

**SENECA HEALTHCARE DISTRICT**  
**STANDARDIZED PROCEDURES AND PROTOCOLS**  
**for**  
**NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

**I. POLICY**

**General** - It is the intent of this document to authorize \_\_\_\_\_ to implement the Standardized Procedures without the immediate supervision or approval of a physician at Seneca Healthcare District (SHD) and affiliated rural health clinics. The Standardized Procedures, including all the policies and protocols, are defined in this document and will be referred to generally as the "Standardized Procedures". It is not the intent to have the nurse practitioners independently diagnosing, treating or managing all the patient conditions they might encounter, but rather to utilize their assessment and health care management skills in conjunction with the Standardized Procedures and the collegial physician-nurse practitioner relationship, to meet the health care needs of the patients. The nurse practitioner and physician assistant may perform duties as governed by protocols approved by the supervising physician with appropriate available consultation by the medical staff physician.

**Development, Revision and Review** - The Standardized Procedures have been developed collaboratively by the Interdisciplinary Practice Committee. Review, and if necessary, revision, of the Procedures will be done every two years by the Clinic Director. The completion of these tasks is ultimately the responsibility of Clinic Director.

**Approval and Agreement** - All nurse practitioners and physicians assistants and supervising physicians will signify agreement to the Standardized Procedures following the approval process. Signature on the Statement(s) of Approval and Agreement implies the following: approval of all the policies and protocols in this document, the intent to abide by the Standardized Procedures, and the willingness to maintain a collegial and collaborative relationship with all the parties. Nurse practitioners and physicians who join the staff mid-year or who cover the practice must also signify approval of the Standardized Procedures. It is the task of the Clinic Director to see that written agreement by all the above parties is obtained.

**Record of Authorized Nurse Practitioners and Physicians Assistants** - The Statement of Approval and Agreement signed by the nurse practitioners and physician assistants will act as the record of those NPs/PAs authorized to implement the Standardized Procedures.

**Clinical practice** - The clinical practice is based upon the job description, approved scopes of practice by the Board of Registered Nursing and Physician Assistant Committee of the Medical Board of California, and standardized procedure.

#### A. FUNCTIONS

Provide healthcare in a collegial relationship with physicians. Healthcare will be provided to patients treated at Seneca Healthcare District and affiliated rural health clinics. The nurse practitioner and physician assistant shall function professionally under the general medical direction and in consultation with the medical staff.

1. Collect database information by obtaining a health and medical history, performing a physical examination, and construction of a problem list.
2. Collect, record, and interpret data according to the problem-oriented approach.
3. Assess and intervene in the general healthcare needs of patients to facilitate efficient and effective management of the patient's medical problems.
4. Promote health by considering preventive health measures appropriate to patient's age, medical problems, and/or risk and health care maintenance activities.
5. Diagnose and manage simple medical problems. Collaborate and consult closely with physicians to collect data for less common and more complicated problems.
6. Provide teaching and support to patients and families related to their specific health care problems and generate referrals to community resources as needed.
7. Monitor medical and emotional changes of patients who are receiving care in the hospital and rural health clinics.
8. Record keeping requirements: Notations will be made by the nurse practitioner or physician assistant in the patient's clinic record in the problem-oriented manner: for example, using flow sheets for chronic illness, medication sheets, problem lists, and other recording methods as appropriate.

#### B. PERFORMANCE OF FUNCTIONS

Circumstances under which the nurse practitioner and physician assistant may perform function:

1. Settings: Seneca Healthcare District and affiliated rural health clinics, including telephone advice or any external official activity of the hospital, including outlying clinics, home, and nursing home visits of patients under SHD care.
2. Supervision: Nurse practitioner and physician assistant are under the general supervision of his/her designated physician supervisor. When the nurse practitioner/physician assistant's designated physician supervisor is not available, nurse practitioners and physician assistants shall function under the general supervision of and, when appropriate, consultation with, a medical staff attending Family Practice physician.
  - a. At least one of the designated physicians will be always available on site or by electronic means for consultation.
  - b. The scope of supervision of the nurse practitioner and physician assistant depends on the specific clinical duties performed by the nurse practitioner or physician assistant and is clarified by the delineation of the following categories of problems:
    - i. Primary category: Common, uncomplicated, non-life threatening acute problems and chronic stable conditions which the NP or PA is authorized to diagnose and manage with the general medical direction of the responsible physician as needed. Examples of these would be (but not limited to) upper respiratory infections, pharyngitis, otitis media, common skin lesions such as tinea, uncomplicated urinary tract infections, management of common chronic problems such as hypertension, diabetes, diabetes mellitus (uncomplicated).
    - ii. Secondary category: Uncommon or unstable conditions. In this situation, the NP or PA is able to take the history, do the physical exam, obtain laboratory and other necessary data, participate in the diagnosis with consultation, and participate in dual management and treatment with a physician. Examples include (but are not limited to) fractures and acute severe abdominal or chest pain, unstable or unresponsive acute and chronic conditions.
    - iii. Tertiary category: Acute life-threatening conditions. These are conditions in which the NP or PA takes a history, does the necessary initial physical exam, possibly diagnose, and institute emergency management with immediate

consultation and referral to a physician. Examples of these would be (but not limited to) status asthmaticus, airway obstruction, cardiac arrest.

- iv. The scope of supervision of the nurse practitioner and physician assistant is further clarified by the process protocols (see section II.)
- c. Supervising of the furnishing/transmitting of medication and medical devices function of the NP/PA will be included in the routine chart review.
  - i. An NP must have a furnishing number and, if prescribing controlled substances, must have DEA certification number and approval to furnish specific medications and devices on the approved SHD outpatient formulary (see SHD Outpatient Formulary, page 10). A physician consultation is required only when the nurse practitioner has questions or concerns about diagnosis or therapy (see section II).
  - ii. A PA must have a CA state license number and, if prescribing controlled substances, must have DEA certification number and approval to transmit specific medications and devices on the approved SHD Outpatient formulary (see attached SHD Outpatient Formulary). A physician consultation is required only when the PA has questions or concerns about diagnosis or therapy (see section II). In addition, the PA prescribing controlled substances must have charts signed off by the supervising physician within seven days.
  - iii. When the NP/PA does not have furnishing/transmitting authority or utilizes a drug or device not on the formulary, the patient will be presented to a licensed SHD physician before medication is furnished/transmitted, under that physician's name.
- 3. Consultation: NPs/PAs will be managing Primary, Secondary and Tertiary care conditions as outlined in this document. In general, however, communication with a physician will be sought for all the following situations and any others deemed appropriate. Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the chart.
- 4. Patient exclusions: There are no specific patient exclusions for care provided in accordance with this standardized procedure.

5. Patient population: NPs/PAs within the scope of their training and practice, shall care for patients of all ages who receive care at SHD and affiliated rural health clinics.

## **II. PROTOCOLS**

### **HEALTH MAINTENANCE AND PROMOTION, EMERGENCY CARE, MANAGEMENT OF ACUTE AND CHRONIC DISEASES**

#### **A. DEFINITION**

This protocol covers the nurse practitioner and physician assistant management of health maintenance and promotion for all ages, the management of emergency care by either illness or complications related to the treatment problem, or acute and chronic disease conditions.

#### **B. DATABASE**

##### **1. Subjective data**

- a. Complete and/or update relevant historical data
- b. Elicit any relevant symptoms to the possible disease process both past and present and pursue appropriately
- c. Identify risk factors requiring specific preventive services

##### **1. Objective data**

- a. Complete physical examination or that appropriate to the suspected illness or injury
- b. Laboratory, x-ray, and other diagnostic evaluations as per general standard of practice for the age of the patient and specific problem and/or risk
- c. Initiate procedure to sustain life and/or limb if necessary

#### **C. DIAGNOSIS**

1. Consistent with subjective and objective data, any pre-existing diagnosis, and risk factors
2. Assessment of current status of the disease process
3. May be tentative

#### D. PLAN

##### 1. Therapeutic regimen

- a. Immunizations and chemoprophylaxis as indicated
- b. Referral to healthcare supportive services, i.e., self-help groups, nutritionist, occupational therapy, social services, mental health, etc. as deemed appropriate
- c. Sustain life
- d. As deemed prudent and acceptable, treatment for suspected illness or injury
- e. Medications and/or therapeutic devices as per general standard of practice for specific diagnosis limited to the SHD outpatient formulary

##### 2. Patient conditions requiring consultation

- a. If substantial deterioration of general health since prior examination and significant variations from anticipated progress of disease or life-threatening emergency, including acute exacerbation of symptoms not controlled by the usual regimen of care
- b. Patient requests physician's services
- c. If there are questions of safety or dangers of chemoprophylaxis or immunization
- d. When the nurse practitioner or physician assistant indicates specific need for consultation
- e. Recommended if patient has not seen a physician within one year

##### 3. Education

- a. Appropriate patient and family education on preventive care and health maintenance, including education regarding diagnosis, evaluation, treatment plan and consultation, and referral, if necessary

##### 4. Follow-up

As consistent with and indicated by the patient's condition and/or diagnosis.

#### **E. RECORD KEEPING REQUIREMENTS**

Notations will be made by the nurse practitioner or physician assistant in the patient's clinic record in the problem-oriented manner: for example, using flow sheets for chronic illness, medication sheets, problem lists, and other recording methods as appropriate. Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the chart. Each time a physician assistant provides care for a patient and enters his/her name, signature, or initials on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he/she shall also state the name of the supervising physician responsible for the patient.

### **III. REQUIREMENTS FOR NURSE PRACTITIONERS**

#### **A. EDUCATION**

Each nurse performing standardized procedure functions must be a graduate of a nurse practitioner program that meets the standards of the Board of Registered Nursing (BRN) in California.

#### **B. TRAINING**

Each nurse performing standardized procedure functions shall have training consistent with educational training and the procedures to be performed. For invasive procedures, see Section VI.

#### **C. EXPERIENCE**

Graduation from a nurse practitioner program which meets the standards of the California BRN, and completion of training consistent with the procedures to be performed shall be considered sufficient experience for NP practice at SHD and affiliated rural health clinics.

#### **D. OTHER**

1. Credential required for nurse practitioners: Possession of a current license to practice as a registered nurse in the State of California with certification as a nurse practitioner.
2. Recognition by the SHD Interdisciplinary Practice Committee.
3. Possession of furnishing licensure as approved by the California BRN. If the nurse has not yet obtained a furnishing license, then any patient requiring a prescription shall be presented to a physician.

- i. Drug Enforcement Agency (DEA) registration is required for all nurse practitioners furnishing controlled substances. Evidence of completion of the NP controlled substance coursework is required.
- ii. All written prescriptions must show the supervising physician's name and state license number, the NP's state license number and DEA number, and the RHC address.

4. Provide documentation of an NPI number.

#### E. INITIAL EVALUATION

Initial evaluation of competence for new graduate nurse practitioners in this setting is completed through evaluation by the nurse practitioner's designated physician supervisor in the following manner:

- 100% chart review for minimum of one month, extendable per performance;
- 50% chart review for second month;
- 25% chart review for third month;
- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluation during consultations;
- periodic chart audits per the Performance Improvement Committee;
- three-month evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria;
- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

Initial evaluation of competence for experienced nurse practitioners in this setting is completed through evaluation by the nurse practitioner's designated physician supervisor in the following manner:

- 100% chart review for minimum of two weeks, extendable per performance;
- 50% chart review for second two weeks;
- 25% chart review for third two weeks;
- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluation during consultations;
- periodic chart audits per the Performance Improvement Committee;
- three-month evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria;



- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

#### F. ONGOING EVALUATION

Ongoing evaluation of competence for nurse practitioners in this setting is completed in the following manner:

- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluations during consultations;
- periodic chart audits per the Performance Improvement Committee;
- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

### IV. REQUIREMENTS FOR PHYSICIAN ASSISTANTS

#### A. EDUCATION

Each physician assistant performing standardized procedure functions must be a graduate of a physician assistant program that meets the standards of the Physician Assistant Committee Medical Board of California and have passed the licensing examination for physician assistants recognized by the State of California. In addition, each PA must pass the PA national certification exam and maintain national certification under the auspices of NCCPA.

#### B. TRAINING

Each physician assistant performing standardized procedure functions shall have training consistent with educational training and the procedures to be performed. For invasive procedures, see Section VI.

#### C. EXPERIENCE

Graduation from a physician assistant program that meets the standards of the Physician Assistant Committee of the Medical Board of California, and completion of training consistent with the procedures to be performed shall be considered sufficient experience for PA practice at SHD and affiliated rural health clinics.

#### D. OTHER

1. Credential required for physician assistants: Possession of a current license to practice as a physician assistant in the State of California and maintenance of NCCPA certification.
2. Recognition by the SHD Interdisciplinary Practices Committee.

3. If prescribing controlled substances, the PA must provide evidence of a current DEA number.
4. All written prescriptions must show the supervising physician's name and state license number, the PA's state license number and DEA number, and the RHC address.
5. Provide documentation of an NPI number.

#### E. INITIAL EVALUATION

Initial evaluation of competence for new physician assistants in this setting is completed in the following manner:

- 100% chart review for minimum of one month, extendable per performance;
- 50% chart review for second month;
- 25% chart review for third month;
- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluation during consultations;
- periodic chart audits per the Performance Improvement Committee;
- three-month evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria;
- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

Initial evaluation of competence for experienced physician assistants in this setting is completed in the following manner:

- 100% chart review for minimum of two weeks, extendable per performance;
- 50% chart review for second two weeks;
- 25% chart review for third two weeks;
- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluation during consultations;
- periodic chart audits per the Performance Improvement Committee;
- three-month evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria;
- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

#### F. ONGOING EVALUATION

Ongoing evaluation of competence for physician assistants in this setting is completed in the following manner:

- 5% on-going chart review for duration of practice, with preference given to referrals and physician consultations;
- informal evaluations during consultations;
- periodic chart audits per the Performance Improvement Committee;
- annual evaluation by the rural health clinic manager in conjunction with a supervising physician, based on written criteria.

## **V. APPROVAL OF STANDARDIZED PROCEDURES**

Standardized Procedures will be reviewed at initial hire. Additionally, periodic review will take place every two years, at which time this document will be reviewed, revised, and amended by representative physicians, nurse practitioners and/or physician assistants, and administrative representatives of Seneca Healthcare District.

## **VI. INVASIVE PROCEDURES**

With appropriate education and training, nurse practitioners and physician assistants are authorized to perform, minor skin biopsies, skin excisions, cryotherapy, toenail avulsions, incision and draining, casting of simple non-displaced fractures, foreign body removal from the eye, and simple laceration repair. Proctoring will be required for the first three cases of each of these procedures. Requests for additional procedures may be submitted to the supervising physician for approval. The supervising physician will determine proctoring requirements at the time of approval.

### **Invasive Procedures Protocols**

1. The NP/PA has been trained to perform the procedure(s) and has been observed satisfactorily performing the procedure(s) by another provider competent in that skill.
2. The NP/PA is following standard medical technique for the procedure(s).
3. Physician consultation is obtained before casting is performed.
4. All moles and biopsied tissue are sent for a pathology report.
5. Appropriate patient consent is obtained before the procedure.
6. All other applicable Standardized Procedures in this document are followed during health care management.

7. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

## **VII. WORKERS COMPENSATION**

The NP/PA is authorized to provide medical treatment for Workers' Compensation injuries and co-sign the Doctor's First Report of Occupational Injury or Illness for a Workers' Compensation claim under the following protocols:

### **Workers Compensation Protocols**

1. The diagnosis and treatment is consistent with the Health Care Management and Resources listed in this document.
2. The Doctors' First Report of Occupational Injury or Illness is signed by the treating physician and may be co-signed by the NP/PA.
3. Authorized time off work for the claimant, as given by the NP/PA, is not to exceed a period of three calendar days.
4. All other applicable Standardized Procedures in this document are followed during health care management.
5. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

**SENECA HEALTHCARE DISTRICT  
RURAL HEALTH CLINIC  
Nurse Practitioners/Physicians Assistants**

**Outpatient Formulary**

The formulary followed by Seneca Healthcare District nurse practitioners and physician assistants in the clinic setting includes all medications in accordance with all state and federal regulations with the exception of chemotherapy medications, general anesthetic agents and the initial orders for TPN. The primary reference source is *Epocrates*, available to all NPs and PAs through hand-held devices and PCs.

**SENECA HEALTHCARE DISTRICT  
RURAL HEALTH CLINIC  
Nurse Practitioners/Physicians Assistants**

**Prescribing Drugs And Devices**

The nurse practitioner/physician assistant is authorized to verbally order, or furnish/transmit orders for, drugs or devices under the following protocols:

**Protocols**

1. The NP/PA has a current Furnishing/Transmittal number.
2. The drugs and devices ordered are consistent with the NP/PA's educational preparation or for which clinical competency has been established and maintained.
3. The drug or device ordered is appropriate to the condition being treated.
4. All drugs and devices ordered are listed on the Formulary *or* are per the recommendations in the resources listed in this document, and are as specified in the Standardized Procedure for Prescribing Scheduled Drugs.
5. Patient education is given regarding the drug or device.
6. The name and State license number of the NP/PA is written on the furnishing/transmittal order.
7. The Statement of Approval and Agreement signed by the NPs/PAs will act as the record of NP/PAs authorized to furnish/transmit.
8. No single physician will *supervise* more than four NPs/PAs at any one time.
9. A physician must be available at all times in person or by telephonic contact.
10. Ability to furnish/transmit is a part of the NP/PA's annual evaluation.
11. All other applicable Standardized Procedures in this document are followed during health care management.
12. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

**SENECA HEALTHCARE DISTRICT  
RURAL HEALTH CLINIC**

**NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS**

**Patient-Specific Protocol  
Prescribing Scheduled Drugs**

**Policy**

The nurse practitioner/physician assistant is authorized to furnish/transmit Scheduled controlled substances per the following protocols:

**Protocols**

1. The NP/PA follows the provisions of the Standardized Procedure for Prescribing Scheduled Drugs.
2. The NP/PA has registered with the DEA for authority to order Schedule III-V *or* Schedule II-V controlled substances.
3. The Scheduled substances that may be ordered are on the List of Scheduled Drugs in this document.
4. The NP/PA's State license and DEA numbers are on a secure furnishing/transmittal order.
5. All practice policies on pain management, Scheduled drug contracts, DEA requirements, etc. are adhered to.
6. Schedule III substances may be ordered when the patient is in one of the following categories and under the following conditions:

**CATEGORIES**

System

Respiratory

Dermatology

Musculoskeletal

Gynecology

Neurology

EENT

GU/GI

Postoperative pain

Other Trauma

Examples

Injury; cough; cancer

Shingles; marked dermal injuries; cancer

Severe strain or sprain; fracture; marked arthritis; inflammatory disorders; cancer

Ovarian cyst, PID, severe dysmenorrhea; cancer

Headache; marked myofascial pain or neuropathies; seizure disorders; cancer

Marked pain from EENT infection or injury; cancer

Urinary calculi; pyelonephritis; cancer

**CONDITIONS**

- A. Acute: Cough, or painful, limited illness.
  - Limit order for acute conditions to a maximum of thirty days.
  - No refills without reevaluation.

- B. Chronic conditions: Intermittent, but recurrent pain (e.g. headache) OR continuous chronic pain.
- Amount given, including all refills is not to exceed a 120-day supply as appropriate to the condition.
  - Treatment plan must be established in conjunction with a physician and reviewed, with documentation, every 6-12 months.
7. Schedule II substances may be ordered when the patient has one of the following diagnoses and under the following conditions:
- A. Pain from cancer, post-op, trauma, hospice.
- Pain unresponsive to, or inappropriately treated by, Schedule III-V substances.
  - Limit order for acute conditions to a maximum of 102 days.
  - Long-term use of these drugs must be established in conjunction with a physician and reviewed, with documentation, every 6-12 months.
  - No refills without reevaluation.
8. All other applicable Standardized Procedures in this document are followed during health care management.
9. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

### **List of Scheduled Drugs**

The following are examples of commonly prescribed drugs, but not exhaustive:

#### **SCHEDULE V DRUGS**

##### Cough

- Codeine cough syrup (Robitussin AC, others)

##### Diarrhea

- Diphenoxylate/atropine sulfate (Lomotil)

##### Pain

- Acetaminophen w/codeine elixir



## **List of Scheduled Drugs *continued***

### **SCHEDULE IV DRUGS**

#### **Pain**

- Propoxyphene w/acetaminophen (Darvocet)

#### **Anxiety**

- Lorazepam (Ativan)
- Diazepam (Valium)
- Alprazolam (Xanax)

#### **Insomnia**

- Zolpidem (Ambien)
- Furazepam (Dalmane)
- Temazepam (Restoril)

#### **Obstructive Sleep Apnea**

- Modafinil (Provigil)

#### **Weight Loss**

- Phentermine (Adipex-P, others)
- Sibutramine (Merida)

### **SCHEDULE III DRUGS**

#### **Pain/Cough**

- Codeine w/acetaminophen (TyCo #3, #4)
- Hydrocodone w/acetaminophen (Vicodin, others)
- Hydrocodone w/ibuprofen (Vicoprofen)
- Hydrocodone cough syrup (Hycodan)

#### **Headache**

- Butalbital w/aspirin (Fiorinal)
- Butalbital w/acetaminophen (Fioricet)

### **SCHEDULE II DRUGS**

#### **Pain**

- Fentanyl transdermal (Duragesic)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Morphine sulfate (MS Contin)
- Oxycodone (Oxycontin)
- Oxycodone w/acetaminophen (Percocet, Tylox)
- Oxycodone w/aspirin (Percodan)

#### **ADHD**

- Dextroamphetamine (Dexedrine)
- Dextroamphetamine / amphetamine (Adderall)
- Methylphenidate (Ritalin, others)

## SENECA HEALTHCARE DISTRICT

### NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS Statement of Approval and Agreement

This document was jointly developed and approved by the Interdisciplinary Committee of Seneca Healthcare District in accordance with the requirements of the Nursing Practice Act regulating Nursing Practice and the Physician Assistant Regulations in the California Code of Regulations.

By signing this Statement of Approval and Agreement, we, the below named Physicians, Nurse Practitioners, and Physician Assistants:

- Approve of the Standardized Procedures and all the Policies and Protocols contained in this document;
- Agree to maintain a collaborative and collegial relationship;
- Agree to abide by the Standardized Procedures in theory and practice;
- Agree to provide a system whereby all the Nurse Practitioners, Physician Assistants, and Physicians working at Seneca Healthcare District are provided with a current copy of these Standardized Procedures and are informed of any revisions thereof per the General Policies in this document.

\_\_\_\_\_  
NP or PA / Date

\_\_\_\_\_  
Supervising Physician / Date

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Supervising Physician / Date

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Supervising Physician / Date

\_\_\_\_\_  
IPC Chairman / Date

## **PROTOCOL FOR ADDING MEDICATIONS TO THE DRUG FORMULARY**

When a Provider wishes to add to the SHD Outpatient Formulary for nurse practitioners/physician assistants, the following protocol will be used.

List the name of the drug below, the date and the signature of the PA or NP, and a supervising physician. From that date forward, the drug may be used based on the Seneca Healthcare District Standardized Procedures and Protocols for Nurse Practitioners and Physician Assistants. These will be formally added to the existing formulary during the time of hire and reviewed at least every two years thereafter.

Date	Drug Name	NP/PA Signature	Physician Signature

## NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS

### Approval of Additional Invasive Procedures

Name: \_\_\_\_\_

Listed below are additional invasive procedures that have been approved for the nurse practitioner or physician assistant identified above. Proctoring requirements for these procedures are also detailed. These will be formally reviewed at least every two years thereafter.

Date	Procedure	NP/PA Signature	Supervising Physician Signature
Proctoring Requirement:			
Date	Procedure	NP/PA Signature	Physician Signature
Proctoring Requirement:			
Date	Procedure	NP/PA Signature	Physician Signature
Proctoring Requirement:			
Date	Procedure	NP/PA Signature	Physician Signature
Proctoring Requirement:			
Date	Procedure	NP/PA Signature	Physician Signature
Proctoring Requirement:			