

**Date:** [Insert Date]

**To:** [Insert Department/Staff Name]

**From:** [Insert Administrator/Medical Director Name]

**Subject:** DIRECTIVE: New Medication Protocol Implementation

Dear [Insert Name/Team],

This letter serves as an official directive regarding the implementation of a new medication protocol for [Insert Facility/Department Name]. This protocol is effective as of [Insert Effective Date].

**Protocol Overview:**

- **Medication Name/Class:** [Insert Details]
- **Administration Procedure:** [Insert Brief Description]
- **Documentation Requirements:** [Insert System/Form to be used]

**Required Actions:**

All relevant staff members are required to complete the following steps by [Insert Deadline]:

1. Review the attached full protocol documentation.
2. Attend the mandatory training session scheduled for [Insert Date/Time].
3. Update all patient charts to reflect these changes where applicable.

Failure to adhere to this protocol may result in [Insert Consequence/Review Process]. Compliance is mandatory to ensure patient safety and regulatory alignment.

If you have questions regarding the clinical application of this protocol, please contact [Insert Contact Person] at [Insert Email/Phone].

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]