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A Practical Review of Ohio Law for Nurses

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Introduction

Guidelines are essential to the administration of ethically driven health care that is both safe and effective. Therefore, each state has developed a Nurse Practice Act to guide nurses administering care to patients. Each state's Nurse Practice Act is governed by a board of nursing. Due to the importance of a state's Nurse Practice Act and governing board of nursing, nurses should be very familiar with their state of licensure's board of nursing and Nurse Practice Act to ensure they understand how to legally, ethically, safely and effectively administer health care to patients. This course details information regarding the Ohio Board of Nursing and Nurse Practice Act, for nurses practicing in the state of Ohio. This course also highlights how nurses may utilize such information to effectively resolve the many different challenges and dilemmas that may arise while administering health care to patients in need.

Section 1: Ohio Board of Nursing and Nurse Practice Act

Case 1

Nurse A is mentoring Nurse B, who is a newly employed nurse in a regional Ohio hospital. During the mentoring process, a 69-year-old male patient presents with the following signs and symptoms: tachycardia, confusion and muscle cramps. The patient is immediately ordered a 0.9% normal saline IV. While Nurse A and Nurse B are attempting to retrieve the 0.9% normal saline bag for IV administration, a physician asks for the assistance of Nurse A. Nurse A instructs Nurse B to start the 0.9% normal saline IV. Upon receiving the instructions from Nurse A, Nurse B does not look confident and reminds Nurse A that the IV training required for IV administration has not been completed. Meanwhile, the same physician asks Nurse A for assistance. Nurse A is pressed for time and needs to make a decision. Should Nurse A allow Nurse B to start the 0.9% normal saline IV without assistance or supervision?

Case 2

Nurse C is administering care to a 42-year-old female patient receiving gentamicin for a serious infection. The patient is being monitored and the patient's gentamicin trough concentrations are routinely checked by Nurse C. During the patient's therapy, Nurse C observes the patient's gentamicin trough concentration is well above 2 mcg/mL. Nurse C also observes that a physician intern recently increased the patient's gentamicin dose. Due to the patient's recent gentamicin trough concentration and dose change, Nurse C has questions regarding the patient's upcoming dose of gentamicin. Nurse C pages the intern and waits for the intern to contact her. After approximately 25 minutes the intern calls Nurse C regarding the patient in question. Nurse C provides the relevant information to the intern regarding the patient's gentamicin trough concentration and dose. However, before Nurse C can finish relaying all of the pertinent patient information, the intern is interrupted and ends the conversation with Nurse C by instructing the nurse to administer the medication to the patient as ordered. Based on the abrupt ending of the conversation, Nurse C is not sure if the intern received all of the vital patient information and is still questioning whether or not to administer the upcoming gentamicin dose to the patient, which is due. Nurse C has to make a decision. Should Nurse C administer the next gentamicin dose to the patient?

Case 3

Nurse D is administering care to a 29-year-old female patient. The female patient has been under the care of Nurse D for several days. During the aforementioned time period, Nurse D and the patient developed a significant rapport with one another. They enjoy each other's company and often spend time talking and discussing various topics. Most recently, the patient has begun flirting with Nurse D. Nurse D has not encouraged the flirting, however Nurse D has not discouraged the flirting either. Several days pass and the patient's flirting intensifies. Nurse D is single and attracted to the patient. Furthermore, Nurse D is flattered by the patient's flirting. As the patient's flirting increases, Nurse D begins to develop romantic feelings for the patient. It is not long before Nurse D begins flirting back with the patient. Encouraged by Nurse D's flirting, the patient asks Nurse D on a date. Nurse D would like to date the patient and possibly engage in a personal relationship with her, although the nurse is not sure how to proceed while the patient is under care. Nurse D has to make a decision. Should Nurse D accept the date offer and enter into a personal relationship with the patient while she is receiving care?

The scenarios outlined in the previous case studies represent the types of challenges and dilemmas nurses may face on a daily basis while administering care to patients in need. Although complex and challenging, those types of challenges and dilemmas require efficient and adequate decision-making to ensure patients receive ethically driven health care that is both safe and effective. With that said, how can nurses effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients? The simple, straightforward answer to the aforementioned question is as follows: nurses may effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients by following their state of licensure's Nurse Practice Act and related laws, rules and regulations.

A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state[1]. The goal of a state's Nurse Practice Act is to protect individuals in the care of nurses. Each state's Nurse Practice Act is governed by a board of nursing. Due to the importance of a state's Nurse Practice Act and governing board of nursing, it has been argued that nurses should be very familiar with their state of licensure's board of nursing and Nurse Practice Act to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need. It has also been argued that nurses should pay particular attention to their state of licensure's scope of practice when reviewing Nurse Practice Acts. A scope of practice may refer to a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license[12]. That being said, the remainder of this section will highlight information regarding Ohio's Board of Nursing and Nurse Practice Act. Information regarding Ohio's board of nursing may be found in Figure 1. Information related to Ohio's scope of practice for nurses, based on the requirements in the Ohio Nurse Practice Act, may be found in Figure 2. The information found in the aforementioned figures was derived from materials provided by the Ohio Board of Nursing and the state of Ohio[1].

Figure 1: Ohio Board of Nursing[1]

Vision

The vision of the Ohio Board of Nursing (Board) is to be a leader through innovative and efficient health care regulation positively impacting the wellbeing of every Ohioan.

Mission

The mission of the Ohio Board of Nursing (Board) is to actively safeguard the public through equitable regulation of nursing and other health care professions.

Background

The Board functions as a governmental agency created by Ohio law to regulate the practice of nursing and certain other health care professions in the state of Ohio for the safety of the public.

The Board licenses and certifies more than 300,000 health care professionals in Ohio. Licensees and certificate holders regulated by the Board include registered nurses, advanced practice registered nurses (APRNs, including certified nurse practitioners, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists), licensed practical nurses, dialysis technicians, certified community health workers, certified medication aides, and State of Ohio certified doulas.

A thirteen-member Board is appointed by the Governor and consists of eight registered nurses, four licensed practical nurses and one consumer member.

Of the eight registered nurses on the Board, at least two must hold a current, valid license authorizing the practice of nursing as an advanced practice registered nurse. The consumer member of the Board, a non-nurse, represents the interests of consumers of health care and may not be associated with a health care provider or profession or have a financial interest in the delivery or financing of health care. All Board members serve a term of four years and may be reappointed for one additional term. The Board elects one of its nurse members as president and one as vice-president, and elects a registered nurse member to serve as the supervising member for disciplinary matters.

Licensure, Certification and Continuing Education

The Board of Nursing issues licenses and certificates to individuals who meet statutory and regulatory requirements and works toward having processes in place to license, certify, and renew applicants as quickly as possible so they may enter or remain in the workforce.

The Board of Nursing maintains a web-based system for verification of licenses and certificates.

Nursing Education and Training Programs

The Board of Nursing approves pre-licensure education and training programs to assure the programs maintain academic and clinical standards for the preparation of entry-level nurses, dialysis technicians, certified medication aides, certified community health workers, and certified doulas.

The Board of Nursing regulates dialysis training programs, medication aide training programs, community health worker programs, and doula certification training programs.

Practice Questions and Issues

The Board of Nursing addresses pertinent nursing regulatory issues and requirements for licensees and certificate holders and provides greater clarity about the requirements to those regulated by the Board of Nursing. The Board of Nursing receives and responds to numerous practice questions from licensees and certificate holders, employers, and the public.

The Board of Nursing convenes advisory groups — including groups on Advanced Practice Registered Nursing, Dialysis, Nursing Education, Continuing Education, Certified Community Health Workers, and

Doulas — and maintains and updates the Formulary that establishes the parameters for drugs prescribed by advanced practice registered nurses.

Compliance, Discipline and Monitoring

The Board of Nursing handles complaints, investigations and adjudications to safeguard the health of the public and, in cases involving chemical dependency, substance use disorder, or practice issues, offers alternatives to discipline programs if appropriate.

The Board of Nursing administers confidential alternative programs to discipline, including the Alternative Program for Chemical Dependency/Substance Use Disorder Monitoring and the Practice Intervention and Improvement Program (PIIP). The Board also administers a Safe Haven Program, which allows nurses to confidentially self-refer for assistance with substance use or mental health concerns. Monitoring agents assure that individuals comply with the terms and conditions of Consent Agreements and alternative-to-discipline program agreements.

Rule Making Process

By law, the Board of Nursing is authorized to promulgate (adopt, amend, and rescind) rules to carry out the provisions of the Nurse Practice Act and implement the Board's regulatory mission. Also, Ohio law requires the Board to review its rules at least once every five years. In addition to the five-year review, the Board may consider other rules or amendments to the rules at various times.

When the Board proposes new rules or modifications to existing rules, the rules or changes will be electronically filed and can be accessed through the Board website. The Board also files a public notice to inform interested parties that the Board will hold a hearing on proposed rules to hear public comment. After receiving public comment, the Board considers the testimony (written and oral) and determines whether to make changes to the rules as proposed. Lastly, the Joint Committee on Agency Rule Review, a bipartisan committee of legislators, conducts a final review of all Ohio rules.

Public Participation in the Rule Making Process

The Board seeks public participation through Advisory Groups and Open Forums during Board meetings, and may convene Committees to review particular issues. Interested parties may attend Board Committee meetings convened to consider specific issues or tasks. All meetings of the Board, Advisory Groups and Board Committees are open to the public and governed by the Ohio Open Meetings Act.

Notice of Board Meetings

According to division (F) of section 121.22 of the Revised Code, the board shall ensure that any person can determine the time and place of all regularly scheduled meetings and the time, place, and purpose of all special meetings by:

- Writing the board to request advance notification of all meetings of the board, board committees or advisory groups;
- Writing the board to request advance notification of all meetings at which specific public matters designated by those persons are scheduled to be discussed;
- Calling the board office during normal business hours; or
- Accessing the information on the board's website.

Any representative of the news media may obtain notice of all special meetings of the board by requesting in writing that notice be provided and supplying a postal or electronic mail address.

Figure 2: Scopes of Practice for RNs and LPNs (Based on the Requirements in the Nurse Practice Act)[1]

Scopes of Practice for RNs and LPNs

Section 4723.01, Ohio Revised Code (ORC), specifies scopes of practice for RNs and LPNs. Chapter 4723-4, Ohio Administrative Code (OAC), specifies RN and LPN standards of practice, and addresses patient safety and the nursing process.

Registered Nurses

Section 4723.01(B), ORC, defines the scope of RN practice as: 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.

RNs have independent licensed authority to engage in all aspects of practice specified in Section 4723.01(B), ORC, except that, when providing nursing care pursuant to Section 4723.01(B)(5), ORC, the RN must have an order from an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice for administration of medication or treatments or for the regimen that is to be executed. Rule 4723-4-03(D), OAC.

The RN determines the data to be collected to "assess the patient's health status for the purpose of providing nursing care," as identified in Section 4723.01(B)(3), ORC. Assessing health status is further defined in Section 4723.01(D), ORC, as "the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care."

Based on the "health status assessment" RNs determine the nursing care needs of the patient and the resulting nursing regimen that will be executed in accordance with Section 4723.01(B)(2), ORC. Nursing regimen is defined in Section 4723.01(C), ORC, in that it "may include preventative, restorative, and health-promotion activities." The definition of patient, set forth in Rule 4723-4-01(A)(4), OAC is "the recipient of nursing care, which may include an individual, a group, or a community." Therefore, the nursing regimen determined by RNs is not limited to individual patients, but may be established for

specific populations or defined groups. Rule 4723-4-03, OAC, provides further information about the implementation of the nursing regimen and the standards of RN practice.

RN Role/Nursing Process

The following examples of RN practice are in the Nurse Practice Act and administrative rules. The RN:

- Collects patient health data from patient, patient family, and LPN or other health care providers.
- Analyzes data to determine nursing regimen.
- Establishes, accepts, or modifies a nursing diagnosis or problem.
- Implements and communicates the plan of nursing care.
- Evaluates and documents the patient's response to the nursing care.
- Reassesses and revises the nursing plan of care as appropriate.

Licensed Practical Nurses

Section 4723.01(F), ORC, defines the scope of LPN practice as "Providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of 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. Such nursing care includes:

- (1) Observation, patient teaching, and care in a diversity of health care settings.
- (2) Contributions to the planning, implementation, and evaluation of nursing.
- (3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice.
- (4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state 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.
- (5) Delegation of nursing tasks as directed by a registered nurse.
- (6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.

Note: Effective June 9, 2026 (Am. Sub. H.B. 52, 136th General Assembly), Section 4723.01(F)(3), ORC was amended to remove the prior reference to LPNs administering medication upon completion of a "board-approved medication administration course." Medication administration by a certified medication aide is now governed separately, as its own certified role, under Section 4723.67 of the Revised Code and Chapter 4723-27, OAC (see Figure 1).

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). 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 health care 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. 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 health care provider who is directing the LPN's practice. Otherwise, the LPN may be engaging in practice beyond the LPN authorized scope.

LPN Practice Prohibitions

The following are specific LPN practice prohibitions contained in the NPA and rules:

- Engaging in nursing practice without RN or authorized health care 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.

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.

LPN Role/Nursing Process

The following are examples of LPN practice in the NPA and administrative rules. The LPN:

- Collects and documents objective and subjective data and observations about the patient.
- Contributes observations and health information to the nursing assessment and reports all data to the RN or authorized directing health care provider.
- Implements the current plan of nursing care at the direction of the RN, or the medication or treatment authorized by the directing physician, physician assistant, dentist, podiatrist, optometrist or chiropractor.
- Documents the patient's response to the nursing plan of care or the medication or treatment.
- Contributes to the revision of the nursing plan of care.
- Contributes to the evaluation of the patient's response to the plan of care through documentation and verbal communication with other members of the health care team.

LPN IV Therapy

Administration of intravenous therapy by an LPN is governed by Sections 4723.18 and 4723.181 of the Ohio Revised Code, together with Rule 4723-4-02 of the Ohio Administrative Code, which sets out the specific IV therapy procedures an IV-certified LPN may and may not perform.

An LPN may perform certain intravenous therapy procedures on a patient aged 18 or older — including administering specified maintenance solutions (e.g., normal saline, lactated ringers, dextrose solutions), initiating or maintaining an antibiotic infusion, flushing a device with heparin or saline, and placing a short peripheral venous access catheter — but only when directed to do so by a physician, physician assistant, dentist, optometrist, podiatrist, or registered nurse in accordance with Section 4723.18, ORC, and only if one of the following direction/supervision conditions is met: (1) the directing physician, physician assistant, dentist, optometrist, or podiatrist is present and readily available at the facility; (2) a registered nurse who has personally performed an on-site assessment of the patient is directing the LPN, and that RN or another RN is readily available on-site; or (3) in a home or an intermediate care facility for individuals with intellectual disabilities, the directing RN is either on the premises or accessible by telecommunication.

Rule 4723-4-02, OAC, prohibits an LPN from performing certain higher-risk IV therapy procedures, including: initiating or maintaining blood or blood components, total parenteral nutrition, cancer therapeutic/chemotherapy medications, or investigational/experimental medications; administering solutions through a central venous line, arterial line, or any line that does not terminate in a peripheral vein; discontinuing a central venous or arterial line; initiating or discontinuing a peripherally inserted central catheter or any catheter longer than three inches; programming or setting a patient-controlled analgesic device; mixing, preparing, or reconstituting most intravenous medications; administering an IV piggyback infusion or medications by direct IV push (other than the permitted heparin/saline flush); and changing tubing on a central or arterial line.

Supervision of Nursing Practice

The supervision of nursing practice is specified within the definition of RN practice, noting that RNs teach, administer, supervise, delegate, and evaluate nursing practice (Section 4723.01(B)(6), ORC). The LPN is authorized to delegate nursing practice when directed to do so by a RN, to teach a nursing task, and to make observations and provide patient teaching (Section 4723.01(F)(1), (F)(5), and (F)(6), ORC). Regarding the RN supervision of nursing practice, it is the “practice” of nursing that the RN supervises and evaluates, rather than a person’s employment performance. Supervision and evaluation of nursing practice is further addressed in Rule 4723-4-06, OAC.

The supervision of nursing practice may include a determination by the RN that a particular nursing intervention is no longer appropriate for a patient and that the nursing regimen should be changed in response to the patient’s needs. The RN may base this change on information communicated by the LPN and the RN may further direct the LPN to implement the revised nursing regimen, or the RN may implement the revision him/herself. The supervising RN must be continuously available through some form of telecommunication with the supervised nurse. Although the supervising RN is not required to be on-site on a routine basis to supervise the LPN in all of the nursing practice activities performed by the LPN, the supervising RN is required to take all action necessary, including but not limited to conducting periodic on-site visits, in order to insure the supervised nurse is practicing in accordance with acceptable and prevailing standards of safe nursing care. There are circumstances when onsite supervision by a RN is explicitly required by nursing law and rule. For example, on-site supervision is required in certain environments in which a qualified LPN performs IV therapy (Section 4723.18(B) and (C), ORC).

Supervision of employee performance and other employment requirements are established by the employer and may encompass responsibilities beyond the licensed practice of nursing.

Implementing Health Care Provider Orders

Both the RN and the LPN administer medications and treatments authorized by an authorized prescriber/health care provider, such as a physician or an advanced practice registered nurse. The RN is also authorized to execute a regimen authorized by an authorized health care provider. When administering medications and treatments, or when a RN is executing an authorized regimen, the licensed nurse must practice within their statutorily defined scope. An authorized health care provider's order does not expand the licensed nurse's scope. For example, an order from a physician does not authorize a LPN to intravenously administer a dose of Lasix because Section 4723.18, ORC, prohibits it. Similarly, an order does not authorize an RN to engage in activities that constitute advanced practice registered nursing or the practice of medicine or surgery, as prohibited by Section 4723.151(A), ORC.

Implementing the Nursing Process

Both the RN and LPN implement the nursing process in the provision of nursing care in accordance with Rules 4723-4-07 and 4723-4-08, OAC, respectively. The scope of LPN practice does not include assessing health status for purposes of providing nursing care that is included in the RN scope. Although it is the RN who reviews and assimilates the patient's health status data and information into the nursing assessment for purposes of providing nursing care, the LPN is authorized to contribute to this process by obtaining responses to health questions posed to the patient, performing physical examinations, recognizing changes in patient status or complications that occur and communicating information collected to the RN or to the authorized health care provider who is directing the LPN's practice.

Delegation

Chapter 4723-13, OAC, addresses delegation of nursing tasks to an unlicensed person. The rules in this chapter provide general information about the delegation of nursing tasks; specific prohibitions regarding delegation of nursing tasks; criteria and standards for a licensed nurse delegating to an unlicensed person; minimum curriculum requirements for teaching a nursing task; and supervision of the performance of a nursing task performed by an unlicensed person.

Ohio Category A Continuing Education

Category A continuing education is continuing education directly related to Chapter 4723 of the Ohio Revised Code and the rules of the Ohio Board of Nursing. Under Rule 4723-14-03, OAC, Ohio RNs and LPNs renewing an active license are generally required to complete 24 contact hours of continuing education during each renewal period, including at least one contact hour of Category A continuing education.

To qualify as Category A, the continuing education must be approved by the Ohio Board of Nursing, an OBN approver, or an accredited provider, or be offered by an approved provider unit (Rule 4723-14-01, OAC).

An accredited provider is an entity that has received accreditation through a nationally recognized system and is authorized to plan, present, and award contact hours for continuing education activities.

Note: These Category A continuing education requirements are set out in Chapter 4723-14, OAC, and became effective March 26, 2026. Nurses should confirm that any course taken to satisfy this requirement is offered by a qualifying approver, accredited provider, or approved provider unit as defined above.

Section 1: Summary

In the current climate of health care, nurses may face many challenges and dilemmas while administering care to patients. The challenges and dilemmas nurses may face require efficient and adequate decision-making to ensure patients receive ethically driven health care that is both safe and effective. Nurses may effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients by following their state of licensure's Nurse Practice Act and related laws, rules and regulations.

A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state[1]. The goal of a state's Nurse Practice Act is to protect individuals in the care of nurses. Each state's Nurse Practice Act is governed by a board of nursing. In the state of Ohio, the Nurse Practice Act is governed by the Ohio Board of Nursing.

The Ohio Board of Nursing functions as a governmental agency created by Ohio law to regulate the practice of nursing and certain other health care professions in the state of Ohio for the safety of the public. The thirteen members of the Ohio Board of Nursing are appointed by the Governor and consist of eight registered nurses, four licensed practical nurses and one consumer. The mission of the Ohio Board of Nursing is to actively safeguard the public through equitable regulation of nursing and other health care professions, and its vision is to be a leader through innovative and efficient health care regulation positively impacting the wellbeing of every Ohioan. Due to the importance of the Ohio Board of Nursing, it is imperative for nurses practicing in the state of Ohio to be familiar with information related to the Ohio Board of Nursing. Additionally, nurses practicing in the state of Ohio should also be familiar with the Ohio scope of practice for nurses, which is based on the requirements in the Ohio Nurse Practice Act.

The Ohio scope of practice for nurses provides guidance for nurses actively practicing in the state of Ohio by defining their scope of practice, role, nursing process, etc. Essentially, the Ohio scope of practice provides nurses with insight and information necessary to maintain the terms of their professional licenses.

Nurses practicing in the state of Ohio should make a concerted effort to review their applicable scope of practice as well as the Ohio Nurse Practice Act and information related to the Ohio Board of Nursing to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

Section 1: Key Concepts

- Nurses may effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients by following their state of licensure's Nurse Practice Act and related laws, rules and regulations.
- The goal of a state's Nurse Practice Act is to protect individuals in the care of nurses.
- The Ohio Nurse Practice Act is governed by the Ohio Board of Nursing.
- The mission of the Ohio Board of Nursing is to actively safeguard the public through equitable regulation of nursing and other health care professions.
- Nurses practicing in the state of Ohio should make a concerted effort to review their scope of practice as well as the Ohio Nurse Practice Act and information related to the Ohio Board of

Nursing to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

Section 1: Key Terms

Nurse Practice Act - a legal set of guidelines which delineate and define the practice of nursing within a given state[1]

Scope of practice - a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license[12]

Section 1: Personal Reflection Question

Why is it important for nurses to follow their state of licensure's Nurse Practice Act and related laws, rules and regulations?

Section 2: Decision Making

At the beginning of this course, 3 case studies were presented to highlight the types of challenges and dilemmas nurses may face in the delivery of care to patients in need. Each of the aforementioned case studies was different and presented a very difficult and complex challenge/dilemma. The following question was then posed: how can nurses effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients? The following answer was provided: nurses may effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients by following their state of licensure's Nurse Practice Act and related laws, rules and regulations. It is imperative for a nurse to understand his or her state of licensure's Nurse Practice Act when resolving complex challenges/dilemmas - however, understanding a relevant Nurse Practice Act is only the first part of the resolution process. The second part of the resolution process involves the use of a multistep decision-making model to analyze and break down challenges/dilemmas to arrive at a conclusion and/or resolution. For the purposes of this course, a decision-making model may refer to a step-by-step process which may be used to reach an informed decision or necessary course of action to resolve a challenge/dilemma[13]. The remainder of this section will examine the fundamental steps of a decision-making model and revisit the three case studies presented at the beginning of this course to explore the application and use of a decision-making model in the resolution of challenges/dilemmas.

The Fundamental Steps of Decision-making Models

There are many different types of decision-making models which may be used by nurses to resolve challenges/dilemmas. That being said, the various types of decision-making models have core, fundamental steps in common which form the basis of most models. Therefore, it is essential that nurses understand the core, fundamental steps of decision-making models so they may use any such model to efficiently and effectively resolve challenges/dilemmas. The only question that remains is: what are the fundamental steps of most decision-making models? There are seven fundamental steps which comprise most decision-making models, the first of which is gathering information.

Gathering information is essential to any endeavor, especially when it comes to making a decision. After all, how can individuals make decisions if they do not know what they are making a decision about? In essence, information is the foundation on which a decision is built on or made. Thus, information

relevant to a decision must be obtained before any other step is taken, especially when it comes to making a decision related to health care. Simply put, health care-related information is essential to health care decisions - so much so, it has often been argued, that without relevant health care information, effective health care decisions cannot be made. For example, a physician cannot make a safe and effective decision regarding a patient's blood pressure if the physician does not have any information indicating what the patient's blood pressure is or has been over a certain period of time. The same principles which apply to the previous example can be applied to nurses and decision making. A nurse cannot make a decision regarding a challenge/dilemma if the nurse does not have any information indicating what the dilemma is, who it involves and any other related health care information. Thus, when a nurse is presented with a challenge/dilemma the first thing he or she should do is gather relevant information, e.g. the who, what, where and why elements of a challenge/dilemma. Once a nurse obtains the necessary information which may shed light on a challenge/dilemma, he or she may move onto the next fundamental step of most decision-making models, which is to clarify the actual issue involved in the challenge/dilemma.

When a dilemma arises, a nurse may have an initial idea of what the issue involved in the dilemma is - however, a nurse can only be truly sure what the issue is after he or she obtains the relevant information, which is why clarifying and identifying the actual ethical issue involved in a dilemma is the second fundamental step of decision-making models. Often in health care, things are not always what they appear to be. The following example will highlight the previous concept. A 46-year-old male patient presents to his primary care physician. The patient reports he is experiencing dizziness and lightheadedness upon standing. After the initial exam, the patient's physician believes the patient's dizziness and lightheadedness may be related to blood sugar issues or even nutritional issues. The physician orders blood tests, checks the patient's blood pressure and conducts a medication reconciliation to determine what medications the patient is currently taking. The physician then collects all of the relevant information regarding the patient's medications and test results to examine possible factors which may be contributing to the patient's dizziness and lightheadedness. After some deliberation, the physician believes the actual cause of the patient's dizziness and lightheadedness upon standing is orthostatic hypertension, a potential side effect of one of the patient's recently initiated medications. In the previous example, the physician had an initial idea of what might be causing the patient's dizziness and lightheadedness upon standing. However, only after obtaining information related to the patient was the physician able to accurately identify the true issue at hand - the same can be said for nurses when it comes to decision making. Only after relevant information pertaining to a dilemma is gathered, can nurses accurately identify the issue at hand.

The third fundamental step of decision-making models is to identify and consider relevant standards, principles and laws which apply to the dilemma's principle issue or issues. In other words, once a nurse understands what the principle issue behind a dilemma is, then the nurse should consider what laws and ethical principles apply to the particular issue of concern. For example, if a nurse identifies confidentiality as the main issue behind a dilemma, then the nurse should review all of the state and federal laws which apply to confidentiality. Nurses should use state and federal laws in conjunction with different applicable codes of ethics to guide their decision-making process when resolving dilemmas.

The fourth fundamental step of decision-making models is to develop potential courses of action. In this case, a course of action may refer to the possible solutions or methods which may be used to resolve a dilemma. When faced with a challenge/dilemma, it is always a good idea to conceive or develop many different potential solutions or methods to obtain resolution to the dilemma at hand. One can never be quite sure as to what may occur to prevent a possible solution from taking action. Having multiple

potential solutions at hand can provide nurses with several options to have at their disposal in case events do not proceed as planned and the nurse has to change his or her course of action. Additionally, generating multiple courses of action can help provide nurses with perspective on the dilemma. Contemplating events and pondering possible solutions may allow the nurse to view a dilemma from a different perspective, which in turn may shed new light on the dilemma and open up additional potential options for resolution. Often when presented with a challenge, it is typically better to have more options for resolution, than few or no options. Thus, by developing several potential courses of action regarding a dilemma, nurses can provide themselves with multiple options to efficiently and effectively resolve the dilemma at hand.

Once a nurse develops multiple possible courses of action regarding a dilemma, he or she can then move on to step five, which is to identify and consider the pros and cons of each potential course of action. When a decision is reached regarding a patient and a related dilemma, it possesses the potential to affect many other individuals connected to the patient. In other words, nurses' decisions may not only impact their lives and patients' lives but also the individuals around them. To fully understand the potential of a nurse's decisions, one can think of an individual throwing a small rock into a pond. When a small rock is thrown into a pond it creates ripples or waves which travel throughout the pond affecting and impacting everything they come in contact with - the same can be said for a nurse's decisions. Much like the small rock in the previous example, one small decision can create waves which may affect everything and everyone around it. Therefore, it is important for nurses to understand the weight of their decisions. Identifying the pros and cons or risks and benefits of each potential course of action can help nurses understand how their decisions or courses of action will affect the people around them including the patients. With that said, how can nurses identify the possible pros and cons of potential courses of action regarding a dilemma?

Nurses may identify the possible pros and cons of potential courses of action regarding a dilemma by using several different methods. One such method involves simply writing out each course of action and then creating a list of possible pros and cons for each course of action. The aforementioned method of examining the possible pros and cons of potential courses of action can help nurses visualize the risks and benefits of each potential course of action. By generating a pros-cons list, a nurse may be able to clearly see which course of action has the most pros and which courses of action have the most cons, allowing the nurse to eliminate the courses of action with the most cons and select the course of action with the most pros. When creating the pros-cons list for each possible course of action, nurses should ask themselves several questions to help them create each list. Examples of the types of questions nurses should ask themselves include the following:

- How will this course of action affect the patient?
- How will this course of action affect the patient's treatment?
- How will this course of action affect the patient's overall health?
- How will this course of action affect my colleagues?
- Is this course of action in line with state and federal laws?
- Is this course of action in line with applicable codes of ethics?
- Will this course of action resolve the dilemma or intensify the dilemma?
- What steps may have to be taken to fulfill this course of action?

By asking the previous types of questions for each potential course of action, it may help nurses identify possible pros and cons that were not previously considered.

Another method nurses may use to identify the possible pros and cons of each potential course of action is to use a quantifying system. A quantifying system involves generating a list of the possible pros and cons for each potential course of action and then associating a numerical value, based on a scale from 0 to 10, with each pro and con - 0 meaning no importance, 10 meaning the most important. Once numerical values have been associated with each pro and each con, all of the pro values can be tabulated and all of the con values can be tabulated to arrive at a total value for the pro list and a total value for the con list. The total pro value and the total con value can then be compared to provide established quantified insight into each potential course of action. For, example, if the total con value greatly exceeds the total pro value of a potential course of action, then perhaps that particular course of action may not be the best possible option to resolve the dilemma. If the opposite is true, and the total pro value greatly exceeds the total con value, then that course of action may prove to be a viable solution for the dilemma at hand. The quantifying system may be beneficial to those nurses who prefer to rate information and view information numerically. With that said, time may be a concern when examining the pros and cons of each potential courses of action. If time is a concern, and a decision has to be made quickly, a nurse may simply have to mentally consider the pros and cons of each potential course of action to arrive at decision in a timely manner.

Once a nurse has completed the previous five steps, he or she is ready to move on to arguably the most important fundamental step of decision-making models, step six - selecting a course of action to resolve the dilemma at hand. At this point in the decision-making process, a nurse should have a clear choice of action to reach resolution. The previous five steps should have provided the nurse with the optimal course of action required for his or her dilemma. If, at this point, the nurse does not have a clear choice for a course of action to resolve the pressing dilemma, then the nurse should repeat the previous five steps until one emerges. Once a clear course of action presents itself, the nurse should document the selected course of action, as well as the steps taken to obtain it, if applicable. When the appropriate documentation is complete, all that remains is for the nurse to set the selected course of action in motion and resolve the dilemma at hand.

Finally, once the nurse's chosen course of action has been implemented, the nurse can take the last fundamental step of decision-making models, step 7 - reflection and redirection, if necessary. Reflection, as it pertains to decision-making, may refer to a process of thought and/or consideration. Anytime a major decision is made, it is best to reflect on the chosen decision to ensure it is the best possible decision available to achieve desired outcomes. Reflection on decisions can come in many forms such as: deep thought, journaling and/or discussions with colleagues. Whatever form of reflection nurses choose to take, they should ask themselves certain questions to facilitate the reflection process and to achieve a clear perspective on the chosen course of action's ability to resolve the dilemma at hand. The types of questions nurses should ask themselves during the reflection process may include:

- Is the selected course of action the best possible method to resolve the dilemma?
- Will the selected course of action achieve desired results and/or outcomes?
- Will the selected course of action benefit the parties involved?
- Is the selected course of action objective in nature?
- How is the selected course of action impacting the situation and the individuals involved now that it has been set in motion?

- Is the selected course of action improving the situation regarding the dilemma?

If any of the aforementioned types of questions cannot be answered or if the nurse determines that the chosen course of action may not be the best possible solution to achieve desired outcomes after all, then the nurse may have to act and redirect the course of action if deemed necessary.

Redirection, as it pertains to decision-making, can refer to the process of assessing, altering, adjusting and/or changing the course of action selected to resolve a dilemma. Redirection may be necessary when resolving a dilemma for several different reasons. For example, perhaps the chosen course of action proves to be harmful to the individuals involved in the dilemma as opposed to beneficial, or perhaps the selected course of action requires altering, adjustments or subtle modifications because new information regarding the dilemma has surfaced, or perhaps the selected course of action needs to be completely changed or replaced because it is no longer legally feasible. Whatever the case may be, if a nurse determines, upon reflection, that a selected course of action is not working as desired or requires adjustments for any other appropriate reason, he or she should not hesitate in redirecting the selected course of action to ensure optimal outcomes are achieved. If redirection is necessary, nurses may have to document why it was required, what adjustments were made and/or how a new course of action was selected.

Making a decision regarding a health care-related dilemma and developing a course of action to resolve a dilemma can be challenging. However, the use of a decision-making model can potentially make the process much easier. Decision-making models can help nurses focus their efforts and maximize outcomes. As previously mentioned, there are various types of decision-making models available to nurses and other health care professionals. That being said, the various types of decision-making models have fundamental steps in common which form the basis for such models. Nurses may follow the previously outlined seven fundamental steps of decision-making models to aid in the development of a course of action required for a dilemma and to, ultimately, efficiently and effectively resolve challenges/dilemmas.

Case Studies Revisited

At the beginning of this course, 3 case studies were presented. Each case study outlined a different challenge/dilemma. The remainder of this section will revisit the 3 case studies presented at the beginning of this course to explore the application and use of a decision-making model in the resolution of a health care related-dilemma. Each case study will be presented in its entirety below, followed by the step-by-step application of the previously highlighted 7 fundamental steps of decision-making models. At the end of each step, a reflection question will be posed to encourage further internal debate and consideration regarding the presented case.

Case 1

Nurse A is mentoring Nurse B, who is a newly employed nurse in a regional Ohio hospital. During the mentoring process, a 69-year-old male patient presents with the following signs and symptoms: tachycardia, confusion and muscle cramps. The patient is immediately ordered a 0.9% normal saline IV. While Nurse A and Nurse B are attempting to retrieve the 0.9% normal saline bag for IV administration, a physician asks for the assistance of Nurse A. Nurse A instructs Nurse B to start the 0.9% normal saline IV. Upon receiving the instructions from Nurse A, Nurse B does not look confident and reminds Nurse A that the IV training required for IV administration has not been completed. Meanwhile, the same

physician asks Nurse A for assistance. Nurse A is pressed for time and needs to make a decision. Should Nurse A allow Nurse B to start the 0.9% normal saline IV without assistance or supervision?

How a Decision-Making Model May Be Used to Resolve Case 1

Step 1: Gather information: A nurse may identify several important pieces of information related to Case 1 including the following relevant details. Nurse A is mentoring/training Nurse B. Their patient is a 69-year-old male with the following signs and symptoms: tachycardia, confusion and muscle cramps. The patient is ordered a 0.9% normal saline IV. Nurse B has not completed the IV training required for IV administration. A physician asks Nurse A for assistance. Nurse A would like Nurse B to initiate IV therapy without supervision.

What other details are relevant to the potential dilemma presented in Case 1?

Step 2: Identify the dilemma/issue: A nurse may identify one or more dilemmas/issues related to Case 1. However, the main dilemma centers around the administration of the 0.9% normal saline IV and the delegation of nursing tasks.

What other dilemmas/issues may be present in Case 1?

Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s): There are various relevant ethical standards, principles and laws which apply to IV administration and the delegation of nursing tasks. Nurses may find information regarding such requirements in Chapter 4723-13, OAC (Delegation of Nursing Tasks); Sections 4723.18 and 4723.181 of the Ohio Revised Code (conditions authorizing LPN IV therapy); and Rule 4723-4-02, OAC (the specific IV therapy procedures an LPN may and may not perform).

What other ethical standards, principles and laws apply to the dilemma presented in Case 1?

Step 4: Develop potential courses of action to resolve the dilemma: A nurse may design or develop several potential courses of action to resolve the dilemma involved in Case 1. One such course of action may be for Nurse A to ask another nurse to assist the physician so Nurse A and Nurse B may initiate the 0.9% normal saline IV together.

What other potential courses of action may be used to resolve the dilemma presented in Case 1?

Step 5: Identify and consider the pros and cons of each potential course of action: A nurse may identify several pros and cons for each potential course of action related to Case 1. An example of a pro regarding the potential course of action posed in Step 4 (Nurse A will ask another nurse to assist the physician so Nurse A and Nurse B may initiate the 0.9% normal saline IV together) may be as follows: Nurse B will not have to initiate the 0.9% normal saline IV solo. An example of a con regarding the potential course of action posed in Step 4 may be as follows: another nurse may not be available to assist the physician.

What additional pros and cons may be relevant to the following potential course of action: Nurse A will ask another nurse to assist the physician so Nurse A and Nurse B may initiate the 0.9% normal saline IV together?

Step 6: Select a course of action to resolve the dilemma at hand: As previously mentioned, there are several potential courses of action which may be used to resolve the dilemma involved in Case 1. In this particular case, Nurse A decided to ask another nurse to assist the physician so Nurse A and Nurse B may initiate the 0.9% normal saline IV together.

Is the aforementioned selected course of action appropriate, i.e. will it efficiently and effectively resolve the dilemma presented in Case 1?

Step 7: Reflection and redirection if necessary: Reflection on decisions can come in many forms such as: deep thought, journaling and/or discussions with colleagues. Nurse A did not have time to immediately reflect on the decision. However, when Nurse A found the time, Nurse A chose to engage in deep thought to reflect. After Nurse A's session of deep thought, Nurse A believes the right decision was made, especially since there was another nurse available to help the physician. Thus, redirection was not necessary.

If Nurse A allowed Nurse B to initiate the 0.9% normal saline IV without supervision, how could redirection factor into Case 1?

Case 2

Nurse C is administering care to a 42-year-old female patient receiving gentamicin for a serious infection. The patient is being monitored and the patient's gentamicin trough concentrations are routinely checked by Nurse C. During the patient's therapy, Nurse C observes the patient's gentamicin trough concentration is well above 2 mcg/mL. Nurse C also observes that a physician intern recently increased the patient's gentamicin dose. Due to the patient's recent gentamicin trough concentration and dose change, Nurse C has questions regarding the patient's upcoming dose of gentamicin. Nurse C pages the intern and waits for the intern to contact her. After approximately 25 minutes, the intern calls Nurse C regarding the patient in question. Nurse C provides the relevant information to the intern regarding the patient's gentamicin trough concentration and dose. However, before Nurse C can finish relaying all of the pertinent patient information, the intern is interrupted and ends the conversation with Nurse C by instructing the nurse to administer the medication to the patient as ordered. Based on the abrupt ending of the conversation, Nurse C is not sure if the intern received all of the vital patient information and is still questioning whether or not to administer the upcoming gentamicin dose to the patient, which is due. Nurse C has to make a decision. Should Nurse C administer the next gentamicin dose to the patient?

How a Decision-Making Model May Be Used to Resolve Case 2

Step 1: Gather information: A nurse may identify several important pieces of information related to Case 2 including the following relevant details. Nurse C is administering care to a 42-year-old female patient receiving gentamicin for a serious infection. The patient's most recent gentamicin trough concentration is well above 2 mcg/mL. A physician intern recently increased the patient's gentamicin dose. The intern instructs Nurse C to administer the patient's upcoming gentamicin dose as ordered.

What other details are relevant to the potential dilemma presented in Case 2?

Step 2: Identify the dilemma/issue: A nurse may identify one or more dilemmas/issues related to Case 2. However, the main dilemma centers around the administration of gentamicin.

What other dilemmas/issues may be present in Case 2?

Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s): There are various relevant ethical standards, principles and laws which apply to medication administration. Nurses may find information regarding such requirements in Chapter 4723-4 of the Ohio Administrative Code.

What other ethical standards, principles and laws apply to the dilemma presented in Case 2?

Step 4: Develop potential courses of action to resolve the dilemma: A nurse may design or develop several potential courses of action to resolve the dilemma involved in Case 2. One such course of action may be for Nurse C to hold the patient's upcoming gentamicin dose.

What other potential courses of action may be used to resolve the dilemma presented in Case 2?

Step 5: Identify and consider the pros and cons of each potential course of action: A nurse may identify several pros and cons for each potential course of action related to Case 2. An example of a pro regarding the potential course of action posed in Step 4 (Nurse C will hold the patient's upcoming gentamicin dose) may be as follows: the patient may avoid the potential complications associated with gentamicin therapy. An example of a con may be as follows: a medication error could occur due to the gentamicin being held if it is not properly documented.

What additional pros and cons may be relevant to the following potential course of action: Nurse C will hold the patient's upcoming gentamicin dose?

Step 6: Select a course of action to resolve the dilemma at hand: As previously mentioned, there are several potential courses of action which may be used to resolve the dilemma involved in Case 2. In this particular case, Nurse C decided to hold the patient's upcoming gentamicin dose.

Is the aforementioned selected course of action appropriate, i.e. will it efficiently and effectively resolve the dilemma presented in Case 2?

Step 7: Reflection and redirection if necessary: Reflection on decisions can come in many forms such as: deep thought, journaling and/or discussions with colleagues. Nurse C chooses to engage in a session of deep thought to reflect on the selected course of action. After some consideration, Nurse C chooses to redirect the selected course of action. The adjustments made to Nurse C's course of action include the following: Nurse C will attempt to re-contact the intern to confirm the patient's gentamicin dose and to make sure the intern has all of the relevant patient information. Additionally, Nurse C chooses to document all pertinent information regarding the patient, gentamicin dose and attempts to contact the intern in question.

Should any additional efforts be made to redirect the selected course of action? If so, how can the selected course of action be adequately redirected to resolve the dilemma presented in Case 2?

Case 3

Nurse D is administering care to a 29-year-old female patient. The female patient has been under the care of Nurse D for several days. During the aforementioned time period, Nurse D and the patient developed a significant rapport with one another. They enjoy each other's company and often spend time talking and discussing various topics. Most recently, the patient has begun flirting with Nurse D. Nurse D has not encouraged the flirting, however Nurse D has not discouraged the flirting either. Several days pass and the patient's flirting intensifies. Nurse D is single and attracted to the patient. Furthermore, Nurse D is flattered by the patient's flirting. As the patient's flirting increases, Nurse D begins to develop romantic feelings for the patient. It is not long before Nurse D begins flirting back with the patient. Encouraged by Nurse D's flirting, the patient asks Nurse D on a date. Nurse D would like to date the patient and possibly engage in a personal relationship with her, although the nurse is not sure

how to proceed while the patient is under care. Nurse D has to make a decision. Should Nurse D accept the date offer and enter into a personal relationship with the patient while she is receiving care?

How a Decision-Making Model May Be Used to Resolve Case 3

Step 1: Gather information: A nurse may identify several important pieces of information related to Case 3 including the following relevant details. Nurse D is administering care to a 29-year-old female patient. Nurse D and the patient have developed a relationship which includes flirting with each other. Encouraged by Nurse D's flirting the patient asked Nurse D on a date.

What other details are relevant to the potential dilemma presented in Case 3?

Step 2: Identify the dilemma/issue: A nurse may identify one or more dilemmas/issues related to Case 3. However, the main dilemma centers around the relationship between Nurse D and the patient.

What other dilemmas/issues may be present in Case 3?

Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s): There are various relevant ethical standards, principles and laws which apply to health care professional-patient relationships. Nurses may find information regarding such requirements in the Ohio Nurse Practice Act as well as individual health care facilities' policies and procedures. An example of information from the Ohio Nurse Practice Act relevant to health care professional-patient relationships may be found below.

What other ethical standards, principles and laws apply to the dilemma presented in Case 3?

Rule 4723-4-06 of the Ohio Administrative Code[1]

Rule 4723-4-06, OAC ("Standards of nursing practice promoting patient safety") requires, in paragraph (I), that "a licensed nurse shall delineate, establish, and maintain professional boundaries with each patient." Paragraph (M) further provides:

(M) A licensed nurse shall not:

- (1) Engage in sexual conduct with a patient;
- (2) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
- (3) Engage in any verbal behavior that is seductive or sexually demeaning to a patient; or
- (4) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For purposes of paragraph (M), the patient is always presumed incapable of giving free, full, or informed consent to sexual activity with the nurse. (Rule 4723-4-06, OAC, current as of its last update.)

Step 4: Develop potential courses of action to resolve the dilemma: A nurse may design or develop several potential courses of action to resolve the dilemma involved in Case 3. One such course of action may be for Nurse D to stop flirting with the patient.

What other potential courses of action may be used to resolve the dilemma presented in Case 3?

Step 5: Identify and consider the pros and cons of each potential course of action: A nurse may identify several pros and cons for each potential course of action related to Case 3. An example of a pro regarding the potential course of action posed in Step 4 (Nurse D will stop flirting with the patient) may

be as follows: a personal relationship with a nurse will not impede or impact care to the patient. An example of a con may be as follows: the patient may be offended by the course of action and refuse care from the nurse.

What additional pros and cons may be relevant to the following potential course of action: Nurse D will stop flirting with the patient?

Step 6: Select a course of action to resolve the dilemma at hand: As previously mentioned, there are several potential courses of action which may be used to resolve the dilemma involved in Case 3. In this particular case, Nurse D decides to stop flirting with the patient.

Is the aforementioned selected course of action appropriate, i.e. will it efficiently and effectively resolve the dilemma presented in Case 3?

Step 7: Reflection and redirection if necessary: Reflection on decisions can come in many forms such as: deep thought, journaling and/or discussions with colleagues. Nurse D chooses to engage a colleague in a discussion regarding the chosen course of action. After the discussion, Nurse D chooses to redirect the selected course of action. The adjustments made to Nurse D's course of action include the following: Nurse D will explain to the patient that the date offer cannot be accepted while she is under care.

Should any additional efforts be made to redirect the selected course of action? If so, how can the selected course of action be adequately redirected to resolve the dilemma presented in Case 3?

Section 2: Summary

Making a decision regarding a challenge/dilemma and developing a course of action to resolve a dilemma can be a challenge for nurses. However, the use of a decision-making model can potentially make the process much easier. Decision-making models can help nurses focus their efforts and maximize outcomes. When selecting a decision-making model to help resolve a challenge/dilemma, nurses should choose a model consisting of the fundamental steps found below. Nurses may follow the fundamental steps of a decision-making model to aid in the development of a course of action required for a dilemma and to, ultimately, efficiently and effectively resolve a challenge/dilemma.

The 7 Fundamental Steps of Decision-Making Models

- Step 1: Gather information
- Step 2: Identify the dilemma/issue
- Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s)
- Step 4: Develop potential courses of action to resolve the dilemma
- Step 5: Identify and consider the pros and cons of each potential course of action
- Step 6: Select a course of action to resolve the dilemma at hand
- Step 7: Reflection and redirection, if necessary

Section 2: Key Concepts

- Nurses may use a decision-making model to help them efficiently and effectively resolve a challenge/dilemma.
- There are many different types of decision-making models which may be used by nurses to resolve challenges/dilemmas. That being said, the various types of decision-making models have core, fundamental steps in common which form the basis of most models. Therefore, it is essential that nurses understand the core, fundamental steps of decision-making models so they may use any such model to efficiently and effectively resolve challenges/dilemmas.

Section 2: Key Terms

Decision-making model - a step-by-step process which may be used to reach an informed decision or necessary course of action to resolve a challenge/dilemma[13]

Course of action (as it pertains to decision-making) - the possible solution(s) or method(s) which may be used to resolve a dilemma

Reflection (as it pertains to decision-making) - a process of thought and/or consideration

Redirection (as it pertains to decision-making) - the process of assessing, altering, adjusting and/or changing the course of action selected to resolve a dilemma

Section 2: Personal Reflection Question

How may a nurse use the 7 fundamental steps of a decision-making model to resolve a challenge/dilemma?

Course Review

The following questions are presented below to further review the concepts found in this course. By reviewing the following questions, nurses practicing in the state of Ohio can obtain practical knowledge, which may be used to safely and effectively administer health care to patients in need.

What is a Nurse Practice Act?

A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state[1].

What is the mission of the Ohio Board of Nursing?

The mission of the Ohio Board of Nursing is to actively safeguard the public through equitable regulation of nursing and other health care professions[1].

How is the scope of RN practice defined in the state of Ohio?

Section 4723.01(B), ORC, defines the scope of RN practice as: 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[1].

How is the scope of LPN practice defined in the state of Ohio?

Section 4723.01(F), ORC, defines the scope of LPN practice as: providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of 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[1].

What is the first step of most decision-making models and why is it imperative to the decision-making process?

The first step of most decision-making models is to gather information. Gathering information is imperative to the decision-making process because information provides the foundation on which a decision is built on or made. Without relevant information, it may not be possible to make an effective decision.

Why is it important for nurses to develop multiple, potential courses of action regarding a dilemma?

In the case of decision-making, a course of action may refer to the possible solutions or methods which may be used to resolve a dilemma. When faced with a challenge/dilemma, it is always a good idea to conceive or develop many different potential solutions or methods to obtain resolution to the dilemma at hand. One can never be quite sure as to what may occur to prevent a possible solution from taking action. Having multiple potential solutions at hand can provide nurses with several options to have at their disposal in case events do not proceed as planned and the nurse has to change his or her course of action. Additionally, generating multiple courses of action can help provide nurses with perspective on the dilemma.

How may a nurse identify the possible pros and cons of potential courses of action regarding a dilemma?

Nurses may identify the possible pros and cons of potential courses of action regarding a dilemma by using several different methods. One such method involves simply writing out each course of action and then creating a list of possible pros and cons for each course of action. The aforementioned method of examining the possible pros and cons of potential courses of action can help nurses visualize the risks and benefits of each potential course of action.

Another method nurses may use to identify the possible pros and cons of each potential course of action is to use a quantifying system. A quantifying system involves generating a list of the possible pros and cons for each potential course of action and then associating a numerical value, based on a scale from 0 to 10, with each pro and con - 0 meaning no importance, 10 meaning the most important.

Why is reflection essential to the decision-making process?

Reflection, as it pertains to decision-making, may refer to a process of thought and/or consideration. Reflection is essential to the decision-making process because it may provide clarity on the chosen decision and it may be used to examine the chosen decision's ability to reach desired outcomes.

How may redirection be used in decision-making?

Redirection may be used to assess, alter, adjust and/or change a selected course of action regarding a dilemma. If a nurse determines, upon reflection, that a selected course of action is not working as desired or requires adjustments for any other appropriate reason, he or she may be required to redirect the selected course of action to ensure optimal outcomes are achieved.

Conclusion

In the current climate of health care, nurses may face many challenges and dilemmas while administering care to patients. The challenges and dilemmas nurses may face require efficient and adequate decision making to ensure patients receive ethically driven health care that is both safe and effective. Nurses may effectively manage and resolve the various challenges and dilemmas put forth while delivering care to patients by following their state of licensure's Nurse Practice Act and related laws, rules and regulations.

A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state[1]. The goal of a state's Nurse Practice Act is to protect individuals in the care of nurses. Each state's Nurse Practice Act is governed by a board of nursing. In the state of Ohio, the Nurse Practice Act is governed by the Ohio Board of Nursing.

Nurses practicing in the state of Ohio should make a concerted effort to review the Ohio Nurse Practice Act and information related to the Ohio Board of Nursing to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

Even with the aforementioned guidance, nurses may face complex challenges and dilemmas that require resolution. To resolve challenges/dilemmas, nurses must first understand their legal obligations and responsibilities to those in their care. Secondly, nurses must develop and analyze objective courses of action. To develop an objective course of action to, ultimately, resolve a challenge/dilemma, nurses may use a decision-making model. When selecting a decision-making model, nurses should be sure to choose one which includes the following core, fundamental steps: gather information; identify the dilemma/issue; identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s); develop potential courses of action to resolve the dilemma; identify and consider the pros and cons of each potential course of action; select a course of action to resolve the dilemma at hand; reflect and redirect, if necessary.

Finally, it is the responsibility of a nurse to safeguard the integrity of the nurse-patient relationship and to ensure patients receive services grounded in ethics and related laws. Additionally, when patients enter into the care of nurses, they rely on the nurse to help them maintain and/or improve upon their health, overall well-being and quality of life. Therefore, nurses practicing in the state of Ohio must ensure they deliver care in accordance with Ohio state law, and in conjunction with federal laws, to safely and effectively deliver care patients may require and rely on.

References

1. Ohio Board of Nursing, https://nursing.ohio.gov

2. Ohio Revised Code Chapter 4723 – Nurses, https://codes.ohio.gov/ohio-revised-code/chapter-4723

3. ORC Section 4723.01 – Nurse Definitions/Scope of Practice (eff. June 9, 2026)

4. ORC Section 4723.02 – Ohio Board of Nursing (membership and composition)

5. ORC Section 4723.18 – Administration of Adult Intravenous Therapy (LPN)

6. ORC Section 4723.181 – LPN Intravenous Therapy (additional authorization)

7. OAC Chapter 4723-4 – Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse

8. OAC Rule 4723-4-02 – Intravenous Therapy Procedures for Licensed Practical Nurses (eff. Feb. 1, 2024)

9. OAC Rule 4723-4-06 – Standards of Nursing Practice Promoting Patient Safety

10. OAC Chapter 4723-13 – Delegation of Nursing Tasks

11. OAC Chapter 4723-14 – Continuing Nursing Education; Rule 4723-14-01 (Definitions) and Rule 4723-14-03 (Continuing Education Requirement) (eff. March 26, 2026)

12. “Scope of Practice,” www.nursingworld.org

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