

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

LCB File No. R081-06

Effective June 28, 2006

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

AUTHORITY: §§1-14, 23-28, 30 and 31, NRS 632.120; §§15-22, NRS 632.120 and 632.237; §29, NRS 632.120 and 632.2856.

A REGULATION relating to nursing; revising provisions governing licensing and certification, advanced practitioners of nursing, clinical nurse specialists, certified registered nurse anesthetists, training programs for nursing assistants and disciplinary action and practice before the State Board of Nursing; and providing other matters properly relating thereto.

Section 1. Chapter 632 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *“Nurse midwife” means a registered professional nurse who has completed an organized formal program of training in the area of pregnancy, childbirth, the postpartum period, care of the newborn and the family planning and gynecological needs of women.*

Sec. 3. 1. *The Board hereby adopts by reference the Cumulative Index to Nursing and Allied Health Literature, Volume 50, 2005 Edition. A copy of this publication may be obtained from CINAHL Information Systems, Customer Service Department, 1509 Wilson Terrace, Glendale, California 91206, by telephone at (818) 409-8005, extension 5341, or at the Internet address www.cinahl.com, at a price of \$385.*

2. If the publication adopted by reference in subsection 1 is revised, the Board will review the revision to determine its suitability for this State. If the Board determines that the revision

is not suitable for this State, the Board will hold a public hearing to review its determination and give notice of that hearing within 90 days after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 90 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 4. 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 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 5. NAC 632.020 is hereby amended to read as follows:

632.020 “Advanced practitioner of nursing” means a registered professional nurse who has specialized skill, knowledge and experience obtained from an organized formal program of training and who is authorized in special conditions as set forth in NAC 632.255 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform. ~~[The term includes a nurse midwife, a nurse psychotherapist, a nurse practitioner and a clinical nurse specialist.]~~

Sec. 6. NAC 632.059 is hereby amended to read as follows:

632.059 “Immediate supervision” means the direction given by a supervisor of nurses who is physically present at the site where care is provided to a patient and directly observing or assisting in that care. ~~[, or both.]~~

Sec. 7. NAC 632.062 is hereby amended to read as follows:

632.062 “Nurse psychotherapist” means a *registered professional* nurse who has , *at a minimum*, a master’s degree in psychiatric or mental health nursing, counseling, social work or psychology.

Sec. 8. NAC 632.072 is hereby amended to read as follows:

632.072 “Protocol” means the written directions for assessment and management of ~~specified~~ medical conditions that the advanced practitioner of nursing and collaborating physician have agreed upon as a basis for their practice.

Sec. 9. NAC 632.155 is hereby amended to read as follows:

632.155 1. An application must be completed and filed in the office of the Board at least 4 months before the date of the examination.

2. The application must be accompanied by:

- (a) ~~A 2-inch by 2-inch photograph of the applicant taken within the preceding 2 years;~~
- ~~(b)~~ A complete set of the applicant’s fingerprints; and
- ~~(e)~~ (b) The appropriate fee.

3. Examinations will be offered at least once a year at a time and place determined by the Board.

4. The candidate must write the first examination within 90 days after receiving authorization from the Board to write the examination.

Sec. 10. NAC 632.167 is hereby amended to read as follows:

632.167 1. A trainee who receives an application for certification to practice as a nursing assistant must submit to the Board the completed application not later than 6 weeks before the date of the competency evaluation test for which he is applying.

2. The application must be accompanied by:

(a) A copy of a certificate or transcript received by the applicant upon the completion of an approved program.

(b) ~~[A 2-inch by 2-inch photograph of himself taken within the preceding 2 years. The photograph may not be taken with a camera that produces pictures instantly.~~

~~—(c)]~~ The appropriate fee.

~~[(d)]~~ (c) A complete set of the applicant's fingerprints.

Sec. 11. NAC 632.170 is hereby amended to read as follows:

632.170 In addition to the requirements set forth in NAC 632.173, to be licensed without examination:

1. An applicant for a license to practice as a registered nurse must:

(a) Have completed a course of study in an accredited school of professional nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing, maternal and child health nursing and mental health and psychiatric nursing.

(b) Hold a current license in good standing from another state or foreign country which was issued by a recognized legal agency.

(c) Submit to the Board:

(1) A completed application;

(2) ~~[A 2-inch by 2-inch photograph of himself taken within the preceding 2 years;~~

~~—(3)]~~ A complete set of his fingerprints; and

~~[(4)]~~ (3) The appropriate fee.

2. An applicant for a license to practice as a licensed practical nurse must:

(a) Have graduated from high school or passed the general educational development test.

(b) Have completed a course of study in an accredited school of practical or vocational nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing and maternal-child nursing, including mental health concepts.

(c) Hold a current license in good standing from another state or country which was issued by a recognized legal agency.

(d) Submit to the Board:

(1) A completed application;

(2) ~~[(A 2-inch by 2-inch photograph of himself taken within the preceding 2 years;~~

~~—(3)]~~ A complete set of his fingerprints; and

~~[(4)]~~ (3) The appropriate fee.

3. An applicant for certification to practice as a nursing assistant must:

(a) Submit to the Board ~~[(~~

~~—(1) A] a~~ completed application accompanied by a complete set of his fingerprints; and

~~[(2) A 2-inch by 2-inch photograph of himself taken within the preceding 2 years.]~~

(b) Request and confirm receipt by the Board of verification from the appropriate agency that he holds a current certificate to practice as a nursing assistant.

Sec. 12. NAC 632.175 is hereby amended to read as follows:

632.175 1. A temporary license or certificate may be issued upon application for a period of ~~[(4)]~~ 6 months. The fee for a temporary license or certificate applies toward the fee for a permanent license or certificate.

2. A nurse or nursing assistant seeking renewal of his license or certificate may be issued a temporary license or certificate if he needs additional time to provide the Board with evidence

that he is of good moral character and is free from physical or mental disability which would impair or interfere with his ability to perform in his area of practice safely and competently.

3. If it is determined that satisfactory proof of an applicant's ability to read, write and speak English as required by NAC 632.180 is not evident, no temporary license or certificate will be issued.

Sec. 13. NAC 632.192 is hereby amended to read as follows:

632.192 1. Two months before the expiration of each license or certificate, the Board will mail to the person authorized to practice as a registered nurse, licensed practical nurse or nursing assistant, at his address of record, a form to apply for the renewal of his license or certificate. The application for renewal must be received in the office of the Board on or before the end of the business day on which the authorization to practice expires.

2. The Board will find that the holder of the license or certificate has made sufficient application for renewal of the authorization to practice if:

(a) The application for renewal is:

- (1) Truthful, accurate and complete, and made on the form supplied by the Board.
- (2) Accompanied by payment of the required fee. If the fee is paid in a form other than cash, it must be made on an account with a sufficient amount of money for payment of the instrument.
- (3) Accompanied by proof that the requirement of continuing education is met.
- (4) Accompanied by a complete set of the applicant's fingerprints, if so required by the Board.

(5) Accompanied by proof that the licensee has satisfied the requirements of subsection 4, if the application is for renewal of a license and the licensee has not practiced nursing during the immediately preceding 5-year period.

(6) Accompanied by the documentation required pursuant to NAC 632.193, if the application is for the renewal of a certificate to practice as a nursing assistant.

(b) The applicant attests that he has committed no act which could subject his application to denial nor developed any condition which may interfere with his ability to practice in a safe and effective manner.

3. If an application does not meet the requirements of subsection 2, the staff of the Board will not renew the license or certificate. The applicant may apply for reinstatement, appear before the Board, or both. If a timely application to appear before the Board is made, the staff may issue a temporary license or certificate which remains valid until the Board hears the case and makes a determination. If the license or certificate is not renewed because the applicant paid the required fee with an instrument written on an account with an insufficient amount of money for payment of the instrument, the staff may require the payment of a late fee and a fee to cover the administrative cost of handling the instrument.

4. An applicant for renewal of a license who has not practiced nursing during the immediately preceding 5-year period must complete a course or program approved by the Board if he has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS. The Board may issue to the applicant a temporary license for not more than ~~4~~ 6 months after the date on which it was issued for the purpose of completing the course or program in which he is enrolled. Upon submission of evidence of completion of the course or program,

the Board will issue to the applicant a permanent license if he has satisfied the requirements of subsection 2.

5. An original license or certificate is valid for the period from the date of issuance to the licensee's or certificate holder's second birthday after issuance. Thereafter, each license or certificate will expire biennially on the licensee's or certificate holder's birthday. In a leap year the license or certificate of a licensee or certificate holder born on February 29 expires on February 28.

Sec. 14. NAC 632.242 is hereby amended to read as follows:

632.242 1. A licensed practical nurse may collect data and perform a skill, intervention or other duty in addition to those taught in an educational program for practical nurses if:

(a) The collection of data or performance of the additional skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse in this State.

(b) In collecting data and performing the additional skill, intervention or other duty, he follows the applicable written procedures and policies approved by the medical staff, the nursing administration and the administration of the employing agency.

(c) Before collecting data or performing the skill, intervention or other duty, he submits to his employer proof that he:

(1) Has completed a comprehensive program of study and supervised clinical practice which was approved by the Board on or after January 1, 1986;

(2) Has completed a comprehensive program of study and supervised clinical practice from another state; or

(3) Has acquired the additional knowledge, skill and ability.

2. The licensed practical nurse and his employer shall each maintain evidence of:

(a) The original documentation and demonstration of the acquired knowledge, skill and ability; and

(b) Annual verification of the nurse's continued competency regarding that knowledge, skill and ability through annual recertification or records of annual evaluations documenting satisfactory repeated performances of the knowledge, skill and ability in the nurse's area of practice.

3. For the purposes of paragraph (a) of subsection 1, collection of data and a skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse if it has been described as being performed by a licensed practical nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which:

(a) Are listed in the ~~[annual]~~ *Cumulative Index to Nursing and Allied Health Literature* ~~[that was most recently approved by the Board;]~~ *as adopted by reference in section 3 of this regulation;* or

(b) Have been individually approved by the Board.

Sec. 15. NAC 632.255 is hereby amended to read as follows:

632.255 An advanced practitioner of nursing may perform the following acts in addition to the ~~[ordinary]~~ functions of a registered nurse if he is properly prepared and the acts are currently within the standard of ~~[medical]~~ practice for his specialty and appear in his protocols:

1. Systematically assess the health status of persons and families by:

(a) Taking, recording and interpreting medical histories and performing physical examinations; and

(b) Performing or initiating selected diagnostic procedures.

2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent or long-term health problems.

Management may include:

- (a) Initiation of a program of treatment;
 - (b) Evaluation of responses to health problems and programs of treatment;
 - (c) Informing a person or family of the status of the patient's health and alternatives for care;
 - (d) Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practitioner of nursing;
 - (e) Modification of programs of treatment based on the response of the person or family to treatment;
 - (f) Referral to appropriate providers of health care; *and*
 - (g) ~~Treatment of minor lacerations which do not involve damage to a nerve, tendon or major blood vessel; and~~
- ~~(h)~~ Commencement of care required to stabilize a patient's condition in an emergency until a physician can be consulted.

3. Any other act if:

- (a) The advanced practitioner of nursing is certified to perform that act by an organization recognized by the Board;
- (b) The performance of the act was taught in the program of education attended by the advanced practitioner of nursing;
- (c) The performance of the act was taught in a comprehensive program of instruction successfully completed by the advanced practitioner of nursing, which included clinical experience; ~~or~~

(d) The act is within the scope of practice of an advanced practitioner of nursing as determined by the Board ~~[1]~~; *or*

(e) The advanced practitioner of nursing is trained to perform that act by a physician or another advanced practitioner of nursing and the act:

(1) Has been described as being performed by an advanced practitioner of nursing in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which are listed in the Cumulative Index to Nursing and Allied Health Literature as adopted by reference in section 3 of this regulation; or

(2) Has been individually approved by the Board.

Sec. 16. NAC 632.2555 is hereby amended to read as follows:

632.2555 ~~[1]~~ A protocol must:

1. Reflect the ongoing collaborative relationship between the advanced practitioner of nursing and the physician;

~~[(a)]~~ *2.* Reflect the current practice of the advanced practitioner of nursing;

~~[(b)]~~ *3.* Reflect established national or customary standards for his medical specialty;

~~[(e)]~~ *4.* Be maintained at the place of his practice; and

~~[(d)]~~ *5.* Be available for review by the Board.

~~[(2).—A comprehensive review and revision of the protocols of an advanced practitioner of nursing must be conducted and documented by the advanced practitioner and the collaborating physician at the time of renewal.]~~

Sec. 17. NAC 632.256 is hereby amended to read as follows:

632.256 1. An advanced practitioner of nursing shall maintain accurate records documenting all physical findings concerning a patient, the diagnosis and treatment, and any prescriptions written for a patient for whom he provides care.

2. A ~~representative sample of these records must be reviewed by the collaborating physician for compliance with the protocols of the advanced practitioner of nursing.~~ *system of quality assurance must be in place and set forth in protocols.*

3. All the records must be available for review by the Board. Any review will be conducted in accordance with the laws relating to the confidentiality of medical records.

Sec. 18. 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 ~~1.~~

~~(a) Currently~~ *currently* within the standard of ~~medical~~ practice in his identified medical specialty . ~~1.~~ ~~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. 19. 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~~ ***Present evidence*** 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] that:~~

(1) *Within 2 years* 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.

(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. 20. NAC 632.290 is hereby amended to read as follows:

632.290 1. The certificate issued to an advanced practitioner of nursing expires at the same time as a license for a registered nurse.

2. An advanced practitioner of nursing may renew his certificate by ~~[-]~~:

~~—(a) Renewing]~~ *renewing* his license ~~[as a registered nurse; and~~

~~—(b) Submitting documentation of maintenance and improvement of his skills by a statement from the collaborating physician or by peer review.~~

~~—3. To reinstate a certificate of recognition which has expired because the fee for renewal has not been paid, the applicant must submit:~~

~~—(a) The information required for an original application for a certificate on forms provided by the Board and submit the fee required;~~

~~—(b) The]~~, *submitting the* information required to renew a certificate ~~[-; and~~

~~—(c) The]~~ *and submitting the* fee for renewal ~~[.]~~ *of the certificate.*

Sec. 21. NAC 632.291 is hereby amended to read as follows:

632.291 When he renews his certificate, an advanced practitioner of nursing must submit, on forms supplied by the Board:

1. ~~[Proof that he has reviewed the protocols with the collaborating physician.~~

~~—2. Proof that he has practiced a minimum of 800 hours in his area of specialization.~~

~~—3. A statement]~~ *An attestation* that:

(a) He has not been named as a defendant in any malpractice suits; and

(b) He has never had his clinical privileges limited, suspended or revoked.

↪ If an advanced practitioner of nursing ~~[answers yes to these questions,]~~ *attests in the affirmative to paragraphs (a) and (b)*, a temporary certificate may be issued until the next Board meeting.

~~[4.]~~ 2. Proof that he has completed satisfactorily 45 hours of continuing education directly related to his area of specialization which may include the requirements for continuing education for renewal of a license for a registered nurse.

~~[5.]~~ 3. Any other information required by the Board.

Sec. 22. NAC 632.293 is hereby amended to read as follows:

632.293 If an advanced practitioner of nursing has not engaged in at least 800 hours of ~~[active]~~ practice during the previous ~~[2]~~ 5 years, or wishes to return from inactive to active status, he must submit to the Board an application to renew his practice which includes evidence that:

1. He has satisfactorily completed the continuing education required for that period; and
2. He has entered into an agreement with a collaborating physician or an advanced practitioner of nursing who is in the same medical specialty which provides that the practice of the applicant will be closely supervised by that physician or advanced practitioner of nursing ~~[]~~ *for a period of 800 hours.*

Sec. 23. NAC 632.300 is hereby amended to read as follows:

632.300 ~~[]~~ A nurse using the title “clinical nurse specialist” ~~[must:]~~ :

1. Must:

- (a) Be licensed to practice nursing as a registered nurse in this State;
- (b) Have a master’s or doctorate degree in nursing; and

(c) Be educated in an area of clinical specialty by completing a program designed to prepare clinical nurse specialists.

2. ~~[A nurse using the title “clinical nurse specialist” shall]~~ *Shall* present his credentials to any client, employer or representative of the Board upon request.

3. *May seek recognition as an advanced practitioner of nursing if he meets the requirements set forth in this section and NAC 632.260.*

Sec. 24. NAC 632.470 is hereby amended to read as follows:

632.470 1. The course must be taught in an educational institution or a ~~[licensed health and care]~~ *medical* facility as defined in NRS 449.0151.

2. The course must be taught by a registered nurse who has had, during the 2-year period before the course is taught:

(a) At least 6 months’ experience as a member of a team which performed intravenous therapy in a licensed health and care facility;

(b) At least 6 months’ experience, which included starting and superimposing fluids, in a clinical area with a high volume of intravenous therapy; or

(c) Experience in teaching courses in intravenous therapy.

3. The ratio of faculty members to students in the laboratory or in an area used for clinical practice in the course must not be more than 1 to 10.

Sec. 25. NAC 632.515 is hereby amended to read as follows:

632.515 1. An applicant for initial approval as a certified registered nurse anesthetist must:

(a) Hold a current license in Nevada in good standing as a registered nurse;

(b) Submit to the Board evidence of successful completion of a program for training as a nurse anesthetist that has been accredited by a national organization recognized by the Board;

(c) Submit ~~[a-notarized]~~ *an* application, on forms supplied by the Board, which substantiates that the applicant meets the requirements of this section and chapter 632 of NRS; *and*

(d) Submit evidence that he has passed an examination for initial certification and evidence that he is currently certified by a nationally organized group recognized by the Board.

2. In addition to the requirements of subsection 1, any applicant who is a graduate of a program for training as a nurse anesthetist, after:

(a) June 1, 1988, must submit evidence that he has received a baccalaureate degree in nursing; or

(b) June 1, 2005, must submit evidence that he has received a master's degree in nursing or anesthetic care.

Sec. 26. NAC 632.530 is hereby amended to read as follows:

632.530 If the Board finds that the applicant has met all the appropriate requirements set forth in NAC 632.500 to 632.550, inclusive, he will be issued a certificate of recognition as a certified registered nurse anesthetist. The certificate may be restricted to administering certain types of anesthetics or to general, regional or local anesthesia ~~[,]~~ *or monitored anesthesia care*, or any combination thereof.

Sec. 27. NAC 632.540 is hereby amended to read as follows:

632.540 1. A certificate of recognition as a certified registered nurse anesthetist expires biennially upon expiration of the holder's license as a registered nurse.

2. A certificate of recognition as a certified registered nurse anesthetist will be renewed upon:

(a) Submission of evidence of the renewal of a current license as a registered nurse in Nevada;

(b) Submission of evidence of current certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists; and

(c) Except as otherwise provided in subsection 3, documentation of 45 contact hours of continuing education related to practice as a nurse anesthetist, 15 hours of which must concern pharmacology in relation to the practice as an anesthetist.

3. If the national recertification occurs within 1 year before the nurse anesthetist's birthday, the Board will consider it sufficient evidence of:

(a) The successful completion of 40 contact hours of continuing education related to practice as a nurse anesthetist; and

(b) Validation of his professional practice during the previous 2 years.

~~[4.—Each nurse anesthetist shall submit the application for renewal not later than 60 days after the expiration of the certificate.]~~

Sec. 28. NAC 632.545 is hereby amended to read as follows:

632.545 ~~[1.]~~ A certificate of recognition as a certified registered nurse anesthetist expires automatically whenever there is a lapse in ~~[practice of at least 1 year.~~

~~—2.—If the lapse of practice is for more than 1 year and less than 3 years, before recertification, the Board will require evidence of the successful completion of procedures identified in accordance with applicable policies and procedures regarding the administration of anesthetics while under the supervision of a certified registered nurse anesthetist approved by the Board.~~

~~—3.—If the lapse of practice is for 3 years, but less than 5 years, before recertification the Board will require, in addition to a program of supervision pursuant to subsection 2, evidence of additional education by the nurse anesthetist applying for certification, as it finds appropriate.~~

~~—4.— If the lapse of practice is more than 5 years, the nurse anesthetist must, before recertification, provide evidence to the Board of the completion of the requirements for initial certification set forth in NAC 632.515.~~

~~—5.— As used in this section, a lapse in practice occurs when a certified registered nurse anesthetist has not, within a certain period, administered any of the types of anesthetics approved by the Board.]~~ *his national certification that is issued by the Council on Certification of Nurse Anesthetists.*

Sec. 29. NAC 632.746 is hereby amended to read as follows:

632.746 Units of instruction in basic nursing skills must include instruction in the classroom and clinical practice in:

1. Assisting in the care of the patient when death is imminent.
2. Taking and recording vital signs.
3. Measuring and recording height and weight.
4. Caring for the environment of the patient.
5. Measuring and recording the intake and output of fluids and food.
6. Observing ~~[and reporting signs and symptoms, such as shortness of breath, rapid respiration, fever, coughs, chills, pains in the chest, lips which are blue, pain in the abdomen, nausea, vomiting, drowsiness, excessive thirst, sweating, pus, blood or sediment in a patient's urine, difficulty urinating, frequent urination in small amounts, pain or burning when urinating or urine with a dark color or strong odor.]~~, *reporting and recording changes in condition, abnormal signs and symptoms.*
7. Procedures for noninvasive elimination, including:
 - (a) The care of the external part of the catheter;

- (b) Emptying the drainage bag for the catheter;
 - (c) Perineal care of the bladder and the bowel;
 - (d) Cleansing enema; and
 - (e) The external care of an established colostomy.
8. The collection of specimens (stool and urine).
 9. The application of unsterile warm and cold.

10. Reporting and recording incidents.

11. Reporting and recording patient care provided.

Sec. 30. NAC 632.890 is hereby amended to read as follows:

632.890 The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

1. Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry or sex in the rendering of nursing services.
2. Performing acts beyond the scope of the practice of nursing.
3. Assuming duties and responsibilities within the practice of nursing without adequate training.
4. Assuming duties and responsibilities within the practice of nursing if competency is not maintained, or the standards of competence are not satisfied, or both.
5. Disclosing the contents of the examination for licensure or certification, or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
6. Assigning or delegating functions, tasks or responsibilities of licensed or certified persons to unqualified persons.

7. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person.
8. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
9. Practicing nursing while, with or without good cause, his physical, mental or emotional condition impairs his ability to act in a manner consistent with established or customary nursing standards, or both.
10. Practicing nursing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the nurse or nursing assistant as determined by a test of the blood, saliva, breath , *hair* or urine of the nurse or nursing assistant given while the nurse or nursing assistant is on duty.
11. Having present in the body of the nurse or nursing assistant, alcohol or a controlled substance or dangerous drug that is not legally prescribed during a test of the blood, saliva, breath , *hair* or urine of the nurse or nursing assistant given as a condition of employment.
12. Failing to respect and maintain a patient's right to privacy.
13. Violating a patient's confidentiality.
14. Performing or offering to perform the functions of a licensee or holder of a certificate by false representation or under a false or an assumed name.
15. Failing to report the gross negligence of a licensee or holder of a certificate in the performance of his duties or a violation of the provisions of *this chapter or* chapter 632 of NRS .
~~[or this chapter.]~~
16. Failing to document properly the administration of a controlled substance, including, but not limited to:

(a) Failing to document the administration of a controlled substance on the Controlled Substance Administration Record, the patient's Medication Administration Record and the Nursing Progress Notes, including the patient's response to the medication;

(b) Documenting as wastage a controlled substance and taking that controlled substance for personal or other use;

(c) Failing to document the wastage of a controlled substance that was not legally administered to a patient;

(d) Soliciting the signature on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage; or

(e) Signing any record as a witness attesting to the wastage of a controlled substance which he did not actually witness.

17. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from a:

(a) Patient;

(b) Family member of a patient;

(c) Person with significant personal ties to a patient, whether or not related by blood; or

(d) Legal representative of a patient.

18. Diverting supplies, equipment or drugs for personal or unauthorized use.

19. Aiding, abetting or assisting any person in performing any acts prohibited by law.

20. Inaccurate recording, falsifying or otherwise altering or destroying records.

21. Obtaining, possessing, furnishing or administering prescription drugs to any person, including himself, except as directed by a person authorized by law to prescribe drugs.

22. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
23. Exploiting a patient for financial gain or offering, giving, soliciting or receiving fees or gifts for the referral of a:
 - (a) Patient;
 - (b) Family member of a patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
24. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.
25. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
26. Failing to abide by any state or federal statute or regulation relating to the practice of nursing.
27. Failing to perform nursing functions in a manner consistent with established or customary standards.
28. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
29. Engaging in sexual contact with a patient or client.
30. Failing as a chief nurse to:
 - (a) Institute standards of nursing practice so that safe and effective nursing care is provided to patients;

(b) Institute standards of competent organizational management and management of human resources so that safe and effective nursing care is provided to patients; or

(c) Create a safe and effective environment, including the failure to assess the knowledge, skills and ability of a licensee or holder of a certificate and determine his competence to carry out the requirements of his job.

31. Failing to report the unauthorized practice of nursing.

32. Endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence.

33. Abusing or neglecting a patient.

34. Misappropriating the property of a patient.

35. Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.

36. Engaging in the practice of nursing or performing the services of a nursing assistant without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.

37. Displaying a license, certificate, diploma or permit, or a copy of a license, certificate, diploma or permit, which has been fraudulently purchased, issued, counterfeited or materially altered.

38. Engaging in any other unprofessional conduct with a patient or client that the Board determines is outside the professional boundaries generally considered acceptable in the profession.

Sec. 31. NAC 632.926 is hereby amended to read as follows:

632.926 1. Based on the evidence presented at the hearing, the Board will do one of the following:

- (a) Dismiss the complaint.
- (b) Reprimand the licensee or holder of a certificate.
- (c) Deny licensure or certification.
- (d) Deny renewal or reissuance of a license or certificate.
- (e) Impose and collect an administrative fine.
- (f) Accept the voluntary surrender of the license or certificate in lieu of imposing any other disciplinary action set forth in this section.
- (g) Suspend the license or certificate and order its surrender.
- (h) Revoke the license or certificate and order its surrender.
- (i) Enter an order of suspension or revocation but stay the order for good cause subject to probation of a designated period and issue a restricted license.
- (j) ~~Issue a private reprimand or letter of concern.~~
- ~~(k)~~ Take any other action deemed appropriate by the Board.

2. If the Board accepts the voluntary surrender or orders a suspension or revocation of a license or certificate, the licensee or holder of a certificate must physically surrender his license or certificate to the Board on or before the date the order is effective.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R081-06**

The State Board of Nursing adopted regulations assigned LCB File No. R081-06 which pertain to chapter 632 of the Nevada Administrative Code on May 17, 2006.

Notice date: 4/11/2006
Hearing date: 5/17/2006

Date of adoption by agency: 5/17/2006
Filing date: 6/28/2006

INFORMATIONAL STATEMENT

On May 17, 2006, the Nevada State Board of Nursing conducted a public hearing at 9:00 a.m. at the Palace Station Hotel & Casino, Grand Ballroom-2nd floor, 2411 West Sahara Avenue, Las Vegas, NV 89102. The purpose of the public hearing was to receive comments from all interested persons regarding the adoption and amendment of regulations that pertain to chapter 632 of the Nevada Administrative Code.

That public hearing was attended by seven persons. No person provided testimony on any of the proposed regulations. No written public comments were received. All of the regulations were adopted without any changes from the proposed regulations received from the Legislative Counsel Bureau.

The following information is provided pursuant to the requirements of NRS 233B.066.

1. This adopted regulation, which is submitted to the Legislative Counsel Bureau pursuant to NRS 233B.067 is accompanied by this statement concerning the regulation and contains the following information:
 - a. A description of how public comment was solicited, a summary of the public response, and an explanation how other interested persons may obtain a copy of the summary.

Public comment was solicited by the Board through the mailing of the Notice of Intent to Act Upon a Regulation to every county library in the State of Nevada and the Nevada State Library and Archive. Also, the request for public comment was included on the Board website. Also, a copy of the Notice of Intent to Adopt or Amend the regulation was kept at both of the Board offices (Reno and Las Vegas).

There was no public response to the Notice of Intent to Adopt or Amend the Regulation, and so, there is no summary of the public comment. However, to provide the fullest public review, this document is available at both Board offices for review and is also posted on the Board's website.

b. The number of persons who:

1. Attended each hearing;

There was only one public hearing and seven persons attended.

2. Testified at each hearing; and

None of the seven persons who attended actually testified.

3. Submitted to the agency written statements.

No written statements were submitted to the agency.

c. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Since the Board regulates individual nurses, businesses were not affected. In general, public comment was solicited by the Board through the mailing of the Notice of Intent to Adopt or Amend the regulation to every county library in the State of Nevada and the Nevada State Library and Archive. Also, the request for public comment was included on the Board website. Also, a copy of the Notice of Intent to Adopt or Amend the regulation was kept at both of the Board offices (Reno and Las Vegas).

There was no public response to the Notice of Intent to Adopt or Amend the Regulation, and so, there is no summary of the public comment. However, to provide the fullest public review, this document is available at both Board offices for review and is also posted on the Board's website.

d. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The regulation was adopted without changing any part of the proposed regulation the Board received back from the Legislative Counsel Bureau. The reason for adopting the regulation without change is the Board agreed with the changes as conforming to the intent of the Board as provided in the original proposed regulation.

e. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:

1. Both adverse and beneficial effects; and
There will be no adverse economic effect of this regulation on the businesses or public.
2. Both immediate and long-term effects.
The immediate and long-term beneficial effects of this regulation will be the greater protection of the public.

f. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no cost incurred by the board for enforcement of this regulation.

g. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

The Nevada State Board of Nursing is not aware of any similar regulations of other state or government agencies that the proposed regulation overlaps or duplicates.

h. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

The Nevada State Board of Nursing is not aware of any similar federal regulations of the same activity in which the state regulation is more stringent.

i. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

This regulation does not provide a new or increase of fees.