



# ANNUAL BOARD UPDATE

## STATE OF NEVADA BOARD OF VETERINARY MEDICAL EXAMINERS

NOVEMBER 2011

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**Tracie Estep**  
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## From The President *Richard Simmonds, DVM, MS, ACLAM*

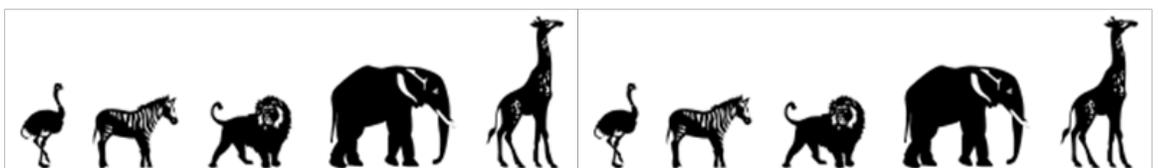
I am honored to have been selected by my colleagues on the Nevada Board of Veterinary Medical Examiners (Board) to serve as President for the coming year. That said, I must admit that I'm intimidated by having to follow Dr. Craig Shank in this position as he has provided exemplary leadership during his term as President. As you will note from some of the articles in this issue of the Update, the past year has been a very active one, including an intensive legislative session that produced some significant statute revisions that impact the Board's operation and the practice of veterinary medicine in Nevada. President Shank, along with the superb work of our Executive Director, Debbie Machen, and our Lobbyist, Neena Laxalt, laid out the strategy for our responses to the legislative issues that proved to be quite successful in minimizing the impact on the Boards' operation and passing several bills that will be good for Veterinary Medicine in Nevada. On behalf of the Board members, I extend our sincere and grateful appreciation to Craig for his nine years of outstanding service to our profession.

This past year we have enjoyed excellent continuity in regards to our membership and staff so, as of the writing of this message in late September, I have no personnel changes to report to you. However, the terms of three serving members of the Board expire in October and, until it is determined whether or not the Governor reappoints them or appoints new members, we will not know the complete makeup of the 2011 Board. There will be at least one new member, the replacement for President Shank.

Having actively participated in organized Veterinary Medicine in several states and, in Nevada, having been an active member of the Nevada Veterinary Medical Association (Association) - and Past-president - for over 20 years and a Board member for 10 years, I believe that our profession here in Nevada is healthy and, best of all, exceptionally organized and dedicated to a high level of professionalism. While the Board

is regulatory in nature and charged with enforcing the Nevada Practice Act and the Association is a professional organization charged with fostering the interests of its members, there has been an exceptional degree of cooperation and, in general, agreement between our respective activities. Both organizations enjoy superb management by their respective staffs and have uniformly indicated a desire to provide exceptional Veterinary Medical service to Nevada animal owners and their animals. While there has been the odd disagreement regarding some regulatory issue, the ensuing discussions have always been civil and with no recriminations afterwards. All licensees should be very proud to be a member of the Nevada veterinary community!

Finally, please remember that your suggestions and comments are always welcomed by the Board and you are always welcome to attend the Board meetings and, if you do attend during the discussion of the complaints, you can even earn some CE credit. Also, I would welcome you to contact me directly anytime (CELL Phone: 775-742-7944). Best regards to you all and best wishes for a successful and satisfying upcoming year.



# New Legislation Passed by 2011 Legislature

By *Richard Simmonds, DVM, MS, ACLAM*

## Relating to Veterinary Practice:

**SB17 – Redistribution of Drugs** – This bill authorizes licensed veterinarians or veterinary facilities to voluntarily accept “certain drugs dispensed for, but not used by, an animal” donated by animal owners and authorizes licensed veterinarians to “reissue the drug free of charge for certain animals” The intent is that the “free” drugs would be reissued to indigent clients. Provisions of the bill also provide liability immunity for veterinarians who participate in such reissuance of drugs. The Board of Veterinary Medical Examiners is authorized to develop implementing regulations any time after May 31, 2011. The provisions of this bill became effective October 1, 2011.

**SB294 – Veterinary Assistants** – This bill authorizes unlicensed veterinary assistants to “possess” and administer, at the direction of his or her supervising veterinarian, “dangerous” drugs. Regulations to implement the provisions of this act may be proposed any time after June 16, 2012. The effect of this change is that unlicensed veterinary assistants, under direction, may prepare medications for dispensing to clients; however, it is expected that a licensed veterinarian or veterinary technician will verify that the contents of the prepared items are correct before they are given to the clients.

**AB98 – Temporary Licensure of Out-of-State Veterinarians and Veterinary Technicians during Declared Emergencies** – This bill authorizes the temporary licensure of veterinary professionals (licensed and in good standing) with their home state’s Board of Veterinary Medical Examiners to volunteer to provide veterinary services in Nevada during declared emergencies. The implementation of the provisions of this bill will be the responsibility of the Nevada Division of Emergency Management of the Department of Public Safety. The Nevada Board of Veterinary Medical Examiners is authorized by this bill to “impose administrative sanctions upon such registered volunteers for certain conduct, to report such sanctions to the state in which the volunteer is licensed, and to impose administrative sanctions upon a health practitioner licensed in this state [Nevada] for certain conduct in another state if the practitioner was volunteering in that state under this Uniform Act.” Regulations implementing the provisions of this bill may be proposed any time after June 2, 2011.

## Relating to Board Operation:

**AB37 – Hours of Operation** – This bill authorizes state agencies to modify office hours as they see best, in order to serve their stakeholders so long as there is a forty hour work week. There must be public notification of any changes in office hours at least 30 days prior to implementation of the changes and office hours must be posted at the agency’s office and on its Internet site. If there are any changes in the hours of operation of our office, we will let you know in advance. The provisions of this bill became effective July 1, 2011.

**AB257 and AB59 – Open Meeting Law** – These bills implemented changes in the operation of our meetings that increase the opportunity for public comment and provide an opportunity for public comment about any citations public boards receive regarding violations of the open meeting regulations. Applicable portions of this bill became effective on July 1, 2011.



## Of Potential Interest:

**SB223 – Animal Cruelty** – The provisions of this bill increased the severity of the criminal penalties for deliberate acts of animal cruelty and provides for anonymous allegations of animal abuse or cruelty to be made. The provisions of this bill became effective October 1, 2011.

**SB299 – Animal Breeders** – The provisions of this bill require that “the board of county commissioners of each county and the governing body of each incorporated city to adopt an ordinance requiring commercial breeders of dogs and cats to obtain a permit to act as a breeder under certain circumstances.” The bill contains a specific definition of “breeder” which includes the verbiage that the term applies only to “the business of breeding dogs or cats for sale or trade” and that “the term does not include a person who breeds dogs or cats as a hobby.” Furthermore, there are specific restrictions on “breeders” in regards to the minimal age of the animal when first bred, the frequency of pregnancies thereafter, and the care of the animals being bred. Regulations to implement the provisions of this act may be proposed any time after June 16, 2012.

**SB191 – Animal Crematoriums** – This bill eliminates certain restrictions on where animal crematoriums may be located, delegating much of the permitting process to the Nevada counties, cities, and towns. Further, provisions of the bill require that, in facilities where human remains are also cremated, the animal cremations must be accomplished in facilities dedicated to that purpose and that the dedicated area must be posted so that the public may be aware of this fact. The provisions of this bill became effective October 1, 2011.

The full text of all of the bills listed above may be accessed at:

<http://www.leg.state.nv.us/Session/76th2011/Reports/AllPassedBills.cfm>

# The Evolving Standard of Care

By Scott Bradley, DVM

Of the many challenges and issues the Nevada State Board of Veterinary Medical Examiners engages in regularly the topic of the Standard of Care frequently generates the greatest discussion. Reviewing sources such as the AVMA, AAHA, the American Association of Veterinary State Boards, and VIN indicate this is not isolated to our board. State practice acts do not set specific guidelines because the concept of “Standard of Care” is inherently dynamic. The rapid increase in technology, advances in science, and proliferation of specialists contribute to the ever evolving standard. The Standard of Care (SOC) of 2006 is not the SOC of 2011. This difference has placed a greater emphasis on the continuing education requirements for veterinarians and licensed technicians as evidenced by the recent increase in Nevada’s continuing education requirements for these groups.

James Wilson, DVM, JD states in “Law and Ethics of the Veterinary Profession”, that under the negligence law that we are to provide a SOC equal to other practitioners and under the malpractice law we are “to exercise the care and diligence as is ordinarily exercised by skilled veterinarians”. He explains that the “reasonable man” concept is the basis of the law of negligence and malpractice and adds that the law says that reasonable practitioners, not the best or the most highly skilled professionals, set the standard. Specialists and boarded doctors are held to a higher level of SOC. As long as we are not using outdated or blatantly inferior skills, we should be able to achieve the SOC for the average practitioner.

During the discussion of consumer complaints filed with the Board, we address possible omissions of medically indicated diagnostics as well as acts that produce adverse or undesired results. Tempering the concerns regarding diagnostic omissions or choice of treatment plans are the economics of a case; if the owner cannot afford confirmatory diagnostics then a reasonable

treatment plan based on the available information is deemed adequate so long as the documentation of the client communication and development of that treatment plan is supportive. This documentation can be a key factor in the determination of whether or not a complaint is dismissed or a decision is made to proceed with disciplinary action.



In the past, the SOC was influenced more significantly by locality, rural vs. suburban/urban, and the proximity of specialists and overnight care facilities. Clients who animals would benefit from close monitoring in a locale in which on-site overnight care is available should be informed of that option. Likewise, where patients that could possibly be better served by a specialist in the vicinity, that option should be presented to the owner and such a discussion with the owner should be documented regardless of the choice made by the owner. At times, we all struggle with decisions that balance the best interests of the clients and patients with practicing in a manner that is geared toward avoiding litigation or potential disciplinary action. Diligence in our client communication and documentation serves both sides of that challenge well. The NSBVME office has a number of examples of effective release forms available for practitioners to adapt to their existing forms that will enhance the communication process.

## Letters of Caution

By Louis Ling, ESQ.

One of this Board’s primary responsibilities is to investigate complaints made to this Board by Nevada’s citizens who claim to have suffered harm as the result of the acts of our state’s veterinarians and veterinary technicians. The Board takes these complaints very seriously and investigates every one. Many investigations find that no violation of Nevada’s veterinary laws occurred; a few investigations find that a provable violation of Nevada’s veterinary laws did occur.

Occasionally an investigation finds that a veterinarian’s practices and acts could be improved. In these types of cases, the evidence may not be strong enough to fairly charge the veterinarian or veterinary technician involved, but there was enough found to merit cautioning the veterinarian or veterinary technician. In such cases the Board may issue a letter of caution.

A letter of caution is NOT disciplinary action, and a letter of caution is NOT publicly reported, either through the Board’s website, through a public records request, or to national databases. Instead, a letter of caution is the Board’s way of communicating - just between the Board and the veterinarian or veterinary technician - that there were things found in an investigation that caused the Board concern. The intent is always to inform the veterinarian or veterinary technician that some

aspect of his or her practice could be improved so that the practice’s patients are better and more safely served and so that the veterinarian or veterinary technician can avoid future complaints and scrutiny from the Board. Only in the rare case where a veterinarian or veterinary technician ignores or contravenes a letter of caution does its existence come to light in the unfortunate context of a formal, public disciplinary action.



The Board commends Nevada’s veterinarians and veterinary technicians who want to serve their patients to the best of their abilities and in compliance with all applicable laws. The Board has found that letters of caution are a valuable tool to provide specific guidance, suggestions, and reminders to Nevada’s veterinarians and veterinary technicians who have drawn a consumer complaint.

# The Traveling Pet

By Richard Simmonds, DVM, MS, ACLAM

As a result of a complaint received by the Board involving an acclimation limitation placed on a health certificate by the examining veterinarian, the requirements and cautions regarding health certificates were investigated and, as a service, we are publishing here a summary of our findings.

The specific content of intrastate, interstate, and international health certificates for animals can vary significantly between states and countries as well as be dependent on the species involved. When completing a health certificate, veterinarians should be sure they are familiar with the requirements of the state in which they are practicing (in regards to intrastate transport and export of the animals from the state) and the requirements of the state or country to which the animals are being transported. Currently, U.S. Federal regulations regarding health certificates are limited to “dogs, cats, nonhuman primates or additional classes of animals designated by USDA regulation.” Furthermore, most states have mandated, or will accept, the USDA “Certificate of Health Examination for Small Animals” (APHIS Form 7001) and the various health examination forms for livestock and exotic species; most of these certificates are only valid for 30 days from the date of execution.

In regards to inclusion of “acclimation statements” on health certificates, AVMA policy states: “An acclimation certificate is used to allow airlines to ship dogs and cats when the airline cannot guarantee compliance with animal welfare regulations, specifically the minimum temperature allowed by the regulations. Veterinarians may advise clients not to ship animals with transporters or airlines that cannot guarantee compliance with animal welfare regulations. In accordance with the Code of Federal Regulations 9 CFR section 3, regardless of the temperature range suggested by the owner/authorized agent or veterinarian, ambient temperatures listed in the acclimation certificate cannot be higher than 85 F for more than four consecutive hours while in animal holding areas of airport terminals or for more than 45 minutes while transferring the animal between the aircraft and the animal holding area. Carriers or intermediate handlers whose facilities fail to meet the minimum temperature allowed by the standards may accept for transportation or transport, in commerce, any live animal if the consignor furnishes to the carrier or intermediate handler a certificate executed by an accredited veterinarian stating that such live animal is acclimated to air temperatures lower than those prescribed in the CFR (45 degrees F).”

Further, within its policy, the AVMA suggests the following verbiage for the acclimation statement: “The animal(s) in this shipment appear healthy for transport but need(s) to be maintained at a range of ambient temperatures to which the animal(s) has/have been acclimated, as determined in consultation with the owner/authorized agent to be no lower than (W degrees) F for (X) minutes and no higher than (Y degrees) F (not to exceed 85 F) for no longer than (Z) minutes.”

*If the statement of acclimation is not written directly on the health certificate, the statement should contain the following information even if it duplicates what is on the health certificate to which the statement is attached: “(1) Name and address of consignor; (2) The number and identification of animals in the shipment; (3) A certifying statement; (4) The signature of the USDA accredited veterinarian, assigned accreditation number, and date.”*



## Thank You

The Board and staff would like to thank Craig Schank, DVM, Past-President, for his nine years of leadership, dedication, and commitment to this Board and the citizens of Nevada.

# Hospital Inspections

By *Christina Johnson, LVT*

Another milestone has been accomplished this year. Every hospital in Nevada has now been inspected at least once; now we are on to our second and third round of inspections. One of the most asked questions during inspections is, "How does my hospital compare to others?" Every hospital is its own entity and not to be compared to one another but against the state standards. Again, I have had complaints this year, "How can you put me in a box and compare my hospital to these standards?" There must be a starting point for everything, these are standards set as a minimum starting point and most hospitals are doing much more than the required minimum, the inspection committee applauds these efforts.

This year some improvements were seen in the number of violations per hospital; however, the Board is still seeing a lot of the same violations. Surgical equipment is expired or inappropriately sterilized, expired controlled drugs and inaccurate controlled drug logs are still the top three violations seen this year.

Surgical equipment regardless of method of sterilization, wrapping method or storage must be sterilized at least every year. Instruments that are not going to be used within that one year window are to be kept unwrapped and sterilized as needed in order to avoid expired equipment and breakdown of equipment due to over sterilization without use.

Expired controlled drugs no longer need to be picked up by the Pharmacy Board or DEA. In Nevada, the Pharmacy Board and DEA have agreed to allow veterinarians to destroy expired controlled substances 'in clinic' to avoid large volumes of drugs piling up or waiting for pick-up and avoid diversion. The form required for disposal is easily acquired, simply google DEA form 41 pdf. Controlled substance tablets are crushed first and liquids are draw out of vials, these are mixed with either dirty kitty litter or used coffee grounds, everything needs to be double bagged and disposed of in the trash or incinerated. The form requires that the disposal be witnessed and the form is signed by that witness. The form once complete is copied three times with the original sent to DEA, one copy to the Pharmacy Board, one copy to the Veterinary Board and one kept for your records.

Drug logs are the most important violation that needs to be addressed. Controlled substances need to be a top priority in every clinic. DEA and Pharmacy Board take a loss of controlled



substances very seriously, as the holder of the DEA number for your facility you must know what drugs are being received and what is going out, know if you have a loss and insure that your logs are balanced to protect your DEA privileges. There is no hard and fast rule about how your drug log has to look or be set up. It can be on paper or paperless.

The Board is here to help, if you have any questions or need more information please feel free to contact us.nvetbd@vetboard.nv.gov, or (775) 688-1788.

#### **Form 41 mailing addresses:**

##### **Nevada State Board of Veterinary Medical Examiners**

4600 Kietzke Lane, Building O, Suite 265, Reno, NV 89502

##### **Drug Enforcement Agency**

255 East Temple Street, Los Angeles, CA 90012

##### **Nevada State Board of Pharmacy**

431 West Plumb Lane, Reno, NV 89509

# What Clients Expect, What I Expect By Beverly Willard, Public Member

*"I am your client. Satisfy my wants and the needs of my pets. Add personal attention and a friendly touch, and I will become a walking advertisement for your services and products."*

What an important statement! Have you ever just walked in, sat down in your reception area and taken a look around and listened?

Is it a clean friendly area? Are your clients and their pets greeted with a warm smiling face and a gentle voice? Does your staff show genuine concern for helping with the needs of your clients and their pets?

*"Ignore my needs, show carelessness, inattention, and poor manners, and I will simply cease to exist as far as you are concerned."*

Too many times we receive complaints from the public about the lack of concern or caring on the part of the staff and/or of the veterinarian not taking that extra minute to communicate whatever it takes for the client to understand and feel his or her animals are given the best care possible.

*"I am sophisticated, much more than I was a few years ago. I am proud. My ego needs the nourishment of a friendly, personal greeting from you. It is important to me that you appreciate my business."*

*"I am a perfectionist. I want the best I can get for the*



*money I spend. When I am dissatisfied, take heed. The source of my discontent lays in something you or the service you gave has failed to do. Find that source and eliminate it or you will lose my business and that of all my friends as well; for when I criticize your services I will talk to anyone who will listen."*

The paragraphs in italic are part of a statement my husband presented to all of our employees. He would give them a cash bonus if they could memorize and recite it without error.

I will close with this statement "People equally informed seldom disagree."

## Disciplinary Action

The following is summary of disciplinary action taken by the Board in the past year:

Case #	Area	Violations	Conditions of the Order
TO01-041610	Out of State	NAC 638.041 (3), in that the Licensee failed to obtain the required continuing education.	<ul style="list-style-type: none"> <li>The Licensee shall be audited, at a minimum, from 2011-2013.</li> <li>The Licensee will pay attorney fees and investigative and Board costs of \$250.00 and a fine of \$500.00.</li> </ul>
PN01-101810	Reno	NAC 638.045 (2), negligence, based upon the allegation that the licensee failed to provide the owner with choices regarding the treatment and diagnostics. NRS 638.1402 (4), altering medical records and in presenting the altered records to the Board. NAC 638.0475 (2), failing to make and maintain sufficient medical records.	<ul style="list-style-type: none"> <li>Probation 1 year</li> <li>Adopt and use a medical records form approved by the Board's President</li> <li>Practice monitor for term of Probation</li> <li>Pay attorney fees and investigative and board costs of \$1,000.00</li> </ul>
WR01-040511	Reno	NAC 638.045 (2) negligence, a departure from the standard of care for veterinary medicine when a diagnoses of hyperthyroidism was made and Methimazole was prescribed and timely testing was not performed to monitor for possible adverse side effects for the treatment with Methimazole.	<ul style="list-style-type: none"> <li>The Licensee shall take an additional five hours of continuing education specifically to thyroid diseases in felines.</li> <li>Pay attorney fees and investigative and board costs of \$400.00.</li> </ul>
CS01-111010	Las Vegas	NAC638.045 (2), negligence in the assessment of the dog because the licensee did not recognize the gas in the stomach to be a potential dangerous life threatening sign and failed to inform the owner of what signs and symptoms to watch for, and what to do if the signs and symptoms may have occurred.	<ul style="list-style-type: none"> <li>Pay attorney fees and investigative and board costs of \$400.00.</li> </ul>



# Frequently Asked Questions About Extra Label Drug Use & AMDUCA

By Craig L. Schank, DVM

I have titled my article after a previously published A.V.M.A. article with the same title. It is my intent to reacquaint us with a bit of legislation passed in October 1994 that broadened our ability as veterinarians in the treatment of our animal patients. That act was called “The Animal Medicinal Drug Use Clarification Act of 1994” or A.M.D.U.C.A. In essence, it gives us the legal ability to prescribe extra-label uses of approved animal and human drugs “when the health of the animal is threatened or when suffering or death may result from the failure to treat animals”.

There are a few guidelines to follow to keep us “legal” as we use these drugs “extra-label”. I will ask and answer just a few questions included in the above mentioned article with the hope that this will pique an interest to read the entire article: [http://www.avma.org/issues/drugs/ELDU\\_AMDUCA\\_faq.asp](http://www.avma.org/issues/drugs/ELDU_AMDUCA_faq.asp)

## 1. Q: What is Extra Label Drug Use? (ELDU)

A: ELDU describes the use of an approved drug in a manner that is not in accordance with the approved labeling yet meets the conditions set forth by AMDUCA and FDA regulations. These deviations may include use in other species, use for a different indication, use at a different dosage or frequency, or different routes of administration.

## 2. Q: Isn't ELDU only for food producing animals?

A: No, ELDU regulations apply to all animal species.

## 3. Q: Who regulates ELDU and enforces regulations?

A: FDA Center for Veterinary Medicine regulates ELDU and, in cases of violations, can issue warning letters, seizure of product, issue fines, injunctions or criminal prosecution.

## 4. Q: When is ELDU necessary?

A: The A.V.M.A. has developed an algorithm to help veterinarians determine when it is appropriate to use ELDU. See: [http://www.avma.org/reference/amduca/extralabel\\_brochure.pdf](http://www.avma.org/reference/amduca/extralabel_brochure.pdf)

Here are a couple of examples of circumstances in which ELDU might be used:



1. A horse needs to be treated with enrofloxacin based on culture and sensitivity results. No horse-labeled products are available so the veterinarian could consider using a bovine-labeled product.
2. A dog being treated for congestive heart failure by its veterinarian and furosemide is part of that therapeutic plan. There are FDA approved products labeled for use in dogs but the veterinarian recommends the human product from the local pharmacy for economic reasons; a prescription for ELDU of the human product is acceptable.

## 5. Q: Do I need to tell my client when I have prescribed an extra-label treatment?

A: You should always discuss the available treatment options with your clients, especially when extra-label use is indicated. It is important for the client to understand that you are prescribing a drug in a manner that is uncommon and there may be risks associated with this use.

I again encourage you to click on the A.V.M.A. link and become more familiar with this important legislation that allows us to treat and prescribe under the guidelines of A.M.D.U.C.A., and many other important questions that are commonly asked are covered.

*Items in the article have been reprinted with permission from Dr. Kimberly May, co-author of the article titled Frequently Asked Questions about Extralabel Drug Use and AMDUCA.*

# Frequently Asked Questions By Tracie Estep

<p><b><u>Q - How long do I need to keep medical records? How long do I need to keep x-rays? Does it matter if the animal is deceased?</u></b></p>	<p><b>A - (NAC 638.0475)</b>                  Medical records, including x-rays, for an animal, alive or deceased, need to be kept in Nevada for four (4) years.</p>
<p><b><u>Q - How many hours of CE do I need every year. How many can be done online? Can I carry them over?</u></b>  <b><u>NAC 638.042 Courses deemed approved by Board.</u></b></p> <ol style="list-style-type: none"> <li>1. The American Veterinary Medical Association;</li> <li>2. A specialty group of the American Veterinary Medical Association;</li> <li>3. The Western Veterinary Conference, the Wild West Veterinary Conference or any other regional veterinary conference;</li> <li>4. The State Department of Agriculture;</li> <li>5. The United States Department of Agriculture;</li> <li>6. The American Animal Hospital Association;</li> <li>7. The American Association of Veterinary State Boards;</li> <li>8. The Nevada Veterinary Medical Association;</li> <li>9. An institution of the Nevada System of Higher Education;</li> <li>10. A school of veterinary medicine that is accredited by the Council on Education of the American Veterinary Medical Association; or</li> <li>11. A program for veterinary technicians that is approved by the Committee on Veterinary Technician Education and Activities of the American Veterinary Medical Association.</li> </ol>	<p><b>A - (NAC 638.041)</b>                  Veterinarians/Diplomates – must complete 20 hours of CE every calendar year.</p> <p><b>(NAC 638.041)</b>                  Licensed Veterinary Technicians – must complete 10 hours of CE every calendar year</p> <p><b>(NAC 638.770)</b>                  Animal Physical Therapists – must complete 5 hours of CE every calendar year</p> <p><b>(NAC 638.820)</b>                  Animal Chiropractor – Must complete 15 hours of CE every year</p> <p><b><u>CE CANNOT BE CARRIED OVER FROM YEAR TO YEAR</u></b></p> 
<p><b><u>Q - Where in the “law” does it state that I have to examine an animal before vaccinating it?</u></b></p>	<p><b>A – (NAC 638.620)</b>                  Duties of veterinarian before administration of vaccine.</p> <ol style="list-style-type: none"> <li>1. A veterinarian who administers vaccines at a vaccination clinic or a veterinary facility shall, before administering a vaccination to an animal, conduct a physical examination of that animal.</li> </ol>
<p><b><u>Q - What are the procedures for abandoned animals?</u></b></p>	<p><b>A - (NAC 638.051)</b>                  Ten days after the date it was agreed that the animal was to be claimed the animal may be deemed abandoned. A certified letter must be sent to the last known address of the owner stating the veterinarian will dispose of the animal if it is not claimed within 10 days from the date the letter is mailed. <b>“Claim” means to remove the animal from the custody of the veterinarian.</b></p>
<p><b><u>Q - How do I change my mailing/home/facility address?</u></b></p>	<p><b>A –</b>                  There are three ways to change your contact information with the Board.</p> <ol style="list-style-type: none"> <li>1) Website – <a href="http://www.nvvetboard.us">www.nvvetboard.us</a>                      Under online services - Address/Name Changes</li> <li>2) Call the Board Office (775) 688-1788</li> <li>3) Fax information (775) 688-1808</li> </ol>



<p><b><u>Q - How long do I have to send medical records after they have been requested? Can I hold them if the owner's bill has not been paid?</u></b></p>	<p><b>A – (NAC 638.0475)</b></p> <p>The records must be available for inspection by the owner of the animal during normal business hours at least 5 days each week. Except as otherwise provided in this subsection, the licensed veterinarian shall provide a copy of that record to the owner of the animal receiving veterinary services not later than 48 hours after receiving a request from the owner of the animal. Each X ray is the property of the veterinarian who caused it to be prepared. An X ray may be released to the owner of the animal. An X ray must be released within 48 hours after the request is made to another veterinarian who has the authorization of the owner of the animal to which it pertains. The X ray must be returned within a reasonable time to the veterinarian to whom it belongs.</p> <p>You cannot hold the medical record for nonpayment.</p>
<p><b><u>Q – Does a veterinarian have to be registered with the pharmacy board and the DEA in order to administer, prescribe, or dispense a controlled substances?</u></b></p>	<p><b>A – (NRS 453)</b></p> <p>A veterinarian who is not registered with the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy as described in subsection 1 may possess, administer, prescribe or dispense a controlled substance at a veterinary facility if the veterinarian:</p> <ol style="list-style-type: none"> <li>Is an employee or agent of the veterinarian who is registered pursuant to subsection 1;</li> <li>Practices in the same veterinary facility as the veterinarian who is registered pursuant to subsection 1;</li> <li>Possesses, administers, prescribes or dispenses the controlled substance in the normal course of his or her employment; and</li> <li>Complies with all the requirements and duties prescribed by law relating to the possession, administration, prescription and dispensing of a prescription drug.</li> </ol>
<p><b><u>Q - During a vaccination clinic do I (the veterinarian) have to keep a full medical record?</u></b></p>	<p><b>A – (NAC 638.610)</b></p> <p>Conduct and record of examination to determine whether animal may be vaccinated</p> <ol style="list-style-type: none"> <li>An examination conducted to determine whether an animal may be vaccinated at a vaccination clinic or a veterinary facility must include, without limitation, an examination of the temperature, pulse and respiration of the animal to determine: (a) The presence of any respiratory, intestinal or other organ disease that may affect the efficacy of the vaccine; and (b) Whether the hydration of the animal is normal.</li> <li>A medical record of the examination must be kept.</li> </ol>
<p><b><u>Q – When do I qualify to be a Veterinary Technician-in-Training? When does my VTIT registration expire?</u></b></p>	<p><b>A – (NAC 638.0525)</b></p> <ol style="list-style-type: none"> <li>A person may perform the tasks of a veterinary technician under the immediate supervision of a supervising veterinarian or licensed veterinary technician while the person is receiving the training and experience required by paragraph (h) of subsection 2 if he or she is registered with the Board pursuant to this section.</li> <li>To be registered as a veterinary technician in training, a person must be:       <ol style="list-style-type: none"> <li>A fourth-year student enrolled in a 4-year program, a second-year student enrolled in a 2-year program or a student enrolled in an accelerated program and the program of training must be accredited by the Committee on Veterinary Technician Education and Activities of the American Veterinary Medical Association or be approved by the Board; or</li> <li>A person who has graduated from a program of training described in subparagraph (1) and is scheduled to take, or has taken but not yet received a score for, the Veterinary Technician National Examination;</li> </ol> </li> <li>A registration issued pursuant to this section between: (a) January 1 and August 31 of any year expires on September 1 of the next subsequent year; and (b) September 1 and December 31 of any year expires on September 1 of the year immediately following the next subsequent year, unless the Board grants an extension of the period of registration.</li> </ol>

# Record Keeping for Consultations

By Bill Taylor, DVM, ABVP

Nevada law states:

The medical record must contain the following information, in legible form:

The name of each person who is not an employee of the veterinarian who provided professional advice or performed treatments, examinations or other services pertaining to the animal; (NAC 638.0475)

In our practices, each of us consults with our fellow veterinarians. The documentation of “consults in the medical records was recently discussed at a Board Meeting. Most of the veterinarians on the Board are actively practicing and realize that we do not want to make complying with this law onerous to the practitioner. I have detailed some of the types of consultations and how the medical record might “contain the information.”

## Types of Consultations:

1. Outside consultations with an involved specialist – There are many specialists with whom we might consult: a laboratory consultant or pathologist, radiologist, cardiologist, etc. who have access to our patients’ data and can give us an opinion based on this information and any other that we supply during the discussion. The record might look like this: “08/14/2011 - Dr. A at ABC Laboratory recommended Bile Acid Tolerance if abnormal followed by an ultrasound. DDX: vacuolar hepatopathy {we ALL love that one!!}, neoplasia, infectious hepatitis .....”
2. Telephone or personal conversation with a specialist – We call a friend, classmate, or speaker from a conference to discuss a case. After providing an Hx, diagnostic results and our clinical impressions, they provide us with a wealth of information and suggestions. The record might look like this: “08/14/2011 - Dr. B at Missouri VMTH recommended testing for tick-borne disease, fungal titers and a joint aspirate with cytology and culture.”
3. Online Consultations – There are several sites that allow us to post questions on an internet message board regarding a case. The information may contain history, physical exam, lab data, images, etc., and may be from specialists and fellow practitioners. The record may read: “See copy of the VIN post.”
4. The “bar napkin” consultation – After a meeting or at dinner with a fellow practitioner, we discuss a case and say something like “boy I saw a weird one today, whataya think?” The medical record may reflect this conversation by stating: “Discussed with Dr. C, and he suggested adding gabapentin and acupuncture to help in pain control until the liver values return to normal.”



5. The traveling specialist or practitioner – Hopefully, when the surgeon or ultra-sonographer performs a procedure at our hospital they will provide a written report. A note would be made in the medical record stating: “Dr. D performed a TPLO on the right leg.” If they do not provide a description of the procedure, it is your responsibility to do so.
6. The in-hospital consult - Many times, we may discuss a case among our fellow practitioners in the hospital. If they agree with your previous diagnosis or plan, it is not necessary to make comment unless you wish a corroborating opinion. If they present an opinion that changes our course of action, this should be noted in the record: “During rounds, Dr. E recommended to add IV metronidazole.” There’s the fly-by consult by a specialist or associate, “Yep there’s a cranial drawer” or “that looks like an obstructive pattern”; the Board does not expect the individual to stop and write a report in the record, unless they wish to, but we should write: “Dr. F palpated the left stifle and felt a cranial drawer.”
7. The surgery report – While this does not directly fall under this statute, it is a problem we often find in medical records we review. It is not necessary to write the details of every neuter, but a detailed description can be written and kept on file and referred to in the record as: “followed routine ABC-AH procedure for closed castration using 2-0 vicryl for ligatures and closure.” For paperless practices, a prewritten description could be inserted; any variance or changes would be noted. For less frequently performed procedures that would not have a pre-written description, you would note: “routine lateral approach to the femur” or “followed the procedure for PU as described in Bojarb’s Current Techniques.”

# Creating and Maintaining Medical Records

By Mike Chumrau, DVM

NAC 638.0475 requires that each licensed veterinarian in the state of Nevada maintains for a period of at least four years, a separate medical record of each animal receiving medical services. The record must include a physical examination of the animal sufficient to develop a Veterinary-Client-Patient-Relationship.

When someone picks up a medical record with the intent of learning what happened during the period of care of a patient the information required in the record needs to be in a chronological, organized, and detailed order. The record tells the story of what happened, when it happened, how it happened, and why it happened. It is not uncommon for the board to receive a medical record that is not complete, illegible, and does not contain an organized communication log recording conversations between the client and veterinarian.

Each visit requires its own record that starts with the owner's reasons for coming to the hospital. The signs or behaviors that cause the concerns need to be recorded as they are presented; this portion of the record can be created by the technician in the exam room. It has always been of great interest what an owner will tell a tech that they won't tell a doctor. A point to be made here is that ID (initials) of the person entering into the record should appear by the entry. The physical examination data and answers to questions posed to the owner will determine the objective entries made by the veterinarian and these can be presented as symptoms. This is the place in the record to detail tentative diagnosis and/or rule outs and to record the recommendations and the diagnostic and therapeutic plan. If the owner declines your recommendation, this needs to be recorded as well.



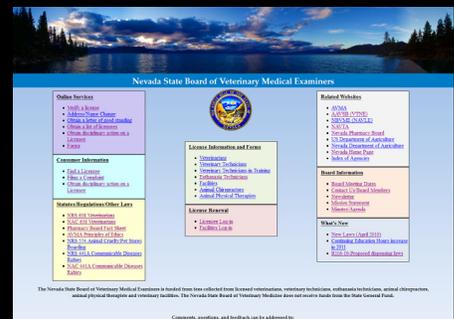
Very often consumer complaints come to the board after a series of treatments have been tried without acceptable results and the owner has gone for a second opinion. At the secondary hospital, testing is done that results in a diagnosis. Additionally, the owner wants to know why the tests were not done before and if it was acceptable medicine not to require the tests. The medical record defends that the tests were offered and declined. In the end, it is the medical record that defends what has been done while the animal was in your care.

At the end of an appointment, clear written instructions should be reviewed with the client and noted in the record. Don't forget the client has also accepted responsibility in the care of the animal and has agreed to follow your instructions. Warnings concerning the use of certain drugs and their side effect should be in writing and of record such as NSAIDS. It is prudent that any suggestions about offering referral to a specialist appear at a reasonable time in the record and all conversations regarding the animals care and status need to appear as part of a comprehensive medical record. You should have a person on your staff assigned to review medical records prior to filing.

## What Can Our Website Do For You?

- Renew your license
- Verify a license
- Address/Name Change
- Obtain a letter of good standing
- Obtain a list of licensees
- Links to State laws
- Links to related web-sites
- Forms
- Agenda and Minutes
- What's new?

[www.nvvetboard.us](http://www.nvvetboard.us)



**State of Nevada Board of Veterinary Medical Examiners**

4600 Kietzke Lane, Bldg. O, #265

Reno, NV 89502

**2011 STATISTICS**



	2011	2010
NEW VETERINARIANS LICENSED - TOTAL	71	91
ACTIVE VETERINARIANS - TOTAL	804	783
INACTIVE VETERINARIANS - TOTAL	183	194
NEW BOARD CERTIFIED DIPLOMATES-TOTAL	2	4
ACTIVE DIPLOMATES - TOTAL	54	55
INACTIVE DIPLOMATES - TOTAL	6	8
VETERINARY FACILITIES - TOTAL	204	205
NEW VETERINARY TECHNICIANS - TOTAL	74	54
ACTIVE VETERINARY TECHNICIANS - TOTAL	533	486
VETERINARY TECHNICIANS-IN-TRAINING - TOTAL	150	140
NEW EUTHANASIA TECHNICIANS - TOTAL	18	11
EUTHANASIA TECHNICIANS - TOTAL	85	84
ANIMAL CHIROPRACTORS - TOTAL	8	8
ANIMAL PHYSICAL THERAPIST - TOTAL	5	5
TOTAL NUMBER OF COMPLAINTS CALLED INTO BOARD OFFICE	91	161
TOTAL NUMBER OF FORMAL COMPLAINTS FILED	21	33

**BOARD MEETING SCHEDULE**

January 19, 2012	Reno	Deadline - August 1, 2012
April 12, 2012	Las Vegas	Deadline -January 3, 2012
July 19, 2012	Reno	

**EXAMINATION SCHEDULE-NAVLE**

November 14 - December 10, 2011	Deadline - August 1, 2012
April 9-21, 2012	Deadline -January 3, 2012

**EXAMINATION SCHEDULE-VTNE**

November 15 - December 15, 2011	Deadline - October 15, 2011
March 1-31, 2012	Deadline - February 1, 2012
July 15 - August 15, 2012	Deadline - June 15, 2012

**2012 RENEWAL ENCLOSED**