

## NRS 441A.XXX

### DRUG OVERDOSE

#### Definitions:

Overdose: a condition including, without limitation, physical illness, a decreased level of consciousness, respiratory depression, coma or death resulting from intentional or accidental consumption of a drug in excess of its prescribed or intended use.

Patient discharge: the patient's physical release from a medical facility or the care of the provider of health care to another place including but not limited to their home, transitional medical facility, treatment center, coroner's office, or funeral home.

#### Reporting Requirements:

For the purpose of this regulation, a drug overdose or suspected drug overdose is reportable if the suspected drug is scheduled II, III, or IV per the United States Drug Enforcement Administration.

No later than 7 days from patient discharge, a provider of health care who knows of, or provides services to, a patient who has suffered or is suspected of having suffered a drug overdose shall report that fact to the Chief Medical Officer or his or her designee.

#### The report must contain:

- A. The name, address and telephone number of the health care provider making the report.
- B. The name, address, and telephone number of the patient.
- C. The occupation, employer, age, sex, race and date of birth of the patient.
- D. The date of the overdose or suspected overdose.
- E. Any laboratory results, including toxicology, that apply to the overdose or suspected overdose, as well as the description of the laboratory sampling method.
- F. Disposition of the patient.
- G. Previous known overdose(s) of the patient.
- H. Patient pregnancy status.
- I. International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose.
  - a. Opioids
    - i. T40.0 – Opium
    - ii. T40.2 – Other opioids
    - iii. T40.3 – Methadone
    - iv. T40.4 – Synthetic narcotics
    - v. T40.6 – Other narcotics
  - b. Stimulants
    - i. T43.6 - Poisoning by of psychostimulants, Amphetamines

- c. Depressants
  - i. T42 – Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs
- d. Hallucinogenic
  - i. T40.9 - Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]
- e. \*For the above, T codes (the 5<sup>th</sup> or 6<sup>th</sup> character) are restricted to intention (external cause of injury) codes of 1 accidental/unintentional), 2 (intentional self-harm), 3 (assault), and 4 (undetermined). 5<sup>th</sup> or 6<sup>th</sup> character of 5 (adverse effect) and 6 (underdosing) are excluded.
- f. \*For the above 7th character, representing the encounter, is limited to A (initial encounter) and D (subsequent encounter). 7th character of S (sequela) is excluded.
- g. Anabolic Steroids
  - i. F553- Abuse of steroids or hormones
- J. Any other information requested by the Chief Medical Officer, if available.

#### Procedures Required

A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

The Chief Medical Officer shall establish administrative procedures to track and analyze reports of drug overdose or suspected overdose.