# Covenant School of Nursing

## Disciplinary Action Summary Assignment

## Instructional Module 2

Student Name: Olivia Smith Date: 10/8/21 DAS Assignment # ___2_____ (1-4)

Name of the defendant: Laurie Ann Fallon License number of the defendant: 611840

Date action was taken against the license: March 20, 2012

Type of action taken against the license: Revoked

*Use the space below to describe the events which led to action taken against the license. If multiple charges were in play, be sure and cite them, e.g. drug diversion, HIPAA violation, abandonment, forfeiture on student loans, etc.*

The first charge says that the nurse attempted to administer pain medicine to a patient that was not assigned to her and she appeared drowsy and confused. The next charge states that the nurse failed to administer Lovenox and Vancomycin as ordered per the physician. This action put the patient in danger and affected the course of treatment that the doctor had ordered. The third charge involved the improper documentation and administration of Norco. The nurse failed to document administering the medication and did not follow protocol for wasting this specific medication. This action can cause potential overdose to the patient because a nurse coming in on a later shift could see that the patient can be medicated again earlier than actually required. The final charge was that the nurse was found non-compliant with an order and agreement made with the TBON regarding some remedial education for some previous incidents. The TBON allows for remediation to help educate nurses to be safer and more educated but if the nurse does not comply with this second chance it shows their lack of understanding for the severity of providing medical care.

*Use the space below to provide a description of measures you think could have prevented any action being taken against the license and/or would have prevented harm to the patient, if harm occurred. Consider which universal competencies were violated.*

The first issue I see was that the nurse did not complete the remediation that was offered to her. I think in the issue of the Norco a second nurse should have been called to sign off on the medication and make sure that it was wasted appropriately. Also, the nurse did not pay adequate attention when pulling the medication for a patient that was not hers. Had the nurse followed the protocol of checking the meds against the physician's orders and the patients eMAR she should have caught her mistake before trying to administer the medication to the patient.

*Use the space below to describe what action you think a prudent nurse would take as the first to person to discover the event described, in other words, you are the one who discovers the patient has been harmed by the nurse or you have discovered the impairment or criminal activity cited in the disciplinary action.*

I think the issue that is most pressing in this scenario is that the nurse did not document the Norco being administered. As a nurse this would worry me because it could lead to me administering another dose too soon and could lead to an overdose. In my case I would report a nurse immediately if I saw such an issue because of the harm, it could cause a patient and how it can put me in the place that I could unintentionally harm my patient.