

# DAS # 1

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License REVOKED

## Charges:

- Failed to respond to charges
- Charge # 1: Working @ Baylor University Medical Center, RN didn't give pain meds as prescribed by doctor, also didn't "assess, evaluate and intervene" in pt care for an RN pt that was 16-20 weeks pregnant. The patient requested pain meds early, and requested that the RN call the physician to ask, and the RN didn't do either. The RN actually gave the medication ~~20 minutes~~ on time. RN didn't consider pt comfort or care and exposed the patient to more risk. All on Same day and same pt 1-3
- Charge # 2: Again, at BUMC, RN didn't <sup>document that they</sup> administer an ordered IV medicine until 3 and 1/2 hours after the Dr. order was received.
- Charge # 3: RN didn't continued using the same catheter every time they ~~missed~~ didn't hit the urethra instead of ~~being~~ keeping sterile per protocol. RN also didn't document the cath insertion based on the order to collect urine.
- Charge # 4: RN didn't perform assessments properly on pt after initial assessment. Pt was SOB after a breathing treatment, and RN didn't perform or document any further assessment or help for the pt. RN didn't even document any other respiratory vital signs through-out her shift.

charge 4 cont

Almost 6 hours after 1st complaint, the pt was discovered in acute respiratory distress and the rapid response team was activated.

- Charge #5: RN didn't assist RRT by staying in pt room as required.
- Charge #6: RN didn't place non-rebreather mask on pt, as ordered, nor did she give a STAT dose of Solu-Medrol, she waited for the dose to come from pharm instead of getting med from crash cart
- Charge #7: RN didn't take Pt to ICU and give report to ICU nurse, as necessary.

Prevention:

- For charges 1-3, the RN could have avoided all of that by a) being more attentive to their pt's needs, b) ~~to~~ listening to pt's complaints and responding to pt's requests, and c) ALWAYS documenting everything that happens in a pt interaction. This pt ended up w/ complications from undiagnosed diseases. Had this nurse been more attentive, the pt would have experienced less pain, and more than likely would have been diagnosed with their disease faster.
- For Charges 4-7, the RN again could have prevented many problems just by being more attentive. This pt showed respiratory distress and the RN didn't perform any kind of assessment. If, at ~~the~~ the first sign of respiratory distress, the RN had performed a focused respiratory assessment, RN may have been able to prevent the pt from going to the ICU and even going into acute respiratory failure. distress as the Dr found them.

The pt may not have needed the Solu-Medrol<sup>or the non-rebreather mask</sup> that the RN didn't administer STAT. Then, the RN wouldn't have needed to talk to the RRT and stay in the room. The RN also wouldn't have had to accompany the Pt to the ICU, thus eliminating charges 5-7.

### Universal Competencies:

Safety  
&  
Security

- Professional Interactions - this was violated several times
  - 1) RN didn't listen to pt when pt complained of pain
  - 2) RN didn't call dr when asked for pain meds 20 mins early

Standard  
Precaution

### Urinary Catheter Insertion

- 1) Didn't change out chat cath every ~~the~~ time urethra was missed, unsterile

Critical  
Thinking

Decision Making: 1) Wouldn't give pain med 2) Didn't evaluate pt w/ SOB 3) didn't perform any assessments related to pain (charges 1-3) or SOB (charges 4-7) 4) Didn't find med for STAT admin

Document

- 1) Didn't document IV med (charge 2) on time
- 2) Didn't document catheter (charge 3) or urine collection
- 3) Didn't document assessments or interventions (charge 4) after documenting SOB

### Prudent Nurse:

In the first situation, (charges 1-3) I would first ensure the pt is comfortable and that their catheter has been inserted sterily and is documented properly. My next steps would be to inform my charge nurse of my findings, including the evidence of documentation, and to ask what my next steps should be. I would also inform the pt's PCP so that they could order

prophylactic antibiotics for the break in sterility.

In the second situation (charges 4-7), I would call the RRT, assist them, and stabilize the pt first and foremost. After that, I would inform the charge nurse, the pt's physician, and the floor supervisor.