

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Nurse Practitioner or Physician's Assistant Practice

Policy Number: 507.03.08

Effective Date: 02/01/2022

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Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

This policy describes the Scope of Practice, Roles and Responsibilities, and Peer Review process for Certified Nurse Practitioners (NP) and Certified Physician's Assistants (PA) practicing in Georgia Department of Corrections (GDC) facilities. This policy is applicable to all facilities that house GDC offenders, including private and county prisons.

II. Authority:

- A. O.C.G.A. §§26-4-130, 43-34-26.1, and 43-34-101 through 108;
- B. Administrative Rules and Regulations of the State of Georgia: 360-5-.02-12;
- C. Georgia Board of Nursing Rules and Regulations: Chapter: 410-12-.01, 410-13-.01; and
- D. Rules of the Georgia State Board of Pharmacy: Chapter 480-8 Amended, Prison Clinic Pharmacies.

III. Definitions:

- A. **Advanced Practice Registered Nurse (APRN)** - A certified nurse-midwife (CNM), Nurse Practitioner (NP), certified registered nurse anesthetist (CRNA) or clinical nurse specialist in psychiatric/mental health (CNS, PMH), and is authorized to practice by the Georgia Board of Nursing.
- B. **Nurse Practitioner (NP)** - An APRN, who has successfully completed a Nurse Practitioner program, is nationally certified, and authorized by the Board of Nursing to perform advanced nursing functions and certain medical acts, which include, but are not limited to, Ordering Drugs, treatments, and diagnostic studies.

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- C. **Physician's Assistant (PA)** - A skilled person qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the personal direction or supervision of the applying physician.
- D. **Advanced Practice Registered Nurse (APRN) Collaborative Practice Agreement** - A written document mutually agreed upon and signed by an APRN and a licensed physician, by which document the physician delegates to that APRN the authority to perform certain medical acts pursuant to O.C.G.A. 43-34-26.1. ("...which acts shall include, without being limited to, the administering and Ordering of any Drug.").
- E. **Physician Assistant Job Description** - A document signed by a licensed physician and describing the duties that may be performed by a Physician's Assistant (PA), by which document the physician delegates to that PA the authority to perform certain medical acts pursuant O. C. G. A. 43-34-26.1 (which acts shall include, without being limited to, the administering and Ordering of any Drug).
- F. **Order** - To select a Drug, medical treatment, or diagnostic study through physician delegation in accordance with an advanced practice nurse protocol or a physician's assistant's job description. Ordering under such delegation shall not be construed to be prescribing, which act can only be performed by the physician, nor shall Ordering of a Drug be construed to authorize the issuance of a written prescription.
- G. **Dispense** - To issue one or more doses of any Drug in a suitable container with appropriate labeling for subsequent administration to, or use by, a patient.
- H. **Drug** - Any dangerous Drug or controlled substance.

IV. Statement of Policy and Applicable Procedures:

- A. NP Scope and Standards of Practice:

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1. The NP functions collaboratively with the physician to provide primary care services.
 2. The NP functions under mutually agreed upon nurse protocols, which are reviewed, revised, or updated annually with the collaborating physician along with the APRN.
 3. GDC recommends NP's use the current edition of Patient Care Guidelines for Nurse Practitioners by Hoole, A.J., *et al.*, as a standard text reference in addition to GDC published documents (i.e., Clinical Updates, Chronic Illness Clinic Procedures and Protocols).
 4. The NP collaborates as necessary with the physician to diagnose and manage acute and chronic illnesses with an emphasis on health promotion and disease prevention.
 5. The NP practices in accordance with Board-approved standards of practice: American Academy of Nurse Practitioners Standards of Practice; American Nurses Association Standards of Practice for the Primary Care Nurse Practitioner; or Association of Women's Health, Obstetric, and Neonatal Nurses Standards for the Nursing Care of Women and Newborns.
- B. Georgia Board of Nursing Authorization ("the Board"):
1. The APRN is authorized to practice by the Board. Only a registered professional nurse authorized to practice according to these rules Ga. Admin. R. & Regs. 420-12-.01) shall use the specified title, and practice or offer to practice, as a certified nurse-midwife, certified registered nurse anesthetist, NP, or clinical nurse specialist in psychiatric/mental health unless otherwise authorized to so by the Board.
 2. The APRN is authorized to perform advanced nursing functions and certain medical acts, which include, but are not limited to, Ordering Drugs,

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treatments, and diagnostic studies as provided in O.C.G.A. §§43-34-26.1 and Ga. Admin. R. & Regs. 410-13.

3. Prior to January 1, 1999, an applicant who submits the following items may be authorized to practice as a NP:
 - a. Evidence of current licensure as a registered professional nurse in Georgia;
 - b. A completed Board application with the required fee;
 - c. Official transcript which verifies completion/graduation from a post-basic educational program for NPs, at least nine (9) months in length which includes theoretical and practical components and evidence of advanced pharmacology within the curriculum or as a separate course; and
 - d. Verification of current national certification from the respective certifying organization.
4. Beginning January 1, 1999, for initial authority to practice as a NP, an applicant must submit an official transcript which verifies completion/graduation with a master's or higher degree in nursing for the respective NP specialty and evidence of advanced pharmacology within the curriculum or as a separate course, in addition to the requirements stated above in section VI.B.3a), 3b) and 3d.
5. Biennial Renewal of Board Authorization to Practice as a Nurse Practitioner:
 - a. Authorization to practice as a NP shall expire on January 31 of odd-numbered years and shall be administratively revoked if not renewed in the following manner:
 - 1) Submit a completed renewal application for advanced nursing practice;

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- 2) Submit a copy of current national certification which bears the expiration date; and
 - 3) Submit payment of the renewal fee.
- b. A renewal application that is received with a postmark date after January 31st of odd-numbered years will be returned to the applicant. Thereafter, the applicant must apply to reinstate the authorization.
6. Provisional authority to engage in advanced nursing practice may be issued to a graduate nurse-midwife, NP, or nurse anesthetist who applies to the Board and who is eligible to take or has taken the first available certification examination following graduation. Eligibility to write a Board recognized national certification examination must be received from the certifying organization on a form provided by the Board:
- a. Provisional authority is not renewable and shall expire at one (1) of the following times, whichever occurs first:
 - 1) Six (6) months after the date of the certification examination;
 - 2) Upon notification of failing the certification examination; or
 - 3) Upon failure to write the scheduled certification examination.
 - b. An applicant who is granted provisional authority for advanced nursing practice must upon receipt of passing results, request the respective certification organization to verify their certification on a form provided by the Board.

C. Roles and Responsibilities of the NP:

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1. The NP maintains state licensure, national certification, Board authorization and practices within the scope of the Board and Nurse Practitioner Standards of Practice.
2. Under the general supervision of the collaborating physician, the NP performs certain delegated medical acts specified in nurse protocols:
 - a. GDC recommends the current edition of the following reference: Patient Care Guidelines for Nurse Practitioners by Hoole, A., *et al.*, Lippincott.
 - b. If the NP develops a nurse protocol, it must be reviewed and approved by the collaborating physician and the Office of Health Services before being implemented. The protocol must bear a current review date, be available upon request, and specify parameters under which delegated medical acts may be performed. It must be reviewed, revised, or updated annually and must include a provision for immediate consultation with the collaborating physician or a physician designated in his or her absence.
 - c. Copies of all nurse protocols, whether in the form of a reference text, GDC publication (CIC) Procedures and Protocols, GDC Clinical Update Manual, GDC Drug Formulary, etc.) or individually developed must be forwarded to the regional pharmacist.
3. The NP may be responsible for admissions to observation units, regional infirmaries and to Augusta State Medical Prison (ASMP), according to established UM procedures. The NP may send patients to a local emergency room in accordance with SOP 507.04.16, Utilization Management
4. In managing offender-patients, the NP may:
 - a. Perform minor procedures as needed, using surgical techniques applied on superficial tissues which may require local anesthesia, and resulting in an expectation of no, to minimal, complications;

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- b. Obtain health histories, review medical records;
- c. Perform physical, mental, and functional status examinations;
- d. Participate in development and reevaluation of treatment plans;
- e. Order and interpret diagnostic/laboratory studies;
- f. Request specialty consult services (in accordance with UM policies) and provide follow up when the offender-patient returns to the home facility;
- g. Manage nutrition and hydration using oral/parenteral/enteral nutritional supplements;
- h. Order/manage/evaluate medication therapy. The NP may Order the following GDC Formulary medications, in accordance with written nurse protocols (i.e., CIC Procedures and Protocols, GDC Clinical Update Manual, Patient Care Guidelines for Nurse Practitioners by Hoole, A.J. et al., or other approved written protocols). Refer to the following medication categories listed in the current version of the GDC Drug Formulary:
 - 1) Allergy/ Antihistamines Cough / Cold / Decongestant
 - 2) Analgesic / Antipyretic / NSAID / Gout
 - 3) Antacid / Ulcer Therapy / GI
 - 4) Antibiotics / Antiviral / Antiinfectives
 - 5) Anticoagulant / Antiplatelet
 - 6) Anticonvulsants
 - 7) Anti-Diarrheal Agents
 - 8) Anti-Emetics
 - 9) Asthma / COPD
 - 10) Carbonic Anhydrase Inhibitor
 - 11) Cardiovascular / Antihypertensive Agents
 - 12) Diabetic Preparations

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- 13) Hormones
- 14) Laxatives / Stool Softeners
- 15) Lipid Lowering Agents
- 16) Muscle Relaxants
- 17) Ophthalmologic Agents
- 18) Otologic Agents
- 19) Systemics
- 20) Topicals
- 21) Vitamins / Minerals
- 22) Miscellaneous
- 23) Mental Health Agents* (**restricted**)
- 24) Diagnostic Preparations

* **Restricted** to mental health clinicians unless medication is ordered for a physical health condition or disease (i.e., hydroxyzine HCL to relieve itching secondary to scabies).

If a nurse protocol recommends a medication not listed in the current GDC Drug Formulary for treating a disease or condition, an equivalent medication listed in the current GDC Drug Formulary may be substituted. If an equivalent formulary medication is not available, the NP should request the medication through the non-formulary Drug exception process (refer to form PI-2055 "Formulary Exception Request").

- i. Monitor patients enrolled into the Chronic Illness Program;
- j. Participate in Peer Review Mortality Review following the death of offenders;
- k. Provide patient education generally focused on disease prevention and health promotion;
- l. Implement guidelines regarding specific conditions, procedures and treatments appearing in approved written nurse protocols;

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m. Order rehabilitative procedures such as physical therapy, occupational therapy, speech therapy, prosthetic appliances; and

n. Request mental health referrals.

5. NPs shall follow standards of Nursing and Medical Practice Acts. Nothing in this SOP shall be interpreted to exceed the scope of practice as defined by Georgia law and the Nursing and Medical Practice Acts.

6. The NP and collaborating physician will review and sign the APRN Collaborative Practice Agreement annually.

D. Collaborating Physician Responsibilities (NP Peer Review):

1. The collaborating physician will provide general supervision of the NP as indicated by prudent medical practice. This collaboration with the NP may be provided on-site or by telephone.

2. The collaborating physician will provide clinical guidance when requested by the NP or as indicated by peer review. The physician will provide on-site coverage for acute and deteriorating conditions as needed.

3. The collaborating physician will advise regarding specialty consult requests and hospitalizations.

4. The collaborating physician will conduct periodic chart reviews and provide oral and written feedback to the NP. The physician will review a sample of at least twenty-five (25) health records quarterly and discuss these findings with the NP. The physician will document the health record review findings on the NP/PA Quarterly Health Record Peer Review form (P04-0008.05); the original will be maintained on file at the facility and a copy will be given to the NP.

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5. The collaborating physician should enhance the NP's clinical knowledge by seeking out opportunities to discuss strategies for managing complex patients. This could take the form of grand rounds, individual case reviews, case management, etc.
6. Annually, the collaborating physician will review the APRN Collaborative Practice Agreement. Any changes should be made at this time and both the NP and physician will sign and date the revised document. The HSA should maintain a copy at the home facility and forward a copy to the regional pharmacist.
7. If other text references or individual nurse protocols are used, the collaborating physician will review and update these documents annually.

E. Signatures and Document Distribution:

1. Annually, the NP and collaborating physician will review, sign and date the APRN Collaborative Practice Agreement. Professional license numbers will also be included.
2. The original document should be maintained on file for each NP by the facility HSA or designee.
3. Copies of the document should be given to the NP, the collaborating physician and regional pharmacist.

F. Physician's Assistant (PA) Application for Composite State Board of Medical Examiners (Composite Board) Approval:

1. Applications for initial certification or certification thereafter as a PA, or for Composite Board approval of utilization of a PA, or for a change in the job description or applying physicians shall be made upon forms supplied by the Composite Board (refer to forms P04-0008.03 and P04-0008.04). Two (2) separate Composite Board approved forms are to be completed and submitted

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to the Composite Board as part of the application process prior to the supervising physician(s) being approved to delegate health care tasks to the PA. The initial form is to be completed by the PA and is to certify the credentials of that assistant (see form P04-0008.04). The second form is to be completed by the supervising physician(s) and includes information regarding the practice setting (see form P04-0008.03).

2. Applications submitted to the Composite Board must be completed in every detail, unless the response called for is not applicable to the applicant, and, if so, the response shall be made in that manner with accompanying explanation. A recent notarized photograph of the PA must accompany the application.
3. The PA and applying physician(s) must certify that they have received, read, and are familiar with the Medical Practice Act, Physician's Assistant Act and Rules and Regulations by signing the statement on the application
4. For monitoring/managing GDC offenders, the Primary Care PA job description is most appropriate. There are three (3) general categories of job descriptions for certification of PAs, as follows:
 - a. Primary Care;
 - b. Critical Care; and
 - c. Anesthesiology Assistant.
5. All applications for Composite Board approval of a proposed PA, or a change in the job description or applying physician(s), must be completed and on file with the Composite Board at least sixty (60) days prior to the meeting, in order to be considered by the Composite Board or its Physician's Assistant Committee at the next meeting. The Composite Board meets every even-numbered month (February, April, June, August, October, and December). PA applicants who are employed by a State or County government agency

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(such as GDC) are fee exempt (Application fee is \$50.00. Renewal fee is \$100.00 due every even numbered year in December).

G. Requirements for Composite Board Approval:

1. No person shall practice as a PA in Georgia without Composite Board Approval. The following are the Composite Board requirements for approval:
 - a. Good moral character as demonstrated by two (2) acceptable references from licensed physicians, other than from the applying supervising physician(s), who are personally acquainted with the proposed PA. At the option of the Composite Board, the PA and the applying supervising physician(s) will be required to appear before the Composite Board for a personal interview;
 - b. A training program approved by the Composite Board;
 - c. Effective on or after Sept 1, 1985, new applicants for certification must submit evidence that the applicant has achieved a passing score on an examination approved or administered by the Composite Board for which the applicant is eligible. The Composite Board approves either:
 - 1) National Commission for Certification of Anesthesiologist Assistants (NCCAA); or the
 - 2) National Commission on Certification of Physician's Assistants (NCCPA).
 - d. Evidence of his/her competency in a health care area related to the job description, which, at a minimum, shall include:
 - 1) Medical qualifications including related experience possessed by the PA applicant.

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- 2) A detailed description of the medical tasks to be performed by the PA and the location where such tasks will be usually performed. Attachment of the Basic Job Description shall be deemed adequate compliance with the requirement for a detailed description of medical tasks unless further tasks are requested.
 - 3) Each physician must indicate the name and location of the medical school from which the physician graduated and the date the degree was received. The physician should also indicate the type of practice and a current Georgia medical license number.
- e. Fee to be submitted to the Composite Board; and
 - f. The supervising and alternate supervising physician shall at all times maintain on file, readily available for inspection, documentation from the Composite Board evidencing current approval for utilization of the PA and a copy of the applicable approved job description.

H. PA Supervision:

1. No physician shall have more than four (4) PAs licensed to him or her at any one time; provided, however, that no physician may supervise more than two (2) PAs at any one time except as provided in the following paragraph:
 - a. A physician may supervise more than two (2) PAs while on call for a solo practitioner or as a member of a group practice setting, including but not limited to clinics, hospitals, and other institutions. The physician taking call must be approved to supervise the PA of the physician for whom he or she is taking call.
 - b. A PA shall be allowed to perform his/her duties only in the principal location where the applying physician usually sees patients.

I. Changes in PA Job Descriptions or Supervising Physicians:

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1. When a physician applies to supervise a PA who has previously been certified by the Composite Board, the Composite Board may issue a written notice of temporary approval; provided that the PA's duties shall be limited to those contained in the PA Job Description.
2. A PA may only perform those tasks which are specified, and for the physician(s) named, in his job description then currently on file with and approved by the Composite Board; provided that tasks outside the job description may be performed by the PA under the direct supervision and in the presence of the physician(s) utilizing him/her. The Composite Board will not approve any task or procedure in a PA job description, which is experimental or investigational.
3. Requests for changes in the job description of the PA, including addition of specialized duties and tasks, shall be submitted by the supervising physician(s) to the Composite Board for prior approval.

J. Termination of Physician's Assistant/Applying Physician(s) Relationship:

1. Immediately upon termination of the physician(s)/PA relationship, the PA and the applying physician(s) are required to give notice and date of termination to the Composite Board by certified mail.
2. Failure to notify the Composite Board immediately may result in disciplinary action against the PA and/or the applying physician(s). Expiration of certificate and identification card by failure to renew will not be considered an exception of the requirements of this paragraph.

K. Roles and Responsibilities of the PA at GDC Sites:

1. The PA will maintain state licensure, national certification, and practice within the scope of Composite Board.

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2. Under the general supervision of the supervising physician, the PA may perform certain delegated medical acts specified in the PA Job Description.
3. The PA may be responsible for admissions to observation units, regional infirmaries, and to ASMP (according to established UM procedures). The PA may send patients to a local emergency room in accordance with SOP 507.04.16, Utilization Management.
4. In managing offenders, the PA may:
 - a. Perform minor procedures as needed, using surgical techniques applied on superficial tissues which may require local anesthesia, and resulting in an expectation of no, to minimal, complications;
 - b. Obtain health histories, review medical records;
 - c. Perform physical, mental, and functional examinations;
 - d. Participate in development and reevaluation of treatment plans;
 - e. Order and interpret diagnostic/laboratory studies;
 - f. Make referrals to specialists and provide follow up when the offender-patient returns to the home facility;
 - g. Manage nutrition; hydration using oral/parenteral/enteral supplements;
 - h. Order/manage/evaluate medication therapy. The PA may Order the following current GDC Formulary medications, in accordance with written nurse protocols (i.e., CIC Procedures and Protocols, GDC Clinical Update Manual). Refer to the following medication categories listed in the current version of the GDC Drug Formulary:
 - 1) Allergy / Antihistamines Cough / Cold / Decongestant

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- 2) Analgesic / Antipyretic / NSAID / Gout
- 3) Antacid / Ulcer Therapy / GI
- 4) Antibiotics / Antiviral / Anti-infective
- 5) Anticoagulant / Antiplatelet
- 6) Anticonvulsants
- 7) Anti-Diarrheal Agents
- 8) Anti-Emetics
- 9) Asthma / COPD
- 10) Carbonic Anhydrase Inhibitor
- 11) Cardiovascular / Antihypertensive Agents
- 12) Diabetic Preparations
- 13) Hormones
- 14) Laxatives / Stool Softeners
- 15) Lipid Lowering Agents
- 16) Muscle Relaxants
- 17) Ophthalmologic Agents
- 18) Otologic Agents
- 19) Systemics
- 20) Topicals
- 21) Vitamins / Minerals
- 22) Miscellaneous
- 23) Mental Health Agents* (restricted)
- 24) Diagnostic Preparations

* Restricted to mental health clinicians unless medication is Ordered for a physical health condition or disease (i.e., hydroxyzine HCL to relieve itching secondary to scabies). If an equivalent formulary medication is not available, the PA should request the medication through the non-formulary Drug exception process (refer to form PI-2055 "Formulary Exception Request").

- a. Monitor offender-patients enrolled into the Chronic Illness Program;

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- b. Participate in Peer Review Mortality Review following the death of offender-patients;
 - c. Provide patient education generally focused on disease prevention and health promotion;
 - d. Order rehabilitative procedures such as physical therapy, occupational therapy, speech therapy, or prosthetic devices; and
 - e. Request mental health referrals.
5. PAs shall adhere to standards of the Medical Practice Act, Physician's Assistant Act and Rules and Regulations. Nothing in this SOP shall be interpreted to exceed the scope of practice as defined by Georgia law and the Physician's Assistant and Medical Practice Acts.

L. Supervising Physician Responsibilities (PA Peer Review):

1. The supervising physician will provide general supervision of the PA as indicated by prudent medical practice. Supervision of the PA, as needed, may be provided on site or by telephone.
2. The supervising physician will provide clinical guidance when requested by the PA or as indicated by peer review. The physician will provide on site coverage for acute and deteriorating conditions as needed.
3. The supervising physician will advise regarding specialty consult requests and hospitalizations.
4. The supervising physician will conduct periodic chart reviews and provide oral and written feedback to the PA. The physician will review a sample of at least twenty-five (25) health records quarterly and discuss these findings with the PA. The physician will document the health record review findings on the NP/PA Quarterly Health Record Peer Review form (P04-0008.05); the

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original will be maintained on file at the facility and a copy will be given to the PA.

5. The supervising physician should enhance the PAs clinical knowledge by seeking out opportunities to discuss strategies for managing complex patients. This could take the form of grand rounds, individual case reviews, case management, etc.
6. Annually, the supervising physician will review the PA Job Description. Any changes should be made at this time and both the PA and physician will sign and date the revised document. The HSA should maintain a copy on file at the home facility and forward a copy to the regional pharmacist.

M. Signatures and Document Distribution:

1. The HSA or designee will maintain on file a copy of the Basic PA Job Description for each PA practicing at the facility.
2. Copies of the job description should be given the PA and supervising physician and a copy forwarded to the regional pharmacist.

N. Processing Medication Orders Written by the NP/PA:

1. NPs may Order medications in accordance with nurse protocols. PAs may Order medications in accordance with the PA Job Description. Copies of these documents will be maintained on file in the regional pharmacy.
2. Medications Ordered by the NP or PA in accordance with a nurse protocols or PA Job Description do not require co-signature by a physician:
 - a. The exception to this relates to controlled substances. All controlled substance Orders written by the NP or PA will require a physician co-signature before the Order is accepted and processed by the regional pharmacist.

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- b. In situations when the collaborating physician is not immediately available to co-sign the controlled substance Order, the regional pharmacist will accept a telephone authorization by the collaborating physician for the controlled substance Ordered by the NP or PA.
 - c. Physician co-signature of controlled substance medication Orders should take place ASAP and no later than seven (7) working days from the date the Order was written by the NP or PA.
3. Medications Ordered by NPs and PAs will be accepted and processed (i.e., prescriptions filled) by the regional pharmacist.

V. Attachments: None.

VI. Record Retention of Forms Relevant to this Policy: None.