

Covenant School of Nursing  
Disciplinary Action Summary Assignment  
Instructional Module 2

Student Name: Camilyn Skipper      Date: signed agreed order - July 13<sup>th</sup>, 2012      DAS Assignment # 1

Name of the defendant: Mary D. Akin      License number of the defendant: [RN 532524](#)

Date action was taken against the license: December 4<sup>th</sup>, 2012

Type of action taken against the license: Voluntary Surrender

***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.***

Akin had been in her position as a RN at Titus Regional medical Center in Mount Pleasant, Texas for six years prior to the lead of action taken against her license. Around January 16<sup>th</sup>, 2011, Akin did not assess a pediatric patient's intravenous site. This is required as policy. Because of the misconduct of checking the site, the patient had to embark on four weeks of outpatient wound care therapy. This exposed the patient to harm because of the failure to perform necessary assessments.

It was then stated that she did perform checks every two hours and vital signs and finger sticks at proper times through the night. With this, she informed that the patient was not under apparent distress.

This was a voluntary surrender of her license.

***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.***

Because I am unaware of how documentation systems were during this time frame, it could have been prevented if during checks or vital signs collections, it was something that had to be clicked in the system to move forward with documentation.

It takes seconds to check and analyze the status of an intravenous site. This violates physical safety and security of the patient. Because it is direct action to the vein, infections can occur easily and quickly and must be assessed regularly. The patient's IV site should have been the last of the worries during the hospital stay, but the nurse placed harm upon the patient due to the lack of checks, which are policy.

***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.***

If I were the nurse to discover the condition of the patient, I would immediately address the site and keep a close eye upon the site until further steps could be taken to address the issue. I would then ensure the nurse was completing hourly site checks, as protocol, until further action from the hospital regarding the nurse would be completed.

This patient situation was easily avoidable and would have never occurred if every time the nurse went into the room, she glanced at the patient's IV site and could take further action the second it was necessary.

As a student nurse reading this case, I feel it is necessary for everyone in the unit to hold each other responsible for protocols and policy's regarding the safety of the patients.