

Covenant School of Nursing
Disciplinary Action Summary Assignment
Instructional Module 2

Student Name: Alyssa Cruz

Date: 1/27/2023

DAS Assignment # ____2____ (1-4)

Name of the defendant: Jamie Lee Allen

License number of the defendant: 827538

Date action was taken against the license: February 18th, 2019.

Type of action taken against the license: Reprimand with Stipulations

Use the space below to describe the events which led to the action(s) 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.

There were two incidents that Nurse Allen was a part of while they worked at Texas Health Harris Methodist in Azle, Texas. Harris did not document their patient's medication administration in the correct manner, therefore falsifying their patient's eMAR. Nurse Harris gave the patient around "16.67 grams of D50W" (TBON, 2019), while documenting that they administered 25 grams of the dose.

The second incident required Nurse Allen to have cross-checked the medications given to the patient with the Clinical Institute Withdrawal Assessment (CIWA) and give them as prescribed, but they did not. Allen ended up giving Ativan and Morphine but did not recheck the CIWA score or document in the two hours required. The medications were also given three more times within six hours, resulting in the patient's blood pressure decreasing.

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.

For the first incident, I would have given the administered dose that was ordered by the physician the first time. I also would not have falsely documented that I gave the full amount to the patient, therefore creating an inaccurate patient eMAR and creating possibly ineffective treatment toward my patient.

As for the second incident that occurred, I would have checked medication against the CIWA and given it as prescribed. I also would have made sure to reassess and document within the two hours that were required for the medications. I would not have overlooked the medications and I am assuming that she assumed they were just PRN medications, so I also would have kept track of how many times I administered them—so that it would not have resulted in a drop in blood pressure.

Identify which universal competencies were violated and explain how.

I believe that the first incident could have violated the critical thinking portion of universal competencies. Nurse Allen made the decision to split the D50W infusion, which fits the decision-making process of her error. Allen

would have also violated the 7 rights for medication administration. The falsification of the amount of medication given to the patient in their eMAR. They failed to document in the correct manner.

The second incident would involve the failure to assess, which (I would think) could go with the evaluation and revision of interventions. Nurse Allen did not assess the CIWA for the medications they were to administer to their patient. They also failed documentation because Allen did not go and check the CIWA score every 2 hours as needed.

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 stated in the last one that I might have gone and communicated with the nurse first, but I feel as though this situation is different. Changing the amount of medication to give the patient that could cause the patient's treatment to be ineffective would be taking away the right to the patient's health. I would go to the charge nurse first of course and then discuss the situation that happened. The same goes for the second incident as well. I feel as though these two incidents need a bit more caution with an actual leader (CN) rather than me just speaking to the nurse myself. A patient deserves the right to have correct treatment and I will abide by that.