

RN and LPN Frequently Asked Questions

1. How do I know if a specific procedure or activity is within my scope of practice?

The scope of practice for nurses can be found in Ohio Revised Code (ORC) Section 4723.01(B) for the Registered Nurse (RN), and 4723.01(F) for the Licensed Practical Nurse (LPN). To determine whether a procedure or activity is within an individual nurse's scope of practice, a nurse may utilize the Decision Making Model available on the Board of Nursing website at www.nursing.ohio.gov (click on the "Practice RN and LPN" link). In addition, for information on specific nursing practices, see the Interpretative Guidelines on the same web page.

2. Is a LPN authorized to perform venipuncture to obtain blood samples for laboratory analysis?

Section 4723.01(F)(3), ORC, authorizes a LPN to administer treatments authorized by a individual who is authorized to practice in Ohio and is acting within the course of the individual's professional practice. Rule 4723-4-04 (D), OAC, provides that when the LPN is providing nursing care that is beyond the basic preparation for a LPN, in addition to having a specific current order or direction from the authorizing individual (for example, direction from an RN or a physician order), the LPN must also have documentation of obtaining the necessary education, knowledge, skills and abilities to provide the directed or ordered nursing care. Therefore, an LPN who is skilled and competent in performing phlebotomy to obtain blood samples may do so with a specific order or direction.

3. Can a LPN or RN accept employment as a patient care assistant?

The Nurse Practice Act does not prohibit a nurse from limiting his/her employment responsibilities to that of a patient care assistant or other unlicensed personnel. The licensed nurse that accepts employment in a position that does not require a nursing license and who chooses not to engage in licensed nursing practice should not identify him/herself as a nurse. If the individual identifies him or herself as a nurse or engages in the practice of nursing, the individual will be accountable under the Nurse Practice Act and administrative rules.

May the nurse also accept employment as a state tested nursing assistant (STNA) in a licensed nursing home?

The above response applies to this question, but it should be noted that STNAs are regulated by the Ohio Department of Health (ODH). You should contact ODH regarding its requirements to be recognized on its registry as an STNA.

4. What is the LPN's authorized practice with respect to assessing a patient?

The scope of practice for LPNs is set forth in Section 4723.01 (F), ORC. As specifically noted in their scope, RNs may *assess health status for the purpose of providing nursing care*. RNs may identify, organize, assimilate and interpret data with respect to the patient to determine the patient's health status and the nursing needs of the patient. LPNs provide nursing care requiring the application of basic knowledge of the biological, behavioral, social and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor or RN. *Assessment of a patient's health status* is not included in the LPN scope of practice. LPNs *contribute* to the registered nurse's assessment of the patient's health status by collecting and documenting objective and subjective patient data and reporting that data as appropriate to the directing registered nurse and other members of the healthcare team, consistent with Rule 4723-4-08, OAC, *Standards for applying the nursing process as a licensed practical nurse*. The objective and subjective data collected, documented and reported by the LPN may include but is not limited to the LPN's physical and psychosocial findings of patients (e.g., auscultation of abnormal breath sounds or heart sounds, identification of unusual patient behaviors).

5. Can a RN or LPN accept a verbal order or an order that has been electronically transmitted (i.e. faxed, texted, emailed)?

The Nurse Practice Act does not address the manner, mode of transmission, or format in which an order is received, relayed or transcribed by a nurse. Rather, Chapter 4723-4, OAC, places accountability on the nurse who is implementing the order to implement or clarify that the order is accurate, valid, properly authorized and is not harmful or potentially harmful to the patient, or is not contraindicated by documented information. The nurse implementing the order is required to seek clarification of the order when the nurse believes or has reason to believe one of these contraindications exist, and to take any other action necessary to assure the safety of the patient.

6. What is the nurse to patient ratio in a hospital setting or longterm care setting?

The Nurse Practice Act does not specify nurse to patient ratios or nurse staffing levels in ANY patient care setting. Other regulatory or certifying bodies such as the Ohio Department of Health, or The Joint Commission may address staff to patient ratios. Specific to hospitals, legislation enacted in 2008 requires hospitals to create and maintain committees to address nursing staffing levels.

7. Can a nurse administer a medication such as Methotrexate, as ordered by a physician, to terminate an ectopic pregnancy?

The Ohio Nurse Practice Act prohibits a nurse from administering medication to terminate a "live pregnancy" which includes all pregnancies unless it is known that the fetus or embryo has stopped developing and the tissue is dead. For further information regarding this question see the article "Administering Medications Relating to the Termination of a Pregnancy" in the Winter

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2007 issue of *Momentum*, available on the Board of Nursing website under Publications.

8. What procedures or activities can a nurse perform using a laser or a light based medical device? According to Medical Board rules, a physician may delegate the use of light based medical devices to RNs and LPNs only for the purpose of hair removal, and to “appropriate persons” for light phototherapy for the treatment of hyperbilirubinemia in neonates and for fluorescent lamp phototherapy for the treatment of psoriasis and similar skin conditions. For additional information see the article, “The Use of Light Based-Medical Devices” in the Winter 2008 issue of *Momentum*, available on the Board of Nursing website under Publications.

9. What is the maximum number of hours a nurse may work in a specified period of time? The Nurse Practice Act does not address employment matters, such as work schedules, nor does it establish limits on the number of hours a licensee may practice within a given period of time. However, nurses must be knowledgeable of the standards of nursing practice in Rule 4723-4-03, OAC (related to RN practice), and Rule 4723-4-04, OAC (related to LPN practice). These rules require RNs and LPNs to "demonstrate competence and accountability in all areas of practice in which the nurse is engaged which includes, but is not limited to: 1) consistent performance of all aspects of nursing care; and 2) appropriate recognition, referral or consultation and intervention when a complication arises." In addition, all nurses are required to maintain a safe environment for the patient. Rule 4723-4-06(H), OAC. Working under conditions of fatigue may not be safe for the nurse or the patient. A nurse who fails to demonstrate competence or does not provide consistent performance within his or her nursing practice as a result of excessive work hours, or for any other reason, will not have met standards of safe practice.

10. Are nurses required to have malpractice or liability insurance? The Nurse Practice Act does not require nurses to maintain malpractice or liability insurance coverage.

11. Who may supervise the practice of nursing? Section 4723.01(B), ORC, states that the supervision and evaluation of nursing practice is within the RN scope of practice. Rule 4723-4-06(O), OAC, further states that only a RN may supervise and evaluate the practice of nursing by other RNs or LPNs. LPNs are not prohibited from participating in activities which contribute to the delivery of care services, such as scheduling nursing services and providing observation and documentation regarding care provided by assistive personnel. A non-nurse supervisor may evaluate a nurse employee in matters other than the practice of nursing (e.g., personnel issues such as attendance).

12. Are RNs and LPNs required to maintain CPR certification? The Nurse Practice Act does not require RNs or LPNs to obtain and maintain certification in CPR. Rather,

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the standards of practice for RNs and LPNs in Chapter 4723-4, OAC, require nurses to demonstrate competence and accountability in all areas of practice in which the nurse is engaged which includes, but is not limited to, recognition, referral or consultation, and *intervention when a complications arises*. Nurses must consider their area of practice and the types of complications that may occur within their area practice. Competent practice may require the administration of CPR in events of cardiopulmonary arrest in addition to other measures to ensure the safety of the patient. The nurse performing CPR needs to be able to document their competence in the performance of CPR.

13. Does my Ohio nursing license authorize me to travel to another state with my patient and continue to provide nursing care him/her? The Ohio Nurse Practice Act applies only to the practice of nursing in Ohio. The Board does not regulate nursing care that occurs outside of Ohio. If the patient is traveling outside of Ohio and wishes to have an Ohio licensed nurse travel with him/her, the Ohio licensed nurse should contact the nursing board in the state/jurisdiction in which the travel will occur to ascertain that state's requirements.

14. Is it considered patient abandonment if I do not give a two or four weeks notice to my employer? The Nurse Practice Act does not address employment matters, such as giving employment resignation notice. Section 4723.28(B)(12), ORC, authorizes the Board to discipline a nurse for depriving a patient of a means to summon assistance. Rule 4723-4-06 (H), OAC, requires nurses to maintain a safe environment for patients. To ensure compliance with the law and rule, before leaving a place of employment, the nurse should provide a report on patient status to another responsible nurse, and confirm that there are other healthcare staff to assist patients and that patients have the means to summon assistance.

15. What nursing tasks can a RN or LPN delegate to a medical assistant or other unlicensed assistive personnel? The rules related to delegation of nursing tasks to unlicensed personnel are set forth in Chapter 4723-13, OAC. The rules do not provide a list of nursing tasks that may or may not be delegated to an unlicensed person. Rather, the rules require the nurse him/herself to determine that the nursing task is safe and appropriate to delegate to an unlicensed person to perform, that the unlicensed person has the necessary training, ability and skill to perform the delegated nursing task, and that the patient is stable and does not require care that is complex and should only be provided by a licensed nurse.

Specific to delegation of medication administration, the delegation rules limit a RN's, or LPN's as directed by an RN, delegation of medication administration to over the counter topical medications to be applied to intact skin, and over the counter eye drop, ear drop, suppository medications, foot soaks, and enemas. See Rule 4723-13-05, OAC, for

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further guidance on how to determine if a nursing task is appropriate to delegate an unlicensed person to perform.

16. As a certified obstetrical RN, what are my responsibilities related to newborn resuscitation, including intubation? A RN is required by Rule 4723-4-03(C), OAC, to demonstrate competence and accountability in all areas of practice in which the nurse is engaged, which includes recognition, referral, or consultation and intervention, when a complication arises. Therefore, a RN who is engaged in the care of obstetrical patients should be prepared to intervene and act when a complication occurs, including precipitous deliveries and deliveries where there is fetal and subsequent newborn distress. This includes being up to date in neonatal resuscitation techniques. A competent and qualified obstetrical or neonatal RN may engage in all aspects of neonatal resuscitation, including intubation when indicated, and other life-sustaining efforts.

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