

Covenant School of Nursing

Disciplinary Action Summary Assignment

Instructional Module 2

Student Name: Nikkita Moreno

Date: 11-1-2024

DAS Assignment # 2

NOTICE OF DISCIPLINARY ACTION- 10/2020

Name of the defendant: Randall Keith Parish, RN License number of the defendant: 717509

Date action was taken against the license: June 9, 2020

Type of action taken against the license: Revoked

- ***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.***

On May 11 to May 13, 2019, Randall Keith Parish, Registered Nurse, performed a series of actions that resulted in action being taken against his license. These actions included: failed to assess and document vital signs and neurological status of a neurologically impaired patient that fell and hit their head, failed to assess patient when they experienced elevated heart rate and respirations while sleeping, failed to notify physician, failed to document vital signs and neurological status after patient experienced elevated heart rate and respirations in sleep. The defendants actions resulted in the patient experiencing respirations of 42 and being unresponsive to stimuli. The nurses' failure to assess the patient and report to the physician delayed the patient from receiving timely medical treatment and interventions to treat a brain hemorrhage.

As a registered nurse, Parish was responsible for assessing the patient after they fell and sustained a raised bump on the back of the head. The patient was at risk for serious head injury in regards to their history of brain surgery, stroke, and blood thinner medication. The patient's condition continued to decline following the fall and raised bump. The patient experienced elevated heart rate and respirations while sleeping. Later, the patient experienced respirations of 42 and was unresponsive to painful stimuli. Not at any time during the nurse's care for this patient did he assess neurological status, document vital signs, or notify the physician of the patient's status.

The patient's "raised bump" was merit enough to assess vital signs and complete a focused neurological assessment. Following the assessment the nurse was responsible for implementing interventions to stabilize the patient, for documenting, and reporting the patient's condition to the physician. The nurse failed to provide the patient with basic nursing care.

The patient's elevated heart rate and elevated respirations were an indication of a brain hemorrhage, and the nurse did not recognize the signs. The nurse allowed the patient to remain sleeping, and did not perform an assessment or notify the physician of the patient's change in vital signs.

- ***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.***

There are many measures the nurse could have taken to prevent action being taken against their license and to prevent the patient from harm. First, the nurse should have performed ongoing assessments of the patient's vital signs and neurological status following the fall and head injury. The patient was neurologically impaired and at risk for serious brain injury. The nurse should have implemented routine and repeated assessments to monitor the patient for any signs of a brain hemorrhage.

Routine and repeated neurological assessments and vital signs would have indicated the patient was experiencing signs of a hemorrhage. The nurse should have reported the patient's vital signs and assessment results to the physician, so the patient could have received timely medical interventions without delay. The nurse also should have documented the status and vital signs of the patient to ensure the medical record was complete and that the patient could receive timely medical treatment.

The nurse could have implemented interventions to stabilize the patient's condition. The patient was experiencing tachypnea and was allowed to remain sleeping. The nurse should have awakened the patient, sat the head of bed up, and provided the patient with supplemental oxygen.

Overall, the nurse should have enacted the professional responsibilities that come with being a registered nurse. The nurse failed to provide the patient with basic medical care. Care such as routine vital signs, advocacy, and implementation of interventions to treat and stabilize patients' condition.

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

Communication was violated when the nurse did not utilize resources to enable communication consistent with agency policies. The nurse did not contact the physician when the patient experienced a significant change in vital signs and the nurse did not document in order to keep patient status open to all health care providers.

Critical Thinking was violated when the nurse did not perform an neurological assessment as indicated by the patient's signs, symptoms, and history.

Critical Thinking was violated when the nurse did not provide timely interventions related to the patient's elevated vital signs and neurological status.

Documentation was violated when the nurse failed to document the patient's status along with assessment and vital signs.

- ***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 had discovered the patient who was experiencing signs of a brain hemorrhage I would have immediately contacted the physician in order to get the patient the emergent medical treatment they required. I would have implemented interventions to stabilize the patient's respiratory status such as sitting HOB up and supplying oxygen therapy. I would assess the patient's neurological status and implement interventions to ensure the patients safely until the physician arrived.