



State of Nevada Board of Veterinary Medical Examiners

From the President

Richard C. Simmonds, DVM, MS, ACLAM

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Compliance Inspector

Louis Ling, Esq.
Board Counsel

Upcoming Meeting Schedule:

January 31, 2013	Reno
April 25, 2013	Las Vegas
July 18, 2013	Reno
October 23, 2013	Las Vegas

Mailing Address:

4600 Kietzke Ln. O-265
Reno, NV 89502
Phone- (775) 688-1788
Fax-(775) 688-1808
Email vetbdinfo@vetboard.nv.gov
Web-site www.nvvetboard.us

First off, I must thank my fellow Board members for the honor of electing me to be this year's Board President. I consider it a privilege, for which I am very appreciative, to serve on the Board and to have the opportunity to contribute to our profession of Veterinary Medicine in this manner. While it may not be obvious to the casual observer, the past year has been a busy and productive one for the Board.

Sunset Activity: The 2011 Legislature established a Sunset Subcommittee of the Legislative Commission to "conduct a review of each board and commission in this State to determine whether the board or commission should be terminated, modified, consolidated with another board or commission or continued." The Nevada Board of Veterinary Medical Examiners was among the first group of boards and commissions selected for Sunset Review.

Through a yeoman's effort by your Board staff, members of the Board, representatives of the Nevada Veterinary Medical Association, and several private practitioners, we were able to produce a truly exemplary report in response to the Sunset Subcommittee's request for information about the Board, responsibilities, reasons for its original establishment, and justifications for its continuing existence as an independent entity. The thoroughness of the report was evident when we testified before the Subcommittee because there were very few questions and the questions asked by Subcommittee members were ones seeking minor clarifications.

Following our testimony, the Subcommittee recommended that the Board be "continued" along with two recommendations for changes, i.e., (1) Amend NRS 638.020 to add one member to the Board who is a licensed veterinary technician and, (2) Amend the NRS to allow the Board to renew a license on a two-year renewal cycle rather than a yearly basis.

Further evidence of the thoroughness and effectiveness of the report came on 25 June 2012 when the Subcommittee officially voted to recommend to the Nevada Legislature to "continue" the Board's existence as currently established and managed].

I would like to acknowledge and thank everyone who worked so hard on drafting our Sunset Report and participated in preparation for and testifying with us at the Subcommittee hearing. Your efforts are very much appreciated!

New Prescription Regulation: On Jan 1, 2012 new prescription regulations went into effect for veterinary practice in Nevada [also other changes regarding labeling of radiographs or images, surgical records details, definition of "other diagnostic image", changes in allowed activities of licensed veterinary technicians (LVTs) and veterinary assistants (VAs) – it is recommended that all "veterinarians in charge" and "practice managers" review all of these changes - see Web site at: <https://www.nvvetboard.us>

In some cases, the new regulations have language that duplicates language in the State Board of Pharmacy regulations. This is not an oversight. Working with the Pharmacy Board and the Legislative Counsel Bureau, we elected to essentially duplicate some of the language so that persons licensed by our Board would not need to try and interpret two different sets of regulations. As now written, the regulations in the veterinary medical practice regulations contain everything that a licensed veterinarian, veterinary technician, or euthanasia technician needs to know in regards to controlled substances (CS) and dispensing drugs.

Each licensed veterinary facility (LF) must have at least one licensed veterinarian (LV) on staff who is registered with the Nevada Pharmacy Board and licensed by the Federal DEA to purchase controlled substances. Other LVs and LVTs working at a LV facility meeting this requirement may use and dispense controlled and prescription only drugs so long as they are employees of, and work in the same facility.

The LF must properly secure controlled substances and allow only LVs or LVTs to have access to CS. Persons with access to CS must record usage in a written log (there are additional specific requirements for logging Schedule II CS) as well as destruction procedures. Receipt of CS must be verified by a LV.

Only LV, LVT, and veterinary technicians in training may prepare a prescription drug for dispensing. VAs may prepare a prescription drug for dispensing if the drug is not a CS. A "knowledgeable" LV or LVT must be available at the time the drug is dispensed if it is a new prescription for the patient to answer any questions that the animal's owner may have. There are specific record requirements in regards to how the medical record needs to reflect what was prescribed or dispensed. A LV or LVT must verify that the prescription was accurately prepared before it is actually dispensed. The requirements for what information must be on each prescription label (including a unique ID number) are also defined in detail in the revised regulations. Finally, there are requirements regarding the identification of the persons administering, prescribing or dispensing prescription drugs in electronic records.

Technician on Board and Biannual License Renewals: As noted above, the Sunset Subcommittee recommended two changes, one regarding Board membership (adding a licensed veterinary technician) and the other regarding biannual versus annual license renewal schedule. The current Board and its staff support both of these recommendations and will be working to try and get both implemented in the future, pending Legislative support (hopefully in the upcoming 2013 Legislative Session).

Suggestions? If you have any suggestions for ways to improve the Board's operation or change the Practice Act statute or regulations to better serve Nevada's citizens, veterinarians, and animals, please feel free to contact the Board's staff or me personally at my e-mail is: rsimmonds2unr.edu



In Memory of Dr. Mike Chumrau

Mike Chumrau, DVM, Board Investigator, friend, and part of the Board family for the past fifteen years, passed away on June 27, 2012. He had a true love and passion for veterinary medicine, his family, his church, his friends, and of course the game of golf. He will be dearly missed.



The Team Approach to Pain Management Scott Bradley, DVM



Of the many advances in science and technology in veterinary medicine, our ability to recognize and manage our patients' pain concerns stands out as one of the most beneficial for our patients and comforting for our clients. Pain is not a respecter of species or breeds as our clients and patients can attest to. Maladaptive pain impedes healing, restoration, and the return to full function of tissues, organs, and organisms so whatever measures we can take to alleviate it's effects with early intervention and consistent follow through will have great potential benefit.

As health care providers and advocates for our patients, we have a responsibility to them and our clients to recognize the variety of clinical signs of pain presented by the various species we treat. We need to offer a treatment plan that addresses these concerns when indicated and to educate our clients on evaluating the patient's pain when they are not in a clinical environment. Since pain assessment is a blend of art and science, we often have to rely on behavioral changes that are best assessed at home therefore informed clients are key members of the health care team.

There are many excellent resources and seminars for doctors, technicians, and staff to assist in building a team approach for enhancing pain relief, too many to list here. The key is having the entire staff involved in the process to improve client awareness, address client concerns, and enhance the outcome for our patients. Depending on the needs of the patient a multi-modal approach using a combination of local anesthesia, NSAIDS, and analgesics, targeting pain processing at multiple sites to minimize hyperalgesia or "wind up" may be the most beneficial approach. By educating the client we give them the best opportunity to make an informed decision as to what approach is best for the animals in their care.

The Board has heard consumer complaints in which their main concern was that their animal suffered unnecessarily because the pain aspect of care had not been adequately addressed. By having a team approach to pain management we are able to minimize these concerns, build client trust, and elevate the standard of care.

2012 Yearly Statistics Report

	2012	2011
New veterinarians licensed - total	75	71
Active veterinarians - total	824	804
Inactive veterinarians - total	182	183
New board certified Diplomates-total	1	2
Active Diplomates - total	43	54
Inactive Diplomates-total	3	6
New veterinary technicians - total	82	74
Active veterinary technicians - total	570	533
Veterinary technicians-in-training - total	134	150
New euthanasia technicians - total	16	18
Euthanasia technicians - total	87	85
Animal chiropractors - total	7	8
Animal physical therapist - total	5	5
Veterinary facilities - total	208	204
Total number of complaints called into board office	65	91
Total number of formal complaints filed	36	21

To the left are the 2012 Statistics for new, active, and inactive Licensees, facilities, complaints called in, and formal complaints filed. For comparison, we have included the same statistics from 2011.



VETERINARY BLOOD BANKS

Richard C. Simmonds D.V.M., M.S., ACLAM

In response to a query regarding whether or not there is any regulatory oversight of animal blood banks, we looked into the matter and determined that, in essence, the simple answer is, no, other than in California.

Regulations requiring animal blood banks in California to be licensed and adhere to a prescribed set of requirements are found in the California "Food and Agricultural Code (<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=fac>), Sections 9201-9272. While these regulations appear to exempt facilities "licensed" by the USDA from the provisions therein, it is unclear whether or not blood products procured from animal blood banks not located in California must only come from facilities licensed in California (of which there appear to be none).



That said, under various provisions of the Federal Food, Drug and Cosmetic Act, veterinary blood banks likely could be, but are not now, regulated by the Food and Drug Administration (FDA) as they regulate human blood banks. Such a significant expansion of the FDA's regulatory authority would likely require sufficient regulation changes as to mandate public input through Federal Register notification, thus, the veterinary profession and individual veterinarians would have sufficient time to express their opinions and concerns before any regulations went into effect.

Regulatory issues aside, there are numerous veterinary blood banks throughout America, many of which are sponsored by AVMA accredited veterinary schools. After perusing a number of web sites of veterinary blood banks it became obvious that there are no universally agreed upon set of standards for either the procurement of blood (e.g., source and fate of donor animals, care of donor animals, frequency and volume of blood collected from an individual animal, screening of donor animals for infectious diseases, etc.), costs of blood products, or storage, care and shipping of post-collected blood products.



It would seem to this author that the contemporary wide-spread acceptance of the use of animal blood bank products would have, at the very least, resulted in the development of a set of "best practice" guidelines for operation of animal blood banks. For example, the Association of Veterinary Hematology and Transfusion Medicine (<http://www.vetmed.wsu.edu/org-avhtm/index.asp>) would be a prime candidate for having produced a set of such guidelines. As of the writing of this article (September 2012) the only set of published guidelines that could be found are in the California Code (section 9221 at the California Web site included above) but these guidelines pertain only to donor care and do not address the issues listed in the previous paragraph.

Discussions with practitioners who use or supply blood products to fellow practitioners indicate that the primary problem they have encountered with various animal blood banks is the reliability of getting required products in a timely manner. Thus, it appears that the existing animal blood banks are, in general, providing satisfactory products but veterinarians purchasing blood products might want to ask their potential suppliers how they address the various aspects of donor animal procurement, screening for infectious agents, care while serving as donors, and fate after completing their service as donors.

Meet: Dr. Damonte



The Nevada Veterinary Board would like to welcome Dr. Stephen Damonte to the Veterinary Board. He was appointed to the Board in February of 2012.

Dr. Steve Damonte is a native of Reno, Nevada. He is owner of Comstock Equine Hospital in Pleasant Valley. He received his Doctorate of Veterinary Medicine from The Ohio State University in 1991. He currently resides in Reno with his daughter Jenna. He is a volunteer with the Reno Rodeo Association and Past-President of the Nevada Veterinary Medical Association and Washoe County Farm Bureau. His personal hobbies include hunting, fishing, camping, running and skiing.

Meet: Dr. Handal

The Nevada Veterinary Board would like to welcome Dr. Patricia Handal as the new Board Investigator.

Dr. Patricia Handal originally hails from New York State. She was raised on a poultry farm, where her grandparents engrained in her a love and devotion to all animals. Much of the Handal family moved out west settling in the Los Angeles and Lake Tahoe regions.

Dr. Handal graduated from Tufts University School of Veterinary Medicine. She worked in Los Angeles as a veterinarian prior to moving to Lake Tahoe in 1988.

Dr. Handal continues to reside at Lake Tahoe with Mort, her 32-year old companion Hyacinth Macaw, who chases bears out of the house.



HOSPITAL INSPECTIONS

Christina Johnson, LVT

Over 80 hospital compliance inspections were conducted in the State this year. Every year we try to go over the most commonly seen violations (see chart below), in hopes of bringing down the frequency of seeing these violations. The violations with the highest occurrence are controlled drug logs not accurately reconciled, sterilization of surgical equipment (not dated properly), expired drugs, and incomplete physical examinations in the medical records.

CONGRATULATIONS to the following hospitals and veterinarians-in-charge that had compliance inspections with minimal violations:

NO Violations:

D.O.C.'s Veterinary Hospital	Dr. David Haebler	Carson City
Boulder City Animal Hospital	Dr. Randy Stanton	Boulder City
Moffitt Animal Hospital	Dr. Eric Moffitt	Fernley

ONE Violation:

Ark Animal Hospital	Dr. Scott Bradley	Las Vegas
Hualapai Animal Hospital	Dr. Steven Strobeck	Las Vegas



The Animal Foundation Euthanasia Technicians in Las Vegas also met the standards for euthanasia in the state and are strong examples of gentle and humane care during euthanasia. An effort is still being made to inspect every facility every 1-2 years. To keep up with law and regulation changes the NRS and NAC are posted in their entirety on our website at www.nvvetboard.us or a CD can be requested. Regular self-inspections are still being recommended every 6-12 months to insure that your facility is keeping up with current regulations. A self-inspection form can be found on the board website under "forms". This is a great tool to hand off to a technician or staff member to ensure compliance. We want to see your hospital name on the

above noted list next year. So please minimize the non-compliance issues by conducting self-inspections several times a year.

<i>Inspections</i> <i>September, 13, 2011-September, 11, 2012</i>	<i>Violations</i>	<i>Percentage of Total Non-Compliance</i>
Total number of violations in 2012	301	
Surgical equipment inappropriately sterilized	42	13.90%
Controlled substance logs found to be inaccurate	38	12.60%
Anatomical orientation on radiographs	32	11.00%
LVT & DVM licenses not posted	31	10.00%
Expired controlled substances	21	6.97%
Incomplete physical exams in medical record	17	5.60%
Method of monitoring written in medical records	14	4.60%
Controlled substances double locked	14	4.60%
Controlled substances stored in securely constructed cabinet	11	3.60%
Controlled substance access limited to DVM or LVT's	8	2.60%
Clinical information necessary to justify DX, med status, or TX	8	2.60%

MRSA: Methicillin Resistant Staphylococcus Aureus

Mark Iodence DVM, ABVP



Methicillin-resistant *Staphylococcus aureus* (MRSA) and other Methicillin-resistant *Staphylococcus* species like *pseudintermedius* (MRSP) and *schleiferi* (MRSS) can cause serious infections in both humans and animals. *Staphylococcus aureus* is a bacteria common to people and animals and is considered a commensal organism. The *Staphylococcus aureus* bacteria acquired genetic encoding that has given it resistance to beta-lactam antimicrobial therapy and also some non-beta-lactam drugs as well. People and animals can carry these organisms on their body and show no clinical signs. They are known as being 'colonized'. If a person or animal acquires a soft tissue infection with any of the Methicillin-resistant *Staphylococcus* species, it can be a tremendous challenge to treat these patients. Appropriate identification of the causative organism in any non-healing or protracted infection is important. Cultures, PCR

assays, molecular typing, and phenotyping methods have been utilized to assist identification (1). Veterinary medicine commonly deals with MRSP and MRSS in pyodermas, post operative wound infections, otitis, urinary tract infections, anal gland infections, oral infections, and other blood stream initiated infections.

To effectively treat MRSA infections, it is imperative to identify the antibiotic sensitivity of the specific *S. aureus* strain involved in the infection. Pending the results of the sensitivity tests, it might be worth considering putting the patient on Clindamycin or Doxycycline since these antimicrobials have been shown to have some effectiveness on some strains. In addition to using the appropriate antibiotic systemically, it is often necessary to initiate drainage and lavage of superficial wounds.

MRSA does pose a human health hazard. Pet owners should be informed of these infections and the potential for zoonosis. It is clear that animals can be a reservoir for human infections and humans can serve as a reservoir for animal infections as well (2). MRSP infections are predominately in companion animals but humans can also become infected.

Prevention of MRSA, MRSP, and MRSS infections is important. The single most valuable criterion for prevention is hand hygiene. This key control to prevention can reduce both colonization and infections.

MRSA and other bacterial species can readily be removed from hospital surfaces by disinfectants. Cleaning protocols should be established and maintained in all hospitals. Proper sterilization of surgical equipment and dental equipment is essential.



References:

1. Nakamura RK, Tompkins E, Methicillin-Resistant Staphylococcus Infections, Vet Learn, 3-1012.
2. Ferreira JP, et al, Transmission of MRSA between Companion Animals and Infected Human Patients Presenting to Outpatient Care Facilities. PLoS One. 2011;6(11):e26978



Veterinary Technician Duties

Updated October 2012

1. A licensed veterinary technician may **not perform** the following tasks of animal health care:
 - (a) Surgery.
 - (b) Diagnosis and prognosis of animal diseases.
 - (c) Except as authorized by a veterinarian, administer, prepare to dispense or dispense drugs, medicines or appliances.
 - (d) Any other activity which represents the practice of veterinary medicine or which requires the knowledge, skill and training of a licensed veterinarian.

2. A licensed veterinary technician may perform the following tasks under the **immediate supervision of a supervising veterinarian**:
 - (a) Application of casts or splints for the immobilization of fractures.
 - (b) Removal of
 - Teeth that have extreme mobility and stage 4 periodontal disease; and
 - Retained deciduous teeth other than retained deciduous canine teeth.
 - (c) Assisting a licensed veterinarian in surgery.
 - (d) Euthanasia.
 - (e) Fluid aspiration from a body cavity.
 - (f) Suturing an existing surgical skin incision or gingival incision

3. A licensed veterinary technician may perform the following tasks under the **immediate or direct supervision of a supervising veterinarian**:
 - (a) Induction of anesthesia.
 - (b) Endotracheal intubation.
 - (c) Blood administration.
 - (d) Internal anal gland expression.
 - (e) Application of casts and splints.
 - (f) Tasks listed in subsection 4, if the animal is anesthetized.
 - (g) External noninvasive ultrasonography and ultrasonography for the purpose described in paragraph (h).
 - (h) Cystocentesis to obtain a urine specimen performed with or without the aid of ultrasonography.
 - (i) Dental prophylaxis.
 - (j) Physical therapy.

4. A licensed veterinary technician may perform the following tasks under the **immediate, direct or indirect supervision of a supervising veterinarian**:
 - (a) Administration of enemas.
 - (b) Administration of an electrocardiogram.
 - (c) Application of bandages.
 - (d) Catheterization of an unobstructed bladder.
 - (e) Introduction of a stomach tube.
 - (f) Ear flushing with pressure or suction.
 - (g) Positioning of animals for radiographs or other diagnostic images.
 - (h) Operation of radiographic or other diagnostic imaging machines.
 - (i) Administration of oral and rectal radio-opaque materials.
 - (j) Administration of oral and topical medications, including controlled substances.
 - (k) Starting and restarting of intravenous fluids.
 - (l) Collection of a laboratory specimen for analysis, including, but not limited to, blood, urine, skin, parasites and microorganisms.
 - (m) Collection of tissue during or after a postmortem examination by a DVM.
 - (n) Administration of intramuscular, subcutaneous or intravenous injections.
 - (o) Placement of an intravenous catheter.
 - (p) Implant subcutaneous identification microchips into an animal.
 - (q) Monitoring of vital signs.
 - (r) External anal gland expression.
 - (s) Collection of skin scrapings.

Veterinary Assistant Duties

1. A veterinary assistant may perform the following tasks under the immediate supervision of a supervising veterinarian or a licensed veterinary technician:

- (a) Assisting a licensed veterinarian in surgery or in monitoring anesthesia.
- (b) Application of bandages.
- (c) Collection of a laboratory specimen for analysis of **blood**.
- (d) Collection of tissue during or after a postmortem examination by a DVM.

2. A veterinary assistant may perform the following tasks under the immediate or direct supervision of a supervising veterinarian or a licensed veterinary technician:

- (a) Blood administration with a **preplaced catheter**.
- (b) Monitoring of vital signs.
- (c) Administration of an electrocardiogram.
- (d) Introduction of food into the stomach through a **preplaced tube**.
- (e) Ear cleaning.
- (f) Positioning of animals for radiographs or other diagnostic images.
- (g) Operation of radiographic or other diagnostic imaging machines.
- (h) Starting and restarting of intravenous fluids through a **preplaced intravenous catheter**.
- (i) Taking readings of the temperature, pulse, respiration or weight of an animal.

3. A veterinary assistant may perform the following tasks under the immediate or direct supervision of a supervising veterinarian or a licensed veterinary technician or the indirect supervision of a supervising veterinarian:

- (a) Administration of oral and topical medications, including controlled substances dispensed by prescription where the client has authorized in writing the veterinary assistant to administer the controlled substance as the client's agent as part of the animal's hospitalization at the hospital or while boarding at the facility.
- (b) Collection of free catch urine or feces.
- (c) External anal gland expression

4. A veterinary assistant may perform the following tasks at the direction of a supervising veterinarian:

- (a) Administration of intramuscular, subcutaneous, or intravenous injections through a preplaced catheter, except anesthetics, controlled substances or vaccinations for zoonotic disease.
- (b) Preparation of a prescription drug, other than a controlled substance, for dispensing.



Definitions

Immediate supervision: means the supervising veterinarian or licensed veterinary technician is in the immediate area and within visual and audible range of the animal and the person treating the animal.

Direct supervision: means that the supervising veterinarian or licensed veterinary technician is on the premises with or in the same area as the animal and the person treating the animal and is quickly and easily available.

Indirect supervision: means the supervising veterinarian is not on the premises with the animal and the person treating the animal, but has given written or oral instructions for treatment of the animal.

Supervising veterinarian:

- Is responsible for determining the competency of the licensed veterinary technician to perform delegated tasks of animal health care.
- Shall ensure that the licensed veterinary technician performs the tasks of animal health care delegated to the licensed veterinary technician in a manner which is consistent with good veterinary medical practice.
- Shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal.
- Shall examine the animal before delegating any tasks to the licensed veterinary technician. The examination must be conducted at such time as good veterinary medical practice requires, consistent with the particular task of animal health care which is delegated.
- Is responsible for ensuring that unlicensed personnel do not perform duties that are specific to licensed veterinary technicians or licensed veterinarians.

"Prescription drug" means any drug, including a controlled substance as defined in NRS 0.031 or a dangerous drug as defined in NRS 454.201, that may be dispensed only upon a prescription order which is issued by a veterinarian for its use.

1. A veterinary facility at which controlled substances are possessed, administered, prescribed or dispensed shall ensure that one or more veterinarians who practice at that veterinary facility register and maintain a registration with the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy. The certificates of registration with each agency must be available for inspection at the veterinary facility.

2. 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:

- (a) Is an employee or agent of the veterinarian who is registered pursuant to subsection 1;
- (b) Practices in the same veterinary facility as the veterinarian who is registered pursuant to subsection 1;
- (c) Possesses, administers, prescribes or dispenses the controlled substance in the normal course of his or her employment; and
- (d) Complies with all the requirements and duties prescribed by law relating to the possession, administration, prescribing and dispensing of a prescription drug.

3. A veterinary facility which maintains a stock of controlled substances for administration or dispensing shall:

- (a) Secure the stock of controlled substances in a locked container that is:
 - (1) Affixed to the structure and located within a locked room; or
 - (2) Located within a second locked container which is affixed to the structure.
- (b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.
- (c) Restrict access to the controlled substances to veterinarians or veterinary technicians only.
- (d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores controlled substances records in a log:
 - (1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.
 - (2) The name, strength and quantity of the controlled substance removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance remaining inside the secure container.
- (e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance records in a log the name and quantity of the controlled substance that will be destroyed and the date and time that the controlled substance will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.
- (f) Ensure that the purchasing, storage, disposal and recordkeeping of controlled substances comply with all applicable state and federal laws.
- (g) Ensure that any controlled substance is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances received by the veterinary facility are verified by a veterinarian or with the knowledge of a veterinarian.
- (h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

4. Any record made pursuant to this section must be maintained for at least 4 years and must be available for inspection by the Board or its representative, the State Board of Pharmacy or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

1. A veterinary facility that dispenses prescription drugs:

- (a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy pursuant to section 3 of this regulation.
- (b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians, or veterinary technicians in training at that veterinary facility to prepare the prescription drug for dispensing.
- (c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance, for dispensing.
- (d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.
- (e) Shall ensure that a notation is made in the medical record of the animal that contains:
 - (1) The name, strength and quantity of the prescription drug.
 - (2) The date the prescription drug was prescribed and dispensed.
 - (3) The directions for use.
 - (4) The name, signature or initials of the veterinarian who prescribed the prescription drug.
 - (5) The name, signature or initials of the veterinarian, veterinary technician, or veterinary technician in training, who prepared the prescription drug for dispensing.
 - (6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.
- (f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:
 - (1) Except as otherwise provided in subsection 2, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.
 - (2) The name, strength and quantity of the prescription drug.
 - (3) The date the prescription drug was dispensed.
 - (4) The name of the veterinarian who prescribed the prescription drug.
 - (5) The expiration date of the prescription drug.
 - (6) A unique number identifying the prescription.
 - (7) The directions for use.
- (g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.
- (h) Ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

2. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

- (a) The group of animals identified on the label is owned by the same person;
- (b) The prescription drug is dispensed for more than one of the animals in the group; and
- (c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

3. The authorization to possess a prescription drug is not transferable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

4. Any record made pursuant to this section must be maintained for at least 4 years and must be available for inspection by the Board or its representative, the State Board of Pharmacy or its representative or any authorized federal, state or local regulatory or law enforcement agency.

Change from “unlicensed veterinary assistant” to “Veterinary assistant”.

NAC 638.0165 is hereby amended to read as follows:

“[Unlicensed v] **Veterinary assistant**” means a person who has less training, knowledge and skills than a licensed veterinary technician and whose basic tasks are set forth in NAC 638.06025.

The removal of “Veterinary Information Network” (VIN) from approved on-line courses.

NAC 638.041 is hereby amended to read as follows:

1. As a prerequisite for each renewal of his license to practice veterinary medicine or to practice veterinary medicine as a diplomate licensed pursuant to NRS 638.105, a licensee must complete, during the 12-month period immediately preceding the beginning of the new licensing year, at least 20 hours of continuing education approved by the Board. *[Except for courses offered by the Veterinary Information Network, not]* Not more than 5 hours may be completed in distance learning or correspondence courses.

Changes to Medical Records:

NAC 638.0475 is hereby amended to read as follows:

1. Each licensed veterinarian shall maintain in this State for at least 4 years a separate medical record of each animal receiving veterinary services, including, without limitation, an examination conducted pursuant to NAC 638.610, from him or under his supervision. 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 he receives a request from the owner of the animal. The licensed veterinarian is not required to provide a copy of any [X rays] **radiograph or other diagnostic image** in the medical record to the owner of the animal receiving veterinary services.

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

- (a) The name, address and telephone number of the animal’s owner;
- (b) The name or identifying number, or both, of the animal;
- (c) The age, sex, weight and breed of the animal;
- (d) The dates of care, custody or treatment of the animal;
- (e) A short history of the animal’s condition as it pertains to the animal’s medical status;
- (f) The results of and notations from an examination of the animal, including, without limitation, the temperature, pulse and respiration rate of the animal and laboratory data pertaining to the animal;
- (g) The diagnosis or condition at the beginning of custody of the animal, including, without limitation, results of tests;
- (h) The immunization record of the animal;
- (i) All clinical information pertaining to the animal, including, without limitation, sufficient information to justify the diagnosis or determination of the medical status of the animal and to warrant any treatment recommended for or administered to the animal;
- (j) The **notes taken during surgery**, [log,] including, without limitation [,] :
 - (1) **The name and quantity of any drug administered for anesthesia and preanesthesia** [,and the];
 - (2) **The procedure performed;**
 - (3) **The times at which the surgery begins and ends;**
 - (4) **If the surgery is performed in a veterinary facility using general anesthesia:**
 - (I) **The vital signs of the animal at the beginning and end of the surgery that are appropriate to the species and condition of the animal at the time of surgery, which may include, without limitation, the temperature, pulse, heart rate, respiration, blood pressure, capillary refill time and oxygen levels of the animal;** and
 - (II) **The vital signs of the animal recorded at least every 5 minutes during the surgery, including, without limitation, the pulse, heart rate and respiration of the animal;**
- (k) Any medication and treatment administered, including, without limitation, the amount and frequency;
- (l) The progress and disposition of the case;
- (m) 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; [and]
- (n) Any [X rays] **radiographs**. Each [X ray] **radiograph**, other than an inter-oral dental [X ray or digital X ray] **radiograph**, must be labeled in the emulsion film as follows:
 - (1) The name of the veterinarian or facility that took the [X ray] **radiograph**;
 - (2) The name or identifying number, or both, of the animal;
 - (3) The name of the animal’s owner;
 - (4) The date on which the [X ray] **radiograph** was taken; and
 - (5) The anatomical orientation depicted by the [X ray] **radiograph**; and
- (o) **Any inter-oral dental radiographs or other diagnostic images. For each inter-oral dental radiograph or other diagnostic image, the medical record must include the information set forth in subparagraphs (1) to (5), inclusive, of paragraph (n) with regard to the inter-oral dental radiograph or other diagnostic image. That information may include:**
 - (1) **In a hard copy of the medical record if the medical record is maintained as a written record; or**
 - (2) **In the computer file which contains the inter-oral dental radiographs or other diagnostic image if the medical record is maintained as a computer record.**

3. Each [X ray] **radiograph or other diagnostic image** is the property of the veterinarian who caused it to be prepared. [An X ray] **A radiograph or other diagnostic image** may be released to the owner of the animal to which it pertains. The [X ray] **radiograph or other diagnostic image** must be returned within 48 hours after the request is made to another veterinarian who has the authorization of the owner of the animal to whom it belongs.

4. The medical records required by this section must be written records or computer records. If the medical records are computer records:

- (a) The security of the computer must be maintained . [;]
- (b) The computer records must be backed-up daily and cumulatively backed-up monthly using technology designed to store data permanently . [;]
- (c) The computer records must be inalterable or clearly indicate when they have been altered and the manner in which they have been altered . [; and]
- (d) The computer records must not contain information relating to a physical examination that is automatically generated by the computer.
- (e) **Any computer records relating to the administration, prescribing or dispensing of a prescription drug must contain the initials of the person who administered, prescribed or dispensed the prescription drug. The initials of the person who administered, prescribed or dispensed the prescription drug may be manually entered into the computer record or automatically generated by the computer.**

9. As used in this section, “other diagnostic image”:

- (a) **Includes, without limitation, an ultrasound, magnetic resonance imaging and computerized axial tomography scan; and**
- (b) **Does not include a radiograph.**

Changes to veterinary technician, veterinary technician in training, and veterinary assistant duties can be found on pages 8 and 9.

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

Case #	Area of NV	Violation	Conditions of the Order
FRO1-071411	ELKO	NAC 638.045(2). (1) The Licensee did not treat the animals' pain in a manner consistent with the standard of care for veterinarians in Nevada, and (2) that the Licensee administered an NSAID and then dispensed a prescription containing prednisone; it is contraindicated to give these two drugs at the same time. Additionally, the Licensee recordkeeping regarding the surgery was below the standards required by NAC 638.0475 because there was no description of the procedure performed. Finally, the Licensee violated the Principles of Veterinary Medical Ethics, NAC 638.046, by failing to assure that after-hours services were available to the clients through arrangements with colleagues or through referral to available emergency centers.	<ul style="list-style-type: none"> • Attend three hours of continuing education regarding veterinary pain management. • Pay attorney fees and investigative and board costs of \$400.00.
RN01-122211	LAS VEGAS	NAC 638.053 and 638.057. The Licensee allowed an unlicensed veterinary assistant to perform a task outside the veterinary assistant's scope of practice allowed by the Board and properly within the scope of practice for an LVT or a DVM. Specifically, the Board's inspector observed an unlicensed veterinary assistant inserting a catheter into several animals, a procedure that could only lawfully be performed by an LVT or a DVM.	<ul style="list-style-type: none"> • The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00. The Licensee will pay a fine of \$200.00
RN01-122111	LAS VEGAS	NAC 638.053 and 638.057. The Licensee allowed an unlicensed veterinary assistant to perform a task outside the veterinary assistant's scope of practice allowed by the Board and properly within the scope of practice for an LVT or a DVM. Specifically, the Board's inspector observed an unlicensed veterinary assistant insert a catheter into an animal, a procedure that could only lawfully be performed by an LVT or a DVM. The veterinarian-in-charge was not at the hospital at the time, and the unlicensed veterinary assistant was being supervised by the supervising veterinarian on duty at the time. The supervising veterinarian admitted that the veterinary assistant had been directed to insert the catheter because of emergent circumstances then occurring at the hospital and a lack of licensed personnel to address those circumstances.	<ul style="list-style-type: none"> • The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00. The Licensee will pay a fine of \$200.00.
AS01-12812	LAS VEGAS	NAC 638.048(8). The Board found that the Licensee's prescribing of Tramadol 50 mg. tablets from September 2010 through November 2011 for an animal that he had not examined since May 2007 was done without a valid veterinarian-client-patient relationship (VCPR) and resulted in the prescribing of 3,500 tablets without a VCPR relationship, some of which were prescribed after the animal had died in March 2011.	<ul style="list-style-type: none"> • The Licensee will take and successfully complete the Board's jurisprudence examination. • The Licensee will pay attorney fees and investigative and Board costs of \$400.00 and a fine of \$200.00.
BN01-122011	LAS VEGAS	NAC 638.053 and 638.057. The Licensee allowed an unlicensed veterinary assistant to perform a task outside the veterinary assistant's scope of practice allowed by the Board and properly within the scope of practice for an LVT or a DVM. Specifically, the Board's inspector observed an unlicensed veterinary assistant performing a veterinary dental procedure that could only lawfully be performed by an LVT or a DVM.	<ul style="list-style-type: none"> • The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00. The Licensee will pay a fine of \$200.00.
KS01-111211	LAS VEGAS	NAC 638.0475 and 638.710(c). The Board finds that the records made by the Licensee on September 16 and 19, 2011 were inadequate because they did not contain recordation regarding the conduct of physical examinations on either date. The Board further finds that the records made by the Licensee on September 16, 2011 did not indicate that the Licensee had performed a post-surgical examination on the animal before he released her to her owners, nor did the records indicate that the Licensee treated the animal for her reduced temperature prior to her release or that he had discussed the animal's reduced temperature with the owners, thus violating NAC 638.0475. The Board further finds that the Licensee was negligent pursuant to NRS 638.140(6) and NAC 638.045(2) in releasing the animal to return home when the animal's temperature was only 95.8°. The Board's determination that the Licensee was negligent is solely limited to the Board's concern with his releasing of the animal to return home with a temperature of 95.8° and is not intended to indicate or exclude any causal relationship to any harm alleged or suffered by the animal thereafter.	<ul style="list-style-type: none"> • The Licensee shall take three hours of continuing education regarding veterinary post-operative monitoring and record keeping. • The Licensee will pay attorney fees and investigative and Board costs of \$400.00.

WN01-090611	RENO	NAC 638.045(2), negligence because the Licensee's treatment of the animal fell below the standard of practice by failing to review blood test results in a timely manner and by diagnosing the animal with pancreatitis when the Licensee had all the information necessary to properly diagnose the animal as suffering from serious renal disease. The Licensee's conduct violated NAC 638.045(3), incompetence because the treatment of the animal showed a lack of knowledge regarding the symptomology of renal disease and pancreatitis.	<ul style="list-style-type: none"> • Probation for a period of two years with the following terms and conditions: <ul style="list-style-type: none"> (a) The Licensee's hospital shall be subject to random inspections throughout the period of probation. (b) The Licensee shall pay all costs of inspection and compliance. (c) The Licensee shall pay the Board's attorney fees and investigative costs of \$500.00. (d) The Licensee shall satisfactorily complete twelve hours of continuing education specifically regarding renal disease and internal medicine. (e) The Licensee shall take and pass the Board's jurisprudence examination.
FN01-072811	RENO	NAC 638.0475(4)(d). In maintaining and using a computer system that contains defaulted information for most of the routine examination parameters. NAC 638.045(2), negligence in prescribing a constant course of metronidazole for the animal without adequately investigating the potential cause or causes of the animal's chronic diarrhea over a three-year period, the Licensee's treatment of the dog departed from the standard of practice for veterinary medicine. NAC 648.046(1) and Principles of Veterinary Medical Ethics II(E), V(A), and VI(A), in failing to provide the owner with information adequate for her to have made an informed judgment regarding the treatment of her pets from 2008 until the euthanization of both dogs, and especially in influencing the owner to forego the ultrasound that she had scheduled for the animal in June 2011.	<ul style="list-style-type: none"> • The Licensee shall provide to the Board's office written evidence that: <ul style="list-style-type: none"> (a) He has terminated the capability in the software to create default entries of any medical or diagnostic information; and (b) He has created a system, whether through his hospital's software or otherwise, by which he will assure that for all drugs that require periodic blood testing, such as NSAIDs, the client will receive a reminder notice that blood work is needed. • The Licensee shall take and successfully complete twelve hours of continuing education specifically regarding internal medicine, oncology, and internal medicine diagnostics. • Pay attorney fees and investigative and board costs of \$400.00.
GS01-032112	LAS VEGAS	NAC 638.046 and 638.0475 (4). The Board finds that the Licensee's medical records were lacking or were made with a non-compliant computer system, that the Licensee dispensed an expired drug to a patient, that the Licensee did not dispense medications with the requisite labeling, and that the treatment of the dog and the dog's owner violated the AVMA's <i>Principles of Veterinary Medical Ethics</i> .	<ul style="list-style-type: none"> • The Licensee will take and successfully complete the Board's jurisprudence examination. • The Licensee will pay attorney fees and investigative and Board costs of \$400.00.
FS01-101111	LAS VEGAS	NAC 638.0175 and 638.046. The Board finds that the Licensee's failure to discuss the radiographic findings regarding the animals' lungs and the potential risk it presented to the contemplated surgery did not result in an informed consent from the owner and, therefore, violated the AVMA's <i>Principles of Veterinary Medical Ethics</i> .	<ul style="list-style-type: none"> • The Licensee will take and successfully complete the Board's jurisprudence examination. • The Licensee will pay attorney fees and investigative and Board costs of \$400.00.
DS01-022712	LAS VEGAS	NAC 638.053(1) (c) and (d). In the course of a routine inspection of a veterinary facility that employed Licensee, the Board's inspector observed Licensee performing physical examinations and administering vaccinations during a time in which no licensed veterinarian was present at the veterinary facility. The Licensee was not administering rabies vaccinations.	
GS01-022712	LAS VEGAS	NAC 638.048(8) and 638.057(1)(d) and (2). The Board finds that the Licensee allowed his LVT to perform physical examinations, determine the appropriateness of a particular animal for vaccination, and to administer vaccinations (excluding rabies vaccinations), all without the Licensee being present at the veterinary facility.	<ul style="list-style-type: none"> • Pay attorney fees and investigative and board costs of \$400.00 and a fine of \$200.00. • The Licensee will take and successfully complete the Board's jurisprudence examination.
C001-031912	OUT OF STATE	NAC 638.041 in that the Licensee failed to obtain the required continuing education for 2011.	<ul style="list-style-type: none"> • The Licensee shall provide to the Board written proof of the satisfactory completion of twenty hours of continuing education by September 30, 2012. None of these twenty hours can or will be counted as part of the Licensee's continuing obligation for 2012. • The Licensee shall be audited for the next three renewal periods and will be required to provide supporting documentation proving that he has satisfied the continuing education requirements for each of those renewal periods. • The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00 and a fine of \$250.00.

ZR01-090811	PAHRUMP	<p>NAC 638.057(1)(d) and (e) and (2). In allowing unlicensed veterinary assistants to perform veterinary tasks for which licensure would be required either as a veterinary technician or as a veterinarian.</p> <p>NAC 638.045(2) and 638.0475, Negligence, and inadequate maintenance of medical records in failing to adequately treat and monitor the two animals or by failing to adequately document in the medical records the treatment and monitoring that was actually provided.</p>	<ul style="list-style-type: none"> • 2 year Probation; The terms and conditions of the probation are as follows: <ul style="list-style-type: none"> a. Within 90 days of the effective date of this Settlement Agreement and Order, the Licensee will assure that all of the practice's medical records would be made and maintained within the computerized records system. Each employee involved in the seeing, caring for, or treating animals would have his or her own log-in to the system and would be required and allowed to enter his or her own notes in the computerized records system. b. The Licensee will immediately create and implement a policy whereby any records made on paper related to the care and treatment of an animal would be maintained in the medical record by scanning the information into the computerized records system. c. The Licensee will immediately create and implement a policy whereby no clinically significant information would be placed on the white board. The white board can hereafter only be used for scheduling, reminders, and other non-clinical information. d. The Licensee will immediately create and implement a policy prohibiting the taking in of any animal into the hospital for any purpose (except for boarding or patients scheduled for surgery on a particular day) unless a licensed professional (DVM or LVT) is present on the premises. e. The Licensee will immediately create and implement a policy regarding the assessment of critical care patients, whether the practice could adequately treat the case, what options the practice would recommend for animals that it could not adequately treat, and accompanying forms to be provided to clients that explain the client's options regarding critical care patients. f. The Licensee would be required to employ on a full-time basis either another licensed veterinarian or a licensed veterinary technician. g. The Licensee must observe 36 hours of critical care treatment and complete 2 hours of CE on the assessment and treatment of animals with parvo. h. Pay Board's costs of investigation and prosecution of this matter of \$13,299.00.
KN01-082911	LAKE TAHOE	<p>NAC 638.715. In performing two aseptic surgeries in a location that was not separate and distinct from all other rooms and was not aseptic.</p> <p>NRS 638.140(9). By performing aseptic surgeries on August 18 and August 19 in an environment that did not comply with NAC 638.715 after receiving a letter on August 16, 2011 and agreeing that no aseptic surgeries would be performed in the practice until it was agreed that the surgical room complied with NAC 638.715.</p>	<p>Probation 1 year</p> <p>The Licensee's practice shall be randomly inspected by the Board's inspector at least three times during the period of probation to assure compliance with all applicable statutes and regulations, including but not limited to assuring that the Licensee's surgery room is clean and usable for aseptic surgeries and that all aseptic surgeries are being performed in the surgery room. The Licensee shall be responsible for paying all of the costs incurred by the Board's staff in the performance of these inspections within 30 days of receiving a written accounting of those costs from the Board's staff.</p> <p>Pay Board's costs of investigation and prosecution of \$8,104.00.</p>
HN01-042611	CARSON CITY	<p>NAC 638.045(2). Negligence, a departure from the standard of practice of veterinary medicine in the treatment of a puppy with the animal's presentation. (Difficulty breathing and extremely weak).</p> <p>NAC 638.0475. The records made and maintained by the Licensee and the staff of were inadequate in that they indicated that Kirby's Rule of 20 would be used in the treatment and monitoring of the animal, but the records evidence no adherence to Kirby's Rule of 20 or to the obtaining of other monitoring and diagnostic data that should have been present with a critical puppy. Either the monitoring and diagnostics were occurring and were not recorded or the monitoring and diagnostics simply did not occur.</p> <p>NAC 638.0175(3) and/or 638.0175(4) and/or 638.046 and Principles of Veterinary Medical Ethics VI. The records maintained by the Licensee and staff and the course of conduct and communication between the Licensee and the owner demonstrates that the Licensee did not provide information to the owner regarding the diagnosis, prognosis, and treatment sufficient for them to make an informed consent as to the treatment of the animal, nor did the Licensee even seek the owners' consent to the treatment choices made by the Licensee.</p>	<p>Probation 1 year with the following conditions:</p> <ul style="list-style-type: none"> a. The Licensee shall attend and successfully complete the Medical Ethics and Professionalism Course Plus Follow-up (ME-22C Ethics Course) offered by Professional Boundaries, Inc. b. The Licensee shall obtain and implement a computer program for the making and maintaining of the practice's medical records in an electronic form. c. The Licensee shall employ another veterinarian or a licensed veterinary technician who is skilled and amenable to communicating with the Licensee's clients regarding the Licensee's diagnoses and proposed treatments for the clients' animals. d. The Licensee shall develop and use a patient information form (hereinafter the "form") approved by the presiding officer for all animals he and his practice shall see and treat. The form shall contain an itemization of all diagnoses and available diagnostic and treatment options and the related costs for each particularized for the animal at issue, and the form shall further require that the client indicate on the form that he or she consents to whatever diagnostics, treatment, or procedure that will be rendered. e. Pay Board's costs of investigation no more than \$5,000.00, whichever is less. f. Unannounced inspections of the facility to assure compliance.