



**Continuing Education (CEU) course** for healthcare professionals. View the course online at [wildirismedicaleducation.com](http://wildirismedicaleducation.com) for accreditation/approval information, course availability and other details, and to take the test for CE credit. The information provided in this course is to be used for educational purposes only. It is not intended as a substitute for professional healthcare.

Contact Hours: **2**

## Ohio Nurse Practice Act (2 Hours) Law and Rules – Category A

COPYRIGHT © 2017, WILD IRIS MEDICAL EDUCATION, INC. ALL RIGHTS RESERVED.

BY Heidi J. Crean, DC, MSN, RN, CNL; Judith Swan, MSN, BSN, ADN, RN; Persis Mary Hamilton, EdD, MSN, BSN, RN, PHN, PMHN

**LEARNING OUTCOME AND OBJECTIVES:** Upon completion of this continuing education course, you will understand the standards of safe nursing practice as outlined in the Ohio Nurse Practice Act and the rules of the Ohio Administrative Code as written by the Ohio Board of Nursing in accordance with Section 4723 of the Ohio Revised Code. Specific learning objectives include:

- Compare the roles of the Ohio Board of Nursing and Ohio professional associations.
- Discuss the standards for competent nursing practice of RNs and LPNs in Ohio.
- Explain standards for the promotion of patient safety by licensed nurses in Ohio.
- Contrast the RN and LPN standards for applying the nursing process in Ohio.

The establishment of standards for nursing education and practice is the result of efforts by nursing associations that began over 100 years ago. Currently in each state or territory, a law known as the Nurse Practice Act designates an authoritative body that defines and regulates the nursing practice of every nurse in every role. This authoritative body, known as a board of nursing, is responsible for ensuring that nurses who practice in the state for which they have responsibility are competent, safe, skilled, and knowledgeable about the standards set forth in that state's scope of practice for nurses (NCSBN, 2016). This course presents those standards for the state of Ohio written by the Ohio Board of Nursing in accordance with the Nurse Practice Act.

# OHIO BOARD OF NURSING AND OHIO ADMINISTRATIVE CODE

---

All licensed medical professionals work under accepted standards derived from local, state, and federal laws as well as professional guidelines. Licensed nurses are no exception. Their scope of practice is defined by the Nurse Practice Act (NPA) of the state in which they practice. In Ohio, the NPA is codified in Section 4723 of the Ohio Revised Code (ORC). It establishes an Ohio Board of Nursing (OBN) and defines its structure and function.

## Ohio Board of Nursing (OBN)

The Nurse Practice Act (ORC 4723) authorizes the OBN to make and enforce rules and regulations for registered nurses, licensed practical nurses, dialysis technicians, and advanced practice nurses (certified nurse-midwives, certified nurse practitioners, certified nurse specialists, and certified registered nurse anesthetists). In 2003, community health workers were placed under the jurisdiction of the OBN.

### MISSION AND MEMBERSHIP

The mission of the Ohio Board of Nursing is to “actively safeguard the health of the public through the effective regulation of nursing care” (OBN, 2015b). It accomplishes this mission by establishing educational criteria for schools of nursing, promulgating rules to regulate the scope and practice of nursing, issuing licenses, and disciplining licensees who fail to follow the rules.

Board members are public officials and meetings are open to the public. The board is made up of thirteen members: eight registered nurses, four licensed practical nurses, and one consumer appointed by the governor. The board has the legal authority to administer and enforce all provisions of the NPA. It must review each rule within the Ohio Administrative Code (OAC) at least once every five years. The board is funded and supported by mandatory licensure fees paid by nurses wishing to practice legally in the state of Ohio. The board does not have authority over employers (ORC 4723.02).

### SCOPE OF PRACTICE

Because nursing is a dynamic practice, questions may arise about whether certain tasks are within the nurse’s scope of practice. All nursing care should be consistent with the nurse’s preparation, education, experience, knowledge, and demonstrated competency.

The Ohio Board of Nursing has developed a **Scope of Practice Decision-Making Model** to help nurses determine whether a task is within their scope of practice. The model uses a decision tree with references and is based on legality, competency, safety, and accountability.



**OBN SCOPE OF PRACTICE DECISION-MAKING MODEL**

The Scope of Practice Decision-Making Model includes the following steps:

1. Defining and describing the activity/task that is to be performed
2. Determining whether the activity/task is within the scope of practice and **not** precluded or prohibited by any other law or rule
3. Evaluating self-competency to perform the activity/task; meet the standards of safe nursing practice; and demonstrate current knowledge, skills, and abilities
4. Assessing the safety and appropriateness of performing the activity/task at this time
5. Preparing to accept accountability for nursing actions

Each of these steps must be answered with a “yes” before proceeding to the next step. If at any point an answer is “no,” the nurse must not perform the action.

Source: OBN, 2015c.

**CASE: Scope of Practice Decision Making**

Mycee is a licensed practical nurse (LPN) with five years of experience who has recently moved from Indiana to Ohio. This is her first shift on a surgical floor following orientation, and she is responsible for five patients who are 1 to 4 days post-op. A new order has been written for Mr. Hansen, who is receiving patient-controlled analgesia (PCA). The order is for a change in PCA dosage.

In Indiana, Mycee was not restricted from performing this task, but she does not recall whether she is allowed to do so in Ohio. Since she can't look up the Ohio Administrative Code right now to see if the task is within her scope of practice, she consults with her charge nurse. The charge nurse tells Mycee that this is not within the scope of the LPN in Ohio. As a registered nurse (RN), the charge nurse addresses the new order.

Later, when Mycee has a break, she refers to “Using the Scope of Practice Decision-Making Model” and then visits the Ohio Administrative Code website indicated in that document. She reads Chapter 4723-17-03 (A) (4) of the code, which describes the role of the LPN in intravenous therapy procedures. There she finds that an LPN may not “program or set any function of a patient-controlled analgesic,” thereby confirming that the task is not within her legal scope of practice in Ohio.

**Applying the Model Yourself**

Take a moment to think of a situation that could arise in your practice. Then ask yourself the following five questions. If you cannot answer yes to all five, you should not undertake the action.



1. What patient care task am I being asked to do, and what is this patient's current condition?
2. Does the nurse practice act in my jurisdiction permit me to perform this task?
3. Do I have current, evidence-based knowledge and skills to correctly and safely perform what I am being asked to do for this patient?
4. Is this the most appropriate action to take for this patient at this time?
5. Do I accept accountability for completing this task?

## Ohio Administrative Code

The rules of the Board of Nursing regulate nursing practice in Ohio and are contained in Section 4723 of the Ohio Administrative Code (OAC). This course reviews those chapters in Section 4723 that set forth the standards of competency, safe nursing practice, delegation, application of the nursing process, discipline, and continuing education for registered nurses and licensed practical nurses in the state of Ohio.

### OHIO ADMINISTRATIVE CODE, SECTION 4723, BOARD OF NURSING

- 4723-1 Board Organization and Records
- 4723-2 Licensing for Active Duty Military and Veterans
- 4723-3 Definitions
- 4723-4 Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse
- 4723-5 Nursing Education Programs
- 4723-6 Alternative Program for Chemical Dependency/Substance Use Disorder Monitoring
- 4723-7 Examination and Licensure
- 4723-8 Advanced Practice Registered Nurse Certification and Practice
- 4723-9 Prescriptive Authority
- 4723-10 Courses in Medication Administration
- 4723-11 Peer Support Program
- 4723-12 Personal Information System
- 4723-13 Delegation of Nursing Tasks
- 4723-14 Continuing Education
- 4723-16 Hearings
- 4723-17 Intravenous Therapy Courses for Licensed Practical Nurses
- 4723-18 Practice Intervention and Improvement Program (PIIP)
- 4723-19 Advanced Practice Nurses
- 4723-20 Prevention of Disease Transmission
- 4723-21 Delegation in MR/DD County Board Facilities [Rescinded]



- 4723-22 Delegation of the Authority to Give Oral and/or Apply Topical Medications in ICFS/MR with Fifteen or Fewer Residents [Rescinded]
- 4723-23 Dialysis Technicians
- 4723-25 Nurse Education Grant Program
- 4723-26 Community Health Workers Chapter
- 4723-27 Medication Administration by Certified Medication Aide

Source: OAC, 2016.

## PROFESSIONAL ORGANIZATIONS

---

One of the hallmarks of a profession is that its members band together in collegial association to provide a variety of services for its members. These services include such things as continuing education, collective bargaining, legislative advocacy, and information about the profession. These organizations are not set up by state laws or through the government.

The American Nurses Association is the nationwide professional organization representing the interests of nurses. In Ohio, professional associations include the Ohio Nurses Association, Licensed Practical Nurses Association of Ohio, Ohio Association for Advanced Practice Nurses, Ohio State Association of Nurse Anesthetists, and state chapters of other specialty associations such as perioperative nurses, critical care nurses, nephrology nurses, dialysis technicians, and other groups. Typically, associations are run by boards of trustees elected by members who pay voluntary membership dues.

The mission of professional associations is characterized by that of the Ohio Nurses Association: “To advance professional nursing practice in Ohio through evolving evidence-based practice, influencing legislators, promoting education, improving economic and general welfare, and advocating for quality healthcare in a cost-effective and economically stimulating manner” (ONA, 2015).

The primary difference between the Ohio Board of Nursing and professional organizations is that professional organizations have no legal authority, whereas the Ohio Board of Nursing has authority because it was established by the Nurse Practice Act with the unambiguous function of promoting and protecting the health of citizens through safe nursing practice (OBN, 2015a).



## CODE OF ETHICS FOR NURSES

In addition to abiding by the laws established in the Nurse Practice Act, every member of a profession is expected to read, understand, and abide by the ethical standards of its occupation. In the case of nursing, the American Nurses Association publishes the *Code of Ethics for Nurses with Interpretive Statements* to guide nurses' professional practice.

The following provisions of the code broadly describe the ethical obligations of nurses:

**Provision 1.** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every individual.

**Provision 2.** The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

**Provision 3.** The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

**Provision 4.** The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal care.

**Provision 5.** The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

**Provision 6.** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

**Provision 7.** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

**Provision 8.** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

**Provision 9.** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Source: ANA, 2015.



## **DEFINITION OF TERMS**

Because the Nurse Practice Act is a legal document, nurses need to understand the meaning of the words used in the statute. Following are terms used in Section 4723-4-01 of the Ohio Administrative Code.

### **Certified nurse-midwife**

RN who has met the associated certificate requirements of Section 4723.41 of the Revised Code and holds a current valid certificate of authority issued by the board under Section 4723.42 of the Revised Code

### **Certified nurse practitioner**

RN who has met the associated certificate requirements of Section 4723.41 of the Revised Code and holds a current valid certificate of authority issued by the board under Section 4723.42 of the Revised Code

### **Certified registered nurse anesthetist**

RN who has met the associated certificate requirements of Section 4723.41 of the Revised Code and holds a current valid certificate of authority issued by the board under Section 4723.42 of the Revised Code

### **Clinical judgment**

The application of the nurse's knowledge and reasoning within the context of the clinical environment in making decisions about patient care

### **Clinical nurse specialist**

RN who has met the associated certificate requirements of Section 4723.41 of the Revised Code and holds a current valid certificate of authority issued by the board under Section 4723.42 of the Revised Code

### **Continuing education**

Learning activity that builds upon a prelicensure or precertification education program to acquire or improve knowledge or skills that promote professional or technical development

### **Direction**

Communicating a plan of care to an LPN. Direction by an RN is not meant to imply the RN is supervising the LPN in the employment context

### **Licensed nurse**

Either a registered nurse (RN) or a licensed practical nurse (LPN) who holds a current valid license to practice nursing in Ohio

### **Nursing diagnosis**

An identified patient need or problem that is amenable to nursing intervention

Source: OAC 4723-4-01 and 4723-14-01.



## STANDARDS OF COMPETENCY FOR RNs

---

[This section is taken from OAC 4723-4-03, Standards Relating to Competent Practice as a Registered Nurse.]

Registered nurses provide nursing care within the **scope of practice** described in the Ohio Revised Code and the rules of the Ohio Board of Nursing and maintain current knowledge of the duties, responsibilities, and accountabilities of safe nursing practice.

Registered nurses must be **competent and accountable** in all areas of practice, including consistent performance of all aspects of nursing care and appropriate recognition, referral or consultation, and intervention when complications arise.

Registered nurses may provide nursing **care beyond basic nursing preparation** for an RN provided they obtain additional education; demonstrate appropriate knowledge, skills, and abilities; and maintain documentation of their additional education and training. The RN must have a valid order or direction from an authorized individual and the nursing care cannot involve a function or procedure prohibited by any law or rule.

An RN must **clarify and implement** any prescribed regimen, direction, or treatment for a patient in a timely manner unless the RN believes the prescribed treatment is inaccurate, not properly authorized, not current or valid, harmful, or potentially harmful to a patient or contraindicated by other documented information.

If an RN decides **not to follow a direction** or administer a prescribed medication or treatment, the RN must notify the prescribing practitioner, document that fact, and state the reason for not following the direction. No matter what the circumstances, however, the RN must take action to ensure the safety of the patient.

In a timely manner, an RN **reports to and consults with** other nurses or members of the healthcare team and makes referrals as appropriate.

An RN maintains the **confidentiality** of patient data, only communicating appropriate patient information to other members of the healthcare team for healthcare purposes. An RN does not disclose identifiable patient healthcare information unless the patient gives consent through a properly executed document. Only in limited circumstances, in accordance with authorized law, rule, or legal authority, may an RN give out identifiable patient information.

An RN uses **acceptable standards** of safe nursing care as a basis for any observation, advice, instruction, teaching, or evaluation and communicates information that is consistent with acceptable standards of safe nursing care.

When an RN gives **direction to an LPN**, the RN first assesses the condition and stability of the patient who needs nursing care, including the type, complexity, and frequency of care. The RN also assesses the skill and ability of the LPN who is to perform the care and the availability and accessibility of resources needed to safely perform the procedure.





## STANDARDS OF COMPETENCY FOR LPNs

---

[This section is taken from OAC 4723-4-04, Standards Relating to Competent Practice as a Licensed Practical Nurse.]

A licensed practical nurse (LPN) functions within the scope of practice of an LPN as set forth in Section 4723 of the Ohio Revised Code and the rules of the Ohio Board of Nursing.

An LPN maintains **current knowledge** of the duties, responsibilities, and accountabilities for safe nursing practice.

An LPN demonstrates **competence and accountability** in all areas of practice, including consistent performance of all aspects of nursing care and appropriate recognition, referral or consultation, and intervention when complications arise.

An LPN may provide nursing **care beyond basic preparation** for an LPN provided the LPN obtains appropriate education; demonstrates knowledge, skills, and abilities; and maintains satisfactory records of meeting these requirements. The LPN must have a valid order or direction from an authorized individual and the nursing care cannot involve a function or procedure prohibited by any law or rule.

An LPN will **clarify and implement** any order or direction from an authorized professional practitioner unless the LPN believes the order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful to the patient, or contraindicated by documented information.

When clarifying an order or direction, the LPN will consult with an authorized practitioner or directing RN. If the LPN **decides not to follow** the direction, the LPN notifies the ordering practitioner or directing registered nurse, documents the notification including the reason for not carrying out the direction, and takes any action necessary to assure patient safety.

An LPN **reports to and consults with** other nurses or other members of the healthcare team and makes referrals as appropriate.

An LPN maintains the **confidentiality** of patient information obtained in the course of nursing practice. The LPN communicates appropriate patient information with other members of the healthcare team for healthcare purposes only.

An LPN **does not disclose** identifiable patient healthcare information unless the patient gives written consent by a properly executed release of information. Only in limited circumstances in accord with authorized legal authority does an LPN release individually identifiable patient healthcare information without a written consent of the patient.

When an LPN is directed to observe, advise, instruct, or evaluate the performance of a nursing task, the nurse uses **acceptable standards** of safe nursing care as a basis for that observation, advice, instruction, teaching, or evaluation and communicates information consistent with acceptable standards of safe nursing care with respect to the nursing task.



## STANDARDS OF COMPETENCY FOR ADVANCED PRACTICE NURSES

---

[This section is taken from OAC 4723-4-05, Standards Relating to Competent Practice as a Certified Nurse-Midwife, Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist.]

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist all function within the scope of practice of nursing for a registered nurse and within the nurse's applicable scope of practice. When such an individual holds a certificate to prescribe, that person practices in accord with Section 4723.481 of the Revised Code and Section 4723-9 of the Ohio Administrative Code.

When the practice of a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist is evaluated, the **evaluation** must be done by a collaborating licensed physician, podiatrist, or nurse holding a similar current, valid certificate of authority.

When the practice of a certified registered nurse anesthetist is evaluated, the evaluation must be done by a supervising licensed physician, podiatrist, dentist, or nurse holding a similar current, valid certificate of authority.

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist may provide care within their specialty, provided the nurse obtains appropriate education from a recognized body of knowledge; demonstrates knowledge, skills, and abilities; and maintains documented evidence of these skills and abilities.

## STANDARDS THAT PROMOTE PATIENT SAFETY

---

[This section is taken from OAC 4723-4-06, Standards of Nursing Practice Promoting Patient Safety.]

When providing direct nursing care to patients or engaging in nursing practice in person or by telecommunication, licensed nurses must **display their applicable title** or initials (degree) or identify to each patient the nurse's title or initials (degree) as a registered nurse or licensed practical nurse.

When providing direct nursing care to patients or engaging in nursing practice in person or by telecommunication, a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist must display or identify the applicable title or initials identifying the approved title or initials.

Licensed nurses may **delegate certain nursing tasks** to an unlicensed person when they follow rules described in 4723-13, 4723-23, 4723-26, or 4723-27 of the OAC.



**GENERAL DELEGATION GUIDELINES**

- A registered nurse may delegate a nursing task to an unlicensed person and a licensed practical nurse may delegate to an unlicensed person only at the direction of the registered nurse.
- The nursing task must be within the scope of practice of the delegating nurse.
- The nursing task is within the knowledge, skill, and ability of both the delegating nurse and the unlicensed person who will perform the task.
- The task must not require nursing knowledge or expertise on the part of the unlicensed person and does not require complex observations or critical decisions.
- Prior to delegating a task, the nurse gives a time frame for completion of the task.
- The delegating nurse shall identify and evaluate the patient needing care, the types of nursing care required, the patient stability, and review of evaluations performed by other licensed individuals.
- No person to whom a nursing task is delegated shall delegate the nursing task to any other person.
- The delegating nurse shall be accountable for the decision to delegate to an unlicensed person.
- If the delegating nurse finds the unlicensed person is incorrectly performing the delegated task, the licensed nurse shall intervene immediately.

Source: OAC 4723-13-05.

**CASE: Delegating Tasks**

Sabrina is an RN in a busy medical-surgical department at a hospital in Columbus. She is in the middle of passing morning medications when her new post-op patient, Mr. Winters, rings in complaining of severe pain. When she arrives to Mr. Winters' room, Sabrina performs a focused assessment of his surgical dressing and finds everything within normal limits. Sabrina consults the electronic medication administration record (eMAR) and sees that Mr. Winters has IV morphine ordered for severe pain. She also recalls the report from the PACU nurse stating that Mr. Winters' blood pressure was running low.

In reviewing the tasks at hand, Sabrina knows she needs to continue with medications for her other patients, to get a new set of vitals on Mr. Winters to be sure his blood pressure won't bottom out with a new dose of IV morphine, and then to administer the pain medication to Mr. Winters. In order to accomplish her tasks in a timely manner, Sabrina determines that it is necessary to delegate something to the appropriate assistive personnel. She remembers that Martha, a CNA, has also been assigned to her patients.



Sabrina contacts Martha to see if she is available to take Mr. Winters' blood pressure, knowing that taking patients' vitals is within Martha's education and training and is part of her normal assignment as a CNA. Sabrina indicates to Martha that she will continue passing medications while Martha gets the patient's vitals, which she should carry out right away. Sabrina informs Martha that she will be with the patient in the next room by the time Martha has the vital signs. Martha agrees and begins to take Mr. Winters' blood pressure.

Martha finds Sabrina as she is coming out of the room next door and reports that Mr. Winters' blood pressure is 118/58, which presents no contraindication to administering the IV morphine. Sabrina goes to the department's med room to obtain the pain medication and administers the morphine, relieving Mr. Winters' pain. She thanks Martha for her help and then returns to her other patients.

### Applying the Model Yourself

Take a moment to think of a situation in your own practice when you may need to delegate a task to assistive personnel. Then review each of the delegation guidelines in the box above and ask yourself whether you may delegate the task or not according to Ohio's nursing rules.

Licensed nurses must **report and document** their nursing assessments and observations, care provided, and the patient's response to that care in a timely and accurate manner. Licensed nurses must document any errors or deviations from a prescribed regimen to the appropriate practitioner in a timely, complete, and accurate manner.

Licensed nurses must **not falsify patient records** or any other document prepared or used in the course of nursing practice. This includes time cards, billing records, and other documents related to nursing services.

Licensed nurses must implement measures to **promote a safe environment** for patients and maintain a professional boundary between themselves and patients. They must provide privacy during examination and care and treat patients with individual dignity, courtesy, and respect.

Licensed nurses shall not engage in behavior that causes or may cause physical, verbal, mental, or emotional **abuse** to a patient or engage in behavior that a reasonable person would interpret as physical, verbal, mental, or emotional abuse.

A licensed nurse may not misappropriate the **property of patients** or seek or obtain personal gain at their expense.

A licensed nurse may not engage in behavior that constitutes an **inappropriate involvement** in a patient's financial or personal matters.

A licensed nurse may not engage in **sexual conduct** with a patient, or engage in conduct that may be interpreted as sexual, seductive, or demeaning to a patient. A licensed nurse may not engage in any verbal behavior with a patient that is seductive or sexually demeaning. The patient is always presumed to be incapable of free, full, or informed consent to sexual activities with a nurse.



A licensed nurse will not make or submit or cause to be submitted any **false, misleading, or deceptive statements** to the OBN, employers or employing agencies, members of the healthcare team, or law enforcement personnel.

A nurse shall not use **social media, texting, emailing**, or other forms of communication with or about a patient for non-healthcare purposes or for purposes other than fulfilling the nurse's assigned job responsibilities.

When licensed nurses function in **administrative roles**, they must make sure that there are procedures in place and implemented to verify that every nurse, dialysis technician, or medication aide working under their administration has a current valid license or valid certificate in Ohio to practice in the role to which they are assigned.

Only RNs may **supervise or evaluate** the nursing practice of RNs and LPNs; however, non-nursing supervisors may evaluate nurse employees in matters other than the practice of nursing.

To maintain standards and safety and improve knowledge and skills, licensed nurses practicing in Ohio must meet the **continuing education** requirements as described in Section 4723-14-03 of the OAC. A nurse applying to renew an active license to practice nursing in Ohio must complete 24 contact hours of continuing education during the renewal period, unless an exception applies, and at least one of the required hours needs to be in category A continuing education. “**Category A**” means the portion of continuing education that meets the one-hour requirement directly related to Chapter 4723 of the Revised Code and the rules of the Board as described in rule 4723-14-03 of the Administrative Code.

## STANDARDS FOR APPLYING THE NURSING PROCESS FOR RNs

[This section is taken from OAC 4723-4-07, Standards for Applying the Nursing Process as a Registered Nurse.]

Registered nurses and advanced practice nurses give care to patients using a cyclic series of steps called the nursing process. With critical thinking and clinical judgment, RNs **assess, analyze/report, plan, implement, and evaluate** the changing status of patients. They apply the nursing process in various practice settings and collaborate with patients, family, significant others, and members of the healthcare team according to the following standards.

### **Assessment**

Assessment involves the accurate and timely collection of both subjective and objective information about a patient's condition from the patient, family members, significant others, and members of the healthcare team. The RN may direct or delegate the gathering of data but must document and report it, as appropriate, to other members of the healthcare team.



## Analysis and Reporting

In an accurate and timely manner, RNs identify, organize, and interpret relevant data. They establish, accept, or modify a nursing diagnosis, which is used as a basis for nursing interventions, and report collected data as needed to other members of the healthcare team.

## Planning

In an accurate and timely way, RNs develop, establish, maintain, or modify the nursing care plan, including the nursing diagnosis, desired patient outcomes, and nursing interventions. They communicate the plan of care and all modifications to members of the healthcare team.

## Implementation

In an accurate and timely way, RNs implement the current nursing care plan. They execute current valid orders or directions by a licensed practitioner and give direct nursing care commensurate with their education, knowledge, skills, and abilities. They assist and collaborate with other healthcare providers in the care of the patient, and delegate nursing tasks appropriately.

## Evaluation

In an accurate and timely way, RNs evaluate, document, and report patient responses to nursing interventions and progress toward expected outcomes to appropriate members of the healthcare team. They then reassess the patient's health status, revising the nursing diagnoses and nursing care plan and changing the nursing interventions as appropriate (OAC, 2016).

## STANDARDS FOR APPLYING THE NURSING PROCESS FOR LPNs

---

[This section is taken from OAC 4723-4-08, Standards for Applying the Nursing Process as a Licensed Practical Nurse.]

Licensed practical nurses contribute to the nursing process as set forth in the Ohio Administrative Code and rules of the board. The steps of the nursing process are cyclic in nature, so that the patient's changing status affects the action of nurses as they **assess**, **plan**, **implement**, and **evaluate** the patient's status. The LPN collaborates, as appropriate, with the patient, family, significant others, and members of the healthcare team. The licensed practical nurse shall use the following standards for applying the nursing process.



## Assessment

The LPN contributes to the nursing assessment of a patient. In an accurate and timely manner, LPNs collect and document objective and subjective data related to the patient's health status and report the data to the directing registered nurse or healthcare provider and other members of the healthcare team.

## Planning

In an accurate and timely manner, LPNs contribute to the development, maintenance, or modification of the nursing component of the care plan and communicate the nursing component and all modifications of the plan to appropriate members of the healthcare team.

## Implementation

Licensed practical nurses implement the nursing care plan in an accurate and timely manner as follows:

- Provide nursing interventions
- Collect and report patient data as directed
- Administer medications and treatments prescribed by an authorized person
- Give direct basic nursing care at the direction of an RN, advanced practice registered nurse, licensed physician, dentist, optometrist, chiropractor, or podiatrist
- Collaborate with other nurses and members of the healthcare team
- Delegate tasks as directed

## Evaluation

In an accurate and timely manner, LPNs contribute to the evaluation of patient responses to nursing interventions, document and communicate patient responses to nursing interventions to appropriate members of the healthcare team, and contribute to the reassessment of the patient's health status and to modifications of any aspect of the nursing plan of care.

### CASE: Nursing Process

**Assessment.** Jeffrey is a registered nurse supervising the care for Henry, who is one day post total hip replacement. This afternoon Judy, the LPN providing direct nursing care for Henry, reports to Jeffrey that Henry has developed chest discomfort and shortness of breath. Jeffrey gathers data that includes Henry's appearance, vital signs, oxygen saturation, heart sounds, and breath sounds.



**Analysis/Reporting.** Jeffrey analyzes the collected data, determines Henry has impaired gas exchange (nursing diagnosis), and contacts the physician to report the findings and receive direction.

**Planning.** Jeffrey and Judy then modify Henry's nursing care plan to reflect the care required of a patient with suspected pulmonary embolism, and they communicate the plan of care to other members of the nursing team.

**Implementation.** Judy carries out the modified nursing care plan, providing direct patient care and/or delegating nursing tasks to other members of the team.

**Evaluation.** Jeffrey and Judy evaluate Henry's status frequently and determine improvement in chest discomfort and dyspnea has occurred.

## SPECIALTY CERTIFICATION

---

[This section is taken from OAC 4723-4-09, Specialty Certification. This section does not apply to advanced practice nurses (see 4723.55 of the Revised Code), certified nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists, or clinical nurse specialists (see 4723.41 of the Revised Code, Application to Practice Nurse-Midwifery or Other Specialty).]

An RN with a current, valid license to practice nursing in Ohio may use a title or initials denoting specialty certification in a particular area of specialty in nursing granted by a national certifying organization with established standards. The certifying organization must have established standards stating the requirements for specialty practice, including practice qualifications, formal education, continuing education, or demonstration of knowledge, and must include an examination in the particular area of specialty nursing.

The title to be used by the RN who focuses in a particular specialty in nursing shall be the title granted by the national certifying organization. The registered nurse may use such title or initials following the title *Registered Nurse* or the initials *RN*.

No person may use any title or initials implying or representing specialty certification unless that person has been granted a specialty certification title in nursing by a national certifying organization.

## DISCIPLINE RELATED TO NURSING PRACTICE

---

[This section is taken from ORC, Chapter 4723.28, Disciplinary Actions, and OAC Chapters, 4723-16, Hearings, and 4723-18, Practice Intervention and Improvement Program.]

The Ohio Board of Nursing protects the public's health and welfare by overseeing and ensuring the safe practice of nursing. It regulates and oversees nursing practice by enforcing the nursing laws and rules of the state. Violations are serious and may result in discipline by the board.





## Violations

Violations of nursing laws and rules can result in sanctions, including reprimands; denial, revocation, suspension, or restriction of licenses; and/or fines. Violations that may result in sanctions include, but are not limited to:

- Fraud in passing a licensing exam
- Fraud, misrepresentation, or deception in applying for a license
- Practicing nursing without properly renewing a nursing license or with a suspended license
- Aiding and abetting a person in practicing nursing without a license
- Committing a misdemeanor in the course of practice
- Committing any felony
- Selling, giving away, or administering drugs or therapeutic devices for other than legal or legitimate therapeutic purposes
- Violating any municipal, state, county, or federal drug law; taking any dangerous drug without a valid prescription; or taking any Schedule-I controlled substance
- Impaired practice of safe nursing care due to drugs, alcohol, or other chemical substances
- Impaired practice of safe nursing care due to physical or mental disability
- Assaulting or causing harm to a patient
- Misappropriation of money or anything of value in the course of practice
- Being adjudicated as mentally ill or mentally incompetent
- Failing to use Universal and Standard Precautions
- Engaging in activities that exceed one's scope of practice
- Prescribing any drug or device to perform or induce, or otherwise performing, an abortion
- Failure to maintain professional boundaries with a patient
- Engaging with a patient in any sexual contact or verbal behavior that is sexually demeaning
- Assisting suicide
- Violation of any nursing laws and rules



## Disciplinary Hearings

The Board of Nursing responds to possible violations of nursing laws and rules. This may include investigation of the complaint against a nurse, hearings, examination of evidence, and the calling of witnesses. The nurse may represent him or herself before the board or be represented by an attorney. Unless subpoenaed by the board, the nurse is not required to appear in person at any hearing.

When making a decision regarding disciplinary action, the board considers:

- Any prior disciplinary action taken against the nurse
- Any prior completion of the alternative program for chemical dependency, if applicable
- Whether the act was willful, intentional, irresponsible, or unintentional
- Whether the nurse cooperated with the board investigation
- Whether the nurse provided false, misleading, or deceptive information
- The frequency of the act at issue
- Whether the act represents a pattern of commissions or omissions
- The outcome of the nurse's actions
- The level of harm or potential harm to a patient  
(OAC, Chapter 4723-16)

As a resolution to the possible violation, the board may close the case, issue a non-disciplinary advisory letter, refer the nurse to the PIIP (see below) with employer remediation, or impose disciplinary sanctions. A matter may also be resolved through a settlement agreement submitted to and ratified by the board.

## Practice Intervention and Improvement Program

The Practice Intervention and Improvement Program (PIIP) is a confidential alternative to discipline program for eligible licensees as authorized in section 4723.282 of the Revised Code. The program establishes a structured remedial education and monitoring program in cases where a nurse has failed to practice safe nursing but whose practice deficiency can be corrected through participation in the PIIP rather than through disciplinary action. The PIIP utilizes educational interventions such as continuing education activities, courses provided by a post-secondary educational institution, or activities provided by the nurse's employer.



In order to determine a nurse's eligibility for this program, the board applies these and other criteria:

- That the public will be adequately protected from unsafe practice
- Whether the nurse's practice deficiency resulted in harm or other untoward outcome for the patient
- The likelihood the practice deficiency can be corrected through remediation
- The extent of the nurse's cooperation with the board
- Whether the nurse's practice deficiency was intentional or willful
- The frequency of its occurrence
- Whether the nurse has been the subject of other disciplinary action

Those eligible for the program must develop a participatory agreement that includes these and other elements, as detailed in the OAC:

- Describes the practice deficiencies
- Identifies the required remediation and educational interventions
- Specifies the timeframe to fulfill the requirements
- Requires the nurse to pay all expenses of remediation
- Requires the nurse to provide documentation of participation to all employers
- Requires the nurse to participate in workplace monitoring, including written progress reports by the monitors
- Specifies the terms and conditions that must be met to successfully complete the remediation

If a PIIP participant fails to comply with or successfully fulfill the agreement, the board will proceed with disciplinary action.

## CONCLUSION

---

The Ohio Nurse Practice Act defined the scope of practice for nurses in Chapter 4723 of the Ohio Revised Code and established the Ohio Board of Nursing. The Board of Nursing is responsible for the administration and enforcement of the Nurse Practice Act. This responsibility is accomplished through Section 4723 of the Ohio Administrative Code (OAC). The OAC are the rules written by the Ohio Board of Nursing in accordance with the Ohio Nurse Practice Act.



Chapters 1 through 27 of the OAC contain the rules and regulations for all aspects of nursing practice in the state of Ohio. It sets forth the standards of competent nursing practice and standards for promoting patient safety. By so doing, OAC 4723 fulfills the mission of the Board of Nursing to actively safeguard the health of the public through the effective regulation of nursing care. It is the responsibility of all nurses in the state of Ohio to be familiar with and to abide by these laws and rules.



## REFERENCES

- American Nurses Association (ANA). (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author. Retrieved from <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>
- National Council of State Boards of Nursing (NCSBN). (2016). Nurse practice act, rules, and regulations. Retrieved from <https://www.ncsbn.org/nurse-practice-act.htm>
- National Council of State Boards of Nursing (NCSBN). (n.d.). State and territorial boards of nursing: what every nurse needs to know. Retrieved from [https://www.ncsbn.org/NursesGuide\\_FINAL.pdf](https://www.ncsbn.org/NursesGuide_FINAL.pdf)
- Ohio Administrative Code. (2016). Section 4723: board of nursing. Retrieved from <http://codes.ohio.gov/oac/4723>
- Ohio Board of Nursing (OBN). (2015a). The Board of Nursing & nursing & dialysis technician associations: what's the difference? Retrieved from <http://www.nursing.ohio.gov/pdfs/bdassn.pdf>
- Ohio Board of Nursing (OBN). (2015b). Welcome to the Ohio Board of Nursing. Retrieved from <http://www.nursing.ohio.gov>
- Ohio Board of Nursing (OBN). (2015c). Decision making model. Retrieved from [http://www.nursing.ohio.gov/PDFS/Practice/Decision\\_Making\\_Model.pdf](http://www.nursing.ohio.gov/PDFS/Practice/Decision_Making_Model.pdf)
- Ohio Nurses Association (ONA). (2015). About ONA: ONA vision and mission. Retrieved from <http://www.ohnurses.org/about/>
- Ohio Revised Code (ORC). Chapter 4723. (2015). Retrieved from <http://codes.ohio.gov/orc/4723>





## DISCLOSURE

Wild Iris Medical Education, Inc., provides educational activities that are free from bias. The information provided in this course is to be used for educational purposes only. It is not intended as a substitute for professional healthcare. Neither the planners of this course nor the author have conflicts of interest to disclose. (A conflict of interest exists when the planners and/or authors have financial relationship with providers of goods or services which could influence their objectivity in presenting educational content.) This course is not co-provided. Wild Iris Medical Education, Inc., has not received commercial support for this course. There is no “off-label” use of medications in this course. All doses and dose ranges are for adults, unless otherwise indicated. Trade names, when used, are intended as an example of a class of medication, not an endorsement of a specific medication or manufacturer by Wild Iris Medical Education, Inc., or ANCC. Product trade names or images, when used, are intended as an example of a class of product, not an endorsement of a specific product or manufacturer by Wild Iris Medical Education, Inc., or ANCC. Accreditation does not imply endorsement by Wild Iris Medical Education, Inc., or ANCC of any commercial products or services mentioned in conjunction with this activity.

## ABOUT THIS COURSE

You must score 70% or better on the test and complete the course evaluation to earn a certificate of completion for this CE activity.

## ABOUT WILD IRIS MEDICAL EDUCATION

Wild Iris Medical Education offers a simple CE process, relevant, evidence-based information, superior customer service, personal accounts, and group account services. We’ve been providing **online accredited continuing education since 1998**.

## ACCREDITATION INFORMATION FOR WILD IRIS MEDICAL EDUCATION



## TEST

---

[ [Take the test online at wildirismedicaleducation.com](http://wildirismedicaleducation.com) ]

1. Which is a **true** statement about the Ohio Board of Nursing (OBN)?
  - a. The OBN oversees and regulates safe nursing practice.
  - b. The OBN has no legal authority under the Ohio Nurse Practice Act.
  - c. The OBN is exempt from regulating advanced practice nurses.
  - d. The OBN is publicly funded and supported by taxpayer dollars.
  
2. Ohio's Scope of Practice Decision-Making Model helps a nurse determine whether to take an action based on legality, competency, safety, and:
  - a. Efficiency.
  - b. Integrity.
  - c. Cost-effectiveness.
  - d. Accountability.
  
3. What is the primary difference between the Ohio Board of Nursing (OBN) and the Ohio Nurses Association (ONA)?
  - a. The ONA works to ensure safe nursing practice, whereas the OBN does not.
  - b. The OBN is involved in promoting the education of nurses, whereas the ONA is not.
  - c. The ONA is concerned with the health of the general public, whereas the OBN is not.
  - d. The OBN has legal authority, whereas the ONA does not.
  
4. An RN who works in an emergency department is often required to perform advanced cardiac life support, which was not taught in his or her nursing education program. Which statement supports the nurse's provision of this care?
  - a. The nurse may receive training to make a medical diagnosis.
  - b. The nurse is accountable only to nursing practice taught in his or her education program.
  - c. The nurse must obtain additional education and demonstrate competence to perform complex nursing care.
  - d. The nurse may be trained to perform tasks that are not within his or her scope of practice.



- 5.** An RN is caring for a 67-year-old patient with a history of diabetes, chronic renal insufficiency, and hyperlipidemia. The patient is recovering in a rehab unit following a foot amputation. The patient's current medications include insulin and erythromycin. A physician assistant writes a new order for simvastatin (Zocor) to treat the patient's hyperlipidemia. The nurse makes a decision not to administer the simvastatin because it may interact with the erythromycin and cause kidney failure. What is the nurse's next action?
- Notifying the patient of the risk of taking the drug
  - Notifying the physician assistant of the decision not to administer the drug
  - Advising the rehabilitation facility administrator of the decision not to administer the drug
  - Documenting withholding the drug, but not documenting the inappropriate order
- 6.** A new patient is admitted to a hospital unit that is staffed with one LPN and multiple RNs. Some of the patient's care can be assigned to the LPN after an RN first assesses the:
- Condition of the patient who needs care.
  - Length of employment of the LPN.
  - Patient's admission orders.
  - Availability of other nurses who could provide care.
- 7.** An LPN is caring for a new patient who arrived yesterday from the emergency department. Various people ask the nurse about the patient's status. The nurse discloses identifiable patient information only:
- When the patient has given written consent.
  - To family members and friends who phone.
  - When the patient's physician authorizes the nurse to do so.
  - To staff members from the emergency department who wonder how the patient is doing.
- 8.** The Ohio BON states that the decision to delegate patient care to unlicensed assistive healthcare personnel directly resides with which nursing professional?
- An LPN
  - An RN
  - A nurse manager
  - A nurse executive



**9.** According to the rules of the Ohio Administrative Code (OAC), the analysis/reporting step of the RN nursing process involves:

- a. Delegating the gathering of data to others.
- b. Implementing various nursing interventions for the good of the patient.
- c. Identifying, organizing, and interpreting assessment data.
- d. Evaluating the availability of staff and resources to care for the patient.

**10.** In outlining standards of care for LPNs, the Ohio Nurse Practice Act omits which step of the nursing process for RNs?

- a. Evaluating a patient's responses to nursing interventions
- b. Planning and modifying the care plan to reflect new medical and nursing diagnoses
- c. Implementation of the nursing care plan by administering patient care
- d. Analysis/reporting of collected data from the patient assessment

**11.** When providing patient care in a nursing specialty area, nurses who are certified in this area of practice are recommended to wear name badges with:

- a. "Nursing Service" after their full name.
- b. Their full name only.
- c. "RN" displayed after their full name.
- d. "RN" and the title granted by the certifying body after their full name.

**12.** Which is a **true** statement regarding violations that may result in disciplinary action for a nurse licensed in Ohio?

- a. A nurse may use illegal drugs when off duty so long as it does not cause impairment at work.
- b. A nurse may assist a terminally ill patient with suicide.
- c. A nurse must always use Universal and Standard Precautions.
- d. A nurse must put a patient at risk in order to face disciplinary action.

