PROPOSED REGULATION OF THE STATE BOARD OF NURSING

LCB File No. R091-15

AUTHORITY: §§ NRS 632.120, 632.430 and 632.440

A REGULATION relating to nursing;

Section 1. NAC chapter 632 is hereby amended by adding the following definition:

Comprehensive Nursing Assessment: The comprehensive nursing assessment is conducted by the Licensed Professional Nurse and is an extensive data collection (initial and ongoing) for individuals, families, groups and communities. This data collection addresses anticipated and emergent changes in the client's health status, recognizes alterations from the client's previous condition, synthesizes the biological, psychological and social aspects of the client's condition, evaluates the impact of nursing care; uses this broad and complete analysis to

develop the nursing plan of care, which includes communication and consultation with other

health team members.

Section 2. NAC chapter 632 is hereby amended by adding the following definition:

Focused Assessment: A focused assessment is conducted by a Licensed Practical Nurse and is an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the RN, supporting initial and ongoing data collection and deciding who needs to be informed of the information and when to inform.

Sec. 3. NAC 632.232 is hereby amended to read as follows:

NAC 632.232 A licensed practical nurse shall contribute to the plan of care established for a patient by recording and reporting to the appropriate person his or her observations, collected

data and activities relating to the physical and mental condition of the patient, including any symptoms which may indicate a change in the patient's status. Focused assessment involves the identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in patient health status and may contribute to a comprehensive assessment performed by the registered nurses.

Sec. 4. NAC 632.450 is hereby amended to read as follows:

NAC 632.450 1. A licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order issued by an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and under the immediate supervision of a physician, physician assistant or registered nurse may:

- (a) Start peripheral intravenous therapy [using devices which act like needles and are not longer than 3 inches;] The peripheral route does not include midline or midclavicular catheters.
 - (b) Introduce one or more solutions of electrolytes, nutrients or vitamins;
 - (c) Piggyback solutions of electrolytes, nutrients and vitamins;
 - (d) Administer any of the following medications by adding a solution [by piggyback]:
 - (1)[Antibiotics;] Antimicrobials;
 - (2) Steroids; and
 - (3) Histamine H2 receptor antagonists; *proton pump inhibitors*;
 - (4) Blood and blood products under RN supervision.
- (e) [Administer fluid from a container which is properly labeled and contains antibiotics, steroids or histamine H2 receptor antagonists that were added by a pharmacist or a registered

nurse designated by the pharmacist;] IV fluids and medications must be commercially prepared or premixed and with a labeled appropriately IV fluids and medications must be commercially prepared or be premixed and labeled appropriately by a pharmacist or qualified RN.

- (f) Flush locks; maintain patency of a peripheral intermittent vascular access device to include PICC using a nontherapeutic dose of flush solutions.
- (g) Except as otherwise provided in paragraph (h), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
- (h) Administer fluid to a patient with a temporary central venous catheter by continuous or intermittent infusion [through a peripheral device which uses] by an electronic mechanism to control the flow;
- (i) Withdraw blood from a peripherally inserted central venous catheter; *according to* specific institutional policies and after specific institutional inservice.
 - (j) Discontinue peripheral intravenous catheters [which are not longer than 3 inches]; and
 - (k) Change a central venous catheter dressing.
- 2. In addition to the procedures set forth in subsection 1, a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of a physician and under the direct supervision of a registered nurse may assist the registered nurse in the intravenous administration of blood and blood products by collecting data and performing simple nursing tasks related to that administration of blood or blood products.

Sec. 5. NAC 632.455 is hereby amended to read as follows:

NAC 632.455 A licensed practical nurse may not administer intravenously:

- 1. [Any drug other than an antibiotic, antimicrobials steroid or histamine H2 receptor antagonist;] any medication not previously listed (NAC 632.450);
- 2. Any drug which is under investigation by the United States Food and Drug Administration, is an experimental drug or is being used in an experimental method;
 - 3. Any antineoplastic medications;
 - 4. Colloid therapy, including hyperalimentation; [or]
 - 5. Any medication administered by intravenous push; or
 - 6. Intravenous medications for purposes of sedation.

Sec. 6. NAC 632.475 is hereby amended to read as follows:

NAC 632.475 1. The course must include the following subjects:

- (a) The current regulation concerning licensed practical nurses and intravenous therapy;
- (b) The anatomy, physiology and physics related to intravenous therapy;
- (c) Identifying the purposes of intravenous therapy;
- (d) Identifying the major routes for fluid replacement;
- (e) Locating and naming the common intravenous sites;
- (f) Identifying the types of fluids used in intravenous therapy;
- (g) Preparing patients for intravenous therapy;
- (h) Administering intravenous therapy, including:
 - (1) Setting up equipment for intravenous therapy;
- (2) Inserting devices that act like needles in the periphery [, which are not longer than 3 inches];
 - (3) Inserting tubing into bottles of additives;
 - (4) Calculating drops per minute;

- (5) Regulating intravenous flow according to calculation;
- (6) Using electronic regulating mechanisms;
- (7) Superimposing and piggybacking containers of solutions;
- (8) Discontinuing peripheral intravenous devices that act like needles [which are not longer than 3 inches]; and
 - (9) Recording intravenous therapy;
 - (i) Identifying possible complications from intravenous therapy;
 - (j) The management of intravenous therapy;
 - (k) The pharmacology of medications and solutions used in intravenous therapy;
- (l) The appropriate technique for changing a sterile dressing on a peripheral and central venous site; and
 - (m) Flushing and drawing blood from a peripherally inserted central catheter.
- 2. The course must include at least 30 hours of instruction and 10 hours of clinical or laboratory practice. The clinical or laboratory practice must include three successful venipunctures on live subjects or through the use of a simulator.
- 3. A licensed practical nurse shall provide evidence of the maintenance or improvement of his or her knowledge and skills required to perform venipuncture and intravenous therapy to his or her employer or the Board, or both, upon request.