# DAS PRESENTATION

Sarah Blount

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# Prior to Suspension

- Occurred Nov 28, 2010 through Nov 29, 2010
- RN had been working as a nurse for around 7 years at Northeast Methodist Hospital in Live Oak, Tx
- RN faced remedial action back in 2010 for diverting medication, specifically Flexeril, which she stated was for back pain related to working her shift that day

# Probated Suspension 10/20

## Sep 2, 2018 through Oct 28, 2018

1. The incident occurred while working as a Home Health RN in pediatric care, Turner failed to report abnormal vital signs on a 9-year-old tracheostomy dependent patient

2. On Oct 13, the RN failed to notify the provider of the patient's surgical incision dehiscence, instead notified the mother and reapplied the dressing

3. Oct 22 upon seeing worsening incision failed to notify the physician

# Continued..

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On October 28, the RN failed to intervene after identifying an elevated temperature of 101.3, tachycardia, tachypnea, and wheezing

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patient tested positive for rhinovirus after being taken to ED. RN states she monitored patients' conditions, documented vitals, and provided wound care. RN stated that the emergency room physician was monitoring the patient's condition.

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Oct 30, said patient experienced cardiac arrest resulting in death

# Measures to Prevent Harm

Throughout patient care, the RN should have been monitoring and documenting all vital signs, reporting abnormals to patient's physician

RN should have been monitoring the patients incision site for any signs of complication leading up to the dehiscence. In the incident that it occurred, RN should have alerted the physician immediately and followed further instructions for intervention, continuing to monitor the site

# Measures to Prevent Harm

Patient vitals in any scenario should be closely monitored, giving the patient's specific circumstance the RN should have noticed elevated temp, HR and RR were all signs of an infection- again should have notified physician and performed appropriate interventions

A. Continue to monitor vitals and document closely

B. The physician would have provided medication to be admitted, monitor hydration/fluid balance (I&O), monitor O2, optimize positioning

# Universal Competencies

## Safety and Security

By bringing medical concerns to the patient's mother rather than the physician, Rn broke the concept of professional interactions. RN failed to complete the necessary means to ensure patient safety and trust

## Communication

RN failed to notify provider of patients declining condition

## Standard Precaution

RN applied mepilex dressing following dehiscence of incision, instead should have followed sterile precautions to avoid contamination of the wound

# Universal Competencies

## Critical Thinking

RN failed to utilize critical thinking when not immediately reporting elevated vitals as a concern and beginning proper interventions. RN should have evaluated and assessed patient symptoms/ treatment based on the condition

## Documentation

RN failed to document vitals and patient's worsening condition regarding incision

## Human Caring

the overall neglect and lack of urgency in the nurses' decisions resulted in delayed treatment and unfortunately the death of the patient

# What I Would Do

As a nurse in any situation monitoring vitals is a top priority and necessity. Throughout patient care, vitals should be monitored every 4 hours and every 1-2 hours with worsening condition in this case

The physician should have been informed throughout all nursing decisions made. With the patient's worsening condition this is a top priority in order to not delay treatment as nurses can only do so much without a doctor order

# What I Would Do

Upon seeing the wound had split apart (dehiscence), I would have alerted the physician ASAP and completed proper wound care covering the site and maintaining as sterile a field as possible to limit further damage. I would then monitor the site closely for any change, following instructions from physician

Given this patient's history after identifying an elevated HR, RR temp, and wheezing I would immediately alert the physician. Based on this I would begin appropriate interventions: raise the patients bed to promote O2 increase, begin cooling mechanisms for temperature, follow further physician instruction

# What I Would Do

Due to this patient being traeched and immunocompromised, rhinovirus is a serious concern, although the patient's mother refused hospital admittance, the patient's vitals and conditions should have been closely monitored not allowing it to get to the extent of cardiac arrest.

# Thank You