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: __________________________