

MARISSA TORRES



APRIL 16, 2024
DAS #3. PRESENTATION

[http://204.65.111.68/THP/Default.aspx?d=n&q={Nurse%20Board%20Orders}:\[license%20number\]=%22256086%22}](http://204.65.111.68/THP/Default.aspx?d=n&q={Nurse%20Board%20Orders}:[license%20number]=%22256086%22)

CONNIE S. TITTLE
REGISTERED
NURSE
LICENSE #
256086
-VOLUNTARY
SURRENDER



AT THE TIME OF THESE
OCCURRENCES CONNIE
WAS EMPLOYED AS A
STAFF NURSE AT
UNIVERSITY MEDICAL
CENTER, LUBBOCK TEXAS.

EMPLOYED IN THE
INTERVENTIONAL
RADIOLOGY
DEPARTMENT FOR ONE
(1) YEAR AND TWO (2)
MONTHS.

CONNIE S. TITTLE: **VOLUNTARY SURRENDER.**

The respondent waived her hearing & agreed to the order. She expressed her desire to surrender her license.

In 1981, Connie received her associates degree in nursing from El Centro college, Dallas Texas.



During her role as a staff nurse with UMC, the respondent/nurse failed to obtain the appropriate ordered testing on pleural fluid from MRN 7338438 undergoing a thoracentesis.



The respondent only ordered a gram stain instead of the physician ordered culture and sensitivity testing of the pleural fluid.



This action kept the patient from receiving correct efficacious treatment of the disease processes. Which could have also led to injury of the patient and greater illness.

**IN JANUARY
OF 2014:**

While still employed in the same department with UMC, the respondent failed to check the active medication list of MRN 175613 prior to a liver biopsy procedure.

During the biopsy procedure the nurse discovered a fentanyl patch on the right shoulder of the patient. In addition, the patient was on a tricyclic antidepressant. A tricyclic antidepressant can potentiate one to develop an involuntary movement disorder. The patient had an adverse reaction to sedation which presented as confusion and involuntary movements. The patient was required administration of an intravenous sedation reversal agent in D-50 fluid.

- By not providing important information to the HCP on the patient's medical history prevented timely preventative measures being done.

SEPTEMBER 2014

DECEMBER 2014

- **IN DECEMBER OF 2014 THE NURSE FAILED TO HAVE APPROPRIATE MEDICATION REVERSAL AGENTS & APPROPRIATE SUPPLIES FOR MRN 880094 DURING AN ULTRASOUND REQUIRING SEDATION.**
- **DURING SEDATION RESPIRATORY DEPRESSION CAN OCCUR REQUIRING A REVERSAL, WHICH IN THIS CASE HAPPENED & THE NURSE WAS NOT PREPARED. THE HCP ASKED & SHE DECLINED. ANOTHER DEPARTMENT WAS CONTACTED FOR A REVERSAL KIT.**
- **THE NURSE ADMITTED THAT SHE DID FORGET TO TAKE THE REVERSAL KIT FOR THIS PROCEDURE.**
- **PATIENT O2 SATURATION DECLINED TO 88%.**
- **THE NURSE HAD TO USE A JAW THRUST ON THE PATIENT IN ATTEMPT TO IMPROVE O2.**
- **THE PATIENT DID NOT FURTHER DECLINE.**
- **ULTIMATELY THE HCP DECIDED TO NOT GIVE THE REVERSAL.**

VIOLATED UNIVERSAL COMPETENCIES:

- **(CRITICAL THINKING)**- THE NURSE HAVING MANY YEARS OF EXPERIENCE STILL MADE POOR DECISIONS WHEN IT CAME TO BEING WELL PREPARED FOR INTERVENTIONS THAT MAY HAVE BEEN NEEDED. PRIORITIZING THE PATIENT BETTER WOULD HAVE PREVENTED THIS.
- THIS ACTION COULD HAVE BEEN UNINTENTIONAL DUE TO HER EXPERIENCE WITH SUCH PROCEDURES WHERE SHE DIDN'T THINK THE EXTRAS WOULD BE NEEDED.
- **(DOCUMENTATION)**- CHARTINGS & FINDINGS OF THE PATIENT MEDICAL HISTORY COULD HAVE GIVEN HER AN INDICATION OF SOME OF THE THINGS THAT MIGHT HAPPEN SHOULD THE PATIENT HAVE AN ALREADY UNDERLYING CONDITION. OR CONTRAINDICATIONS WITH MEDICATIONS.
- **(HUMAN CARING)**– RESPECT & DIGNITY. RESPECT FOR THE PATIENT'S HEALTH STATUS, PLAN OF CARE & DIGNITY FOR HERSELF. PATIENTS GO INTO A MEDICAL SETTING WITH THE NATURAL INSTINCT TO TRUST THAT THEY ARE SAFE. & METAPHORICALLY "NOTHING BAD CAN HAPPEN TO ME HERE."
- **(PROFESSIONAL ROLE)**- PREPAREDNESS & INTERACTION WITH PEERS/STAFF. HAVING A MORE DETAILED OPEN CONVERSATION WITH THE PHYSICIAN WOULD HAVE PREVENTED HER BEING IN THE SITUATION OF BEING ASKED ON THE SPOT HAD SHE NOT BROUGHT NECESSARY EQUIPMENT/ SUPPLIES.

WHAT WOULD I DO?

- OFFER HELP.
- WORKING AS A TEAM WOULD ENSURE THAT VITAL COMPONENTS ARE NOT MISSED IN PATIENT CARE. MAYBE SOMETHING YOU REMEMBERED SOMEONE ELSE FORGOT. FRIENDLY REMINDERS. WHILE LOOKING OUT FOR EACH OTHER ISN'T REQUIRED. EVERY ACTION EFFECTS EVERYONE INVOLVED IN PATIENT CARE TO AN EXTENT. HELP PREVENT BEFORE IT HAPPENS.
- SOMEONE WHO IS MORE EXPERIENCED NATURALLY HAS MORE “SHORT CUTS”. NOT NECESSARILY WITH INTENTIONS TO HARM THE PATIENT, BUT TO MAKE THINGS EASIER & OR FASTER.
- COMMUNICATION IS KEY.