

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Tiffani Sterling Date: 10/04/2020 DAS Assignment #: 1

Name of the Defendant: Felicia Ann Bush, RN License number of the defendant: 793658

Date action was taken against the license: July 19th, 2019

Type of action taken against the license: Voluntarily Surrender

Things seemed to start for the Respondent in October of 2017 while she worked for Covenant Health System in Lubbock, Texas. The order states she withdrew Morphine and Dilaudid from the medication dispensing system for patients but failed to document, and/or accurately document the administration of the medication in the patients medication administration records; also when withdrawing the same two medications she failed to follow facility policy and procedure for wastage of any of the unused portions of the medications; misappropriated Morphine and Dilaudid belonging to the facility and/or patients thereof, or failed to take precautions to prevent the misappropriation of Morphine and Dilaudid; and misappropriated four Cyclobenzaprine belonging to the facility or patients thereof in that four Cyclobenzaprine were found in Respondents locker. The Respondent was notified of these allegations on December 19, 2017.

Following the Respondents time at Covenant she then became employed at University Medical Center, Lubbock, Texas where the following allegations took place on or about April 2018: Respondent engaged in the intemperate use of Opiates and Barbiturates, this was found via a submitted specimen for a drug screen that did confirm a positive results showing use of Opiates and Barbiturates. It is also stated that she would disappear from her preceptor and unit for periods of a time without notifying her preceptor or supervisor. Subsequently, when the Respondent was confronted about possible discrepancies in narcotic the Respondent denied use of anything but prescribed medications but stated previous struggles with alcohol abuse. When the findings were brought to the attention of the Respondent, she did state she is currently in TPAPN and would like to continue her Texas Peer Assistance Program for Nurses program participation.

After further review of the documentation it states that the Respondent was required to successfully complete the TPAPN through an Order of the Board on or about June 29th, 2018. Then not long after this time on about November 1st, 2018, Respondent's employer reported her behavior was concerning. Specifically, she had difficulty comprehending simple questions, diaphoretic, shaky at times, she frequently left the treatment floor without notifying her Charge Nurse, leaving her patients un-attended and tasks unfinished. She also displayed emotional instability while at work and arrived for shifts barely able to walk into the lounge and stumbling. She then underwent a Fitness for duty examination and evaluation by Dr. Nicole Keehn, RN, MSN, PsyD. Dr. Keehn states the Respondent is currently unfit to practice nursing. "Dr. Keehn states Respondent should not return to work as a registered nurse at this time. Evidence gathered in the assessment, recent issues in employment history and current symptomology suggest that Respondent would be unable to maintain consistent general patient safety while completing tasks and responsibilities required of a registered nurse." Formal charges were filed on February 19th, 2019. Then not long after the filing, the Respondent decided to Voluntarily surrender her license.

In this particular instance, even similar instances, when it seems there is an addiction problem and TPAPN is not really helping; I feel it would have been best for the person in question to take a leave of absence and admit themselves into a treatment facility. It is clear her actions were putting many lives at risk, so to prevent negligence and serious harm to patients, I feel realizing the severity of her addiction and seeking treatment herself is best for all. If I were a nurse and co-worker to this Respondent, or any nurse in a similar situation, I would take note of what I see and speak to my charge nurse or the nurse manager immediately. Depending on the relationship you may have with the offender, you could possibly address the nurse directly, but that could have a negative response and possible confrontation that could escalate and cause more harm than good. So, again, I would involve my chain of command of bring up my suggestion of implementing rehabilitation in a treatment facility so that the nurse could get the help they truly need.