

Nevada State Board of

NURSING NEWS

December 2007

A Nurse's Responsibility to the Board

It includes knowing
when to report

Conditions That Lead to Student Nurse-Related Errors

Institute for Safe
Medication Practices
cites examples,
recommends ways
to avoid errors

What's in a Name?

The name you use
at work must match
your license



Happy Holidays

UMC

IN ONE PRECISE MOMENT



A MOTHER HOLDS HER FIRST CHILD

A STROKE SURVIVOR TAKES A STEP ON HER OWN

A HEART PATIENT IS FLOWN IN BY CHOPPER

AND A DOCTOR SAYS, "SHE'S GOING TO BE FINE."

SOMETHING HAPPENS WHEN YOU PUT
ELEVEN CENTERS OF EXCELLENCE IN ONE HOSPITAL:
EVERY MOMENT IS CHARGED WITH MEANING.
AND MIRACLES ARE ALL PART OF A DAY'S WORK.

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

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

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Circulation includes more than 34,000 nurses, nursing assistants and student nurses.



Message from the Executive Director

Remember to give to yourself this season

As the holiday season draws near, thoughts of giving are on our minds. Nurses are very lucky in that we have the opportunity when we practice to give to our patients, our colleagues, and our community—the gift of contributing to the health and well-being of others. The quality of that contribution depends on our own sense of self, how we feel about ourselves and what we believe we have to offer to others.

In 1951, in his biography of Florence Nightingale, Cecil Woodham-Smith discussed, “The difficulty of finding (individuals) equal to the task of nursing . . . requiring besides knowledge and goodwill, great energy and great courage.” The inherent and cultivated personal characteristics of those who choose our profession are the foundation for the gift of ourselves. Cultivating those characteristics in ourselves and our colleagues is up to each one of us.

Where do we get that “great energy” to support our contributing to the health and well-being of others? At a recent conference I attended, a speaker gave suggestions on how to take care of yourself. He described the process of recharging your energy and passion in the realms of emotional and social energy, physical energy, mental energy and spiritual energy. He suggested surrounding yourself

with proactive, positive, future-focused people; supporting others and fostering that connection so that you will be a source of support for each other; and to taking satisfaction in small victories.

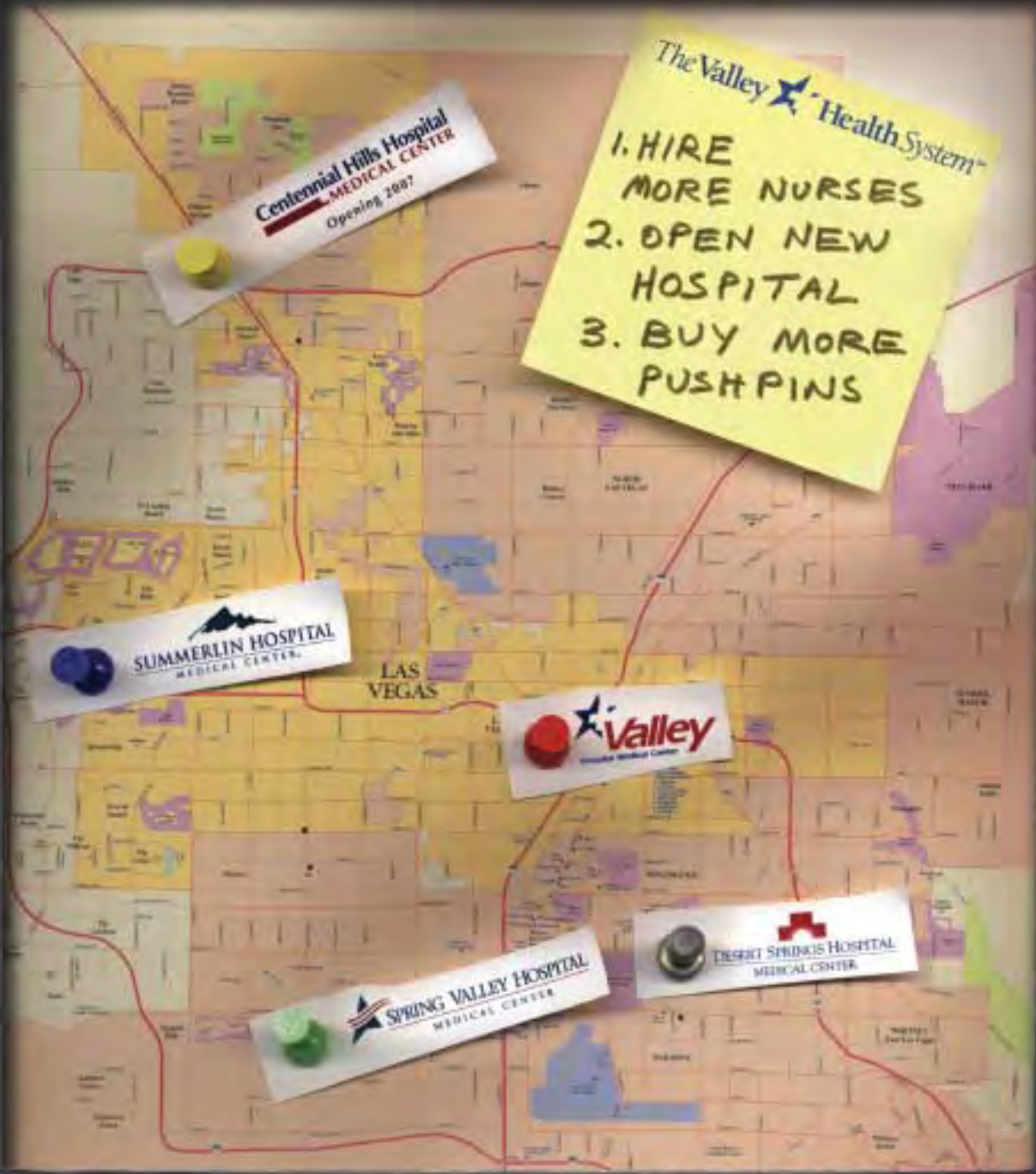
To recharge your physical energy, he suggested getting adequate sleep, taking routine breaks and utilizing short walks or taking the stairs, being mindful of diet and nutrition, and building peaceful points into your daily schedule. Mental energy can be recharged by focusing on processes, not events, and becoming comfortable with your ever-changing and developing identity. He spoke of recharging your spiritual energy by formulating a personal mission and focusing on following that mission.

An old curmudgeon social worker who was influential during a difficult time in my life once said, “Make sure you find ways to fill your own pot because an empty pot nourishes no one.”

During this season, find a way to give to yourself so that you might continue to contribute to the health of those around you.

A handwritten signature in black ink, reading 'Debra Scott' in a cursive script.

Debra Scott, MSN, RN, APN
Executive Director



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The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's website.

Emailing the Board?

Add us to your "safe list" first

Before you email the Board, make sure you add us to your "safe list" and/or have given your email provider permission to receive messages from email addresses ending with @nsbn.state.nv.us. We respond promptly to every email inquiry, but often, our responses are rejected. Sometimes, they're returned as "undeliverable" or they are mistaken for spam. Other times, we're asked to sign in and provide a password to an email screening service, which is against Board policy.

So, if you're wondering why the Board doesn't answer your emails, check to see whether you've screened us out. We want to hear from you and we want you to hear from us!

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

January 16-18, 2008 - Las Vegas

March 13-14, 2008 - Reno

May 21-23, 2008 - Las Vegas

July 16-18, 2008 (Annual Business Meeting) – Zephyr Cove

September 17-19, 2008 - Las Vegas

November 19-21, 2008 - Reno

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas, except for the Disability Advisory Committee.

Advanced Practice Advisory Committee (none)

To be determined

CNA Advisory Committee (one)

February 7, 2008

May 1, 2008

July 31, 2008

November 4, 2008

Disability Advisory Committee (three)

April 25, 2008 - Las Vegas

October 28, 2008 - Reno

Education Advisory Committee (one)

Recent appointments: Mary Chalfant, MS, BSN, RN; Tamra Carley, MSN, RN; Patricia Smyer, DNSc, RN

February 8, 2008

April 11, 2008

August 15, 2008

October 24, 2008

Nursing Practice Advisory Committee (none)

Recent reappointment and appointment: Susan Moore, RN; Lisa Mantkus, RN

December 4, 2007

February 5, 2008

April 8, 2008

June 10, 2008

August 12, 2008

October 14, 2008

December 9, 2008

BOARD TALK

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of the meeting by inviting Public Comment. Time is divided equally among those who wish to speak. For more detailed information regarding the Public Comment period, please call the Board.

WE'LL COME TALK TO YOU

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



A Nurse's Responsibility to the Board

It includes knowing when to report

The information in this article was taken from a presentation by Executive Director Debra Scott, MSN, RN, APN. Although it specifically speaks about a nurse's responsibility to the Board, the same principles, laws, and regulations apply to CNAs.

The Board often receives inquiries regarding the general responsibilities a nurse has under the *Nurse Practice Act*, and specifically, when an incident should be reported to the Board. We hope this brief summary helps answer many of those questions.

The nurse's responsibility:

- To be currently licensed in the state in which you practice.
- To be accountable for the knowledge, skill, and ability to be competent in your nursing practice.
- To know your job description.

- To know and follow the policies, procedures, and protocols of your place of nursing employment.
- To know and follow national and customary standards of nursing practice and care; be a safe and prudent nurse.
- To know and follow the law in the state in which you are licensed — the *Nurse Practice Act*.

Mandatory Reporting
NRS 632.472
NAC 632.940

Your responsibility in reporting an incident:

- Identification of incident
- Preliminary investigation
- Was there a potential violation of the Nurse Practice Act? (NRS 632.320, NAC 632.890)

You might decide not to report if all of the following factors exist:

- The potential risk of physical, emotional or financial harm to the client due to the incident is minimal
- The nurse exhibits a conscientious approach to and accountability for her practice
- The nurse has consistently demonstrated the knowledge and skill to practice safely

Evaluate:

- The significance of the event in the practice setting
- The context of the event, and
- The presence of contributing or mitigating circumstances in the nursing care delivery system (including staffing)

If an event is determined to be a minor incident:

- An incident/variance report shall be completed according to the employing facility's policy
- Document the complete description of the incident including:
 - the client record number
 - the names of witnesses
 - the identification of subject nurse
 - a description of the action to correct or remediate the problem

The chief nurse shall:

- Maintain a record of each minor incident involving nurses under her supervision

- Report to the Board a pattern of documented minor incidents involving a nurse
- Report the name and conduct of a nurse who leaves employment under duress or is terminated for cause

WARNING!!!!

- Nothing in these guidelines is intended to prevent reporting of a potential violation directly to the Board.

WARNING!!!!

- Failure to classify an event appropriately in order to avoid reporting may result in a violation of the mandatory reporting statute.

ALWAYS REPORT

- Positive drug screens, whether random, as a requirement of employment, or for reasonable cause
- Any violation which results in patient death, or patient harm to the extent that additional hospitalization is required, or if nursing or medical intervention, which would not have been necessary, is required
- Evidence of impaired practice, even though the nurse may have a valid prescription for controlled substances

ALWAYS REPORT

Patient abandonment, if:

1. the nurse accepted the patient assignment,
2. left the site without telling the supervisor, and
3. patients were left unattended resulting in potential or actual harm.

ALWAYS REPORT

- When a nurse's conduct requires further nursing or medical intervention, or results in a patient's death
- Any narcotic discrepancies or unusual narcotic documentation, after a brief investigation which does not produce any reasonable explanation for discrepancy
- Violations of the NPA by nurses on a restricted license or on an Agreement for Monitoring
- Termination of a nurse's employment for cause
- Any violation which is questionably significant—or call the Board for clarification

The reporting of **every** minor violation of the Nurse Practice Act may not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action and monitor effectiveness of remediation and patterns of nurse behavior and practice. This guide is intended to clarify both what constitutes a minor incident and when a minor incident may not need to be reported to the Board.

QUESTIONS?

Call the Board and ask to speak with an investigator.



DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Board. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Advisory Practice Committee to research the issue and make a recommendation.

FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

THE ACT IS ON THE WEB

The Board's website www.nursingboard.state.nv.us has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

LEARN ABOUT THE ACT AND EARN TWO CEs

Take the Nurse Practice Act (Nevada) continuing education course at www.learningext.com. For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.

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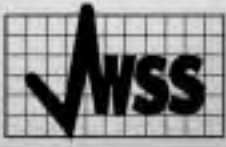
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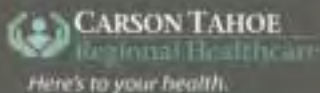
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What's in a Name?

The name you use at work must match your license

Whether it's on your name tag, or on your documentation, the Nurse Practice Act requires the name you use at work match the name on your license or certificate. It also requires you use your credential (RN, LPN, CNA, APN, CRNA, EMS-RN).

This doesn't mean you can't use a nickname, if it's obviously derived from your formal name. For example, if the name on your license is Cynthia Black, your name tag can read Cindy B. or Cindy Black, RN or Cynthia Black, RN. However, if the name on your license is Cynthia Brown and you've recently married Joe Black and taken a new last name, you need to submit a name change to the Board and be issued a new license before you can begin using Cynthia Black on your name tag and on documentation.

"While it is a legal requirement, there are several other good reasons nurses and CNAs should use correct names and credentials," explained Board Director of Operations Chris Sansom, BSN, RN. "We want the public to know that we are licensed or certified, which reflects a level of professionalism, education, and training that unlicensed and uncertified personnel do not possess."

Also, all patients have the right to know who is treating them, and to verify the person has an active license or certificate. Without an accurate name and credential, a patient cannot determine who is treating them, or whether the person is a nurse, CNA, or an unlicensed technician or assistant.

In addition to a violation of the Nurse Practice Act, not using the name on your license or certificate on a medical record

can invalidate the information you have documented. "Cases have been thrown out of court because the name on the record didn't match the name on the license," Sansom said. "No nurse wants to be responsible for a legitimate criminal complaint not going forward because licensure can't be verified." (These cases

did not involve prosecution of a nurse.)

So remember to always wear a name tag that has at a minimum, your first name and last initial, and your nursing credential. And always sign your documentation with the name on your license. If you change your name, call the Board or visit the website to obtain a name change form.



NAC 632.249 Identification by appropriate title required; identification requirements for telenursing. (NRS 632.120)

- 1. Each registered nurse, licensed practical nurse, certified nursing assistant, nursing student and nurse certified in an advanced specialty shall identify himself by his appropriate title:**
 - (a) When recording information on a record;**
 - (b) When introducing himself to a client, patient or prospective patient; and**
 - (c) On a name tag which:**
 - (1) Includes, at a minimum, his first name and the first initial of his last name, and his title;**
 - (2) Is prominently displayed on his clothing; and**
 - (3) Is clearly legible from a distance of at least 3 feet.**
- 2. In addition to the requirements set forth in subsection 1, each registered nurse, licensed practical nurse, certified nursing assistant, nursing student and nurse certified in an advanced specialty shall, when practicing telenursing, identify orally the state in which he is licensed or certified.**

NAC 632.251 Identification of graduate nurses. (NRS 632.120)

Until he has been issued a license to practice as a registered nurse or practical nurse, a graduate nurse shall identify himself as a graduate nurse on his name tag when recording patients' records and in his introduction to patients.

Your Questions, Our Answers

Answers to some frequently asked questions

Every day, the Board receives many calls and emails regarding scope of practice, asking questions that range from who is qualified to perform cosmetic procedures to whether an LPN can teach in-services to RNs.

While the Nurse Practice Act and the Board's practice decisions do specifically address some of these questions, there is no one "list" of acceptable procedures.

The Nurse Practice Act defines nursing in terms of applying the nursing process, teaching health care practices, and managing the practice of nursing.

To determine if providing a specific service or procedure is acceptable practice, both the specific circumstances involving the patient's condition and the competency of the nurse must be considered.

Published inside the Nurse Practice Act (revised September, 2007) is a list of specific practice decisions (pages 92-106) and a guideline and decision tree for determining scope of practice (pages 107-108). (This information is also on the Board's website.)

The guideline lists basic questions you should ask if you're trying to determine whether a practice is within your scope. If you can answer yes to all the questions, and other state or federal laws and regulations don't prohibit it, the practice is probably within your scope.

Here are answers to some of the scope of practice questions the Board is frequently asked..

Q What would qualify to prove competency in administering Botox?

A According to the Board's Cosmetic Procedures Practice Decision (below), the nurse must comply with the provisions of NAC 632.224 and NAC 632.225, which

outlines the steps a nurse must take when they wish to perform "a skill, assessment, intervention or other duty in addition to those taught in a basic educational program for a professional nurse."

Cosmetic Procedures Practice Decision

RNs may perform procedures which utilize:

- lasers and intense pulse light devices for skin rejuvenation and to remove hair, spider veins, and tattoos;
- dermabrasion to remove scarring, blemishes, or wrinkles; chemical peels; and
- Botox injections.

These procedures are within the scope of nursing for a Registered Nurse provided the following guidelines are followed:

- The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill, and ability to perform the procedure pursuant to NAC 632.224 and 632.225.
- There are agency policies and procedures and any required protocols in place for the nurse to perform the procedure.
- The nurse is in compliance with licensure or certification by any other regulatory body (other than the Nevada State Board of Nursing) and has met all requirements established by any other regulatory agency which has authority over the procedure.
- The nurse maintains accountability and responsibility for nursing care related to the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.

- The use of any of these procedures does not authorize the licensed nurse to diagnose or prescribe. The nurse is following the physician's plan of care.
- Clients have granted informed consent. In obtaining informed consent for a nursing intervention, the nurse shall provide the patient/client/family with the nature and consequences of any procedure, the reasonable risks (if any), possible side effects, benefits, and purposes of the procedure and any alternative procedures available.
- The procedure is not performed independently. It is authorized pursuant to NAC 632.071 and is performed under the direct supervision of a physician who is licensed in the state of Nevada and readily available by telephone within a 30-minute physical response time at the site where the procedure is performed and has the knowledge, skill, and ability to perform the procedure.

Q Can an LPN do cosmetic procedures such as laser hair removal?

A No. The Board specifically approved these procedures for registered nurses and advanced practitioners of nursing only.

Q Can RNs operate a laser in surgery?

A No. This is not a practice that has been approved by the Board in Nevada

Q Can RNs insert arterial lines?

A No. This is not a standard of practice for a registered nurse.

Q Does the Board regulate medical

assistants? If not, who does? How are medical assistants different from CNAs?

A The nursing board does not regulate medical assistants; it regulates nurses and certified nursing assistants. A CNA has a very specific and limited scope of practice (see the Board's website for the CNA Skills Guidelines). Medical assistant practice falls under the direction and supervision of a physician who is regulated by the Board of Medical Examiners.

Q What are the nurse's responsibilities in supervising medical assistants?

A Nurses supervise non-licensed personnel daily in practice. Nurses may not delegate nursing care to unqualified or unlicensed personnel. However, they may assign tasks (see NAC 632.222 and NAC 632.224). However, if a nurse is supervising a medical assistant, the nurse is responsible and accountable for duties she assigns to the medical assistant.

Q Can an LPN teach in-services such as infection control and dementia training to all staff including RNs?

A Yes, as long as the content of the curriculum is within the scope of practice of the LPN.

Q Is it within the scope of practice for LPNs to take verbal or telephone orders?

A Yes, if your facility policies and procedures allow it, and if you understand the orders you are taking.

Q What can a nurse share with an emergency contact who is not a parent or guardian?

A You must know and follow the policies within your agency or facility that pertain to HIPAA (Health Insurance Portability and Accountability Act), confidentiality, and right to privacy. Sharing confidential information without proper authorization, even with good intent, may be a violation of federal and nursing law.

Q What can graduate nurses do and how long can they work as graduate nurses?

A The Board may grant an Interim Permit to a first-time examinee after the Board receives the application and documentation of graduation from an approved nursing education program. The Interim Permit allows the examinee to practice as a graduate nurse only in the state of Nevada and only for 90 days. The time frame can be less than 90 days, as the Interim Permit expires upon notification of examination results, regardless of the time remaining on the Interim Permit. A graduate nurse can perform the full scope of nursing, but has to work under the direct supervision of a registered nurse.

Q Can a CNA draw up medications for a nurse to administer?

A No. Medication preparation and administration are not within the scope of practice of a CNA. This applies to prescription and over-the-counter medications.

Q Can an RN, LPN, or CNA call in prescriptions for patients?

A An RN and LPN can, with a doctor's order. A CNA cannot.

Q Can an RN order laboratory work and renew prescriptions without a physician order or protocol?



A No, this would be considered practicing beyond your scope.

Q Can a nurse or CNA work if they are taking prescribed narcotics?

A If the person has a legal prescription and is not impaired in any way while practicing, this would not be a violation of the *Nurse Practice Act*.

ANCC Issues "MedCEU Alert"

MedCEU is NOT approved for CEs

The American Nurse Credentialing Center (ANCC) has issued an alert warning that the organization "MedCEU" is neither accredited by ANCC nor approved through any of the ANCC approvers. This means that if you take a continuing education course through MedCEU, it will not count toward your renewal requirement.

Information on how to determine whether courses offered by a continuing education provider are accepted for renewal can be found on the Board's website.

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Haven't Practiced For Five Years?

Nurses must take a refresher course

According to NAC 632.192 (4):
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who has not practiced nursing during the
immediately preceding five-year period
must complete a course or program
approved by the board if he has other-
wise satisfied the requirements for
renewal set forth in this chapter and
chapter 632 of NRS.

For more information and a list of
approved refresher course providers,
please visit the Board's website or call
the Board office.

Mailing List Reminder

You can request to be removed

The Board sells its mailing lists to
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Just send an email to the Board,
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Moving? Taking a Break?

You can place your nursing license on inactive status

If you won't be using your Nevada nursing license for a while, but think you might some day in the future, you may want to place your license on inactive status. If instead you let it lapse/expire, and you ever want to renew it, you will have to pay the late fee and the renewal fee.

You can place your license on inactive status during renewal by clicking "Yes" next to the box "I wish to place my license on inactive status." Or, you can request your license be placed on inactive status any time before renewal, as long as your request is received before your license's expiration date.

There is no charge for inactive status and no limitation on the period of time you may remain so. In order to reactivate, you would need to complete the renewal process (fee, form, C.E.s). However, if you had not practiced for five or more years, you would be required to take a refresher course before renewal could be issued.

Requests must be in writing and include your full name and license number. You may send an email to nursingboard@nsbn.state.nv.us, or send a fax or mail a letter to the either Board office. Your license will be made "inactive" on the day the Board receives your request. (Practicing on an inactive license is a violation of the Nurse Practice Act.)

Please note that due to federal requirements, CNAs do not have the option to place their certificates on inactive status.

Meet the Staff

Kimberly Roth, Adela Smith, and Kiley Smith

They're not related, but the jobs they do are. **Kimberly Roth** and **Kiley Smith** are the receptionists for the Reno office. **Adela Smith** was the receptionist for the Las Vegas office until September 17 when she was promoted to management assistant and moved to the Reno office.

The voices of these three staff

Adela has been with the Board almost two years, Kimberly a little more than a year, and Kiley, one year this December. The three of them agree that they had to learn a lot of information in a very short amount of time, and that often, their jobs can be very hectic and stressful. They also share pride in working for an agency whose mission is to protect the public. As Adela explained, "I really like the fact that even the small things I do at work make a difference on a larger scale."

When asked what advice they would give callers, they agreed that they can best help people who have read through the



Adela Smith, Kimberly Roth, and Kiley Smith

members are the ones that greet callers to the Board's main number. They are the individuals who answer and route hundreds of calls a day, ranging from inquiries from how to apply for a license or certificate to what documents are required for international applicants to how to file a complaint against a nurse.

In between telephone calls, Kiley is greeting and helping people who walk into the office, or she's reproducing, assembling, and mailing application packets to applicants from all over the world; Kimberly is scanning applications and documents into the Board's database or doing quality assurance; and Adela is receipting all incoming applications and other fee-related items, or providing Spanish-speaking services for consumers. In her new position, Adela acts as a back up for the Reno office receptionists, and assists Dean Estes, the Board's accountant/technology officer, which includes general ledger posting and financial file management.

instructions the Board has provided them before they pick up the telephone. "That way," Kimberly explains, "people know exactly what questions they still have, and we can give them specific direction right away."

Their favorite type of calls? "It's great when people thank you, of course," Kiley says with a smile. "And we all enjoy talking with people who we've helped through the entire process—which can be lengthy if they are international graduates or have had some problems in their past—and they call us, excited and grateful, because they received their licenses."

Kimberly is a native Nevadan, born in Reno. Adela was born in Los Angeles, California, and Kiley in Arlington Heights, Illinois. All three graduated from Nevada high schools. Adela, a history major, attended the College of Southern Nevada from 2005-2007, and will be attending the University of Nevada, Reno, in 2008. Kiley plans to attend Truckee Meadows Community College in 2008.



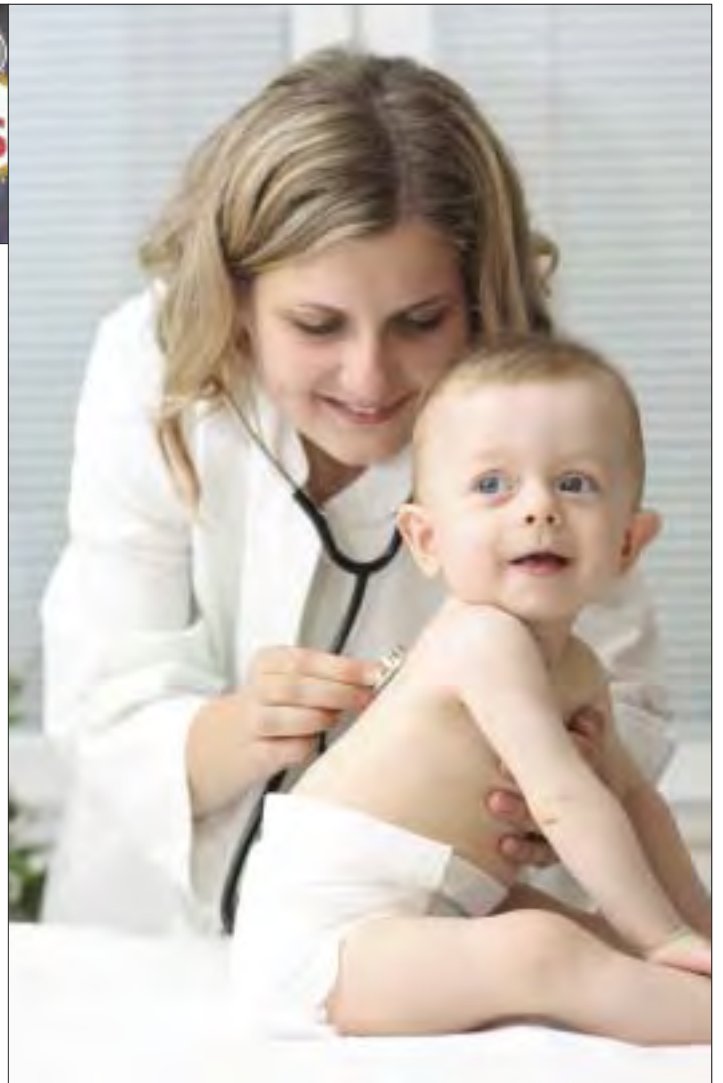
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Error-Prone Conditions That Lead to Student Nurse-Related Errors

If your organization provides a site for clinical rotations of student nurses, you are probably aware that students can be involved in medication errors despite close supervision by their clinical instructors. When analyzing errors involving student nurses reported to the USP-ISMP Medication Errors Reporting Program and the PA Patient Safety Reporting System, it appears that many of the errors arise from a distinct set of error-prone conditions or medications.

Some student-related errors are similar in origin to those that seasoned licensed healthcare professionals make, such as misinterpreting an abbreviation, misidentifying drugs due to look-alike labels and packages, misprogramming a pump due to a pump design flaw, or simply making a mental slip when distracted. Other errors stem from system problems and practice issues that are rather unique to environments where students and hospital staff are caring together for patients.

The duality of patient assignments is a prime example. Patients who are assigned to student nurses are also assigned to staff nurses. While dual assignments are necessary, communication breakdowns regarding who will administer the prescribed medications to patients, what medications have been administered, and which medications should be held, have resulted in dose omissions and the administration of extra doses. Thus, the communication between students, nursing instructors, and staff needs to be planned carefully to ensure a model that considers the safety issues associated with dual assignments.

Data from the reporting programs also show that insulin is among the most frequent drugs involved in student nurse-related errors, particularly with omitting prescribed doses, selecting the wrong type of insulin, administering the wrong sliding-scale insulin coverage, and administering insulin to the wrong patient. Student nurses may not make proportionately more errors with insulin than staff nurses. However, like staff nurses, students and nursing instructors

must treat insulin as a high-alert medication and observe the robust safeguards in place to prevent errors. This should include an independent double-check of all insulin doses by a staff nurse before administration. Additionally, organizations should share their list of high-alert drugs and associated error-reduction strategies with nursing instructors to ensure the same level of attention to safe systems and practices occurs when students administer these drugs.

In Table 1, which appears on page 20, we have listed additional error-prone conditions identified through analysis of student nurse-related errors. The list is not intended to be critical of student nurses or their instructors, nor is it intended to discourage organizations from providing a clinical rotation site for students. Indeed, student nurses often enrich the patient's experience during hospitalization, and they should be welcomed as part of the patient care team. Rather, the information in Table 1 should be used to stimulate system improvements to reduce the risk of medication errors.

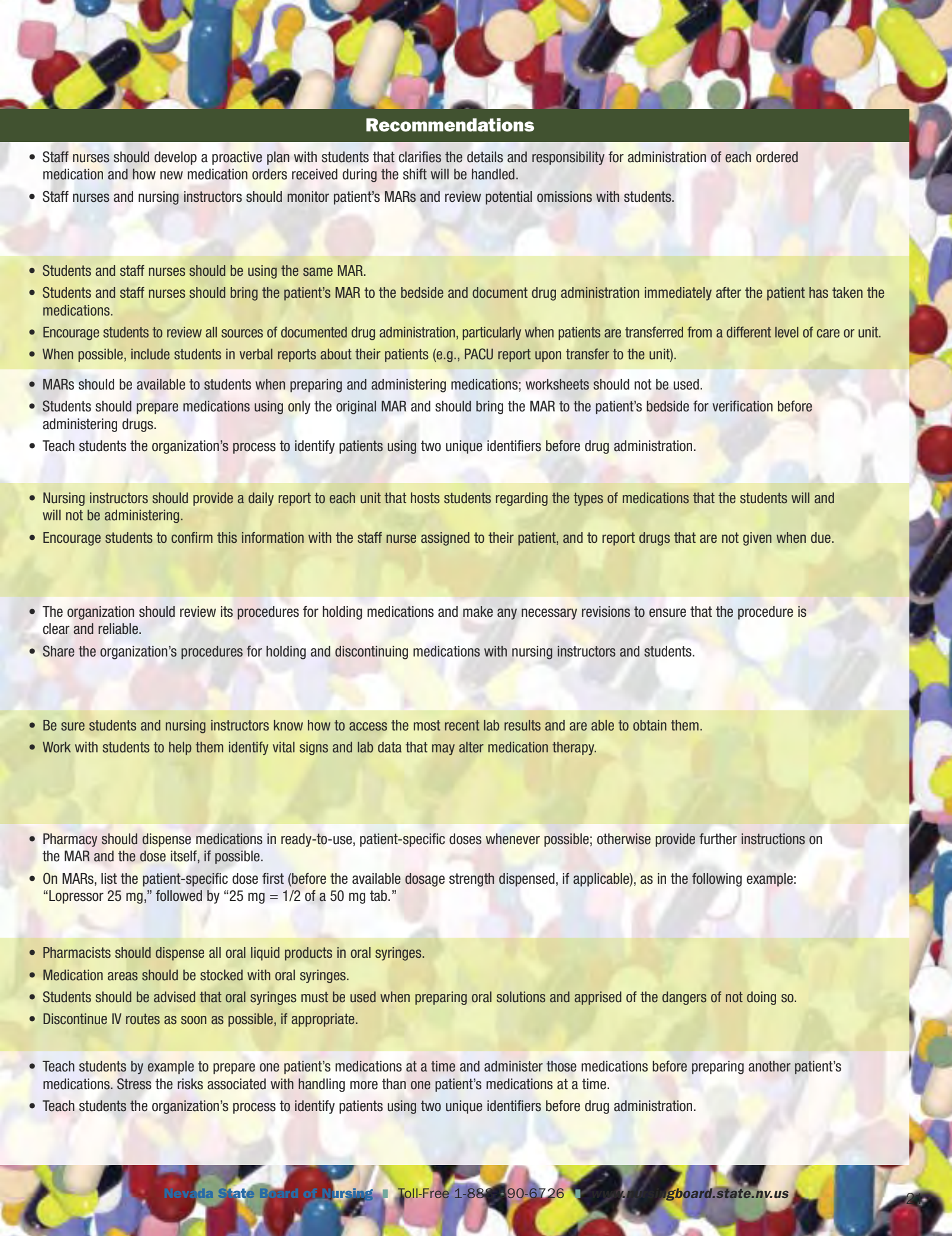
Each practice site that hosts student nurses should meet with the clinical instructors who will be supervising students. The organization's medication administration procedures and specific error-prone conditions that may exist during clinical rotations should be reviewed, along with system-level safety nets that have been designed to reduce these risks, and safety practices that students and faculty should adopt to further enhance patient safety. In addition to the examples in Table 1, nursing instructors may be able to describe other error-prone conditions that they have observed, which can then be addressed. Nursing instructors should also be invited to attend any orientation programs that cover the organization's safety goals so they can reinforce related safe practices during clinical rotations.

This article is reprinted with permission from the October 18, 2007 Institute for Safe Medication Practices (ISMP) Medication Safety Alert! (Acute Care) newsletter.

See Medication Errors Table on following pages

Table 1. Conditions that Promote Student Nurse-Related Medication Errors

Error-Prone Conditions	Examples of Errors
Nonstandard Times Medications scheduled for administration during nonstandard or less commonly used times, including early in the morning, are prone to student dose omissions.	• A student omitted an antibiotic ordered as a one-time dose at 1100. • A patient did not receive his morning dose of insulin because the student assigned to the patient had not arrived on the unit in time to administer the drug.
Documentation Issues With both staff nurses and students administering medications to the same patients, dose omissions or extra doses have been administered because students or staff nurses have not properly documented drug administration or reviewed prior documentation of drug administration.	• A student documented that he gave the patient his morning medications at 0830; these medications were still in the patient's drawer at 1700. • A student administered heparin to a patient and left the unit for a conference before documenting it; a staff nurse gave the patient another dose. • A student gave a dose of Lopressor to a post-op patient who had already received the medication in the PACU, which was documented on the PACU record.
MARs Unavailable or not Referenced Students may not consistently use the patient's MAR to guide the preparation of medications, and may not bring the patient's MAR consistently to the bedside for reference when administering medications.	• A staff nurse had given a patient a dose of methadone at 0730; although this was documented, the student also gave the patient a dose at 0830. The student was using a worksheet she had created, not the MAR. • A student gave the wrong patient a dose of digoxin and warfarin; the student did not bring the MAR into the room to assist with patient verification.
Partial Drug Administration Students may not be administering all of the prescribed medications to assigned patients, particularly IV medications that they may not be permitted to administer.	• A patient did not receive an IV antibiotic for 3 days; staff nurses were unaware that the students assigned to this patient were not allowed to give IV medications. • A student nurse did not administer a respiratory medication to her patient; she thought a respiratory therapist would administer it.
Held or Discontinued Medications Students have not known or understood the organization's processes for holding and discontinuing medications and have administered drugs that have been placed on hold or discontinued.	• A student gave a dose of Lovenox that was noted to be held on the MAR. • A student did not know the meaning of a yellowed-out section on the MAR and gave the patient an IV dose of potassium chloride that had been discontinued.
Monitoring Issues Students may not be aware that vital signs and/or lab values should be checked before administering certain medications.	• A student gave a patient with an INR of 2.33 a dose of Lovenox, which was noted to be discontinued on the MAR when the INR reached 2 (patient was also on warfarin). • A student administered a dose of Epogen to a patient with a hemoglobin of 15.5; the dose was listed on the MAR to be held if the patient's hemoglobin exceeded 12.
Non-Specific Doses Dispensed Student nurses have administered excessive doses when they expected the drug to be provided in a patient-specific dose, but pharmacy had dispensed a larger dose or quantity.	• A student gave the patient a 4 mg tablet of dexamethasone as dispensed, but 2 mg (1/2 tablet) had been prescribed. • A student administered the full amount of Dilantin suspension dispensed in a bottle intended to be used for several doses.
Oral Liquids in Parenteral Syringes Preparation of oral or enteral solutions in parenteral syringes has led to students accidentally administering these products by the IV route.	• A student gave the patient an oral liquid dose of vancomycin by the IV route. • A student prepared an oral liquid narcotic in a parenteral syringe; while the instructor's back was to the patient, the student began to administer the drug via an IV saline lock. • A student gave a patient an oral liquid dose of furosemide IV, which was intended for gastric tube administration.
Preparing Drugs for Multiple Patients Student nurses have given medications to the wrong patient, particularly when they prepared more than one patient's medications at a time and brought medications for two or more patients into a room.	• A student gave the patient in bed A his medications along with a dose of warfarin 5 mg intended for the patient in bed B. • An instructor put medications intended for the patient in bed B on a table while observing a student administer medications to the patient in bed A; the student picked up the wrong medications and gave them to the patient.



Recommendations

- Staff nurses should develop a proactive plan with students that clarifies the details and responsibility for administration of each ordered medication and how new medication orders received during the shift will be handled.
- Staff nurses and nursing instructors should monitor patient's MARs and review potential omissions with students.
- Students and staff nurses should be using the same MAR.
- Students and staff nurses should bring the patient's MAR to the bedside and document drug administration immediately after the patient has taken the medications.
- Encourage students to review all sources of documented drug administration, particularly when patients are transferred from a different level of care or unit.
- When possible, include students in verbal reports about their patients (e.g., PACU report upon transfer to the unit).
- MARs should be available to students when preparing and administering medications; worksheets should not be used.
- Students should prepare medications using only the original MAR and should bring the MAR to the patient's bedside for verification before administering drugs.
- Teach students the organization's process to identify patients using two unique identifiers before drug administration.
- Nursing instructors should provide a daily report to each unit that hosts students regarding the types of medications that the students will and will not be administering.
- Encourage students to confirm this information with the staff nurse assigned to their patient, and to report drugs that are not given when due.
- The organization should review its procedures for holding medications and make any necessary revisions to ensure that the procedure is clear and reliable.
- Share the organization's procedures for holding and discontinuing medications with nursing instructors and students.
- Be sure students and nursing instructors know how to access the most recent lab results and are able to obtain them.
- Work with students to help them identify vital signs and lab data that may alter medication therapy.
- Pharmacy should dispense medications in ready-to-use, patient-specific doses whenever possible; otherwise provide further instructions on the MAR and the dose itself, if possible.
- On MARs, list the patient-specific dose first (before the available dosage strength dispensed, if applicable), as in the following example: "Lopressor 25 mg," followed by "25 mg = 1/2 of a 50 mg tab."
- Pharmacists should dispense all oral liquid products in oral syringes.
- Medication areas should be stocked with oral syringes.
- Students should be advised that oral syringes must be used when preparing oral solutions and apprised of the dangers of not doing so.
- Discontinue IV routes as soon as possible, if appropriate.
- Teach students by example to prepare one patient's medications at a time and administer those medications before preparing another patient's medications. Stress the risks associated with handling more than one patient's medications at a time.
- Teach students the organization's process to identify patients using two unique identifiers before drug administration.

Board Education Consultant Appointed To National Committee

Roseann Colosimo named to Institute for Regulatory Excellence Committee

Roseann Colosimo, PhD, MSN, RN, was recently tapped to help further develop a national fellowship program designed to advance excellence in regulatory leadership. In September, the

National Council of State Boards of Nursing (NCSBN) appointed her as one of eight members of a new committee formed to support the Institute for Regulatory Excellence (IRE).

The IRE was established in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.

The IRE is a series of educational conferences held annually with the following topics rotated on a four-year cycle: Public Protection/Role Development of Nursing Regulators, Discipline, Competency and Evaluation/Remediation Strategies, and Organizational Structure/Behavior.

The IRE runs a Fellowship Program for nurse regulators. It is a four-year program requiring attendance at the IRE conferences and the completion of scholarly works. Individuals who complete the NCSBN Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment.



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Employers — when you're verifying that someone has an active license or certificate, the Board encourages you to use our website verification system. It's quick, convenient, and it's updated within one business day of renewal or initial issuance. You can also call the Board for verification at 888-590-6726. Both methods ensure you have the most up-to-date information about the license or certificate status of your employees and potential employees.

Wanted: NCLEX Item Writers And Reviewers

The NCLEX depends on you

Development of the NCLEX-RN and NCLEX-PN licensing examinations uses contributions from hundreds of nurse educators, clinicians, and managers who work with entry-level nurses. Volunteers are selected for three types of panels:

- Item Writing — Item writers create the items that are used for the NCLEX examination
- Item Review — Item reviewers examine the items that are created by item writers
- Panel of Judges — The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors

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- Earn continuing education contact hours
- Contribute to continued excellence in the nursing profession
- Have an opportunity to network on a national level
- Build new skills that are useful at work as well as for professional growth

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1. Access the online application.
2. Call your state board of nursing for an application.

3. Call the NCSBN Item Development hotline at 312.525.3775; leave your name and address, and an application will be sent to you.

Reminder: LPN/VNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

If you would like to participate in the review or development of items for the national nursing licensure exam, you can learn more by going to the National Council's website at www.ncsbn.org, and clicking on *NCLEX Examinations*, then *Exam Development Opportunities*. If you don't have web access, call 312-525-3775.



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Remember

You Must Complete a Bioterrorism Course

Nevada law requires it

As we've mentioned in previous issues of NSBN News, the 2003 Nevada legislature passed Assembly Bill 250, which requires that several types of health care professionals, including nurses, take four hours of continuing education "relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction."

As of January 1, 2005, all nurses renewing their licenses must have completed this four-hour bioterrorism course as part of their CE renewal requirement. On that date, the Board's random CE audits began to include auditing for proof that renewing nurses have completed the bioterrorism course.

The bill specifies that the course of instruction must include:

- An overview of acts of terrorism and weapons of mass destruction;
- Personal protective equipment required for acts of terrorism;
- Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- An overview of the information available on, and the use of, the Health Area Network.

Completing a bioterrorism course which meets the requirements of the law is a one-time requirement of all RNs and LPNs with active Nevada licenses. Once the course is completed, it doesn't have to be taken again.

The four hours may be counted as part of the 30-hour CE requirement for RN and LPN renewal, and as part of the

45-hour CE requirement for APN and CRNA renewal. (Remember you must retain your CE certificates for four years, so that you have proof you met the CE renewal requirement in the event you are audited.)

Taking any CE course?

It doesn't have to cost you anything, but it must be offered by an approved provider.

While the legislature didn't mandate the course for CNAs, the Board highly encourages them to take it as part of their 24-hour in-service training renewal requirement.

When considering any continuing

If a continuing education provider is an academic institution, is approved by another state nursing board or health-related board, or is recognized by one of the organizations below, it is accepted by the Nevada State Board of Nursing.

- American Association of Critical Care Nurses
- American Association of Nurse Anesthetists
- American Nurse Credentialing Center Commission on Accreditation
- National Association of Pediatric Nurse Associates and Practitioners
- National League for Nursing

If a continuing education provider

education course, please make sure that the CE provider is approved by the Board (see below). If it is not, it won't count toward the 30-hour renewal requirement. In addition, when reviewing a potential bioterrorism course, make sure the course content covers the subject matter mandated by the Nevada legislature. Be aware—many courses entitled "Bioterrorism" only cover one or two of the mandated subjects.

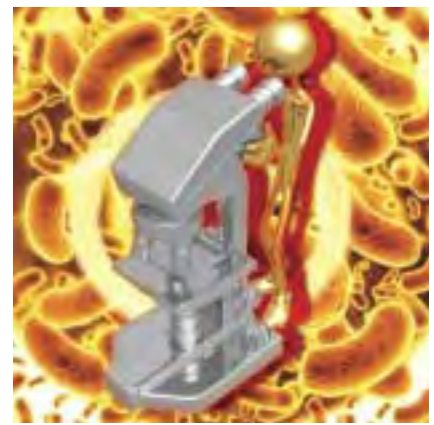
If you took a bioterrorism course before January 1, 2005 and after October 1, 2003, AND it met the requirements of the law, the Board will count that course as meeting your one-time requirement. Just make sure you keep a copy of the certificate in case you are audited.

If you have any questions regarding this new requirement, please feel free to call the Board.

is not recognized by one of these organizations, or if they do not have a Nevada continuing education provider number, its courses do not meet Nevada's requirements.

The Board's web site (www.nursingboard.state.nv.us) has a brief listing of approved continuing education providers whose bioterrorism courses appear to meet the legislative intent for the bioterrorism classes. Please note that it is not a comprehensive list.

As you review the list and/or receive any mailings about other bioterrorism courses, please remember—you are responsible for ensuring the course you take meets the requirements of the law (see main article).



BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email nursingboard@nsbn.state.nv.us



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BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.

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Disciplinary and Licensure/Certification Actions

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of July 14 through September 14, 2007. Please note some disciplinary orders by the Board may not be effective yet due to legal notice requirements. Please call the Board office to obtain further information regarding the effective dates of these outcomes.

Aaron, Janet, LPN12719 Order of Reprimand, Fine of \$200, and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Anderson, Dionne, CNA applicant Application denied for violation of NRS 632.320 (2) convictions.

Awuah, Felicia, CNA018390 Order of Reprimand and Class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (33) abuse/neglect of a patient.

Barnes, Devon, LPN11930 Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, and (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Brown, Florence, RN06122 Agreement for Reprimand for violation of NRS 632.320 (13) engaging in conduct likely to deceive, defraud or endanger a patient or the general public.

Brown, Jacqueline, LPN applicant Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (6) inappropriate delegation, and (27) customary standards of practice.

Collins, Dorothy, LPN12051 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Enea, Patricia, LPN11979 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment, and (21) obtain, possess, furnish prescription drugs without authorization.

Please do not use this list of disciplinary actions for verifying licensure or certification status.

Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our website or call the Board.

Ennis, Denise, LPN09220 Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol.

Etzel, Cayme, RN33357 Agreement for Fine of \$300 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) practicing without an active license.

Fecher, Sherirene, RN26962 Order of Revocation for violation of NRS 632.320 (1) fraudulent application.

Fernandez, Joseph-Royce, RN and LPN applicant Order of Probation and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (24) failing to collaborate with health care team, and (27) customary standards of practice.

Fernandez, Olivia, RN44511 Agreement for Fine of \$300 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

Fletcher, Melissa, RN applicant Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

Ford, Betty, LPN10640 Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Ford, Kathleen, RN17937 Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Ford, Patricia, RN19147 Agreement for Reprimand, Fine of \$200 and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Franklin, Sheilla, LPN08006 Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Gali, Nancy, RN32643 Order of Reprimand, Fine of \$200 and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Goen, Wendy, RN35434 Order of Reprimand and Classes for violation of NRS 632.320 (5) controlled substances and/or alcohol, and (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Hawkrigg, William, RN33063 Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice, (28) causing harm to a patient, and (33) abuse/neglect of a patient.

Hoffman, Sharon, RN39966 Order of Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and (14) failing to comply with Board order, and NAC 632.890 (21) obtain, possess, furnish prescription drugs without authorization.

Hoover, Linda, RN42810 Agreement for Reprimand, Fine of \$200 and Continuing Education for violation of NRS 632.320 (7) unprofessional

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Johnson, Patricia, RN41580 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Kinzel, Natalie, CNA013033 Renewal application denied for a violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 (1) failure to provide continuing education.

Lang, Terri, RN53207 Order of Revocation for violation of NRS 632.320 (14) failing to comply with Board order.

Lombard, Stacey, RN39366 Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Miller, Leslie, RN applicant Agreement for Probation for violation of NRS 632.320 (12) action in another state.

Morris, Vita, LPN11069 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (38) professional boundaries.

Neel, Larry, LPN applicant Order of Probation for violation of NRS 632.320 (2) criminal conviction and (12) action in another state.

Newman, Tabatha, CNA011156 Agreement for Fine of \$100 for violation of NRS 732.320 (7) unprofessional conduct, and NAC 632.415 (1) failure to provide continuing education.

Nicholson, Marie, RN40409 Agreement for Probation for violation of NRS 632.320 (5) uses any controlled substances, dangerous drugs or intoxicating liquor, and (7) unprofessional conduct, and NAC 632.890 (9) impaired practice, and (27) customary standards of practice.

Ninoneuvo, Wilfred, RN48184 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, (21) obtain, possess, furnish prescription drugs without authorization, and (27) customary standards.

Nufable, Marilou, RN38994 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Okeowo, Adebukola, CNA applicant Application denied for violation of NRS 632.320 (2) convictions.

Plaisted, Sharon, LPN07934 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation

state/federal nursing law/regulation.

Potter, Mary, CNA002164 Agreement for Reprimand, Fine of \$50, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Ramos, Julieta, RN42370 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Reyes, Maria, RN30145 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (6) inappropriate assignment/delegation, and (7) failing to supervise.

Riley, Terrie, LPN12755 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Rogers, Alissa, CNA018360 Agreement for Reprimand, Fine of \$50, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Romero, Courtney, CNA013787 Agreement for Reprimand, Fine of \$50, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Romo, Gina, CNA applicant Application denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Scheurich, Barbara, LPN12901 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (12) privacy violation, (13) confidentiality violation, and (27) customary standards.

Schmidt, Bonnie, RN36603 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Serrano, Tina, LPN07525 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, and (27) customary standards of practice.

Singh, Gertrude, LPN13037 Agreement for Reprimand, Fine of \$200, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Sirk, Joshua, CNA applicant Application denied

for violation of NRS 632.320 (2) convictions.

Smith, Ronesta, CNA010973 Agreement for Reprimand, Fine of \$50, and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

Stahlberger, Elizabeth, LPN08051 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

Stewart, Nida, LPN09403, RN applicant Application denied for violation of NRS 632.320 (1) fraudulent application.

Stower, Dana, RN26519 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (12) privacy violation, and (13) confidentiality violation.

Suppe, Lianne, RN47834 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Swindall, Gloria, CNA018886 Application denied for violation of NRS 632.320 (2) convictions.

Teeples, Cynthia, LPN07171 Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Tejeda, Phyllis, RN15113 Order of Fine of \$50 and Class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Tugaoen, Linda, CNA011955 Application denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 (1) failure to provide continuing education.

Turner, Antonia, RN31270, CRNA000149 Agreement for Fine of \$200 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license/certificate.

VanHecke, Sharon, RN38023 Agreement for Fine of \$100 and Continuing Education for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Vicory, Zoe, RN09762 Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Wallace, Angelina, RN31670 Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (9) impaired practice, and (10) positive drug screen on duty.

Wilson, Kathryn, RN17065 Application denied for violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

Yost, David, RN 25738 Agreement for Probation for violation of NRS 632.320 (5) uses any controlled substances, dangerous drugs or intoxicating liquor, and (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Yu, Roselyn, RN36198 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

Citations for Practice Without A License/Certificate

Goodman, David

What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada for a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

Who can I call if I have questions about the complaint or disciplinary process?

The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Board and ask for one of the nurse investigators or the director of operations.

ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726
nursingboard@nsbn.state.nv.us

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Lark Muncy, RN, Investigator

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Patty Towler, Senior Certification Specialist

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CNA Program and Instructor Approvals

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Discipline Investigative Support
Compliance Support
Board Meeting Preparation
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Nursys Data Entry

Cyndie Souza, Management Assistant

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