Ohio Nurse Practice Act  (1 Hour)
Standards of Safe Nursing Practice

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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.
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.

The Ohio Board of Nursing (OBN) 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.
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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.

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 and continuing education for registered nurses and licensed practical nurses in the state of Ohio.

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).

**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.

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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.

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.

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.

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


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TEST

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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?
   a. Notifying the patient of the risk of taking the drug
   b. Notifying the physician assistant of the decision not to administer the drug
   c. Advising the rehabilitation facility administrator of the decision not to administer the drug
   d. 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:
   a. Condition of the patient who needs care.
   b. Length of employment of the LPN.
   c. Patient’s admission orders.
   d. 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:
   a. When the patient has given written consent.
   b. To family members and friends who phone.
   c. When the patient’s physician authorizes the nurse to do so.
   d. 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?
   a. An LPN
   b. An RN
   c. A nurse manager
   d. 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.