

# Covenant School of Nursing

## Disciplinary Action Summary Assignment

### Instructional Module 2

Student Name: Crystal Vargas

Date: 01/27/2022

DAS Assignment # 2

Name of the defendant: Regina C. Lorenz

License number of the defendant: 641622

Date action was taken against the license: April 15<sup>th</sup>, 2011.

Type of action taken against the license: Warning with stipulations

The RN was accused of falsifying medical records by documenting calls that were alleged not to have been performed. She was to make follow up calls after patients were discharged and record them in the hospital log. She stated that she did indeed make the appropriate calls and charted them correctly and denied any wrongdoing. She was ordered to take 6 hours of an approved course regarding Nursing ethics.

No physical harm came against patients, but as we know documenting true and complete information into a patient's chart is vital. Healthcare providers rely on charting as one of the first forms of reviewing a patient's history, sometimes seeing it as the full picture of their health information.

Three Universal Competencies can be identified in this situation:

Documentation is the most obvious competency that was broken, because the documentation was false. We learn in our first weeks of nursing school that our documentation is considered a legal document and can be reviewed at any time.

Communication was broken because we should want to teach our patients the correct way to promote their healing. The patient would be expected to know certain things regarding their follow up instructions at their next Dr. Visit.

Human Caring was broken because the follow up calls give the nurse an opportunity to identify key symptoms that a patient may be experiencing after being discharged which may need further care. Being in this field we should always regard human caring as one of our most basic roles.

As a prudent nurse, if I suspected that my peer had not been making the calls as stated I would ask if she may be falling behind in completing follow-up calls and ask if I could assist, knowing how essential it is that a patient receive guidelines and to make sure that any further symptoms they are experiencing are discussed. If I knew that she was documenting having made calls that did not happen, I would have no choice but to report my findings to someone more senior.