

STATE OF NEVADA

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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF NURSING

APRN Supervisor and Chart Review Report

Name of Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
(Qtr/Year)

To meet the quarterly reporting requirements with the Nevada State Board of Nursing, the supervisor of record will provide oversight of the APRN's office based inventory, medication dispensing, and prescribing practices by conducting five (5) chart reviews per month. The review includes verification that the APRN's documentation, clinical rationale for diagnosis, treatment and prescribing meet the appropriate standards of practice. (*Attach additional pages as needed*)

As the designated supervisor for the APRN, I attest by my signature below I have reviewed a minimum of five (5) charts per month for a total of fifteen (15) charts during this quarter that met the criteria listed above. (*List identifier of each chart reviewed below, do not use name or date of birth*)

- |    |     |     |
|----|-----|-----|
| 1. | 6.  | 11. |
| 2. | 7.  | 12. |
| 3. | 8.  | 13. |
| 4. | 9.  | 14. |
| 5. | 10. | 15. |

Were there any chart deficiencies identified during the review process? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide an additional statement and attach to this report.

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature)

E-mail completed form to: [eralph@nsbn.state.nv.us](mailto:eralph@nsbn.state.nv.us)