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