

Nevada State Board of NURSING NEWS

February 2004

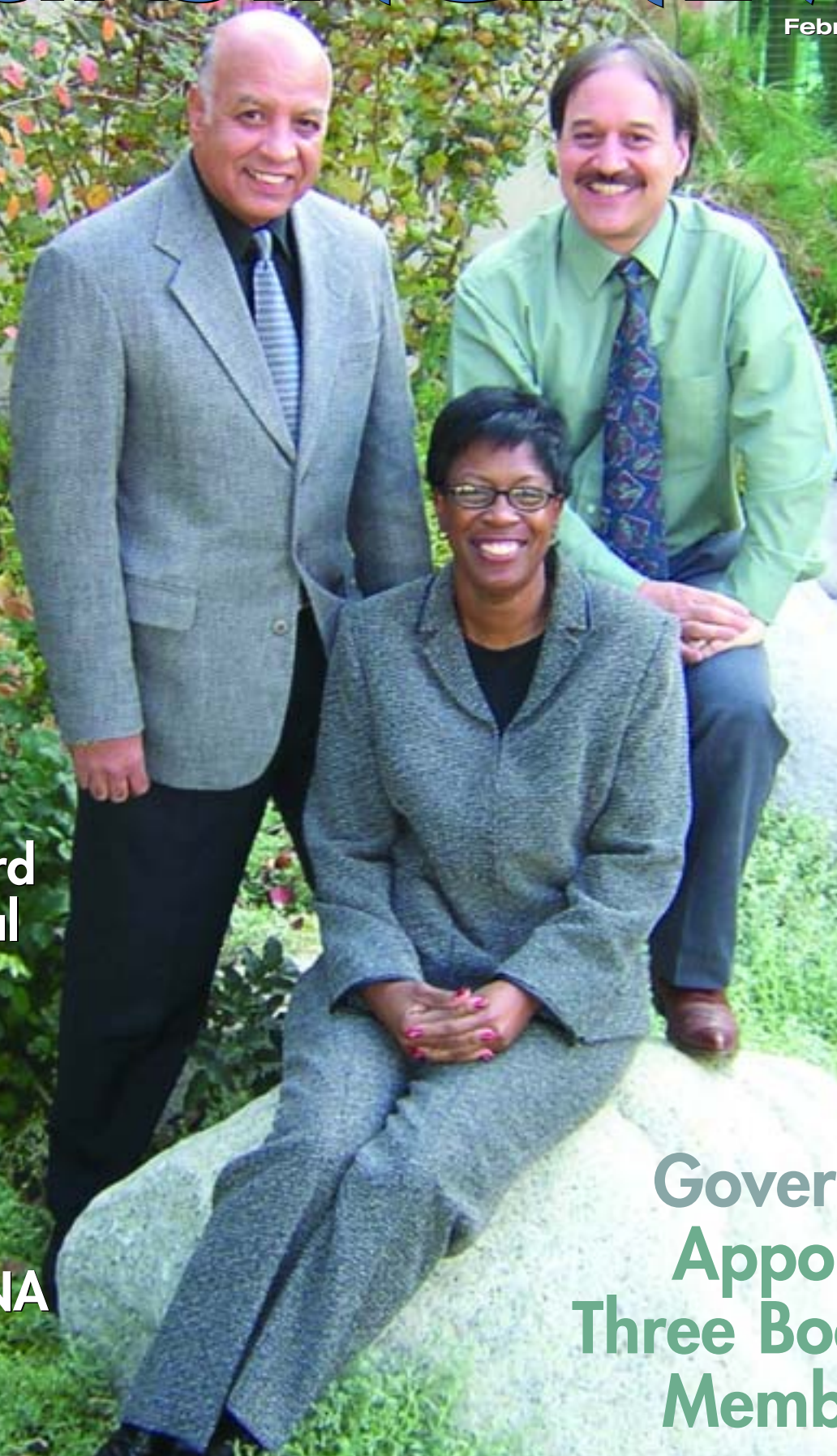
National
Council
Honors
Nevada
Board
Member

On-Line
License
Renewal
Is Here!

Fred
Olmstead
Joins Board
as General
Counsel

Board
Increases
CNA Fees
to Offset
Loss of CNA
Contract
Funds

Governor
Appoints
Three Board
Members



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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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Executive Director

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The **Nevada State Board of Nursing News** publishes news and information about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

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If you're reading a friend's magazine, it's probably because you didn't notify the Board of your correct address.

You may do so by emailing or writing the Las Vegas office. Please include your name, license number and former and current addresses.

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Cover photo: Board members Joe Cortez, Dorothy Perkins, and David Burgio Photo credit: Amy Mazzucotelli

Changes

A message from the executive director

AS WE ALL KNOW, in our ever-changing world, there is one thing we can count on, and that is change. Over the past year or so, we've seen many changes at the Nevada State Board of Nursing. Whether we made them ourselves, or they were the result of outside forces, we've found that for the most part, the changes have been good. Good for the Board and good for the public that it is charged with protecting. However, we did have to deal with some negative changes, such as the loss of funding for the Certified Nursing Assistant program.

The magazine you have in your hand is one of the changes we're excited about. The Board continually searches for ways to reduce costs and increase effectiveness. The cost to publish three issues of our former newsletter, not including staff time, was about \$33,000 (for printing, sorting, labeling and mailing). We knew other nursing boards around the country contracted with publishers to produce their newsletters, newspapers or magazines at no cost to the boards, in exchange for allowing the publishers to sell advertising.

After researching various publishers and speaking with several nursing boards, we entered into an agreement with Publishing Concepts, Inc., (PCI) to produce the NSBN News four times a year, at no cost to the Board. We're not only excited about the substantial cost savings, we're also pleased that for the first time, the magazine will be mailed to CNAs, as well as all licensees. We're proud that the new full-color magazine format presents a more professional and attractive image. And we're especially glad we'll be able to give you more "news that you can use," more often.

When we considered this change, we had two concerns about accepting advertising. One was how our readers would react. When we spoke to other boards, they told us that their reader feedback was overwhelmingly positive. They said their readers felt the advantage of a professional portrayal of nursing far outweighed any perceived disadvantage of including advertisements. Our other concern was



the type of advertising that would be accepted. PCI has agreed not to accept any advertisements from out-of-Nevada organizations seeking to recruit employees, or entities with politically related agendas. PCI has also agreed to ensure that advertisers are offering a product or service that would be of interest to our readers, e.g. uniform companies, recruiters, or providers of continuing education.

Other changes you'll read about in this first issue of our new magazine include the appointments of two new Board members, the reappointment of our CNA Board member, the hiring of an in-house legal counsel, newly adopted regulations regarding LPNs and IV therapy, a practice decision on vein harvesting, and an increase in CNA fees to offset the loss of federal funding. You'll find articles on our new Education Advisory Committee; the relocation of our Las Vegas Office of Licensure, Certification and Education; new Board-sponsored continuing education courses; and the arrival of on-line licensure renewal.

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective nursing regulation. One of the ways we do that is to keep nurses and nursing assistants informed of regulatory changes that affect you, through our web site, presentations, continuing education courses, telephone calls, letters, emails, and the magazine you are holding in your hand. We hope you'll take a moment to read through it and call or email if you have questions, suggestions, or comments.

After all, each one of us has to deal with rapid change every day of our lives. The more we pull together, the easier it is for all of us.

A handwritten signature in black ink, appearing to read 'Debra Scott', with a stylized flourish at the end.

Debra Scott, MS, RN, APN
Executive Director

Governor Appoints Three Board Members

New members David Burgio and Joseph Cortez join reappointed member, Dorothy Perkins

GOV. KENNY GUINN recently appointed David Burgio, an APN who works for a homeless health clinic, and Joseph Cortez, an internationally known boxing referee, to the Nevada State Board of Nursing. Burgio replaces Ellie Lopez-Bowlan, MS, RN, FNP, whose term expired in October. Cortez fills the consumer member position formerly held by Merle Lok. The governor reappointed Dorothy Perkins, the Board's CNA member, to a second four-year term.

David Burgio, MS, RN, APN **RN Member**

David Burgio, MS, RN, APN, is the second male RN member in the Board's 80-year history. Douglas Fantazia, also an APN, was the first, serving from 1987-88.

Burgio is the sole nurse practitioner for the HAWC (Health Access Washoe County) Outreach Medical Clinic. The clinic provides free health care to homeless individuals and families. He is also HAWC's clinical liaison for doctors and nurse practitioners and serves as an adjunct faculty member for the Orvis School of Nursing.

Burgio earned his bachelor's of science in nursing and his master's of science in community health nursing from D'Youville College in Buffalo, New York. He received the "D'Youville Medal," the college's highest award given to only one graduating senior each year. Burgio completed his post-master's work for family nurse practitioner certification at the University of Pittsburgh in Pennsylvania.

From 1981 through 1992, Burgio held registered nursing positions in hospitals and as a visiting nurse in New York, Pennsylvania and Florida. From 1993 to 1996, he worked as an APN at clinics for Charles Cole Hospital in Caudersport, Pennsylvania. In 1996, he moved to Reno to work for the Medical Group of Northern Nevada. Burgio has worked for the HAWC homeless clinic since it

opened in 1997. He served on the Board's Advanced Practice Advisory Committee from 2001 to 2003.

Regarding his appointment to the Board, Burgio said, "My wish is to be able to adequately protect the public as well as help the nurses of Nevada. I have been in health care since I was 18 years old, starting as an orderly and then progressing to an LPN and RN. I hope to bring this and my 22 years of RN experience in four states to the Board."

He added, "I brought my wife and two children here seven years ago and we've adopted Nevada as our home. We love the people and places here and appreciate all the work of those nurses before me who helped make this a great state to practice in."

Joseph Cortez **Consumer Member**

Joseph Cortez has been a boxing referee for more than 20 years, refereeing 160 World Title Championship fights in more than 11 countries. He has refereed Oscar De La Hoya, Julio Caesar Chavez, Mike Tyson, Roberto Duran, George Foreman, and Lennox Lewis, to name a few. Born and raised in New York City in Spanish Harlem, Cortez began his career in 1960 as an amateur Bantamweight boxer, earning four Golden Gloves in two years. In 1963, he turned professional, fighting as a Bantamweight until 1967. His last professional fight was in 1971, when he retired with a record of 18 wins, one loss.

Cortez began a career in the hotel industry after he and his family moved to Puerto Rico in 1969. He worked his way up the ranks from front desk clerk to executive assistant manager of the El Conquistador Hotel in Fajardo. They moved back to New York in 1976, where Cortez served as assistant casino operating manager for the El San Juan Hotel Corporation, The Palace, and El

Conquistador Hotels. At the same time, he began his career as a boxing referee.

Cortez also became very involved in the community, serving as both a speaker and a sponsor for several youth organizations. He then developed and implemented a successful community vision outreach program with leading ophthalmologists in New York, New Jersey, Las Vegas, and Chicago to provide those in need with eye-care services.

“Boxing has afforded me a spot in the limelight and I intend to use the opportunity to help set a good role model to the youth and minorities and help wherever I can,” Cortez explained.

In 1992, he brought his community spirit to Las Vegas, where he and Sylvia, his wife of 38 years, now reside with their daughters Cindy, Sandy, and Christine, and grandsons Ricky, 12, and Bryce, 4.

In addition to helping at-risk youth with a boxing program designed to teach not only boxing, but also discipline and self esteem, he has volunteered time and funds to several health-related organizations in Clark County. Cortez’s current focus is raising awareness and funds for spinal cord research. His daughter, Cindy, is a quadriplegic, after suffering a serious spinal cord injury in a 1996 automobile accident.

Cortez said, “Because of Cindy’s fighting spirit and determination to get better, my focus is now to create awareness and raise research funds for spinal cord injuries.”

Regarding his newest area of public service, Cortez said, “I’m very honored to be appointed by the governor to represent the consumers of Nevada. I look forward to working on the Board as part of a team.”

Dorothy Perkins, CNA **CNA Member**

Dorothy Perkins was first appointed in 1998 by Gov. Bob Miller to serve the remaining year of Eleanor Zamora’s term. Zamora resigned after moving to California. Gov. Miller then appointed Perkins to a full four-year term in 1999. A resident of Las Vegas since 1972, Perkins has worked as a nursing assistant for the Clark County Health District for almost three decades.

In September, 1974, she started working at the Clark County Health District as a nursing assistant, then became certified in 1990 when the state mandated certification for all nursing assistants.

Her major responsibility is the Senior Foot Clinic. “I am so proud that I am able to provide such a needed service to the seniors of Clark County,” Perkins said. “Every

week, I look forward to seeing my clients, some that I have known for over thirteen years. And they tell me that they are happy to see me too! The relationships I have made with them through the years are some of the most rewarding of my career.”

She added that she wanted to mention how much she respects and appreciates the nurses she works with at the Health District: “They have taught me so much and I have always felt respected and valuable as a member of the team.”

When asked to reflect on her experience with the



Board members David Burgio, Dorothy Perkins, and Joseph Cortez

Board, Perkins said, “I didn’t know exactly what my role as a CNA on the Board would entail. I have learned so much in the years since then, and have a much better appreciation for nursing and the law and how it works in the state of Nevada. It is my job to be fair and honest for CNAs and other licensed personnel that come before the Board. What I am most proud of is the reputation I have with my fellow Board members and how this has helped all CNAs to earn a more respected role in the health care profession.”

Regarding her reappointment, Perkins said she plans to “continue to serve the Board with diligence and integrity, showing that being a CNA is a very rewarding, honest and needed profession, and one in which I am proud to be counted among.”

Perkins also serves on a HealthInsight Committee that hears complaints from the public regarding personnel or environmental issues with nursing homes.

She has two sons, Preston and Wade, and four grandchildren.

The seven-member Board consists of four registered nurses, one practical nurse, one certified nursing assistant, and one consumer member. They are appointed by the governor to four-year terms.

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BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

(March 31), April 1, 2, 2004—Reno

April 19, 2004—Las Vegas (Reno)

May 19-21, 2004—Las Vegas

June 18, 2004—Reno (Las Vegas)

July 14-16, 2004—Mt. Charleston

September 22-24, 2004—Las Vegas

October 25, 2004—Las Vegas (Reno)

November (17) 18, 19, 2004—Reno

(Meetings may be held on dates and in locations in parentheses, depending on Board business.)

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's web site and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's web site or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas, except for the Disability Advisory Committee.

Advanced Practice Advisory Committee (three)

May 11, 2004

August 17, 2004

November 2, 2004

CNA Advisory Committee (four)

May 12, 2004

August 18, 2004

November 10, 2004

Disability Advisory Committee (none)

April 23, 2004—Las Vegas

October 1, 2004—Reno

Education Advisory Committee (one)

February 27, 2004

April 30, 2004

July 23, 2004

November 5, 2004

Nursing Practice Advisory Committee (three)

April 14, 2004

June 9, 2004

August 11, 2004

October 13, 2004

December 8, 2004

BOARD TALK

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, please call the Reno office at least two weeks before the meeting for detailed information. Public Comment time is divided equally among those who wish to speak.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

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two business days. Your hard card will follow in the mail.

If you don't have a MasterCard™ or Visa™ debit or credit card, the post card will direct you to complete and print a license renewal application from the Board's web site.

So, make sure the Board has your correct address-and don't throw away that postcard! If you have any questions regarding this new renewal process, please call the Las Vegas office.

BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

POSITION	NAME	TERM
President, LPN Member	Patricia Shutt, LPN	10/30/2005
Vice President, RN Member	Mary Ann Lambert, MSN, RN	10/30/2004
Secretary, RN Member	Helen Vos, MS, RN	10/30/2004
RN Member	Cookie Bible, BSN, RNC, APN	10/30/2004
CNA Member	Dorothy Perkins, CNA	10/30/2007
RN Member	David Burgio, MS, RN, APN	10/30/2007
Consumer Member	Joseph Cortez	10/30/2007

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing 5011 Meadowood Mall Way #201, Reno, NV 89502-6547; call 688-2620 (toll-free outside Reno calling area 1-800-746-3980); or email reno@nsbn.state.nv.us



Patricia Shutt, Helen Vos, Joseph Cortez, David Burgio, and Mary Ann Lambert (standing) and Cookie Bible and Dorothy Perkins (sitting) *Photo credit: Amy Mazzucotelli*

Board Increases CNA Fees to Offset Loss of CNA Contract Funds

Under the regulation change, a CNA now pays \$25 a year for a nursing assistant certificate

THE BOARD RECENTLY ADOPTED a regulation change which increased CNA fees, effective December 1. The Board did this to offset a decrease in the amount of federal funding it receives to run the CNA program and an increase in the cost of the program's discipline cases.

Most of the CNA fees had been at or near the bottom of the fee range since the Board was first given the statutory responsibility of regulating CNAs in 1989. (It has regulated RNs and LPNs since 1923.) While the Board is in sound financial health overall, this regulation change will reduce the financial shortfall in the CNA program, and as a result, reduce the subsidy currently provided by RN and LPN licensure fees.

Before the Board adopted the change, it held meetings with several affected organizations and individuals. It held two public workshops, one in Las Vegas on June 9, and a

second in Reno on June 10. It then held a public hearing on July 23 at its regular meeting in Genoa. The Board advertised the workshops and hearing and posted the proposed regulations in local newspapers, on its web site and in 17 public libraries. It also mailed notices to interested individuals and organizations.

In adopting the regulations, the Board considered all written comments it received, as well as public testimony from the workshops and hearings. A total of 11 people attended the workshops and hearings; of the four who testified, all spoke in support of the regulations. One written comment was received; it expressed opposition to the fee increase.

If you have any questions about the newly adopted regulations, please call the Board's Las Vegas office.

The amended regulation reads:

632.190 Fees. The following fees are established:

4. For nursing assistants:

Application for a certificate	[15.00]	50.00
Biennial renewal fee	[20.00]	50.00
Duplicate certificate	[5.00]	30.00
Certification examination	90.00	
Approval of proctors for certification examination	50.00	
Approval of training programs:		
If using model curriculum	[150.00]	250.00
If using alternate curriculum	[150.00]	250.00
Annual approval of instructors of training programs	[50.00]	100.00
Annual fee for review of training programs	[60.00]	100.00

Fred Olmstead Joins Board as General Counsel

Bringing legal services in-house saves costs, increases effectiveness

IN A MOVE THAT SAVED costs and increased effectiveness, the Board recently hired its own full-time legal counsel. Fred Olmstead joined the Board in August, after serving three years as a deputy attorney general for the state of Nevada.

For the past 14 years, the Board had a capped contract with the Nevada Attorney General's office for legal services. In 2003, the Attorney General's office informed the Board that it would no longer be negotiating capped contracts. Instead, it explained, all boards would be charged an hourly rate for all legal services provided by its attorneys. That rate, extended over a year's period, would have amounted to an almost doubling of the amount paid under the Board's capped contract.

After carefully considering its options, the Nevada State Board of Nursing decided to join the ranks of the state's other major health care boards and hire its own in-house attorney.

"We were pleased with the legal services we received from the Attorney General's office," Executive Director Debra Scott, MS, RN, explained. "Yet given the amount of legal services our Board needs, employing a full-time legal counsel was the next logical step. It has saved us a substantial amount of money and has improved our effectiveness."

Olmstead earned his Doctor of Jurisprudence from Golden Gate University School of Law in 1995, and his Bachelor of Science in Business Administration from California State University at Long Beach in 1988. After earning his law degree, Olmstead served as a law clerk for Judge Connie Steinheimer, of the Second Judicial District Court in Reno. In 1997, he joined the Law Office of David R. Houston as associate attorney, and then

in 1999, Olmstead opened his own law practice.

He joined the Attorney General's office in 2000 as a deputy attorney general, where his responsibilities included conducting disciplinary hearings for state regulatory boards, investigating and prosecuting criminal cases involving insurance fraud, and drafting changes to Nevada's statutes and regulations.

Olmstead's responsibilities at the Nevada State Board of Nursing include preparing and reviewing contracts, prosecuting violators of the Nurse Practice Act, and providing legal advice and counsel to Board members and staff.

"I'm honored to serve as the Board's first general counsel," Olmstead said. "I look forward to helping the Board protect the citizens of Nevada."

He and his wife, Patty, have a five-month-old daughter, Teagan.



General Counsel Fred Olmstead (center) confers with Board member Joseph Cortez (right) at a recent Board meeting. Also pictured are Patricia Shutt, Board president, and Robert Buck, associate director for compliance.

Las Vegas Office Moves

*Address changes, telephone
and email remain the same*

The Board's Las Vegas office moved to 2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4236. It is on Sahara just west of I-15 across the street from the Palace Station. The telephone, fax and email address did not change.

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Legislature Mandates Bioterrorism CEs

RN and LPN renewal requirement goes into effect January 1, 2005

THE 2003 NEVADA LEGISLATURE passed Assembly Bill 250, which requires that several types of health care professionals, including nurses, take four hours of continuing education “relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.”

The bill specifies that the course of instruction must include:

- a. An overview of acts of terrorism and weapons of mass destruction;
- b. Personal protective equipment required for acts of terrorism;
- c. Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- d. Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- e. An overview of the information available on, and the use of, the Health Alert Network.

Completing a bioterrorism course which meets the requirements of the law is a one-time requirement of all RNs and LPNs with active Nevada licenses. Once the course is completed during the two-year renewal period, it doesn't have to be taken again.

Beginning January 1, 2005, all nurses renewing their licenses must have completed this four-hour bioterrorism course as part of their CE renewal requirement. On that date, the Board's random CE audits will begin to include auditing for proof that renewing nurses have completed the bioterrorism course.

The four hours may be counted as part of the 30-hour CE requirement for RN and LPN renewal, and as part of the 45-hour CE requirement for APN and CRNA renewal.

While the legislature didn't mandate the course for CNAs, the Board highly encourages them to take it as part of their 24 hour in-service training renewal requirement.

When considering any continuing education course, please make sure that the CE provider is approved by the Board (see below). If the course is not presented by a Board-approved provider, it won't count toward the 30-hour renewal requirement. In addition, when reviewing a potential bioterrorism course, make sure the course content covers the subject matter mandated by the Nevada legislature. Be aware—many courses entitled “Bioterrorism” only cover one or two of the mandated subjects.

If you have any questions regarding this new requirement, please feel free to call the Las Vegas office.

If a continuing education provider is an academic institution or recognized by one of the organizations below, it is considered an “approved provider” by the Nevada State Board of Nursing. If a provider does not fall into one of those two categories, please call the Las Vegas office to verify the provider is approved by the Board.

- American Association of Critical Care Nurses
- American Association of Nurse Anesthetists
- American Nurse Credentialing Center Commission on Accreditation
- National Association of Pediatric Nurse Associates and Practitioners
- National League for Nursing

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First an LPN in 1971, then an RN in 1975, Barbara with several of her co-workers from the NICU at Cincinnati Children's Hospital Medical Center, sailed on what was then the newest Carnival ship, the Festival. January 1981 was the first real vacation in her life and also her first Caribbean cruise. Little did she know what the future had in store for her! One thing she was sure of from that moment on; that a cruise vacation was the most fun she had ever had! It was unbelievable, an incredible value and the most magical experience of her life. She and her coworkers were in agreement and promptly booked their next cruise vacation for January 1982! "I'll never forget my first cruise! I got off the plane in Miami to 80-degree weather, after leaving the frigid icy Cincinnati winter; to see azure blue skies and my first palm trees. I knew that this would not be my last time to experience this escape from reality!" Barbara and the other nurses from her unit continued to go on cruises every winter for many years. Then in 1990, the Ohio State Board of Nursing released the news, that soon continuing education would be a mandatory requirement for license renewal. Barbara was well aware that it was common practice for physicians to travel to wonderful vacation locations to attend conferences. She wondered why there were no "education-vacation" opportunities available for nurses. Thus C.E.'s @ Sea was conceived in 1992. Mandatory continuing education became Ohio law in 1993 and Barbara became a cruise agent. She hosted her First Annual



Neonatal Perinatal Conference Cruise to the Caribbean in July of 1993. 2004 marks her 12th year with her business, which continues to increase in sales and success every year. Each year they offer 4-6 conference cruises in

a variety of nursing specialties. Also offered are several conferences for Pharmacists & Nurses. To date hundreds of nurses, pharmacists & other healthcare professionals have joined her from all over the United States and Canada. She personally has lost count of the number of ships and cruises that she has been on, well over 60, she estimates. "We have so many nurses and pharmacists coming back year after year, that I decided I wanted to show them my appreciation. I created a 14k gold pendant of our logo and started our "CBAC Club"! Anyone attending 5 conferences is inducted into the club and receives the pendant. We have so many that have attended 10 times that we now mark this milestone by placing diamonds in the port-holes of the ship on our pendant."

Barbara says that much to her surprise, this business has become *continued on page 26*

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The 4th Annual Pharmacists & Nurses Conference Cruise
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Disciplinary Actions

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process

If the Nevada State Board of Nursing receives information that a nurse or nursing assistant may have broken the law (the Nevada Nurse Practice Act), the Board has the authority to investigate.

It will investigate if the complaint is received in writing, names a nurse or nursing assistant who is licensed or certified in the state of Nevada, is signed by the person making the complaint, and alleges a violation of the Nurse Practice Act.

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process, which requires giving adequate notice, a description of the charges, and a hearing or the opportunity for a hearing.

The individual also has the right to a formal hearing, the right to an attorney, the right to not participate in an informal hearing, the right to not sign anything, the right to see the complaint, and the right to appeal.

If the evidence doesn't support the allegations, the complaint may be dismissed or closed. If the evidence does support the allegations, the Board can take disciplinary action against the individual.

Disciplinary action can include denial, reprimand, fine, suspension, probation, or revocation of a license or certificate. The Board considers each case individually.

The disciplinary penalty is determined based on a number of factors which include the severity and recency of the offense, degree of deviation from standard practice, evidence of rehabilitation, current ability to practice safely, mitigating or aggravating factors, and past disciplinary history.

The law gives the Board an alternative option—a very successful program which allows qualified, chemically dependent nurses and nursing assistants to re-enter the workforce in a paced sequence. It also monitors their recovery to ensure the safety of patients.

The following are disciplinary and licensure/certification actions taken by the Board for the period of July 23, 2003 through October 30, 2003. (Please note that this list includes some of the outcomes of the May 7-9, 2003 Board meeting that were not reported earlier due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Abernathy, Laura, RN37729

Agreement for Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without a license.

Adams, Allison, RN22539

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) inaccurate recording, falsifying records.

Alvarado, Christine, LPN08832

Voluntary Surrender of License/Certificate in Lieu of other Disciplinary Action by the

Board for violations of NRS 632.320 (5) controlled substances/intoxicating liquor.

Atwell, Debra, RN39466

Agreement for Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) conviction, (5) controlled substances, and (12) action in another state.

Banks, Tonya, CNA008652

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances.

Batthey, Peter, CNA005311

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for

violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (10) positive urine/drug screen and (27) customary standards.

Bayless, Sherman, LPN08194

License revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Brown, Doris, CNA008194

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing while impaired.

Budge, Jacqueline, CNA009669

Certificate revoked for violation of NRS 632.320 (14) violation of a Board order.

Campbell, Carmen, CNA010551

Certificate suspended for violation of NRS 632.320 (2) convictions.

Campbell, Seonaid, RN24041

Agreement for Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Capistrant, Susan, RN14045

Agreement for Probation (Disciplinary) for

Please do not use this list of disciplinary actions for verifying licensure or certification status. Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our web site or call the Las Vegas or Reno office.

violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (20) inaccurate recording, falsifying records, (27) customary standards, and (28) causing harm.

Casaus, Cheryl, LPN11178

License suspended for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) failing to comply with a Board order.

Chanin, Michelle, RN35050

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NRS 632.320 (9) aiding and abetting any person in a violation of this chapter.

Chapman, Kenneth, RN31167

Agreement for Reprimand and Class for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (25) failing to observe and report and (27) customary standards.

Cilley, Eric, RN41221

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired, (16) failing to properly document narcotics, and (27) customary standards.

Connelly, Nancy, CNA012360

Reprimand for a violation of NRS 632.320 (12) action in another state.

Culpepper, Charles, RN33529

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) failing to comply with condition, limitation or restriction of the Board.

Darling, Michael, RN21709

Agreement for Reprimand and Fine for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (12) failing to respect and maintain patient privacy, (13) violation of patient confidentiality, and (38) violation of professional boundaries.

De Chavez, Joegracio, CNA100013

Certificate suspended for violation of NRS 632.320 (14) violation of a Board order.

Feedback, Shirley, RN33226

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope and (27) customary standards.

Ferrer, Raymond, CNA009612

Probation (Disciplinary) for violation of NRS 632.320 (2) convictions.

Freyenhagen, Linda, RN32268

Probation (Disciplinary) for violation of NRS 632.320 (14) violation of a Board order.

Gibson, Annie, LPN10792

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) violation of a Board order.

Greenlick, Luellen, RN37183

Agreement for Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Harshman, Carol, RN28678

Agreement for Reprimand and Class for

violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (2) practicing beyond scope, and (27) customary standards.

Henschel, Jane, RN12367

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

Hotchkins, Melinda, CNA012164

Agreement for Fine in the amount of \$50 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a certificate.

Howard, Mary, CNA013126

Certificate suspended for violation of NRS

632.320 (2) conviction.

Howard, Yvonne, CNA002656

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Hughes, Joyce, CNA12722

Certificate suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

Jackson, Wanda, TRN306727

Agreement for Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Jennings, Robin, RN25207

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

Jordan, Sheila, CNA013488

Certificate suspended and Reprimand for violation of NRS 632.320 (1) fraudulent application.

Kellison, Karen, RN13112

Agreement for Reprimand and Fine in the amount of \$500 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Kendrix, Whatana, CNA006496

Certificate suspended and Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

Kilburn (Anderson), Susan, RN12595, APN00169

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (11) falsified prescription.

Korman, Julie, RN29215

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances, (7) unprofessional conduct, and NAC 632.890 (18) diversion.

Lasala, Michael, RN37830

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.320 (11) positive drug screen.

Whom can I call if I have questions about the complaint or disciplinary process? The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Reno office and ask for one of the nurse investigators or the associate director for practice.

Marina, Teresa, LPN06851

Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive urine/drug screen.

McLaren, Elisabeth, RN11109

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (16) failing to document narcotics, (27) customary standards, and (38) professional boundaries.

Menor, Remedios, LPN06699

Reprimand and Probation (Disciplinary) for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Miller, Eric, CNA013930

Probation (Disciplinary) for violation of NRS 632.320 (2)(b) criminal conviction.

Moran, Michael, RN9091

License revoked for violation of NRS 632.320 (14) violation of a Board order.

Mosby, Robert, CNA005781

Voluntary Surrender of License/Certificate in Lieu of other Disciplinary Action by the Board for violations of NRS 632.320 (14) violation of a Board order.

Murphy, James, RN29299

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (25) failing to observe the conditions, signs and symptoms of a patient or take action and (27) customary standards.

Murphy, Robert, CNA016406

Voluntary Surrender of License/Certification in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order. Newby, Michele, TCNA001145 Agreement for Reprimand and Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct and

NAC 632.890 (36) practicing without a certificate.

Pimentel, Debra, CNA014327
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) conviction, (7) unprofessional conduct, NAC 632.890 (28) causing harm, and (33) abuse.

Pitts, Renee, LPN11418
License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

Prosser, Jeanette, RN28995
Reprimand and Class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (28) causing harm.

Reed, Mark, RN30354
License revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Rodriguez, Marie, CNA013606
Agreement for Reprimand and Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a certificate.

Sewer, Korliss, LPN Applicant
Probation (Disciplinary) for violation of NRS 632.320 (2) convictions.

Sewer, Wendell, LPN Applicant
Probation (Disciplinary) for violation of NRS 632.320 (2) convictions.

Smith, Demeta, LPN10816
Agreement for Reprimand for violation of NRS 632.320 (1) fraud or deceit in procuring license.

Smith, Katherine, RN25622
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (10) positive drug screen, and (18) drug diversion.

Stephenson, Patricia, CNA009776
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope.

Tupac, Shari, RN15274
Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Turner, James, CNA001049
Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (32) actual or implied threats, and (21) obtaining, possessing, furnishing prescription drugs.

Ulanekas, Maria, LPN11772
License revoked for violation of NRS 632.320 (7) unprofessional conduct.

Wagner, Margie, RN38565
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Washington, Drucilla, RN26795
Agreement for Fine in the amount of \$100 for violation of NRS 632.320 (7) unprofes-

sional conduct and NAC 632.890 (36) practicing without a license.

Welch, Susan, LPN06974
License suspended for violation of NRS 632.320 (12) discipline in another state.

Wharton, Robert, CNA002006
Certificate revoked for violation of NRS 632.320 (14) violation of a Board order.

Wyborny, Janet, RN20652
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing harm.

Denials of Applications for Licensure or Certification

For violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter:

Armstrong, Rose, RN Applicant

Brown, Marilyn, CNA Applicant

Corpuz, Raquel, CNA Applicant

Graham, Arcia, CNA Applicant

Haines, Essie, LPN Applicant

Lockett, Carolyn, LPN Applicant

Mellor, Richard, CNA Applicant

Safranek, Lorine, LPN Applicant

Serrano, Adriana, CNA Applicant

Thomas, Jamie, LPN Applicant

Wilson, Sarah, RN Applicant

For violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof:

Boley, Stephen, RN Applicant

Bynum, Christina, CNA Applicant

Fernandez, Heather, CNA Applicant

Konnor, Caleb, CNA Applicant

Lee, Linda, CNA Applicant

Robinson, Robin, CNA Applicant

Roundtree, Carlton, CNA Applicant

St. Pierre, Theresa, CNA Applicant

Trotter, Nina, CNA Applicant

Willoughby, Reginald, CNA Applicant

For violation of NRS 632.320 (2) conviction, (7) unprofessional conduct, and NAC 632.890 (27) customary standards:

Hughes-Wimberly, Felicia, LPN10941

For violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards, and (28) causing a patient harm:

Wedin, Michael, CNA Applicant

Citations for Practice Without a License or Certificate

Askew, Tracy

Gall, Mindi

McLean, Luz

Payton, Catina
Pedersen, Hollie
Scott, Barbara Rose

Licenses/Certificates Voided for Nonpayment of Fees

Andrade, Betty, LPN11745
Comeaux, Juanita, CNA011084

What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada from a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

National Council Honors Nevada Board Member

Cookie Bible receives Exceptional Leadership Award

A CROWD OF 300 applauded Cookie Bible, BSN, RNC, APN, as she accepted the Exceptional Leadership Award from the National Council of State Boards of Nursing (NCSBN) during its annual awards luncheon this August in Arlington, Virginia.

NCSBN grants the Exceptional Leadership Award to “an individual who has served as a member board president and who has made significant contributions to NCSBN as well as to the regulation of nursing.”

Here are excerpts from her nomination:

Cookie Bible believes strongly in the Nevada State Board of Nursing’s mission to protect the public’s health, safety and welfare through effective regulation of the practice of nursing. So strongly that she is now serving her fourth term as a Board member. Ms. Bible served two terms from 1983 to 1989 and a third term from 1996 to 2000. Her current term expires in 2004. During her 13 years of distinguished service, her fellow Board members have elected her president five times. She has also served

three terms as secretary and two terms as vice president.

Ms. Bible believes strongly in the mission of National Council of State Boards of Nursing. She has served as a member of the Nursing Practice and Education Committee and its Continued Competence Subcommittee, has been elected twice to the Committee on Nominations, and is in her second year as chair of the Practice, Regulation and Education Committee.

The number of elected and appointed positions Ms. Bible has held in the field of nursing regulation shows that she is a leader. What she has accomplished in those positions is exceptional.

As chair of NCSBN’s Practice, Regulation and Education Committee, she led the major revision of the Model Nursing Practice Act, which was adopted by the 2002 Delegate Assembly. The importance of this document is reflected in the assembly’s observation that it will serve as a blueprint for nursing regulation in the 21st century.

On the state level, Ms. Bible literally led the Nevada



State Board of Nursing into a new era of nursing regulation. The last two decades have been a tremendous time of change for health care in general and nursing in particular. Ms. Bible's leadership helped ensure that nursing regulation kept pace with that change, while keeping public protection as its highest priority.

During her first two terms (1983-1989), Ms. Bible led



the development of statutes and regulations regarding collaborative practice and prescriptive privileges for advanced practitioners of nursing and the practice of certified registered nurse anesthetists. Under her leadership, the Board began regulating certified nursing assistants and established its highly successful Alternative Program for Chemically Dependent Nurses.

Since Ms. Bible was appointed to her third term in 1996, and fourth in 2000, the Board has made progress on many fronts, including expanding efforts increase consumer awareness and access; increasing communication, cooperation and collaboration with the health care community and related state agencies; strengthening competency requirements for certified nursing assistants; and shortening the amount of time it takes to process complaints.

Ms. Bible's contributions to nursing regulation are numerous and far-reaching. Her leadership has shaped the way nurses are educated, how competence is measured, how practice is defined, the way nursing assistants are certified, how impaired nurses are rehabilitated, and the way consumers access Board services. These are just a few examples of the impact she has had on the state and national regulatory environments.

Her accomplishments as a leader in nursing regulation are exceptional. Yet, more important than what she has done is how she has done it. Ms. Bible is a true public servant who works tirelessly to advance the mission of the Board. In all that she does, she never loses sight of the fact that the Board's only reason for existence is to protect the

public it serves. For 13 years, she has successfully instilled this unwavering commitment in her fellow Board members and Board staff.

As an advanced nurse practitioner currently working for the State Division of Health, Planned Parenthood, Washoe County Health Department, and the University of Nevada Orvis School of Nursing, Ms. Bible brings a wealth of expertise that enriches and informs Board discussions and decisions.

She is a leader who understands that one of her most important roles is that of mentor. In that role, she has mentored more than 15 Board members and four executive directors. Now that she is close to the final year of her fourth term, she chose not to run for office and is sharing her invaluable expertise with those who are succeeding her.

Given her extraordinary contributions as a leader in nursing regulation over the last two decades, it seems fitting to conclude this nomination of Cookie Bible, BSN, RNC, APN, for the NCSBN Exceptional Leadership Award, with the inscription on a crystal gavel presented to her at the end of her last term as Board president:

"Example is Leadership" —Albert Schweitzer

Cookie Bible

Presented by

the Nevada State Board of Nursing, January 2003

DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Reno office. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Practice Advisory Committee to research the issue and make a recommendation.

FOR MORE ANSWERS— GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

THE ACT IS ON THE WEB

The Board's web site nursingboard.state.nv.us has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

Changes to LPN Intravenous Therapy Regulations

Board adopts regulations after public workshops and hearing

IN SEPTEMBER, THE BOARD amended regulations regarding the delegation of intravenous therapy by RNs to LPNs. The amendments, which are now in effect, delete the requirement for 1,500 hours of clinical experience in nursing after receiving initial LPN licensure and delete the one year experience in nursing requirement before LPNs are allowed to begin a certification class in IV therapy. They also allow IV-certified LPNs to administer steroids, to flush locks, and to assist the RN in administering blood and blood products.

The issue of LPNs administering intravenous therapy has been active for more than 20 years, since regulations allowing RNs to delegate IV therapy to LPNs were first adopted in 1981. Changes in practice and knowledge led to regulation changes in the 1990s, and requests for further changes were brought to the Board's Nursing Practice Advisory Committee in 2002. The committee formed an LPN IV Therapy Task Force to collect data on national practices and outcomes. As a result of its research, and input

from the Nevada nursing community, the task force recommended changes in regulation that the committee considered, revised, and approved. The Board accepted the recommendation of its advisory committee and began the process of adopting the regulation changes.

It held two public workshops, one in Las Vegas on August 21, and a second in Reno on August 28. It then held a public hearing on September 24 at its regular meeting in Las Vegas. The Board advertised the workshops and hearing and posted the proposed regulations in local newspapers, on its web site and in 17 public libraries. It also mailed notices to interested individuals and organizations. In adopting the regulations, the Board considered all written comments it received, as well as public testimony from the workshops and hearings. A total of 13 people attended the workshops and hearings; 11 testified in support of the regulations. Of the 200 written comments received, three opposed the regulations.

If you have any questions about the newly adopted regulations, please call the Board's Reno office at 775-688-2620.

Changes to LPN IV Therapy Regulations

The first regulation amends NAC 632.242 to delete the requirement for 1,500 hours of clinical experience in nursing after receiving initial LPN licensure.

The second regulation amends NAC 632.450 to delete the one (1) year experience in nursing requirement prior to allowing LPNs to begin a cer-

tification class in IV therapy, to allow IV certified LPNs to administer steroids, to flush locks, and to assist the RN in administering blood and blood products.

The last regulation amends NAC 632.455 to delete the prohibition against RNs delegating to IV certified LPNs the task of administering intra-

venously blood and blood products.

Items in ***bold italic*** are new, items in brackets and lined through are deleted.

NAC 632.242 Additional duties in area of specialization.

1. A licensed practical nurse may collect data and perform a skill, inter-

vention or other duty in addition to those taught in an educational program for practical nurses if:

~~[(a) He has at least 1,500 hours of clinical experience in nursing after receiving his license.]~~

(a) ~~[(b)]~~ 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) ~~[(c)]~~ 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) ~~[(d)]~~ 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) ~~[(b)]~~ 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; or
- (b) Have been individually approved by the board.

NAC 632.450. Procedures delegable to licensed practical nurses.

1. 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-]~~(a) Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;

~~2-]~~(b) Introduce one or more solutions of electrolytes, nutrients or vitamins;

~~3-]~~(c) Piggyback solutions of electrolytes, nutrients and vitamins;

~~4. Administer antibiotics, steroids or histamine H2 receptor antagonists]~~

(d) *Administer any of the following medications* by adding a solution by piggyback;

~~5-]~~

(1) *Antibiotics;*

(2) *Steroids; and*

(3) *Histamine H2 receptor antagonists;*

(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;

~~6-]~~ (f) Flush locks, [with normal saline or dextrose 5 percent in water; ~~7-]~~

(g) Except as otherwise provided in ~~subsection 8, paragraph (h)~~, administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;

~~8-]~~ (h) 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-]~~ (i) Discontinue peripheral intravenous catheters which are not longer than 3 inches; and

~~10-]~~ (j) 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.

NAC 632.455 A licensed practical nurse may not administer intravenously:

1. Any drug other than an antibiotic or histamine H2 receptor antagonist;
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 ~~[, blood and blood products]; or~~
5. Any medication administered by intravenous push.

Nevada Has National Voice

Local nurses serve on national committees

THE NATIONAL COUNCIL of State Boards of Nursing recently recognized Nevada nurse Joanne McDaniel, RN, for serving as an item reviewer for the NCLEX-RN Examination. In its press release, the National Council said the NCLEX relies on the commitment of nurses such as McDaniel “to maintain high standards for the assessment of nursing competence at entry level.”

The National Council recently named Board member Cookie Bible, BSN, RNC, APN, to a second term on its Practice, Regulation and Education Committee, of which she is chair. It also named Board Vice President Mary Ann Lambert, MSN, RN, to its NCLEX Item Review

Committee and Board Executive Director Debra Scott, MSN, RN, APN, to its Model Rules Subcommittee.

If you would like to participate in the review or development of items for the national nursing licensure exam, you can learn more by going to the National Council's web site at www.ncsbn.org, clicking NCLEX Examination, then Developing the NCLEX Examination, then Item Development Application. If you don't have web access, call 312-787-6555, ext. 496 and leave a message with your name, address and phone number.

Board Adopts Practice Decision on Vein Harvesting Procedure within the scope of a CRNFA

ACTING UPON THE recommendation of its Nursing Practice Advisory Committee, the Board at its September meeting adopted a practice decision allowing CRNFAs to prepare/harvest a saphenous vein for coronary artery bypass grafting. Below is the text of the decision, which is also on the Board's web site www.nursingboard.state.nv.us in the *Practice Information* section.

If the RN is a Certified Registered Nurse First Assist, the RN may prepare/harvest a saphenous vein for coronary artery bypass grafting. This procedure is within the scope of nursing for a Certified Registered Nurse First Assist (CRNFA) provided the following guidelines are followed:

1. The nurse must be certified as an RNFA and have completed an Association of Operating Room Nurse certification course in which vein harvesting is a component of the core curriculum. The CRNFA must maintain certification and documentation of competence which shall be documented annually.
2. The nurse will use surgical instruments to perform dissection or manipulate tissue as directed by the surgeon to accomplish preparation/harvest of a saphenous vein.
3. As part of informed consent, the patient or responsible party is informed that a CRNFA will be performing the procedure.
4. The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill, and ability to perform the procedure pursuant to NAC 632.071, 632.224, and 632.225.
5. There are agency policies and procedures, a provision for privileging, and any required protocols in place for the nurse to perform the procedure.
6. The nurse maintains accountability and responsibility for nursing care related to post-operative follow up for the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
7. The procedure is performed interdependently by the surgeon and CRNFA. While the surgeon opens the chest, the CRNFA is preparing/harvesting the vein. The surgeon must be in attendance while the CRNFA performs this procedure.

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C.E.'s @ Sea... continued from page 16

much like a travel club. Each conference is like a reunion of sorts. She says it's amazing how many friends she has made. The evaluations are incredible and so is the word of mouth advertising. Nurses love this education/ vacation combination. They also really appreciate the opportunity to hear nationally known speakers, many of which have written the textbooks that they use or have researched and published articles in the journals that they read. Many have remarked how much they enjoy the opportunity to meet and network with peers. Family, children and friends are always welcome. All ships have children's programs and there is something for everyone on a cruise ship from 2yrs of age to 80! "We have many that come to celebrate birthdays, anniversaries and we've arranged several onboard weddings as well. We are a full service cruise agency!"

Conference sessions are always held in the morning on the days when the ship is at sea, from 7am- 12noon, with a 45-minute breakfast break. The rest of the day is yours to spend as you like on board with a variety of shipboard activities from which to choose and plenty of Sun...Sun...Sun and lots of Fun...Fun...Fun!! Dining is an event on a ship and the food is deliciously

prepared and in abundance. Not to mention the excellent service.

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Want to know more about C.E.'s @ Sea? Visit the C.E.'s @ Sea website today at www.cesatsea.com. At the website, you can print conference brochures, their Cruz News newsletter, check out conference schedules and itineraries. You can also email C.E.'s @ Sea from the web site and request that brochures and information be sent to you.

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Professional Boundaries

What are they and how can you stay within them?

AS NURSES INCREASINGLY find themselves providing care in patient homes or involved in long-term caregiving roles with the chronically ill, the opportunities to “talk about their troubles” or accept that “little gift” seem to occur innocently and naturally.

But beware—those behaviors could represent inappropriate involvement in a patient’s personal life and constitute “boundary crossings” that can have harmful consequences for the patient and ultimately, for the nurse.

For the patient, inappropriate relationships with caregivers can disrupt the ability of the nurse to respond objectively to the patient’s health care needs.

For the nurse, it can result in disciplinary action by the Nevada State Board of Nursing. According to Nevada law, engaging in conduct “outside professional boundaries” with a patient is a violation of the Nurse Practice Act (NAC 632.890 (38)).

It’s about power and vulnerability

Professional boundaries are defined as the space between the nurse’s power and the client’s vulnerability. The power of the nurse comes from the professional position and the access to private knowledge about the patient. By virtue of their control over life-sustaining therapies and complex equipment, nurses hold subtle but tremendous influence over their patients’ behaviors.

This power, which is an essential element in the nurse/patient relationship, enables the nurse to positively influence the patient’s health status. However, if the extent of that power is not limited through the establishment of appropriate professional boundaries, the patient is subjected to unacceptable risks that could ultimately negatively affect the patient’s physical and emotional health. Defining and maintaining these professional boundaries are responsibilities of the nurse, not the patient. Meeting these responsibilities can be challenging, particularly in today’s healthcare environment.

Where exactly are the boundaries?

Boundaries and professionalism may be defined differently by members of the same staff. What some consider casual conversation may actually be excessive personal disclosure when more than mundane personal information is shared with a patient. Joking and camaraderie may be seen as contributing to a pleasant atmosphere in some circumstances, but may lead to boundary crossings in others, particularly if the jovial atmosphere is not counter-balanced by a solid understanding of professionalism. The same activity engaged in by

one nurse may fall within appropriate boundaries when the clear intent behind the activity is therapeutic, yet fall outside that line when done by another who has a more personal motive for the behavior.

Consider, for example, the nurse who gives a young female patient a compact disc featuring a favorite pop singer. The music is intended to provide a welcome distraction during strenuous rehabilitation exercises.

Conversely, another nurse gives the same patient the same gift but does it secretly, indicating that the gift reflects how special the patient is to the nurse. One nurse has a therapeutic motive for the gift while the other is trying to be friends. One has crossed a professional boundary, the other has not.

Always consider your motivation

When providing “special” privileges to a patient, always consider the motive behind the action. Was it done openly as encouragement or as a reward for efforts to comply with the care plan, or was it to gain approval and acceptance from the patient? Interactions that are well-intended can become boundary violations when nurses meet their own needs at the expense of their clients.

Many boundary crossings arise out of the helpful, nurturing personality that motivates people to become nurses in the first place. Avoiding inappropriate involvement with patients does not mean sacrificing that helping nature. Instead, helpfulness must be carefully centered along a so-called continuum of professional behavior. Over-involvement with a patient, which occurs when nurses engage in excessive personal disclosure, secrecy, or even role reversal is at one end of the continuum while under involvement (distancing, disinterest and neglect) is at the other. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

Even well-meaning involvement can have bad consequences

Dealing with these issues is further complicated because the concept of boundary crossings is often poorly understood and resisted. Many nurses find it difficult to analyze their own motives and fail to see when their well-meaning involvement with their patients could have dire consequences.

Take for example the nurse who needs a car for his teenage son and knows that his patient has a car to sell. The nurse buys the car at fair market value and all seems well. But several days later the car stops running. How will that situa-

tion affect the ability of the nurse to continue to provide care to his patient?

Or what about the nurse in the nursing home who frequently takes a lonely patient home with her for the weekend? The nurse decides to accept a new job and leaves the facility and her patient behind. Will the patient be able to accept the sudden loss of her weekend excursions with her “friend” without feeling abandoned?

Finally, what about the home-health nurse whose husband has lost his job and whose three-year-old son needs intensive speech therapy that is not covered under the nurse’s health insurance? One day the nurse shares her problems with her patient who then offers to loan her money to take care of all of her financial obligations. The nurse accepts the loan fully intending to repay the money. How will this financial arrangement affect the ability of the nurse to be an objective, effective caregiver, even if the money is eventually repaid?

Your employer can help

When a relationship is strictly professional, it has checks and balances that help prevent patients from getting upset with staff interactions. Helping staff to understand this very complex issue and to appreciate the importance of professional checks and balances is a challenge faced by most supervisors and managers.

Employers can help by developing policies and guidelines specific for their own institutional circumstances that define a caring, professional relationship and discourage or forbid inappropriate personal friendships with patients.

To be effective these policies must reflect the sorts of care relationships that are commonplace in the particular setting. For example, nurses in acute care typically do not have the same relationship issues as nurses in long-term care settings who see the same patients for prolonged periods of time.

Employers should be sensitive to boundary issues and offer timely advice or counseling when it appears that a nurse may be risking over-involvement with a patient. In those settings especially at risk for boundary crossings, staff orientation should deal with the issue proactively, and there should be ongoing in-service presentations on the topic.

Awareness is the key

What can the individual nurse do to assure boundary crossings do not occur? Awareness is the key. Nurses who are clear about their own needs and the needs of their patients, and who can separate the personal from the professional, will find themselves acting in the best interest of their patients. It is possible to maintain a caring professional relationship with a patient without sacrificing the patient’s autonomy or dignity.

Patients come to nurses because they need professional healthcare, not because they need a friend. Being that professional caregiver is really what it is all about.

*(Adapted with permission from an article in **Momentum**, the Ohio Board of Nursing’s Newsletter, and **Professional Boundaries**, a National Council of State Boards of Nursing publication.)*

Have you ever

- ... shared your personal problems with a patient?
- ... given a patient a gift?
- ... complained to a patient about a co-worker?
- ... socialized with a patient outside of your professional capacity?
- ... flirted with a patient or engaged in sexual banter “all in good fun”?
- ... accepted a gift of more than minimal value from a grateful patient or family member?

You may have crossed the line.

Does client consent make a sexual relationship acceptable?

The Nurse Practice Act specifically prohibits nurses from engaging in sexual conduct with a patient or client (NAC632.890 (29)). If the patient accepts, even if the patient initiates the sexual contact, a sexual relationship is still considered sexual misconduct for the healthcare professional. It is an abuse of the nurse-client relationship that puts the nurse’s needs first. It is always the responsibility of the healthcare professional to establish appropriate boundaries with present and former clients.

Warning signs

Excessive self-disclosure

The nurse discusses personal problems or aspects of his or her intimate life with the patient, or discusses feelings of sexual attraction.

Secretive behavior

The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.

“Super Nurse” behavior

The nurse believes that he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the client’s needs.

Singled-out patient

The nurse spends inappropriate amounts of time with a particular patient, visits the patient when off duty or trades assignments to be with the patient. This may also be reversed, with the patient paying special attention to the nurse, such as giving the nurse gifts.

Selective communication

The nurse fails to explain actions and aspects of care, reports only some aspects of the patient’s behavior, or gives “double messages.” In the reverse, the patient turns repeatedly to the nurse because other staff members are “too busy.”

Flirtation

The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes, or offensive language.

“You and me against the world” behavior

The nurse views the patient in a protective manner as his or her patient, tends not to accept the patient as merely a patient or sides with the patient’s position regardless of the situation.

Failure to protect the patient

The nurse fails to recognize feelings of sexual attraction to the patient, consult with supervisor or colleague, or transfer care of the patient when needed to support boundaries.

Advisory Committees Have Key Role

Volunteers help shape Board policies

THE BOARD IS ADVISED by and appoints members to standing advisory committees. These committees are composed of nursing professionals who are chosen based on expertise, geographic location and committee need. Questions about nursing regulations and practice are brought to these committees for research, discussion and policy development.

The Board considers the recommendations of its advisory committees during its regular meetings. Virtually every law, regulation and advisory opinion issued by the Board has been based on a recommendation by one of its advisory committees.

Committee openings are advertised in every issue of the *Nevada State Board of Nursing News* and on our web site, www.nursingboard.state.nv.us. Applications are reviewed and members are appointed at regularly scheduled Board meetings. One Board member serves as a liaison to each advisory committee; Board staff members serve as advisory committee chairs.

Thanks to all of the volunteers who have taken the time and put in the effort to help the Board keep Nevada nursing laws, regulations and policies in step with modern nursing practice!

Advanced Practice Advisory Committee

This committee advises and reports to the Board on matters related to the practice of advanced practitioners of nursing. It consists of not more than seven persons who are knowledgeable in areas concerning APN practice.

Board Member Liaison: David Burgio, MS, RN, APN

Chair: Donald Rennie, MSN, RN

Committee Member	Term Expires
Sherrie Aiken, MS, RN, APN—Reno	January 2007
Amy Booth, MSN, RN, APN—Reno	March 2006
Tricia Brown, MSN, RN, APN—Reno	May 2004
Martha Drohobycz, MSN, CNM—Las Vegas	May 2006
Richard Null, MSN, RN—Elko	March 2006
Phyllis Suiter, MA, RN, APN—Las Vegas	November 2006
Vacant—Las Vegas	
Vacant—Reno	

CNA Advisory Committee

This advisory committee is distinctive because its composition is defined by statute (NRS 632.072) and its duty is to advise the Board on matters relating to certified nursing assistants.

Board Member Liaison: Dorothy Perkins, CNA

Chair: Donald Rennie, MSN, RN

Committee Member	Term Expires
Caroline Case, RN (Medicaid)—Carson City	indefinite
Linda Dammeyer, MS, RN (RN)—Las Vegas	June 2006
Virginia Enns, BSN, RN (Co-AARP)—Reno	June 2004

Barbara Fraser, (RN Acute Care)—Las Vegas	November 2006
Margaret Hanson, RN (Co-AARP)—Boulder City	June 2004
Catherine Johnson, MS, RN (BLC)—Reno	indefinite
Gilda Johnstone, (DAS)—Reno	indefinite
Vivencio (Junji) C. Navarro, Jr. MSN, RN, (RN LTC)—Las Vegas	November 2006
Marcedes Parsons, LPN—Sparks	June 2005
Larry Searles, RN (Home Health)—Las Vegas	June 2006
Vacant, (Northern Nevada Co-CNA)	
Vacant, (Southern Nevada Co-CNA)	

Disability Advisory Committee

The Disability Advisory Committee evaluates for the Board nurses and CNAs regarding chemical dependency or mental disorders which may be impairing nursing practice. It also monitors recovery progress through scheduled interviews with the nurse or nursing assistant and through regular reports from employers and treatment providers. The entire committee meets semiannually to review the monitoring process, conceptual model, and provider status; plan educational presentations; and formulate proposals for policy and procedural changes to the Board. Representatives of the committee meet monthly in Reno and Las Vegas to monitor nurses on probation and complete evaluations to make recommendations to the Board regarding application and/or reinstatement of licensure/certification, termination of probation, and as part of the investigative process.

Board Member Liaison: Cookie Bible, BSN, RNC, APN

Chair: Robert Buck, BSN, RN

Committee Member	Term Expires
Active members	
Alice Adams, LPN—N. Las Vegas	May 2006
Phyllis Erichsen, RNC, Las Vegas	May 2006
Sandra Hotchkiss, RN—Las Vegas	March 2005
Deborah Inskip, RN—Reno	November 2006
Deborah E. Martz, RN—Las Vegas	November 2006
Susan O'Day, RN—Reno	March 2005
Kariene Rimer, RN—Henderson	June 2006
Debra Toney, RN—Las Vegas	May 2006
Janet Waugh, RN—Las Vegas	March 2005
Active conceptual* members	
Jan Brethauer, RN—Yerington	
Roseann Colosimo, PhD, MSN, RN—Las Vegas	
Mary Culbert, MS, RN—Reno	
Darlene Cunningham, MS, RN, CCRN—Reno	
Patricia Green, RN—Las Vegas	
John Malek, PhD, MSN, APN—Yerington	
Chris Veach, MS, RN—Reno	
Judith Vogel, BSN, RN—Boulder City	

Rilo Weisner, MS, RN, C—Las Vegas

*Conceptual members are nurses who have served two terms but desire to remain available to the Board for their historical expertise. Their terms are indefinite.

Education Advisory Committee

The purpose of this committee is to advise and report to the Board on matters related to education and continuing education. The committee consists of representatives from nursing education, nursing associations, and employers.

Board Member Liaison: Mary Ann Lambert, MSN, RN

Chair: Donald Rennie, MSN, RN

Committee Member	Term Expires
Lisa Black, BSN, RN—Reno	October 2005
Nancy Bridges, RN, CCM—Reno	January 2007
Connie Carpenter, EdD, RN—Henderson	January 2007
Mae Cherry, MSN, RN—North Las Vegas	January 2007
Margaret Covelli, BSN, MHA, RN—Henderson	October 2005
Ann Marie DiLisio, MA, BSN, RN—Las Vegas	October 2005
Dianne Sullivan, BSN, RN—Las Vegas	October 2005
Shirlee Snyder, EdD, RN—Las Vegas	October 2005
Rosemary Witt, PhD, RN—Las Vegas	October 2005
Elaine Young, MSN, RN—Las Vegas	October 2005
Vacant—Rural	

Nursing Practice Advisory Committee

The purpose of this committee is to advise and report to the Board on matters related to the establishment of state standards of nursing practice. The committee consists of at least 10 persons who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice.

Board Member Liaison: Helen Vos, MS, RN

Chair: Debra Scott, MS, RN, APN

Committee Member	Term Expires
Diane Allen, RN—Carson City	indefinite
Linda Charlebois, RN—Reno	May 2006
Terry Edmonson, RN—Las Vegas	September 2004
Nancy Harland, RN—Henderson	May 2006
Cheryl McKinney, RN—Las Vegas	July 2006
Kay Panelli, RN—Reno	indefinite
Martha McNabb, RN—Reno	May 2004
Sadie Tate-Crowder, RN—Reno	May 2004
Karen Winter, RN—Gardnerville	July 2006
Vacant	

TOLL-FREE CONSUMER HOT LINE

Call 800-746-3980

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The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's web site.

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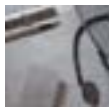
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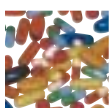
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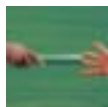
Ethics of Nursing Practice



Medication Errors



Nurse Practice Acts



Professional Accountability & Legal Liability



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