

Nevada State Board of NURSING NEWS

September 2006



**Board Adopts
New Regulations
Epidural Catheter
Decision Revised**

**Board Revises
School Nurse
Advisory Opinion**

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.

UMC
UNIVERSITY MEDICAL CENTER
THE SYMBOL OF EXCELLENCE

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

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page 17



page 7



page 19



page 19



The caption for this photo of the members of the Board's Disability Advisory Committee that appeared on the cover of the June 2006 issue of *NSBN News* inadvertently omitted the name of committee member Susan O'Day, who is standing, second from the right. Here is the correct caption: *Standing:* Doreen Begley (Board liaison), Mary Culbert, Judith Vogel, Virginia Deleon, Jan Brethauer, Susan O'Day, Sandra Hotchkiss; *Seated on chairs:* Roseann Colosimo, Phyllis Erichsen, Judith Slaney, Alice Adams; *Seated on floor:* Kathleen Reynolds (committee chair and compliance coordinator) and Cookie Bible.

contents

| | |
|--|----|
| Finding Your Passion | 4 |
| Board Revises School Nurse Advisory Opinion | 7 |
| Board Revises Epidural Catheter Removal Practice Decision | 12 |
| Board Adopts Regulations in Public Workshop, Hearing | 14 |
| Board Member Receives Local Award, Named to National Committee | 17 |
| Meet the Staff Chris Sansom and Teri Troke | 19 |
| <hr/> | |
| Board and Advisory Committee Meetings | 6 |
| You're in Good Company | 6 |
| Board Members | 16 |
| Disciplinary Actions | 20 |
| Staff Directory | 22 |

Circulation includes more than 30,000 nurses, nursing assistants and student nurses.



Finding Your Passion

A message from the executive director

When the editor proposed articles for the next two issues of the *NSBN News*, I realized two of them cover specialties in nursing which affected my choice to enter our profession. If you have ever attended one of my presentations, you probably have heard me say that I decided to go to nursing school when I was “old”—what that means is that I started nursing school when I was 30. My life had been spent raising two wonderful kids and working part time in quasi-nursing positions. When we lived in Hawaii, I worked as a school health aide, under the supervision of a school nurse. I loved the position and quietly thought that someday I might be able to go to college and actually become a real school nurse. In fact, when we moved back to California, I began a position as a teacher’s aide in special education. I was able to sit in on IEP (Individual Education Plan) meetings and saw the school nurse working in her practice setting. Now, I was hooked!

I began my prerequisites in the community college in a small rural town in California’s San Joaquin Valley, and then transferred to a BSN program at University of California, Fresno in 1981. While in my nursing program, it became clear that psychiatric nursing came relatively easy to me, and I felt that I truly had found my niche in nursing. So, in 1985, after graduating, getting licensed, and working that most important year in medical surgical nursing, I started my long career in adolescent psychiatric nursing.

In 1993, when I moved to Nevada, I had been in clinical director positions in two different free-standing psychiatric hospitals. I spent my first two years in Nevada as the clinical director in a residential center for adolescents and children. I learned of an opportunity to work on one of the Nevada State Board of Nursing’s advisory committees, and applied to be on the Board’s Disability Advisory Committee (DAC). I thought my experience in psychiatric nursing and the related field of chemical dependency, not to mention my masters of science—clinical specialization in psychiatry, might be of value to the Board. They thought so too, and so began my involvement in nursing regulation.

School nurses 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 her supervision. School nurses are the only RNs in Nevada who may delegate specific

nursing procedures to unlicensed, qualified individuals in the school setting. The Board has specific regulations (NAC 632.226) and an advisory opinion (practice decision) which guide the school nurse in her expanded role. What an exciting responsibility! See the article on page 7 for more information on the role of the school nurse and the newly revised advisory opinion.

When I began working for the Board in 1996 as the associate executive director for nursing practice, one of my assignments was to chair the Disability Advisory Committee (DAC). I had never had the honor to work with such a special group of nurses who were willing to volunteer endless hours and give overwhelming energy to support nurses who are afflicted with the disease of chemical dependency, those who have been diagnosed with a psychiatric illness, or who have the dual diagnosis of both disorders. Some of the DAC members were already “conceptual members” meaning that they continued to work in this capacity even though they had completed both of their three-year terms on the entirely volunteer committee.

Regulation (NAC 632.210) gives the legal parameters for the Disability Advisory Committee. The members must be nurses who are knowledgeable concerning any conditions, diagnoses, or addictions that may negatively impact the safe practice of nursing. The DAC members are among the heroes who give freely of their time, their expertise, and their hearts in this very important work. Look for the article on our Alternative Program for Chemically Dependent Nurses in the December issue of *NSBN News* for more information about DAC.

So, when I was a senior in high school and I wrote an essay on “What I Want to be When I Grow Up,” I got my wish. At that time, I couldn’t settle on a teacher or a psychologist, but I was lucky enough to be able to do both—as a registered nurse. Isn’t that one of the wonderful aspects of our profession? Finding our passion in whatever we choose to do.

A handwritten signature in black ink that reads "Debra Scott". The signature is fluid and cursive, with a long, sweeping underline.

Debra Scott, MS, RN, APN
Executive Director

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EOE

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.

Board Seeks Application Coordinator

The Nevada State Board of Nursing is looking for a registered nurse with a bachelor’s degree and five years nursing experience to serve as an application coordinator. This is a full-time position in the Reno office of the Board. The position will be responsible for reviewing and processing advanced practice applications, and applications for licensure/certification with affirmative answers to screening questions, positive criminal backgrounds, and applications that are fraudulent. Interested individuals may fax a resume to Chris Sansom, BSN, RN, Director of Operations at 775-688-2628.



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Don't Forget to Keep Copies of Your CE Certificates

The Board conducts random audits

As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If you cannot prove you met the renewal requirements for nurses (30 continuing education credits for nurses and 24 hours of continuing education/training for CNAs), *you may be subject to disciplinary action.*

Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. For more information on the bioterrorism CE requirement for renewing nurses, visit the Board's website or call the Board office.

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

September 20-22, 2006 - Las Vegas (October 18, 2006)

November 15-17, 2006 - Reno (December 13, 2006)

(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 website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website 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 (one)

Recent appointment: Susan VanBeuge, MSN, RN, APN
November 7, 2006

CNA Advisory Committee (four)
November 2, 2006

Disability Advisory Committee (one)
October 20, 2006 - Reno

Education Advisory Committee (four)
Recent appointments: Robert Rowe, Jr., MSN, RN, and Mable H. Smith, PhD, JD, RN
November 3, 2006

Nursing Practice Advisory Committee (none)
Recent reappointments: Cheryl McKinney, RN, and Karen Winter, RN. Recent appointments: Carolyn Copeland, RN, and Joseph Rosich, RN
October 10, 2006
December 5, 2006

YOU'RE IN GOOD COMPANY

Active Nevada licenses/certificates on August 1, 2006

- RN** • 22,576
- LPN** • 3,137
- CNA** • 6,174

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 the 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 Board.

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.

Board Revises School Nurse Advisory Opinion

Change clarifies role of nurse as it relates to parents or designees

SCHOOL NURSES are the only RNs in Nevada who may delegate specific nursing procedures to unlicensed, qualified individuals. The school nurse is responsible to develop, implement, evaluate, and revise the plan of health care for each student with special health care

needs under his or her supervision. The Board has a specific regulation (NAC 632.226) and an advisory opinion (practice decision) that guide the school nurse in this expanded role. At its annual meeting in July, the Board accepted the recommendation of its Nursing Practice Advisory Committee to revise the advisory opinion to reflect more clearly its original intent and to provide clearer direction for the school nurses who work under its guidance.

The Board's Nursing Practice Advisory Committee made the recommendation after receiving

a request for revision from Dana Balchunas, BSN, MEd, RN, director of student health services for the Washoe County School District. At its regular, public meeting in June, the committee heard and considered testimony regarding the section of the opinion that defined a family member/friend designated by the parent or legal guardian as "a qualified person" to whom nursing care could be delegated. This, it was argued, implied the school nurse must ensure that parents or their designees are willing, competent providers, and provide supervision and training of the parents or designees. After discussion, the committee agreed to recommend a revision that removed that implication, because the Board does not require the



Zofia Figiel, BSN, RN, is preparing to give student Ryan Harmon a tube feeding in the health office at John F Miller School in Las Vegas, a school for students with specialized needs. *Photograph by Michele Nelson, photographer, Clark County School District Communications Office.*



Jacqueline Arnold, BSN, RN, gives a near-vision examination to Estela Vasquez in the health office at CC Ronnow Elementary School in Las Vegas. *Photograph by Michele Nelson, photographer, Clark County School District, Communications Office.*

nurse delegate care to parents and their designees. It also added a clarifying statement (see section 4) that a family member/friend is exempt from the provisions of the Nurse Practice Act.

“As school nurses, we rely heavily upon the regulation and advisory opinion to guide our practice, especially in the area of delegation,” Balchunas said. “We are pleased the committee and the Board shared our concern that the original opinion might cause confusion regarding the role of the school nurse.”

Betty McKay, the Board member liaison to the Nursing Practice Advisory Committee and an LPN health technician with the Dayton School System,

presented the committee’s recommendation to the Board. She said the adoption of the revision “helps clarify that the Board never intended to require the school nurse to delegate care to a parent or designee.” She added that a student’s family is an integral part of the team that provides health care to students in

the school setting. “But they do not fall under the requirements of the Nurse Practice Act,” she explained, “nor do they require supervision or training by the school nurse.”

The director of health services for the Clark County School District said she appreciated the Board’s clarification to “the framework of our approach to the provision of procedures.” Diana Taylor, MA, BSN, RN, added, “We’re very glad to have the advisory opinion. We follow it exactly. It keeps us on track legally, and it provides the information schools need as far as why certain tasks are delegated and why others are not.”

For me, school nursing has proven to be the best practice of nursing. It is everything in nursing rolled into one.

—Diana Taylor

See related articles on following pages



Jacqueline Arnold, BSN, RN, who is about to give Jose Alvarado a hearing test at CC Ronnow Elementary School in Las Vegas, explains that Jose should raise his hand every time he hears the beep. *Photograph by Michele Nelson, photographer, Clark County School District Communications Office.*



COVER PHOTO: Alison Simcox, BSN, RN, takes Brenda Delgado’s blood pressure. Delgado, who is five years old, was a participant in the pre-K summer program at Sparks High School. *Photograph by Val Martino, publications specialist, Washoe County School District.*

What are the qualifications for a school nurse?

In Nevada, at a minimum, a school nurse needs a bachelor of science in nursing degree, an RN license, and a license issued by the Nevada State Board of Education to work as a school nurse in Nevada. Other qualifications may include clinical nursing experience in pediatrics, maternal-child health, emergency nursing, or public health. If you're interested in school nursing, check with your local county school district's health services department for more information.

What do school nurses do?

DIANA TAYLOR, MA, BSN, RN, director of health services, Clark County School District: "The stereotypical portrait of a school nurse putting a Band-Aid on a scraped knee really fits the aide, not the nurse. School nurses use everything we learned in school and more—they need clinical, technical, psychological, and organizational skills. School nursing covers the specialties of pediatrics, psychiatric, emergency, and medical-surgical nursing. We educate our patients, their parents, their teachers, and the staff. The Clark County School District is the largest school district in the nation and we have thousands of medically fragile students. We perform a high number of procedures, including tube feedings, catheterizations, and insulin injections. School nurses also care for students with tracheostomies, portable ventilators, and central IV lines."

ALISON SIMCOX, BSN, RN, school nurse, Washoe County School District: I think it's important that people know we deal with a lot of students with serious health problems who are still entitled to come to school and participate as fully as they can, just as other students do. Our

level of nursing is always on the upswing--there are always new procedures, and there are always new students who require the kind of special care, that in the past, might have prevented them from being in a school setting—now we just make it happen. Our goal is to help that child remain in school so he can learn. While abiding by all the guidelines, there is room to be creative in finding a solution to a student's problem, so he can be in class, not in the clinic. As a school nurse, I work a lot to help students become as independent as possible in participating in their own care. I provide all different levels of training—to the student, other staff members, clinical aides, teachers, teacher aides, field trip aides—based on the person's willingness to learn and participate. It is nothing but a help to be able to delegate the things I can, so the students get the help they need, and I'm free to do something that is not delegable."

Why do people become school nurses?

DANA BALCHUNAS, BSN, MEd, RN, director of student health services, Washoe County School District: In one word, I'd say autonomy. A lot of veteran nurses desire more autonomy in practice, the ability to make the decisions that are best for a particular situation. We offer that. At the same time, it is collaborative. Even though school nurses don't spend time every day with another school nurse, they are very much in touch, continually using each others' expertise, looking at the standard of care. While it is independent practice, it is also supportive practice. People who are school nurses find it professionally rewarding because it takes a high level of skill—it requires every tool in your nursing box to deal with a spectrum of situations that can range from a child with a severe chronic illness, to a student with a tracheostomy, to training people to provide care, to treating kids that just need well visits.

When I recruit nurses, I tell them it's a great part-time job with full-time benefits. With a 185-day contract, and a seven-hour day, if you divide the hours into the salary, we're not that far from the prevailing hourly wage. Plus, you never work evenings or nights, and in addition to school breaks, you always have weekends and all federal holidays off. The environment we work in is by and large very upbeat. In general, a school is a happy place to work, the kids are funny and interesting, and they're well enough to come to school.

ZOFIA FIGIEL, BSN, RN, school nurse, Clark County School District: I like the flexibility, independence, and variety—as a school nurse, you don't have to do the same thing over and over. It's a big responsibility—you really need to know how to delegate. You're very independent, and really have to be on top of things, especially during an emergency. Also, it's so rewarding working with the students, it's unbelievable. Sometimes, we really don't realize the impact we have on the kids. I see a lot of great kids, and working with them, you get really get close to them, and they trust you. They know you're there for them.

JACQUELINE ARNOLD, BSN, RN, school nurse, Clark County School District: The most rewarding thing about being a school nurse is, of course, working with the children and being able to make a difference in their lives. The children come up and hug you and thank you, and so do the parents. We provide free glasses, free dental care, and we help them get the health care services they need. I do a lot of referrals, and help parents access resources they don't even know are available to them, like Nevada Check Up and Medicaid. I'm an integral part of the special education team, and help write IEPs (Individual Education Plans). On top of that, being a school nurse means I can make a good living, and at the same time, have time off to spend my own children. It's wonderful! This is the best job . . . this is my home.

Nevada State Board of Nursing Advisory Opinion Regarding Roles and Responsibilities of the School Nurse

All students in public school districts deserve to have their health care needs met to enhance optimum learning. In addition, the Individual's With Disabilities Education Act (IDEA), mandates that all disabled children be provided an education in the least restrictive environment and the special health care needs of children shall be met. An increasing number of children with exceptional health care requirements are currently being mainstreamed into the school system. It is the Board of Nursing's recommendation that registered nurses knowledgeable in school nursing should direct and provide school health services. School Districts need to arrange for adequate personnel to provide care.

The role, duty, responsibility, and employment of the School Nurse, who is a Registered Nurse, must comply with the Nurse Practice Act (NRS Chapter 632 and NAC 632) and NRS Chapter 391.207, 391.208, and 392.420.

The School Nurse (RN) is responsible to develop, implement, evaluate and revise the individualized health care plan for each student with special health care needs under his/her supervision.

- A. Input for the individualized health care plan is gathered from a multidisciplinary health team to include, but not limited to, the following:
 1. The student's primary physician
 2. The student's parent/guardian
 3. The student, when able to communicate
 4. Primary RN coordinating student's home care
 5. Social worker, if involved
 6. Designated school representative (per IDEA requirement)
 7. Student's teacher, school counselor and school psychologist
 8. Health care providers (example: Occupational or Physical Therapist, Vision Impaired Specialist, Hearing Impaired Specialist, Mental Health Counselor, etc.)
- B. The individualized health care plan is based on the evaluation of a number of variables specific to each student and includes, but is not limited to, the following:
 1. The stability of the student's medical condition including diagnosis, symptomatology, special alerts, emergent factors and educational implications for the student. Consideration should be given to the questions, "can the student's stability change dramatically to life-threatening within a few minutes/seconds?"
 2. List of medications: type, dosage, interactions, toxicity, adverse reactions and route of administration the child receives, as prescribed by a licensed prescribing practitioner in the State of Nevada.
 3. Utilization of PRN medications and over the counter medications.
 4. The nature, frequency and complexity of prescribed treatments the child requires and assessment for PRN treatments.
 5. The complexity and acuteness of the observa-

tions and judgements the care giver must make.

6. The specific student's ability to participate in the plan of care and communicate his/her needs to the caregiver.
 7. Environment: To include physical plant and educational staff and alternate health care providers and any adaptations that are needed to accommodate the student because of the health care needs.
 8. Level of preparation and experience of the designated direct care giver.
- C. The individualized health care plan should include written policies and procedures addressing possible medical emergencies the student may experience while in the school setting. These policies and procedures should include:
1. Definition of a medical emergency for the specific student;
 2. Designation of individuals to be notified when the emergency occurs;
 3. Identification of person who will initiate and direct the action to be taken;
 4. Specific action to be taken in this emergency;
 5. Transport specifications (internal and external), who will provide it and to where; and
 6. Format for documentation of actions taken in medical emergency.
- D. Delegation
1. The Registered Nurse determines when it is appropriate to delegate or assign any portion of the provision of care. This delegation/assignment must occur in accordance with the standards of practice outlined in the Nurse Practice Act and the guidelines of this Advisory Opinion.
 2. The Registered Nurse School Nurse is solely responsible for the determination of when it is appropriate to delegate or assign nursing care to a qualified person. A "qualified person" is:
 - a. A person whose license/certification authorizes his/her practice, or
 - b. A willing person whom the RN School Nurse has determined has acquired and/or maintained knowledge, skill and ability to perform the care in a safe and effective manner required by the child.
 3. This definition precludes the automatic utilization of the office manager, secretary or teacher as a qualified person. Only the School Nurse may delegate or assign nursing care. The School Administrator cannot legally delegate or assign nursing care. A Licensed Practical Nurse providing nursing care in a school may not delegate or assign nursing care procedures to school personnel.
 4. A family member/friend, designated or identified by the student's parent or legal guardian, is exempt from the regulations of the Nurse Practice Act and, without delegation, training or supervision by the school nurse, may perform required care for the student unless employed by the school district.

This advisory opinion (practice decision) is on the Board's website under the link Nurse Practice Act and Practice Decisions.

Nevada State Board of Nursing Advisory Opinion for Provision of Nursing Care by Licensed Nurses and Qualified Personnel in Schools

| NURSING PROCEDURE | QUALIFIED PERSON | QUALIFIED LICENSED NURSE |
|---|------------------|--------------------------|
| Development of procedures/emergency protocols | | RN only |
| Development of individualized student health care plan | | RN only |
| Nasogastric feedings | | X |
| Tube insertion or removal | | RN only |
| Gastrostomy feedings | | X |
| Mechanical pump feedings | | X |
| Clean intermittent catheterization | X | X |
| Indwelling catheter insertion | | X |
| Sterile intermittent catheterization | | X |
| Care of external equipment only (leg bags, straighten tubing, etc.) | X | X |
| Crede | X | X |
| Care of decubitus ulcer | | X |
| Reinforce external dressings (underpads) | X | X |
| Phrenic nerve stimulator | | X |
| Postural drainage | X | X |
| Chest percussion | X | X |
| Suctioning pharynx | | X |
| Light oral suctioning | Emergency | X |
| Suctioning pharynx w/bulb | Emergency | X |
| Suctioning bronchial | Emergency | X |
| Tracheal suctioning, trach care & tube replacement | Emergency | X |
| Glucose levels-blood/urine | X | X |
| Colostomy/ileostomy/urostomy care | | X |
| Emphying devices/skin care | X | X |
| Cast care | X | X |
| Mechanical ventilator | | RN only |
| Intravenous therapy: | | X |
| Intermittent | | X |
| Continuous | | X |
| Pump devices | | X |
| Chemotherapy | | RN only |
| Investigational drugs | | RN only |
| Implanted devices | | RN only |
| Central venous access devices | | RN only |
| Screening procedure: | | |
| Vision/hearing | X | X |
| Orthopaedic screening | | X |
| Spinal screening | | RN only |
| Dental screening | X | X |
| Lice screening | X | X |
| Rescreening/referral to physician | | X |

Medications

To administer medications, the School Nurse must have written permission from parent/guardian, and medication must have been prescribed by licensed prescribing practitioner, labeled and dispensed by licensed dispensing practitioner/pharmacist. Administration must be accompanied by a reliable tracking system.

The Nevada State Board of Nursing recognizes the administration/assistance with medication is an issue of primary concern in school districts. School Nurses/School Districts are referred to the State Board of Pharmacy to work out a suitable mechanism for the accomplishment of this task. Any medication procedure developed must meet the standard requirement for the safe administration/assistance of medications.

| NURSING PROCEDURE | QUALIFIED PERSON | QUALIFIED LICENSED NURSE |
|--|------------------|--------------------------|
| Oxygen, continuous/intermittent | X | X |
| Adjust nasal prongs | X | X |
| Oral | X | X |
| Topical therapeutic | X | X |
| Injections | | X |
| Administration of glucagon injection kit in emergent situation | X | X |
| Calculation of insulin dosage via pump, pen, or syringe for student self-administration | X | X |
| Verification of insulin dosage via pump, pen, or syringe for student self-administration | X | X |
| Inhalation | X | X |
| Bladder | | RN only |
| Rectal | | X |
| Nasogastric or gastrostomy tube | | X |
| Automatic devices for fixed dosage injection | X | X |
| Topical therapeutic | X | X |

Full and Part Time School Nurse Positions

Washoe County

(Reno Area)
Nevada
for 2006/2007
School Year
(BSN required)



- Autonomy/Independence in specialized practice area
- Case management of students with health care needs
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Or email Dana Balchunas,
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Or Tina Cotter, Nursing Manager
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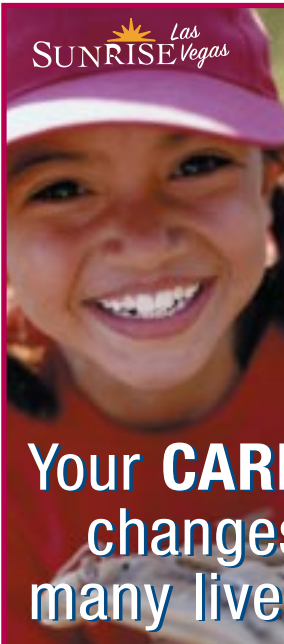
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Board Revises Epidural Catheter Removal Practice Decision

Revision deletes 72-hour limit

Upon the recommendation of its Nursing Practice Advisory Committee, the Board at its annual meeting adopted a revision to its practice decision regarding the removal of epidural catheters by RNs. The revision deleted the 72-hour in situ timeframe within which RNs were allowed to remove epidural catheters. It also clarified that RNs may remove percutaneously inserted epidural catheters, but may not remove tunneled epidural catheters. Finally, it deleted the requirement for a qualified nurse to have completed his/her probationary period before being allowed to perform the procedure.

The Nursing Practice Advisory Committee made the recommendation after considering a request at its regu-

lar, public meeting in June by Dr. Kevin Lasko of the Associated Anesthesiologists of Reno. In an email to the committee, Dr. Lasko wrote, "There is no clinical reason or increased risk that I am aware of that would make removal of a catheter in place more than 72 hours more difficult. The current policy creates a problem in patient care because we are not always available to pull catheters in a timely manner."

In addition to input by the committee members who work with these devices, the committee also considered research provided by Noel Kerr, a clinical nurse specialist in medical-surgical nursing with Washoe Medical Center in Reno.

Practice Decision Regarding Removal of an Epidural Catheter

Opinion Question:

Can a Registered Nurse with the appropriate training remove an epidural catheter (as defined)?

Recommendation:

The Nevada State Board of Nursing has determined that a Registered Nurse, who has completed the appropriate training and follows all applicable competency regulations under NAC 632, may be authorized to perform the task of removing an epidural catheter, as defined, post surgery/procedure, with a physician or CRNA order. Only nylon/silastic or derivatives of non/silastic catheters may be removed by a qualified registered Nurse.

The following epidural catheters **may not** be removed by a Registered Nurse:

1. Metal or spring epidural catheters.
2. Any tunneled epidural catheter.
3. Spinal cord stimulators placed in the epidural space.

Consumer Safety:

Safety is assured by following all the recommendations of this opinion which includes a specific training program and annual competency skill validation when a qualified Registered Nurse removes an epidural catheter (as defined), that has been placed by an Anesthesiologist or a Certified Registered Nurse

Anesthetist (CRNA). This practice would be comparable to removal of femoral sheath catheters, removal of arterial line catheters and removal of PICC lines which is currently within the scope of practice of a Registered Nurse.

Removal of an epidural catheter will be the responsibility of the qualified Registered Nurse only after appropriate training and documentation of catheter integrity and site integrity. Consumer safety may be documented through Quality Assurance/Infection Control monitors.

For consumer safety the qualified Registered Nurse may remove percutaneously inserted epidural catheters.

Intervention and documentation with a patient should include site care and cleanliness, removal of protective barriers, hygiene, indications of infection and fluid leakage.

Public Interest:

The removal of an epidural catheter by a Registered Nurse allows the patient to have a broader option for elective epidural pain management while maintaining a safe environment for the patient. Continued or additional epidural pain management is not always a choice when a physician is responsible for removing the catheter at the completion of a case or procedure.

Practitioner Safety:

Only Registered Nurses with the appropriate didactic and clinical return demonstration skills training, in collaboration with the facility policies and procedural support, may participate in the removal of epidural catheters. The didactic portion of the education program should include but is not limited to, anatomy, physiology, related pharmacology, assessment, contraindications, exceptions, emergency preparedness and intervention.

Competency Mechanisms:

A specified number of return demonstrations must be completed at the end of the initial training. Annual skills validation must be demonstrated and documented as part of each facilities education program. Each nurse must meet all the competency requirements as set forth in NAC 632.

Nursing Process:

Removal of an epidural catheter may be considered within the scope of practice of the Registered Nurse and only performed following the completion of didactic and clinical training. A policy and procedure should be developed specifically for the practice, and implemented in each facility following the nursing process.

This procedure can be performed in any relevant department of each facility by a qualified Registered Nurse. The areas impacted by this practice change

would include obstetrical and surgical services, post anesthesia recovery units, outpatient services, ambulatory surgical centers, critical care and medical-surgical units.

Annual documentation of competency and skills will be monitored by the Chief Nurse in accordance with NAC 632.224 and 632.225. Infection control monitors may be employed to measure infection rates.

Literature Search:

Included in the literature search is a position statement from the American Nurses Association. This position statement was written in collaboration with Delaware Board of Nursing (6/90), Louisiana Board of Nursing (1/90); Ohio board of Nursing (3/92); Oklahoma Board of Nursing (Fall/92); Wyoming board of Nursing (Spring/1993); and, South Carolina Board of Nursing (3/93).

Additional references for revision on July 19, 2006:

Hayek, S.M., Paige, B., Kapural, L., Stanton-Hicks, M. & Mekhail, N. *Complications of Tunneled Epidural Catheters in Non-Cancer Patients with Regional Pain*, *Anesthesiology* 2003; 99: A1111

Aram, L, Krane, E.J. Kosloski, L.J. & Yaster, M. *Tunneled epidural catheters for prolonged analgesia in pediatric patients*, *Anesth Analg.* 2001 June; 92 (6): 1432 –1438

Epidural Administration of Medication (24867) Publish Date: 9/26/2005

Pain: Clinical Manual, page 236. Copyright 1999, Mosby, Inc.

Standardization Procedures:

The standard of practice is found in the position statements noted above.

Impact: Fiscal/Manpower:

Removal of epidural catheters by qualified Registered Nurses will decrease cost to the patient by eliminating the additional visit by the physician or CRNA.

The impact on manpower will increase the continuity of patient nursing care. The Registered Nurse will have the ability to assess the patient's pain levels prior to the removal of the epidural catheter, and with specific physician orders, administer additional pain management medications through the epidural catheter in a more timely manner, if necessary.

Type of function:

The qualified Registered Nurse will work as a team member with the attending physician, consulting Anesthesiologist, or CRNA.

Application to Past Decision:

Currently, qualified nurses in the state of Nevada may:

- remove mediastinal drainage tubes (11/86)
- insert and remove PICC lines (12/92)

- remove arterial lines
- remove femoral sheaths
- instill reversible opioid agonists, via an epidural catheter.

Definition of Terms:

- Epidural Catheter:** Catheter placed within the epidural space, the space is bordered anteriorly by the duramater and posteriorly by the ligamentum flavum and that which envelops the duramater and its contents from the foramen magnum superiorly to the sacrococcygeal membrane inferiorly.
- Intrathecal Catheter:** Catheter placed within the subarachnoid space (usually at the lumbar level), the space within the dura and arachnoid layers surrounding the spinal cord which contains spinal fluid.
- Epidural or Spinal Analgesia:** Terms applied to the pain relief produced by the administration of narcotics and/or dilute local anesthetic solutions into the epidural or intrathecal space or treatment or relief of pre-surgery pain (e.g., labor pain), post-surgery acute pain, cancer pain, chronic back pain, post-trauma pain, or for acute medical conditions, which may include corticosteroid treatments.
- Epidural or Spinal Anesthesia:** Terms applied to the production of surgical anesthesia by local anesthetics, sometimes in combination with narcotics, in which the epidural or intrathecal solution is concentrated enough to provide a complete anesthetic for specific surgical or therapeutic (e.g., lithotripsy) procedures within an operating room.
- Intrapleural Catheter:** Catheter placed with the intrapleural space.
- Peripheral Nerve Infusion Device:** Catheter inserted to block or ease pain related to specific peripheral nerves (i.e., brachial plexus).
- Bolus Dosing:** A concentrated mass of medication administered at one time, in a specified time period, through an intravenous and/or specialized catheter access route via syringe, i.e. push.
- Regulated Medication Administration Delivery System:** An implantable device or external electronic pump designed to control, over a period of time, the administration of the medication in order to maintain a constant, consistent medication level. This system should include a security method/device which would prevent bolus dosing/test, i.e., PAC pump.
- Tunneled Epidural Catheter:** A catheter placed in the epidural space and tunneled subcutaneously resulting in an exit site some distance away from the insertion site, usually the patient's abdomen.

This practice decision is on the Board's website under the link Nurse Practice Act and Practice Decisions.

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Board Adopts Regulations in Public Workshop, Hearing

Regulations involve temporary licenses, APN practice, CRNA certification requirements, CNA recording and reporting

Regulation revisions, many of which were recommended by the Board's advisory committees, were adopted by the Board in May, and went into effect June 28, 2006. Below are highlights of some of the major changes. You may access the full text of the regulations by visiting our website at www.nursingboard.state.nv.us, clicking Nurse Practice Act, then clicking on the *new regulations* link.

The Board first considered the concept and wording of the regulations during its regular Board meeting in March. To solicit comments from the public, it then held a public workshop on April 27, 2006 via videoconference in Reno and Las Vegas, followed by a public hearing on May 17, 2006 at its regular Board meeting in Las Vegas. There were no comments received in opposition to the regulations.

Major Highlights of Regulations Adopted by Board

The regulations:

Extend the time temporary licenses and temporary certificates valid from four to six months. The Board issues a temporary license or certificate to applicants who endorse into Nevada from another state while it awaits receipt of other required documents, including fingerprint results. The Board requires applicants to submit fingerprints to the Nevada State Department of Public Safety (DPS) for examination and also for forwarding to the Federal Bureau of Investigation for review. Today, the length of time it takes for DPS and the FBI to review the fingerprints is often longer than four months, and occasionally, longer than six months. This regulation change lets otherwise qualified APNs, CRNAs, RNs, LPNs, and CNAs continue to practice while their fingerprints are being reviewed by Nevada and the FBI up to a maximum of six months (NAC 632.175, 632.195).

Clarifies that CNAs are allowed to document the care they give. Specifically, NAC 632.746 now requires nursing assistant trainees to receive classroom instruction and clinical practice in observing, reporting and recording changes in condition, abnormal signs and symptoms, as well as reporting and recording incidents, and reporting and recording patient care provided.

Allow APNs to perform practices which are taught to them by physicians or other APNs which are identified as being within their scope of practice in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) that was most recently approved by the Board (NAC 632.255).

Clarify that an APN's protocol must reflect the ongoing collaborative relationship between the APN and the physician, rather than one that is documented only at the time of renewal (NAC 632.2555).

Replace the physician's review of a representative sample of an APN's records with a more comprehensive review of the APN's records based on a system of quality assurance (NAC 632.256).

Remove barriers and streamline the collaborative relationship between the physician and APN by deleting the requirement for a drug list (NAC 632.259). In practice, medications are not listed individually in APN protocols, but rather referred to in terms of classes of drugs. Drug lists are no longer required due to the ongoing development of new drugs.

Make the practice requirement of APNs the same as for RNs—practice within the last five years (NAC 632.293). In addition, the revision gives the specific number of hours (800) that an APN must practice under supervision of a physician or another APN if the APN has not practiced in the previous five years.

Define "nurse midwife." "Nurse midwife" means a registered professional nurse who has completed an organized formal program of training in the area of pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecological needs of women. (New section, NAC Chapter 632)

Clarify that clinical nurse specialists may seek recognition as an APN if they meet the requirements for a certification of recognition by the Board pursuant to NAC 632.260 and 632.300.

Simplify the language related to when a CRNA certificate lapses. Now, a CRNA certificate lapses automatically whenever there is a lapse in national certification (NAC 632.545).

Include testing of person's hair in the list of tests allowed to determine whether or not a nurse or CNA has alcohol, a controlled substance, or dangerous drug present in their body (NAC 632.890).



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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 1-888-590-6726; or email 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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Term expires 10/31/2008



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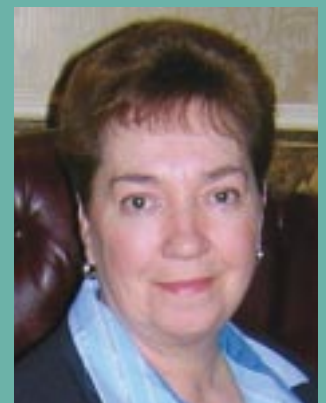
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Board Member Receives Local Award, Named to National Committee

In May, Board member Doreen Begley, MS, RN, was recognized as a Northern Nevada Nurse of Achievement in the Patient Advocacy category. Begley, who is director of the University of Nevada's Orvis Nursing Clinic, was selected from 140 nominations in the 13 available award categories.

In July, Begley was appointed to the National Council of State Boards of Nursing (NCSBN) Resolutions Committee. The NCSBN is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and five United States territories—American



Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands. Its purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

In her role as a member of the Resolutions Committee, Begley will help NCSBN identify issues, recommend policy directions, and make suggestions for change. Resolutions are presented and voted upon at the NCSBN Annual Meeting, which is attended by delegates from all member boards.

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Meet the Staff

Chris Sansom and Teri Troke

Chris Sansom

Chris Sansom, BSN, RN, has a big job. As director of operations, she is responsible for managing the Board's licensure, certification, investigation, discipline, and compliance programs. She supervises a staff of 14, whose responsibilities range from processing applications to issuing licenses and certificates to investigating complaints to answering practice questions from nurses and CNAs.

"I am told that the disciplinary actions listed in the magazine are the first area many nurses review to 'see if they know anyone,'" Sansom said. "Disciplinary action taken by the Board is critical in public protection, but the Board does so much more than discipline. I would like to invite everyone to a Board or committee meeting to experience for themselves the issues the Board is involved in. All meetings are open to the public and agendas and locations are posted on our website. The most common comment I hear from someone who attends a Board meeting for the first time is, 'I had no idea you did all that!'"

Sansom joined the Board in 1994 as a nurse investigator, was named associate director for practice in 2002, and director of operations in 2005. After earning her associate degree in nursing from Mount San Antonio Community College in Walnut, California, in 1982, she began her nursing career as a medical-surgical nurse in San Dimas Community Hospital. Beginning in 1984, she began working in dialysis, a field she remained in for 10 years, first as a dialysis nurse, then as a nurse manager.



Chris Sansom, BSN, RN
Director of Operations

Looking back on her career, Sansom reflected, "I never dreamed that one day I would work for a board of nursing, or become so familiar with laws and regulations. Boards were always some far-off entity that issued my license." She added that after almost 12 years, she's still glad she made the choice to work for the Board. "I am still challenged every day, I learn something new nearly every day, I have the opportunity to be educated and current on national nursing issues and share that information with others, and what I do makes a difference."

In addition to handling her responsibilities at the Board, Sansom decided to go back to school to earn her Bachelor of Science in Nursing. Her hard work was recently rewarded: she not only graduated in May from the University of Nevada, Reno's Orvis School of Nursing, she was given the Arthur and Mae Orvis Outstanding RN-Baccalaureate Student Award.

Sansom downplays her accomplishment, but is clearly proud of her chosen profession: "My decision to become a registered nurse so many years ago has awarded me with experiences and opportunities I don't think I would have had in another field. I love this profession."

Teri Troke

Teri Troke spends most of her time "behind the scenes." As executive assistant to Debra Scott, MS, RN, APN, the Board's executive director, Troke is the one who makes sure that Board and committee meetings run smoothly. In addition to making meeting room arrangements and scheduling travel, she assembles the huge stacks of documents that the Board and committee members review before their meetings and helps compile and distribute agendas and minutes.

Aside from meeting preparation, she handles all other travel arrangements for Board and staff; manages the executive director's calendar; processes proposed regulations and bill drafts; updates, revises and maintains policy and procedure manuals and the employee handbook; produces the print version of the Nurse Practice Act; and serves as a liaison among the staff, Board members, executive director, and the public.

"I really enjoy the diversity of tasks I do," Troke said. "I'm always learning new things."

Troke joined the Board in 2002 as a management assistant in the discipline department, and a year later, was named executive assistant. Her experience includes positions as office manager for Southern Air in Las Vegas; satellite operations manager for Equinox International, also in Las Vegas; and assistant manager for Chinon America



Teri Troke
Executive Assistant

in Torrance, California.

Married to Tim, she resides in Reno and she has three children: Whitney, Jordan, and Destiny.

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 April 1 through May 19, 2006. Please note that this list does not include some outcomes of the May 17-19, 2006, Board meeting due to legal notice requirements. Those outcomes will be reported in a future 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

Baldwin, Donnell, CNA011747

Certificate revoked for violation of NRS 632.320 (1) fraudulent application.

Bayless, Sherman, LPN08194

Order of Probation for violation of NRS 632.320 (14) failure to comply with Board order.

Becerra, Manuel, CNA018060

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (33) abusing a patient.

Bell, Roberta, RN28479

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

Brazier, Brenda, CNA014061

Agreement for Probation for violation of NRS 632.320 (5) controlled substances.

Carroll, Mike, CNA017343

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS

632.320 (7) unprofessional conduct and (14) failing to comply with Board order and NAC 632.890 (27) customary standards, (35) failing to comply, and (38) professional boundaries.

Conklin, Marie, RN37410

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply.

Cordle, Crystal, CNA013522

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment and (36) practicing without an active certificate.

Edney, Sally, RN25785, APN00284

Agreement for Fine of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license/certificate.

Fredrick, Diane, RN13653

Agreement for Probation for violation of NRS 632.320 (5) controlled substances and (7) unprofessional conduct, and NAC 632.890 (9) impaired practice and (10) positive drug screen while on duty.

Glueckert, Ron, RN applicant

Agreement for Probation for violation of NRS 632.320 (2) criminal conviction and (12) action in another state.

Humphrey, Edna, CNA003127

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying.

Hutchinson, Marceline, RN47507

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

Kelly, Melanie, RN26608

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

632.890 (24) failing to collaborate with health care team, (25) failing to observe/report, (28) causing harm to a patient and (33) abuse or neglect of patient.

Kingas, Penelope, LPN10521

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

Linehan, Dana, RN25746

Voluntary Surrender of License in Lieu of Other Disciplinary Action by the Board for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct and (14) failing to comply with Board order, and NAC 632.890 (9) impaired practice, (10) positive drug screen while on duty, (18) diversion of equipment or drugs, (21) obtain, possess, furnish prescription drugs without authorization, (22) patient abandonment, and (35) failing to comply.

Marchewski, Mark, RN29589

Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol and (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

Marinelli, Anita, CNA applicant

Agreement for Probation for violation of NRS 632.320 (2) criminal conviction and (5) controlled substance and/or alcohol.

Pajari-Joseph, Sherry-Anne, RN37380

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

Palacios, Michelle, CNA017407

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

Parra, Susana, LPN11416

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (6) inappropriate assignment/delegation, (27) customary standards of practice, and (28) causing harm to patient.

Pharris, Sheree, RN24557, APN000696

Order of Fine of \$200.00 and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license/certificate.

Roark, David, RN41470

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

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 website or call the Board.

632.890 (18) diversion of equipment or drugs.

Schneider, Jocelyn, RN applicant

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

Simmons, Victoria, LPN08121

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

St. Pierre, Kimberlie, CNA01895

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol and (7) unprofessional conduct, and NAC 632.890 (10) positive drug screen while on duty.

Turner, Kristin, RN46453

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (13) confidentiality violation and (18) diversion of equipment or drugs.

Turner, Michael, CNA016511

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice and (28) causing harm to a patient.

Wilkes, Jennifer, RN44469

Agreement for Probation for violation of NRS 632.320 (2) criminal conviction, and (12) action in another state.

Yu, Roselyn, RN36198

Agreement for Probation for violation of NRS 632.320 (2) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, (24) failing to collaborate with health care team, and (27) customary standards of practice.

Denials of Applications for Licensure or Certification

Aquino, Soledad, RN applicant

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

Candilena, Glenn, RN applicant

Application denied for violation of NRS 632.320 (1) fraudulent application and (12) action in another state.

Cherry, James, RN applicant

Application denied for violation of NRS 632.320 (1) fraudulent application, (5) controlled substances and (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances and (18) diversion of drugs.

Riggs, Jennifer, RN applicant

Application denied for violation of NRS 632.140 (2) qualifications and fee for applicants for license

Vivar, Joseph, CNA applicant

Application denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (33) abuse/neglect of patient

Perkins, Doris, RN35022

Application denied for violation of NRS 632.320 (12) action in another state

Beagle, Lisa, CNA applicant

Cao, Ginger, LPN applicant

Hilliard-Maxie, Lisa, LPN applicant

Williams, Colleen, LPN applicant
Above 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.

Green-Guinan, Marilyn, CNA013620

Halili, Criselda, CNA applicant

Harris, Erica, CNA012163

Khan, Sherry, RN37884

Rainey, Shmyra, CNA013759

Sherman, Tisha, LPN applicant

Above applications denied 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.

Citation for Practicing Without A Certificate

White, Lindsey

Martinez, Nicole Maria (aka Shanna Patterson and Shanna Martinez)

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

Smith, Elizabeth, CNA 017803

Verbal Abuse/Neglect

Stribling, Nicole, CNA 018440

Verbal Abuse

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 for 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.

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 Board and ask for one of the nurse investigators or the director of operations.

Administration

5011 Meadowood Mall Way, Suite 201, Reno, NV 89502, 888-590-6726
nursingboard@nsbn.state.nv.us

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
Nursing Practice Advisory Committee Chair

Chris Sansom, BSN, RN, Director of Operations

Program Management

Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision

Donna Cowling, MSN, RN, Education Consultant

Nursing Education Programs
CNA Training Programs
CNA Advisory Committee Chair
Continuing Education Programs
Education Advisory Committee Chair

Fred Olmstead, General Counsel

Legal Counsel

Dean Estes, Accountant/Technology Officer

Budget, Accounting and Payroll
Programming
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

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nursingboard@nsbn.state.nv.us

Investigations and Monitoring

Linda Aure, BSN, RN, C, Senior Investigator

Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
Nursing Practice Questions

Kathleen Reynolds, BHS, RN, Compliance Coordinator

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

Licensure/Certification

Sarah Bowen, Licensure Specialist

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

Patty Towler, Senior Certification Specialist

CNA Registry Maintenance
CNA Certification and Renewals
CNA Program and Instructor Approvals

Molly Echandy, Licensure/Certification Clerk

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

Support

Sherrie Frederick, Fingerprint Specialist

Endorsement Forms
Fingerprint Processing
Fingerprint Report Screening

Christie Daliposon, Management Assistant

Assistant to the Director of Operations
Discipline Investigative Support
Compliance Support
Board Meeting Preparation
Disability Advisory Committee Scheduling

Cyndie Souza, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
Board Meeting Preparation
NURsys Data Entry

Mallory Goodrich, Kelly Narte, Receptionists

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

Adela Smith, Receptionist

Program Support
Inquiries, Information and Referrals
Licensure and Certification Applications
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- PACU
- Post-Partum
- Progressive Care Unit
- Surgery



Please send your resume to: MountainView Hospital Care of Human Resources, 3100 N. Tenaya Way, Las Vegas, NV 89128.
Jobline: (702) 255-5135 • Call Natalie Gardner, RN: (702) 562-5508
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