

Covenant School of Nursing  
Disciplinary Action Summary Assignment  
Instructional Module 2

Student Name: Cayman Smith    Date: 8/23/23    DAS Assignment # \_\_\_\_1\_\_ (1-4)

Name of the defendant: Maria Suzanne Harber License number of the defendant: 757999

Date action was taken against the license: 7/25/2019

Type of action taken against the license: Warning with Stipulations

Nurse Harber failed to give one patient a third unit of blood ordered by a physician, the patients hemoglobin was at a critical level and posed a serious risk of harm. On a second occasion the nurse gave thickened liquids to a high-risk aspiration patient who was on an NPO diet and failed to document giving the patient liquids.

I think the nurse should have contacted the charge nurse or asked for help from the next shift to hang another unit of blood. Instead, she completely ignored the physicians order and failed to communicate her need of help and risked harming the patient. On the second occasion she should have double checked the orders and chart before giving the patient any liquids at all.

I think the greatest competency violated was communication, I believe she had plenty of time to communicate her need for help in giving her patient the third unit of blood and failed to reach out for any help which in terms put the patient at a great risk.

Secondly the documentation competency was violated because she failed to document giving the NPO patient fluids which shows she knew what she was doing, and actively putting the patient at a huge risk.

If a prudent nurse discovered these situations, I believe they would immediately notify management of the situations and help control the situation. If the prudent nurse was made aware that the patient needed blood, they should notify the charge nurse and evaluate what the next steps are to get the patient the third unit of blood and document what has happened. If the prudent nurse also found out the nurse give an NPO patient liquids, they would step in and make sure the patient is sitting fully up and immediately notify the charge nurse and keep monitoring on the patient closely.