

**Inmate Health Care**  
**Nursing Protocol Review Form**

*All Nursing Protocols will be written and reviewed with the following criteria in mind: appropriateness, relevant ethical and legal concerns, current research and knowledge, and appropriate codes and regulations.*

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

NP Number: \_\_\_\_\_

NP Title: \_\_\_\_\_

New NP Title (if applicable): \_\_\_\_\_

- New
- Deleted
- Revision
- Title Change
- Review Only

**Summary of Changes (modifications, additions, deletions, etc.)**


**Participants of the Review:**


Health Care Administrator: \_\_\_\_\_

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

Medical Director: \_\_\_\_\_

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