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| --- | --- |
| Title[UKHC Policy Title] | Identification NumberAXX-XXX |
| Organization(s)University of Kentucky / UK HealthCare | Sites affected[ ]  Enterprise[ ]  Chandler[ ]  Good Samaritan[ ]  KCH[x]  Ambulatory | Category[ ]  Enterprise[ ]  Nursing [x]  Department [ ]  Guideline [ ]  Protocol  | Replaces: |
| Review Cycle[ ]  1 year [ ]  3 yearsReview Dates: | Effective Date: |

Policy Statement

Purpose

Scope

Procedures

References

*Referencing Sources*

Approval

|  |  |
| --- | --- |
| Name and Credentials:Title:  | Name and Credentials:Title: |
| Signature | Date[MM/DD/YYYY] |
| Signature | Date[MM/DD/YYYY] |