

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

LCB File No. R091-15

Effective April 4, 2016

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

AUTHORITY: §§1-6, NRS 632.120.

A REGULATION relating to nursing; making various changes to the recording and reporting requirements of a licensed practical nurse; making various changes to the competencies required of a registered nurse; revising provisions relating to procedures delegable and not delegable to licensed practical nurses; making various changes to the requirements for a course in intravenous therapy; 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. Existing law also authorizes the Board to establish reasonable standards for the continuing professional competence of licensees. (NRS 632.120) Existing regulations place various requirements and restrictions on the practice of licensed practical nurses. (NAC 632.232, 632.450, 632.455) Existing regulation also sets forth the competencies required of a registered nurse in his or her practice. (NAC 632.212) **Section 1** of this regulation specifies the information that a licensed practical nurse is required to include in a focused nursing assessment. **Section 2** of this regulation makes changes to the competencies required of a registered nurse. **Section 3** of this regulation requires a licensed practical nurse to contribute to a patient’s plan of care by conducting a focused nursing assessment. **Sections 4 and 5** of this regulation specify the intravenous therapies that may be delegated to certain licensed practical nurses to perform. **Section 6** of this regulation makes changes to the subject requirements for a course in intravenous therapy.

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

“Focused nursing assessment” means an appraisal of a patient’s current health status conducted by a licensed practical nurse, for the purpose of inclusion in the management of the patient’s case, that includes, without limitation:

- 1. Identification of normal and abnormal findings related to the patient’s physical and mental health;*
- 2. Anticipation and recognition of changes or potential changes in the patient’s health status; and*
- 3. An evaluation of whether any information must be communicated to other members of the patient’s health care team and identification of the information to be shared.*

Sec. 2. NAC 632.212 is hereby amended to read as follows:

632.212 1. The Board will interpret the practice of professional nursing to include, but not be limited to, the duties specified in NAC 632.214 to 632.224, inclusive.

2. A registered nurse shall demonstrate in the performance of those duties competence in:

(a) The diagnosis and treatment of human responses to actual or potential health problems;

(b) *Synthesizing the biological, psychological and social aspects of the patient’s condition;*

(c) Exercising sound judgment;

~~(e)~~ (d) Making decisions;

~~(d)~~ (e) Carrying out his or her duties based on an established plan of care;

~~(e)~~ (f) Evaluating, assessing and altering, if appropriate, the established plan of care;

~~(f)~~ (g) Delegating appropriate duties to other persons;

~~(g)~~ (h) Supervising a person to whom the registered nurse has delegated nursing duties;

~~(h)~~ (i) Maintaining accountability in the delegation of care;

~~(i)~~ (j) Administering medication and carrying out treatments which are properly authorized;

~~[(k)]~~ **(k)** Determining the necessity and appropriateness of health care services for a patient or prospective patient and determining that patient's eligibility for payment of those health care services by a licensed insurer;

~~[(l)]~~ **(l)** Managing the cases of patients assigned to him or her by coordinating services and collaborating with other health care professionals in the provision of health care services ~~[(j)]~~, ***including, without limitation, an ongoing evaluation of the patient's focused nursing assessments conducted by a licensed practical nurse pursuant to NAC 632.232;***

~~[(m)]~~ **(m)** Planning for the discharge of patients; and

~~[(n)]~~ **(n)** Managing risk in the provision of health care services.

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

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 ~~[(j), 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.]~~ ***by conducting a focused nursing assessment.***

Sec. 4. 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 supervision of a physician, physician assistant or registered nurse may:

(a) Start peripheral intravenous therapy ~~[(j) using devices which act like needles and are not longer than 3 inches.]~~ ***that 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, *by adding a solution*, any of the following medications : ~~{by adding a solution by piggyback:}~~

(1) ~~{Antibiotics;}~~ *Antimicrobials;*

(2) ~~{Steroids; and}~~ *Blood and blood products if under the supervision of a registered nurse;*

(3) Histamine H2 receptor antagonists;

~~{(e)}~~ (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 ~~{and contains antibiotics, steroids or histamine H2 receptor antagonists that were added}~~ by a pharmacist or a registered nurse designated by the pharmacist;

~~{(f)}~~ (e) Flush locks;

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

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

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

(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:

632.455 A licensed practical nurse may not administer intravenously:

1. Any ~~drug~~ *medication* other than ~~an antibiotic, steroid or histamine H2 receptor antagonist;~~ *those listed in 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 ~~if~~ ; *or*

6. Any medication used for purposes of sedation.

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

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.

**LEGISLATIVE REVIEW OF ADOPTED REGULATIONS AS REQUIRED BY
NRS 233B.066
LCB File No. R091-15**

The following statement is submitted for adopted amendments to Nevada Administrative Code (NAC) Chapter 632.

INFORMATIONAL STATEMENT

1. A clear and concise explanation of the need for the adopted regulation.

This regulation is necessary to update the regulation to comply with advancements in the scope of practice of a Licensed Practical Nurse.

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

Copies of the proposed regulation, notices of workshop and notices of intent to act upon the regulation were sent by U.S. mail and email to persons who were known to have an interest in the subject of nursing as well as any persons who had specifically requested such notice. These documents were also made available at the website of the Nevada State Board of Nursing (NSBN), www.nursingboard.state.nv.us, mailed to all county libraries in Nevada and posted at the following locations:

Nevada State Board of Nursing
5011 Meadowood Mall Way
Suite 300
Reno, Nevada 89502

Nevada State Board of Nursing
4220 S. Maryland Parkway
Building B, Suite 300
Las Vegas, Nevada 89119

State Library and Archives
100 North Stewart Street
Carson City, Nevada 89701

A workshop was held on December 7, 2015, to receive comments on the proposed regulations. A transcript of that workshop, attached hereto, contain a summary of the discussion held regarding the proposed amendments. Thereafter, on or about December 14, 2015, the Executive Director of the Nevada State Board of Nursing issued a Notice of Intent to Act Upon a Regulation.

An explanation of how an interested person may obtain a copy of the summary of public response would be to go to the Nevada State Board of Nursing's physical offices located at 5011 Meadowood Mall Way, Suite 300, Reno, Nevada, 89502, and at 4220 S. Maryland Parkway, Building B, Suite 300, Las Vegas, NV 89119 or go to the NSBN website.

3. The number of persons who:

- a. Attended each hearing:** Four persons attended the workshop. No person attended the hearing.
- b. Testified at each hearing:** No person testified at the workshop. No person testified at the hearing.
- c. Submitted written comments:** There were no written comments submitted.

4. For each person identified in subparagraphs (2) and (3) of paragraph (c), the following information if provided to the agency conducting the hearing:

- a. Name;**
- b. Telephone number;**
- c. Business address;**
- d. Business telephone number;**
- e. Electronic mail address; and**
- f. Name of entity or organization represented.**

There were no written comments submitted to the Board.

5. 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.

Comments were solicited from affected businesses in the same manner as they were solicited from the public. The summary may be obtained, as instructed, in the response to question #1.

6. 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 permanent regulation was adopted on January 14, 2016, without change because there were no changes recommended at either the hearing on January 14, 2016, or at the workshop on December 7, 2015.

7. 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 each case must include:

- a. Both adverse and beneficial effects; and**
- b. Both immediate and long-term effects.**

There are no adverse or beneficial economic effects as a result of the proposed regulation because the amendments merely clarify what an LPN can do in conducting a focused nursing assessment. Additionally, the proposed regulation updates the terms regarding LPNs practice involving intravenous therapy. The LPNs nursing practice will not change, and so, any small businesses that employ LPNs will not feel an adverse or beneficial effect.

The immediate and long-term effect of the proposed regulation is that LPNs will practice within the full authority of their education and licensure. This will have no immediate and long-term effect on the efficiencies on any small businesses that may employ LPNs.

8. The estimated cost to the agency for enforcement of the adopted regulation:

There is no additional cost to the agency for the enforcement of this regulation.

9. A description of any regulations of other State or governmental agencies which the regulation overlaps or duplicates and a statement explaining why the duplication or overlap 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 which the proposed regulations overlap or duplicate.

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

This regulation does not include provisions which are more stringent than a federal regulation which regulates the same activity.

11. 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.

The regulation does not provide for a new or increased existing fee.