

**ADOPTED REGULATION OF THE  
STATE BOARD OF NURSING**

**LCB File No. R122-01**

Effective December 14, 2001

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-7, 13 and 14, NRS 632.120; §§8-12, NRS 632.120 and 632.237.

**Section 1.** Chapter 632 of NAC is hereby amended by adding thereto a new section to read as follows:

*“Physician assistant” means a person who is licensed as a physician assistant by the board of medical examiners pursuant to chapter 630 of NRS.*

**Sec. 2.** NAC 632.010 is hereby amended to read as follows:

632.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 632.015 to 632.101, inclusive, *and section 1 of this regulation* have the meanings ascribed to them in those sections.

**Sec. 3.** NAC 632.071 is hereby amended to read as follows:

632.071 “Prescription” means authorization to administer medications or treatments issued by an advanced practitioner of nursing, a licensed physician, *a licensed physician assistant*, a licensed dentist or a licensed podiatric physician in the form of a written or oral order, a policy or procedure of a facility or a written protocol developed by the prescribing practitioner.

**Sec. 4.** NAC 632.220 is hereby amended to read as follows:

632.220 1. A registered nurse shall perform or supervise:

(a) The verification of an order given for the care of a patient to ensure that it is appropriate and properly authorized and that there are no documented contraindications in carrying out the order;

(b) Any act necessary to understand the purpose and effect of medications and treatments and to ensure the competence of the person to whom the administration of medications is delegated; and

(c) The initiation of intravenous therapy and the administration of intravenous medication.

2. A registered nurse shall take orders only from a licensed physician, *physician assistant*, dentist, podiatric physician or advanced practitioner of nursing. A registered nurse may refuse an order if he takes appropriate action to ensure the safety of a patient.

3. If a prescription specifies a range of the dosage or frequency for the administration of a medication, a registered nurse may adjust the dosage or frequency of the medication within that range when he administers the medication to a patient.

**Sec. 5.** NAC 632.224 is hereby amended to read as follows:

632.224 1. A registered nurse who supervises other persons shall:

(a) Determine the priority of the needs of each patient and group of patients under his care;

(b) Provide direction in formulating, interpreting and carrying out the objectives and policies related to nursing care;

(c) Assist those persons who are being supervised to develop the skills needed for their competence in providing for the care of a patient;

(d) Assist the persons who are being supervised in carrying out the planned care of a patient; and

(e) Evaluate the effectiveness of the nursing care given to each patient or group of patients under his care.

2. A registered nurse who is employed as a chief nurse is responsible for the management of other personnel under his supervision and shall:

(a) Establish the authorized scope of practice for the nurses he supervises and establish and document a process to carry out, maintain and improve the knowledge, skills and ability of those nurses to provide safe and effective care.

(b) Before assigning those persons, verify their ability to carry out safely duties which are identified in a written policy and to follow the procedures established by the employing agency.

(c) Establish written guidelines to be followed by personnel under his supervision for receiving and administering prescriptions. The guidelines must include procedures for:

- (1) Identifying the type of patient to be served;
- (2) Identifying the intended medical treatment; and
- (3) Resolving any questions related to a prescription,

FLUSH if the prescription is not received directly from an advanced practitioner of nursing, a licensed physician, *a licensed physician assistant*, a licensed dentist or a licensed podiatric physician.

(d) Ensure that the guidelines established pursuant to paragraph (c) are available at each site where nursing care is provided under the supervision of the chief nurse.

(e) Create a safe and effective system for delivery of nursing care which complies with nationally recognized standards.

(f) Maintain a copy of the references used to determine the authorized scope of practice for the nurses he supervises and make them available to governmental agencies upon request.

3. If a chief nurse is not assigned to the practice area of a registered nurse, the registered nurse shall determine the authorized scope of his practice and establish and document verification of his competency.

**Sec. 6.** NAC 632.234 is hereby amended to read as follows:

632.234 1. A licensed practical nurse shall assist in carrying out therapeutic procedures which provide for the emotional and physical comfort of the patient , including, but not limited to:

- (a) Assisting the patient with activities of daily living and encouraging him to do those activities without help where appropriate;
- (b) Contributing to the provision of an environment conducive to the safety and health of patients;
- (c) Recognizing, understanding and allowing for a patient's choices regarding his psychological, biological, social and cultural needs and religious beliefs;
- (d) Assisting a patient to maintain present levels of functioning;
- (e) Assisting with the education of a patient concerning his medical condition;
- (f) Initiating standard procedures in emergencies and continuing to perform those procedures until a licensed registered nurse, advanced practitioner of nursing, physician, *physician assistant*, dentist or podiatric physician is available;
- (g) Clarifying with his supervisor which situations require a greater degree of direction and supervision than is being provided; and
- (h) Carrying out other duties which are included in a curriculum for practical nurses approved by the board.

2. A licensed practical nurse with proper training may carry out the duties of a scrub nurse.

**Sec. 7.** NAC 632.249 is hereby amended to read as follows:

632.249 1. Each registered nurse, licensed practical nurse, certified nursing assistant, nursing student and nurse certified in an advanced speciality shall identify himself by his appropriate title:

- (a) When recording information on a record;
- (b) When introducing himself to a client, patient or prospective patient; and
- (c) On a name tag which:

(1) Includes , *at a minimum*, his *first* name *and the first initial of his last name*, and *his* title;

(2) Is prominently displayed on his clothing; and

(3) Is clearly legible from a distance of at least 3 feet.

2. In addition to the requirements set forth in subsection 1, each registered nurse, licensed practical nurse, certified nursing assistant, nursing student and nurse certified in an advanced speciality shall, when practicing telenursing, identify orally the state in which he is licensed or certified.

3. As used in this section:

(a) “Nurse certified in an advanced specialty” includes, but is not limited to, a clinical nurse specialist, advanced practitioner of nursing, certified registered nurse anesthetist and attendant as that term is defined in NAC 632.565.

(b) “Telenursing” means the provision of nursing care or advice from a remote location through the use of telecommunications equipment, including, but not limited to, a telephone, teletype, facsimile machine and any equipment capable of transmitting a video image.

**Sec. 8.** NAC 632.257 is hereby amended to read as follows:

632.257 1. An applicant for a certificate of recognition as an advanced practitioner of nursing will be authorized to issue written prescriptions for *controlled substances*, poisons, dangerous drugs and devices only if he:

(a) Is authorized to do so by the board;

(b) Submits an application for authority to issue written prescriptions for *controlled substances*, poisons, dangerous drugs or devices to the board; and

(c) Has successfully completed:

(1) A program that complies with the requirements set forth in paragraph (a) of subsection 1 of NAC 632.260 and includes an advanced course in pharmacotherapeutics; or

(2) A program of academic study that:

(I) Is approved by the board;

(II) Consists of at least 2 semester credits or an equivalent number of quarter credits in advanced pharmacotherapeutics; and

(III) Is completed within the 2 years immediately preceding the date the application is submitted to the board.

2. In addition to the information contained in the application for a certificate of recognition as an advanced practitioner of nursing, the application for authority to write a prescription for *controlled substances*, poisons, dangerous drugs and devices must include:

(a) Documentation of 1,000 hours of active practice in the immediately preceding 2 years as an advanced practitioner of nursing under a collaborating physician. The documentation must consist of a signed statement from the collaborating physician indicating to the board that the applicant is competent to prescribe those drugs listed in his protocols.

(b) If the applicant has prescribed *controlled substances*, poisons, dangerous drugs or devices in another state within the 2 years immediately preceding the application to write prescriptions in this state, a ~~[complete description of the requirements of that state,]~~ *list of the controlled substances*, poisons, dangerous drugs or devices he had authority to prescribe and any disciplinary action taken against him.

3. Except as otherwise provided in subsection 4, if an advanced practitioner of nursing who is authorized to prescribe certain *controlled substances*, poisons, dangerous drugs and devices changes his medical specialty, he must submit an application to the board, which includes documentation of 1,000 hours of active practice in the new medical specialty as an advanced practitioner of nursing under a collaborating physician, for authority to prescribe those *controlled substances*, poisons, dangerous drugs and devices which are currently within the standard of medical practice in that specialty.

4. An advanced practitioner of nursing who:

(a) Is authorized to prescribe certain *controlled substances*, poisons, dangerous drugs and devices; and

(b) Changes his medical specialty to a medical specialty that is substantially similar to his former medical specialty,

FLUSH is not required to submit to the board the application required pursuant to subsection 3 if the board has authorized him to prescribe *controlled substances*, poisons, dangerous drugs and devices in the practice of his former medical specialty.

**Sec. 9.** NAC 632.258 is hereby amended to read as follows:

632.258 Each application for authority to prescribe *controlled substances*, poisons, dangerous drugs or devices will be reviewed by the board or its designee for compliance with current policy established by the board.

**Sec. 10.** NAC 632.259 is hereby amended to read as follows:

632.259 1. An advanced practitioner of nursing may only prescribe *controlled substances*, poisons, dangerous drugs or devices which are:

- (a) Currently within the standard of medical practice in his identified medical specialty; and
- (b) Listed in his protocols.

2. The collaborating physician must approve, in writing, any change in the list of *controlled substances*, poisons, dangerous drugs or devices in the protocol. He may approve the change only if the advanced practitioner of nursing is capable of safely prescribing the *controlled substance*, poison, dangerous drug or device.

3. A comprehensive review and revision of the list of drugs must be conducted and documented by the advanced practitioner of nursing and the collaborating physician at least once each year.

**Sec. 11.** NAC 632.260 is hereby amended to read as follows:

632.260 1. An applicant for a certificate of recognition as an advanced practitioner of nursing must:

(a) Have completed a program designed to prepare an advanced practitioner of nursing which must:

(1) Be at least 1 academic year in length, including at least 4 months of instruction in the classroom and clinical experience with a qualified physician or advanced practitioner of nursing;



(2) Be accredited or approved by an organization approved by the board to accredit or approve those programs;

(3) Include an advanced course in the following areas of study:

(I) The assessment of the health of patients;

(II) Pathophysiology; and

(III) The preparation for practice as an advanced practitioner of nursing;

(4) Include a concentration of courses in at least one medical specialty;

(5) Include clinical experience that requires the student to integrate the knowledge and skills that are taught in the program and emphasizes the medical specialty chosen by the student; and

(6) Include training in making clinical decisions, including, but not limited to, diagnosing medical conditions and providing appropriate medical care.

(b) Except as otherwise provided in this paragraph, present to the board evidence of continuous practice in 3 of the 5 years immediately preceding the date of the application as an advanced practitioner of nursing in the specialty for which certification is requested. The continuous practice must include 400 hours of practice per year. An applicant is not required to comply with the provisions of this paragraph if:

(1) Within a time before the date of his application which is specified by the board, he completed a program to prepare an advanced practitioner of nursing; or

(2) He presents evidence to the board that he will complete 1,000 hours of practice, without the privilege of writing prescriptions, under the supervision of a qualified physician or certified advanced practitioner of nursing, within a time specified by the board.

(c) If previously licensed or certified as an advanced practitioner of nursing in another state or jurisdiction, have maintained the licensure or certification in good standing and complied with the requirements for continuing education of that state or jurisdiction.

(d) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after July 1, 1992:

(1) Be certified as an advanced practitioner of nursing by a nationally recognized certification agency; or

(2) Hold a bachelor's degree in nursing from an accredited school . ~~For present to the board evidence of work towards completing the requirements for such a degree. An applicant who is working toward a bachelor's degree in nursing must enter into an agreement with the board that sets forth the progress that must be made for completing the requirements for the degree.~~

(e) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after June 1, 2005, hold a master's degree in nursing or in a related health field approved by the board.

2. A student enrolled in a formal educational program for an advanced practitioner of nursing may perform the functions of an advanced practitioner of nursing, except writing prescriptions, if he does so under the supervision of a licensed physician or a certified advanced practitioner of nursing. The student:

(a) Must hold a license as a registered nurse in this state; and

(b) Shall notify the board in writing of the agreement concerning the practice between the student and the supervisor.

**Sec. 12.** NAC 632.295 is hereby amended to read as follows:

632.295 1. The board may deny the issuance or renewal of, or suspend or revoke a certificate of recognition as an advanced practitioner of nursing after a hearing if it finds that an advanced practitioner of nursing has:

(a) Performed tasks beyond those permitted pursuant to this chapter or otherwise authorized by the board, or breached an approval agreement or a protocol;

(b) Been negligent in performing services for patients;

(c) Impersonated a physician or permitted others to represent to the public that he is a physician;

(d) Represented himself as able to practice without a collaborating physician;

(e) Violated any provision or failed to meet any requirement of this chapter;

(f) Made, or caused to be made, a false, fraudulent or forged statement or representation to procure or attempt to procure a certificate of recognition as an advanced practitioner of nursing;

(g) Violated any statute or regulation relating to prescribing, dispensing or administering any controlled substance, poison, dangerous drug or device; or

(h) Failed to perform nursing functions in a manner consistent with established or customary standards.

2. Any licensed practical nurse or registered nurse who:


(a) Uses the title “advanced practitioner of nursing” or any similar title or who acts as an advanced practitioner of nursing without having obtained a certificate pursuant to this section; or

(b) ~~[Writes prescriptions for]~~ ***Prescribes or dispenses, without authority, controlled substances,*** poisons, dangerous drugs or devices, ~~[or who dispenses a controlled substance without authority.]~~

FLUSH is guilty of unprofessional conduct.

**Sec. 13.** NAC 632.450 is hereby amended to read as follows:

632.450 A licensed practical nurse who has at least 1 year of experience in nursing after receiving his initial license, 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 immediate supervision of a physician , *physician assistant* or registered nurse may:

1. Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;
2. Introduce one or more solutions of electrolytes, nutrients or vitamins;
3. Piggyback solutions of electrolytes, nutrients and vitamins;
4. Administer antibiotics or histamine H2 receptor antagonists by adding a solution by piggyback;
5. Administer fluid from a container which is properly labeled and contains antibiotics or histamine H2 receptor antagonists that were added by a pharmacist or a registered nurse designated by the pharmacist;
6. Flush locks with *normal* saline  or *dextrose 5 percent in water*;
7. Except as otherwise provided in subsection 8, administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
8. Administer fluid to a patient with a temporary central venous catheter by continuous or intermittent infusion through a peripheral device which uses an electronic mechanism to control the flow;
9. Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
10. Change a central venous catheter dressing.

**Sec. 14.** NAC 632.930 is hereby amended to read as follows:

632.930 *1.* The board may report any disciplinary action it takes against a licensee or holder of a certificate to:

~~{1. The National Council of State Boards of Nursing Disciplinary Data Bank;~~

~~—2. Any other}~~

*(a) Any national* repository which records disciplinary action taken against licensees or holders of certificates; or

~~{3.}~~ *(b)* Any agency of another state which regulates the practice of nursing.

*2. The board may report its denial of an application for a license or certificate and any other disciplinary action the board takes against an applicant for a license or certificate to:*

*(a) Any national repository which records disciplinary action taken against licensees or holders of certificates; or*

*(b) Any agency of another state which regulates the practice of nursing.*

**NEVADA STATE BOARD OF NURSING**

**INFORMATIONAL STATEMENT**

**AS A RESULT OF ADOPTION OF AMENDMENTS TO LCB FILE NO. R122-01**

Public comment was solicited at the Public Hearing conducted November 8, 2001 at the regular Board of Nursing meeting, a public workshop held in Las Vegas on October 12, 2001 and a public workshop in Reno on October 15, 2001. The proposed amendments were noticed to the Board's customary posting places, all interested parties on the Board's agenda mailing list, 17 county libraries, and the Reno Gazette Journal and the Las Vegas Review Journal newspapers.

The regulations were adopted as written by LCB with no opposition other than one person attending the public hearing on November 8, 2001 requesting more explicit language to NAC 632.450 regarding *normal* saline.

There will be no adverse or beneficial economic effects, either immediate or long term, on the businesses affected. There will be no adverse economic effect to the public, either immediate or long term. These regulations reflect statute changes made during the 2001 legislature.

The Board of Nursing does not anticipate an increase in costs for enforcement of the adopted regulations. There is no duplication or overlap with any other local, state, or federal agencies.

There is no provision in these regulations that is more stringent than the federal regulations regulating the same activities.

These amendments do not establish new fees or increase existing fees.

Information regarding these regulations may be obtained by contacting the Nevada State Board of Nursing, 1755 East Plumb Lane, Suite 260, Reno, Nevada, 89502, 775-688-2620.

11/16/01