

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Ashtyn Ponce

Date: 10/25/2025

DAS Assignment #1

NOTICE OF DISCIPLINARY ACTION –

Name of the defendant: Glenda Reed Diagne

License number of the defendant: 754224

Date action was taken against the license: 8/18/2020

Type of action taken against the license: Revoked

Glenda Reed had multiple occurrences of unprofessional actions in her workplace that lead to her RN license being revoked. At the time of these occurrences, Mrs. Reed was licensed and practicing on an Obstetrics Unit. The charges are as follows, Mrs. Reed left a newborn baby unattended after causing harm to the babies' umbilical cord, she intentionally worked out of her scope of practice, and she arrived at her workplace showing signs of impairment. All the actions taken by Mrs. Reed listed above put many of her patients at risk for inaccurate medical care and placing them subject to avoidable and serious harm.

Mrs. Reed's first charge involving the newborn baby contains multiple parts and occurred on or about October 1st, 2018, through November 28th, 2018. She first took the newborn baby into a separate room alone directly following the babies' birth. At the time, Mrs. Reed was subject to always have a supervisor or preceptor with her while any medical care was to be performed per her employers' orders. While alone in the room, Mrs. Reed haphazardly removed the clamp placed on the babies' umbilical cord, therefor causing the umbilical cord to hemorrhage uncontrollably. Following the incident, Mrs. Reed chose to leave the child unattended and alone in the operating room. These actions put the patient in direct harm by having Mrs. Reed practice without the supervision or expertise of a preceptor. These stipulations are in place to ensure the patient receiving care from Mrs. Reed is safe and accurate but with the absence of said preceptor, the patient was given inadequate and unprofessional care. In addition, the baby was left alone in the room. It was unclear whether Mrs. Reed was leaving to get help or to avoid any disciplinary action. However, by leaving this newborn alone she subjected the child to further harm including the possibility of the baby falling off the table where he/she was placed, if the child was actively bleeding, he/she could have lost too much blood resulting in death, or the baby could have been exposed to harmful bacteria or contaminants while he/she was left unsupervised. Overall, leaving the child unattended put him/her at risk for not receiving the medical care that was required.

Mrs. Reed's second charge took place on or about October 1st, 2018, through November 28th, 2018. This charge involved her practicing out of her scope of practice. While working on the Obstetrics Unit, Mrs. Reed claimed to have the license and abilities of a scrub tech. Mrs.

Reed did not have the correct training or expertise to work as a scrub tech but intentionally chose to deceive the staff and patient and scrubbed in during a Caesarean operation. The above action places the patient at risk to receiving inaccurate and unprofessional care as Mrs. Reed did not have the correct qualifications to be involved during the procedure. This fabrication of licensure put the patient at higher risk for avoidable but serious injury with the possibility of causing suffering, adverse reactions, or even death. In an environment where accurate and professional medical care is required by employers and being an expected and assumed right of the patient's, this misrepresentation of the truth defied many of those standards.

Mrs. Reed's third charge took place on or about October 1st, 2018, through November 28th, 2018. In this event, Mrs. Reed showed signs of impaired behavior including seeming paranoid, agitated, and passing out and vomiting in a patient's room. Later in the day, Mrs. Reed was in a meeting with another nurse and become combative and confrontational. Mrs. Reed threw papers around, slammed her fist onto the table, spitting at the other nurse, and motioned that she was going to punch the second nurse in the face but only going so far as reaching her nose. A second employee witnessed this interaction and aided with the removal of Mrs. Reed from the room to get the other nurse out of harm's way. During which Mrs. Reed ran around the floor screaming which caused a scene for other employees and the patients. It is unclear what or if Mrs. Reed was under the influence of a certain drug or substance. However, Mrs. Reed deliberately arrived to work impaired. She not only placed herself in danger, but in doing so, she also placed her patient's and fellow employers in danger. If Mrs. Reed was under the influence or impaired, she was not in the right state of mind to offer correct and professional care to her patient's. She was more likely to have made a mistake with medications, improper or incorrect decision making, moving of a patient unsafely, and documenting inadequately or incorrectly. The action of working while under the influence or impaired puts Mrs. Reed's patients at risk to receive inadequate care and placing them at risk for unnecessary and avoidable harm.

In conclusion, nurse Reed was negligent of falsifying and acting without the correct licensure or supervision on multiple occasions. In addition, Mrs. Reed practiced while impaired which heightened the chances of giving dangerous and incorrect care to her patients.

I believe there are multiple measures that could have taken place to avoid the revoking of Mrs. Reed's license. However, it simply boils down to Mrs. Reed's inability to make a correct and ethical decisions. In the first offense, it was clear that nurse Reed understood she could only practice care with the newborn baby while meeting specific supervisor qualifications. Instead of seeking a preceptor or supervisor, Mrs. Reed intentionally chose to provide care without the proper supervision. In this case, a supervisor or preceptor should have followed Mrs. Reed when she took the baby out of the operating room and questioned what her intentions or care plans were concerning the child, and closely observed any care administered. In the second offense, it was clear that Mrs. Reed knew she did not have the correct licensure or skills to perform as a scrub tech during the operation. Instead of voicing her lack of licensure, she instead chose to practice out of her scope of practice. It was clear that nurse Reed's intention was to deceive the staff, which was an unethical action. A decision in which nurse Reed knew better but decided to act upon, nonetheless. At some point, a fellow supervisor or physician in charge of the operation should have verified her licensure and that her skills were in fact correct and accurate before proceeding with the operation. In these two instances above, it seems that Mrs. Reed has more interest in seeing how much she could get away with and how often she can practice without the correct credentials. In her third and final offense, it is simply unprofessional and dangerous for a

nurse to practice any form of care while under the influence or with impaired behavior. Mrs. Reed should have not gone to work because she knew she had the inability to give proper care. The staff worked with getting her removed from the situation once they realized she was a danger to themselves and her patients. Perhaps the staff should have sent her home at the first sign of impairment and arranged a meeting later. In no fault of their own, they could not have known that Mrs. Reed would act out so belligerently and aggressively during and after the meeting.

The competencies that were violated were Safety and security, Communication, Critical Thinking, Human Caring and the Professional Role.

Safety and Security was violated. For a reason not listed, nurse Reed was required and expected to provide care to a newborn patient only while under direct supervision. This care was given without those parameters, a right assumed by the patient to ensure they are given accurate and professional care. Nurse Reed further violated safety and security with the falsification of her credentials. She deliberately provided care without the correct knowledge and skills, putting the patient at risk for receiving incorrect and potentially harmful care. A third violation of this competency was shown by Mrs. Reed after she provided care while impaired. She had the inability to make correct and informed decisions, perform proper skilled procedures, or maintain the safety of her patients and fellow employees.

Communication was violated after Mrs. Reed did not communicate that she was not qualified enough to perform as a scrub tech for the operation or without the use of a supervisor/preceptor. This competency was further violated when Mrs. Reed worked while impaired. She was not in the right state of mind which gave her the inability to teach or communicate with her patients at all. If she did attempt to do so, there was a possibility that her teaching or communication was inaccurate and inconsistent with certain patient needs.

Critical Thinking was violated with all three instances. As stated above, Mrs. Reed deliberately chose to act and provide care without the proper parameters or qualifications. She had the inability to provide correct care to the patient because she did not have the correct license or did not have the management of a preceptor to correct any mistakes or provide guidance. This competency was severely violated when Mrs. Reed decided to work while impaired. The behavioral impairment alone skewed her ability to make correct and informed decisions, the ability to prioritize patients and or assessments, interventions, etc. With the inability to think clearly, she intentionally put her patients in harm way and at risk for possible serious injury.

Human Caring was violated with all three instances. In her first two, Mrs. Reed lacked human caring when she haphazardly removed the baby's umbilical cord. It was further violated when Mrs. Reed left the baby unattended and bleeding, possibly exposing the baby to further harm. She should not have acted without the proper supervision so that correct and adequate care would have been given. It was violated in her second offense by intentionally putting the patients in harm's way because she did not have the correct knowledge or skills to perform in the procedure. She intentionally placed the patient at risk for harm and injury. This competency again was violated when Mrs. Reed worked while impaired. She did not have the correct means to ensure she was involved with her patients, listening to her patients or acting out the correct interventions. She created a situation that impaired her ability to make correct and informed decisions which placed many of her patients at risk of harm or injury. She became violent with fellow employees because she did not have the ability to control her emotions or her aggression.

Professional Role was violated again with all three charged. In the first two instances, her professional role was inaccurate and falsified. Practicing and providing care without the correct licensure or parameters. However, it was severely violated in her third offense. Showing up to work is not only unprofessional, but it also caused her to interact inappropriately with her patients and her coworkers.

If I had been the first person to discover her first instance. I would first ensure the abandoned newborn baby did receive the proper care he/she needed. I would then immediately inform the charge nurse of what I had discovered. The charge nurse would have the ability to figure out exactly how and why the baby ended up injured and left alone. If I had been the first person to discover the events listed in instance 2, I would have immediately notified the physician in charge of the procedure to halt further operation. Possibly a charge nurse, or even the house supervisor of nurse Reed's falsifications. Hopefully, I would have discovered the misconception prior to the surgery was initiated. If I had been the first person to discover the behavior from instance 3, I would have immediately informed a charge nurse so that she could be removed from the floor and out of patient's rooms and out of her care. I possibly would have called security as a precaution because someone who is impaired can act out erratically. I would ensure that I informed someone in charge as soon as possible.