

Covenant School of Nursing
Disciplinary Action Summary Assignment
Instructional Module 2

Student Name: Ashly Alvarado Date: 11-16-22 DAS Assignment # 4

Name of the defendant: Phyllis January License number of the defendant: RN 622798

Date action was taken against the license: 6/8/2021

Type of action taken against the license: Revoked

While working at Hillcrest Baptist Medical Center in Waco, Texas former nurse, Phyllis January, went against physician orders and didn't administer Sodium Phosphate to a patient interfering in their treatment on September 10, 2006.

Still while working at Hillcrest Baptist Medical Center in Waco, Texas on September 11th of 2006 former nurse, Phyllis, infused 150 units of Humulin R Insulin through the patients IV site for an hour whenever the physician ordered 13 units to be given over the course of an hour. Phyllis also ignore to check to the patient blood sugar every hour after giving so many units of Insulin and didn't intervene whenever reported to her that the patient blood sugar was less than 30mg/dl.

Later on, on September 13th of 2006 at Hillcrest Medical Center in Waco, Texas Phyllis falsely documented giving her patient these medications through their J-Tube: Propass, Lactinex, Pholso, and Vancomycin.

Three simple measures could've been take to avoid the actions against former nurse, Phyllis, license. Simply double checking the orders, confirming amount of medication withdrawn, and communicating that she wasn't able to administer the medications. Phyllis violated several universal competencies such as: critical thinking, human caring, communication, and documentation. She violated critical thinking by not using her nursing judgement to know that 150 units of insulin is not safe. She violated human caring and communication by not intervening with the patients critically low blood sugar and not letting anyone know of her mistake.

As the prudent nurse discovering the events, I'd immediately check the patient LOC and sugar before administering the glucagon injection to make sure they aren't able to drink any juices or eat crackers and to confirm their sugar really is critically low. If the patient is unresponsive and is showing signs of being hypoglycemic with a critically low sugar, I would go ahead and administer the glucagon injection and pull the call light out of the wall to call for help. Upon the charge nurse entering the room, id let her know my findings with the patient and then after stabilizing the patient I would report the other events of I discovered with Phyllis patients.