

# Nevada State Board of NURSING NEWS

June 2005



**Board Grants  
Provisional Approval  
to Two New Nursing  
Schools**

**Online CNA Renewal  
is Coming!**

**Board Revises  
Procedural Sedation  
And Vein Harvesting  
Decisions**

**Congratulations Nursing Graduates!**

# UMC

IN ONE PRECISE MOMENT



A MOTHER HOLDS HER FIRST CHILD

A STROKE SURVIVOR TAKES A STEP ON HER OWN

A HEART PATIENT IS FLOWN IN BY CHOPPER

AND A DOCTOR SAYS, "SHE'S GOING TO BE FINE."

SOMETHING HAPPENS WHEN YOU PUT  
ELEVEN CENTERS OF EXCELLENCE IN ONE HOSPITAL:  
EVERY MOMENT IS CHARGED WITH MEANING.  
AND MIRACLES ARE ALL PART OF A DAY'S WORK.

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

# contents



page 15



page 18

page 23



page 23

**Cover photo:** Great Basin College, Elko, Nevada, Associate Degree Nursing Graduates, May 20, 2005: Front Row - Rebecca Sharp, Deborah Knotts, Jenny Chappell, Kimberly BearBow, Michelle Dunkel, Kandis Bockness, Teresa Dory, Cheree Stodtmeister  
Back Row - Charity O'Neal-Durflinger, Donetta Johnson, Jennifer Nachiondo, Colleen Bengoa, Kym Mackley, Bernice Bowen, Shanna Lemaire, Robert Bassett, Kenda Huseby, Wendy Hill, Melissa DeLaMora, Kathleen Henderson, Stacy Tolich  
**Photo credit:** Laura L. Gallegos, Photographer, Great Basin College

Preventive Care for Your Nursing License or CNA Certificate **4**

Board Grants Provisional Approval to Two New Nursing Schools **6**

Q&A **9**

Board Revises Vein Harvest Practice Decision **15**

Board Revises School Nurse Decision **17**

Need to Renew and Don't Have a Computer? No Problem! **18**

Board Replaces Anesthetic Agents Decision **19**

Board Adopts Practice Decision Regarding Student Clinical Rotations **21**

Online CNA Renewal is Coming! Training Certificate Can No Longer be Used for Inservice Hours Board Seeks Education Consultant **23**

The Board Reaches Out **24**

Board Talk **5**

Do You Have a Question? **8**

Toll-Free Hot Line **16**

Board Members **22**

Moving? You Must Inform the Board **24**

Mailing List Reminder **26**

Disciplinary Actions **27**

Staff Directory **30**



# Preventive Care For Your Nursing License or CNA Certificate

*A message from the executive director*

**TO ENJOY GOOD HEALTH**, we must engage in preventive health care. Those activities should include exercising, eating a healthy diet, not smoking, visiting the doctor/dentist for routine checks, getting adequate sleep, and drinking plenty of water. More importantly, we know that if we don't participate in these activities, our health will suffer.

I believe the same general concept can be applied to caring for your nursing license or CNA certificate. You will find that if you participate in certain activities, you can keep your license or certificate in "good health," and hopefully, complaint free.

Based on the types of complaints that the Board receives, I've put together this list of preventive activities that nurses and CNAs can participate in to maintain good "licensure health."

## **MEDICATION ERROR (NURSES ONLY)**

–Verify the "five rights"--right patient, right drug, right dose, right route and right time—every time you administer a medication. Follow facility policies and procedures related to documentation and wasting of controlled substances.

## **LAPSED LICENSE/CERTIFICATE –**

Remember that your license/certificate

expires on your birthday every two years. Notify the Board immediately of any address change, so you will receive your renewal notice.

**USE/ABUSE OF CHEMICALS** – Be mindful of the addictive potential of alcohol and controlled substances, and that their use/abuse can interfere with your ability to consistently perform nursing activities in an organized and competent manner.

**ABUSE** – Your nursing care must be given in a sensitive and caring manner. Hurried, abrupt actions can reflect a less than caring nurse or CNA. A patient's perception of your care of them is very important.

**UNPROFESSIONAL CONDUCT** – Professional conduct must reflect an understanding and demonstration of appropriate, professional nurse-patient relationship boundaries. Becoming familiar with, then following, your organization's policies and procedures will help you demonstrate a professional demeanor.

**POOR NURSING PRACTICE SKILLS** – Your nursing activities must reflect proper nursing judgment by performance that is consistently competent, responsible, and accountable. Also, you must not place

yourself in a nursing environment where you may not have the appropriate knowledge, skills, or ability to assure safe patient care.

**PRACTICING BEYOND THE SCOPE OF YOUR LICENSE OR CERTIFICATE** – You can remain within your scope of practice by developing a working understanding of the limitations of your license or certification as outlined in the Nevada Nurse Practice Act (available for purchase and on the web).

**DOCUMENTATION** – Documentation of patient care must be timely, complete, and accurate, particularly for those patients who are undergoing a change of condition or experiencing pain.

*Article idea thanks to Missouri State Board of Nursing.*

Debra Scott, MS, RN, APN

*Executive Director*

## 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

(June 17, 2005)

July 13, 14, 15, 2005 - Fallon

September 14, 15, 16, 2005 - Las Vegas

(October 26, 2005)

November 16, 17, 18, 2005 - 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 inter-

ested 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 (none)

August 16, 2005

November 1, 2005

### CNA Advisory Committee (two)

August 17, 2005

November 9, 2005

### Disability Advisory Committee (two)

October 7, 2005—Reno

### Education Advisory Committee (one)

July 29, 2005

November 4, 2005

### Nursing Practice Advisory Committee (none)

June 8, 2005

August 10, 2005

October 12, 2005

December 7, 2005

## 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, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Reno office.

### 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.

# REACH RECRUIT RETAIN



## THE NEVADA BOARD OF NURSING MAGAZINE SCHEDULE

- September 2005
- December 2005
- March 2006
- June 2006

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# Board Grants Provisional Approval to Two New Nursing Education Programs

*University of Southern Nevada and Touro University are first Nevada-based private schools approved to offer nursing programs*

In March, the number of Nevada's approved nursing education programs grew to nine. After reviewing the applications of Touro University and the University of Southern Nevada, the Board determined they met the requirements of the Nevada Nurse Practice Act, and granted both provisional approval to establish nursing education programs. They are the first private schools to offer nursing degrees in Nevada.

Board President Patricia Shutt, LPN, said the two new schools were a welcome addition to the state and its efforts to ease the nursing shortage. "The number of nurses who are educated in Nevada continues to grow, but so does our population," she said. "We hope as the University and Community College System of Nevada moves closer to its goal of doubling nursing enrollment, and as these two new schools begin graduating students, we will see a steady growth of nurses who are educated in Nevada and who stay in Nevada."

The Board's provisional approval allows the new nursing programs to begin accepting students. (Final approval is granted when and if the programs graduate their first class of students, achieve a pass rate of at least 80 percent on the NCLEX licensure examination, and gain national accreditation. All students who graduate from provisionally approved nursing programs in the process of obtaining accreditation are eligible for licensure in Nevada.)

Both schools plan to welcome their first students in August. The University of Southern Nevada, which opened in 2001, currently offers pharmacy and business administration degrees. Its nursing program will be an 18-month curriculum leading to a bachelor's of science in nursing.

Touro University's 30-month curriculum will have two tracks, one for those who have a bachelor's degree in another subject, and another for those who have an associate's degree in nursing but want to advance their careers to teaching or administration. Both tracks will culminate in a master's degree (with a bachelor's degree in nursing conferred).

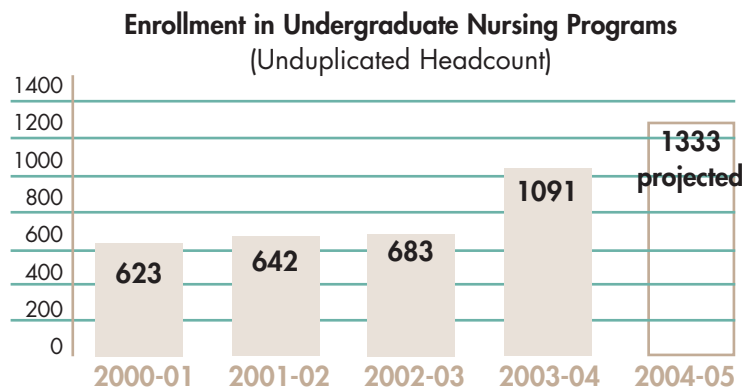
Degree and contact information for all nine of Nevada's public and private universities and colleges is listed below

and on the Board's website at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us). If you have any questions regarding Nevada's approved nursing education programs, please feel free to call the Board, toll-free, at 1-888-590-6726.

*Nevada has the lowest number of licensed nurses per capita in the country (520 nurses per 100,000 people, compared to a U.S. average of 782 nurses per 100,000 people, according to the U.S. Department of Health and Human Services). That statistic led to the legislatively mandated plan to double the enrollment of the state's public nursing programs. At the February Board of Regents' health committee meeting, the University and Community College System of Nevada reported that by the end of 2005, the system will more than double the 623 Nevada nursing students who were enrolled during the 2000-2001 school year.*

## UCCSN Nursing Initiative

After the first year of the initiative to double the number of nursing students, enrollment in UCCSN undergraduate nursing programs increased by 75% (468 students) over 2000-2001 enrollment.



Source: University and Community College System of Nevada (UCCSN)

# NURSING SCHOOLS APPROVED BY THE NEVADA STATE BOARD OF NURSING

The Board has approved the following schools to conduct all portions of their nursing programs in Nevada.

## University of Nevada, Reno, Orvis School of Nursing

College of Human & Community Sciences

Reno, Nevada 89557-0052

775-784-6841

Post-Masters Certificate - Family Nurse Practitioner (FNP)

Post-Masters Certificate - Clinical Nurse Specialist (CNS)

Master of Science in Nursing (MSN Degree)

Bachelor of Science in Nursing (BSN Degree)

RN-to-BSN Degree Completion

## Truckee Meadows Community College Nursing Program

7000 Dandini Boulevard RDMT 417

Reno, Nevada 89512

775-673-7115

Associate of Applied Science in Nursing (ADN Degree)

RN Refresher Course

## University of Nevada, Las Vegas School of Nursing

4505 Maryland Parkway

Las Vegas, Nevada 89154

702-895-3360

PhD in Nursing

Master of Science in Nursing (MSN Degree)

Bachelor of Science in Nursing (BSN Degree)

RN-to-BSN Degree Completion

## Western Nevada Community College Allied Health Programs

2201 West College Parkway

Carson City, Nevada 89701

775-445-3295

Associate of Applied Science in Nursing (ADN Degree)

Certificate in Practical Nursing

## Community College of Southern Nevada

Health Science Center, W1A

6375 West Charleston Boulevard

Las Vegas, Nevada 89102

702-651-5684

Associate of Applied Science in Nursing (ADN Degree)

Certificate in Practical Nursing

RN Refresher Course

## Great Basin College

1500 College Parkway

Elko, Nevada 89801

775-753-2255

Associate of Applied Science in Nursing (ADN Degree)

## Nevada State College Nursing Program

(Provisional Approval Only)

1125 Nevada State Drive

Henderson, NV 89015

702-992-2000

Bachelor of Science in Nursing (BSN Degree)

RN-to-BSN Degree Completion

## Touro University

(Provisional Approval Only)

874 American Pacific Drive

Henderson, NV 89014

702-777-8687

Master of Science in Nursing (MSN Degree with BSN Degree conferred)

## University of Southern Nevada

(Provisional Approval Only)

11 Sunset Way

Henderson, NV 89014-2333

702-990-4433

Bachelor of Science in Nursing (BSN Degree)

The Board has approved the following schools to conduct only the clinical portion of their programs in Nevada. (Students enrolled in these out-of-state programs may take the clinical portion of their nursing education in Nevada.)

## California State University, Dominguez Hills

1000 East Victoria St.

Carson, CA 90747

## Mojave Community College

1971 Jagerson Avenue

Kingman, Arizona 86401

## Dixie State College of Utah

Department of Health Sciences

Nursing Program

225 South 700 East

St. George, UT 84770

## Feather River Community College

P.O. Box P

Quincy, CA 95971

## Lassen Community College

P.O. Box 3000

Susanville, CA 96130

## University of Phoenix

4615 E. Elwood St.

Phoenix, AZ 85040

## Graceland College

1401 West Truman Rd.

Independence, MO 64050-3434

## University of St. Francis

College of Nursing and Allied Health

290 N. Springfield Avenue

Joliet, IL 60536

1-800-605-6637

## Use Website To Verify Active License/Certificate



Employers, when you're verifying that someone has an active license or certificate, the Board encourages you to use our website verification system at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us). It's quick, convenient, and it's updated within one business day of renewal or initial issuance. You can also call the Board for verification at 888-590-6726. Both methods ensure you have the most up-to-date information about the license or certificate status of your employees and potential employees.

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## 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 [nursing-board.state.nv.us](http://nursing-board.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.



# Q&A

## Answers to some of your frequently asked questions

### **Q** May LPNs perform intravenous therapy?

**A** More than a year ago, the Board amended regulations regarding the delegation of intravenous therapy by RNs to LPNs. The amendments deleted the requirement for 1,500 hours of clinical experience in nursing after receiving initial LPN licensure and deleted the one-year experience in nursing requirement before LPNs are allowed to begin a certification class in IV therapy. They also allowed IV-certified LPNs to administer steroids, to flush locks, and to assist the RN in administering blood and blood products. While the Board has widely published these changes, including an extensive article in the February 2004 issue of this magazine, we're still getting a lot of calls on the subject. Therefore, we thought it would be helpful to reprint here the entire text of the regulations, which can also be found in the Nurse Practice Act and on the Board's website ([nursingboard.state.nv.us](http://nursingboard.state.nv.us))

#### **NAC 632.450 Procedures delegable to licensed practical nurses. (NRS 632.120)**

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 immediate supervision of a physician, physician assistant or registered nurse may:
  - (a) Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;
  - (b) Introduce one or more solutions of electrolytes, nutrients or vitamins;
  - (c) Piggyback solutions of electrolytes, nutrients and vitamins;
  - (d) Administer any of the following medications by adding a solution by piggyback:
    - (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;
  - (f) Flush locks;
  - (g) Except as otherwise provided in paragraph (h), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
  - (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;
  - (i) Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
  - (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 Procedures not delegable to licensed practical nurses. (NRS 632.120) A licensed practical nurse may not administer intravenously:**

1. Any drug other than an antibiotic, steroid 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;
5. Any medication administered by intravenous push.

**NAC 632.460 Labeling required on containers. (NRS 632.120)** The following information must be on a container before its contents may be administered by a licensed practical nurse:

1. The name of the patient for whom the contents are intended;
2. An identification of the contents;
3. The dosage;
4. The rate at which the contents are to be administered;
5. The date and time when the container and its contents were prepared;
6. The expiration date and time of the contents;
7. The name or initials of the person who prepared the container and its contents; and
8. The name or initials of the person who superimposed the container, if applicable.

**NAC 632.465 Course on intravenous therapy: Compliance with requirements in NAC 632.475. (NRS 632.120)** Any course on intravenous therapy must comply with the requirements set forth in NAC 632.475 before it is offered to licensed practical nurses for the purpose of complying with the requirements of NAC 632.450 to 632.475, inclusive.

**NAC 632.470 Course on intravenous therapy: Place of instruction; faculty. (NRS 632.120)**

1. The course must be taught in an educational institution or a licensed health care facility as defined in NRS 449.0151.
2. The course must be taught by a registered nurse who has had, during the 2-year period before the course is taught:
  - (a) At least 6 months' experience as a member of a team which performed intravenous therapy in a licensed healthcare facility;
  - (b) At least 6 months' experience, which included starting and superimposing fluids, in a clinical area with a high volume of intravenous therapy; or
  - (c) Experience in teaching courses in intravenous therapy.
3. The ratio of faculty members to students in the laboratory or in an area used for clinical practice in the course must not be more than 1 to 10.

**NAC 632.475 Course on intravenous therapy: Subjects and hours required; improvement of skills. (NRS 632.120)**

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; and
  - (l) The appropriate technique for changing a sterile dressing on a peripheral and central venous site.
2. The course must include at least 20 hours of instruction and 10 hours of clinical practice. The clinical practice must include three successful venipunctures on live subjects.
  3. A licensed practical nurse shall provide evidence of the maintenance or improvement of his knowledge and skills required to perform venipuncture and intravenous therapy to his employer or the Board, or both, upon request.

**Q What is meant by the phrase "professional boundary violation"?**

**A** Professional boundary violations occur when a nurse or CNA fails to act in the patient's best interest, or becomes inappropriately involved in the patient's personal relationships. It is always the responsibility of the health care professional to establish appropriate boundaries with existing and former patients. Sexual misconduct is an extreme form of boundary violation and includes any behavior that is sexually demeaning or harassing, or can be reasonably interpreted as sexual by the patient. Even if a patient initiates the sexual contact, a sexual relationship with the patient is considered sexual misconduct for the health professional.

**Q What is unprofessional conduct?**

**A** Webster's Dictionary defines unprofessional as "contrary to the rules or usages of a profession." The rules and usages of the nursing profession are measured by current national standards of nursing practice, reasonable and prudent policies and procedures, and the statutes and regulations of the Nurse Practice Act.  
All nurses should be familiar with the entire Nurse

Practice Act, since it regulates the practice of nursing. The sections which specifically address unprofessional conduct are NRS 632.320 and NAC 632.890. As you review them, ask yourself if your practice would be considered professional or unprofessional. If you're trying to make a decision about whether a certain action is unprofessional conduct, ask yourself these questions: Would the conduct be reasonable or logical? Would another reasonable nurse in the same situation act in the same manner? Am I carefully and cautiously considering the action? Am I competent to perform the action? Am I in compliance with the Nurse Practice Act?

**Q Who can give orders to an RN?**

**A** An advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist, or a licensed podiatric physician (see NRS 632.018).

**Q Is a misdemeanor a conviction?**

**A** Yes. If you have ever been convicted of a misdemeanor, you need to answer "yes" to the application screening question #2.

**Q Isn't a conviction for driving under the influence (or driving while impaired) a traffic offense?**

**A** No. A DUI (or DWI) is a criminal offense. If you've been convicted of a DUI or DWI, you must answer yes to screening question #2 on your application.

**Q If my fingerprint report shows arrests, not convictions, why can't you just issue me my license?**

**A** Convictions are not always reported to the FBI. If your fingerprint report shows arrests, but no convictions, the Board will ask you to supply the court documents for each arrest. Once you've provided court documentation proving the arrests did not result in convictions, the Board will continue to process your application.

**Q The courts/judge/probation officer/attorney assured me my criminal record would be expunged/sealed. Why is it still showing up on my fingerprint report?**

**A** We often hear from individuals who don't report convictions on their applications because they were told their record would be "sealed." If those convictions then show up on the fingerprint report, the person is charged with submitting a fraudulent application for answering no to screening question #2. If you've been told your record has been expunged or sealed, you may want to have your fingerprints done for yourself first, to make sure your FBI report no longer shows the charge or conviction in question.

**Q My boss said I didn't need to report a fellow nurse who repeatedly administers the wrong medication to patients. Is she right?**

**A** No. As a licensed nurse or certified nursing assistant, you are required by law to report any alleged violations of the Nurse Practice Act to the Board. That is not a decision your supervisor, human resource department, or others can make for you.

**Q How many continuing education units must I earn to renew my license/certificate?**

**A** RNs and LPNs are required to complete 30 contact hours of continuing education during each renewal period. A contact hour is equal to 50 clock minutes. New RN and LPN graduates may use their nursing coursework in lieu of continuing education hours for their first renewal period. CNAs must complete 24 hours of inservice training during each renewal period.

**Q How often do I renew my license/certificate?**

**A** Every second birthday. Please note: your first renewal may not be a full two years, depending on when your birthday falls and when your license/certificate is issued.

**Q If I have not worked as a nurse for more than five years, how do I reactivate or maintain my license?**

**A** If you haven't worked as a nurse during the previous five years, you must take a refresher course. Call the Board for more information.

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# Board Revises Vein Harvest Practice Decision

*RNFAs can now  
perform procedure*



Acting upon the recommendation of its Nursing Practice Advisory Committee, the Board at its March meeting adopted revisions to its practice decision regarding preparing and harvesting a saphenous vein for coronary artery bypass grafting. The revisions were made to reflect current practice and educational standards. The revised decision allows qualified Registered Nurse First Assistants to perform the procedure, in addition to qualified Certified Nurse First Assistants. The procedure must be performed interdependently between the surgeon and the nurse. Below is the text of the decision, which is also on the Board's website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) in the *Practice Information* section.

If the RN is a Registered Nurse First Assist, he or she may prepare/harvest a saphenous vein for coronary artery bypass grafting. This procedure is within the scope of nursing for a Registered Nurse First Assistant (RNFA) and a Certified Nurse First Assistant (CRNFA) provided the following guidelines are followed. (The nurse in the following text refers to either the RNFA or the CRNFA):

1. The nurse must have successfully completed an RN First Assistant program that meets the Association of Operating Room Nurse (AORN) Education Standards for RN First Assistant Programs, and a clinical preceptorship devoted to the application of knowledge and clinical skills associated with the process of harvesting a coronary conduit/saphenous vein. The nurse must maintain documentation of competency and maintain current CNOR certification.
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 nurse 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 the nurse. The surgeon must be in attendance while the nurse performs this procedure.

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# Board Revises School Nurse Decision

## *Allows Emergency Administration of Glucagon*

The Nevada Nurse Practice Act allows RNs to delegate to unlicensed individuals in only a very few settings. One of those settings is the school system. Through both regulation and practice decision, the Board has outlined how registered nurses knowledgeable in school nursing should direct and provide school health services.

The school nurse (RN) is responsible to develop, implement, evaluate and revise the plan of health care for each student with special health care needs under his supervision. Delegation or assignment of specific procedures to licensed or qualified persons is addressed in NAC 632.226 and in the Board's *School Nurse Advisory Opinion* (practice decision). Part of the practice decision is a grid that outlines the nursing procedure, and whether the procedure is delegable to a qualified licensed nurse, a qualified person, or both.

In January, representatives of the American Diabetes Association (ADA) submitted a practice decision request to the Board, asking it to consider adding the emergency administration of glucagon injections to the list of procedures that a school nurse could delegate to a qualified person.

In February, the Board's Nurse Practice Advisory Committee reviewed the request and listened to testimony from representatives of the ADA, the Nevada Alliance Against Diabetes, and the Nevada Pharmacist Association. They heard how glucagon administration is now considered the best emergency response to low blood sugar levels and that the benefits far outweigh the risks. Glucagon stimulates the release of glycogen from the liver into the blood, quickly raising the blood glucose level of the student before brain damage or death occurs. Vomiting, the major risk, is ameliorated by placing the student on her side so she does not choke in the event of vomiting.

After several questions, clarifications, and examination of the injection kit, the committee voted to recommend the Board add emergency administration of glucagon to the delegable task list in the school nurse practice decision. After considering the committee's recommendation and hearing further testimony, the Board at its March meeting adopted the revised decision. The full text of the decision and the regulation can be found on the Board's website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) in the *Practice Information* section.

### **RN apprentice nurses may not administer PCA medications**

In January and February, the Board received inquiries regarding intravenous medication administration via PCA by students. The question was brought to the February meeting of the Board's Education Advisory Committee. The committee members unanimously agreed that, based on their knowledge of the skill level of a nurse apprentice and general practice in the state, the public would be better served by revising the RN Apprentice Nurse Skills List to bar students from administering PCA medications. The Board accepted the committee's recommendation at its March meeting. The revised skills list can be found on the Board's website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) in the Nursing Education Programs and Apprentice Nurse Skills Lists section.



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# Board Replaces Anesthetic Agents Decision

## Adopts new practice decision on procedural sedation

Acting upon the recommendation of its Nursing Practice Advisory Committee, the Board at its March meeting voted to replace its practice decision “RN administration of anesthetic agents for the purposes of pain management or moderate sedation” with a new decision on procedural sedation.

In December, after receiving inquiries about the former practice decision, the Nursing Practice Advisory Committee members decided the issue of sedation needed to be looked at from a new perspective. They formed a subcommittee (Nancy Harland, Cheryl McKinney, and Susan Moore) to research the issue, directing it to take into consideration current national standards, the policies of other nursing boards, and new JCAHO standards. The resulting draft practice decision was discussed and revised by the entire committee, then recommended to the Board for adoption.

Below is the text of the decision, which is also on the Board’s website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) in the Practice Information section.

*RNs may administer medications for the purpose of induction of sedation for short-term therapeutic, diagnostic or surgical procedures (procedural sedation). Authority for RNs to administer medications is derived from NRS 632.220. This places no limits on the type of medication or route of medication; there is only the requirement that the drug be ordered by one lawfully authorized to prescribe. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. In administering medications to induce procedural sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to: effects of the medication, potential side effects of the medication, contraindications for the administration of the medication and the amount of the medication to be administered. The requisite skills include the ability to: competently and safely administer the medication by the specified route, anticipate and recognize the potential complications of the medication, recognize emer-*

*gency situations and institute emergency procedures. Thus the RN would be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. The safety considerations for procedural sedation include: continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate and level of consciousness. The RN will ensure the immediate availability of emergency equipment which contains resuscitative and antagonistic medications, airway and ventilatory adjunct equipment, defibrillator, suction and a source for administration of 100% oxygen. The RN administering agents to render procedural sedation would conduct a nursing assessment to determine that administration of the drug is in the patient’s best interest. The RN would ensure that all safety measures are in force, including back-up personnel skilled and trained in airway management, resuscitation and emergency intubation, should complications occur. RNs managing the care of the patients receiving procedural sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. The registered nursing functions, including vital signs, may not be assigned to unlicensed assistive personnel. The RN is held accountable for any act of nursing provided to a patient. The RN has the right and obligation to act as the patient’s advocate by refusing to administer or continue to administer any medication not in the patient’s best interest. The institution should have in place a process for evaluating and documenting the RN’s demonstration of the knowledge, skills and abilities for the management of patients receiving agents to render procedural sedation. Evaluation and documentation of competency should occur on a periodic basis.*

### RESOURCES:

Conscious Sedation, California Nurse Practice Act, NPR-B-06

AORN Recommended Practices for Monitoring the Patient Receiving Intravenous Sedation, Association of Operating Room Nurses, Inc.

Position Statement on the Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures, American Nurses Association

Qualified Providers of Conscious Sedation, American Association of Nurse Anesthetists

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# Board Adopts Practice Decision Regarding Student Clinical Rotations

## ■ Addresses faculty supervision with and without preceptors

Acting upon the recommendation of its Education Advisory Committee, the Board at its March meeting adopted a new practice decision regarding faculty supervision of nursing students in clinical rotations. Below is the text of the decision, which is also on the Board's website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) in the Practice Information section.

### Faculty Supervision of Nursing Students in Clinical Rotations

While participating in clinical rotations as part of the nursing education program, all student clinical experiences, including those with preceptors, shall be directed by nursing faculty. Public protection is of the utmost concern. Faculty must be readily available to address student and/or preceptor concerns and issues of safety.

### Faculty Supervision without Preceptors

The faculty student ratio may not exceed 1 to 8 unless the nursing program has requested and received an Executive Director waiver (NAC 632.670). The supervising faculty member must remain on site during the time students are involved in the clinical experiences. In the public health or community setting, the faculty must be readily available by telephone (landline or cellular) to respond to preceptor and/or student issues.

### Supervision with the Use of Preceptors

Each preceptor must have the appropriate knowledge and competence for the areas of instruction. The nursing program must:

1. Provide the preceptor an orientation concerning the roles and responsibilities of faculty and students.
2. Develop written objectives for each preceptor.
3. Limit preceptor instruction to not more than two students at any one time.
4. Require the preceptor to be at the clinical site when the students are participating in clinical experiences.
5. Require the supervising faculty to be available to the preceptor and/or student. Availability is defined as being readily available by telephone (landline or cellular) to respond to preceptor and/or student issues.
6. The need for physical availability will be defined in the contractual agreement.

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# 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.

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 1-800-746-3980; or email [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us)

## BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.



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## Board Seeks Education Consultant

The Nevada State Board of Nursing is looking for the right person to serve as its education consultant, either as an employee or as a contractor. The individual selected for the position will be responsible for conducting Board surveys of nursing education and nursing assistant training programs, as outlined by the requirements of the Nevada Nurse Practice Act. The qualified person will have a master's degree in nursing and relevant experience. For more information on the position, please contact Executive Director Debra Scott, MS, RN, APN, at 888-590-6726.

## Training Certificate Cannot Be Used for Inservice Training Hours

*Change is effective September 1*

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Recent presentations by Board Executive Director Debra Scott include "The Importance of Community Partnerships" for the 2005 Philippine Nurses Association of America Western Regional Conference; "The Interrelationship Between Discipline and Patient Safety" for the Annual Conference of Ostomy/Wound Nurses; "Under the Influence of the Law" for the American Nephrology Nurses Association National Symposium; and a talk on the Board's role in legislation for the Nevada Nurses Association Day at the Legislature.

If you would like Board staff to speak to your organization, please call the Reno office.



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The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers.

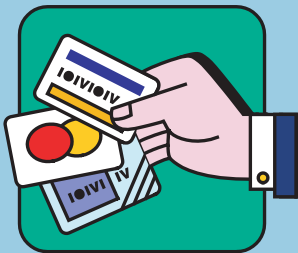
If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.

Just send an email to [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us) or mail a signed letter to the Las Vegas office. Please include your full name, address, and license or certificate number. If you choose to remove your address, you will still receive official Board communications such as this magazine, the *NSBN News*, but you will not receive the material sent by the organizations that purchase the Board's mailing list.



## Board Now Accepts Credit Cards For Payment

As part of its ongoing efforts to improve customer service and convenience, the Board in February began accepting major credit



cards in addition to cash, checks, and money orders. You can now use your MasterCard™, Visa™, or Discover™ card to pay for any Board service. You can use your credit card on line, over the phone, and through the mail.

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# Disciplinary Actions

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

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of November 19, 2004 through January 20, 2005. Please note that this list does not include some outcomes of the January 19-20, 2005 Board meeting due to legal notice requirements. Those outcomes will be reported in the next disciplinary actions list. This list does include some outcomes of previous Board meetings that were not reported earlier due to legal notice requirements.

## Settlement Agreements and/or Hearing Outcomes

### **Brower, Randall, RN31135**

Reprimand, Class and Fine of \$2,500 for violating NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope and (27) customary standards.

### **Cannon, Raylene, RN31865**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (20) inaccurate recording, and (24)

failure to collaborate.

### **Chavez, Lita, LPN11382**

Agreement for Reprimand for violation of NRS 632.320 (1) fraud or deceit in obtaining license.

### **Chavez, Sharol, RN41659, APN00079**

Reprimand and Fine of \$200 for violating NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

### **De Guzman, Mary Ann, LPN12499**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope, (3) practice without adequate training, and (27) customary standards.

### **Edie, David, CNA014687**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (17) soliciting, (25) failing to observe/report, and (27) customary standards.

### **Franzen, Ingrid, RN40062**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

### **Gardner, Leah, RN21437**

Voluntary Surrender of License in Lieu of Other Disciplinary Action by the Board for violation of NRS 632.320 (7) unpro-

## ABBREVIATIONS

NRS Nevada Revised Statutes  
NAC Nevada Administrative Code

fessional conduct, (14) failing to comply with Board order and NAC 632.890 (18) diversion.

### **Heermann, Brenda, RN35288**

Agreement for Reprimand and Fine in the amount of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

### **Jensen, Clinton, RN47086**

Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

### **Jones, Stephanie, LPN07211**

License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing while ability impaired.

### **Kline-De Hart, Gretchen, RN40834**

Voluntary Surrender of License in Lieu of Other Disciplinary Action by the Board for violation of NRS 632.320 (14) failing to comply with Board order.

### **Lettau, Jill, RN39062**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment and (27) customary standards.

### **Marchewski, Mark, RN29589**

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

**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.**

**Metiam, Francrosendo, CNA012213**  
Certificate revoked for violation of NRS 632.320 (14) failing to comply with Board order.

**Miranda, Danny, RN29756**  
Order of Probation for violation of NRS 632.320 (2) conviction.

**Molina, Dolores, RN29612**  
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (3) practice without adequate training and (27) customary standards.

**Nyborg, Cory, LPN08328**  
License revoked for violation of NRS 632.320 (11) falsified information to obtain controlled substances.

**Orr, Becky, RN31424**  
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, (24) failure to collaborate, (26) failing to abide by nursing law regulation, and (27) customary standards.

**Outar, Curtis, CNA016549**  
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment, and (27) customary standards.

**Perez, Tanelle, RN45228**  
License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing while impaired and (16)(a) failing to properly document the administration of a controlled substance.

## ABBREVIATIONS

NRS Nevada Revised Statutes  
NAC Nevada Administrative Code

**Redmon, Barbara, RN43377**  
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, and (27) customary standards.

**Rivera, Cynthia, RN24065**  
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (24) failure to collaborate, and (27) customary standards.

**Santiago, Watts, RN applicant**  
Order of Probation pending successful completion of all licensure requirements.

**Santistevan, Jeanette, RN27652**  
Agreement for Reprimand and Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

**Simmons, Richard, CNA016463**  
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action by the Board

for violation of NRS 632.320 (14) failing to comply with Board order.

**Smith, Karran, RN46224**  
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive urine/drug screen as condition of employment.

**Wells, Wanda, CNA010682**  
Agreement for Reprimand for violation of NRS 632.320 (13) deceive, defraud or endanger.

**Wright, Dorothy, RN28547**  
Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

## Denials of Applications for Licensure or Certification

**Bigelow, Anita, CNA applicant**

**Dunlap, Lawonda, CNA applicant**

**Sison, Leonora, CNA applicant**  
Applications denied 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.

**Garban, Dennis, CNA applicant**  
Application denied for violation of NRS 632.320 (2) convictions

**Comstock, Michael, LPN04559**  
Application denied for violation of NRS 632.320 (12) action in another state.

**Ruot, Marcia, RN applicant**  
Application denied for violation of NRS 632.320 (1) submission of a fraudulent application, and (12) action in another state.

## Findings of guilt for abuse, neglect or misappropriation placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

**Pimetal, Debra, CNA014327**  
Physical Abuse

**Corral, Melissa, CNA015572**  
Verbal/Physical Abuse

**Holm, Michael, CNA014816**  
Physical Abuse/Neglect

*The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of January 21 through March 18, 2005.*

*Please note that this list does not include some outcomes of the March 16-18, 2005 Board meeting due to legal notice requirements. Those outcomes will be reported in the next disciplinary actions list. This list does include some outcomes of previous Board meetings that were not reported earlier due to legal notice requirements.*

## Settlement Agreements and/or Hearing Outcomes

**Ascencio, Rosa, CNA014584**  
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Baker, Diana, RN25515**  
License revoked for violation of NRS 632.320 (14) failing to comply with Board order.

**Brown, Iona, CNA014012**  
Certificate revoked for violation of NRS 632.320 (2) criminal conviction.

**Cassaday (Roman), Alina, RN35100**  
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) impaired practice.

**Cross, Peterson, CNA018328**  
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying and (38) professional boundaries.

**Daniels, Rose, LPN09104**  
License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16)(a) failing to properly

**Who 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.

document the administration of a controlled substance and (27) customary standards.

**Ford, Patrice, CNA011180**

Reprimand and classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (32) actual or implied threats.

**Garcia, Kathleen, RN25189**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (10) positive drug screen on duty, and (21) obtain, possess, furnish prescription drugs without authorization.

**Gutzman, Kristina, RN37692**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16)(a) failing to properly document controlled substances and (27) customary standards of practice. Marshall, Marcella, LPN11970 Agreement for Fine of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

**Mathews, Christina, LPN11377**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation, (27) customary standards of practice, and (38) professional boundaries.

**Medina, Joey, CNA017274**

Certificate revoked for violation of NRS 632.320 (14) failing to comply with Board order.

**Mildon, Stacey, RN29397**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

**O Neill, Jacqueline, RN27065**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to properly document controlled substances, and (18) diversion of equipment or drugs.

**Pelzer, Volana, CNA014298**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (3) assuming duties without adequate training, (27) customary standards of practice, and (28) causing harm to patient.

**Rodriguez, Marie, CNA013606**

Certificate suspended for violation of NRS 632.320 (2) criminal conviction and (7) unprofessional conduct, and NAC 632.890 (35) failing to comply Board order.

**Roth, Susan, CNA017734**

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive

drug screen as condition of employment. Rowland, Eric, CNA applicant Agreement for Probation for violation of NRS 632.320 (2) criminal conviction.

**Shook, Faith, LPN09729**

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

**Simmons, Jamie, LPN11325**

Agreement for Fine of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

**Smith, Steven, RN30724**

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

**Staudacher, Kristen, RN39728**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) failing to comply with Board order.

**Tomlinson, Karyn, CNA016666**

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

**Whiting, Michal, CNA014367**

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (34) misappropriating property of patient.

## Denials of Applications for Licensure or Certification

**Rabideaux, Melanie, CNA applicant**

Application denied 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.

## Findings of guilt for Abuse, Neglect or Misappropriation placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

**Cole, Linda, CNA0002135**

Misappropriation

**Corral, Melissa, CNA015572**

Verbal Abuse/Physical Abuse

**Holm, Michael, CNA014816**

Physical Abuse/Neglect

## 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.

## Administration

5011 Meadowood Mall Way, Suite 201, Reno, NV 89502, 800-746-3980

### **Debra Scott, MS, RN, APN, Executive Director**

Statewide Liaison and Spokesperson  
Organizational and Public Management  
Fiscal and Human Resource Management  
Legislative and Governmental Relations  
APN Advisory Committee Chair  
Education Advisory Committee Chair  
Nursing Practice Advisory Committee Chair

### **Chris Sansom, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

### **Fred Olmstead, General Counsel**

Legal Counsel

### **Dean Estes, Accountant**

Budget, Accounting and Payroll  
Expense Reports  
Technology Support

### **Cindy Kimball, Public Information Officer**

Public Information and Education  
Consumer Relations  
News Magazine, Web Site, Publications

### **Teri Troke, Executive Assistant**

Assistant to the Executive Director  
Scheduling  
Board Meeting Agenda and Arrangements  
Nurse Practice Act Publication

## Program Staff

5011 Meadowood Mall Way, Suite 201, Reno, NV 89502, 800-746-3980  
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726

### Investigations and Monitoring

#### **Linda Aure, BSN, RN, C, Investigator (Reno)**

Complaint Investigations  
Nursing Practice Questions

#### **Lark Muncy, RN, Investigator (Las Vegas)**

Complaint Investigations  
Nursing Practice Questions

#### **Robert Buck, BSN, RN, Application Coordinator (Reno)**

Application Review  
Fraudulent Application Screening  
APN Certification

#### **Kathleen Reynolds, BHS, RN, Compliance Coordinator (Reno)**

Disability Advisory Committee Chair  
Disability Advisory Committee Scheduling  
Probation and Alternative Program Monitoring

### Licensure (Las Vegas)

#### **Bobbie Hicks, Senior Licensure Specialist**

Endorsement and Examination Applications  
Renewal Applications  
Licensure Eligibility Questions  
Continuing Education Providers  
Foreign Nurse Graduates and Licensure Issues

#### **Sarah Long, Licensure Specialist**

Licensure Eligibility Questions  
Renewal Applications  
Endorsement Applications

### Certification (Las Vegas)

#### **Patty Towler, Certification Specialist**

Las Vegas Office Daily Operations  
CNA Registry Maintenance  
CNA Certification and Renewals  
CNA Program and Instructor Approvals

#### **Kris Sanchez, Certification Clerk**

CNA Registry Maintenance  
CNA Certification and Renewals

### Support

#### **Susan Lang, Management Assistant (Reno)**

Assistant to the Director of Operations  
Discipline Investigative Support  
Board Meeting Preparation  
NURsys Data Entry

#### **Eve Tidwell, Management Assistant (Reno)**

Discipline Investigative Support  
Yes Answer and Fraudulent Applications Processing  
Board Meeting Preparation  
Disability Advisory Committee Scheduling

#### **Sherrie Frederick, Receptionist (Reno)**

Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications  
Nursing Personnel Lists

#### **Crisandra Eastmond, Receptionist (Las Vegas)**

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