

Nevada State Board of

NURSING NEWS

June 2014

IV Therapy-
RN LPN
RESPONSIBILITIES

**Prescription Drug
Use and Abuse:**
It's everyone's problem

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(PHYSICIAN ORDER FOR
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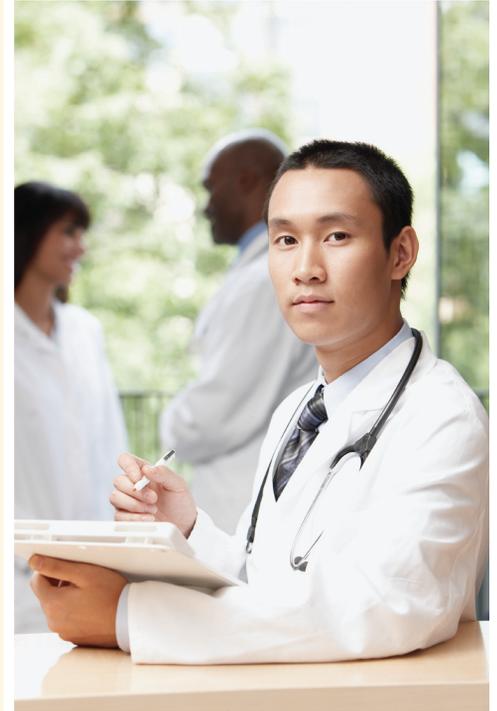
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Debra Scott, MSN, RN, FRE
Executive Director

Roseann Colosimo, PhD, MSN, RN
Education Consultant, Editor
888-590-6726

nursingboard@nsbn.state.nv.us

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CONTACT

NEVADA STATE BOARD OF NURSING
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
phone—888-590-6726
fax—775-687-7707
nursingboard@nsbn.state.nv.us

4220 S. Maryland Pkwy., Suite B-300
Las Vegas, NV 89119
phone—888-590-6726
fax—702-486-5803

nursingboard@nsbn.state.nv.us

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MESSAGE

● FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

As Nurses Week comes to a close, it is important to remember our primary responsibility as nurses—patient advocacy. Ultimately, every professional decision that we make as nurses must be based on what is best for our patients. Searching within to ascertain the “why” we make those decisions is a necessary step in safe practice. Defining the ethical basis for decision making gives us insight into how to professionally grow and develop in our professional practice.

Do you “do the right thing” for your patients because your decisions are based on principle-based ethics? Are there rules, codes, and standards in place that you follow because that is what society, your boss, your colleagues, your patients expect of someone in your professional role. This may be one of the reasons that you make the decisions that you do, but will only serve you to a certain level.

Do you “do the right thing” for your patients because you fear or have aversion to the consequences of whatever your conduct may produce? Personally, I often relate this to my exceeding the speed limit. When I travel the “loneliest highway”, it seems relatively safe to exceed the speed limit, but I only exceed it to the point that won’t get me cited for speeding. The reason for my decision to not speed is because I anticipate that I won’t like the consequences in the form of a fine or an increase in my insurance premium. That’s not the only reason, but it may be the strongest reason. If you are making nursing decisions based on what policies or the Nurse Practice Act say because you fear the consequences—either counseling notices and/or termination at work or discipline by the Board of Nursing, again you are using a questionable basis for decision making. Rules and fear of the consequences of your conduct will only serve you to a certain level.

The highest level of professional ethics is virtue based ethics. Respect for others, compassion, and integrity serve as the basis for your actions. If you imagine the ideal in professional decision making and strive for that ideal, it is your character that is reflected in your conduct. You “do the right thing” because that is part of who you are both as a person and as a nurse. This is the highest level of ethical conduct.

If all of us adopted this highest level of ethics, there would be no need for the Board of Nursing to spend a majority of our budget on investigations and discipline...but we do. The examples are too numerous to list, but often, Board members and staff are astonished and shocked at the behavior of a very small percentage of the nurses who are investigated by the Board whose licenses are subsequently sanctioned.

Last fiscal year, 2012-13, the Board of Nursing opened 1876 complaint investigations. 10% of those complaint investigations resulted in discipline by the Board. When you look at the total Nevada nursing population of 41,135 at the end of FY12/13, one-half of 1% of the total of all Nevada licensees/certificate holders were disciplined by the Board during that year. Many of the 1876 complaints resulted in the nurse not violating the Nurse Practice Act or the behavior not rising to the level requiring discipline and the complaints were subsequently dismissed or closed. Another avenue the Board may utilize is remediation. This option is only used when there is evidence that the nurse’s conduct does not threaten the public. The Board’s nurse investigators are “fact finders”. Their goal is to find out what actually happened related to the complaint and to assess the level of threat to the public. Most nurses intend to do the right thing. We are human and may make mistakes, but it is when the public is endangered, the Board must intervene to protect the public. That is our mission.

So what do ethics have to do with getting disciplined by the Board? Everything at times, less so at times, and even sometimes nothing. Each situation is evaluated on a case-by-case basis. As we end our celebration of Nurses Week, I encourage you to look deep inside and contemplate your personal ethical code and strive to attain the highest level of ethical decision making and conduct, one based on virtue. Thank you for allowing me to be part of your journey.

Sincerely,



WORDS

● FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

The Nevada State Board of Nursing (NSBN) was fortunate to have a recent presentation by the Nevada Donor Network (NDN). The Nevada Donor Network is a federally designated, not-for-profit organ, tissue, and eye procurement organization. It is a member of the United Network for Organ Sharing (UNOS) in an effort to meet the needs of patients awaiting transplants. It is responsible for the coordination, recovery, and distribution of donated human organs and tissues for transplantation and medical research for 13 Nevada counties. The mission of this organization is “to maximize the gift of life and health through organ and tissue donation”. It serves nearly 2,100, 000 citizens in Nevada. This organization has substantially increased organ donors per million of population and now leads the nation in this area.

The NSBN supports the effort of NDN to raise awareness to the community about organ, tissue and eye donations. The NDN has a nurse engagement process and the representatives of NDN related the importance nurses play in facilitating organ donation. NDN related that at every point in the process nurses are usually the major point of contact and communication thereby facilitating this important endeavor. The Nevada State Board of Nursing heard that nursing partners play a major role in contributing to the gift of life and health for the citizens of Nevada. For more information the NDN is willing to present information to your facility and also has a website <http://www.nvdonor.org/>. One donor can save 8 lives and heal 50 people.

Thank you!
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www.DonateLifeNevada.org
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MICROBIOLOGY AND ITS IMPORTANCE TO NURSING

By Nancy N. Menzel, PhD, RN, PHCNS-BC, CPH, CNE
Associate Professor, University of Nevada, Las Vegas School of Nursing



Nursing student Early Santos
collecting a water sample

Although Florence Nightingale's year in Crimea (1854–1855) pre-dated the germ theory of disease that emerged around 1870, she nevertheless concluded that military hospitals, where the death rate from infections was high, needed improved hygiene and sanitation. Although Nightingale never elevated bacteriology as more important to health than hygienic practices, the fields of microbiology and nursing have evolved significantly since that time. If we know more now, however, why do hospital infections remain a serious threat, just as they were in Nightingale's time?

Healthcare-associated infections (HAIs) may be caused by any infectious agent, including bacteria, fungi, and viruses, as well as other less common types of pathogens. The recent outbreak of *Mycobacterium bovis* (TB) in an area hospital reminds us of the vast array of under-recognized microorganisms that lurk in the environment, awaiting their opportunity to infect vulnerable hosts. And infect them they do.

According to the Centers for Disease Control and Prevention (2014a), a 2011 survey found that on any given day, about 1 in 25 hospital patients had at least one HAI. The estimate for acute care hospitals was 722,000 HAIs; 75,000 patients with HAIs died. While a 2012 progress report showed a significant decrease since 2008 in most infections, there were "minimal decreases for both hospital-onset *C. difficile* infections and hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections. Catheter-associated urinary

tract infections increased" (Centers for Disease Control and Prevention, 2014b).

The web of causation for HAIs is complex, including factors such as the use of indwelling medical devices and improper use of antibiotics. Another cause is most definitely transmission between healthcare workers and patients (U.S. Department of Health & Human Services, 2014). Clearly, nurses play an important role in both the cause and the prevention of HAIs. To improve patient safety, nurses need a solid foundation in microbiology in their pre-licensure programs, as well continuing education on this important topic.

Nurse educators have many teaching opportunities around microbiology, from discussions of how to contain the spread of infections to reviewing culture reports of individual patients to analyzing an organization's HAI report. Community health nursing educators can design student projects based on their local health department's reportable disease statistics, many of which are community-acquired infections.

For example, community health nursing faculty at the University of Nevada, Las Vegas (UNLV) School of Nursing designed a project in the spring 2014 semester to heighten undergraduate student knowledge of environmental pathogens, bacteriologic testing methods, and interpretation of results. Along with faculty from the UNLV Howard R. Hughes College of Engineering (COE), we identified a public health risk for recreational water illnesses (e.g., diarrhea) from swimming in Lake Mead, into which the Las Vegas Wash empties. We hypothesized that open defecation in numerous homeless encampments along the Wash results in contamination of its water.

Students sampled water at various locations along the Wash (Figure) and then tested the samples for enterococci, total coliform, and fecal coliform at a COE laboratory. The students detected high levels of these indicator bacteria, confirming a potential RWI risk. They have recommended further testing to identify whether these bacteria are of human origin. The students enjoyed the experience. One wrote: "I thought the project was interesting; it's not a topic many people think about. Thank you for a unique clinical opportunity :)."

The short term impact of the project was to raise student awareness of bacteria found in the intestinal tract of mammals

and their potential to cause illness. The long term impact may be to provide evidence of the need for more housing of the unsheltered homeless to promote not only their health but to protect the health of the community.

In summary, nursing education programs must embrace the discipline of microbiology as core knowledge. Nursing must take the lead in making our hospitals and our communities safe from both ancient and emerging infections.

Centers for Disease Control and Prevention. (2014a). Healthcare-associated infections (HAIs). Retrieved from <http://www.cdc.gov/HAI/surveillance/index.html>

Centers for Disease Control and Prevention. (2014b). Healthcare-associated infections (HAI) progress report. Retrieved from <http://www.cdc.gov/hai/progress-report/index.html>

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MEDICAL MARIJUANA

• Important Information



On May 20, 2014 of the Journal of the American Medical Association (JAMA) an excellent article titled the "Problems with the Medicalization of Marijuana" by S. Wilkerson and Deepak D'Souza provides information and a wonderful references. Here are just a few tips included in the article.

- "Medical" marijuana is approved in 21 states and the District of Columbia for numerous conditions, including glaucoma, Crohn disease, posttraumatic stress disorder, epilepsy, Alzheimer disease, and chemotherapy-induced nausea and vomiting. Both the number of states and the number of approved indications for medical marijuana are expected to increase."

- Medical marijuana differs significantly from other prescription medications. Evidence supporting its efficacy varies substantially and in general falls short of the standards required for approval of other drugs by the US Food and Drug Administration (FDA). Some evidence suggests that marijuana may have efficacy in chemotherapy-induced vomiting, cachexia in HIV/AIDS patients, spasticity associated with multiple sclerosis, and neuropathic pain. However, the evidence for use in other

continued on page 21 >>

DRUG ABUSE

PRESCRIPTION DRUG USE AND ABUSE: It's everyone's problem



By Susan S. VanBeuge

Prescription drug abuse is defined as “the intentional use of medication without a prescription; in a way it wasn’t prescribed; or for the experience or feeling it causes”.

1 According to the Centers for Disease Control and Prevention (CDC), the most commonly abused medication classes include opioids, benzodiazepines, and amphetamine-like drugs². The National Institutes of Health (NIH) also includes psychotherapeutic drugs taken non-medically as a growing problem, especially among high school students¹. Most drug acquisition is from misuse of medications prescribed to another person through various methods. The sources named most commonly include: obtained from a friend or relative (55%), prescribed by one doctor (17.3%), bought from a friend or relative (11.4%), taken from a friend or relative without asking (4.8%), from a drug dealer or stranger (4.4%), and other sources (7.1%)².

Nevada has a substantial prescription drug abuse problem. The CDC reports 11.8 kilograms of painkillers per 10,000 people in Nevada in 2010. Additionally, the overdose rate is 19.6/100,000 people in 2008. In the National Survey on Drug Use and Health, 9.7% of Nevadans report illicit drug use (tobacco, alcohol, and non-medical use of prescription drugs) in the past month vs. the national average of 8.82%³. Nationally there were enough prescription painkillers prescribed in 2010 to medicate every American adult around-the-clock for one month. In 2010, 1 in 20 people in the United States aged 12 and older, reported using painkillers for nonmedical use in the past year².

In a recent publication published by the National Governor’s Association titled Reducing Prescription Drug Abuse: Lessons Learned from the NGA Academy⁴, six strategies for reducing prescription drug abuse are outlined to help reduce the burden. These strategies include: leadership matters, prescribing behavior needs to change; disposal options should be convenient and cost-effective; prescription drug monitoring programs are underused; public education is critical; treatment is essential; and data, metrics, and evaluation must drive policy and practice⁴.

Nevada has a prescription controlled substance abuse prevention program that has been in place since 1995 and is overseen by the Nevada Board of Pharmacy. The Board of Pharmacy has a Prescription Monitoring Program (PMP) open for prescribers to enroll and review a patients RX history report. This system allows for prescribers to

accurately assess a patient’s history from other prescribers, drug, amount, and dates RX were filled. This program is free for all prescribers and only takes a short time to set up an account in order to utilize this tool to help reduce the prescription drug abuse problem.

Advanced practice registered nurses (APRNs) prescribe and manage patients in a variety of settings. Though many may not prescribe controlled substances regularly, it is important to enroll in the PMP in order to have the tools available to monitor patients in your practice. The link to the Nevada Board of Pharmacy PMP program is <http://bop.nv.gov/links/PMP/>. As a prescriber, you may sign up to monitor and utilize the program as well as apply to have delegates in your practice utilize the program on your behalf. Review the website and follow the registration manual to sign up for this program. This is not a mandatory program, but all APRNs should sign up and monitor patient’s controlled substance use as a matter of patient care.

Prescribing behaviors are noted as a way to control the prescription abuse problem. Proper education on best practices will ensure providers are prescribing the right medications, amounts, and maintaining diligence with patients who may be seeing multiple health care providers⁴.

Other strategies for reducing the prescription drug about problem includes patient education. This includes proper disposal of medication as well as safe keeping. Proper disposal of medication is



important in order to not have unused substances in the home where others may take for illicit use. There are disposal programs in Nevada through the Southern Nevada Medication Disposal Drop Box Program⁵ <http://www.awarerx.org/get-local/nevada> and in Reno the Prescription Drug Take Back Program⁶ <http://www.smartpolicinginitiative.com/SPIsites/reno-nevada>.

Nurses already provide medication education with patients in various settings, including proper management of medication as well as disposal when completed with therapy. It is another important task to help solve this problem. Management of medication includes safe storage of medication, not sharing medication and using only as prescribed. When medication is no longer needed for acute or chronic pain, for example, then immediate and proper disposal is necessary.

The problem of prescription drug abuse has increased over the last decade in alarming numbers. As health care providers, we can all be part of the solution by putting into practice measures already in place to assist in treating and educating patients. Utilizing the Nevada Prescription Monitoring Program is a simple, fast way to manage individual patients in your practice. All Nevada APRNs should enroll in the PMP program and monitor regularly as part of the solution to this growing problem.

REFERENCES

- 1 – National Institute of Health: National Institute on Drug Abuse. Downloaded from <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>
- 2 – Centers for Disease Control and Prevention: Injury Prevention & Control. Downloaded from <http://www.cdc.gov/homeandrecreationalsafety/rxbrief/>
- 3 – Nevada Drug Control Update. Downloaded from http://www.whitehouse.gov/sites/default/files/docs/state_profile_-_nevada_0.pdf
- 4 – National Governors Association. Reducing Prescription Drug Abuse: Lessons learned from an NGA Policy Academy (2014). Downloaded from <http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1402ReducingPrescriptionDrugAbuse-Paper.pdf>
- 5 – Southern Nevada Medication Disposal Drop Box Program. Downloaded from <http://www.awarerx.org/get-local/nevada>
- 6 – Reno, Nevada Police. Prescription drug take back program. Downloaded from <http://www.smartpolicinginitiative.com/SPIsites/reno-nevada>

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POLST

Nevada POLST (Physician Order for Life-Sustaining Treatment) FORM



By Mary Ann Brown MSN RN

The Nevada POLST Coalition, a group representing an array of healthcare providers and patient advocates, after many years of dedicated effort and successful legislation announces the Nevada POLST Program with the introduction of its website: Nevada POLST (www.nevadapolst.org). The POLST Program was developed to assure treatment wishes of those with life-limiting illness are honored. Key to the process is the State of Nevada approved POLST form. Health care providers discuss the goals of treatment with their patients then complete the POLST form, translating patient treatment goals and wishes into specific medical orders.

The POLST was originally introduced in Oregon in 1991 and has since been adopted with much success in many other states (www.ohsu.edu/POLST). The POLST form is different from an Advance Directive (AD). An Advance Directive is appropriate for all adults and gives general guidance for end-of-life treatment. The POLST offers severely ill patients much more specific treatment options. In addition, the POLST Program coordinates the efforts of providers regardless of setting. The POLST is valid and protocols are in place to assure the form travels with the patient if transferred from one health care setting to another. The POLST form can also serve as an out-of-hospital Do Not Resuscitate (DNR) order (if DNR is selected as a choice), so if a patient is at home or being transported, the directives of the POLST will be honored by Emergency Medical Service (EMS) paramedics. The POLST is intended to

be honored by any healthcare provider in any setting, regardless of whether the physician who signed the POLST has privileges at the receiving facility or authority over EMS. The POLST form belongs to and should be transported with the patient. Patients at home should be told to either affix the POLST to their refrigerator or place it next to their bed where EMS or other responders, if called, will look for it.

The Nevada POLST Program is just beginning to be introduced at hospitals, nursing homes, physician's offices and in other healthcare settings. The POLST

communication and reduce the anxiety of family decision-making during already stressful and difficult times..

POLST forms may be ordered by health care providers on the Nevada POLST website. Patients wanting a POLST form completed should speak to their primary care physician.

For more information about the POLST program and the POLST form logon to nevadapolst.org. If you have questions about the POLST, please speak to your health care provider or email Nevada POLST at info@nevadapolst.org.

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Nevada POLST: FAQ for Providers



What is POLST?

The Physician Orders for Life-Sustaining Treatment (POLST) is a form that translates the wishes of seriously ill or frail patients regarding life-sustaining treatment to medical orders and travels with the patient regardless of setting. A physician extender may interview the patient, but the attending physician should review the document with the patient then sign and date the POLST for legal validity.

What is the legal status of the POLST?

In 2013, the Nevada legislature unanimously passed AB344 establishing the Nevada POLST (NRS 449.691 - 449.697).

A patient's POLST is to be honored by any health care provider in any health care setting, including, without limitation; a residence, health care facility or the scene of a medical emergency.

Where do I get POLST forms?

POLST forms will be available to order after March 15, 2014, at www.nevadapolst.org. For patient use, the POLST form should be printed on bright pink paper to be consistent with the Nevada POLST program and to ensure easy recognition across health care setting. For education and training purposes, please visit www.nevadapolst.org/nevada-polst-form/ to review a sample form and printing instructions.

Can I be disciplined or subject to legal action for using POLST?

The health care provider cannot be disciplined or subject to legal action if:

- Emergency care or life-sustaining treatment is withheld in compliance with the POLST form and the medical orders reflected on it, nor if;
- The provider, in good faith, is unaware of the existence of the POLST, or has reason to believe the POLST has been revoked, nor if;
- The patient, patient's agent, parent, or legal guardian makes an oral or written request to override the POLST.

Furthermore, an entity that employs a provider of health care is not subject to disciplinary or legal action for the acts or omissions of the employee who honors the POLST.

Additionally, Nevada law states that a provider of health

care shall comply with a valid POLST regardless of whether the health care provider who signed the POLST is an employee of the facility.

If a patient is being transported or arrives at a facility with their POLST, the orders on the POLST are to be honored, even if the physician who signed it does not have authority during transport or privileges at the receiving facility. Death that results from compliance with a valid POLST does not constitute suicide or homicide. There is no provision in the POLST that condones, authorizes, or approves of mercy killing, euthanasia, or assisted suicide.

How is the POLST form used?

In a health care facility, the form should be the first document in the clinical record. It should be recognized as a set of medical orders, to be implemented as any other medical order. In a non-institutionalized setting (such as a home), the form should be kept in a prominent location, such as on the refrigerator or next to the patient's bed. It will be recognized by emergency personnel as orders to be followed. Preferably, the POLST will be printed on bright pink paper to assist with the ability to quickly identify the document.

What constitutes a valid POLST?

A POLST form is valid with the signature of a physician *and*:

- A patient 18 years of age or older and of sound mind; or
- The agent of an incompetent patient who is 18 years or older; or
- The parent or legal guardian of the patient who is less than 18 years; and

The physician shall sign and date the bottom of the front page (Section C); and, the above-counseled person (patient, agent, guardian, or parent) shall sign and date in Section F.

For whom shall a POLST be completed?

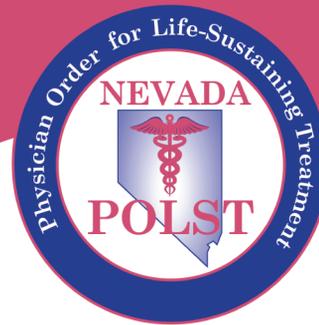
A POLST should be completed:

- For any patient who has a life expectancy of 5 years or less; or
- If a patient has a terminal illness; or
- At the patient's or their agent's request

In any of these instances, the physician shall explain:

- The existence and availability of the POLST form;

Nevada POLST: FAQ for Providers



- The procedures offered by and features of the POLST form; and
- The differences between a POLST form and the other advance directives. Upon the request of the patient, the physician shall complete the POLST.

A POLST should be reviewed when:

- The patient is transferred from one care setting or level to another, or;
- There is a substantial change in patient health status, or;
- The patient treatment preferences change.

Transfer to a facility does not necessarily require a new POLST be completed. Nevada law states that a provider of health care shall comply with a valid POLST whether or not the health care provider who signed the POLST is an employee of the receiving facility.

What if the POLST form needs revision?

If, after medical evaluation, the physician recommends new orders, before completing a new POLST and modifying the medical orders, the physician shall consult with the patient, their agent, parent, or guardian.

When a POLST needs to be revised due to wear and tear, a change of orders, or other information, "VOID" should be written in large print diagonally across both sides of the old POLST then placed in the patient's record. A new POLST should be completed with the patient then signed and dated by the treating physician and the patient or their representative.

What happens if a patient is transferred or transported by EMS?

The POLST form remains with the patient if transferred by private vehicle or transported by EMS regardless of whether to a hospital, home, or a long-term care facility.

EMS should ask for the POLST when responding to a call. The POLST replaces the out-of-hospital DNR identification. Therefore, EMS shall honor medical orders indicated in Section A (CPR) and Section B (Interventions).

Does a POLST form replace an Advance Directive (AD)?

The POLST form supplements an AD but is not intended to replace a living will, health care declaration, or durable power of attorney (DPOA) for health care. These documents provide general guidance for life-sustaining

treatments and allow for the appointment of a legal health care agent to speak for the patient if they are unable and are recommended for all adults, regardless of their health status. The POLST form is for patients with a life-limiting illness and translates treatment wishes to medical orders.

What if the POLST conflicts with a patient's other ADs or medical orders?

The document that is the most recent will be considered valid; however, any other AD or medical order that does not conflict will remain valid.

If a valid POLST form sets forth a declaration to provide resuscitation to a patient who also possesses a do-not-resuscitate identification, a provider of health care shall not provide life-resuscitating treatment if the DNR identification is with the patient when the need for life-resuscitating treatment arises, unless the DNR identification is dated prior to the POLST.

What if I am unwilling or unable to comply with a valid POLST form?

You shall take all reasonable measures to transfer the patient to a physician or facility able to honor the POLST.

What if a patient has a POLST from a state other than Nevada?

A POLST executed in another state is valid in Nevada, but a new POLST should be completed, informed by the out-of-state POLST if the patient is unable to express their treatment wishes or their agent is unavailable.

What if a section is blank?

The POLST form is still valid, unless it lacks a physician's signature and date (Section C). If a POLST is signed and dated by a physician, but sections are blank, then those sections are presumed to indicate full treatment as long as it does not conflict with a completed section. Any completed section should be honored.

In all instances, a health care provider has a responsibility, regardless of a patient's status or their medical orders, to provide treatment for the patient's comfort or to



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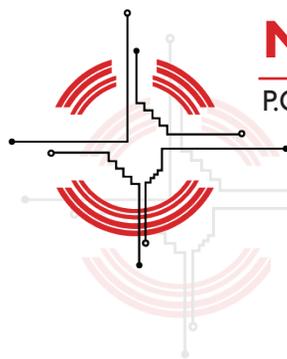
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Nevada Alliance of Nursing Excellence (NANE)



Nevada Alliance of Nursing Excellence (NANE) is the organization in Nevada supporting the Future of Nursing campaign by being the nursing lead in the Nevada Action Coalition (NAC). NANE has been doing some fantastic work in the first half of this year. NANE identified a need to define our mission, vision and objectives to continue to move nursing excellence forward in the state of Nevada.

NANE's mission is to "Be the face of nursing excellence and be a resource for all other Nevada nursing associations." Nursing excellence has many different definitions and connotations. Excellence in clinical care may refer to improved clinical outcomes for patients while also meeting our mission to provide cost effective care, meeting the tenets for the Triple Aim; improve patient experience, improve the health of populations, reduce the cost of health care. (<http://www.ihl.org/engage/initiatives/TripleAim/Pages/default.aspx>, accessed 5/20/2014). A holistic definition might include the art of nursing, role model, educator, patient advocate, critical thinking and bringing together

the art and science of nursing. However, you define nursing excellence; NANE is dedicated to supporting the efforts toward achieving excellence for Nevada.

In order to support nursing excellence, NANE is looking to develop resources within the state which will be available to Nevada nurses to help solve problems or develop programs to better our population. Suggestions we have been entertaining include a speakers bureau, a progress list on activity related to the Future of Nursing recommendations, open forum for discussion of challenges related to the healthcare environment and nursing, as well as presenting accomplishments of individuals and organizations and recognition of Nevada Nurses.

Additionally, NANE's partnership with NAC is essential in ensuring we are able to meet the goals and objectives in the State Implementation Plan (SIP) grant we received from the Robert Wood Johnson Foundation and AARP. The grant is to move forward with the Future of Nursing Campaign recommendations in Nevada.

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IV THERAPY- RN LPN RESPONSIBILITIES

By Roseann Colosimo PhD RN

Spring brings lots of graduations although nursing programs now graduate year round. It is very important to help new graduate RN and LPN understand their role and responsibilities with IV therapy.

Please remember that IV therapy is a huge patient safety issue so it is very important that all patients receive the very best technique and vigilance when IV therapy is ordered. I recently needed an infusion and was relieved the facility must have had a 2 stick rule. The initial tries left large bruises, when asked I was embarrassed for my profession to say they were IV attempts. Nevada is very fortunate to have the Nevada Vascular Access Network. The May newsletter had this wonderful thought for the day. The next meeting is August 6, 2014 contact ktmohn@aol.com for information.

Thought for the Day...There are few opportunities to help a neophyte hone professional skills. Don't shirk the opportunity to share "good IV care principles" with a new Nurse or Nursing student. In a recent article in JAVA, authors Freeland & Demsey stated "...dedicating time and effort to prepare practitioners for evidence based care should include both clinical faculty and experienced VAST nurses..."Remember ..."many new nursing graduates have anxiety and lack preparation related to VADs." Promise to help them! You or someone you care about might be their next IV patient! How many attempts to start the IV will it take them? It's up to you!

Let's start gently orienting Nurses who are VERY proficient in providing all types of IV care!!

The NSBN gets lots of phone calls with questions about what LPN's can do related to IV's. I have provided the regulations here. NSBN knows that many products provided by manufacturers are currently a little longer than the 3 inches. The regulation will be revised to meet current products available. Current products may be used for IV therapy.

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 issued by an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric 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) Withdraw blood from a peripherally inserted central venous catheter;
- (j) Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
- (k) Change a central venous catheter dressing.

2. In addition to the procedures set forth in subsection 1, a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of

a physician and under the direct supervision of a registered nurse may assist the registered nurse in the intravenous administration of blood and blood products by collecting data and performing simple nursing tasks related to that administration of blood or blood products.

[Bd. of Nursing, § V subsec. B, eff. 8-21-81]—(NAC A 3-26-90; 1-24-92; R122-01, 12-17-2001; R102-03, 10-30-2003; R091-04, 8-13-2004; R063-08, 9-18-2008; R002-10, 8-13-2010)

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; or
5. Any medication administered by intravenous push.

[Bd. of Nursing, § V subsec. C, eff. 8-21-81]—(NAC A 1-24-92; R102-03, 10-30-2003; R091-04, 8-13-2004)



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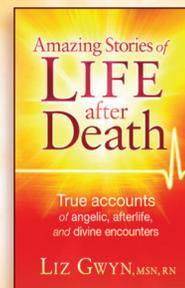
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BOARD TALK

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 website and at community sites.

• 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 and closes each 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 Board.

• WE'LL COME TALK TO YOU

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

BOARD MEETING DATES

July 16-18, 2014	Zephyr Cove
September 17-19, 2014	Las Vegas
November 5-7, 2014	Reno

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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 a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board 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.

Advanced Practice Registered Nurse Advisory Committee (none)

August 5, 2014
November 4, 2014

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (four)*

July 8, 2014
October 2, 2014

Disability Advisory Committee (none)

October 17, 2014

Education Advisory Committee (one)

August 21, 2014
October 16, 2014

Nursing Practice Advisory Committee (none)

August 5, 2014
October 7, 2014
December 9, 2014

*One MA-C, one AARP member, two RN members: one must be in Long Term Care

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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) or CNAs (24 hours of continuing training/education), *your application will be considered fraudulent and 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. You must keep a copy of your bioterrorism certificate of completion indefinitely.

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conditions—including posttraumatic stress disorder, glaucoma, Crohn disease, and Alzheimer disease—relies largely on testimonials instead of adequately powered, double-blind, placebo-controlled randomized clinical trials. For most of these conditions, medications that have been subjected to the rigorous approval process of the FDA already exist. There is no clear optimal dose of marijuana for its various approved conditions. The concentration of 9-tetrahydrocannabinol (THC) and other cannabinoids in each marijuana cigarette, the size of cigarettes, and the quantity of smoke inhaled by users can vary considerably. The relative lack of controlled clinical trial data makes finding the appropriate dose even more challenging. Furthermore, given that medical marijuana is approved for mostly chronic conditions that require long-term dosing, physicians must be aware of the development of tolerance and dependence (as evidenced by downregulation of the brain cannabinoid receptors), as well as withdrawal on discontinuation. (Budney2006)

Callaghan RC, Allebeck P, Sidorchuk A. Marijuana use and risk of lung cancer: a 40-year cohort study. *Cancer Causes Control*. 2013;24(10):1811-1820.

- Our primary finding provides initial longitudinal evidence that cannabis use might elevate the risk of lung cancer. In light of the widespread use of marijuana, especially among adolescents and young adults, our study provides important data for informing the risk-benefit calculus of marijuana smoking in medical, public-health, and drug-policy settings.

Budney AJ, Hughes JR. The cannabis withdrawal syndrome. *Curr Opin Psychiatry*. 2006;19(3):233-238.

Bridget M. Kuehn, MSJ Colorado tackles Medical Implications of Marijuana
JAMA. 2014;311(20):2053-2054.
 doi:10.1001/jama.2014.4370

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STUDENTS IN ACTION: PARTNERING WITH LEADERS

By KELLY MORROW, MSN, LECTURER, UNLV SCHOOL OF NURSING

Twenty-three senior nursing students from the University of Nevada, Las Vegas (UNLV) participated in the first annual Spring Leadership Poster Fair held at Summerlin Hospital and Medical Center in Las Vegas on April 4, 2014. Student groups chose capstone leadership projects with the assistance of Summerlin nursing leaders. These nurse leaders provided individualized and group mentorship to these students throughout the semester. Five student groups from Summerlin presented their project posters to approximately 30 nurse managers, administrators, and faculty members in attendance. Student projects included: 1) a Quality and Safety Education for Nurses (QSEN) video and poster mentored by Lynn Belcher, Chief Nursing Officer Summerlin Hospital, 2) an infection control and personal protective equipment use study and quality improvement plan for the NICU mentored by Tina Shapiro, Pediatric Clinical Nurse Specialist, 3) development of a bilingual cardiac rehabilitation informational brochure mentored by Janet Wright, Manager Cardiovascular Care Unit, 4) a survey of nurse perceptions of patient care quality in the DEU setting also mentored by Janet Wright, 5) a study of skin to skin contact in the hospital between mothers and newborns mentored by Joanna Bacon, Administrative Director of Women's Services. A sixth student group presented a quality improvement plan to reduce room-to-room transmission of shoe microorganisms. This group was mentored by Oscar Borbon, Manager Cardiovascular Care Unit at University



“Dedicated education unit partnerships not only benefit students but can be used to increase staff nurse awareness of current best practices, educational leadership opportunities, and to allow staff nurses to practice professional mentoring.”

Medical Center. The QSEN video and poster was the fair winner by an extremely narrow margin. The NICU infection control study recommendations have been implemented at Summerlin and the project has been submitted for a Universal Health Systems award. The cardiac rehabilitation brochures have been implemented into Summerlin's cardiac rehabilitation unit and are available to patients on all cardiac units. All projects were professionally presented and will be on public display during the Summerlin Hospital Nurses Week Celebration in May.

The student presenters are pictured with UNLV Associate Dean Tish Smyer and are members of UNLV's Spring, 2014 baccalaureate nursing class. These students are the first nursing students in Nevada to have participated in all three levels of the Dedicated Education Unit (DEU) at Summerlin Hospital. The Summerlin DEU is an innovative

partnership between UNLV and Summerlin Hospital and is the first of its kind in the state of Nevada. Students in DEUs work closely with experienced staff nurses to learn the most current bedside nursing practices and to develop the confidence and ability necessary to care for the complex needs of a wide variety of patients. Dedicated education unit partnerships not only benefit students but can be used to increase staff nurse awareness of current best practices, educational leadership opportunities, and to allow staff nurses to practice professional mentoring (Folan and colleagues, 2012).

WORKS CITED

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