



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.11

Page 1 of 9

Effective Date: February 15, 2020

Distribution:

Supersedes: 113.11 (10/15/16)

Approved by: Tony Parker

Subject: CLINICAL AND NURSING PROTOCOLS

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To establish safe and effective medical treatment of inmates by establishing uniform guidelines for the identification and care of minor ailments and emergency situations.

III. APPLICATION: Warden/Superintendent, Director(s) of Nursing (DON) Health Administrators, Associate Wardens of Treatment/Deputy Superintendents, physicians, dentists, mid-level providers, registered nurses, licensed practical nurses, certified nursing assistants, medical contractors, and privately managed institutions.

IV. DEFINITIONS:

A. Clinical Protocols: A document in which the institutional Medical Director/Supervising Psychiatrist delegates guidelines of medical/behavioral health management to a mid-level provider. Clinical protocols are a formal method established for the management of a disease process or behavioral health disorder. Clinical protocols outline diagnostic tests (including laboratory tests) and treatment for identified health or behavioral health conditions and are used under physician supervision only by professionals with formal advanced training and certification/license in primary health or behavioral health care delivery.

B. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat patients and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include (but are not limited to) a physician assistant, an Advanced Practice Nurse with a master level of training or doctorate, and a certificate of fitness in their field of expertise.

C. Nursing Protocols: Written instructions that guide and educate nurses in the specific steps to be taken in evaluating an inmate's health status and providing clinical interventions. Such protocols are directed by a physician or dentist and authorize the nurse to provide definitive treatment for minor health conditions and/or emergency care.

D. Nursing Protocol Progress Notes: Designated progress notes which document a directed assessment indicated for a specific nursing protocol.

E. SOAP Format: Medical charting/documentation of clinical assessments in the health record as follows:

S: = Subjective- patient reported complaint(s), history and symptoms  
O: = Objective- examinations and diagnostic tests  
A: = Assessment- diagnostic impression, rule-outs  
P: = Plan- Treatment plan; interventions, follow-up

Effective Date: February 15, 2020	Index # 113.11	Page 2 of 9
Subject: CLINICAL AND NURSING PROTOCOLS		

F. Supervising Physician: A licensed and actively practicing physician who has been identified as accepting the responsibility for supervising a mid-level provider.

V. POLICY: Medical treatment by Clinical Services personnel other than a physician, dentist, or other independent provider shall be performed pursuant to clinical/nursing protocols or direct orders by personnel authorized by law to give such orders.

VI. PROCEDURES:

A. Nursing Protocols:

1. At least annually, nursing protocols shall be reviewed and approved in writing by the TDOC Director of Nursing in coordination with the Statewide Continuous Quality Improvement committee. Such written approval shall be maintained with the nursing protocols.
2. At least annually, the TDOC's nursing protocols shall be jointly reviewed by the responsible physician/dentist and the nursing staff and shall constitute a mutual agreement concerning the management of commonly occurring conditions and emergency care needs.
3. All institutions shall maintain a current copy of the TDOC approved nursing protocols in their Health Services unit manual. Nursing protocols shall have a cover sheet which serves as a letter of agreement between the physician and the appropriate nursing staff. (See Attachments A through C)
4. All nursing staff shall be oriented to the nursing protocols prior to providing nursing care specified in the protocols. It is the option of either the responsible physician/dentist, Director of Nursing, or the health administrator to restrict an individual employee's use of the protocols, based on educational background, experience level, expertise, or demonstrated performance.
5. A copy of the TDOC's nursing protocols shall be readily available in all clinical areas (exam rooms, nurses' stations, and the infirmary) for use as a reference.
6. Each protocol directed assessment shall be documented in the Health Record utilizing the Nursing Protocol Progress Note (NPPR) indicated for each symptom specific protocol in the current year's edition of the TDOC Nursing Protocols. These forms are not all inclusive. The nurse performing the assessment shall be responsible for ensuring that all pertinent information is assessed, documented, and communicated to the provider.
7. When a nursing protocol includes medication therapy, the protocol indicated medication shall be written on the Physician's Order Sheet, CR-1892, to clearly specify:
  - a. Name of medication or drug
  - b. Dosage(s) authorized

Effective Date: February 15, 2020	Index # 113.11	Page 2 of 9
Subject: CLINICAL AND NURSING PROTOCOLS		

- c. Dosage form
  - d. Route(s) of administration
  - e. Duration of order/ start and stop date
  - f. Intervals of administration
  - g. Contraindications for use, if appropriate
  - h. Indications for use
8. All nursing protocols utilized with medication therapy must be co-signed, dated, and timed, by the supervising physician within 14 days.
- B. Clinical Protocols: Mid-level providers shall practice pursuant to written protocols developed and signed by the Medical Director/Supervising Psychiatrist, within the limits of applicable state and federal laws and regulations. Clinical protocols define the scope of practice and are the means by which the physician/dentist delegates specific acts of medical management which shall include:
- 1. Each mid-level provider shall have a physician preceptor who is responsible for supervising his or her clinical practice. The physician/mid-level provider relationship shall be clearly established in writing, with a copy maintained by each party and the health/behavioral health administrator.
  - 2. Before a mid-level provider is allowed to practice under clinical protocols, the training, credentials, and experience level of the individual shall be verified by (and to the satisfaction of) the Medical Director/Supervising Psychiatrist administrator which if unsatisfactory, may restrict an individual mid-level provider in his or her use of clinical protocols.
  - 3. At least annually, the clinical protocols shall be reviewed and revised as necessary. The Medical Director/Supervising Psychiatrist and mid-level provider shall sign and date the letter of agreement. This agreement shall also serve as a cover letter for the clinical protocols, which are mutually agreed upon by the Medical Director/Supervising Psychiatrist and the mid-level provider and renewed annually. Attachment C is a sample Physician/Mid-level Letter of Agreement. When a change in the Medical Director/Psychiatrist or mid-level provider occurs, a new letter of agreement shall be signed.
  - 4. Form PH-3625 shall be completed as indicated by TDOH-Health Related Boards.
  - 5. A supervising physician shall personally review at least 20% of charts monitored or written by the mid-level provider every 30 days. This review shall be verified in the medical record by the supervising physician signature, date, and the period reviewed noted on the Problem Oriented Progress Record, CR-1884, in the health record on the plan of treatment receiving approval.
  - 6. The clinical protocols shall be readily available in all clinical areas (exam rooms, nurses' stations, and the infirmary) at all times for reference by individual mid-level providers and other staff members as needed. Professional publications may serve as the clinical resource as approved by the Medical Director/Supervising Psychiatrist in accordance with the procedures in this policy.

Effective Date: February 15, 2020	Index # 113.11	Page 4 of 9
Subject: CLINICAL AND NURSING PROTOCOLS		

7. Only board certified psychiatrists may delegate (in clinical protocols) the prescribing of psychotropic medications, and then only to advanced practice psychiatric nurse clinicians who have specialized training in psychiatric practice who are authorized to do so under Tennessee regulations, and are under the psychiatrist's supervision.

C. Standing Orders: If the institution employs healthcare personnel other than a licensed provider (i.e. certified nursing assistants), the care is provided pursuant to approved written standing orders or direct orders by personnel authorized by law to give such orders. Each institution shall include such written standing orders in their *Health Services Unit Manual*.

VII. ACA STANDARDS: 4-4381, 4-4382, and 2-CO-4E-01.

VIII. EXPIRATION DATE: February 15, 2023.

Effective Date: February 15, 2020	Index # 113.11	Page 5 of 9
Subject: CLINICAL AND NURSING PROTOCOLS		

Attachment A

**TENNESSEE DEPARTMENT OF CORRECTION**  
**NURSING PROTOCOLS LETTER OF UNDERSTANDING**

These nursing protocols are designed for use by the nursing staff of the Tennessee Department of Correction and associated contractors. Treatment by health care personnel other than a physician, dentist or other independent provider must be performed pursuant to written or direct orders or protocols. Registered and Licensed Practical Nurses may practice within the limits of state and federal laws. These nursing protocols constitute directives from the responsible physician to the nurse for the treatment of commonly occurring conditions or emergencies. Each nursing protocol is mutually agreed upon by the Facility Medical Director and facility nursing staff. Before a member of the nursing staff is allowed to practice under these protocols, the training credentials and experience level of each nurse shall be verified to the satisfaction of the responsible physician and nursing director/supervisor. It is the option of either the responsible physician or the nursing director/supervisor to restrict an individual nurse in his or her use of these nursing protocols based on the individual's education, experience, or ability.

It is essential that a good working relationship be maintained between the nursing staff and the responsible physician. At least annually, nursing protocols shall be reviewed jointly by the responsible physician and the nursing staff. The responsible physician shall in a timely manner review treatment provided by the nurses and co-sign in the health record orders and treatment initiated by the nurse pursuant to protocols. It is expected that when questions arise the nurse will obtain a consultation either face-to-face or via phone or refer that patient to the appropriate provider.

\_\_\_\_\_  
Facility Medical Director's Name (Please Print)

\_\_\_\_\_  
Signature of Facility Medical Director

\_\_\_\_\_  
Date



Subject: CLINICAL AND NURSING PROTOCOLS

Attachment C

**TENNESSEE DEPARTMENT OF CORRECTION**  
**PHYSICIAN/MID-LEVEL AGREEMENT**

These clinical protocols are designed for use by the mid-level providers at (Name of Correctional Facility). Treatment by health care personnel other than a physician, dentist or other independent provider (such as an Optometrist or a Podiatrist) must be performed pursuant to written or direct orders or established protocols. Mid-Level providers with a Certificate of Fitness and current state licensure may practice within the limits of state and federal laws. These protocols constitute directives from the Medical Director/Supervising Psychiatrist to the mid-level provider, of identified conditions, including episodic illnesses, chronic illnesses, and emergency treatment. Each protocol includes the condition, any required diagnostics and treatment and referral data, if applicable, as mutually agreed by the Medical Director/Psychiatrist and the mid-level provider.

Before a mid-level provider is allowed to operate under these protocols, their training, credentials and experience level shall be verified to the satisfaction of the Medical Director/Psychiatrist.

It is essential that a good working relationship be maintained between the mid-level provider and his/her supervising physician. Protocols shall be reviewed jointly by the Medical Director/Supervising Psychiatrist and the mid-level provider on a regular basis. The supervising physician shall in a timely manner review treatment provided by the mid-level provider, and co-sign and date, in the health record, when appropriate and necessary, orders and treatment initiated by the mid-level provider pursuant to protocols. Mid-Level providers practicing in Tennessee recognize that by state law they are personally responsible and liable for their actions.

\_\_\_\_\_  
Signature and Title of Medical Director/Psychiatrist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Mid-Level Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
**PROBLEM ORIENTED – PROGRESS RECORD**

\_\_\_\_\_  
INSTITUTION


INMATE NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

DATE	TIME	

*Do Not Write on Back*



# PHYSICIAN'S ORDERS

Drug Allergies		NAME	
		TDOC ID	
		ROOM No.	
		PHYSICIAN	
Date & Time		DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS 	<b>1</b> Nurse's Initials



STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH  
 HEALTH RELATED BOARDS  
 TENNESSEE BOARD OF NURSING  
 665 MAINSTREAM DRIVE  
 NASHVILLE, TENNESSEE 37243  
 (800) 778-4123, ext. 5325166 or (615) 532-5166

ADVANCED PRACTICE NURSE  
 NOTICE AND FORMULARY

Advanced Practice Nurse Name \_\_\_\_\_ TN Advanced Practice Nurse License Number \_\_\_\_\_

\*Advanced Practice Nurse DEA Number \_\_\_\_\_ TN or Multistate Registered Nurse License Number \_\_\_\_\_

Delete Supervising Physician(s): \_\_\_\_\_ Delete Practice/Clinic(s): \_\_\_\_\_  
 (If more space is needed for deletions please attach additional sheets)

Check the category of legend drugs the APN is authorized to prescribe: (\*must have own DEA number to prescribe Schedule's II-V)

\_\_\_\_\_ Non controlled legend drugs

\_\_\_\_\_ Controlled legend drugs including:

- \_\_\_\_\_ Schedule II
- \_\_\_\_\_ Schedule III
- \_\_\_\_\_ Schedule IV
- \_\_\_\_\_ Schedule V

Initial or adding a new practice site(s) & Supervising Physician(s):

\_\_\_\_\_ Name of Practice/Clinic

\_\_\_\_\_ Name of Practice/Clinic

\_\_\_\_\_ Site Address

\_\_\_\_\_ Site Address

\_\_\_\_\_ Supervising Physician Printed Name

\_\_\_\_\_ Supervising Physician Printed Name

\_\_\_\_\_ Supervising Physician Signature

\_\_\_\_\_ Supervising Physician Signature

\_\_\_\_\_ DEA Number

\_\_\_\_\_ DEA Number

\_\_\_\_\_ MD/DO License Number

\_\_\_\_\_ MD/DO License Number

**Attestation**

I, \_\_\_\_\_ attest that the information contained in this application is true and correct.  
 Print Name

Return original to: Tennessee Board of Nursing  
 665 Mainstream Drive  
 Nashville, TN 37243

\_\_\_\_\_  
 Signature of Advanced Practice Nurse/Date

**NOTE: Mandatory Practitioner Profile will be updated based on receipt of this Notice & Formulary**