

**APPROVED REGULATION OF
THE STATE BOARD OF NURSING**

LCB File No. R061-22

Filed December 29, 2022

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

AUTHORITY: § 1, NRS 632.120.

A REGULATION relating to nursing; revising provisions relating to procedures in venipuncture and intravenous therapy delegable to certain licensed practical nurses; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Nursing to establish reasonable standards for the placement of conditions, limitations and restrictions upon a license to practice professional or practical nursing. (NRS 632.120) Existing regulations establish and define two different levels of supervision that may be given by a supervisor of nurses: (1) “direct supervision” means direction given by a supervisor who is periodically available at the site where care is provided to a patient or who is available for immediate guidance; and (2) “immediate supervision” means direction given by a supervisor who is physically present at the site where care is provided to a patient and who is directly observing or assisting in that care. (NAC 632.048, 632.059) Existing regulations prescribe certain requirements on the practice of licensed practical nurses, including a list of procedures in venipuncture and intravenous therapy delegable to licensed practical nurses. Existing regulations authorize a licensed practical nurse who has completed a course in intravenous therapy approved by the Board and who acts pursuant to a written order issued by an advanced practice registered nurse, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and, as applicable, under the immediate supervision of a physician, physician assistant or registered nurse, to perform certain procedures in venipuncture and intravenous therapy. (NAC 632.450) This regulation changes the type of supervision required to perform such procedures from immediate supervision to direct supervision. Under such direct supervision, this regulation also authorizes a licensed practical nurse who has completed a course in intravenous therapy approved by the Board to administer intravenous fluid and medication from a container which is commercially prepared or premixed, but requires the breaking of a seal that separates the intravenous fluid from the medication, does not allow manipulation of the preset dosage strength and which is properly labeled by a pharmacist or a registered nurse designated by the pharmacist.

Existing regulations authorize a licensed practical nurse who has completed a course in intravenous therapy approved by the Board to assist a registered nurse in the intravenous administration of blood and blood products when acting pursuant to a written order of a

physician and under the direct supervision of the registered nurse. (NAC 632.450) This regulation changes the supervision required for providing such assistance from direct supervision to immediate supervision.

Section 1. NAC 632.450 is hereby amended to read as follows:

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 practice registered nurse, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and, as applicable, under the ~~immediate~~ *direct* supervision of a physician, physician assistant or registered nurse may:

(a) Start peripheral intravenous therapy that does not include midline or midclavicular catheters;

(b) Introduce one or more solutions of electrolytes, nutrients or vitamins;

(c) Administer, by adding a solution, any of the following medications:

(1) Antimicrobials;

(2) Blood and blood products if under the supervision of a registered nurse;

(3) Histamine H2 receptor antagonists;

(4) Proton pump inhibitors; and

(5) Steroids;

(d) Administer intravenous fluid and medications from a container which is commercially prepared or premixed and properly labeled by a pharmacist or a registered nurse designated by the pharmacist;

(e) *Administer intravenous fluid and medication from a container which is commercially prepared or premixed, but requires the breaking of a seal that separates the intravenous fluid*

from the medication, does not allow manipulation of the preset dosage strength and which is properly labeled by a pharmacist or a registered nurse designated by the pharmacist;

(f) Flush ~~locks;~~ intermittent venous access devices;

~~(g)~~ *(g)* Except as otherwise provided in paragraph ~~(g);~~ *(h)*, administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;

~~(g)~~ *(h)* Administer fluid to a patient with a ~~temporary~~ central venous catheter by continuous or intermittent infusion by an electronic mechanism to control the flow;

~~(h)~~ *(i)* Maintain patency of a peripheral intermittent vascular access device, including, without limitation, a peripherally inserted central catheter, using a nontherapeutic dose of flush solutions;

~~(h)~~ *(j)* Withdraw blood from a peripherally inserted central venous catheter if performed in accordance with specific institutional policies and after specific institutional in-service training;

~~(h)~~ *(k)* Discontinue peripheral intravenous catheters; and

~~(k)~~ *(l)* 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~~ *immediate* 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.