

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Jonathan Paredes Date: 5/13/2022 DAS Assignment # 2 (1-4)

Name of the defendant: Holly Elizabeth Van Camp License number of the defendant: 708067

Date action was taken against the license: Feb 25th, 2014

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.

- On October 4, 2009 she was found asleep in an empty patient room. When her pt needed help, three attempts were made to wake her
- On the very next day October 5, 2009 she failed to report to the physician or charge nurse of a critically low BP – which were recorded at 34/18 and 50/24
- She also failed to record or document any BP readings which could have put the patient in danger. She stated that she did check them manually but, there is no record of it.

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.

- **Safety and Security (Physical)** – as far as professional actions, it is not at all professional to fall asleep while at work. Especially if you are taking care of pt's with critically low BP's.
- **Safety and Security (Emotional)** – I'm sure the pt after trying to summon the RN three times, and then having staff having to wake her up to do her job, does not make the pt feel at ease.
- **Critical thinking** – if she had looked at the chart, she would understand that her pt has critically low BP's and that she should monitor AND document them accurately for the pt. But she failed to give the attention first of all and then she did not document anything. Both are critical to the pt and their care.
- **Documentation** – if you don't document, it didn't happen. One of her failures was not documenting what she claimed as a "manual BP". But at the end of the day, we would just be relying on her word, and the pt had really low BP at the time that needed to be well checked and well documented
- **Human caring – Listening to the patient's needs** – it would be really hard for Holly to listen to her pt's if she's sleeping on the Job.
- **Professional role** – as nurse, one should not have to rely on other nurses trying to do their job, to try and come "wake you up" when a pts BP is too low. Be a professional and come to work prepared

- **Maintaining a clean work environment** – don't sleep in an empty pt bed. You just don't need to do that.

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'm hoping that a prudent nurse was the one that found her asleep in an empty pt bed, and instantly reported the issue. And it might not even need to be a derogatory report. Maybe she's going through something at home and needs some time off. Regardless, there are pts that need to be taken care of and she "neglected" a pretty important VS that happened to be critically low.
- The prudent nurse would look at the chart and recognize that there weren't consistent BP readings for a couple of days and reported that.
- The prudent nurse would also recognize that the pt she just got has a history of critically low BP's and be hyper aware of that fact, and in doing so would check a manual BP more consistently.