

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 5	Number 3.14A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title NURSING PROTOCOLS

Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6 Indiana Nurse Practice Act	Related Policies/Procedures (includes but is not limited to) 01-02-101 01-02-106	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. **PURPOSE:**

This Health Care Services Directive (HCSD) establishes guidelines under which nursing assessment protocols are to be developed, implemented, and monitored.

II. **DEFINITIONS:**

- A. **NURSING PROTOCOLS:** Written instructions or guidelines that specify the steps to be taken in evaluating a patient's health status and providing interventions.
- B. **CLINICIAN :** A physician, dentist, advance practice nurse (APN), or any other person allowed by law to independently prescribe medication or a course of treatment.
- C. **STANDING ORDERS:** Written orders that specify the same course of treatment for each patient suspected of having a given condition.

III. **PROCEDURE:**

A. **General Information**

Protocols are not synonymous with standing orders. Standing orders require that the same course of treatment be provided in each situation. In circumstances when there is a well-defined patient population with predictable health care needs, standing orders can be an acceptable method of helping to ensure that appropriate care is provided. Standing orders may be used to promote identified health screening (such as HCV, HIV, and TB screening programs) and prevention activities (such as immunizations).

The Health Services vendor shall use nursing protocols to:

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1. Provide guidance for nursing personnel to implement certain therapeutic and diagnostic procedures in their clinical work;
2. Facilitate the management of some acute and chronic health conditions; and,
3. Provide a framework for patient management in certain emergency situations.

In the absence of a protocol, standing order, or other practitioner order (e.g. telephone or verbal), nursing personnel are not permitted to:

1. Administer any medication, including over-the-counter medications (OTC);
2. Renew medication orders; or,
3. Perform diagnostic tests such as laboratory studies or x-rays (excluding test used for patient assessments such as urine dipsticks and finger stick blood sugars).

Nursing protocols shall reflect an effective and appropriate standard of care based upon prevailing standards of clinical practice. Nursing protocols must be appropriate to the educational preparation and skill level of the nursing staff implementing them, and they must comply with the Indiana Nurse Practice Act.

Nursing protocols may not include the use of prescription medication without a referral to the practitioner and a verbal order, except for those covering emergency, life-threatening situations (e.g., nitroglycerin, epinephrine, Narcan, etc.). Emergency administration of these medications requires a subsequent clinician's order.

Nursing protocols may include over-the-counter (OTC) medication necessary for the treatment of a serious medical condition. If the condition is not a serious medical condition, the patient shall be referred to the OTC products available on commissary. Nursing triage guidelines and patient instruction sheets which provide information on self-management including instructions for purchasing and using OTCs medications are acceptable.

B. Scope of Practice

Nursing protocols may be utilized by RNs and LPNs. RN's must provide

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oversight for LPN's conducting nursing protocols and a 5% review must be completed monthly by a supervising registered nurse or director of nursing (DON).

Nursing protocols are not necessary for Advanced Practice Nurses (APNs) with prescriptive authority.

Practitioners may not use nursing protocols to delegate interventions which are clearly beyond the scope of nursing practice, or which are beyond the nurse's education or training. Nursing personnel are not permitted to perform a service, task, or clinical intervention that exceeds their scope of practice.

C. Implementing a Nursing Protocol

The decision to proceed with any plan or strategy for care including nursing protocols is dependent upon several factors:

1. The accuracy of the assessment or clinical evaluation;
2. What is known about the patient's health history and physical condition; and,
3. The nurse's comfort with implementing the particular therapeutic intervention.

Nurses may not deviate from the nursing protocol. When a nurse determines it necessary to vary or not implement the protocol, the nurse shall consult with a practitioner for guidance. Additionally, there are times when the presenting pattern is ambiguous, the findings from the assessment are contradictory, the interpretation of the clinical evaluation is beyond the scope or ability of the nurse, the best approach to treatment is debatable, or the nurse cannot decide which protocol is the most appropriate. In such circumstances, the nurse must discuss with, or refer to, a practitioner.

D. Nursing Protocol Design

Nursing protocols designed for use within a facility will be established in collaboration with the Health Services vendor's Regional Medical Director, Regional Director of Nursing, or RN nurse educator, the Chief Medical Officer (CMO), and the Executive Director of Physical Health. Nursing protocols must comply with relevant State statutes and administrative codes. Nursing protocols may be written in the style of an algorithm or a decision tree.

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Each nursing protocols shall contain the following categories:

1. Subjective and objective data to be collected by the nurse;
2. Nursing assessment or patient symptomatology which forms the foundation for therapeutic intervention; and,
3. Specific treatment plans to be implemented, including the specific circumstances when the nurse shall contact a higher level practitioner.

Once developed, approved, and implemented, each nursing protocol must be reviewed annually by the facility's HSA, DON, and the site Medical Director. In a facility without a DON, the RN nurse manager or the facility's RN must review the nursing protocols in conjunction with the Site Medical Director or physician.

E. Staff Training

All nursing staff responsible for nursing protocol implementation must receive annual training. Documentation of training must include:

1. Evidence that all new nursing staff members are trained;
2. Demonstration of knowledge and skills;
3. Evidence of annual review of skills; and,
4. Evidence of retraining when protocols are introduced or revised.

F. Health Record Documentation

Implementation of a nursing protocol shall be documented on the appropriate template in the EMR. All sections of the template must be completed and the plan clearly defined.

G. Implementation and Monitoring

Nursing protocols designed by the Health Services vendor may only be implemented after approval by the CMO or the Executive Director of Physical Health.

Any modification to a written nursing protocol requires the initiation of a new protocol (including Department Health Services Division approval). Nursing protocols must be signed by the current Site Medical Director, the DON or nurse manager, and the HSA.

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The facility's DON or RN nurse manager shall routinely monitor the use of nursing protocols. The DON or RN designee shall complete a five percent (5%) review of all nursing protocols used at least monthly. These reviews shall include the following indicators:

1. Nursing personnel were authorized to treat the identified health condition;
2. Acuity level of the patient or condition was consistent with that of the protocol used;
3. Nursing personnel using the nursing protocol followed the treatment regimen contained in the nursing protocol, including notification of the on-call physician as required; and,
4. Nursing personnel complied with required or customary follow-up applicable to the health condition treated.

When nursing protocols involving the use of emergency or lifesaving medications are employed, a clinician must review the usage, with the review documented by an entry in the EMR and must sign off all verbal orders.

IV. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss MD
Chief Medical Officer

Date