Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Dylan Delaney Date: 10/17/21 DAS Assignment # ___3____ (1-4)

Name of the defendant: Phillip Charles Johnson License number of the defendant: 872009

Date action was taken against the license: 1/24/2019

Type of action taken against the license: Warning with Stipulations

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.

On June 7th of 2019, the nurse received verbal orders from another nurse to administer 50mg of Cardizem instead of the correct does of 15mg. The nurse failed to clarify the verbal order with the ordering physician and administered the 50mg of Cardizem instead of the correct dose. The nurse also overrode the safety measure in the dispensing unit to obtain the 50mg dose. The nurse started the infusion which put the patient at risk. The pharmacy department noticed the medication error and contacted the nurse. The patient suffered from a bradycardia and hypotension and had to receive additional intravenous fluids.

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.

There were several opportunities for the nurse to notice the discrepancy in the medication order. When the nurse received report from the coworker, the nurse should have noticed that the stated dose was high. The nurse should have contacted the patients physician to clarify the order. Additionally, the nurse could have contacted the pharmacy department to ask about recommended doses for the drug in question. The second major red flag occurred when the nurse obtained the mediation from the dispensing unit. The nurse had to override the safety measures in order to obtain the 50mg dose. This should have indicated that the 50mg order was wrong and again the nurse should have contacted the physician for clarification. The universal competency of performing 3 medication checks was violated in this incident.

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.

As a nurse who discovered the aforementioned medication error, the appropriate actions would be to notify the nurse of the mistake so care can be given to the patient. Additionally, the discovering nurse should inform the nurse manager of the incident so the proper reporting measures can be taken. If the nurse noticed the other

nurse overriding the dispensing system the nurse should have questioned the override to stop the incident from happening.