

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Nikaele McCoy

Date: 12/3/2020

DAS Assignment # 2

Name of the defendant: Madalyne Large, RN

License number of the defendant: 894289

Date action was taken against the license: 8/9/2016

Type of action taken against the license: Suspension/Probation

The RN's license was suspended, and RN placed on probation due to a medication error. The RN was employed as an ED staff nurse at the time admitting a patient to the CCU. Before being admitted to the CCU the RN started the patient on a IV pump and administered Cardizem at 28.1 mL/hr and Norepinephrine at 5 mL/hr but did not take the necessary steps of medication administration and reviewed the physician's orders as the order called for Cardizem 5 mL/hr and Norepinephrine at 28.1 mL/hr. The RN also did not verify orders with the CCU nurse during handoff report. Once the patient experienced severe bradycardia the medication error was discovered, and interventions were taken. Unfortunately, the patient died not long after.

This medication error could have been prevented if the RN slowed down and took the time to go through to 7 rights of medication administration and verifying the physician orders. The RN should have initially verified the orders once she obtained them. The RN should have done her second check while gathering the medication and preparing to administer, then should have done a third check at the patient's bedside before administering the medication. The RN also should of went verified the patient was the right PATIENT, the right MEDICATION, the right DOSE, the right ROUTE, the right TIME, the right REASON, and the right DOCUMENTATION to ensure patient safety. The RN also should have delivered and discussed the medication orders wit the CCU nurse during handoff, it could have brought the error to light sooner and lead to a quicker intervention and possibly different outcome for the patient.

I believe if a prudent nurse came across this error, they would first pull up the patient's medication orders to confirm that this is in fact an error. Once this has been established immediately stopping the medication administration and collecting a current set of vital signs and immediately contact the ordering physician and the charge nurse. Depending on the patient's status at that moment and physician and charge nurse directions, implementing interventions to counteract the medication error affects the patient could be experiencing. This should also be documented in great detail.