Chapter 1: Ohio Nursing Laws and Rules
Defining Scopes of Practice

1.0 Contact Hour, Category A

This CE activity, OLN-I-1642-15, being offered by Elite CME, Inc. has been approved for 1.0 contact hour, Category A, by the Ohio Board of Nursing through the approver unit at the Ohio League for Nursing (OBN-006-92) and this program may be offered through February 15, 2017.

Learning objectives

After completing this course, learners will be trained to:

- Identify the two (2) primary sources of laws and rules for Ohio nurses, and where to find them.
- Differentiate between the Ohio Administrative Code (OAC) and the Ohio Revised Code (ORC).
- Name the four nurse specializations classified as advanced practice registered nurses.
- Describe the conditions under which a certified nurse practitioner, clinical nurse specialist, and registered nurse, respectively, may determine and pronounce death.
- List at least three (3) examples of unauthorized practice by advanced practice registered nurses (APRNs).
- Describe the prescriptive authority of a clinical nurse specialist, certified nurse midwife, and certified nurse practitioner.
- List the five IV therapy procedures LPNs may perform without receiving specific authorization from the board.

Introduction

The State of Ohio requires registered nurses (RN) and licensed practical nurses (LPN) to practice in accordance with the standards of nursing care specified within the Ohio Nurse Practice Act, Chapter 4723 of the Ohio Revised Code (ORC or Revised Code), and Sections 4723-1 to 4723-27 of the Ohio Administrative Code (OAC), and fulfill continuing education requirements for licensing established by the Ohio Board of Nursing (OBN or Board).

This course qualifies as a “Category A” nursing continuing education course; “Category A” courses clarify laws, rules, and guidelines found in Chapter 4723 of the Ohio Revised Code (the Ohio Nurse Practice Act), and rules of the Board of Nursing found in Chapter 4723-1 to 4723-27 of the OAC.

Because this course can only highlight a small number of the recent changes to nursing law, nurses are advised to carefully review Chapter 4723 of the Revised Code to ensure compliance with current nursing laws.

The chapter has five parts:
- Part I: Ohio Nursing Laws and Rules – The Basics
- Part II: Understanding Scopes of Practice
- Part III: Specialized Nursing Services and Scopes of Practice
- Part IV: Prescriptive Authority and Scopes of Practice
- Part V: IV Therapy Procedures an LPN may Perform

PART I: OHIO NURSING LAWS AND RULES – THE BASICS

Nurses in Ohio are accountable for the laws and rules regarding the safe practice of nursing in their state. It is critical that nursing professionals familiarize themselves with the laws and rules governing their state and this information can be obtained from two primary sources; the Ohio Administrative Code (OAC) and the Ohio Revised Code (ORC).

The Ohio Revised Code contains all of the laws that have been passed by the legislature, while the Ohio Administrative Code contains all of the rules passed by various state agencies, i.e., Ohio Board of Nursing (OBN). State executive agencies, like the OBN, carry out state laws through the development and enforcement of regulations.

The difference between the two sources is the Ohio Revised Code (ORC) contains all the LAWS that have been enacted by the legislature, while the Ohio Administrative Code (OAC) contains the RULES established by the various state agencies.

The Nurse Practice Act (the law governing nursing practice), is found in Chapter 4723 of the Ohio Revised Code, and defines the scope of practice for registered and licensed practical nurses. Licensed nurses are professionally accountable and legally responsible for knowing and practicing within their defined scopes of nursing practice. This professional accountability means nurses must complete their work in a safe, professional, and effective manner, and may be subject to legal liability for failure to perform as expected.

The Ohio Administrative Code contains the specific rules and processes established to guide the practice of nursing and ensure it is lawful. Some of the topics outlined in the rules are standards of safe nursing practice, continuing education requirements, and principles of delegation. The Board reviews rules once every five years, at minimum, in open hearings. Each November, the Board holds an annual public hearing in which nurses are encouraged to participate.

In 2013, sections of Chapter 4723 were revised and/or renumbered. Nurses can consult the current laws and rules for further or more detailed information using the links below:
- **Ohio Revised Code**: All statutes of a permanent and general nature of the state as revised and consolidated into general provisions, titles, chapters, and sections, including all bills passed. For nurses, see ORC Chapter 4723 at http://codes.ohio.gov/orc/4723.
- **Ohio Administrative Code**: A codification of the administrative agencies of the state, including all rules filed with an effective date. The Ohio Board of Nursing is the agency charged with specifying rules and processes governing practices and standards that fulfill the requirements of the Nurse Practice Act. See OAC Chapter 4723-1 through 4723-27 at http://codes.ohio.gov/oac/4723.

Another useful resource for nursing professionals is the Ohio Board of Nursing Laws and Rules page. It provides important information about recent legislative changes and other relevant nursing news. See current topics at http://www.nursing.ohio.gov/Law_and_Rule.htm.
PART II: UNDERSTANDING SCOPES OF PRACTICE

“Scope of practice” refers to an area of competence, usually obtained through formal study, training, and/or professional experience. In nursing, scopes of practice closely tie to certification or other proof of qualification conferred by an educational institution.

Because nursing practice constantly evolves in response to changing healthcare needs and technology, it is not feasible to provide an exhaustive list of all the specific duties or tasks that licensed nurses may or may not perform in the laws and rules. Instead, the chapter communicates the absolute necessity of working within one’s scope of practice, specifying that licensed nursing professionals may only provide nursing care in circumstances that are consistent with their specialized preparation, education, experience, knowledge, and demonstrated competency.

In many cases, nurses must make critical decisions about whether a specific activity or task falls within their scope of practice. Nurses must know the current laws and rules in order to make prudent, legally compliant decisions. The first section of the chapter introduces terms and concepts used in discussing scopes of practice. A solid understanding of these terms and concepts, as defined by the Ohio Board of Nursing in this section, enables nurses to make sound decisions regarding scope of practice questions.

Definitions

A. “Registered nurse” means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a registered nurse.

B. “Practice of nursing as a registered nurse” means providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:

1. Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen.
2. Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions.
3. Assessing health status for the purpose of providing nursing care.
4. Providing health counseling and health teaching.
5. Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice.
6. Teaching, administering, supervising, delegating, and evaluating nursing practice.

C. “Nursing regimen” may include preventative, restorative, and health-promotion activities.

D. “Assessing health status” means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.

E. “Licensed practical nurse” means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a licensed practical nurse.

F. “The practice of nursing as a licensed practical nurse” means providing nursing care to individuals and groups that requires the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse. Such nursing care includes:

1. Observation, patient teaching, and care in diverse healthcare settings.
2. Contributions to the planning, implementation, and evaluation of nursing.
3. Administration of medications and treatments by an individual who is authorized to practice in this state and is acting under the course of the individual’s professional practice on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications.
4. Administration of intravenous (IV) therapy to an adult by an individual who is authorized to practice in the state of Ohio and is acting within the course of the individual’s professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections.

G. “Certified registered nurse anesthetist” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified registered nurse anesthetist in accordance with section 4723.43 of the Revised Code and rules adopted by the Board of Nursing.

H. “Clinical nurse specialist” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a clinical nurse specialist in accordance with section 4723.43 of the Revised Code and rules adopted by the Board of Nursing.

I. “Certified nurse-midwife” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse-midwife in accordance with section 4723.43 of the Revised Code and rules adopted by the Board of Nursing.

J. “Certified nurse practitioner” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse practitioner in accordance with section 4723.43 of the Revised Code and rules adopted by the Board of Nursing.

K. “Physician” means an individual authorized under Chapter 4731 of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

L. “Collaboration” or “collaborating” means the following:

1. In the case of a clinical nurse specialist, except as provided in division (L)(3) of this section, or a certified nurse practitioner, that one or more podiatrists acting within the scope of practice of podiatry in accordance with section 4731.51 of the Revised Code and with whom the nurse has entered into a standard care arrangement or one or more physicians with whom the nurse has entered into a standard care arrangement are continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either in person or by radio, telephone, or other form of telecommunication.

2. In the case of a certified nurse-midwife, that one or more physicians with whom the certified nurse-midwife has entered into a standard care arrangement are continuously available to communicate with the certified nurse-midwife either in person or by radio, telephone, or other form of telecommunication.

3. In the case of a clinical nurse specialist who practices the nursing specialty of mental health or psychiatric mental health without being authorized to prescribe drugs and therapeutic devices that one or more physicians are continuously available to communicate with the nurse either in person or by radio, telephone, or other form of telecommunication.
PART III: SPECIALIZED NURSING SERVICES AND SCOPES OF PRACTICE

The recently Revised Code contains the following provisions delineating scopes of practice for specialized nursing services.

4723.43 Scope of specialized nursing services

Advanced practice registered nurses are subject to the following regulations, according to their specific certifications:

Certified nurse-midwife
A nurse authorized to practice as a certified nurse-midwife, in collaboration with one or more physicians:
- MAY provide the management of preventive services and those primary care services necessary to provide health care to women antenatally, intrapartally, postpartally, and gynecologically, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board of Nursing.
- MAY NOT perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies.
- MAY perform episiotomies or normal vaginal deliveries, or repair vaginal tears.
- MAY prescribe drugs and therapeutic devices in if he or she holds a certificate to prescribe, according to section 4723.48 of the Revised Code.

Certified registered nurse anesthetist
A nurse authorized to practice as a certified registered nurse anesthetist, with the supervision and in the immediate presence of a physician, podiatrist, or dentist:
- MAY administer anesthesia and perform anesthesia induction, maintenance, and emergence.
- MAY perform, with supervision, pre-anesthetic preparation and evaluation, post-anesthesia care, and clinical support functions, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board.
- MAY NOT administer general anesthesia under the supervision of a podiatrist in a podiatrist’s office.

A certified registered nurse anesthetist:
- Must be supervised by a physician, podiatrist, or dentist actively engaged in practice in this state.
- Is not required to obtain a certificate to prescribe in order to provide the anesthesia care described in this section. However:
  - When a certified registered nurse anesthetist is supervised by a dentist, the nurse’s scope of practice is limited to the anesthesia procedures that the dentist has the authority under Chapter 4715 of the Revised Code to perform.

Certified nurse practitioner
A nurse authorized to practice as a certified nurse practitioner, in collaboration with one or more physicians or podiatrists:
- MAY provide preventive and primary care services and services for acute illnesses; and evaluate and promote patient wellness within the nurse’s nursing specialty, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board.
- MAY prescribe drugs and therapeutic devices if he or she holds a certificate to prescribe, issued under section 4723.48 of the Revised Code.

Clinical nurse specialist
A nurse authorized to practice as a clinical nurse specialist, in collaboration with one or more physicians or podiatrists:
- MAY provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse’s nursing specialty, consistent with the nurse’s education and in accordance with rules adopted by the Board.
- MAY prescribe drugs and therapeutic devices if he or she holds a certificate to prescribe issued under section 4723.48 of the Revised Code.

4723.36 Determination of death by certified nurse practitioner or clinical nurse specialist

This law grants authority for nurse practitioners and clinical nurse specialists to determine and pronounce death if the individual’s respiratory and circulatory functions are not artificially sustained, and the individual receives care in a nursing home, residential care facility, county home, or hospice care program.
**4723.44 Unauthorized practice**

Individuals who do not hold current, valid certificates of authority to practice nursing as certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners may not represent themselves as these professionals or use any title or initials implying certification as a registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, or APRN. The following specific provisions apply:

- No certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may:
  1. Engage, for a fee, salary, or other consideration, or as a volunteer, in the practice of a nursing specialty other than the specialty designated on the nurse’s current, valid certificate of authority issued by the Board under this chapter,
  2. Represent themselves as authorized to practice any nursing specialty other than the specialty designated on the current, valid certificate of authority.
  3. Use the title “certified registered nurse anesthetist” or the initials “N.A.” or “C.R.N.A.”, the title “clinical nurse specialist” or the initials “C.N.S.”, the title “certified nurse-midwife” or the initials “C.N.M.”, the title “certified nurse practitioner” or the initials “C.N.P.”, the title “advanced practice registered nurse” or the initials “A.P.R.N.”, or any other title or initials that imply that the nurse is authorized to practice any nursing specialty other than the specialty designated on the nurse’s current, valid certificate of authority.

4. Enter into a standard care arrangement with a physician or podiatrist whose practice is not the same as or similar to the nurse’s nursing specialty.

5. Prescribe drugs or therapeutic devices unless the nurse holds a current, valid certificate to prescribe issued under section 4723.48 of the Revised Code.

6. Prescribe drugs or therapeutic devices under a certificate to prescribe in a manner that does not comply with section 4723.481 of the Revised Code.

7. Prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.

Only individuals certified by the National Council on Certification or Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists, or another national certifying organization approved by the Board under section 4723.46 of the Revised Code may use the title “certified registered nurse anesthetist” or the initials “C.R.N.A.”, or any other title or initial implying that the person has been certified by the council or organization.

**Part IV: Prescriptive Authority and Scopes of Practice**

This section discusses the prescriptive authority of a clinical nurse specialist, certified nurse-midwife, and certified nurse practitioner. The board has established a link on the front page of their website, “Prescriptive Authority Resources,” which provides licensees with education and awareness of prescribing practices. To access these resources, go to [http://www.nursing.ohio.gov/Practice.htm#CTP](http://www.nursing.ohio.gov/Practice.htm#CTP).

**4723.481 Authority of clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner to prescribe drugs and therapeutic devices**

This section establishes standards and conditions regarding the authority of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner to prescribe drugs and therapeutic devices under a certificate to prescribe and comply with all safety standards for personally furnishing supplies of drugs and devices (as established in rules adopted under section 4723.50 of the Revised Code).

A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe any drug or therapeutic device that is not included in the types of drugs and devices listed under section 4723.50 of the Revised Code. The prescriptive authority of these professionals may not exceed the prescriptive authority of the collaborating physician or podiatrist, or their authority to treat chronic pain using controlled substances containing tramadol (as described in section 4731.052 of the Revised Code).

Except as provided in the cases below, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe schedule II controlled substances only if ALL of the following are true:

- The patient has a terminal condition (as defined in section 2133.01 of the Revised Code).
- The collaborating physician of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner initially prescribed the substance for the patient.
- The prescription amount does not exceed the amount needed by the patient for a single, 24-hour period.

Clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners:

- MAY issue prescriptions to patients from the following properly licensed and qualified entities:
  - Hospitals and hospital-controlled entities.
  - Nursing, county, or district homes certified under Medicare or Medicaid.
  - Hospice care programs.
  - Community mental health service providers and healthcare facilities operated by the Department of Mental Health and Addiction Services or the Department of Developmental Disabilities.
  - Ambulatory surgical facilities.
  - Freestanding birthing centers.
  - Federally qualified health center “look-alikes” (as defined in section 3701.047 of the Revised Code).
  - Healthcare offices or facilities operated by a Board of Health.
  - Sites with medical practices that meet qualifications outlined in the section.

- MAY NOT issue prescriptions to patients for schedule II controlled substances from a convenience care clinic, even if the clinic is owned or operated by one of the aforementioned entities.

- MAY personally furnish a sample of any drug or therapeutic device as long as no samples of controlled substances are furnished, the sample is provided without a charge, and the amount of sample furnished does not exceed a 72-hour supply. (When the minimum available quantity of the sample is packaged in an amount greater than a 72-hour supply, it is acceptable to furnish the packaged amount.)

- MAY personally furnish a complete or partial supply of the following drugs or therapeutic devices included on the formulary: antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, anti-hypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.

- MAY NOT personally furnish drugs and devices in locations other than a health department operated by the Board of Health or similar authority, a federally funded comprehensive primary care clinic, or a nonprofit healthcare clinic or program.

A pharmacist who acts in good faith reliance on a prescription issued by a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner...
practitioner under this section bears no liability for any damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action by the state of pharmacy associated with the prescription.

**PART V:  LPNS AND IV THERAPY**

This section discusses the IV Procedures an LPN may perform.

**Adult Intravenous (IV) Therapy**

Adult intravenous (IV) therapy is discussed in 4723.18 and 4723.181 of the Revised Code.

LPN may perform the following five intravenous (IV) therapy procedures without receiving authorization from the Board if (1) the LPN acts at the direction of a registered nurse or a licensed physician, dentist, optometrist, or podiatrist who is at the premises where the procedure will be performed or is accessible by some form of communication; AND (2) the LPN can demonstrate he or she possesses the knowledge, skills, and ability to perform the procedure safely:

- Verification of the type of peripheral intravenous solution administered.
- Examination of a peripheral infusion site and the extremity for possible infiltration.
- Regulation of a peripheral intravenous infusion according to the prescribed flow rate.
- Discontinuation of a peripheral intravenous device at the appropriate time.
- Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.

LPNs are authorized by the Board of Nursing to administer intravenous therapy to adult patients if they fulfill the following requirements:

1. Holds a current, valid license as an LPN.
2. Is authorized under section 4723.18 of the Revised Code to administer medications.
3. Successfully completes a Board-approved 40--hour course of study in intravenous therapy, including a component requiring the nurse to demonstrate practical competence in administering IV therapy to adult patients.

LPNs authorized to perform intravenous therapy on adult patients may do so only:

- In a facility at the direction of a licensed physician, dentist, optometrist, or podiatrist who is present and readily available on the premises, or accessible by some form of telecommunication.
- In a home (as defined in section 3721.10 of the Revised Code) or in an intermediate care facility for individuals with intellectual disabilities (as defined in section 5124.01 of the Revised Code) at the direction of a registered nurse, licensed physician, dentist, optometrist, or podiatrist. Additionally, a registered nurse must be on the premises of the home or facility or accessible by some form of telecommunication, and the registered nurse directing the LPN must perform a personal on-site assessment of the adult patient before the LPN initiates IV therapy.

The LPN MAY NOT initiate or perform IV therapy procedures that maintain blood, blood components, or solutions for total parenteral nutrition; are related to any cancer therapy, including chemotherapy or an anti-neoplastic agent; any investigational or experimental medication; or any solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, unless the LPN is authorized by the Board to do so.

Board-authorized LPNs MAY perform the following procedures if they fall within the nurse’s scope of practice and area of certification. LPNs who are not Board-authorized MAY NOT perform the following procedures. Only LPN authorized by the Board to do so:

- MAY initiate intravenous therapy if it is limited to a vein of the hand, forearm, or antecubital fossa, and the LPN:
  - Discontinues a central venous, arterial, or any other line that does not terminate in a peripheral vein.
  - Initiates or discontinues a peripherally inserted central catheter.
- MAY prepare or reconstitute an antibiotic additive for intravenous therapy, but may not mix, prepare, or reconstitute any other medication for IV therapy.
- MAY administer medication via the intravenous route, and perform the following procedures:
  - Initiating an intravenous infusion containing one or more of the following elements: dextrose 5%, normal saline, lactated ringers, sodium chloride 0.45%, sodium chloride 0.2%, or sterile water.
  - Hanging subsequent containers of an intravenous containing vitamins or electrolytes if a registered nurse initiated the infusion of that same intravenous solution.
  - Initiating or maintaining an intravenous infusion containing an antibiotic additive.
- MAY inject heparin or normal saline via a direct intravenous route to flush an intermittent infusion device or heparin lock including, but not limited to, bolus or push.
- MAY change tubing on any line including, but not limited to, an arterial line or a central venous line that terminates in a peripheral vein.
- MAY program or set any function of a patient-controlled infusion pump.
- MAY perform the following activities for dialysis purposes at the direction of a physician or a registered nurse:
  - The routine administration and regulation of saline solution to maintain the established fluid plan.
  - IV heparin administration.
  - IV heparin dose peripherally via a fistula needle.
  - The loading and activation of a constant infusion pump.
  - The intermittent injection of a dose of medication administered via the hemodialysis blood circuit and through the patient’s venous access.

**References**

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1. It is critical that nursing professionals familiarize themselves with the laws and rules governing their state, which can be located in the Ohio Administrative Code and _________:
   a. The Ohio Revised Code.
   b. Chapter 4733 of the ORC.
   c. Ohio Board of Nursing.
   d. The Ohio Nursing Association.

2. Which of the following contains the specific rules and processes established by the Board of Nursing to guide nursing practice and ensure it is lawful?
   a. The OAC.
   b. The ORC.
   c. The OBN.
   d. The OGN.

3. All statutes of a permanent and general nature of the state as revised and consolidated into general provisions, titles, chapters, and sections, including all bills passed is called the _____?
   a. Ohio Administrative Code (OAC).
   b. Ohio Board of the Professions (OBP).
   c. Ohio Revised Code (ORC).
   d. Legislative Proposed Changes (LPC)

4. “Practice of nursing as a registered nurse” means providing to individuals and groups all the following types of nursing care, EXCEPT:
   a. Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen.
   b. Observation, patient teaching, and care in diverse healthcare settings.
   c. Executing a nursing regimen through the selection, performance, management, and evaluation of nursing action.
   d. Providing health counseling and health teaching.

5. All the following are considered “Advanced practice registered nurses,” EXCEPT:
   a. Certified registered nurse anesthetists.
   b. Clinical nurse specialists.
   c. Certified licensed practical nurses.
   d. Certified nurse-midwives.

6. A nurse authorized to practice as a certified nurse-midwife, in collaboration with one or more physicians, may do all of the following, EXCEPT:
   a. Provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board of Nursing.
   b. Perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies.
   c. Perform episiotomies or normal vaginal deliveries, or repair vaginal tears.
   d. Prescribe drugs and therapeutic devices if he or she holds a certificate to prescribe, according to section 4723.48 of the Revised Code.

7. A nurse authorized to practice as a clinical nurse specialist, in collaboration with one or more physicians or podiatrists may do all of the following, EXCEPT:
   a. Provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse’s nursing specialty, consistent with the nurse’s education and in accordance with rules adopted by the Board.
   b. Prescribe drugs and therapeutic devices if he or she holds a certificate to prescribe issued under section 4723.48 of the Revised Code.
   c. Provide preventive and primary care services and services for acute illnesses; and evaluate and promote patient wellness within the nurse’s nursing specialty, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board.
   d. When collaborating with a podiatrist, limit scope of practice to the procedures that the podiatrist has the authority to perform under section 4731.51 of the Revised Code.

8. The Ohio Revised Code, Section 4723.36 grants authority for nurse practitioners and clinical nurse specialists to determine and pronounce death in all the following cases, EXCEPT:
   a. When the individual’s respiratory and circulatory functions are not artificially sustained.
   b. When the individual receives life support in their home.
   c. When the individual receives care in a nursing home or residential care facility.
   d. When the individual receives care in a hospice program.

9. A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may NOT do any of the following, EXCEPT:
   a. Prescribe any drug or therapeutic device that is not included in the types of drugs and devices listed under section 4723.50 of the Revised Code.
   b. Exceed the prescriptive authority of the collaborating physician or podiatrist.
   c. Exceed authority to treat chronic pain using controlled substances containing tramadol.
   d. Issue prescriptions to patients from properly licensed and qualified hospitals and hospital-controlled entities.

10. A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner MAY DO all the following, EXCEPT:
    a. Issue prescriptions to patients for schedule II controlled substances from a convenient care clinic.
    b. Personally furnish a sample of any drug or therapeutic device as long as no samples of controlled substances are furnished; the sample is provided without a charge, and the amount of sample furnished does not exceed a 72-hour supply. (When the minimum available quantity of the sample is packaged in an amount that is greater than a 72-hour supply, it is acceptable to furnish the packaged amount.)
    c. Personally furnish a complete or partial supply of the following drugs or therapeutic devices included on the formulary: antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, anti-hypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.
    d. Issue prescriptions to patients from properly licensed and qualified hospice care programs.

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