Nevada State Board of
NURSING NEWS
September 2016

What is Your Role in **Prescription Drug Misuse?**

p. 6

Official Publication of the **Nevada State Board of Nursing**

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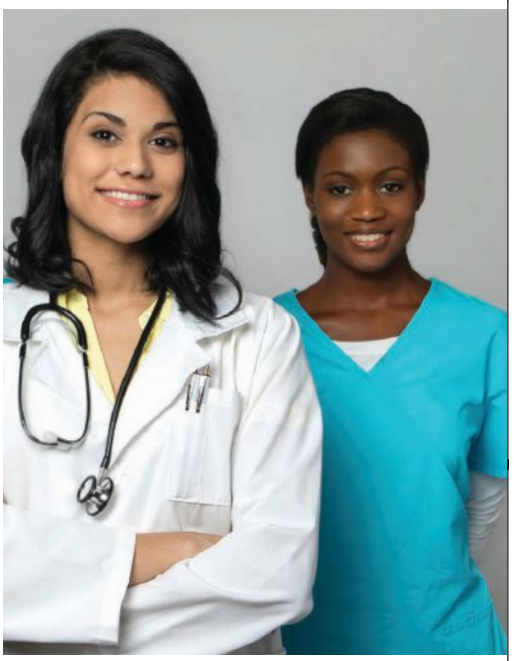

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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

Cathy Dinauer, MSN, RN
Executive Director

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WORDS

FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

As we prepare for the 2017 Legislative session, many issues have moved to the forefront of discussion. As I have mentioned in previous issues of the NSBN Nursing News magazine, we are bringing forward the Enhanced Nurse Licensure Compact (ENLC). To date, ten states have enacted the ENLC. Those states are: MO, AZ, FL, ID, NH, SD, OK, TN, VA and WY. The ENLC will come into effect either when 26 states have passed the ENLC legislation or December 31, 2018, whichever comes first. The ENLC is an updated version of the current Nurse Licensure Compact and allows nurses to have one multistate license with the privilege to practice in their home state and other ENLC states. The ENLC has uniform licensure requirements so that all states can be confident nurses practicing within the ENLC have met a set of minimum requirements, regardless of the home state in which they are licensed.

Another focus for us and for the upcoming legislative session is opioid drug abuse. One cannot look at the news without reading or hearing about the effects of opioid drug abuse in the country. According to the Centers for Disease Control (CDC), each day, 46 people die from an overdose of prescription pain killers in the United States. In 2012, healthcare providers wrote 259 million prescriptions for pain killers and from 1999-2014, more than 165,000 people have died in the U.S. from overdoses related to prescription opioids.

Currently, staff are participating in several task force meetings regarding opioid drug abuse in Nevada. In June, Governor Sandoval held a Prescription Drug Abuse Prevention Summit in which the Board of Nursing was asked to present current statistics regarding APRN prescription practices. Staff have also been in attendance at meetings with the Community Opioid Response Alliance (CORA), the Attorney General's Substance Abuse Working Group and the Industry Coalition on Prescription Drug Abuse. Opioid drug abuse is not going away any time soon and therefore requires us as regulators to protect the public to find solutions to the problem.

NSBN is responsible for the regulation of APRNs who, given appropriate training and credentialing and experience, may prescribe controlled substances. In 2015, SB 459 was enforced, in part to read:

"A practitioner shall, before initiating a prescription for a controlled substance listed in schedule II, III or IV, obtain a patient utilization report regarding the patient from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.1545 if:

1. The patient is a new patient of the practitioner; or
2. The prescription is for more than 7 days and is part of a new course of treatment for the patient (established patient).

The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary." It is the law that any APRN with Control II, III or IV privileges, sign up for the Prescription Monitoring Program (PMP) through the Board of Pharmacy. The PMP was established to reduce drug abuse and diversion and is a proactive mechanism to protect the public while supporting legitimate use of controlled substances. NSBN has sent an e-mail to each APRN licensed in Nevada reminding them of this law. Education is key and NSBN is committed to providing any education to consumer groups, healthcare organizations and nursing groups.

The NSBN continues to collaborate with other medical boards to address this and any serious health care crises in Nevada. We have been meeting on a regular basis to explore opportunities to address the opioid crisis in our state. If you have any questions regarding any of these topics, feel free to contact our agency. We are happy to provide presentations related to these topics.

Source: http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html

MESSAGE

• FROM THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Greetings, from the Nevada State Board of Nursing!

Welcome to this edition of the Nevada State Board of Nursing Magazine! The Board of Nursing is working hard to meet our mission which is to protect the public's health, safety and welfare through effective regulation of nursing. We are meeting this goal in many ways. First and foremost we are being proactive in our monitoring and compliance with the Pharmacy Prescription Monitoring Program (PMP). It is now required that all APRNs who have a DEA license in Nevada are registered with the PMP database to ensure patients are being properly cared for in our state. It is essential APRNs understand their role in prescribing medications safely. It is imperative nurses and advanced practice nurses continually educate patients about pain medication management as well as alternative ways to relieve pain. Unfortunately, we encounter too many reports of patients overdosing, or becoming addicted to prescription medications. Nurses and APRNs have a responsibility to ensure patients are being treated properly and safely when being prescribed medications.

Another way we are striving to meet our mission is through education. The Nevada State Board of Nursing staff is available to present to you and your colleagues on a variety of issues. Some issues that are being discussed at the local and national levels include the legalization of marijuana and what it means to the nursing profession, opioid abuse, and the Enhanced Nurse Licensure Compact. Our Executive Director, along with a Board member, recently visited with correctional nurses in some of our state's prisons and educated them about the role of the NSBN. They were able to answer questions that pertain specifically to this specialty of nursing. We are available to present to you and your staff as well! The staff enjoy meeting the public and educating on a variety of issues. If you are a CNA instructor or a nursing faculty member please feel free to call the NSBN and schedule a time for staff to present on the licensure and certification process. This is a great way to help students prepare for a smooth transition from student to license/certification holder with the Nevada State Board of Nursing.

Board members and Board staff work hard to be sure they are aware of the most pressing issues in nursing around the country. Many of the Board members, as well as staff members, sit on national committees and attend national conferences. Through these national committees ideas and important information is brought back to Nevada so the Nevada State Board of Nursing is educated on pressing issues and can support changes being made on a local or national level.

The theme of this issue is dedicated to opioid use and abuse. Please make sure to read the educational articles in this magazine to ensure you have the most up-to-date information about this issue. You will hear this issue brought up on a local and national level for many months to come. We need to educate one another so we are confident our patients are safe and educated when it comes to prescription medication use. This issue affects everyone in some way or another. Nurses everywhere must be included in the conversation and participate in a viable solution, and together we can make Nevada a safe place to call our home.

What is Your Role in PRESCRIPTION DRUG MISUSE?

Janelle B. Willis, MSN, RN, FNP, CNE

Recently, a young friend of mine passed away from prescription drug abuse. His father spoke at the funeral and said, "If anyone knows of someone who is struggling they should get them help and continue to be diligent." As I heard this plea from a grieving father, I wondered what we as registered nurses could do to help this epidemic.

One out of four deaths in the U.S. is caused by problem use of an addictive substance (Gentilello, n.d.). As nurses we are in a key position to help prevent substance misuse. We have expertise in patient education and health promotion communication; as we integrate that with regular opportunities to build therapeutic relationships with patients, friends, neighbors, and co-workers, we are in a strategic position to identify at-risk patients and provide intervention in the early stages of substance abuse/misuse (Felicilda-Reynaldo, 2014). It is important to familiarize ourselves with the signs to look for in at-risk patients. The signs of abuse or misuse will vary by the type of prescription drug but some common ones are:

- Appears sedated, confused, intoxicated, or exhibits withdrawal symptoms,
- Appears to be doctor shopping or repeatedly seeks medication from the ED,
- May appear depressed, tired, aggressive, agitated, paranoid,
- Often withdraw from family and friends and want to spend an increased amount of time alone,
- Have given up on their interests and hobbies,
- No longer take care of their appearance and cleanliness,
- Quality of work decreases,
- Sleep patterns are off, and they
- No longer care about rules.

Assessing patients for health risk behavior, including substance abuse, is within the scope of nursing practice (American Nurses Association, 2010). Government agencies, such as Substance Abuse and Mental Health Services Administration (SAMHSA) (1999) have encouraged a "no wrong door" policy, suggesting health care providers in all settings are responsible for assessing patients for substance abuse/misuse and providing treatment directly or through referral.

One evidence-based, valid tool available is Screening, Brief Intervention and Referral to Treatment (SBIRT). Components of SBIRT are:

1. Screening to identify unhealthy use of alcohol and/or drug use. An estimated 75-85% will screen negative. Those who screen positive are further assessed for level of risk.
2. Brief Intervention provides feedback about unhealthy substance use. It provides education and increases patient insight and awareness about risks related to substance use. A brief therapy provider can be an RN (Guideline, 2008). Since 1980 over 50 clinical trials have shown decreased use among many patients who receive a brief intervention.
3. Referral for Treatment helps facilitate access to addiction assessment and treatment. A referral is usually indicated for only about 5% of people screened. (SBIRT, 2011) There are over 100 referral centers in Nevada.

While not all patients will answer screening questions honestly, studies have shown that most patients are comfortable answering questions about their substance use and respond honestly (Guideline, 2008). Those who are honest in their responses are more likely to be receptive to help, it is important to give them a chance to prevent further misuse and probable addiction. Even a negative screen allows nurses an opportunity to educate our community members on the warning signs of substance misuse and further prevent this epidemic from spreading.

Whatever you do or use in your practice setting, it is my hope that we all learn more about our role in helping to decrease substance abuse in our communities. There is an incredible power for change when we all unite and each decide to help do our part to promote health and prevent disease.

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In loving memory of

THOMAS POSTEN, BSN, RN, CARN

Thomas Posten, BSN, RN, CARN graduated from nursing school in 1974. He was originally licensed in Nevada in 1986. In March of 2015 the Board appointed Tom to serve on the Disability Advisory Committee. The first time I met Tom I knew he would make a genuine difference to the nurses in Nevada. He took his charge as a committee member very seriously and was dedicated to the mission of the Board. He would be the first member to arrive for meetings and the last to leave. He always asked me if there was more that he could do. Tom was always prepared, thoughtful and respectful in his questions of the nurses we interviewed. I was in awe of his soft spoken insight and the suggestions he gave our nurses as they entered into and were moving through their recovery process. His kind, caring and gentle nature was comforting to our nurses and to our committee members. I am grateful that I was fortunate enough to work with him and honored that I knew him. Tom was a true gift to us and to our profession. Tom passed away on July 15, 2016. Tom has left a vacancy in this world that will never be filled. It is unfortunate that there are so many people who will never have the opportunity to share a few minutes with Tom. His absence is palpable and he is deeply missed.

"He was a wonderful addition to the committee bringing a depth of knowledge, compassion and humor to our work." Mary Culbert

"Tom truly cared about our Nevada Nurses, was concerned for their well-being and was passionate about his committee work. Tom was a joy to work with; a hidden treasure was his delightful sense of humor!" Sue O'Day

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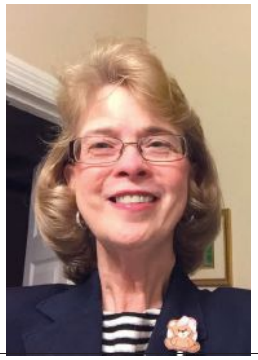


Midge Elkins, PhD, MBA, MSN, RNC-OB

No doubt Chief Nurse Executives have heard this from numerous staff nurses over the years. This becomes especially important as nurse researchers have written several articles on the importance of a BSN degree and achieving better patient outcomes.

The landmark study by Linda Aiken and colleagues in 2003 found that surgical patients had better patient outcomes when they had a BSN caring for them. The study explored the death rates of surgical patients within 30 days of admission and the death rates within 30 days of admission with patients who had suffered from complications (failure to rescue) (Aiken, 2003). Another area the researchers considered were if the outcomes changed with more experienced nurses (Aiken, 2003). Given the variables described, the nurse researchers discovered the patients who had a nurse with a BSN or higher, caring for them had lower death rates than those who did not have BSN nurse caring for them. Also, the experience of the nurse caring for them had little to do with survival rate.

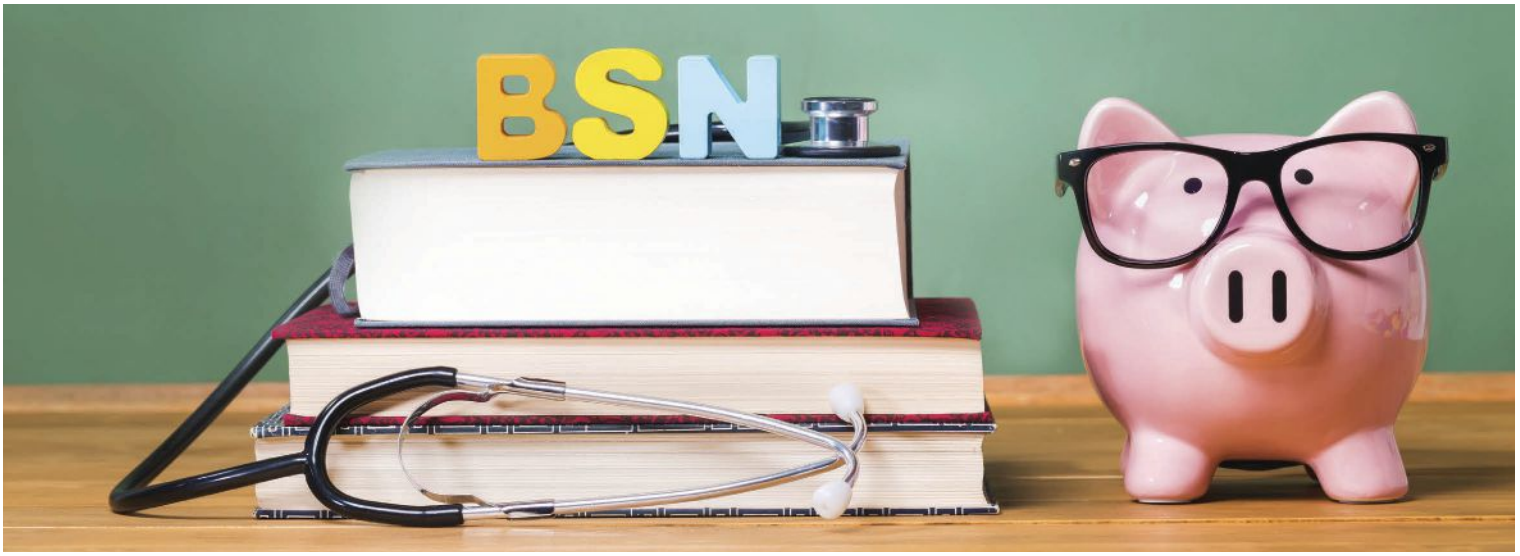
Why would that be? Why would a BSN give better care? Why do their patients have better outcomes? Simply put, while experience can be extremely important, but education is the basis of where experience is shaped. Experience can make a difference where tasks are concerned, but experience does not replace increasing the knowledge base through education (Long, 2004). While, Aiken's seminal study is over 13 years old, the statistics were repeated in a subsequent study by Aiken in 2008. In this study, it was discovered that with each 10% increase of BSN nurses, there was a 4% decrease in risk of death for patients (Compton, 2013).

The IOM has made recommendations that 80% of the nursing workforce have a BSN by the year 2020. Why would the IOM issue the recommendations? Patient safety is paramount in today's healthcare arena. The Institute of Healthcare Improvement estimates "approximately 40,000 instances of harm occur every day in our hospitals; 15 million mistakes per year" (Edwards, 2013, p. 26). The statistics are worse for the Medicare patients. "The preventable conditions the Center for Medicare and Medicaid Services identified for payment denial are "nurse sensitive."(Edwards, 2013, p.27). In other words, we as nurses, can make the difference for our patients.

In response to the IOM recommendations, a 2014, University of Michigan study looked at patients in the "same hospital, on the same unit, with the same diagnosis, but who had received more than 80% of their nursing care from BSN-educated nurses" (Yakusheva, 2014 para 4). The results reiterated the past findings which said the patients tended to do better and had decreased length of stay, readmissions and fewer deaths, when cared for by BSNs (Yakusheva, 2014). An additional feature to this study revealed a cost savings which, for the nurse executives and Human Resource administrators, can make a good business argument for increasing the amount allowed for in nursing education dollars and increasing the number of BSNs within the hospital.

What is the benefit of a BSN for the nursing staff? Why would you want to go back to school to earn your BSN? Another well-known study has shown there are more professional behaviors that accompany those who return for their BSNs (Morris & Faulk, 2007). The researchers found approximately 3 months after graduation with their BSN, the nurses felt more confident in teaching patients and their families, increased their ability to be a patient advocate, their delegations skills improved, and more of them became involved in professional organizations. Some of the participants in the study also shared their feelings of altruism, caring, human dignity and social justice was strengthened with the increased level of education (Morris & Faulk, 2007).

This article started with the statement, "Give me one good reason to become a BSN." Your patient is the one good reason to increase your level of education. The other benefits are important, but your patient is the primary purpose for becoming a BSN.



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Teresa Cartmill, BSN, RN
Lead Nurse Investigator

CNO CORNER

Assessing the root cause of nursing practice breakdown is essential in identifying patterns of error, system issues, and risk factors that contribute to errors that may endanger patient safety.

The Nevada State Board of Nursing (NSBN) investigators contribute a number of completed cases monthly to the National Council of State Boards of Nursing's (NCSBN) Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP) database. TERCAP is an analysis of data that can help facilitate the development of calculated interventions to help minimize the risk factors to keep patients safe (NCSBN, 2016).

In March, 2016, the Board received a data summary from NCSBN which contrasts the findings for Nevada versus National findings. These statistics are based on the number of complaint cases the Board has submitted to the TERCAP database for the years 2008-2014; these are the findings:

Nurses with the highest number of incidents of practice breakdown in Nevada were female, with 74% holding a Registered Nursing (RN) license, compared to 60% of RNs nationally. Rates showed the percentage of incidents were lower for RNs holding a BSN or MSN degree. Nurses who worked less than one year in the patient care location had the highest rate of incidents (34%) with rates improving with longer tenure.

Employment settings where the most practice breakdowns occur are in hospitals (43%), with the second being in long term care (25%), which are fairly consistent with national rates. There were increased practice breakdown incidents with nurses who worked 12 hour shifts (45%) compared to 8 hours shifts (22%). Nurses who were previously disciplined by their employer had a slight increase in incidents (48%) over nurses who had not (43%).

The majority of incidents (68%) in Nevada resulted in no patient harm, compared to 56% nationally. Significant patient harm accounted for 4% of incidents in Nevada, compared to 8% nationally.

Interdepartmental communication and health care team communication breakdown at 12% and 14% respectively were the main factors for practice breakdown involving communication errors which was comparable to the national percentage. Poor supervision accounted for 8% of errors due to Leadership/Management factors, which was lower than national numbers (14%).

Medication errors were common incidents at 30% compared to 34% at the national level. The most common cause of practice breakdown involved documentation errors at 40%, consistent with national rates. Failure to recognize change of patient condition accounted for 28% of practice breakdown in Nevada. 29% of cases involved a nurse not following standard protocol or physician's order, compared with 24% nationally.

Please do not hesitate to contact the NSBN if you have any questions.

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Sheryl Giordano, APRN-C

THE BIG "O" ISSUE

NOT IN MY HOUSE!

We are living in a nation with some of the worst issues of opioid abuse and misuse. As a nurse practitioner for over 11 years and a mother, my 17 year-old just recently had his four wisdom teeth removed. I knew there was an issue with over-prescribing narcotics for dental procedures because of my participation with the Nevada Industry Coalition on Prescription Abuse. My son was prescribed 30 Tylenol with Codeine tablets for his procedure and I struggled with the pharmacist to decide if I wanted the entire script dispensed at one time, whether he would really need all that medication and if I was a bad mom for limiting his pain medications. Ultimately, I accepted the entire prescription, brought it home and he ended up only using 11 tablets. The remaining 19 were returned to a "Take Back" location locally. I was personally able to see how easily one can get ahold of a generous supply of narcotic medications and understood how misuse and abuse can occur if the medication ends up in the wrong hands.

According to Dr. Yenh Long, Program Administrator for the Nevada Board of Pharmacy, Prescription Monitoring Program, the United States has 5% of the world population and we consume 80% of the world's supply of opioids. This number includes 75% of the world's supply of oxycodone and 99% of the world's supply of hydrocodone (Manchikanti L, et al. Pain Physician. 2008 Mar;11(2 Suppl):S63-88.

Kenan K, et al. Open Med. 2012 Apr 10;6(2):e41-7). As nurse practitioners and nurses, we want to be sure we are not a target of "Doctor Shopping" or fall prey to "Pill Mills." "Doctor Shopping" is where the patient seeks out multiple health care prescribers to obtain pain prescriptions, typically opioids. "Pill Mills" are prescribers that write for large quantities of pain medications, controlled substances (e.g., narcotics), to their patient without medical diagnosis or supporting diagnostics for the diagnosis. According to the CDC, in 2013 drug overdose killed more people than guns or traffic accidents. Of the 43,982 overdose deaths, 16,235 were related to opioid overdose (http://www.cdc.gov/nchs/fastats/injury.htm

http://www.cdc.gov/drugoverdose/data/overdose.html). Dr. Long reports that in 2014, the State of Nevada had 545 deaths related to drug overdose. Additionally, she shares some staggering statistics with us that Nevada is the 2nd highest state in written hydrocodone and oxycodone prescriptions; the 4th highest state in methadone prescriptions and 7th highest state in codeine prescriptions.

We need to turn the page as providers and look at our own prescribing practices. To start, all nurse practitioners should be signed up on the Nevada Prescription Monitoring Program (PMP) as it is now mandatory. Additionally, one should check the website

> *According to the CDC, in 2013 drug overdose killed more people than guns or traffic accidents. Of the 43,982 overdose deaths, 16,235 were related to opioid overdose.*

at least every 6 months to ensure there is no unusual prescribing taking place under your name or number. Consider doing this more frequently as just recently when checked, I found an individual who I had never heard of under my name and after calling the dispensing pharmacy we were able to determine one of the technicians had made an entry error. For more information or to sign-up for the PMP go to: http://bop.nv.gov/links/PMP/

Other tips as prescribers and providers in the medical office setting include the use of pain contracts (many are available online by searching "Medication Use Agreements" and are free in downloadable pdf format), conducting random urine drug testing to assure that the patient is actually using the medication they are being prescribed, including the topic of random drug screening in the "Medication Use Agreement," protecting prescription pads in the office and if you feel as though a patient situation/request is not adding up, step out of the room and do a little more research (e.g., make phone calls to other treating providers, check the PMP website) before writing that prescription. Additionally, offer other non-pharmaceutical options such as massage therapy, yoga/Pilates, physical or hydrotherapy if the situation and insurance coverage warrants. There are times that a patient might not know what to do with unused narcotic medications. In these situations, offer the National Take Back information available through the Drug Enforcement Agency (http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html) to help locate a "Take Back" drop site. There are many local municipalities throughout the state that have narcotic drop-off sites. Check with your local police department to see where the closest location to your medical office may be and refer patients to this site.

Finally, the Nevada Advanced Practice Nurses Association (NAPNA) is excited to announce an upcoming live event on Saturday, October 15th from 8a-3p in both Reno and Las Vegas addressing this issue of Opioid Abuse and Misuse. This conference has been submitted to the American Association of Nurse Practitioners for up to five (5) continuing education credits. All are welcome to attend and more information is available at: https://napna.enpnetwork.com/ or to register.

Tip # 2:

Renew ON TIME!

NSBN does NOT send renewal reminders…

In Nevada, nursing licenses are due every other birthday. Keep an eye on the status of your license to avoid disciplinary action.

PERIOPERATIVE TRAINING PROGRAM COMING TO THE COLLEGE OF SOUTHERN NEVADA IN 2017!

The College of Southern Nevada's (CSN), Workforce & Economic Development Division, plans to roll out a noncredit Perioperative Training Program for registered nurses in 2017. The course will be four months long providing lecture, lab and clinical experience in preop, scrub and circulating roles based on AORN guidelines. The program will be offered twice a year. The number of lecture/lab hours verses clinical assignment have not been determined yet but are being formalized as I write this article. This program is targeting the new licensed RN, the returning licensed RN and the RN who is presently employed wanting to specialize in the OR arena. The program will be held on the West Charleston Campus using the K building and the OR simulation labs and classroom Monday through Friday. Lecture and lab will be held in the afternoon and evening hours. Clinical assignment hours will be determined based on location of the clinical assignment and preceptor. Prerequisites are a current Nevada license, health insurance, BLS for healthcare providers and basic EKG course or equivalent experience.

For further information, you may call Sue Holligan-Folds at 702-651-4452

SCOPE QUESTIONS

for NSBN Nursing News

The Nevada State Board of Nursing staff receives scope of practice questions from nurses every day. This gives our staff the opportunity to educate and support nurses to better understand their scope of practice. Most of the questions asked of the board are vetted through the Scope of Practice Decision Tree. Any nurse can access and use this tool. It is easy to find on our website and under the "Practice" tab.

In this issue, and future issues, we will include common and relevant questions received by the board.

RN:

Q: Can a nurse delegate to unlicensed assistive personnel.

A: A nurse (including an APRN) may only delegate nursing tasks to licensed nurses and CNA's. When delegating a nursing task the nurse is still responsible for that delegated task and thus must be confident the licensed/certified staff has the appropriate experience, training and competency to safely complete the task.

LPN:

Q: Does, the MD have to be in the facility in order for an LPN to administer IV medications?

A: No the MD does not need to be on site unless the facility policies and procedures indicate otherwise. With an order, an IV certified LPN may administer IV medications "by adding a solution" via a peripheral line. LPNs cannot administer medications via IV Push. Click the LPN Regulation link on the Home Page of the NSBN website for regulations regarding IV medications that can or cannot be given by an LPN.

CNA:

Q: Can a CNA apply topical medications such as Lidocaine?

A: No, a CNA cannot administer medications. This includes any topical medications that are ordered and or prescribed to the patient.

Utilizing the PRESCRIPTION MONITORING PROGRAM

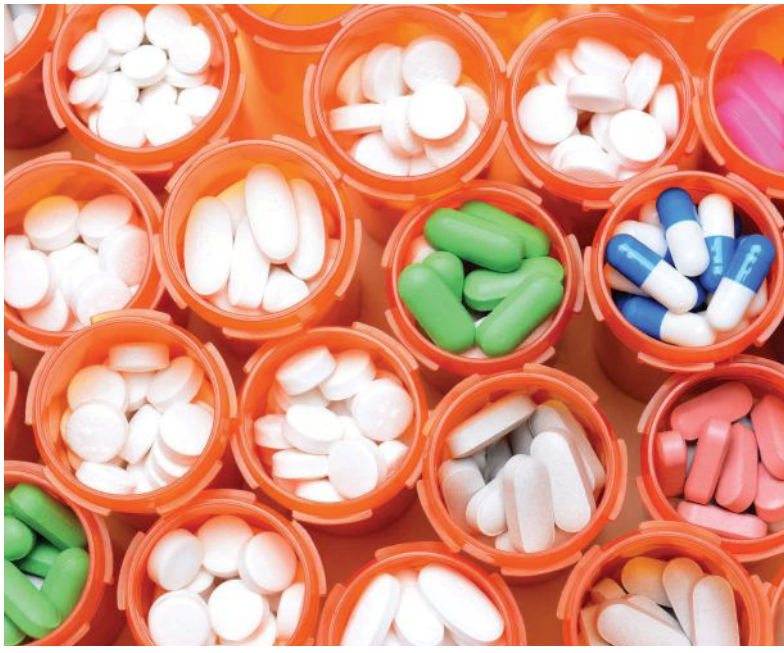
Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

Prescription drug abuse is not a secret and Nevada is not immune. Prescription drug abuse has some hard facts: a prescriber has written a prescription and a pharmacist has filled the order. From this point forward, prescription drugs are obtained in a variety of ways. According to the National Drug Abuse Institute (2014), prescription drugs are obtained from many sources to include internet purchases, prescribers, purchased from drug dealers or friends, and the most common way – given to the recipient from a friend or relative. While this may seem hard to believe, prescription drugs are not often seen as harmful since they were prescribed by a provider and dispensed by a pharmacist.

Advanced practice registered nurses (APRN) should be aware of new laws requiring registration and use of the prescription monitoring program (PMP AWARxE) through the Nevada State Board of Pharmacy. This program has been in place for many years as a tool for those authorized to prescribe or dispense controlled substances to utilize a secure, web-based application to request patient prescription history reports. The website is available to providers 24/7. It is user friendly, quick, efficient, and provides detailed history necessary to make clinical decisions in prescribing controlled substances.

Signing up for the PMP is easy. Simply go to the Nevada State Board of Pharmacy website (http://bop.nv.gov/) and look under links, then choose the prescription monitoring program. From here you will want to look under the tab "How to Register for PMP AWARxE" (http://bop.nv.gov/links/PMP/) heading and review the PDF instructions. This one-page instruction sheet has the basic information to complete the registration process, with a website link to get started. Under this same tab, a tutorial of a 10-slide PDF file provides step by step instructions on how to register. The process requires basic information, license numbers, and an email address. Once you've completed the process, you will await PMP administrator approval which will come in an email stating your account is active.

Once your account is created, use this tool in the care of your patient population. Not only is this a great tool for practice, it is the law. Senate Bill 459 was passed in the 2015 legislative session requiring providers who are authorized to prescribe or dispense controlled substances to utilize the PMP to review patient history reports prior to



prescribing or dispensing medication.

The Nevada Revised Statute (NRS) directly related to the PMP program is NRS 453.162-165 (http://www.leg.state.nv.us/NRS/NRS-453.html#NRS453Sec162). The chapter "Computerized Program to Track Prescriptions for Controlled Substances" outlines the responsibilities of individual licensing boards, providers, access, and dispensing requirements.

Combating this public health problem is all of our business, thus utilizing the tools provided to give the best care possible is the right thing to do. If you have questions, contact the Board of Nursing or Board of Pharmacy for more information.

References:

National Institute of Health: National Drug Abuse Institute (2014). Popping Pills: Prescription Drug Abuse in America. Downloaded at https://www.drugabuse.gov/related-topics/trends-statistics/infographics/popping-pills-prescription-drug-abuse-in-america#1

Nevada State Board of Pharmacy – Prescription Monitoring Program (PMP). Accessed at http://bop.nv.gov/

Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.

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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

September 21-23, 2016	Las Vegas
November 16-18, 2016	Reno
January 11-13, 2017	Las Vegas
March 22-24, 2017	Reno
May 17-19, 2017	Las Vegas
July 26-28, 2017	Zephyr Cove
September 20-22, 2017	Las Vegas
November 15-17, 2017	Reno

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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 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)
November 8, 2016
February 21, 2017
May 9, 2017
August 1, 2017
November 7, 2017

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (two)*
October 4, 2016
January 3, 2017
April 4, 2017
July 11, 2017
October 3, 2017
*One MA-C and one LPN

Disability Advisory Committee (none)
October 21, 2016
April 21, 2017
October 20, 2017

Education Advisory Committee (none)
October 20, 2016
January 19, 2017
April 20, 2017
August 24, 2017
October 19, 2017

Nursing Practice Advisory Committee (none)
October 11, 2016
December 6, 2016
February 7, 2017
April 11, 2017
June 6, 2017
August 22, 2017
October 10, 2017
December 5, 2017

MOVING?

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You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

What can I do to prevent PRESCRIPTION DRUG ABUSE?

Fred Olmstead, Esq.
NSBN General Counsel

If we agree, for the purposes of this article, that prescription drug abuse is the use of prescription opioids for a non-medical use, then every Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), and Licensed Practical Nurse (LPN) and Certified Nursing Assistant (CNA) can play a role in the prevention of prescription drug abuse.

Applying logic to the situation, it would not be too general a statement to say that every opioid prescription pill in Nevada is the result of a prescription written by a licensed prescriber (APRNs for our purposes), that is filled by a pharmacist at a pharmacy, that is then delivered to a patient.

If the patient takes the prescribed opioids for the purpose of the prescription, and then disposes of the remaining opioids at a licensed prescription drug round up, then there is no opioid drug abuse by the patient or anyone else.

However, prescription opioid drug abuse occurs when:

The patient themselves can abuse opioids by using the medication for non-medical purposes; or the patient can sell the opioids to others; or the medication can be stolen from the patient. Finally, drug users can submit fraudulent prescriptions, forged prescriptions, or just steal the drugs from a pharmacy.

APRNs can help prevent prescription drug abuse by: Practicing safe prescribing habits; checking the patient's prescription history on the Prescription Monitoring Report; utilizing sporadic drug tests to make sure the patient is taking the opioids as prescribed; and educating the patient on how to safely dispose of unused opioids.

It is often noted that nurses and CNAs are on the front line of health care because these individuals work most often at the patient bedside. Nurses and CNAs should utilize this direct patient contact and be aware of potential opiate abuse. Has the patient stopped taking the opioids, but the bottles disappear and the prescriptions refilled? Is a patient displaying behavior that is not obvious to the prescriber, but should be brought to the attention of the prescriber?

Clearly, in the space of this short article a comprehensive list of APRNs safe prescribing habits and an extensive list of tips for identifying and preventing prescription drug abuse cannot be provided to Nevada nurses and CNAs. However, due to the seriousness of the prescription drug abuse problem in Nevada, the Board will take every opportunity to provide assistance to all licensees and certificate holders for purposes of public protection.

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