

# Covenant School of Nursing

## Disciplinary Action Summary Assignment

### Instructional Module 2

Student Name: Kaylee Herbert

Date: 01/19/2024

DAS Assignment # 1

Name of the defendant: Patrick Teimeyer

License number of the defendant: 810219

Date action was taken against the license: 03/08/2021

Type of action taken against the license: Reprimand with Stipulations and Fine

- *RN did not properly document the administration of morphine, a controlled substance, and did not follow hospital protocol to have another licensed nurse witness the waste.*
- *RN did not assess patient's respiratory rate from 1040 until 1900 (the end of his shift).*
- *RN falsely documented administering Lactated Ringers to patient, however there is no record of him retrieving this medication from the dispensing system at that date or time.*
- *RN received order for Zosyn NOW at 1328, RN did not give medication until 1448.*
- *RN failed to document reason for administering Lokelma in notes, chart, or verbally in hand-off.*
- *After receiving allegations of sleeping while on duty, RN raised voice, used profanity, slammed hands on nurse manager's desk, and threw work phone across the room.*
  
- *RN should have properly documented all actions and medications for the patient including assessment findings. This would prevent patient harm by providing accurate medical records for future caregivers providing follow-up care and preventing possible patient overdose or underdose.*
- *RN should have regularly assessed patient's respiratory rate as well as all vitals throughout his shift. This would allow for a complete record to assess patient's progress and health throughout the shift.*
- *RN should have communicated clearly and completely during hand-offs. This would allow fellow caregivers to give the best care to the patient.*
- *RN should have remained professional and composed while receiving feedback. This would promote a safe work environment.*
  
- *Safety and Security (Physical)*
  - o *7 Rights of Medication*
    - *Reason – did not document reason for giving Lokelma*
    - *Documentation – did not document giving morphine, falsely documented giving lactated ringers*
    - *Time – failed to give NOW medication in a timely manner*
- *Communication*

- o Utilize resources to enable communication consistent with agency protocols – did not communicate reason for nursing decision to any peer or in the chart*
- *Documentation*
  - o eMAR scan – failed to properly scan in morphine or lactated ringers*
  - o Narrative Charting – failed to assess or chart respiration rate until end of shift*
- *Professional Role*
  - o Interaction with Peers and Staff – created hostile environment during disagreement with nurse manager*
  
- *If I were a prudent nurse that witnessed these actions being taken by my coworker, would report the RN to the charge nurse.*