NAC 449.74471 ADMINISTRATION OF DRUGS. (NRS 449.037)

1. A facility for skilled nursing shall not administer a drug to a patient in the facility:

(a) In excessive doses, including duplicate drug therapy;

(b) For an excessive duration;

(c) Without monitoring the patient properly;

(d) Without adequate indications for the use of the drug; or

(e) If there are any adverse reactions which indicate that the dosage should be reduced or discontinued.

2. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433,

a facility for skilled nursing shall ensure that a patient who:

(a) Has not used an antipsychotic drug is not given such a drug unless it is required to treat a condition of the patient that has been diagnosed and documented in the medical record of the patient.

(b) Uses an antipsychotic drug receives gradual reductions in the dosage, in conjunction with behavioral intervention, in an attempt to discontinue the use of the drug, unless the medical condition of the patient requires otherwise.

3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent.

4. A facility for skilled nursing shall not prohibit a patient from administering medication to himself if the interdisciplinary team responsible for the care of the patient determines that this practice is safe.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74531 PHARMACEUTICAL SERVICES. (NRS 449.037)

1. A facility for skilled nursing shall provide such pharmaceutical services, including, without limitation, acquiring, receiving, dispensing and administering drugs and biologicals, as are required to meet the needs of the patients in the facility. The facility shall provide
such drugs and biologicals as are needed or obtain them from qualified outside sources pursuant to NAC 449.74521.

2. A facility for skilled nursing shall employ or otherwise obtain the services of a registered pharmacist. The registered pharmacist shall:

(a) Provide consultations on all matters relating to the pharmaceutical services provided by the facility;

(b) Establish a system of records for the receipt and disposition of all controlled substances in the facility in sufficient detail to ensure an accurate reconciliation; and

(c) Ensure that those records are in order and that an account of all controlled substances in the facility is maintained and periodically reconciled.

3. The regimen of drugs for each patient in the facility must be reviewed at least once each month by a registered pharmacist. The pharmacist shall report any irregularities he discovers to the patient’s attending physician and the chief administrative nurse of the facility. The physician and chief administrative nurse shall take such actions as they deem necessary in response to the report.

4. Drugs and biologicals used by a facility must be:

(a) Labeled in accordance with state and federal law and accepted professional standards. Each label must include the appropriate accessory and cautionary instructions and the expiration date, if applicable.

(b) Stored in accordance with state and federal law in locked compartments with proper controls for the temperature. Only authorized personnel may have access to the keys to unlock the compartments. Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS and other drugs that have the potential for abuse must be stored separately in a locked compartment that is immovable, unless the facility uses a system to distribute the substances or drugs in single-unit packages, the quantity stored is minimal and a dosage that is missing can be readily detected.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)