Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: *Amanda Miller* Date: *August 22, 2024* DAS Assignment # *1*

Name of the defendant: *Jacobs, Jada Janae* License number of the defendant: *RN 720278*

Date action was taken against the license: *December 8th, 2020*

Type of action taken against the license: ***Enforced Suspension***

- *Use the space below to describe the events which led to the action(s) taken against the license. If multiple charges were in play, be sure and cite them, e.g. drug diversion, HIPAA violation, abandonment, forfeiture on student loans, etc.*

My case is a two-part case against Jada Jacobs who earned her BSN from Louisiana in 2000 and was licensed to practice as a professional nurse in the state of Texas on August 26th, 2005.

The initial incident on July 1st, 2019 resulted in a *Warning with Stipulations*. This was caused by a medication error and falsified/inaccurate charting in the patient's medical record. Jacobs had been employed as an RN at her hospital in Irving, TX for two years and eight months. Jacobs committed a medication error by not administering the patient's one Hydrocodone 10/325mg tablet at the appropriate time prescribed by the patient's physician. The case does not elaborate on the medication orders so I can only make educated assumptions, which I will be doing. What it sounds like is Jacob's patient was prescribed Motrin and the Hydrocodone in question to control pain. From what is explained by Jacobs, it sounds like she made her initial morning rounds where her patient rated her pain at a 2-3/10. Jacobs reported that later her patient began to complain of increasing pain 6/10 after she got out of bed and started moving around. Jacobs went and pulled the patient's scheduled morning medications, also deciding to retrieve the patient's Hydrocodone. I can only assume this was a decision Jacobs made in anticipation of the patient's potential request for pain medication; the patient did just get through telling Jacobs that her pain had increased following movement. During medication administration, the patient denied the need for her Hydrocodone at that time, so Jacobs held on to the medication. This is a medication error. Jacobs should not have pulled the Hydrocodone without confirming with the patient first that it was wanted. Also, Jacobs should not have just held onto the medication for later administration. Jacobs then decided to document in the patient's medical record that the Hydrocodone was administered to the patient, not that the patient refused the medication and would be reassessed later. According to the documents, Jacobs went into the patient's medical record and edited the medication administration time for approximately one hour later than the initial documented time. Jacobs reported she did this to reflect the actual time of the Hydrocodone administration due to the patient's initial refusal of the

medication. Jacob's choices and actions caused inaccuracy in the patient's medical record and the potential for ineffective treatment of the patient's pain level.

The final judgment against her license was final on December 8th, 2020, resulting in an *Enforced Suspension* due to her failure to comply with stipulations presented in the initial judgment. The violated stipulation was listed in Section VI. "DRUG AND ALCOHOL RELATED REQUIREMENTS". Jacobs was required to refrain from using alcohol, nalbuphine, propofol, and all controlled substances (the documents contained a specific list of substances) unless it was prescribed by a licensed practitioner who provided legitimate reasoning for use. Jacobs was ordered to submit to random urinalysis screenings for the prohibited substances to remain in compliance. Random screenings were to be given at least once per week for the first three months, at least twice per month for the second three months, at least once per month for the following six months, and at least once every three months for the remaining probationary period. Well, Jacobs made it about three months before her drug violation. July 2nd, 2020, Jacobs completed a required random drug screening which tested positive for Oxymorphone 143 ng/mL. Jacobs admitted to knowingly ingesting one of her sister's prescribed pain pills due to a migraine, despite the order to refrain from controlled substances without a personal prescription; she also admitted taking someone else's prescribed medication was wrong and ensured it would not happen again.

Jacobs' license to practice as a nurse will remain suspended until she completes the requirements of her suspension. She must complete a chemical dependency/substance use disorder evaluation specified by the Board. Jacobs' fitness to practice nursing will be evaluated through the program and will remain suspended until the evaluator deems it safe for Jacobs to return to direct patient care. If Jacobs completes the requirements given to her, she will be placed on probation for a minimum of two years. She will have new requirements/stipulations attached to her license that she must complete to reinstate her license to that of an average active and practicing RN.

As of August 23, 2024, Jada Janae Jacobs' license status remains ***SUSPENDED***.

- *Use the space below to provide a description of measures you think could have prevented any action being taken against the license and/or would have prevented harm to the patient, if harm occurred.*

Jacobs made poor choices all the way around. She should not have withdrawn her patient's pain medication without first formally assessing her patient's pain with a proper focused assessment. I can maybe see where she was trying to anticipate her patient requesting her controlled pain medication due to her patient's comments of increased pain following exertion that came up in conversation. At the same time, it is not within her scope of practice to withdraw her patient's pain medication without performing proper assessments first to figure out if medication is needed. This could cause the patient to mistrust their nurses, despite who it may be. It could also cause coworkers and physicians to question the integrity and credibility of Jacobs and her ability to perform her job and make judgment-based care decisions. As for the false documentation, the same things apply. If you are unable to perform the basic task of honest documentation, how can you be trusted? Not only did Jacobs document she had administered the Hydrocodone when she in fact did not and put the medication, I assume in her pocket "for later", she lied. She could have noted in the medical record that she withdrew the medication in error and that the medication was NOT administered, returned the medication, and informed her charge nurse of the situation.

- *Identify ALL universal competencies were violated and explain how.*

The Universal Competencies I found to have been violated are *Safety and Security (both Physical and Emotional), Standard Precaution, Critical Thinking, Documentation*, and arguably *Human Caring* and *Professional Role*.

Safety and Security (Physical): Jacobs did not follow the 7 Rights for Medication administration. Time and documentation were not on her side. She falsely documented she gave Hydrocodone when she did not and went back to edit the time of administration for it to reflect the time when she truly administered the medication later.

Safety and Security (Emotional): Jacobs did not promote trust and respect for her patient, her coworkers, her employer, or herself. She should not have withdrawn the medication without proper assessment and consent. This is easily misconstrued as Jacobs doing what is more convenient for herself over her patient.

Standard Precaution: Medication administration precautions were not taken here. No one knows where and how Jacobs stored the medication for "later". The medication should have been returned.

Critical Thinking: Jacobs exhibited poor decision-making when she withdrew the pain medication without performing a proper assessment of the patient beforehand.

Documentation: Jacobs falsely documented the administration of Hydrocodone pain medication to her patient. She then went back into the medical record and made edits to her false entry to reflect the actual time the medication was administered.

These next two categories I feel may be arguable depending on the person, but this is the way I feel about it.

Human Caring: Jacobs did not listen to the patient's needs nor did she involve the patient in her plan of care. Jacobs should have performed an appropriate focused assessment of the patient's pain and consulted the patient on when she would like to receive her pain medication. Instead, Jacobs withdrew the medication assuming the patient would want the medication based on her previous comments of her pain increasing after physical activity.

Professional Role: Jacobs was unprofessional regarding the way she handled this situation. From the time she withdrew the medication without consulting the patient and her pain level to the false documentation of administering the medication and then "holding onto it for later". It was completely unprofessional and dishonest.

- *Use the space below to describe what action you think a prudent nurse would take as the first to person to discover the event described. In other words, you are the one who discovers the patient has been harmed by the nurse or you have discovered the impairment or criminal activity cited in the disciplinary action.*

If I were the nurse who discovered the false documentation by Jacobs and presumably the patient's medication in her pocket, I would have confronted Jacobs. I would have immediately informed the charge nurse of the situation and asked her to inform the patient's physician and house supervisor. I feel the patient also has the right to know what Jacobs had done so I would ensure that the charge nurse and house supervisor were present when Jacobs herself informed the patient of her negligence. This would also need to be reported to the board of nursing so I would also need to initiate a case with them.