A publication for all members of the nursing profession.

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2  2016 Ohio Nursing Law Program - Momentum Highlights

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)


Contact Hour(s): 1.0

Program Fee: $15.00

15 Answer Sheet

________________________________________________________________________________
**Target Audience:** Ohio Registered and Licensed Practical Nurses

**Category A:** This program provides 1.0 contact hours of **Category A** continuing nursing education related to the Ohio Nurse Practice Act and the rules of the Ohio Board of Nursing.

“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 set forth in section 4723 of the Administrative Code.

**Media:** hard-copy print material, or online at [www.ohionursinglaw.com](http://www.ohionursinglaw.com) or [www.selectce.org](http://www.selectce.org)

**Fee Information:** $15.00 for 1.0 contact hours

**Estimated Time to Complete the Activity:** 60 minutes

**Procedures:** To receive a credit for completing this activity, read this booklet, complete the post-test questions and evaluation on the Answer Sheet, and either:

i) mail the Answer Sheet and the program fee of $15.00 to us. You will receive a Statement of Credit mailed to you within 10 business days. Checks or money orders are encouraged. Mail to: Ohio Nursing Law, P.O. Box 21186, Columbus, Ohio 43221-0186. Refunds are generally not provided.

or

ii) use our online test-taking website [www.ohionursinglaw.com](http://www.ohionursinglaw.com). Follow the instructions on the website, using any major credit card to pay the program fee. Upon passing the test, you will receive immediate confirmation via email, and your official Statement of Credit will be sent via U.S. mail within 5 days. Refunds are not provided, unless you mistakenly make too many online payments or some such other online snafu.

A minimum score of 75% is required to earn a Statement of Credit.
CNE Planning Team: Our Nurse Planner for this program is Mark Laubacher, RN, BSN, CEN, CSPI, EMT-P. Faculty includes Patricia Nussle, JD. Our LPN Nurse Reviewer is Patsy Howcroft, LPN.

Disclosure of Commercialism, Unlabeled Uses, Bias, Conflicts of Interest: Prior to the delivery of the content, we offer these disclosures: All persons in a position to influence the content of this activity, including each member of the CE Planning Team listed above, report no bias or conflicts of interest.

Goal Statement: The goal of this activity is for the learner to acquire knowledge of sections of the Ohio Revised Code that may affect their healthcare practice, in order to promote professional development and enhance the learner's contribution to quality health care and the pursuit of professional goals.

Objectives: At the conclusion of this program, participants should be able to restate relevant Ohio law as discussed in specific articles in 2015 Nursing Momentum issues or on the Board's website.

Important Note: Colleagues, this is a continuing education program. It is not legal advice. Do not rely on this continuing education activity as legal authority. If you do have a legal problem or question, consult an attorney experienced in nursing or pharmacy law matters to discuss your specific situation.

Questions? Email us at patti@selectce.org, or call us at 614-481-8711.

Thank you! We truly enjoy serving you!
In this continuing education offering, we highlight several articles published by Ohio's Board of Nursing (the Board) related to the Ohio Nurse Practice Act. These articles can be found in one of the 4 issues of the 2015 Nursing Momentum magazine, or on the Board's website. Because Nursing Momentum is not mailed to every nurse in Ohio, we gather for you key articles from the previous year's Nursing Momentum newsletters, as well as Board announcements in early 2016. We reprint these articles with permission of the Board.

**ALERT: NEW END DATE FOR NURSE LICENSE RENEWAL STARTING IN 2016**

The Board successfully sought a statutory amendment to change the ending date of licensure renewal for nurses in order to obtain the new Ohio eLicense system that the state is implementing for various professional licensing boards in 2016. HB 188 was passed and signed by the Governor, **changing the ending date of renewals from August 31 to October 31.** This statutory change can be found in ORC 4723.24.

By moving this end date, the Board will be able to accommodate the state’s implementation timeline for the new system and provide LPNs an extended time period of four months to renew their license (July 1 to October 31). The Board avoided another year on the outdated system by upgrading to the new state eLicense system as soon as possible.

The following begins this year and continues for all nurse license renewals for future years. In 2016, only LPNs are renewing. (For 2017 these changes impact RN, COA, and CTP renewals.)

- **To avoid the late processing fee**, the online renewal application is due no later than **September 15** of your renewal year.
- **To avoid a lapsed license or certificate**, the online application for renewal is due no later than **October 31** of your renewal year. Nursing licenses and certificates will lapse November 1 of your renewal year, if you do not renew or request to place the license or certificate on inactive status.

For LPNs, the expiration date of August 31, 2016 will be changed to October 31, 2016 on the Ohio eLicense Center. A similar change will be made next year for RNs, COAs, and CTPs. LPNs will continue to renew
in even numbered years and RNs, COAs and CTPs in odd numbered years.

The Board has received assurances that the new system, eLicense 3.0, will accommodate the large volume of renewals and avoid the disruptions and challenges previously encountered by nurses and Board staff. In 2015 the Nursing Board renewed over 190,000 licenses and certificates during a four-month period. That is in addition to the work performed by licensure staff, who in the same time period processed approximately 15,000 applications for new graduates seeking initial licensure. The Board is by far the highest volume professional licensing board in Ohio and one of the largest in the nation.

The Board continues to be committed to providing the best customer service possible for licensees and the public, and will distribute information and details about these changes in the Momentum, on the Board website, and through social media. On the

Board website - click on “Subscribe to eNews, Facebook, and Twitter” to sign up to receive Board updates.

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Name and Address Changes

Ohio Administrative Code 4723-1-03 sets forth the rule for name and address changes of all nurses and certificate holders (dialysis technicians and community health workers):

(B) A change in name shall be submitted to the board in writing within thirty days of the change and shall be accompanied by a certified copy of one of the following documents:
   (1) A marriage certificate or abstract;
   (2) A dissolution or divorce decree;
   (3) A court record indicating a change of name; or
   (4) Documentation of a change in name consistent with the laws of the jurisdiction or foreign country where the name change occurred.

(C) A notification of a change in address shall be submitted in writing by the licensee or certificate holder to the board within thirty days of the change.

(D) Documents submitted to the board may be returned at the discretion of the board.

(E) Wall certificates or other documents issued by the board as evidence of licensure, certification, or other authorization to practice shall not be falsified or altered.

How do I change my name or address with the Board?

Beginning July 1, 2016 name and address changes must be performed online by accessing the new eLicense 3.0 licensure system. The old change of name and change of address forms will not be accepted by the Board.

Name changes must also be submitted as a Service Request within eLicense 3.0 and will require submission of additional documentation.

- You will be required to register as a new user and create an account profile the first time you attempt to access your license or certificate information in the new State licensure system. Be sure to click the button "I have a License" when creating your new user account.
• If you still have access to the email account currently on file for you at the Board, you will be able to retrieve your Security Code online by following relatively straightforward instructions. You will be required to enter your first and last name as well as your social security number in order to get your Security Code. Once you have the Security Code, you can change your name and address.

• If you no longer have access to the email account currently on file for you at the Board, you will have to contact the Board for further instructions.

To contact the Board for name or address changes, or other renewal questions:

    Phone: 614-466-3947

    Email: renewal@nursing.ohio.gov

What additional documentation is needed for a name change?

Once online in the 3.0 eLicense system, you will need to submit a Service Request to change your name. Within the Service Request, you will be instructed to provide a certified court document of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, name change document) within thirty days of the change. Certified documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change.

There is no fee for a name change.
LPN IV Therapy

In the Spring 2013 Momentum, the Board published an article discussing statutory changes to LPN scope of practice with respect to IV therapy effective March 20, 2013. In response to the change in law, effective February 1, 2015, the Board amended Rule 4723-17-03, Ohio Administrative Code (OAC). LPNs with IV therapy certification (LPN-IV) are no longer prohibited from aspirating a line for purposes of maintaining patency (this language was removed from the law and rule) and are no longer prohibited from administering antibiotics through a central venous line or peripherally inserted central catheter (PICC). The purpose of this article is to provide further explanation by applying the current law and rules to specific practice questions.

Question 4:
Suppose you get divorced and as a result change your name back to your maiden name. To maintain your license with the Board of Nursing, you should notify the Board by submitting a:

a. certified court document of the name change;
b. online Service Request through eLicense 3.0;
c. filing fee of $25;
d. both a and b are necessary.

Question 5:
Suppose you move to your dream home. In order to maintain your license, you should notify the Board by submitting a:

a. certified court document of the address change;
b. Name/Address Change Form;
c. change of address online through eLicense 3.0;
d. either b or c will be accepted by the Board.
The answers to each question below include information about revisions to the LPN IV therapy rules, Chapter 4723-17, OAC.

Under current law and rule, LPNs are prohibited from changing tubing or any device on an arterial catheter or line connected to an artery.

1. Is the LPN-IV authorized to infuse normal saline or lactated ringers through a PICC line or central line?
Yes. According to Section 4723.18(D)(6)(a)(i), ORC, and Rule 4723-17-03(B)(1), OAC, a LPN-IV may administer the solutions listed below through a “venous line.” A venous line is inclusive of a catheter that terminates in a “vein,” whether a peripheral or central vein. The patient must be age 18 years of age or older, and the LPN must be directed to perform the IV therapy by a registered nurse, or a physician, dentist, podiatrist, or optometrist who is available on site. When the RN is directing the LPN-IV in IV therapy, the RN must adhere to the requirements in Rule 4723-17-03 (C), OAC.

   ● 5% dextrose and water
   ● 5% dextrose and lactated ringers
   ● 5% dextrose and normal saline
   ● Normal saline
   ● Lactated ringers
   ● 0.45% sodium chloride and water
   ● 0.3% sodium chloride and water
   ● 0.2% sodium chloride and water

2. Is the LPN-IV authorized to administer an antibiotic through a PICC line or central line?
Yes. Section 4723.18(D)(6)(a)(iii), ORC, and Rule 4723-17-03(B)(3), OAC, authorize a LPN-IV to initiate or maintain an intravenous infusion continuing an antibiotic additive. “Intravenous” is inclusive of infusions in peripheral and central veins.

3. Is the LPN-IV authorized to flush a PICC line or central line with heparin or normal saline?
Only if the heparin or normal saline flush is administered through an existing intermittent infusion device that is attached to the catheter. Section 4723.18, ORC, (D)(6)(b), ORC, and Rule 4723-17-03(B)(5), OAC, permits a LPN-IV to inject heparin or normal saline to flush an intermittent infusion device, or saline lock, for lines that are being used for infusions on an intermittent basis.
Question 6:

For a patient with a PICC line or central line, LPN-IV's are authorized to all of the following except:

a. change tubing or devices;
b. infuse normal saline;
c. administer an IV antibiotic;
d. flush the saline lock with normal saline.

4. Is the LPN-IV authorized to change tubing that is directly connected to a central venous catheter or arterial catheter?

No, this is prohibited. In addition LPNs are prohibited from changing tubing that is directly connected to a central venous catheter, or any line that does not terminate in a peripheral vein. Regarding central venous catheters, inclusive of PICC lines, this is referring to any intravenous administration tubing that is directly joined to the central catheter or PICC without an attached intermittent infusion between the catheter and the administration set. However, the LPN-IV may change the administration set if it is connected to an intermittent infusion device that is attached to the central venous catheter.

Question 7:

For a patient with a central venous catheter, LPN-IV's are authorized to:

a. change any tubing or devices;
b. change any tubing or devices if directed by a physician;
c. change the administration set only if it is connected to an intermittent infusion device, such a saline lock, that is attached to the central venous catheter;
d. administer any IV solution.
5. What about changing the intermittent infusion device or “cap?”
Rule 4723-17-03(A)(9), OAC, effective on February 1, 2015, clarifies that a LPN-IV is permitted to change an intermittent infusion device if the tip of the connected intravenous catheter terminates in a peripheral vein. LPNs may not change the intermittent infusion device that is connected to a catheter that terminates in a central vein.

6. Is the LPN-IV authorized to aspirate a line to obtain a laboratory specimen?
Yes, if the LPN-IV documents their education, skill and competency in this procedure.

The prohibition for LPNs aspirating an IV line was removed in 2013. A LPN-IV is permitted to aspirate a peripheral IV line when the aspiration of the line is indicated and performed in accordance with the standards of safe nursing practice. The LPN-IV is prohibited from removing or changing an intermittent infusion device connected to catheters that terminate in a central vein.

7. Is the LPN-IV authorized to access or de-access an implanted intravenous port?
Yes, if an LPN-IV documents their education, skill and competency in this procedure. An implanted port is a central line with an intermittent infusion device or “hub” that is implanted beneath the skin. An LPN with the necessary training and education is permitted to access the hub of an implanted port by attaching the needle connection tubing, and to

Question 8:
Peripheral intermittent infusion devices used for the administration of IV medications/blood products/fluids and/or blood withdrawal require flushing between usage to maintain catheter patency. LPN-IV’s can change the intermittent infusion device:

a. if it is on a line connected to a peripheral vein;
b. if it is on a line connected to a central vein;
c. always;
d. never.
deaccess the port by removing the needle connection tubing from the hub when the IV therapy is completed. When a registered nurse is directing the LPN-IV in this specific practice, the RN must adhere to the RN’s standard of practice contained in Rules 4723-4-03, and Rule 4723-17-03 (C), OAC, and with respect to the IV therapy, the LPN-IV’s skill and the clinical context.

8. What education is required for a LPN-IV to perform procedures that are now authorized, but were not addressed by the LPN’s original IV therapy course?

The law and rules with respect to LPN-IV therapy continue to address the education requirements for LPNs to obtain their initial IV therapy certification. As with all nursing practices, LPNs and RNs alike must continue to achieve education with respect to their practice responsibilities especially as new procedures are encountered. The standards relating to competent practice as a licensed practical nurse, Rule 4723-4-04(D), OAC, require a LPN to obtain education that emanates from a recognized body of knowledge relative to the nursing care to be provided, to demonstrate knowledge, skills, and abilities necessary to perform the nursing care, and to maintain documentation of the education, training, and demonstrated competence in providing the care. It is also important that Rule 4723-4-03 (K), OAC, requires the RN who directs the LPN-IV’s practice to first assess the training, skill and ability of the LPN who will be performing the specific function or procedure, in addition to other parameters to ensure the safety and well-being of the patient.

9. What are the requirements for RN supervision when a LPN is performing IV therapy at the direction of a RN?

Section 4723.18(C)(1), ORC, requires the RN or another RN to be readily available at the site where the IV therapy is performed, and before the LPN initiates the IV therapy, the RN is required to personally perform an on-site assessment of the adult patient who is to receive the IV therapy. The requirement for the RN to be readily available at the site where the LPN is performing IV therapy site does not apply if the LPN performs an IV therapy procedure in a home as defined in Section 3721.01, ORC, related to skilled nursing facilities and county homes, or in an intermediate care facility for individuals with intellectual disabilities as defined in Section 5124.01 of the Revised Code. In these locations the RN may be on the premises of the home or facility or accessible by some form of telecommunication. If a physician, podiatrist, dentist, or optometrist is directing the LPN-IV in performing IV therapy,
the LPN-IV is authorized to perform IV therapy only when the physician, podiatrist, dentist, or optometrist is present on site. The law related to LPN IV therapy is located in Revised Code Sections 4723.18 and 4723.19 and the rules are located in Chapter 4723-17, OAC. The law and rules can be accessed on the Board’s website: www.nursing.ohio.gov under the “Law and Rules” link. The LPN IV therapy law and rules should be applied in conjunction with the Standard of Practice Relative to Registered Nurse or Licensed Practical Nurse set forth in Chapter 4723-4, OAC.

Question 9:

When an LPN is performing IV therapy under RN supervision:

a. an RN must be readily available at the site where the IV therapy is performed, unless at certain skilled nursing facilities, county homes, or intermediate care facilities for individuals with disabilities;

b. an RN must personally perform an on-site assessment of the adult patient who is to receive the IV therapy;

c. both of the above are true;

d. neither of the above are true.

New APRN Authority to Delegate

Recent amendments to the Ohio Nurse Practice Act permit Advanced Practice Registered Nurses (APRN's) with prescriptive authority to delegate the administration of certain drugs under specified conditions. This new delegation authority became effective October 15, 2015 through the enactment of Senate Bill 110 (131st General Assembly).

Section 4723.48, Ohio Revised Code (ORC), permits the holder of a certificate to prescribe (CTP), to delegate to a person not otherwise authorized to administer drugs, the authority to administer drugs to a specified patient. Prior to delegating this authority, the CTP holder is required to assess the patient, determine that the drug is appropriate for the patient, and determine that the person to whom the authority will be delegated has met the conditions specified in division (D) of Section 4723.489, ORC.
Section 4723.489, ORC, specifies the conditions under which the delegation may occur. For example, a CTP holder is limited to delegating only the administration of drugs that the CTP holder may prescribe him/herself, and the CTP holder is prohibited from delegating the administration of intravenous drugs and controlled substances.

There are also restrictions on the locations where the authority to administer drugs may be delegated by a CTP holder. Section 4723.489(C), ORC, prohibits the delegation from occurring in hospital inpatient care units, hospital emergency departments, freestanding emergency departments, or ambulatory surgery facilities. The CTP holder must be physically present at all locations where a drug is administered through CTP holder delegation. Prior to delegating, the CTP holder must determine that the individual who will administer the drugs has successfully completed drug administration education based upon a recognized body of knowledge, and that the individual has demonstrated to their employer the knowledge, skills, and ability to safely administer the drug(s). All of this must be documented and made available to the delegating CTP holder to determine whether the delegation is appropriate for patient safety and well-being.

Question 10:

Ohio law now permits a holder of a CTP to delegate the administration of drugs:

a. but does not include IV drugs or controlled substances;
b. but it cannot occur in hospital emergency rooms or inpatient care units;
c. and the CTP holder must be physically present at the location where the delegated drug is administered;
d. all of the above are true.
Return this ANSWER SHEET and $15.00 Program Fee to:

OHIO NURSING LAW
P.O. Box 21186
Columbus, Ohio 43221-0186

NAME: (print neatly, please)

ADDRESS:

CITY and STATE and ZIP:

PHONE NUMBER: EMAIL:

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11. Objective #1: After completing this program, I am able to restate relevant Ohio law as discussed in specific articles in 2015 Nursing Momentum issues or on the Board's website.
Yes No

12. This CE activity met my educational needs:
Yes No

13. The quality of the faculty was: Great OK Needs to Improve

14. The usefulness of the learning material was:
   Great OK Needs to Improve

15. The effectiveness of the teaching and learning methods, including active learning, was:
   Great OK Needs to Improve

16. The appropriateness of the learning assessment activity (the post-test) was:
   Great OK Needs to Improve

17. If you perceived any bias or commercialism, please describe:

18. How long did it take you to complete this activity? ___________________

19. For our next year's program, do you have a "learning gap" you would like to see filled? In other words, is there something you don't know, but wish you did? _____________________

Thank you!