



Date: December 18, 2014

To: Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee

From: Brian Burger, BSN, RN

Re: ORC 3707.521 testimony

Director Hodges and members of the Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee, my name is Brian Burger and I am pleased to be offering testimony as a Registered Nurse (RN) licensed under Chapter 4723 of the Ohio Revised Code who actively practices emergency nursing and is actively involved in emergency services. I am a member of the Ohio Nurses Association (ONA) and sit on ONA's Board of Directors, as well as the Economic and General Welfare Commission. I work for the University of Cincinnati Medical Center in the Emergency Department.

Returning a child to play after a concussion has both a professional and personal interest to me. I have two sons- my oldest is seven and plays both football and lacrosse. I do not know what kind of training his football coaches received for concussion training, but I do know that the concussion training I received to be an assistant lacrosse coach was minimal at best. With this kind of training I do not feel that coaches should be clearing players and returning them to play.

That being said, I do believe RNs have the ability to assess players for concussion. As a Registered Nurse, however, we cannot diagnose a concussion or traumatic brain injury (TBI). As defined by Ohio Revised Code 4723.01(B), a nurse's scope of practice includes assessing the health status of an individual for purposes of providing nursing care. This includes collection of health history and performance of a physical examination. As Registered Nurses, we have the proper education and training to assess and recommend with a protocol written by a physician. This is no different than an EMT/paramedic providing treatment based on protocols given by their medical director. If someone wants to give treatment outside the protocol, they call their medical director or another MD. With the advancements of technology and telemedicine, I believe that a nurse could do this with working in collaboration with a physician or Advanced Practice Registered Nurse (APRN).

The qualifications for a nurse to provide recommendations should be based on several categories. I believe experience is the most important factor. Has the Registered Nurse worked within emergency services and for how long? Did the Registered Nurse have experience working in health care prior to becoming a nurse? How long has the individual been a nurse? And has the RN acquired other nursing credentials on top of his or her licensure?

I will use myself as an example. I have been a licensed RN for eight years and prior to that I was an EMT in the Army National Guard and for a private ambulance company. During my eight years of nursing I spent 5+ in a level one trauma emergency room (ER) and assessed multiple levels of TBIs and their signs/symptoms. I worked in the ER at Cincinnati Children's Hospital for one year. I also spent three

years working within a neurology unit with 2+ being in the neuroscience intensive care unit. I also have my Critical Care RN certification, Trauma Nurse Certification, and Pediatric Life Support certification. I am currently in the process of obtaining my Paramedic and Certified Emergency Nurse certifications. I do believe with my credentials and neurologic and emergency nursing experience, I understand pre-hospital patient care and have the ability to assess if it is safe for a player to return to play.

As I have already stated, I am a Registered Nurse who is not an Advanced Practice Registered Nurse; I can continue collecting patient history and performing physical examinations, but I cannot formulate a medical diagnosis or develop a medical regimen as this falls outside of my scope of practice. However, assessing safety is something I can do. Using this assessment, I am able to work in collaboration with MDs or APRNs in granting clearance for a youth to return to play and this is something I am currently doing as a RN working in an emergency room.

I currently work with three MDs in the ER that are independent concussion consultants for the NFL at the Cincinnati Bengals home games. There could be training opportunities to learn from them and they could help write protocols to allow nurses to provide this service to their communities.

I hope you find this testimony helpful and we can find ways to use the knowledge and training of nurses to help our communities. I have provided a copy of an interpretive guideline from the Ohio Board of Nursing focused on a registered nurse's performance of a patient health history and physical examination for purposes of providing nursing care. This defines the scope of practice of a registered nurse and also how a registered nurse may not provide medical diagnoses, medical measures or engage in the practice of medicine or surgery in Ohio, but that an Advanced Practice Registered Nurse with the appropriate specialty certification can assess and return a youth to play.

Thank you for your time and consideration.

Brian Burger, BSN, RN, CCRN



Interpretive Guideline

Title: Registered nurse performance of a patient health history and physical examination for purposes of providing nursing care.

The scope of practice for a registered nurse includes assessing health status for purposes of providing nursing care. The assessment may include the collection of a client's health history and the performance of a physical examination when the purpose of the history and physical examination is to assess the health status of an individual for the purpose of providing nursing care (Section 4723.01(B), ORC).

A. A registered nurse with the necessary knowledge, skills, and ability may collect information pertaining to a patient's health history and perform a physical examination that includes but is not limited to the following:

- Interviewing the patient and others as applicable to obtain the patient's health history;
- Performing a physical examination of the patient in a systematic manner;
- Directing an LPN as applicable to collect data in accordance with the LPN's responsibilities contained in Rule 4723-4-08, OAC.
- Documenting the health history and the source of the information;
- Documenting the physical examination findings;
- Organizing and interpreting the health history and examination findings for purposes of providing nursing care;
- Establishing nursing diagnoses resulting from the findings;
- Executing a prepared nursing regimen and plan of care resulting from the established nursing diagnoses; and
- Providing health counseling and health teaching appropriate for the nursing diagnoses and examination findings;

B. When performing a history and physical examination a registered nurse should timely report to and consult with other nurses or with other members of the health care team, and make referrals as necessary (Rule 4723-4-03, (G), OAC).

C. A registered nurse, who is not an advanced practice nurse, in collecting a patient's history and performing a physical examination shall not form a medical diagnosis or develop a medical regimen as this is the practice of medicine and surgery and is prohibited (Section 4723.151, ORC).

Considerations in Performing a History and Physical Examination: (Rule 4723-4-03, OAC)

1. The registered nurse performing a history and physical examination should maintain documentation of his/her acquisition of education and demonstrated competency, and other documentation required to ensure that practice is in compliance with written employer/institutional policies and procedures.
2. The registered nurse's education/training and demonstrated competence should include, but is not limited to, the following:
 - a. Anatomy and physiology
 - b. Physical examination skills and techniques
 - c. Pharmacology
 - d. Interview techniques

Accountability and Responsibility of Registered Nurses

Section 4723.01(B), ORC, defines the scope of practice for the registered nurse. Rule 4723-4-03, OAC, holds registered nurses responsible for maintaining and demonstrating current knowledge, skills, abilities, and competence in rendering nursing care within their scope of practice.

The registered nurse must apply the Nurse Practice Act (Chapter 4723, ORC) and rules regulating the practice of nursing (Chapters 4723-1 to 4723-27, OAC) to the specific practice setting. Further, the registered nurse must utilize good professional judgment in determining whether or not to engage in a given patient-care related activity, consistent with the law, rules, and guided by the Board's *Decision-Making Model, Publication OBN-103*. It is critical to note that the law and rules require that the licensee provide nursing care only in circumstances that are consistent with their education, experience, knowledge, and demonstrated competency.

In this statement the Board does not announce a new policy but instead gives licensees specific instructions regarding their obligations under existing law and rules.

Licensees should review the following:

Section 4723.01(B), Ohio Revised Code
Rule 4723-4-03, Ohio Administrative Code
Rule 4723-4-06, Ohio Administrative Code
Rule 4723-4-07, Ohio Administrative Code

A complete copy of the Nurse Practice Act and the rules adopted thereunder are available for review and download from the Board of Nursing website: www.nursing.ohio.gov in the Law and Rules section.

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