

Petition for Regulatory Interpretation to the Nevada Board of Pharmacy

1/24/18

Vita Heaven, LLC is petitioning the Nevada Board of Pharmacy for clarification/direction on the possession/use of dangerous drugs (non-controlled/non-scheduled medications, such as normal saline, Zofran, intravenous vitamins, etc) by an RN via the use of a telemedicine consult.

This petition only pertains to what is applicable to the Nevada Board of Pharmacy. A separate document will be submitted to the Nevada Board of Nursing once we receive direction on how the RN must handle the transport/management/possession of the dangerous drugs.

The main regulatory clause that I found that pertains to this is:

NRS 454.213 Authority to possess and administer dangerous drug.

1. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

(c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Two scenarios are described below. We would like to know if they are within the regulatory parameters of the Nevada Board of Pharmacy. If they are not, please provide us with regulatory interpretation and direction.

Scenario 1:

Patient Suzy Jones calls XYZ Wellness Clinic located in Las Vegas and requests a "medical house call" to her hotel room in Las Vegas 3 miles away from the clinic and requests IV fluids and anti-nausea medications for food poisoning.

APRN Matt Johnson is seeing a number of other patients at the Las Vegas XYZ Wellness clinic and is unable to go to the hotel room, so APRN Johnson performs an audio/video telemedicine consult with Suzy Jones and determines that she has no medical history that is a problem with the treatment and that she does have nausea and vomiting consistent with food poisoning. He can see she is visually vomiting, though alert and not in need of hospitalization. APRN Johnson enters orders in the EMR for one liter of IV normal saline and 4mg of IV Zofran for Suzy Jones.

RN Tim Smith, an employee of XYZ Wellness, is dispatched to her hotel room with 1 liter of normal saline and 4mg of IV Zofran. Mr. Smith reaches the hotel room, confirms her history, takes her vital signs, and has her sign a consent form. Mr. Smith asks her if she has any further questions for the APRN who is available by further telemedicine consult. Suzy Jones says she has no further questions. Mr. Smith then places a 22g IV and infuses the NS and Zofran and records the treatment on a paper medical record form.

The patient's improves and Mr. Smith dc's the IV and returns to the clinic. Once Mr. Smith returns, APRN Johnson documents the telemedicine consult in the EMR and the paper record is scanned into the EMR.

Scenario 2:

Wellness Clinic XYZ decides to expand to Reno, NV.

Patient Joe Schmoe calls XYZ wellness clinic's Reno location and requests a "medical house call" to his hotel room in Reno, which is 450 miles away from XYZ's Las Vegas location and requests IV fluids and anti-nausea medications for food poisoning. The Reno location for XYZ only has RNs on staff.

APRN Matt Johnson, **who is located in Las Vegas**, performs an audio/video telemedicine consult the with Joe Schmoe (who is in Reno) and determines that he has no medical history that is a problem with the treatment and that he does have nausea and vomiting consistent with food poisoning. He can see Joe is visually vomiting, though alert and not in need of hospitalization. APRN Johnson enters orders in the EMR for one liter of IV normal saline and 4mg of IV Zofran for Joe Schmoe.

RN Jane Miller, an employee of XYZ Wellness, is dispatched from the Reno clinic to Joe's hotel room with 1 liter of normal saline and 4mg of IV Zofran. Ms. Miller reaches the hotel room, confirms his history, takes his vital signs, and has him sign a consent form. Ms. Miller asks him if he has any further questions for the APRN who is available by further telemedicine consult. Joe Schmoe says he has no further questions. Ms. Miller then places a 22g IV and infuses the NS and Zofran and records the treatment on a paper medical record form.

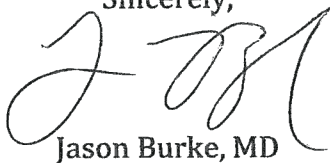
The patient improves and Ms. Miller dc's the IV and returns to the clinic. Once Ms. Miller returns, APRN Johnson documents the telemedicine consult in the EMR and the paper record is scanned into the EMR.

The main issue with scenario #2 is whether or not a satellite location of the same company requires the physical presence of the Prescribing Provider to give the medications to the RN.

For both scenarios, all medications will be administered to the patient at the medical house call. No medications will be left behind for later use.

We appreciate the Board of Pharmacy taking the time to consider this petition.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Burke', is written over the printed name. The signature is fluid and cursive.

Jason Burke, MD