



For comments if negative response (the number would reflect patient identified on review sheet)

Name of APRN in monitoring: \_\_\_\_\_ Date of review: \_\_\_\_\_

#1	
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	

Reviewer's signature: \_\_\_\_\_

## Instructions for APRN or MD Reviewer of Ten (10) Patient Charts of APRN Under KBN Monitoring

You have been requested to conduct monthly chart review of ten (10) patients of an APRN who is under monitoring by the Kentucky Board of Nursing, utilizing the worksheet provided on the reverse side of this page. The APRN and the reviewer shall be qualified in the same or in a similar specialty, and the reviewer must have a Kentucky APRN or MD license that is not subject to any pending investigation that is reported to the public via KBN license validation, or any active KBN/KMBL disciplinary restrictions or practice restrictions.

Q. How is specialty determined?

A. The APRN's specialty is determined by his or her national certification in the specific role and in a population focus. The physician's specialty is determined by either the physician's certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. See, <https://kbn.ky.gov/practice/Documents/APRN%20Same%20or%20Similar%20Specialty.pdf>

The worksheet covers multiple prerequisites for APRN prescribing of controlled substances. One example is the requirement that the APRN review patient KASPER data no less than once every ninety (90) days. In the majority of cases where monitoring of an APRN is required, the APRN was found/agreed to have authorized controlled substances to a patient inappropriately or in excess of the following APRN prescribing limits:

Q. What controlled substances can an APRN with a DEA registration and CAPA-CS prescribe?

A. **Schedule II** – 3 day supply, no refills, with exceptions for:

(a) Hydrocodone combo drugs (30 day supply w/ no refills permitted); and

(b) Psych/MH APRNs only, Schedule II ADD/ADHD (30 day supply w/ no refills permitted).

**Schedule III** – 30 day supply no refills.

**Special Schedule IV**

**Diazepam (Valium), Schedule IV** – 30 day supply

**Clonazepam (Klonopin), Schedule IV** – 30 day supply.

**Alprazolam (Xanax), Schedule IV** – 30 day supply

**Lorazepam (Ativan), Schedule IV** – 30 day supply

**Carisoprodol (Soma), Schedule IV** – 30 day supply

**Other Schedule IV** – 6 month supply (refills permitted)

Once each calendar month, you are requested to conduct chart review of at least ten (10) of the APRN's patients who were prescribed controlled substances by the APRN. The ten (10) patients should have been seen by the APRN and/or prescribed a controlled substance by the APRN on the workday preceding the day chart review is conducted; however, if the APRN saw less than ten (10) controlled substance patients on that day, the review should also include patient charts from preceding work days, if necessary, beginning with the first preceding work day, in order to achieve review of ten (10) patient charts of patients who were prescribed controlled substances by the APRN. Reviewers providing multiple reports over a series of months are directed to refrain from reviewing the same patients' charts that were previously reviewed, even if this necessitates deviation from the procedure outlined in this paragraph.

Chart review may be conducted electronically and remotely if all needed patient records are available to the reviewer electronically and remotely; otherwise, chart review should be conducted at the location where the relevant patient medical records are maintained. The reviewer shall have access to all needed patient medical records for each patient whose chart is reviewed. Review shall focus upon, but shall not be confined to, the treatment visit and/or charting entries for the specific patient visit/prescribing on the workday(s) immediately prior to the review, as indicated in the preceding paragraph. Chart review should be **unannounced**, and should **not** be conducted on the same date/cycle each month.

With the exception of patient name (last name, first initial) and the identification of the reviewer's name, phone number, and date of review, all other checklist inquiries on the worksheet may be answered with "Y" for an affirmative response, or "N" for a negative response. For any negative response, the reviewer is requested to provide an explanatory notation on the attached comments sheet. The completed review worksheet should be sent by facsimile to the Compliance Branch, Kentucky Board of Nursing [(502) 429-1245] simultaneous with submission to the APRN monitoring participant.