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TECHNICAL BULLETIN

DATE: June 14, 2023

TOPIC: Residential Facilities for Groups and Utilizing a Syringe to Measure the Dose of Oral Medications

CONTACT: Bureau of Health Care Quality and Compliance (email pbhlicensing@health.nv.gov)

TO: All Nevada Licensed Residential Facilities for Groups

RESIDENTIAL FACILITIES FOR GROUPS AND UTILIZING A SYRINGE TO MEASURE THE DOSE OF ORAL MEDICATIONS

The purpose of this technical bulletin is to clarify the language (see below) in [Nevada Administrative Code \(NAC\) 449.2742](#), subsection 8, relating to the use of a syringe when administering oral medications.

8. *An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.*

The Division of Public and Behavioral Health (DPBH) is interpreting this NAC section to mean a syringe used for drawing up a medication to be administered and/or for administering an intravenous, intramuscular, or subcutaneous injection or any other type of injection. An oral syringe may be utilized to measure the dose of a medication to be administered orally and the same oral syringe used to measure the dose of the medication may be used to administer the medication orally.

Note: A caregiver may assist the ultimate user of insulin using an auto-injection device only if the conditions prescribed in [NRS 449.0304](#) and [NAC 449.1985](#) are met.

References

NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. ([NRS 439.200](#), [449.0302](#), [449.0304](#))

1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:

(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:

(1) Reviews for accuracy and appropriateness, at least once every 6 months, the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and

(2) Provides a written report of that review to the administrator of the facility.

(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to [NAC 449.2749](#) for the resident who is the subject of the report.

(c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).

(d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation:

- (1) Preventing the use of outdated, damaged or contaminated medications;
 - (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages;
 - (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with [NAC 449.2744](#);
 - (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;
 - (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of [NRS 449.0302](#) and [NAC 449.196](#);
 - (6) Ensuring that each caregiver who administers a medication is adequately supervised;
 - (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and
 - (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.
- (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.
- (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training.
- (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training.
- (h) Annually pass an examination relating to the management of medication approved by the Bureau.
2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.
 3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the side effects, possible adverse reactions, contraindications and toxicity of the medication.
 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of:
 - (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of [NRS 449.0302](#) are met.
 - (b) Insulin using an auto-injection device only if the conditions prescribed in [NRS 449.0304](#) and [NAC 449.1985](#) are met.
 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#).
 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:
 - (a) The caregiver responsible for assisting in the administration of the medication shall:
 - (1) Comply with the order;
 - (2) Indicate on the container of the medication that a change has occurred; and

(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#);

(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#); and

(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#).

7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.

8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.

9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to [NAC 449.2744](#).

10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R204-99, 2-10-2000; R073-03, 1-22-2004; R119-10, 1-13-2011; R109-18, 1-30-2019)

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Email pbhlicensing@health.nv.gov for other questions regarding utilizing a syringe to measure the dose of oral medications.



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