

# Covenant School of Nursing

## Disciplinary Action Summary Assignment

### Instructional Module 2

Student Name: Andrew Romero Ortega

Date: March 13, 2023

DAS Assignment # 1 (1-4)

Name of the defendant: Mary D. Akin

License number of the defendant: 532524

Date action was taken against the license: August 14, 2012

Type of action taken against the license: Warning 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.*

- The defendant, Mary Akin failed to routinely assess a pediatric patients IV site through her hospital policy – which is every hour or even more frequently depending on how often the nurse/UAPs are in the room. The defendant also knew of the patient’s history of being in outpatient wound care for the past four weeks for that specific IV site constantly getting damaged – so the hourly checks needed to be done by the nurse.
- In response 8, she stated that she did “two hour checks w/o apparent distress” but did not wake up the child throughout the night. Only receiving objective over subjective data.

*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.*

- The nurse should ensure that she received a thorough report before getting on shift and reviewing her patients files – to determine who is at high risk, critical, medications due soon, etc. If she was unaware of this patient and this IV site, go and evaluate that site and ensure that it has been changed in the beginning of your shift.
- Another factor, working with pediatric patients allows you to be creative and open up to a whole new world. If the child is scared, think of fun ways to make things interesting or less scary. I think Mary failed to gather subjective data from the child and the parents – you can gather so much information from the parents that the child tells the parents; it can be useful or not. You have to make a pediatric patient comfortable and environment inviting.

*Identify which universal competencies were violated and explain how.*

- Mary was unable to display Safety & Security due to the fact that the IV site was left untreated causing the patient’s site to be infiltrated. She was able to show signs of compassion and well- being when doing the vital signs & finger sticks at night, but left the main part of asking questions & changing that IV site unattended.

- Personally, I would say that the nurse lacks communication in Universal Competencies due to the fact that during the nightly checks she stated the “patient appeared w/o distress” instead of communicating with family and/or patient. Also, ask UAPs if they have seen anything abnormal with the patient during the rounds or checks.
- Critical Thinking would have to be another one – if the nurse knows of the hospital policies, she should know of how to assess the IV site when it is constantly damaged, wet, bloody, infiltrated, or at risk for compromise. Also, knowing the patient's history of wound care for four weeks, the nurse should know the patient is at high risk.

*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.*

- With the nurse being PRN, she more than likely comes in when the hospital is short staff or as needed, so I would definitely speak especially for the patient's health. If I had noticed that the nurse wasn't constantly going into the room every hour to do check per policy of the hospital I would ask her if she has been checking on the patient's IV site for drainage or damage to the site – because it could take her 2-3 minutes to assess the site and determine if it needs to be changed or it's at risk of infection/inflammation/swelling. At the end of the day, it is best to speak up and be an advocate not only for the patient but for your peers as well because they could also help you out in the long run on your tough days as well.
- Night shift and Day shift will always have that back-and-forth fight so if this nurse came in here expecting an easy shift – think again. I believe once you are in a position/situation where you might have to save a life or constantly saving lives – there is no room for errors. The day and night nurses, UAPs, personnel have to be sure to give those thorough reports to the next shifts making sure that the patient is receiving proper care once they leave the hospital/facility because you never know if it can fall back on to you.