

[« Return to Regular Course View](#)

Ohio: Standards of Nursing Practice inc. Delegation, 2 contact hours

Author: Fran Laughton, RN, MSN, FNP; JoAnn O'Toole, RN, BSN

Contact hours: 2

Course price: \$19

Instructions

1. To print everything you need, including the test, evaluation, and registration, click Print This Page at the top right. Study the course, pass the test, and fill out the forms.
2. Make out your check or money order to ATrain Education, Inc. Or enter your credit card information on the form provided.
3. Mail the completed forms with your payment to:
ATrain Education, Inc
5171 Ridgewood Rd
Willits, CA 95490

When we receive your order, we will grade your test, process your payment, and email a copy of your certificate. For a paper copy of your certificate (suitable for framing), please add \$8.50 to your payment.

Questions? Call 707 459-1315 (Pacific Time) or email (contact-us@atrainceu.com).

Approval Statement: 2 Category A contact hours. This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91). Approval #ONA 21994.

Course Summary

Historical review of the establishment nurse practice acts and nursing boards. Comprehensive discussion of Chapter 4723-4, Rules Related to Standards of Practice for Registered Nurses and Licensed Practical Nurses in Ohio, including delegation. Meets the 2-unit requirement for coursework related to rules and laws for Ohio nurses.

COI Support

Accredited status does not imply endorsement by ATrain Education or any accrediting agency of any products discussed or displayed in this course. The planners and authors of this course have declared no conflict of interest and all information is provided fairly and without bias.

Commercial Support

No commercial support was received for this activity.

Criteria for Successful Completions

80% or higher on the post test, a completed evaluation form, and payment where required. No partial credit will be awarded.

Course Objectives

When you finish this course you will be able to:

1. State 4 general responsibilities of nursing practice acts.
2. Describe the chief responsibility of the Ohio Board of Nursing.
3. Summarize the purpose of Chapter 4723-4 of the Ohio Administrative Code.
4. Describe the 5 elements of the nursing process for a Registered Nurse.
5. Describe 3 ways in which the nursing process as an LPN differs from that of the RN.

6. Define specialty certification.
7. Provide definitions for delegation and delegating nurse.
8. Describe the 4 most common causes of practice failures resulting in disciplinary actions.

The Ohio Nurse Practice Act

The Ohio Nurse Practice Act (NPA), established in 1915, sets guidelines for nurses who practice in the State of Ohio. It is codified in Chapter 4723 of the Ohio Revised Code (ORC). Nineteen chapters within the Ohio Administrative Code (OAC) fill out the ORC with additional rules regarding nursing practice.

An amendment to the Ohio Nurse Practice Act [Chapter 4723, Ohio Revised Code (ORC)] authorizes certified nurse practitioners, clinical nurse specialists, and registered nurses, under specific circumstances, to determine and pronounce death. The new law, Section 4723.36, ORC, which became effective March 22, 2013, authorizes certified nurse practitioners, clinical nurse specialists, and registered nurses to determine and pronounce death if an individual's respiratory and circulatory functions are not being artificially sustained, and certain other circumstances exist (Ohio BON, (2018a)).

As licensed nurses take an ever-larger role in the delivery of healthcare, complaints against nurses have increased. Ohio nurses and others covered by the nurse practice act are responsible for understanding the laws and rules that govern and define their scope of practice. To determine if a procedure or activity is within a nurse's scope of practice, see the Decision Making Model available on the BON website. The most up-to-date version of rules pertaining to scope of practice is also available on the Ohio Board of Nursing website.

In general, nurse practice acts describe:

- Qualifications for licensure
- Nursing titles that are allowed to be used
- Scope of practice
- Actions that can be taken against nurses who do not follow nursing law

The Ohio Board of Nursing

Nursing boards, including the Ohio Board of Nursing, are legally responsible for enforcing their state's nurse practice act. They establish standards for safe nursing care and issue licenses to practice nursing. They monitor compliance with state laws and are empowered to take action against licensees who have exhibited unsafe nursing practice. Nursing boards oversee education requirements, rules for licensure, and define the scope of nursing practice in their state (NCSBN, 2018a).

Nursing scope of practice and responsibilities vary from state to state. Because of this, nurses in the United States are responsible for knowing the regulatory requirements for nursing and the nurse practice act in every state in which they are practicing (NCSBN, 2018a).

Guiding Principles of Boards of Nursing

Nursing boards are responsible for:

- Protecting the public
- Ensuring the competence of all practitioners regulated by the board
- Ensuring due process and ethical decision making
- Sharing accountability
- Engaging in strategic collaboration
- Developing evidence-based regulations
- Responding to the marketplace and healthcare environment
- Understanding the globalization of nursing

Source: National Council of State Boards of Nursing, 2018a.

The Ohio Board of Nursing (BON) is both a regulatory board and a state government agency. Its chief responsibility is to implement and enforce state laws related to nursing licensure, nursing practices, nursing education, and Ohio nursing schools.

The Ohio BON was established by the Ohio state legislature through enactment of a law, which mandates its structure and functions. Board members are public officials and their meetings and most of their records are open to the public. Members of the Ohio BON may be appointed by the governor or the state legislature. Individual healthcare practitioners must pay licensure fees to the BON in order to practice legally in the state of Ohio (OBN, 2016).

The powers and duties of the Ohio Board of Nursing are defined in Chapters 4723.02 and 4723.06 of the Ohio Revised Code. The overall mission of the board is “to actively safeguard the health of the public through effective regulation of nursing care” (Ohio BON, 2016).

Licensees and certificate holders regulated by the Board include registered nurses, advanced practice registered nurses (certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists), licensed practical nurses, dialysis technicians, medication aides, and certified community health workers (OBN, 2016).

Eight registered nurses, four licensed practical nurses, and one consumer make up a thirteen-member board appointed by the governor. Of the eight registered nurses on the board, one must be authorized to practice as an advanced practice registered nurse. The consumer member of the board, who is not a nurse, is appointed to represent the interests of consumers of healthcare. The board elects one of its registered nurse members to serve as the supervising member for disciplinary matters (OBN, 2016).

The Board regulates over 297,000 licenses and certificates, an increase from 223,000 in 2009. Nearly 17,000 of those are Advanced Practice RNs (APRNs) and over 48,000 are licensed practical nurses (LPNs). In fiscal year 2017, newly licensed registered nurses totaled 14,237 (OBN, 2018a).

As of October 31, 2017:

- 71% of RNs with an active license are between the ages of 18 and 55 years
- 29% of RNs with an active license are over age 55
- 89.3% reported their race/ethnicity as White/Caucasian
- 6.1% reported their race/ethnicity as African American/Black
- 91% are female; 9% (17,615) are male
- 5% reported being proficient in a language other than English
- 11% reported an association with U.S. Armed Forces (OBN, 2018a)

Note

The duties of the Ohio Board of Nursing differ from those of the Ohio Nurses Association (ONA) and other professional nurses associations. Boards are responsible for **legal** regulations, while associations are responsible for professional regulations, standards of professional practice, the promotion of quality nursing, legislative advocacy, collective bargaining, and public protection. Associations and specialty organizations such as operating room nurses, emergency nurses, critical care nurses, nephrology nurses, and other specialty groups are nongovernmental organizations and membership is voluntary.

Associations and regulatory boards have a long history of close collaboration. Associations have traditionally set forth the nature and scope of the profession and used that as the basis for influencing the law regulating practice. These laws are then enforced by the regulatory board.

Ohio Administrative Code Chapter 4723-4

Chapter 4723-4 of the Ohio Administrative Code is one of 19 chapters that establish rules and laws for the practice of nursing in Ohio. It describes and establishes the minimal acceptable standards for safe and effective nursing practice by RNs, LPNs, certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist in any setting.

Chapter 4723-4 is contained within 8 sections, which are covered in this course:

- 01: General information
- 03: Standards relating to competent practice as a registered nurse
- 04: Standards relating to competent practice as a licensed practical nurse
- 05: Standards relating to competent practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist
- 06: Standards of nursing practice promoting patient safety
- 07: Standards for applying the nursing process as a registered nurse
- 08: Standards for applying the nursing process as a licensed practical nurse
- 09: Specialty certification

General Information (4723-4-01)

[The following is taken from Chapter 4723-4-01 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

The purpose of chapter 4723-4-01 is to establish minimal acceptable standards of safe and effective nursing practice for:

- RNs and LPNs in any setting and
- Minimal acceptable standards of safe and effective practice for a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist in any setting.

Additional standards for practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist are established in Chapters 4723-8 and 4723-9 of the Administrative Code.

[The above effective as of 02/01/2014]

Competent Practice as an RN (4723-4-03)

[The following is taken from Chapter 4723-4-03 of the Ohio Administrative Code, 2017. [http://codes.ohio.gov/oac/4723-4.](http://codes.ohio.gov/oac/4723-4)]

A standard or scope of practice defines the procedures and actions that are permitted by law for licensed individuals of certain professions. It restricts the practice of a licensed professional to what the law permits for specific education, experience, and demonstrated competency.

RNs have specific and well-defined responsibilities that are distinct from those of an LPN. Registered nurses are expected to use their education and judgment to ensure patient safety by reviewing and clarifying orders and, in some instances, can refuse to implement an order.

According to the standards relating to competent practice as a registered nurse, the RN in Ohio shall:

- Provide nursing care within the scope of practice of nursing for an RN as set forth in Chapter 4723.01 of the Revised Code and the rules of the board,
- Maintain current knowledge of the duties, responsibilities, and accountabilities for safe nursing practice,
- Demonstrate competence and accountability in all areas of practice in which the nurse is engaged, which includes, but is not limited to, the following:
 - Consistent performance of all aspects of nursing care
 - Recognition, referral or consultation, and intervention, when a complication arises

An RN may provide nursing care that is beyond basic nursing preparation for a registered nurse, provided the nurse:

- Obtains education from a recognized body of knowledge relative to the nursing care to be provided.
- Demonstrates knowledge, skills, and abilities necessary to provide the nursing care.
- Maintains documentation satisfactory to the board of meeting its requirements.
- Has a specific current order from an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice.

The nursing care cannot involve a function or procedure that is prohibited by any other law or rule.

An RN shall, in a timely manner, implement any order for a patient unless the RN believes the order is:

- Inaccurate
- Not properly authorized
- Not current or valid
- Harmful, or potentially harmful to a patient
- Contraindicated by other documented information

An RN must clarify any order for a patient when the RN believes the order is:

- Inaccurate
- Not properly authorized
- Not current or valid
- Harmful, or potentially harmful to a patient
- Contraindicated by other documented information

When clarifying an order, the RN shall, in a timely manner:

- Consult with an appropriate licensed practitioner.
- Notify the ordering practitioner when the RN makes the decision not to follow the order or administer the medication or treatment as prescribed.
- Document that the practitioner was notified of the decision not to follow the order or administer the medication or treatment, including the reason for not doing so.
- Take any other action needed to ensure the safety of the patient.

An RN shall, in a timely manner, report to and consult as necessary with other nurses or other members of the healthcare team and make referrals as necessary.

The RN shall maintain the confidentiality of patient information and communicate this information with other members of the healthcare team for healthcare purposes only, shall access patient information only for purposes of patient care, or for otherwise fulfilling the nurse's assigned job responsibilities, and shall not disseminate patient information for purposes other than patient care, or for otherwise fulfilling the nurse's assigned job responsibilities, through social media, texting, emailing, or any other form of communication.

To the maximum extent feasible, patient healthcare information shall not be disclosed by an RN unless the patient has consented to the disclosure. An RN shall report patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.

The RN shall use acceptable standards of safe nursing care as a basis for any observation, advice, instruction, teaching, or evaluation and shall communicate information that is consistent with acceptable standards of safe nursing care.

When an RN provides direction to a licensed practical nurse, the RN shall first assess:

- The condition of the patient who needs nursing care, including, but not limited to, the stability of the patient
- The type of nursing care the patient requires
- The complexity and frequency of the nursing care needed
- The training, skill, and ability of the licensed practical nurse who will be performing the specific function or procedure, to perform the specific function or procedure
- The availability and accessibility of resources necessary to safely perform the specific function or procedure

[The above effective as of 02/01/2014]

Competent Practice as an LPN (4723-4-04)

[The following is taken from Chapter 4723-4-04 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

A licensed practical nurse (LPN) functions within the scope of practice of nursing for an LPN as set forth in division (F) of section 4723.01 of the Revised Code and the rules of the board.

An LPN shall maintain current knowledge of the duties, responsibilities, and accountabilities for safe nursing practice and shall demonstrate competence and accountability in all areas of practice in which the nurse is engaged, which includes, but is not limited to, the following:

- Consistent performance of all aspects of nursing care; and
- Recognition, referral or consultation, and intervention, when a complication arises

An LPN may provide nursing care in accordance with division (F) of section 4723.01 of the Revised Code that is beyond basic preparation for a licensed practical nurse provided:

- The nurse obtains education that emanates from a recognized body of knowledge relative to the nursing care to be provided;
- The nurse demonstrates knowledge, skills, and abilities necessary to perform the nursing care;
- The nurse maintains documentation satisfactory to the board of meeting the requirements set forth in paragraphs (D)(1) and (D)(2) of this rule;
- When the nursing care to be provided is in accordance with division (F)(3) of section 4723.01 of the Revised Code, the nurse has a specific current valid order or direction from an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice; and
- The nursing care does not involve a function or procedure which is prohibited by any other law or rule.

An LPN shall, in a timely manner implement any order or direction for a patient unless the LPN believes, or should have reason to believe, the order or direction is:

- Inaccurate
- Not properly authorized
- Not current or valid
- Harmful, or potentially harmful to a patient, or
- Contraindicated by other documented information

An LPN shall clarify any order or direction for a patient when the LPN believes or should have reason to believe the order or direction is:

- Inaccurate
- Not properly authorized
- Not current or valid
- Harmful, or potentially harmful to a patient, or
- Contraindicated by other documented information

When clarifying an order or direction, the LPN shall, in a timely manner:

- Consult with an appropriate licensed practitioner or directing registered nurse
- Notify the ordering practitioner or directing RN when the LPN makes the decision not to follow the order or direction or administer the medication or treatment as prescribed
- Document that the practitioner or directing RN was notified of the decision not to follow the direction or order, or administer the medication or treatment, including the reason for not doing so, and
- Take any other action needed to assure the safety of the patient

An LPN shall, in a timely manner, report to and consult as necessary with other nurses or other members of the healthcare team and make referrals as necessary, maintain the confidentiality of patient information obtained in the course of nursing practice, and communicate patient information with other members of the healthcare team for healthcare purposes only.

To the maximum extent feasible, identifiable patient healthcare information shall not be disclosed by an LPN unless the patient has consented to the disclosure of identifiable patient healthcare information. An LPN shall report individually identifiable patient information without written consent in limited circumstances only, and in accordance with an authorized law, rule, or other recognized legal authority.

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

[The above effective as of 02/01/2014]

Competent Practice as a Certified Nurse-Midwife, Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist (4723-4-05)

[The following is taken from Chapter 4723-4-05 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall do all of the following:

- Function within the scope of practice of nursing for a registered nurse as set forth in division (B) of section 4723.01 of the Revised Code and the rules of the board.

Function within the nurse's applicable scope of practice as set forth in section To the maximum extent feasible, identifiable patient healthcare information shall not be disclosed by an LPN unless the patient has consented to the disclosure of identifiable patient healthcare information. An LPN shall report individually identifiable patient information without written consent in limited circumstances only, and in accordance with an authorized law, rule, or other recognized legal authority.

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

[The above effective as of 02/01/2014]

Competent Practice as a Certified Nurse-Midwife, Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist (4723-4-05)

[The following is taken from Chapter 4723-4-05 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall do all of the following:

- Function within the scope of practice of nursing for a registered nurse as set forth in division (B) of section 4723.01 of the Revised Code and the rules of the board.
- Function within the nurse's applicable scope of practice as set forth in section 4723.43 of the Revised Code and the rules of the board.
- Practice in accordance with section 4723.481 of the Revised Code and Chapter 4723-9 of the Administrative Code if the individual holds a certificate to prescribe

When the practice of a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist is evaluated, the evaluation shall be provided by a collaborating licensed physician, podiatrist, or a nurse holding a similar current, valid certificate of authority that is the same as the person being evaluated.

When the practice of a certified registered nurse anesthetist is evaluated, the evaluation shall be provided by a supervising licensed physician, podiatrist, dentist or a certified registered nurse anesthetist whose certificate is current and valid.

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 education that emanates from a recognized body of knowledge relative to the nursing care to be provided;
- The nurse demonstrates knowledge, skills, and abilities necessary to provide the nursing care; and
- The nurse maintains documentation satisfactory to the board of meeting the requirements set forth in paragraphs (D)(1) and (D)(2) of this rule.

[The above effective as of 02/01/2014]

Promoting Patient Safety (4723-4-06)

[The following is taken from Chapter 4723-4-06 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

At all times, when a licensed nurse is providing direct nursing care to a patient, the licensed nurse shall display the applicable title or initials set forth in division (C) of section 4723.03 of the Revised Code to identify the nurse's relevant licensure as a registered nurse or as a licensed practical nurse.

At all times, when a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist is providing direct nursing care to a patient, the nurse shall display the applicable title or initials set forth in division (C) of section 4723.03 of the Revised Code to identify relevant approval either as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.

At all times, when a licensed nurse is engaged in nursing practice and interacting with the patient, or healthcare providers on behalf of the patient, through any form of telecommunication, the licensed nurse shall identify to each patient or healthcare provider the nurse's title or initials set forth in division (C) of section 4723.03 of the Revised Code to identify applicable licensure or approval as a registered nurse, licensed practical nurse, certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.

A licensed nurse shall delegate a nursing task, including medication administration, only in accordance with Chapter 4723-13, 4723-23, 4723-26, or 4723-27 of the Administrative Code.

A licensed nurse shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the nurse for the patient, and the patient's response to that care.

A licensed nurse shall, in an accurate and timely manner, report to the appropriate practitioner errors in, or deviations from, the current valid order.

A licensed nurse shall not falsify any patient record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports or time records, reports, and other documents related to billing for nursing services.

A licensed nurse shall implement measures to promote a safe environment for each patient and shall delineate, establish, and maintain professional boundaries with each patient.

At all times when a licensed nurse is providing direct nursing care to a patient, the licensed nurse shall:

- Provide privacy during examination or treatment and in the care of personal or bodily needs, and
- Treat each patient with courtesy, respect, and with full recognition of dignity and individuality

A licensed nurse shall not engage in behavior:

- That causes or may cause physical, verbal, mental, or emotional abuse to a patient
- Toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse

A licensed nurse shall not misappropriate a patient's property or engage in behavior:

- To seek or obtain personal gain at the patient's expense;
- That may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense;
- That constitutes inappropriate involvement in the patient's personal relationships or financial matters; or
- That may reasonably be interpreted as inappropriate involvement in the patient's personal relationships or financial matters.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to the behaviors by the nurse set forth in this paragraph.

A licensed nurse shall not engage in:

- Sexual conduct with a patient;
- Conduct in the course of practice that may reasonably be interpreted as sexual;
- Verbal behavior that is seductive or sexually demeaning to a patient; or
- Verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to sexual activity with the nurse.

A licensed nurse, when functioning in an administrative role, shall verify that each nurse, dialysis technician, or medication aide under the nurse administrator has:

- A current valid license to practice nursing in Ohio or a current valid certificate to practice as a dialysis technician or medication aide in Ohio; and
- If applicable, other documents of approval or certification as required by the board.

When nursing practice, as set forth in section 4723.01 of the Revised Code, is supervised or evaluated:

- Only a registered nurse shall supervise the practice of nursing, as set forth in Chapter 4723 of the Revised Code and the rules of the board, performed by other registered nurses and licensed practical nurses; or
- In matters other than the practice of nursing, a non-nursing supervisor may evaluate a nurse employee.
- Supervision or evaluation by a registered nurse does not require that the registered nurse be present on-site on a routine basis, but at minimum: ##Supervision requires that the registered nurse be continuously available through some form of telecommunication with the supervised nurse, and take all action necessary, including but not limited to conducting periodic on-site visits, to ensure that the supervised nurse is practicing in accordance with acceptable and prevailing standards of safe nursing care as set forth in Chapter 4723. of the Revised Code and the rules of the board; and
- Evaluation requires that the registered nurse conduct periodic on-site visits sufficient to enable the evaluating nurse to evaluate the evaluated nurse's performance.

Nothing in this paragraph shall be construed to authorize a licensed practical nurse to practice without direction, as required by division (F) of section 4723.01 of the Revised Code.

Nothing in this paragraph shall be construed to prohibit a licensed practical nurse from participating in activities that contribute to the delivery of patient care services. Such participation may include, but is not limited to, scheduling of coverage for nursing services and observation and documentation by a licensed practical nurse regarding care provided by assistive personnel.

A licensed nurse shall not make any false, misleading, or deceptive statements, or submit or cause to be submitted any false, misleading or deceptive information, or documentation to:

- The board or any representative of the board;
- Current employers;
- Prospective employers when applying for positions requiring a nursing license;
- Facilities in which, or organizations for whom, the nurse is working a temporary, agency, or locus tenens assignment;
- Other members of the patient's 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-health care purposes or for purposes other than fulfilling the nurse's assigned job responsibilities.

[The above effective as of 02/01/2015]

Standards for Applying the Nursing Process as an RN (4723-4-07)

[The following is taken from Chapter 4723-4-07 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

A registered nurse shall apply the nursing process in the practice of nursing as set forth in division (B) of section 4723.01 of the Revised Code and in the rules of the board. The nursing process is cyclical in nature and requires that the nurse's actions respond to the patient's changing status throughout the process. The following standards shall be used by a registered nurse, using clinical judgment, in applying the nursing process for each patient under the registered nurse's care.

Assessment of Health Status

The RN shall, in an accurate and timely manner collect data. This includes:

- Collection of subjective and objective data from the patient, family, significant others, or other members of the healthcare team. The RN may direct or delegate the performance of data collection.
- Documentation of the collected data.

Analysis and Reporting

The registered nurse shall, in an accurate and timely manner:

- Identify, organize, and interpret relevant data;
- Establish, accept, or modify a nursing diagnosis that is to be addressed with applicable nursing interventions; and
- Report the patient's health status and nursing diagnosis as necessary to other members of the health care team.

Planning

The registered nurse shall, in an accurate and timely manner:

- Develop, establish, maintain, or modify the nursing plan of care consistent with current nursing science, including the nursing diagnosis, desired patient outcomes or goals, and nursing interventions; and
- Communicate the nursing plan of care and all modifications of the plan to members of the health care team.

Implementation

The registered nurse shall, in an accurate and timely manner, implement the current nursing plan of care, which may include:

- Executing the nursing regimen;
- Implementing the current valid order authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;
- Providing nursing care commensurate with the documented education, knowledge, skills, and abilities of the registered nurse;
- Assisting and collaborating with other healthcare providers in the care of the patient;
- Delegating nursing tasks, including medication administration, only in accordance with Chapter 4723-13, 4723-23, 4723-26, or 4723-27 of the Administrative Code.

Evaluation

The registered nurse shall, in an accurate and timely manner:

- Evaluate, document, and report the patient's response to nursing interventions; and progress towards expected outcomes of the plan of care; and
- Reassess the patient's health status, and establish or modify any aspect of the nursing plan as set forth in this rule.

For purposes of this rule, standards for implementing the nursing process also apply to a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.

[The above effective as of 02/01/2014]

Key Point

According to the National Council of State Boards of Nursing, most disciplinary cases fall into 6 categories: practice related, drug related, boundary violations, sexual misconduct, fraud, and/or criminal background. Types of practice cases include:

- Failure to assess changes of condition
- Failure to implement appropriate or ordered interventions
- Failure to accurately document assessment information or nursing care provided
- Failure to follow the "Five Rights" of drug administration (right patient, right time/frequency, right dose, right route of administration and right drug)

Standards for Applying the Nursing Process as an LPN (4723-4-08)

LPNs have a "dependent" practice, which means the LPN is authorized to practice only when the practice is directed by a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist or chiropractor (Section 4723.01(F), ORC) (OBN, 2018b).

The “direction” required for LPN practice is further defined as “communicating a plan of care to a licensed practical nurse” in Rule 4723-4-01(B)(6), OAC. A physician, physician assistant, dentist, podiatrist, optometrist or chiropractor, or the RN may provide LPNs verbal or written direction of the plan that each of these healthcare providers have established for the patient. LPNs are authorized to execute the plan in accordance with the standards of LPN practice in accordance with Rule 4723-4-04, OAC (OBN, 2018b).

When the RN communicates the plan of care to the LPN, it may be verbally, in the form of an established nursing plan of care, or both. Rule 4723-4-04, OAC, further explains that the direction provided by RNs to LPNs about nursing practice is not meant to imply the RN is supervising the LPN in the employment context. The LPN is accountable to identify the RN or other authorized healthcare provider who is directing the LPN’s practice. Otherwise, the LPN may be engaging in practice beyond the LPN authorized scope (OBN, 2018b).

[The following is taken from Chapter 4723-4-08 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>]

The licensed practical nurse shall contribute to the nursing process in the practice of nursing as set forth in division (F) of section 4723.01 of the Revised Code and in the rules of the board. The nursing process is cyclical in nature so that the nurse’s actions respond to the patient’s changing status throughout the process. The licensed practical nurse is directed in providing nursing care by the established nursing plan.

The following standards shall be used by a licensed practical nurse in utilization of the nursing process.

Contributing to the Assessment of a Patient’s Health Status

The LPN shall contribute to the nursing assessment of the patient. The LPN shall, in an accurate and timely manner:

- Collect and document objective and subjective data related to the patient’s health status; and
- Report objective and subjective data to the directing registered nurse or health care provider, and other members of the healthcare team.

Planning

The LPN shall, in an accurate and timely manner:

- Contribute to the development, maintenance, or modification of the nursing component of the care plan;
- Communicate the nursing component of the care plan and all modifications of the plan to members of the healthcare team.

Implementation

The LPN shall, in an accurate and timely manner, implement the nursing plan of care, which may include:

- Providing nursing interventions;
- Collecting and reporting patient data as directed;
- Administering medications and treatments prescribed by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;
- Providing basic nursing care as directed by a registered nurse, advanced practice registered nurse, or licensed physician, dentist, optometrist, chiropractor or podiatrist;
- Collaborating with other nurses and other members of the health care team;
- Delegating nursing tasks as directed, including medication administration, only in accordance with Chapter 4723-13, 4723-23, 4723-26, or 4723-27 of the Administrative Code.

Contributing to Evaluation

The LPN shall, in an accurate and timely manner:

- Contribute to the evaluation of the patient's response to nursing interventions;
- Document the patient's responses to nursing interventions;
- Communicate the patient's responses to nursing interventions to the directing registered nurse or health care provider, and members of the health care team; and
- Contribute to the reassessment of the patient's health status and to the modifications of any aspect of the nursing plan of care as set forth in this rule.

[The above effective as of 02/01/2014]

LPN Practice Prohibitions

The following are specific LPN practice prohibitions contained in the Nurse Practice Act and rules:

- Engaging in nursing practice without RN or authorized healthcare provider direction.
- Administering IV push medications (IV medications other than heparin or saline to flush an intermittent infusion device).
- Teaching the “practice of nursing.”
- Supervising and evaluating “nursing practice.”
- Assessing health status for purposes of providing nursing care. (OBN, 2018b)

The LPN contributes to all steps of the nursing process by communicating with the RN or the directing authorized health care provider concerning the patient’s status and needs. When a RN is directing LPN practice, it is the RN who establishes the nursing regimen and communicates the nursing practice needs of the patient (OBN, 2018b).

Specialty Certification (4723-4-09)

[The following is taken from Chapter 4723-4-09 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-4>.]

Nothing in this rule shall apply to an advanced practice nurse authorized to practice pursuant to section 4723.55 of the Revised Code, or to a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist authorized to practice pursuant to section 4723.41 of the Revised Code.

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 that has established standards for:

- Practice qualifications, formal education, continuing education, or other demonstration of knowledge in specialty practice; and
- The construction and administration of a psychometrically sound examination for an RN applying for certification in a particular area of specialty in nursing.

The title to be used by the RN who focuses in a particular area of specialty in nursing shall be the title granted by the national certifying organization to those nurses who meet the requirements for specialty certification established by the national certifying organization. The RN may use such title or initials following the title “Registered Nurse” or the initials “RN”.

No person shall 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 as set forth in paragraph (B) of this rule.

[The above effective as of 02/01/2014]

Patient Safety Initiative

The *Patient Safety Initiative* guides hospitals in the event a nurse commits a practice error. It includes 3 components: (1) the Practice Intervention and Improvement Program (PIIP), (2) TERCAP (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility), and (3) Just Culture.

1. **PIIP** is the Board's confidential alternative to discipline program for eligible licensees. The program establishes a structured remedial education and monitoring program to document that the participant's practice deficiency has been corrected (OBN, 2018d).
2. The **TERCAP** systematically tracks and evaluates the causes of adverse events from both individual and system perspectives, and enables the development of proactive interventions to protect patient health and safety (NCSBN, 2015). According to data reported to the TERCAP system between 2008 and 2016, the most common practice breakdowns were:
 - Lack of professional responsibility: 73%
 - Lack of clinical reasoning: 47%
 - Lack of intervention: 49%
 - Documentation error: 42%
 - Misinterpretation: 37%
 - Medication error: 33%
 - Lack of attentiveness: 25%
 - Lack of prevention: 27%
3. **Just Culture**, a risk management model, is a systematic method that can be used by nursing employers and the Board to increase patient safety by recognizing and modifying system flaws, and by holding individuals accountable for reckless behavior or repeated behavior that poses increased risk to patients (OBN, 2018d).

Genoa Receives a 2-month Suspension from the Board of Nursing

Background

Genoa is a registered nurse working in the emergency department at a large hospital in Akron, Ohio. On a busy Saturday evening, she was assigned to assess a 72-year-old woman admitted for light-headedness and rash. Her patient load was higher than usual because two nurses had called in sick and three critically injured people had just arrived following a car accident.

Patient History

Martha is a 72-year-old woman with a history of HTN for which she is taking beta blockers. She also has diabetes and elevated cholesterol. She had been in 3 times last month with complaints of headache and dizziness.

Nursing Assessment

BP: 105/52

Heart rate: 68

O2 sat: 90

Blood sugar: 105

Weight: 175

Patient c/o light-headedness, itching, rash on her arms and chest lasting more than an hour, and slight wheezing.

Treatment

Genoa asked the physician to evaluate Martha for a suspected allergic reaction. The physician did a quick exam, noted that Martha's tongue was slightly swollen, and ordered 0.01/mg/kg IM of epinephrine, then quickly left the room. Another nurse joined Genoa and told her that the dose was too high and that epinephrine was not weight-based with adults, only children. Genoa called the pharmacy and was told the dose ordered by the doctor was correct. The second nurse repeated that the dose was incorrect, instructed Genoa not to give the medication, and left the room to check with the doctor. Because Genoa was busy and Martha said she was having trouble breathing, Genoa gave the 0.79 mg of epinephrine 1:1000 IV and left the room.

When the second nurse returned she found the patient on the floor. She yelled for help and started checking Martha's vitals. When help arrived Martha's neck was stabilized and she was lifted onto a gurney. Martha received immediate treatment and recovered.

Discussion

In Ohio, section 4723.28 describes actions for which a nurse can be disciplined. Genoa's hospital has adopted the Patient Safety Initiative. Using TERCAP as a guide, the hospital conducted an analysis and determined that Genoa had committed several practice breakdowns, including a medication error, lack of intervention, lack of professional responsibility, lack of attentiveness, and lack of prevention. They further determined that Genoa breached the standard of nursing care and had breakdowns or errors during aspects of the nursing process:

1. Leaving the room after administering a potentially dangerous medication.
2. Failing to implement the appropriate intervention even after she was told by another nurse that the epinephrine dose was incorrect.
3. Giving the wrong dose, by the wrong route.
4. Failing to assess her patient's change of condition.

Outcome

The hospital filed a report with the Ohio Board of Nursing that identified the licensee and described the alleged error. The nursing board assigned an investigator who contacted the hospital for documents about the complaint. The investigator visited the hospital, interviewed Genoa's co-worker and asked Genoa to provide a written description of her actions during the incident. Although Genoa's participation with the board's investigation was voluntary, she decided to consult with a lawyer, after which she decided to participate in the investigation.

After reviewing the complaint, the board's investigator decided to proceed with a disciplinary action. Genoa was given the opportunity to request an administrative hearing but declined to do so. She agreed to sign a consent agreement with the Board, which was submitted to the Board for approval. Genoa was subsequently placed on 3-year probation.

The consent agreement allowed Genoa to continue to work and outlined the conditions for her probation, which included:

- Completing additional pharmacotherapy continuing education coursework
- Checking in with the nursing supervisor twice during each shift
- Checking in with a board-assigned probation monitor
- Submitting a quarterly report to the OBN
- Following all laws

Genoa successfully completed her 3-year probation.

For more information about disciplinary actions, please see the Ohio Revised Code, chapter 4723.28: <http://codes.ohio.gov/orc/4723.28>.

Delegation of Nursing Tasks (4723-13)

Delegation means the transfer of responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not otherwise have the authority to perform the task.

Delegating nurse means the nurse who delegates a nursing task or assumes responsibility for individuals who are receiving delegated nursing care.

Nursing tasks are those activities that constitute the practice of nursing as a licensed nurse and may include, but are not limited to, assistance with activities of daily living that are performed to maintain or improve the patient's well-being, when the patient is unable to perform that activity for him or herself.

Unlicensed person means an individual, not currently licensed by the board as a registered nurse or licensed practical nurse, or an individual who does not hold a current valid certificate to practice as a dialysis technician or administer medications as a medication aide.

General Information about Delegation (4723-13-02 and -03)

[The following is taken from Chapter 4723-13 of the Ohio Administrative Code, 2017; <http://codes.ohio.gov/oac/4723-13>.]

A nursing task may be delegated to an unlicensed person only by a licensed nurse who shall delegate in accordance with this Chapter 4723-13. No person to whom a nursing task is delegated shall delegate the nursing task to any other person. An unlicensed person is not allowed to perform a delegated nursing task on any individual other than the individual specified by the delegating nurse.

An unlicensed person may assist an individual who can safely self-direct his or her own care, including helping the individual with self-administration of medications in a facility where the substantial purpose of the setting is other than the provision of healthcare.

An unlicensed person assisting with self-administration of medications may do only the following:

1. Remind an individual when to take the medication and observe to ensure that the individual follows the directions on the container.

2. Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the individual. If the individual is physically unable to open the container, the unlicensed person may open the container for the individual.
3. Assist upon request by or with the consent of, a physically impaired but mentally alert individual, in removing oral or topical medication from the container and in taking or applying the medication. If an individual is physically unable to place a dose of medicine in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the individual.

Assisting an individual with self-administration does not mean that an unlicensed person can administer medication to an individual, whether orally, by injection, or by any other route.

Nothing in Chapter 4723-13-10 shall prohibit an unlicensed person from administering medication under the following circumstances:

1. The giving of oral or the applying of topical medication in accordance with sections 5123.41 to 5123.47 of the Revised Code and in accordance with rules 5123:2-6-01 to 5123:2-6-07 of the Administrative Code;
2. When medication is administered by an individual employed by a board of education, or a school chartered by the state board of education, who has been designated according to section 3313.713 of the Revised Code to administer to a student a drug prescribed by an authorized prescriber; or
3. In accordance with any other law or rule that authorizes an unlicensed person to administer medications.

Criteria and Standards for Delegating to an Unlicensed Person (4723-13-05)

A registered nurse may delegate a nursing task to an unlicensed person if all the conditions for delegation set forth in this chapter are met. A licensed practical nurse may delegate to an unlicensed person only at the direction of the registered nurse and if all the conditions for delegation set forth in this chapter are met. An advanced practice registered nurse may delegate the administration of medication to an unlicensed person in accordance with the requirements set forth in division (C) of section 4723.48 of the Revised Code and section 4723.489 of the Revised Code.

Except as otherwise authorized by law or this chapter, a licensed nurse may delegate to an unlicensed person the administration of only the following medications:

- Over-the-counter topical medications to be applied to intact skin for the purpose of improving a skin condition or providing a barrier; and
- Over-the-counter eye drop, ear drop, and suppository medications, foot soak treatments, and enemas. (4723-13-05)

Prior to delegating a nursing task to an unlicensed person, the delegating nurse shall determine each of the following:

- 1.** That the nursing task is within the scope of practice of the delegating nurse as set forth in section 4723.01 of the Revised Code.
- 2.** That the nursing task is within the knowledge, skill, and ability of the nurse delegating the nursing task;
- 3.** That the nursing task is within the training, ability, and skill of the unlicensed person who will be performing the delegated nursing task;
- 4.** That appropriate resources and support are available for the performance of the task and management of the outcome; and
- 5.** That adequate and appropriate supervision by a licensed nurse of the performance of the nursing task is available in accordance with rule 4732-13-07 of the Administrative Code.
- 6.** That:
 - a. The nursing task requires no judgment based on nursing knowledge and expertise on the part of the unlicensed person performing the task;
 - b. The results of the nursing task are reasonably predictable;
 - c. The nursing task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task;
 - d. The performance of the nursing task does not require that complex observations or critical decisions be made with respect to the nursing task;
 - e. The nursing task does not require repeated performance of nursing assessments; and
 - f. The consequences of performing the nursing task improperly are minimal and not life-threatening.

Prior to delegating a nursing task, the delegating nurse shall:

- 1.** Identify:
 - a. The individual on whom the nursing task may be performed; and
 - b. A specific time frame during which the delegated nursing task may be performed.
- 2.** Complete an evaluation of the conditions that relate to the delegation of the nursing task to be performed, including:
 - a. An evaluation of the individual who needs nursing care;
 - b. The types of nursing care the individual requires;
 - c. The complexity and frequency of the nursing care needed;
 - d. The stability of the individual who needs nursing care; and
 - e. A review of the evaluations performed by other licensed health care professionals.

The delegating nurse shall be accountable for the decision to delegate nursing tasks to an unlicensed person. If a licensed nurse determines that an unlicensed person is not correctly performing a delegated nursing task, the licensed nurse shall immediately intervene.

Minimum Curriculum Requirements for Teaching a Nursing Task (4723-13-06)

A licensed nurse shall include all of the following when teaching an unlicensed person to perform a nursing task:

- 1.** Presentation of information on infection control and universal precautions;
- 2.** Presentation of information and directions on the concepts underlying the nursing task;
- 3.** Presentation of information and direction on how to correctly perform the specific nursing task according to current standards of practice following step-by-step directions readily available to the unlicensed person;
- 4.** Demonstration of the nursing task; and
- 5.** Observation and documentation of a satisfactory return demonstration by the unlicensed person of the nursing task.

[The above effective as of 12/19/2016]

APRNs Delegating Medication Administration

Prescribe-Delegate Authority SB 110, passed by the 131st General Assembly, authorizes CTP holders to delegate non-controlled drug administration under specified circumstances to unlicensed persons (OBN, 2018c). Effective October 15, 2015, APRNs holding prescriptive authority are authorized to delegate medication administration as specified in Sections 4723.48(C) and 4723.489, Ohio Revised Code (ORC). In doing so, APRNs must comply with standards of safe practice, including delegation. The new authorization supersedes rule language currently found in Chapter 4723-13, OAC, with respect to APRN prescribers, which previously limited the types of medication that could be delegated to an unlicensed person (OBN, 2018c).

A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may delegate to a person not otherwise authorized to administer drugs the authority to administer to a specified patient a drug (unless the drug is a controlled substance or is listed in the formulary established in rules adopted under section 4723.50 of the Revised Code). The delegation shall be in accordance with division (B) of this section and standards and procedures established in rules adopted under division (O) of section 4723.07 of the Revised Code.

Prior to delegating the authority, the nurse shall do both of the following:

- 1.** Assess the patient and determine that the drug is appropriate for the patient;
- 2.** Determine that the person to whom the authority will be delegated has met the conditions specified in division (D) of section 4723.489 of the Revised Code.

[The above effective as of 4/6/2017]

HB 216

Effective April 6, 2017, HB 216 eliminated the certificate of authority (COA) and the Certificate to Prescribe (CTP) and replaced them with an APRN license that designates APRNs as CRNAs, CNPs, CNSs, or CNMs. The bill made additional changes to Chapter 4723 of the Ohio Revised Code (ORC), also known as the Nurse Practice Act, as well as other related ORC Sections.

Source: OBN, 2018e.

Delegated Authority to Administer Drugs (4723.489)

A person not otherwise authorized to administer drugs may administer a drug to a specified patient if all of the following conditions are met:

- 1.** The authority to administer the drug is delegated to the person by an advanced practice registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and holds a license issued under section 4723.42 of the Revised Code.
- 2.** The drug is not listed in the formulary established in rules adopted under section 4723.50 of the Revised Code, is not a controlled substance, and is not to be administered intravenously.
- 3.** The drug is to be administered at a location other than a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department or a freestanding emergency department; or an ambulatory surgical facility, as defined in section 3702.30 of the Revised Code.
- 4.** The person has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely.
- 5.** The person's employer has given the advanced practice registered nurse access to documentation, in written or electronic form, showing that the person has met the conditions specified in division (D) of this section.
- 6.** The advanced practice registered nurse is physically present at the location where the drug is administered.

[The above effective as of 4/6/2017]

Disciplinary Actions

A violation of Ohio's Nurse Practice Act can result in a disciplinary action by the Board. Disciplinary cases are often grouped into the following categories: practice related, drug related, boundary violations, sexual misconduct, abuse, fraud, positive criminal background checks (NCSBN, 2018b). Practice related cases can include failure to:

- Assess changes of condition
- Implement appropriate or ordered interventions
- Accurately document assessment information or nursing care provided
- Follow the "Five Rights" of drug administration (right patient, right time/frequency, right dose, right route of administration and right drug) (NCSBN, 2018b)

A complaint filed with the Board first undergoes an initial review, which can vary depending on the seriousness of the alleged violation. The Board can request additional documents, conduct a site visit, and interview witnesses. The licensee is often asked to respond to allegations in writing (NCSBN, 2018b).

Once the initial investigation is completed, the BON can take several actions. It may close the case, schedule a settlement conference, offer an alternative program or file formal charges. If there is clear and convincing evidence that continued practice by the nurse will present a danger of immediate and serious harm to the public, the Board may decide to take an emergency action such as a suspension of a nurse's license (NCSBN, 2018b).

Disciplinary actions vary depending on state law. Board actions may include:

- Fine or civil penalty
- Referral to an alternative-to-discipline program for practice monitoring and recovery support
- Public reprimand or censure
- Monitoring, remediation, education or other provision tailored to the situation
- Limitation or restriction of one or more aspects of practice
- Suspension or loss of license (revocation or voluntary surrender)
- Remediation (educational content or exercises)
- Other state-specific remedies (NCSBN, 2018b)

Once the disciplinary process is complete, the Board may include lists of disciplinary actions on state databases, newsletters, and websites. BONs also report disciplinary action to *Nursys*. **Nursys** is the only national database for verification of nurse licensure, discipline, and practice privileges for RNs and PNs licensed in participating jurisdictions (NCSBN, 2018b).

[For more detail on disciplinary actions, please see the Ohio Revised Code Chapter 4723.28, Disciplinary Actions and OAC Chapters, 4723-16, Hearings, and 4723-18, Practice Intervention and Improvement Program: <http://codes.ohio.gov/orc/4723.28v1>.

Concluding Remarks

Nurse Practice Acts delineate the laws and rules that regulate nursing. They are enacted by the legislatures of every state and territory of the United States. The Ohio Nurse Practice Act was established in 1915 and is contained in Chapter 4723 of the Ohio Revised Code. It ensures the health and safety of the people of Ohio by establishing guidelines for nurses who practice in the state. The Ohio Administrative Code expands on and fills out Chapter 4723 with additional rules regarding nursing practice.

RNs are authorized to engage in all aspects of nursing practice. It is the RN who determines the data to be collected in order to assess the patient's health status and the nursing care that should be provided to the patient. LPNs have a dependent role and may provide nursing care only at the direction of a registered nurse, licensed physician, dentist, podiatrist, optometrist, or chiropractor.

RNs can delegate selected nursing tasks. The nurse who delegates a nursing task assumes responsibility for individuals who are receiving delegated nursing care. A nursing task may be delegated to an unlicensed person only by a licensed nurse and only in accordance with this Chapter 4723-13.

Ohio RNs and LPNs are accountable for knowing the laws and rules of the Ohio Nurse Practice Act that govern and define their own scopes of practice. Violation of the practice act can result in a disciplinary action by the Board. Complaints undergo an initial review and depending on the seriousness of the alleged violation, the Board can request additional documents, conduct a site visit, and interview witnesses. Disciplinary actions can result in fines, public reprimand, remediation, practice monitoring, or even suspension or loss of license.

References

National Council of State Boards of Nursing (NCSBN). (2018a). Boards of Nursing. Retrieved October 17, 2018 from <https://www.ncsbn.org/boards.htm>.

National Council of State Boards of Nursing (NCSBN). (2018b). Initial Review of Complaint: Types of Cases. Retrieved October 18, 2018 from <https://www.ncsbn.org/1616.htm#6038>.

National Council of State Boards of Nursing (NCSBN). (2015). TERCAP: Taxonomy of Error, Root Cause Analysis, and Practice-responsibility. Retrieved November 21, 2018 from https://www.ncsbn.org/15_TERCAP_10yearsafterIOM.pdf.

Ohio Administrative Code. (2017). Chapter 4723-4 Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse. Retrieved October 17, 2018 from <http://codes.ohio.gov/oac/4723-4>.

Ohio Board of Nursing (OBN). (2018a). Nursing Workforce Data. Retrieved December 6, 2018 from <http://www.nursing.ohio.gov/Workforce.htm>.

Ohio Board of Nursing (OBN). (2018b). Scopes of Practice: Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). Retrieved November 26, 2018 from http://www.nursing.ohio.gov/PDFS/Practice/RN_and_LPN_Scope_of_Practice.pdf.

Ohio Board of Nursing (OBN). (2018c). SB 110: Prescribe-Delegate Authority. Retrieved November 16, 2018 from <http://www.nursing.ohio.gov/Practice-Prescribing.htm>.

Ohio Board of Nursing (OBN). (2018d). Patient Safety Initiative Creating a Culture of Safety and Accountability. A Joint Collaboration Ohio Board of Nursing and Nursing Employers. Retrieved November 21, 2018 from <http://www.nursing.ohio.gov/PDFS/Discipline/PatientSafety/PSI-Booklet01212011.pdf>.

Ohio Board of Nursing (OBN). (2018e). Summary of Major Provisions of HB 216. Retrieved December 4, 2018 from http://www.nursing.ohio.gov/PDFS/AdvPractice/HB_216/HB_216_Major_Provisions.pdf.

Ohio Board of Nursing (OBN). (2016). Overview of Board Operations and Guide to Public Participation in Rule Making. Retrieved December 6, 2018 from <http://www.nursing.ohio.gov/PDFS/Board/GuideToRulemaking.pdf>.

Post Test

Use the answer sheet following the test to record your answers.

1. In general, nurse practice acts in the U.S. describe:
 - a. Who can and cannot apply to nursing school.
 - b. Staff ratios—how many patients can be assigned to each nurse can treat in a given day.
 - c. The role and behavior of lobbyists.
 - d. Scope of practice and qualifications for licensure.
2. The chief responsibility of the Ohio Board of Nursing is to:
 - a. Encourage nurses to advance in their careers by providing them with continuing education courses.
 - b. Establish and oversee a collective bargaining so nurses can negotiate fair wages and benefits with their employers.
 - c. Implement and enforce state laws related to nursing licensure, nursing practices, nursing education, and Ohio nursing schools.
 - d. Provide lawyers for nurses who are involved in legal disputes or disciplinary actions.
3. The Ohio Administrative Code Chapter 4723-4:
 - a. Provides licensed nurses with a forum for professional development.
 - b. Establishes minimal acceptable standards of safe and effective nursing practice.
 - c. Sets forth rules and laws related to collective bargaining.
 - d. Provides professional services for licensed nurses in Ohio.
4. Scope of practice standards:
 - a. Apply to RNs but not LPNs.
 - b. Is the same for all types of nurses licensed in Ohio.
 - c. Establish ethical standards for each level of nursing practice.
 - d. Define the procedures and actions permitted by law for licensed professionals.
5. An RN may provide nursing care that is beyond basic nursing preparation for a registered nurse, provided:
 - a. Other patients are not neglected while the care is being given.

- b. The care is provided with the help of an assistant rather than independently.
- c. There is a documented staff shortage.
- d. The nurse has obtained education from a recognized body related to the care provided.

6. An LPN is required to clarify an order or direction:

- a. If asked to do so by any other healthcare provider.
- b. When the LPN believes or should have reason to believe the order or direction is harmful to a patient.
- c. When the LPN is working alone on the night shift in a nursing home.
- d. When it is the policy of the hospital to do so.

7. A licensed nurse in Ohio may:

- a. Engage in sexual conduct with a patient if the patient gives free, full, and informed consent.
- b. Share sexually explicit material with a patient if the material is requested by the patient.
- c. Not engage in verbal behavior that can reasonably be interpreted as seductive, or sexually demeaning to a patient.
- d. Use verbal language that is seductive or sexual if a patient initiates the sexual or seductive conversation.

8. The nursing process is:

- a. The steps by which a person qualifies for licensure.
- b. The core of nursing practice for licensed nurses.
- c. The career path that leads from graduation to the highest levels of nursing.
- d. Different for every licensed nurse.

9. LPNs can:

- a. Assess the patient, direct or delegate treatment, and document their findings.
- b. Establish, accept, or modify a nursing diagnosis to be used as a basis for nursing interventions.
- c. Administer IV push medications (IV medications other than heparin or saline to flush an intermittent infusion device).

d. Practice only when the practice is directed by a registered nurse or other healthcare providers who are authorized to practice in Ohio.

10. The title to be used by the RN who focuses in a particular area of specialty in nursing:

- a. Can follow the title "RN" when a person considers themselves to be an expert in a specialty area of practice.
- b. Can follow the title "RN" when a nurse has worked in a specialty area for more than 10 years.
- c. Is the title granted by the national certifying organization to nurses who meet the requirements for specialty certification established by that organization.
- d. Should be displayed on a separate badge so as not to contradict or cause confusion about the title "RN".

11. **Delegation** means:

- a. Transferring responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not otherwise have the authority to perform the task.
- b. Directing an unlicensed person to perform a nursing task when patient census is too high for the licensed nurse to complete the task.
- c. Transferring responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual with a master's degree or higher, regardless of that person's profession.
- d. Directing an unlicensed person to complete charting when the licensed nurse is too busy to do so.

12. A "delegating nurse" is:

- a. A nurse delegated by a physician to complete any medical task the physician is unable to complete.
- b. An LPN who assigns a nursing task to an unlicensed co-worker.
- c. A RN who assigns a nursing task to a physical or occupational therapist.
- d. A nurse who delegates a nursing task or assumes responsibility for individuals who are receiving delegated nursing care.

13. Prior to delegating a nursing task to an unlicensed person, the delegating nurse shall determine that:

- a. Although unlicensed, the person is certified to complete the task.

- b. The nursing task is within the training, ability, and skill of the unlicensed person who will be performing the delegated nursing task.
- c. The unlicensed person is able to make the complex observations or critical decisions needed to complete the nursing task.
- d. The unlicensed person does not assist with over-the-counter topical medications, eye drops, ear drops, and suppository medications, foot soak treatments, or enemas.

14. Disciplinary actions by the Board can be related to practice failures. Examples can include failure to:

- a. Assess changes of condition.
- b. Implement appropriate or ordered interventions.
- c. Accurately document assessment information or nursing care provided.
- d. All of the above.

Answer Sheet

OH: Standards of Nursing Practice inc. Delegation, 2 contact hours

Name (Please print your name): _____

Date: _____

Passing score is 80%

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Course Evaluation

Please use this scale for your course evaluation. Items with asterisks * are required.

- 5 = Strongly agree
- 4 = Agree
- 3 = Neutral
- 2 = Disagree
- 1 = Strongly disagree

* Upon completion of the course, I was able to:

a. State 4 general responsibilities of nursing practice acts.

5 4 3 2 1

b. Describe the chief responsibility of the Ohio Board of Nursing.

5 4 3 2 1

c. Summarize the purpose of Chapter 4723-4 of the Ohio Administrative Code.

5 4 3 2 1

d. Describe the 5 elements of the nursing process for a Registered Nurse.

5 4 3 2 1

e. Describe 3 ways in which the nursing process as an LPN differs from that of the RN.

5 4 3 2 1

f. Define specialty certification.

5 4 3 2 1

g. Provide definitions for delegation and delegating nurse.

5 4 3 2 1

h. Describe the 4 most common causes of practice failures resulting in disciplinary actions.

5 4 3 2 1

* The author(s) are knowledgeable about the subject matter.

- 5 4 3 2 1

* The author(s) cited evidence that supported the material presented.

- 5 4 3 2 1

* This course contained no discriminatory or prejudicial language.

- Yes No

* The course was free of commercial bias and product promotion.

- Yes No

* As a result of what you have learned, do you intend to make any changes in your practice?

- Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

* Do you intend to return to ATrain for your ongoing CE needs?

- Yes, within the next 30 days.
- Yes, during my next renewal cycle.
- Maybe, not sure.
- No, I only needed this one course.

* Would you recommend ATrain Education to a friend, co-worker, or colleague?

- Yes, definitely.
- Possibly.
- No, not at this time.

* What is your overall satisfaction with this learning activity?

5 4 3 2 1

* Navigating the ATrain Education website was:

- Easy.
- Somewhat easy.
- Not at all easy.

* How long did it take you to complete this course, posttest, and course evaluation?

- 60 minutes (or more) per contact hour
- 50-59 minutes per contact hour
- 40-49 minutes per contact hour
- 30-39 minutes per contact hour
- Less than 30 minutes per contact hour

I heard about ATrain Education from:

- Government or Department of Health website.
- State board or professional association.
- Searching the Internet.
- A friend.
- An advertisement.
- I am a returning customer.
- My employer.
- Other
- Social Media (FB, Twitter, LinkedIn, etc)

Please let us know your age group to help us meet your professional needs.

- 18 to 30
- 31 to 45
- 46+

I completed this course on:

- My own or a friend's computer.
- A computer at work.
- A library computer.
- A tablet.
- A cellphone.
- A paper copy of the course.

Please enter your comments or suggestions here: _____

Registration Form

Please print and answer all of the following questions (* required).

* Name: _____

* Email: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Country: _____

* Phone: _____

* Professional Credentials/Designations:

Your name and credentials/designations will appear on your certificate.

* License Number and State: _____

* Please email my certificate:

Yes No

(If you request an email certificate we will not send a copy of the certificate by US Mail.)

Payment Options

You may pay by credit card or by check.

Fill out this section only if you are **paying by credit card**.

2 contact hours: \$19

Credit card information

* Name: _____

Address (if different from above): _____

* City: _____ * State: _____ * Zip: _____

* Card type:

Visa Master Card American Express Discover

* Card number: _____

* CVS#: _____

* Expiration date: _____