

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: **Kyle Ewing**

Date: **8/24/23**

DAS Assignment # **2**

Name of the defendant: **Zoe Ann McPherson**

License number of the defendant: **RN 644919**

Date action was taken against the license: **3-19-2013**

Type of action taken against the license: **Limited License**

Zoe being a well-seasoned nurse, should and did know better that she acted during her ordeal. Being a nurse for well over 30 years, and obtaining the title of Charge Nurse of the Adult unit at the Red River Hospital in Wichita Falls, Zoe misappropriated oxycodone and hydrocodone from her facility, thus impacting her patient's and coworkers with her reckless actions. Not only did she pocket narcotics, she instructed an LVN under her to falsify documentation of said patients to cover her actions. While her actions are not up to par by any means, she did come forthright and admit to her infractions and attended TPAPN. TPAPN with their doctors concluded with findings that Zoe did not process any substance abuse issues.

Zoe, being a nurse for more than a few decades never experienced any issues like this before, and while no excuse could excuse her from her actions, she did claim to be experiencing "...internal issues...not shared with anyone. The issues centered on extreme fatigue and extraordinarily painful headache... my brain was focused on reducing the pain and keep on working." Again, a nurse should never misappropriate medications, but if Zoe was under as much stress and so tired to where her thinking could be altered from her normative state, she should not be on the clock. She is there to help heal sick patients and what good are you going to do if you are in a sick state as well. A nurse should not feel that they should have to take to such drastic measures while dealing with other's health while neglecting their own. Again, her actions are inexcusable, but possible solutions are in monitoring her hours worked and making sure she is getting time off to rest and recuperate.

Zoe showed a lack of skills in her role as a healthcare professional as well as documentation skills with her direct infraction of telling an LVN to alter medical records to cover up her actions. While there are more than a few ways Zoe showed a true lack in professionalism, the fact she was a charge nurse and allowed herself to work through such pain to where she could tell herself pocketing medications was acceptable is bewildering. Then to have the gumption to pocket any medication, but two narcotics is just so out of character for a good nurse. I could sadly hope she was truly experiencing some otherworldly discomfort. Telling a subordinate to falsify documentation for any reason is a clear disregard for universal competencies, I could not explain it any better.

If I were to be a subordinate, a contemporary, or a superior of Zoe and she legitimately felt as bad as she did, I would hope as a nurse I could spot distress not only in my patients, but my coworkers as well. I would ask her if she thinks she needs to be at work, or if she needs anything. Zoe seemed to be "hiding" her pain, so I guess if you did not know, you could not really react to it. But if I were the LVN, I would have to turn her in to her supervisors and TBON, stealing anything is just plain wrong, but stealing narcotics that were bought to save or help save lives is just plain disgraceful.