

Covenant School of Nursing  
Disciplinary Action Summary Assignment  
Instructional Module 2

Student Name: Gabrielle Angela Uy Date: 3/24/22

DAS Assignment # 1 (1-4)

Name of the defendant: Annamma Abraham

License number of the defendant: 521442

Date action was taken against the license: December 13, 2011

Type of action taken against the license: Revoked

***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.***

On June 17, 2008, the nurse was issued 3 formal charges regarding a patient that was 16-20 weeks pregnant, who was also a nurse. The first charge was a violation of a patient's medication administration rights when they did not administer the ordered as needed medication every four hours for the patient's complaints of pain. Alongside this, they also failed to follow through with the patient's request to contact the physician for a 20-minute early administration of the pain medication at 1600 and instead administered it 20 minutes early at 1620. Their second formal charge from this day was also a violation of medication administration rights when the nurse once again failed to administer medication according to the frequency of the orders and administered a 1000 mL bolus of normal saline at 1620 instead of 1300. The third charge from the day is a case of nursing negligence and states improper sterile catheterization of the same patient by repeatedly reinserting the same equipment every time they missed the urethra. They also failed to document the insertion and the urine collection that was ordered for testing which also falls under nursing negligence.

They received 4 other formal charges for actions regarding those one July 15, 2008 which are all cases of nursing negligence that led to a deterioration of the patient's status. Their fourth charge is a case of failure to assess a patient that they documented as presenting complaints of shortness of breath 30 minutes after their albuterol treatment at 1200 after their morning assessment at 0800. They didn't document any interventions or reassessments on the patient's respiratory status and patient was discovered with altered respiratory patterns by a physician at 1745 with a respiratory rate of 35-40 breaths per minute. Their remaining 3 charges are related to lack of action or presence after the Rapid Response Team was contacted and on the scene. The first of these 3 was their lack of presence in the room with Rapid Response to provide information on the patient and assist them. The second one was failure to obtain a necessary STAT dose of Solu-Medrol and use of non-rebreather mask for the patient in a timely manner, choosing to wait when the patient was in respiratory distress. Lastly, they failed to go with the patient to the ICU and help the staff there to become oriented with the patient via report and their health history.

***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 nurse's first formal charge, a prudent nurse would have done a thorough pain assessment and then administered any medications that the patient was prescribed for the complaint in a timely manner that followed the order frequency. The nurse could have also contacted the physician if administration of a medication 20 minutes early could be authorized if it wouldn't compromise the patient's health and status. Then if authorized they should have administered it at the readjusted time along with administering the saline bolus at the prescribed time instead of several hours later. In regard to their third charge, they should have followed proper sterile procedure when attempting to re-insert after missing the urethra which is contamination of a sterile device that would be remaining inside of the patient. A prudent nurse would place the patient in a safe position with the bed locked and low while they retrieved new sterile equipment to complete the procedure correctly.

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

There was a violation of human caring and relationship competencies by disregarding the first patient's needs and complaints of pain and not administering the medication prescribed for it at the ordered frequency. Alongside this, there was a violation of patient physical safety and security since they failed to administer medications at their proper times and for their prescribed reasons, placing the patient in unnecessary harm in both incidences that were outlined in the complaints. They violated standard precautions by not employing surgical asepsis principles with the placement of a urinary catheter. They disregarded the introduction to bacteria that was occurring by re-using the same equipment while performing several re-attempts on the insertion. They also violated documentation standards by failing to document the insertion and the urine collection for testing. Lastly the last four charges fall under a violation of critical thinking competencies by first not prioritizing nursing interventions in line with practices and hospital policies when a patient was in respiratory distress for an unnecessarily extended amount of time. In that instance their secondary violation of this specific competency was their lack of presence in the room with Rapid Response and when the patient was transported to the ICU which refrained the associated healthcare teams from collaborating on the patient's care and outcomes through the use of SBAR.

***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 a prudent nurse had witnessed the first event, they would have intervened by entering the patient's room and assessed their pain through a focused assessment. Then they would have reached out to the assigned nurse to discuss the administration of medication and if the patient was indicated for it. If there aren't any actions taken by the assigned nurse after discussion, they would contact the charge nurse to determine the next steps and if they could be authorized to administer their medication for their pain so as to not put them in further harm to their health and status. This action would also apply to the normal saline bolus that was administered at a later time rather than the ordered one. Finally, in the insertion of the urinary catheter, they would have assessed the situation and replaced it with sterile equipment while explaining to the patient the reason behind the replacement.

In the second event, a prudent nurse would have gone in to intervene at an appropriate and convenient time to the patient to give them a proper respiratory assessment and gone over their vitals. After discovering oxygen saturation levels and high respiratory levels, immediate intervention that's appropriate to the data from the assessments and vials would be undertaken, followed by documentation along with calling the doctor for oxygenation use orders if required. They would also stay in the room if the assigned nurse wasn't present, if they had information on the patient and their history for both the Rapid Response Team and ICU staff.