, RN-C
Nursing & Clinical Director, District 2

Suzanne Harrow, RN, APRN, WHNP-BC
Acting Nursing & Clinical Director, District 6

Cindi R. Hart, RN, MSN
Nursing & Clinical Director, District 9-2

Kimberly Hazelwood, PharmD
Pharmacy Director

Department of Public Health

Carla Holt, RN
PH Nurse Practitioner, District 3-2

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

Janet Jefferson, BSN, MA, RNNP
Nurse Practitioner, District 3-2

Pat Jones, RN, CDE
State Office Nurse Consultant
Chronic Disease Prevention and Health Promotion

Jill Mabley, MD, FAAEM
Deputy State Medical Director
Office of Emergency Preparedness and Response

Cathy Martin, APRN
District 5-2

Sandra Metcalf, RN, BSN
Program Consultant

Comprehensive Children Health Services

Mahin Park, PhD
Microbiology/Immunology
State Public Health Laboratory

Linda O’Donnell, RNC, BSN, WHNP
Asst. Dir. PH Nursing & Clinical Services

Joyce Slade, RN, C
Director, Clinical Services and Program Management Unit

Pradynya Tambe, MD
STD Physician

Jessica Tuttle, M.D.
Medical Epidemiologist,
Department of Public Health

Diane Watson Durrence, RN, MSN, MPH
District Director, Clinical Services
Cobb & Douglas Public Health

Cheryl Wheeler, MSN, MS, FNP-BC
Nurse Manager, Whitfield County Health Department, District 1-2
## 2. PHYSICIAN CONSULTANTS

<table>
<thead>
<tr>
<th>NAME (Protocols)</th>
<th>TITLE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianne Weems, MD</td>
<td>Chief Medical Officer</td>
<td>P.O. Box 14257 Savannah, GA 31416</td>
</tr>
<tr>
<td>Medical Director of Nurse Protocol Committee</td>
<td>DHR District 9-1</td>
<td></td>
</tr>
<tr>
<td>Paula Cecilia Greaves, MD, FACOG</td>
<td>Chairman, OB/GYN Department</td>
<td>833 Campbell Hill Street Marietta, Georgia 30060</td>
</tr>
<tr>
<td>(Women’s Health)</td>
<td>Kennestone Hospital</td>
<td></td>
</tr>
<tr>
<td>Harold Katner, MD</td>
<td>Professor and Department Chief, Infectious Diseases School of Medicine Medical Consultant, HIV/AIDS Section</td>
<td>707 Pine Street Macon, GA 31203</td>
</tr>
<tr>
<td>(HIV/AIDS, STD and Other Infectious Diseases)</td>
<td>Mercer University</td>
<td>12th Floor 2 Peachtree Street, NW Atlanta, GA 30303</td>
</tr>
<tr>
<td>Susan Ray, MD</td>
<td>Associate Professor, Infectious Disease, Emory University School of Medicine</td>
<td>Emory University School of Medicine Woodruff Extension Building: Room 206 46 Armstrong St., S.E. Atlanta GA 30303</td>
</tr>
<tr>
<td>(TB)</td>
<td>Mercer University School of Medicine</td>
<td></td>
</tr>
<tr>
<td>Patrick O’Neal, MD</td>
<td>State Medical Consultant Georgia Office of Emergency Medical Services</td>
<td>4th Floor 40 Pryor Street Atlanta, GA 30303</td>
</tr>
<tr>
<td>(Emergency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Reed, MD, MACP, FACE</td>
<td>Professor of Medicine Department of Medicine Morehouse School of Medicine</td>
<td>720 Westview Drive, SW Atlanta, GA 30310</td>
</tr>
<tr>
<td>(Hypertension)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seema Csukas, MD, PhD</td>
<td>Medical Director Maternal and Child Health Program Department of Public Health</td>
<td>2 Peachtree Street, NW 11th Floor Atlanta, GA 30303</td>
</tr>
<tr>
<td>(Child Health)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>