

**PROPOSED REGULATION OF THE
STATE BOARD OF NURSING**

LCB FILE NO. R060-23I

**The following document is the initial draft regulation proposed
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REGULATION OF THE
NEVADA STATE BOARD OF NURSING

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: NRS632.120

A REGULATION relating to nursing; providing for the clarification or definition of terms, and and harmonizing with recently enacted Nevada Revised Statues.

Section 1

NAC 632.____ Supervision of a physician defined. (NRS 632.120)

When a certified registered nurse anesthetist is practicing in a “critical access hospital” the supervising physician is the treating physician.

Section 2

NAC 632.500 Authorized functions. (NRS 632.120)

1. A certified registered nurse anesthetist may, in addition to those functions authorized for the registered nurse, perform the following acts, when it has been determined by a patient’s physician, dentist or podiatric physician that an anesthetic is necessary for a procedure, test or other treatment, in accordance with the applicable policies and procedures regarding the administration of anesthetics:

- (a) Obtain a history of the patient’s health, as appropriate to the anticipated procedure, test or treatment;
- (b) Assess the client’s condition, as appropriate to the anticipated procedure, test or treatment;
- (c) Recommend, request and order pertinent diagnostic studies and evaluate the results of those studies;
- (d) Prepare a written preanesthetic evaluation of the patient and obtain the patient’s informed consent for the anesthesia;
- (e) Select[, ~~order~~] and administer preanesthetic medication;
- (f) [~~Order~~,] prepare and use any equipment and supplies necessary for the administration of anesthesia and perform or order any necessary safety checks on the equipment;
- (g) [~~Order and~~] prepare any drugs used for the administration of anesthesia;
- (h) Select [~~and order~~] anesthesia techniques, agents and adjunctive drugs;
- (i) Perform and manage general, regional and local anesthesia and techniques of hypnosis;
- (j) Perform tracheal intubation and extubation and provide mechanical ventilation;
- (k) Provide perianesthetic invasive and noninvasive monitoring, as appropriate, and respond to any abnormal findings with corrective action;
- (l) Manage the patient’s fluid, blood and balance of electrolytes and acid base;
- (m) Recognize abnormal response by a patient during anesthesia, select and take corrective action;

(n) Identify and manage any related medical emergency requiring such techniques as cardiopulmonary resuscitation, airway maintenance, ventilation, tracheal intubation, pharmacological cardiovascular support and fluid resuscitation;

(o) Evaluate the patient's response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure adequate recovery from anesthesia;

(p) Provide care consistent with the principles of infection control and anesthesia safety to prevent the spread of disease and prevent harm to the anesthetized patient and others in the anesthetizing environment;

(q) Select[, ~~order~~] and administer postanesthetic medication;

(r) Report to the person providing postanesthetic care the patient's physical and psychological condition, perioperative course and any anticipated problems;

(s) Initiate[, ~~order~~] and administer respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthetic period;

(t) Release the patient from the postanesthetic care unit or discharge the patient from the ambulatory surgical setting;

(u) Include in a timely manner as a part of the patient's medical records a thorough report on all aspects of the patient's anesthesia care; and

(v) Assess the patient's postanesthetic condition, evaluate the patient's response to anesthesia and take corrective action.

2. In addition, the nurse anesthetist may accept additional responsibilities which are appropriate to the practice setting and within his or her expertise. Such responsibilities may include, but are not limited to, the selection and administration of drugs and techniques for the control of pain in the preoperative, intraoperative and postoperative setting.