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MOMENTUM is the official journal of the Ohio Board of Nursing. MOMENTUM’s traditional journal & interactive digital companion serve over 280,000 nurses, administrators, faculty and nursing students, 4 times a year all across Ohio. MOMENTUM is a timely, widely read and respected voice in Ohio nursing regulation.
In May 2016, House Bill 523 was passed by the General Assembly to legalize marijuana use for people with qualifying medical conditions under certain circumstances. Among other provisions, the law permits a patient, on the recommendation of a physician, to use medical marijuana to treat a qualifying medical condition. The legislation established a Medical Marijuana Control Program that includes Ohio Department of Commerce oversight of the licensure of medical marijuana cultivators, processors and testing laboratories; Pharmacy Board oversight of licensure of retail dispensaries and the registration of patients and their caregivers; and Medical Board oversight of physician certification as recommenders of medical marijuana. Section 3796.02, Ohio Revised Code (ORC).

The Board published articles in Momentum in the Summer 2016 and the Summer 2018 that provided details about the legislation and its impact. To access Momentum and review the articles, please go to www.nursing.ohio.gov and click on “Publications.”

In this issue of Momentum, the Board is pleased to publish a portion of “The NCSBN National Nursing Guidelines for Medical Marijuana,” reprinted with permission from the Journal of Nursing Regulation, Volume 9-July 2018 Supplement. The Guidelines were the work of the NCSBN Medical Marijuana Nursing Guidelines Committee. The Board is pleased that Holly Fischer, JD, Chief Legal Counsel for the Board, was appointed and served as a member of the Committee. NCSBN describes the work of the Committee as follows:

To address the lack of guidelines for nurses when caring for individuals utilizing cannabis, the National Council of State Boards of Nursing Board of Directors appointed members to the Medical Marijuana Nursing Guidelines Committee. In order to create the requested guidelines and recommendations for education and care, a review of the relevant statistics, current legislation, scientific literature, and clinical research on cannabis as a therapeutic agent was required. The Committee also consulted known experts in the area of medical marijuana, its use, safety, and legislation.

The information in this issue of Momentum provides the results of the Committee’s work and presents important information for nurses. There will be evolving issues for public health, nursing practice, and education regarding the use of medical cannabis.

The Board is hopeful the information in this issue of Momentum will be helpful in your practice. Please email practiceRNandLPN@nursing.ohio.gov if you have questions.

Patricia A. Sharpnack, LNP, RN
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LPN renewal started July 1, 2018 and ran smoothly. We are pleased that as of October 30, 2018, 48,582 LPNs successfully renewed or placed their licenses on inactive status. The Board appreciates LPNs’ patience over the LPN renewal cycles as the new Ohio eLicense system was being implemented, modified, and then became full functional.

It has been a significant accomplishment over the last few years for the Board to fully implement the Ohio eLicense system, renew over 215,000 licenses and certificates in 2017, complete the COA renewal/APRN license issuance process, issue new APRN licenses for the first time, and timely process initial licensure applications, including authorizations to test during the peak graduation season.

This year the Board again would like to recognize the state Customer Support Center (CSC) staff who significantly assisted by responding to calls, answering questions about registration/renewal, and supporting callers through the process, when needed. The Board also recognizes the dedication and commitment of Lesleigh Robinson, RN, MS, Board Program Manager for Licensure, who retired in September after over twelve years of service helping applicants obtain their nursing licenses and various types of certificates.

Each week since August, the Board emailed LPNs reminding them to renew and we frequently posted renewal information on the Board website. I urge you to continue to check the Board website (www.nursing.ohio.gov), even after LPN renewal is completed, for updates and information about licensure, practice, rulemaking, etc. The Board offers a free announcement service distributed via email to your work or personal account. Subscribers to this eNews service will receive news flashes about rules hearings, potential law changes, etc. You can subscribe to receive eNews on the Board website or sign up to receive information via social media.

Again, thank you for your help—we are pleased to achieve many licensure and renewal successes over the past few years that have culminated in more efficient and effective processes for licensees and the Board. *
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In 2003 the 125th Ohio General Assembly passed HB 95 authorizing certification of CHWs and approval of CHW training programs. See Sections 4723.81 through 4723.88, Ohio Revised Code (ORC). Section 4723.82(A), ORC, authorizes an individual holding a current, valid community health worker certificate to use the title “certified community health worker” or “community health worker” when providing services such as education, role modeling, outreach, home visits, and referrals for an individual, family, or entire community. There are over 600 certified CHWs in Ohio, with a majority of them being certified in the last three years.

In September 2018, the Ohio Department of Health (ODH) and the Ohio College of Medicine Government Resource Center (GRC) completed and disseminated “The 2018 Ohio Community Health Worker Statewide Assessment Key Findings (Assessment).” A GRC assessment team conducted the Assessment with the assistance of a Community Health Worker (CHW) Assessment Advisory Committee that included the ODH, the Ohio Department of Medicaid, the Ohio Board of Nursing (Board), the Ohio Community Health Workers Association, Board approved CHW training programs, CHW employers, and other health care entities.

The Assessment was designed to identify how CHWs are currently being trained, certified, employed, and reimbursed. To access the CHW Assessment and CHW information, please click on the CHW page on the Board website at www.nursing.ohio.gov/CommunityHealthWorkers.htm.

Certification Requirements

Section 4723.84, ORC, specifies certification requirements for CHWs. CHW applicants must be at least eighteen years of age, possess a high school diploma or equivalent and successfully complete a Board approved CHW training program. In addition, applicants must submit an online application, criminal records check, and a $35 application fee. See Rule 4723-26-02, OAC.

Practice and RN Delegation and Supervision

Section 4723.82(B)(1), ORC, states that holding a CHW certificate does not authorize an individual to administer medications or perform any other activity that requires judgment based on nursing knowledge or expertise. The statute requires that a registered nurse (RN) must supervise a certified CHW “when performing delegated activities related to nursing care.” The RN supervision and delegation must be in accordance with Board administrative rules.

Chapter 4723-26, Ohio Administrative Code (OAC), sets forth standards for RN delegation and supervision of nursing tasks performed by a certified CHW. Rule 4723-26-09(A), OAC, requires an RN to supervise the certified CHW when delegating a nursing task. Supervision “includes initial and ongoing direction, procedural guidance, and observation and evaluation.” Rule 4723-26-09(B), OAC, requires that the RN be continually accessible to the CHW in person or by some form of telecommunication when supervising a delegated nursing task. Rule 4723-26-09, OAC, limits the number of certified community health workers who may be supervised at one time to no more than five, and requires considerations when determining the appropriate number of certified CHWs that a RN may supervise. Rule 4723-26-07, OAC, prohibits the delegation of the administration of medications to a certified CHW, consistent with Section 4723.82(B)(1), ORC.

Rule 4723-26-07, OAC, prohibits a certified CHW from delegating a nursing task to any other person. If a certified CHW performs a nursing task and does not comply with the applicable provisions of Rule 4723-26, OAC, the CHW may be engaging in the unauthorized practice of nursing. Section 4723.03, OAC, also prohibits employing a certified CHW to engage in the unauthorized practice of nursing. Additionally, when certified CHWs perform “any other health-related activities,” they must be under the supervision of a health care professional acting within the professional’s scope of practice.

CHW Training Program Requirements

Section 4723-87, ORC, requires each CHW training program to be approved by the Board. The program must provide a curriculum that includes a minimum of 100 didactic classroom hours and 130 clinical experience hours. Rule 4723-26-13(A)
(3), OAC. The clinical hours must provide CHWs with an opportunity to practice cognitive, psychomotor, and affective skills in the performance of a variety of basic tasks and activities with individuals or groups across the life span. These skills must be provided in a community setting similar to the setting CHWs may be providing the services. While in the clinical practicum, CHWs are to be supervised by qualified instructional personnel employed by, or under contract with the CHW program.

**Continuing Education (CE) Requirements for Renewal**

Certified CHWs are required to complete CE and attest that they met the CE requirements when they renew their certification in March of every odd year. The first renewal for a CHW does not require completion of CE but thereafter, certified CHWs are required to obtain 15 contact hours that meet the CE requirements specified in Rule 4723-14-05, OAC, for each two-year renewal period. For additional information about the CE requirements, please refer to the document titled “Continuing Education FAQs for RNs, LPNs, DVS, CHWs, and Medication Aides” on the Continuing Education page at the Board website at www.nursing.ohio.gov.

For CHW questions, please email chw@nursing.ohio.gov.
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Prior to 1936, cannabis was sold over the counter and used commonly for a variety of illnesses in the United States (Marijuana Policy Project, 2014). By 1936, every state had passed a law to restrict possession of cannabis, thus eliminating its availability as an over-the-counter drug. Then in 1970, the Comprehensive Drug Abuse Prevention and Control Act (1970) provided a classification of controlled substances; cannabis was included in the list of Schedule I Controlled Substances, thereby continuing the prohibition of the use of cannabis by prohibiting health care practitioners from prescribing cannabis.

Use of cannabis remained restricted until the first legalization of medical marijuana was approved by voters in California in 1996. Even after the voters’ approval, the federal government opposed the proposition and threatened to revoke the prescription-writing abilities of doctors who recommended or prescribed marijuana. It was not until 2000 that a group of physicians challenged this policy and prevailed in court, and a decision was made to allow physicians to recommend—but not prescribe—medical marijuana (Marijuana Policy Project, 2014). Since then, an increasing cultural acceptance of cannabis has prompted 31 jurisdictions (including the District of Columbia), Guam, Puerto Rico (National Conference of State Legislatures [NCSL], 2017), and all provinces/territories of Canada (Government of Canada, 2016) to pass legislation legalizing medical cannabis. In these laws, the jurisdiction has adopted exemptions legalizing the use of cannabis for medical purposes. An increasing proportion of jurisdictions have also decriminalized and legalized recreational cannabis use.

The use of either medical or recreational cannabis raises evolving public health, nursing practice, science, legal, education, ethical, and social issues. Of significance, there is a contradiction between the federal law classifying cannabis as a Schedule I Controlled Substance and various states legalizing its use medically, recreationally, or both. This federal classification has prevented open and unlimited research on cannabis. As a result, research on the efficacy of cannabis for treatment of certain medical conditions is limited and lacking. Specifically, the research has not definitively specified indications, dosage, route, safety, adverse effects, and long-term effects of cannabis.

Without evidence that is scientifically rigorous, statistically reportable, and based on patient populations, nurses will face increasing challenges concerning medical cannabis. To address the lack of guidelines for nurses when caring for individuals utilizing cannabis, the National Council of State Boards of Nursing Board of Directors appointed members to the Medical Marijuana Nursing Guidelines Committee (see Appendix A). In order to create the requested guidelines and recommendations for education and care, a review of the relevant statistics, current legislation, scientific literature, and clinical research on cannabis as a therapeutically agent was required. The Committee also consulted known experts in the areas of medical marijuana, its use, safety, and legislation. This report documents the results of this work and presents this important information in two parts. Part I presents the results of these reviews and consultations; Part II presents the specific Guidelines created by the Committee. Nursing care of the patient using medical marijuana, medical marijuana education in pre-licensure nursing programs, medical marijuana education in APRN nursing programs, and APRNs certifying a medical marijuana qualifying condition.

Purpose of the Guidelines

Over 31 US jurisdictions (including the District of Columbia), Guam, and Puerto Rico passed legislation legalizing cannabis for medical use. Several other jurisdictions also have legalized cannabis for medical use.* Each medical marijuana program has unique characteristics. In the United States, cannabis is a Schedule I Controlled Substance. Therefore, medical cannabis is unlike most other therapeutics in that providers cannot prescribe cannabis, nor can pharmacies dispense cannabis. However, applicable jurisdiction statutes and rules provide for the manufacture, distribution, and use of cannabis for medical purposes.

These guidelines provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for patients using medical marijuana.

Definitions

*Cannabis. Any raw preparation of the leaves or flowers from the plant genus Cannabis. This report uses “cannabis” as a shorthand that also includes cannabinoids.

*Cannabinoids (CB). A major cannabinoid that indirectly antagonizes cannabinoid receptors, which may attenuate the psychoactive effects of tetrahydrocannabinol.

Cannabinoid. Any chemical compound that acts on cannabinoid receptors. These include endogenous and exogenous cannabinoids. Cannabinoids are more commonly found in aged cannabis as a metabolite of other cannabinoids. It is nonpsychoactive.

Certify. The act of confirming that a patient has a qualifying condition. Many jurisdictions use alternative phrases such as “attest” or “authorize”; however, 13 of 28 jurisdictions use “certify” language in their statutes.

* In Australia, cannabis for medical use is federally legal, with states allowed to implement as they see fit. Although Bermuda has not legislated use of marijuana, their Supreme Court ruled that citizens could apply for personal licenses to possess cannabis for medical use. Cannabis for medical use is federally legal in all provinces of Canada. In New Zealand, physicians may prescribe CBD and cannabis-based products.
Marijuana Program to purchase and/or administer cannabis on the patient’s
qualifying patient and authorized by the Medical
Administration–approved
drug Marinol.

Endocannabinoid system. A system that consists of endocannabinoids,
cannabinoid receptors, and the enzymes responsible for synthesis and
degradation of endocannabinoids.

Marijuana. A cultivated cannabis plant, whether for recreational or
medicinal use. The words “marijuana” and “cannabis” are often used
interchangeably in various lay and scientific literature. These guidelines will
primarily use the word “cannabis.” When referring to a medical marijuana
program, the guidelines will use the word “marijuana,” as it is often used
within program references.

Medical Marijuana Program (MMP). The official jurisdictional resource for
the use of cannabis for medical purposes. Search the jurisdiction’s website
or Department of Health for “medical cannabis program” or “medical
marijuana program.”

Nabilone. The generic name for a synthetic cannabinoid similar to
tetrahydrocannabinol. It is the active ingredient in the U.S. Food & Drug Administration–approved
drug Cesamet.

Schedule I Controlled Substance. Defined in the federal Controlled
Substances Act as those substances that have a high potential for abuse;
no currently accepted medical use in treatment in the United States; and a
lack of accepted safety for use of the substance under medical supervision.

Tetrahydrocannabinol (THC). One of many cannabinoids found in cannabis.

THC is the primary substance responsible for most of the characteristic
psychoactive effects of cannabis.

Recommendations

Essential Knowledge

1. The nurse shall have a working knowledge of the current state of
legalization of medical and recreational cannabis use.

   • The Drug Enforcement Agency (DEA) classifies cannabis as a
     Schedule I Controlled Substance. This classification not only
     prohibits practitioners from prescribing cannabis, it also prohibits
     most research using cannabis.

   • The process for obtaining cannabis for federally funded research
     purposes is cumbersome. Currently, the only legal source of cannabis
     for research purposes is grown in limited quantities at the
     University of Mississippi. The DEA sets an annual quota for
     cannabis grown for research purposes.

   • Over 31 jurisdictions (including the District of Columbia), Guam,
     and Puerto Rico passed legislation legalizing cannabis for medical
     purposes. In these laws, the jurisdiction has adopted exemptions
     legalizing the use of cannabis for medical purposes. Although the
     use of marijuana pursuant to authorized MMPs conflicts with federal
     law and regulations, at present there is no controlling case law
     holding that Congress intended to preempt the field of regulation of
     cannabis use under its supremacy powers.

   • An increasing proportion of jurisdictions have also decriminalized
     or legalized recreational cannabis use.

   • The federal government’s position on prosecuting the use of
     cannabis that is legal under applicable jurisdiction law has been
     set out in U.S. Department of Justice position papers. In 2009, the
     U.S. Attorney General took a position that discourages federal
     prosecutors from prosecuting people who distribute or use cannabis
     or medical purposes in compliance with applicable jurisdiction law;
     further similar guidance was given in 2011, 2013, and 2014.

In January 2018, the U.S. Office of the Attorney General rescinded
the previous nationwide guidance specific to marijuana
enforcement. The 2018 memorandum provides that federal
prosecutors follow the well-established principles in deciding
which cases to prosecute, namely, the prosecution is to weigh all
relevant considerations, including priorities set by the attorneys
general, seriousness of the crime, deterrent effect of criminal
prosecution, and cumulative impact of particular crimes on the
community.

2. The nurse shall have general knowledge of the principles of an MMP.

   • MMPs are defined and described within the statute and rules of the
     specific jurisdiction. The relevant statute or rules are most easily
     located through the jurisdiction’s Department of Health and MMP.

   • A health care provider does not prescribe cannabis.

   • The MMP will specify the qualifying conditions and the certifying p
     rocess as well as the type of health care provider who can certify a
     qualifying condition.

   • The MMP will specify whether an advanced practice registered
     nurse can certify a qualifying condition and whether a specific
course or training is required in order to participate in certifying
     an MMP qualifying condition.

   • After the qualifying condition is certified, the patient registers
     with the MMP. Once registered, the patient can obtain cannabis
     from a jurisdiction-authorized cannabis dispensary.

   • Procurement and administration of cannabis for medical purposes
     are limited to the patient and/or the patient’s designated caregiver.

   • In some jurisdictions, the MMP allows an employee of a hospice
     provider or nursing, or medical facility, or a visiting nurse, personal
     care attendant, or home health aide to act as a designated
caregiver for the administration of medical marijuana.

3. The nurse shall have a general understanding of the
endocannabinoid system, cannabinoid receptors, cannabinoids,
and the interactions between them.
• The endocannabinoid system consists of endocannabinoids, cannabinoid receptors, and the enzymes responsible for synthesis and degradation of endocannabinoids.10
• Discovered in 1973, this system includes a series of cannabinoid receptors throughout the body embedded in cell membranes that, when stimulated by endocannabinoids, are thought to promote homeostasis.17
• Endocannabinoids are naturally occurring substances within the body, while phytocannabinoids (plant substances that stimulate cannabinoid receptors) are found in cannabis.28
• The most well known of these cannabinoids is tetrahydrocannabinol (THC); however, cannabidiol (CBD) and cannabinol (CBN) are gaining interest in therapeutic use.19

4. The nurse shall have an understanding of cannabis pharmacology and the research associated with the medical use of cannabis.

Due to government restrictions on research involving cannabis, the surge of legislation has outpaced research, leaving nurses with few resources when caring for patients who use medical cannabis. Therefore, information regarding medicinal use of cannabis must be derived from moderate- to high-quality evidence using randomized placebo-controlled studies. These particular studies are the most likely to elucidate causality in treatments and are the only trusted source of evidence for cannabis as a clinical intervention. Research on cannabis is an evolving body of work. As with any scientific literature, it is important to rely on the most recent high-quality evidence.

a. Current scientific evidence exists for the use of cannabis for the following qualifying conditions
   • Moderate- to high-quality evidence exists for
     • cachexia
     • chemotherapy-induced nausea and vomiting
     • pain (resulting from cancer or rheumatoid arthritis)
     • chronic pain (resulting from fibromyalgia),
     • neuropathies (resulting from HIV/AIDS, Multiple Sclerosis [MS], or diabetes)
     • spasticity (from MS or spinal cord injury).29

b. Adverse effects of cannabis use are influenced by the patient’s condition and current medications
   • The patient’s propensity for the following may be exacerbated by cannabis: increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, and psychomotor performance.31
   • Cannabis may exacerbate symptoms associated with asthma, bronchitis, and emphysema; cardiac disease; and alcohol or other drug dependence.32
   • Cognitive impairment by cannabis may be dose- and age-dependent.33
   • It is highly likely that cannabis will exacerbate symptoms of poor balance and posture in patients with dyskinetic disorders. Similarly, cannabis may worsen mental faculties in conditions that cause cognitive deficits. Patients who suffer from diseases with neurologic symptomatology may show greater cognitive impairment.34
   • Some participants report fatigue, suicidal ideation, nausea, asthenia, and vertigo as adverse effects of cannabis.35
   • Cannabinoid receptors are effectively absent in the brainstem cardiorespiratory centers. This is believed to preclude the possibility of a fatal overdose from cannabinoid intake.36
   • Cannabis can be a drug of abuse. Cannabis use disorder is defined as a problematic pattern of cannabis use leading to clinically significant impairment or distress; the clinical indications are included in the DSM-5.27
   • Cannabis withdrawal syndrome has been identified as a syndrome seen in some patients whose cannabis use has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months). The withdrawal syndrome has varying symptomatology, including insomnia, loss of appetite, physical symptoms, and restlessness initially, then irritability/anger, vivid and unpleasant dreams after a week.29

   c. Variable effects of cannabis are dependent on type of product and route of administration
      • Since medical cannabis is not an FDA drug, there is no recommended dosage. Instead medical cannabis is titrated by the patient, with the principle of “start low, go slow.”
      • Continual patient assessment of perceived efficacy and adverse effects is recommended. Useful strategies include tracking dose, symptoms, relief, and adverse effects in a journal for review with the authorizing practitioner.
      • FDA-approved synthetic THC drugs (dronabinol and nabilone) are administered orally or by an oromucosal route with a specific dosage.

   d. Risks to particular groups of patients
      • Adolescence. Many studies show a correlation between cannabis use and poor grades, high dropout rates, lower income, lower percentage of college degree completion, greater need for economic assistance, unemployment, and use of other drugs. Although these trends are related to recreational rather than medicinal cannabis use, the trends cannot be ignored but should be balanced with the benefits of cannabis for medical use.39
      • Fertility. Two preclinical studies indicate that interference with endogenous cannabinoids might increase chances of failed embryo implantation39 and cannabinoids are capable of dysregulating hormones, which in turn can affect spermatogenesis.35
      • Neonates. Presently there are no reliable data for neurodevelopmental outcomes with early exposure to cannabis in neonatal life, or through either breastfeeding or secondhand inhalation.34,45,46
      • Cannabis can be a drug of abuse and precautions should be taken to minimize the risk of misuse and abuse.
      • Cannabis use may exacerbate existing psychoses in those with a risk of suicide or history of suicide attempt, schizophrenia, bipolar disorder, or other psychotic conditions.35

5. The nurse shall be aware of the facility or agency policies regarding administration of medical marijuana.

Always check with the facility and local Department of Health or MMP for more information on the facility policy when caring for a patient using cannabis medically.36
Clinical Encounter Considerations

1. As part of the clinical encounter for a patient using cannabis for medical use, the nurse shall conduct an assessment related to the following:
   - Signs and symptoms of cannabis adverse effects
     - Increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, psychomotor performance as well as symptoms associated with asthma, bronchitis, and emphysema or exacerbation of poor balance and posture in patients with dyskinetic disorders.
     - Less frequently: fatigue, suicidal ideation, nausea, asthma, and vertigo.
     - Hyperemesis syndrome caused by overconsumption of edible cannabis product that can cause higher than normal blood concentrations of cannabinoids.
     - Variable effects of cannabis are dependent on type of product and route of administration.
     - As medical cannabis dosage is titrated by the patient, with the principle of “start low, go slow,” continual patient assessment of perceived efficacy and adverse effects is recommended.
     - Useful strategies include tracking dose, symptoms, relief, and adverse effects in a journal.

2. The nurse shall communicate the findings of the clinical encounter to other health care providers and note such communication in documentation.

   Clear, complete, and accurate documentation in a health record ensures that all those involved in a patient's care have access to information upon which to plan and evaluate their interventions.

3. The nurse shall be able to identify the safety considerations for patient use of cannabis.
   - Administration of cannabis for medical use can only be carried out by the certified patient or designated caregivers registered to care for the patient.
   - Cannabis storage considerations include:
     - keeping cannabis out of the reach of children, minors, and nonregistered individuals
     - storing all cannabis products in a locked area
     - keeping cannabis in the original child-resistant packaging
     - storing raw cannabis in a cool, dry place
     - following labeling guidelines for storage and expiration dates
   - Disposal of unused cannabis products should be completed according to the DEA's Disposal Act. Generally, one can locate a collection receptacle via the DEA Registration Call Center (800-882-9539).

Medical Marijuana Administration Considerations

1. A nurse shall not administer cannabis to a patient unless specifically authorized by jurisdiction law.

2. Instances in which the nurse may administer cannabis or synthetic THC to a patient.
   - Administration of FDA-approved synthetic THC drugs (dronabinol and nabilone) as per facility formulary and policy
   - As a registered MMP-designated caregiver
     - The majority of jurisdictions allow a designated caregiver to assist a patient with the medical use of cannabis.
     - These caregivers must meet specific qualifications and be registered with the MMP and must not practice outside of the limits of the caregiving statute.
     - Some jurisdictions allow an employee of a hospice provider or nursing or medical facility, or a visiting nurse, to assist in the administration of medical marijuana.
     - Check the most current MMP statute or rules.
     - Check facility policy regarding medical marijuana administration.

Ethical Considerations

In addition to ethical responsibilities under the nurse's jurisdictional law, the nurse shall approach the patient without judgment regarding the patient's choice of treatment or preferences in managing pain and other distressing symptoms.

Awareness of one's own beliefs and attitudes about any therapeutic intervention is vital, as nurses are expected to provide patient care without personal judgment of patients.

References


17. Ibid.

18. Ibid.


33. Ibid.

34. Ibid.

35. Ibid.

36. Ibid.

37. Ibid.

38. Ibid.

39. Ibid.


43. Ibid.

44. Ibid.
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This activity has been submitted to the Midwest Multi-state Division for approval to award nursing contact hours. The Midwest Multi-state Division is authorized as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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MEDICAL MARIJUANA EDUCATION IN PRE-LICENSEURE NURSING PROGRAMS

Purpose of the Guidelines
Over 31 US jurisdictions (including the District of Columbia), Guam, and Puerto Rico passed legislation legalizing cannabis for medical use. Several other jurisdictions also have legalized cannabis for medical use. Each medical marijuana program has unique characteristics. In the United States, cannabis is a Schedule I Controlled Substance. Therefore, medical cannabis is unlike most other therapeutics in that providers cannot prescribe cannabis, nor can pharmacies dispense cannabis. However, applicable jurisdiction statutes and rules provide for the manufacture, distribution, and use of cannabis for medical purposes. These recommendations for curriculum content provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for patients using medical marijuana.

Definitions
Cannabis. Any raw preparation of the leaves or flowers from the plant genus Cannabis. This report uses “cannabis” as a shorthand that also includes cannabinoids.

Cannabidiol (CBD). A major cannabinoid that indirectly antagonizes cannabinoid receptors, which may attenuate the psychoactive effects of tetrahydrocannabinol.

Cannabinoid. Any chemical compound that acts on cannabinoid receptors. These include endogenous and exogenous cannabinoids. Cannabinol (CBN). A cannabinoid more commonly found in aged cannabis as a metabolite of other cannabinoids. It is nonpsychoactive.

Cannabinol. The generic name for a synthetic cannabinoid similar to tetrahydrocannabinol. It is the active ingredient in the U.S. Food & Drug Administration–approved drug Cesamet.

Schedule I Controlled Substance. Defined in the federal Controlled Substances Act as those substances that have a high potential for abuse; no currently accepted medical use in treatment in the United States; and a lack of accepted safety for use of the substance under medical supervision. Tetrahydrocannabinol (THC). One of many cannabinoids found in cannabis. THC is the primary substance responsible for most of the characteristic psychoactive effects of cannabis.

Recommendations
1. The nursing student shall have a working knowledge of the current state of legalization of medical and recreational cannabis use.
   • The Drug Enforcement Agency (DEA) classifies cannabis as a Schedule I Controlled Substance. This classification not only prohibits practitioners from prescribing cannabis, it also prohibits most research using cannabis.
   • The process for obtaining cannabis for federally funded research purposes is cumbersome. Currently, the only legal source of cannabis grown for research purposes is the University of Mississippi. The DEA sets an annual quota for cannabis grown for research purposes.
   • Over 31 jurisdictions (including the District of Columbia), Guam, and Puerto Rico passed legislation legalizing cannabis for medical purposes. These laws, the jurisdiction has adopted exemptions legalizing the use of cannabis for medical purposes. Although the use of marijuana pursuant to authorized MMPs conflicts with federal law and regulations, at present there is no controlling case law holding that Congress intended to preempt the field of regulation of cannabis use under its supremacy powers.
   • An increasing proportion of jurisdictions have also decriminalized or legalized recreational cannabis use.
   • The federal government’s position on prosecuting the use of cannabis that is legal under applicable jurisdiction law has been set out in U.S. Department of Justice position papers. In 2009, the U.S. Attorney General took a position that discourages federal prosecutors from prosecuting people who distribute or use cannabis for medical purposes in compliance with applicable jurisdiction law; further similar guidance was given in 2011, 2013, and 2014. In January 2018, the U.S. Office of the Attorney General rescinded the previous nationwide guidance specific to marijuana enforcement. The 2018 memorandum provides that federal prosecutors follow the well-established principles in deciding

* In Australia, cannabis for medical use is federally legal, with states allowed to implement as they see fit. Although Bermuda has not legislated use of marijuana, their Supreme Court ruled that citizens could apply for personal licenses to possess cannabis for medical use. Cannabis for medical use is federally legal in all provinces of Canada. In New Zealand, physicians may prescribe CBD and cannabis-based products.
which cases to prosecute, namely, the prosecution is to weigh all relevant considerations, including priorities set by the attorneys general, seriousness of the crime, deterrent effect of criminal prosecution, and cumulative impact of particular crimes on the community.

2. The nursing student shall have general knowledge of the principles of a MMP.
   - MMPs are defined and described within the statute and rules of the specific jurisdiction. The relevant statute or rules are most easily located through the jurisdiction’s Department of Health and MMP. Laws and rules regarding MMPs are an evolving process. Always confirm use of the most recent versions.
   - A health care provider does not prescribe cannabis.
   - The MMP will specify the qualifying conditions and the certifying process as well as the type of health care provider who can certify a qualifying condition. The MMP will specify whether an APRN can certify a qualifying condition. The MMP will specify whether designated caregivers are permissible as well as the applicable process for registration as a designated caregiver.
   - In some jurisdictions, the MMP allows an employee of a hospice provider or nursing or medical facility, or a visiting nurse, personal attendant, or home health aide to act as a designated caregiver.
   - After the qualifying condition is certified, the patient registers with the MMP. Once registered, the patient can obtain cannabis from a jurisdiction-authorized cannabis dispensary.
   - Procurement and administration of cannabis for medical purposes are limited to the patient and/or the patient’s designated caregiver. The MMPs will specify whether designated caregivers are permissible as well as the applicable process for registration as a designated caregiver.
   - In some jurisdictions, the MMP allows an employee of a hospice provider or nursing or medical facility, or a visiting nurse, personal attendant, or home health aide to act as a designated caregiver for the administration of medical marijuana.

3. The nursing student shall have a general understanding of the endocannabinoid system, cannabinoid receptors, cannabinooids, and the interactions between them.
   - The endocannabinoid system consists of endocannabinoids, cannabinoid receptors, and the enzymes responsible for synthesis and degradation of endocannabinoids.
   - Discovered in 1973, this system includes a series of cannabinoid receptors throughout the body embedded in cell membranes that, when stimulated by endocannabinoids, are thought to promote homeostasis.
   - Endocannabinoids are naturally occurring substances within the body, while phytocannabinoids (plant substances that stimulate annaboid receptors) are found in cannabis.
   - The most well known of these cannabinooids is tetrahydrocannabinol (THC); however, cannabidiol (CBD) and cannabiol (CBN) are gaining interest in therapeutic use.

4. The nursing student shall have an understanding of cannabis pharmacology and the research associated with the medical use of cannabis. Due to government restrictions on research involving cannabis, the surge of legislation has outpaced research, leaving nurses with a few resources when caring for patients who use medical cannabis. Therefore, information regarding medicinal use of cannabis must be derived from moderate to high quality evidence using randomized placebo-controlled studies. These particular studies are the most likely to elucidate causality in treatments and are the only trusted source of evidence for cannabis as a clinical intervention. Research on cannabis is an evolving body of work. As with any scientific literature, it is important to rely on the most recent high quality evidence.

   a. Current scientific evidence exists for the use of cannabis for the following qualifying conditions
      - Moderate- to high-quality evidence exists for
        - cachexia
        - chemotherapy-induced nausea and vomiting
        - pain (resulting from cancer or rheumatoid arthritis)
        - chronic pain (resulting from fibromyalgia),
        - neuropathies (resulting from HIV/AIDS, Multiple Sclerosis [MS], or diabetes)
        - spasticity (from MS or spinal cord injury).
   b. Adverse effects of cannabis use are influenced by the patient’s condition and current medications
      - The patient’s propensity for the following may be exacerbated by cannabis: increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, and psychomotor performance.
      - Cannabis may exacerbate symptoms associated with asthma, bronchitis, and emphysema; cardiac disease; and alcohol or other drug dependence.
      - Cognitive impairment by cannabis may be dose- and age-dependent.
      - It is highly likely that cannabis will exacerbate symptoms of poor balance and posture in patients with dyskinetic disorders. Similarly, cannabis may worsen mental faculties in conditions that cause cognitive deficits. Patients who suffer from these diseases may show greater cognitive impairment.
      - Some participants report fatigue, suicidal ideation, nausea, asthenia, and vertigo as adverse effects of cannabis.
      - Cannabinoid receptors are effectively absent in the brainstem cardiorespiratory centers. This is believed to preclude the possibility of a fatal overdose from cannabinoid intake.
      - Cannabis can be a drug of abuse. Cannabis use disorder is defined as a problematic pattern of cannabis use leading to clinically significant impairment or distress; the clinical indications are included in the DSM-5.
      - Cannabis withdrawal syndrome has been identified as a syndrome seen in some patients whose cannabis use has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months). The withdrawal syndrome has varying symptomatology, including insomnia, loss of appetite, physical symptoms, and restlessness initially, then irritability/anger, vivid and unpleasant dreams after a week.
c. Variable effects of cannabis are dependent on type of product and route of administration
  o Since medical cannabis is not an FDA drug, there is no recommended dosage. Instead, medical cannabis is titrated by the patient, with the principle of “start low, go slow.”
  o Continual patient assessment of perceived efficacy and adverse effects is recommended. Useful strategies include tracking dose, symptoms, relief, and adverse effects in a journal for review with the authorizing practitioner.
  o FDA-approved synthetic THC drugs (dronabinol and nabilone) are administered orally or by an oromucosal route with a specific dosage.

d. Risks to particular groups of patients
  o Adolescence. Many studies show a correlation between cannabis use and poor grades, high dropout rates, lower income, lower percentage of college degree completion, greater need for economic assistance, unemployment, and use of other drugs. Although these trends are related to recreational rather than medicinal cannabis use, the trends cannot be ignored but should be balanced with the benefits of cannabis for medical use.\textsuperscript{28}
  o Pertylity. Two preclinical studies indicate that interference with endogenous cannabinoids might increase chances of failed embryo implantation\textsuperscript{30} and cannabinoids are capable of dysregulating hormones, which in turn can affect spermatogenesis.\textsuperscript{31}
  o Cannabis can be a drug of abuse and precautions should be taken to minimize the risk of misuse and abuse.
  o Neonates. Presently there are no reliable data for neurodevelopmental outcomes with early exposure to cannabis in neonatal life, or through either breastfeeding or secondhand inhalation\textsuperscript{32,33}.
  o Cannabis use may exacerbate existing psychoses in those with a risk of suicide or history of suicide attempt, schizophrenia, bipolar disorder, or other psychotic conditions.\textsuperscript{34}

5. The nursing student shall be able to identify the safety considerations for patient use of cannabis.
  • Administration of cannabis for medical use can only be carried out by the certified patient or designated caregivers registered to care for the patient.

6. The nursing student shall approach the patient without judgment regarding the patient’s choice of treatment or preferences in managing pain and other distressing symptoms.
  • Awareness of one’s own beliefs and attitudes about any therapeutic intervention is vital as nurses are expected to provide patient care without personal judgment of patients.

7. The nursing student shall be aware of medical marijuana administration considerations.
  • A nurse shall not administer cannabis to a patient unless specifically authorized by jurisdiction law.\textsuperscript{35}
  • Instances in which the nurse may administer cannabis or synthetic THC to a patient.
    o Administration of FDA-approved synthetic THC drugs (dronabinol and nabilone) per facility formulary and policy
    • As a registered MMP designated caregiver
      • The majority of jurisdictions allow a designated caregiver to assist a patient with the medical use of cannabis.
      • These caregivers must meet specific qualifications and be registered with the MMP and must not practice outside of the limits of the caregiving statute.\textsuperscript{36}
      • Some jurisdictions allow an employee of a hospice provider or nursing or medical facility, or a visiting nurse, to assist in the administration of medical marijuana.\textsuperscript{37}
      • Check the most current MMP statute or rules.\textsuperscript{40}
    • Check facility policy regarding medical marijuana administration.

References

11. Ibid.

12. Ibid.

13. Ibid.

14. Ibid.

15. Ibid.


17. Ibid.

18. Ibid.


38. Ibid.

39. Ibid.

40. Ibid.
Clarification on Cannabidiol (CBD) Oil

The Board continues to receive questions about cannabidiol (CBD) oil (derived from hemp or derived from marijuana). HB 523, which created the state’s Medical Marijuana Control Program, made no exception for possession or sale of CBD oil. HB 523 includes CBD oil in the definition of marijuana, regardless of whether it is a plant extract or synthetic product.

All marijuana products, including CBD oil, can only be dispensed in a licensed Medical Marijuana Control Program dispensary. Those marijuana products will have to comply with the rules and regulations of the program. All products must have a known source, as well as known quantities of active ingredients. Testing procedures will be conducted by testing laboratories licensed by the Ohio Department of Commerce.

The State of Ohio Board of Pharmacy announced the award of 56 provisional medical marijuana dispensary licensees in June. All provisional licensees will have six months to demonstrate compliance with the dispensary operational requirements to obtain a certificate of operation. As the Medical Marijuana Control Program becomes operational this fall, the Board will continue to provide updates through the program’s website: https://www.medicalmarijuana.ohio.gov/.

Until dispensaries are operational, no one, including board licensees, may possess or sell CBD oil or other marijuana related products. Violation of Ohio Revised Code or Ohio Administrative Code can subject a licensee (person or entity) to administrative or criminal action.

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3. Log in to your account at https://elicense.ohio.gov and
4. Click on the link “Options” found in the License box.
5. Click on the link “Change Address.”
6. Press “Submit.” Your address change will be automatically applied to your license or certificate.

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For questions, contact Online System Support at 614-466-3847 and select “Option 1” (weekdays 8am-5pm, except for holidays). If you need assistance after business hours, email nursing.registration@das.ohio.gov and include a brief description of the issue, your first and last name, telephone number, email address, and license number, if you have it.

ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614-466-5940 or board@nursing.ohio.gov to confirm the location, date or time.

Advisory Committee on Advanced Practice Registered Nursing – Chair: Erin Keels, RN, APRN-CNP
February 25, 2019, April 29, 2019, June 17, 2019, October 28, 2019

Advisory Group on Continuing Education – Chair: Lauralee Krabill, RN
Meeting dates to be determined for 2019

Advisory Group on Dialysis – Chair: Barbara Douglas, RN, APRN-CRNA
March 11, 2019, May 20, 2019, November 18, 2019

Advisory Group on Nursing Education – Chair: Patricia Sharpnack, DNP, RN
February 7, 2019, June 6, 2019, October 3, 2019

Committee on Prescriptive Governance – Chair: Sherri Sievers, DNP, APRN-CNP
November 26, 2018

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The use of social media continues to grow and the Board receives a large number of social media-related complaints. Frequently the questions are about social media comments directed at co-workers, patients, employers, and sometimes within the context of social issues or newsworthy events. Nurses should be mindful of their professional obligations and understand the implications of using social media. In the 2018 Spring issue of Momentum, the National Council of State Boards of Nursing (NCSBN) “White Paper: A Nurse’s Guide to the Use of Social Media” was published in its entirety. You can access past issues of Momentum on the Board website at www.nursing.ohio.gov under the “Publications” link.

The NCSBN White Paper summarizes the promise and pitfalls of using social media:

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

The NCSBN White Paper offers further guidance on a range of social media issues, including common myths and misunderstandings. Further, it provides suggestions to avoid problems and minimize risks when using social media, including several useful examples depicting inappropriate uses of social and electronic media.

In addition, the American Nurses Association (ANA) has published documents addressing social media such as the ANA Principles for Social Networking and the Nurse. (See https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/social-networking.pdf.)

Principle 3 of the “ANA’s Principles for Social Networking and the Nurse” states “Nurses should evaluate all their postings with the understanding that a patient, colleague, educational institution, or employer could potentially view those postings. Online content and behavior has the potential to either enhance or undermine not only the individual nurse’s career, but also the nursing profession.”

ANA identifies “ANA’s 6 Tips for Nurses Using Social Media:”

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.
ANA also provides “ANA’s 6 Tips to Avoid Problems:”
1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

In summary, ANA provides an overview of social networking in nursing in the ANA’s Principles for Social Networking and the Nurse and provides the following guidance:

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people….At the same time, information contained on a social network has the capacity to propagate itself, taking on a life of its own in cyberspace. Inaccuracies become “fact” by mere repetition, creating confusion that is particularly dangerous in discussions regarding the public’s health needs. Nurses must be aware that social networking venues are shared by their patients and colleagues…Employers and educational institutions may also monitor social networking sites and make judgments—positive or negative—about a nurse’s professional suitability...

Despite the common perception that personal comments, videos, photos, or other online materials are short-lived or confined to a designated group of viewers, the nature of the Internet is that such materials are public and permanent. Just about anyone can, with a little effort, view these postings. Thus, although nurses certainly deserve a life apart from their professional duties, it is essential to understand that one’s conduct on social networks is a public act that can be scrutinized and judged in the same way as any other public act.

The use of social media carries with it much responsibility. Please be aware of your responsibilities and professional obligations and how its use may impact you.

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Ohio Board of Nursing
RN/LPN Reactivation/Reinstatement

1. Complete the online application at [https://elicense.ohio.gov/OH_CommunitiesLogin](https://elicense.ohio.gov/OH_CommunitiesLogin) and submit payment, if applicable. Portal registration instructions will be sent in a separate email if you are not registered in the Ohio eLicense system.

2. Upload your Continuing Education (CE) documents to your application and complete the criminal records checks, as needed. See summary below and please refer to Rule 4723-14-03(E), OAC.

3. Submit documentation of CE in the form of a completion certificate issued by the provider or a school transcript that includes your name, title and date of the program, name of the provider, number of contact hours and name of the authorized approver.

4. Category A is Ohio Law & Rules and it must be approved by an OBN Approver or offered by an OBN approved provider unit headquartered in the State of Ohio. Refer to the list of the OBN Approvers and the On-Line Resources for Ohio Law and Rules on the Continuing Education page on the Board website [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

5. For additional CE information, see the CE FAQs on the Continuing Education page of the Board website.

6. Questions? Please email renewal@nursing.ohio.gov

### Continuing Education (CE)

**Has your Ohio license been inactive or lapsed less than 2 years?**

**OR**

Do you have a current, valid license in another jurisdiction?

If you answer yes to either one of these questions, then the following 24 Contact Hours of CE are required:

- **Category A – Ohio Law and Rule – 1 hour**
  - General Nursing Practice – 23 hours

All CEs must have been completed during the 24-month period immediately BEFORE the date of the reinstatement or reactivation application.

**Has your Ohio license been inactive or lapsed 2 years or more?**

**AND**

You do not have a current, valid license in another jurisdiction?

If you answer yes to both of these questions, then the following 24 Contact Hours of CE are required:

- **Category A – Ohio Law and Rule – 2 hours**
  - Critical Thinking, Nursing Process, or Nursing Judgment – 6 hours
  - Pharmacology – 6 hours
  - Clinical or Organizational Ethical Principles – 2 hours
  - Content relevant to Nurse’s Practice – 8 hours

All CEs must have been completed during the 24-month period immediately BEFORE the date of the reinstatement or reactivation application.

### Criminal Records Check Requirements

**Has your Ohio license been inactive or lapsed 5 years or more?**

If you answer yes, complete the BCI (Civilian) and FBI (Federal) Criminal Records Checks

Ohio Applicants: Go to your local law enforcement office or BMV to have the records checks completed. Please tell them that a copy of your results is to be provided directly to the Ohio Board of Nursing.

Out of State Applicants: Request fingerprint cards and instructions by emailing CRC@nursing.ohio.gov. When you receive the cards and instructions in the mail, take them to a local law enforcement office for fingerprinting to be completed.
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Caleb Heck, RN
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BOARD DISCIPLINARY ACTIONS

The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. You can review the type of action taken by checking the individual’s credential at the Ohio eLicense Center at: [http://www.nursing.ohio.gov/Veri fica-tion.htm#VERInfo](http://www.nursing.ohio.gov/Verificacion.htm#VERInfo), or by clicking on License and Certificate Verification on the Board’s website (www.nursing.ohio.gov). You may also request a copy of a public disciplinary record by completing the electronic form on the Board’s website at: [http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm](http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm) or by clicking on Discipline Records Requests on the Board’s website.

### July 2018 Monitoring Actions

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# July 2018 Disciplinary Actions

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Ohio Board of Nursing
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36 **MOMENTUM**
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